

**AN EVALUATION OF THE COORDINATION OF SELECTED
DECENTRALISED PROVINCIAL SERVICES IN THE
PROVINCE OF THE EASTERN CAPE AND ITS
RELATIONSHIP WITH SIMILAR
MUNICIPAL SERVICES**

PEACEMAKER MQOKELELI NDUDE

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by

PEACEMAKER MQOKELELI NDUDE

**MINI -DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC
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COMMERCE AT THE UNIVERSITY OF FORT HARE**

SUPERVISOR: PROFESSOR M.H. MEIRING

DATE: SUBMITTED: JANUARY 2009

DECLARATION

I declare herewith that the mini-dissertation entitled *An evaluation of the coordination of selected decentralised provincial services in the Province of the Eastern Cape and its relationship with similar municipal services* is my work and has not been submitted for a degree at another university.

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SIGNATURE

.....

DATE

(iii)

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P.M. NDUDE

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DATE

SUMMARY

In this study, it was attempted to gain insight on coordination of decentralized health and social development services. Further, it was attempted to evaluate the coordinating arrangements of and relationship between decentralized provincial health and social development services with similar services rendered by district and local municipalities.

Since the literature on coordination of decentralized services is limited, it is anticipated that this study will provide valuable information for further research on the topic. In the literature study undertaken however, it was evident that coordination of services increases the rate of effectiveness and efficiency in the delivery of public services. It was found that role players can no longer afford to work in different compartments. They need to work cooperatively together in achieving unity of purpose, unity of effort as well as unity of action towards the realization of the objectives of government, that of rendering of public services.

Thirty four respondents composed of mayors in Amathole District Municipality and Buffalo City Local Municipality, municipal managers for the respective municipalities, portfolio heads for health and social development services in the respective municipalities as well as two councillors, one in each municipality, were given questionnaires to complete. Also given questionnaires to complete were the political office bearers of the Provincial Department of Health and the Provincial Department of Social Development as well as respective Heads of the two departments. Again, officials of the five decentralized offices of the Provincial Department of Health and the Department of Social Development namely, Mbashe, Mnquma, Buffalo City,

Amahlathi and Nkonkobe, were given questionnaires to complete. The intentions of the study were to determine the effectiveness in coordinating the rendering of health and social development services between the Provincial Authority, the district as well as local municipalities in the Eastern Cape. Also, the intention was to determine the problem areas in the coordination of the health and social development services rendered by the above authorities. Lastly, the intention was to ascertain whether or not proper measures and standards are put in place for the effective coordination of health and social development services rendered by the above authorities.

The findings of the study confirmed firstly, that there is a need to coordinate decentralised health and social development services with similar services rendered by district and local municipalities as well as other role players. Secondly, the study confirmed that departments and municipalities experience problems of coordinating decentralised health and social development services. Thirdly, the study confirmed that there are measures in place to coordinate decentralised health and social development services with similar services rendered by municipalities and other role players. Lastly, the study confirmed, that such measures are not properly defined and need to be strengthened.

KEY TERMS

Administration

Amathole District Municipality

Buffalo City Local Municipality

Coordination

Decentralization

Departmentalization

Health services

Organizing

Social Development services

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CHAPTER ONE

INTRODUCTION

The delivery of services in the Eastern Cape has undergone various and drastic changes. Before the first democratic elections in 1994 public services in the province were administered by different and separate departments serving different population groups in South Africa, including the Black states also known as homelands. This resulted in the ineffectiveness in the way services were delivered. Efforts to meet the needs of communities were often uncoordinated. Citizens and stakeholder participation were often non-existent. Local authorities were fragmented on racial basis in South Africa. Services were delivered spatially on racial grounds and virtually non-existent in rural areas where black people lived. Centralized authority without delegation interfered with effective and efficient delivery of services on the local level of government. Delivery of public services on the local level was not effective in that national and provincial departments designed programs that were based on perceived and ill-informed needs. This was due to the fact that national and provincial departments were playing the role of being both policy-makers and service providers with no intention to delegate authority to decentralized offices.

With the coming into effect of the new political dispensation, and the need to improve delivery of services in the local sphere, there was a need to re-think the manner in which services are delivered in the local sphere of government. Coordination of decentralized services by different departments in the local sphere is one way of improving delivery of services. Local sphere, by virtue of its closest proximity to the population, has become the centre stage for service rendering and is regarded as the delivery arm of government. Mechanisms for coordination of decentralized services in the local sphere must be put in place as a way of ensuring coherent delivery of services. Policies derived and formulated both at national and provincial spheres find meaning (successes and failures) only when implemented in the local sphere of government as services. For effectiveness and efficiency similar and related services must be properly coordinated to meet the needs of the intended beneficiaries.

1.1 BACKGROUND TO THE STUDY

The introduction of the cluster system by the Eastern Cape Provincial government in 2006 has been regarded as a way of streamlining and integrating the work of government (Eastern Cape *Cluster Handbook*, 2008:5). The intention was that departments should work together in order to achieve greater coherence in service delivery and development. According to the *Cabinet Handbook* of the Province, the purpose of clusters is to ensure interdepartmental consultation, coordination and integration of policy and programmes, to ensure financial contributions by departments and to resolve any obstacles to the conceptualizing of policy or implementation of integrated programmes (Eastern Cape *Cabinet Handbook*, as amended: 2004).

According to the *Eastern Cape Cluster Handbook* (2008:9), co-ordination of similar services through clusters at the municipal or local sphere however has not been that effective. Neither are there efforts by departments delivering decentralized, similar or related services to coordinate those services. Where functional, clustering of similar services in the local sphere tends to be linked to the local intergovernmental relations network. This does not serve the intended purpose of coordination since departments continue to deliver fragmented but similar services. Department officials only meet occasionally for reasons other than coordination.

1.2 PROBLEM STATEMENT

Coordinating delivery of decentralized similar services in the local sphere of government remains a serious challenge. Achieving coordination of services at the local sphere is increasingly becoming a high priority of government due the need for effectiveness and efficiency. Whilst mechanisms for coordinating public services at National and provincial spheres are structured through such institutions as the Ministers and Members of the Executive Council (MinMecs), Forum for the South African Director-Generals (FOSAD) in the national sphere, and clusters in the provincial sphere, no such mechanisms are created in the local sphere to coordinate similar services (Eastern Cape *Cluster Handbook*, 2008: 5-7)

Fragmented public services rendered by more than one sphere of government could result in various problems such as duplication, unnecessary wastage of human and financial resources and eventually poor, ineffective and inefficient service rendering. It is imperative that decentralized offices and services be properly coordinated. Mechanisms for such coordination of services must be put in place to ensure effectiveness. The question is thus that, are the decentralized offices and services of the provincial government of the Eastern Cape, and selected municipal authorities such as the Amathole District Municipality and Buffalo City Municipality effectively coordinated, with proper relationships? Are there mechanisms in place for such coordination and relationships? The problem to be investigated in this study can be stated as follows. Decentralized provincial and municipal health and social development services are rendered uncoordinated, resulting in fragmentation and duplication of services to the citizens.

1.3 HYPOTHESIS OF THE STUDY

In the study the following two hypotheses will be investigated.

- Coordination is an essential organisational phenomenon to ensure effective rendering of health and social development services which affect sustainability of developmental services in the Province of the Eastern Cape.
- Decentralized health and social development services are not effectively coordinated and that the relationship between role-players needs to be improved in this regard.

1.4 PURPOSE OF THE STUDY

The purpose of the study is to evaluate the coordinating arrangements of and relationship between decentralized provincial health and social development services with similar services rendered by the Amathole District Municipality and Buffalo City Municipality.

1.5 OBJECTIVES OF THE STUDY

The expected attainable objectives of the study can be set out as follows:

- To determine the effectiveness of the coordination of health and social development services rendered by the Provincial Authority and the decentralized district as well as local municipalities in the Province of the Eastern Cape.
- To determine the problem areas in the coordination of the health and social development services rendered by the above authorities.
- To ascertain whether or not proper measures and standards are in place for the effective coordination of health and social development services rendered by the above authorities.

1.6 NECESSITY OF THE STUDY

The necessity of coordination in this research study can be seen in terms of the following aspects;

1.6.1 Theoretical perspective

Coordination is seen as a principle common to all organizations and applicable to all circumstances. According to Botes *et al*; (1992:349), coordination brings into proper order all actions aimed at goal realisation. Gans and Horton (1975:33) refer to Martin Rein (1970) who identifies three types of problems resulting from uncoordinated public services namely the dispersal of similar functions, the discontinuity of related functions and the incoherence when different functions are pursued without relationship to each other. According to the authors, fragmentation results in various problems such as duplication of cash benefits, duplication of other services, multiplicity of independent and uncoordinated visiting by officials rendering services, duplication of human resources, overuse of services by a small percentage of clients and poor access and under use of services.

It can be deduced that coordination of services increases the rate of effectiveness and efficiency and promotes accountability of service delivery. With this research study, coordination will be seen as a way of achieving unity of purpose, unity of effort as well as unity of action towards the realisation of the objective of government, that of improving rendering of public services.

1.6.2 The provincial point of view

Coordination in the provincial sphere can best be understood in terms of the cluster system. According to the *Eastern Cape Cluster Handbook (2008:2)* the objectives of the cluster system include ensuring that there are effective synergies among departments, to promote innovation, to enhance productivity as well as to coordinate policy and programme implementation. Clustering of services is arranged according to similar and related nature of services that different departments render. In consideration of common interest and cross cutting issues, clusters are expected to inculcate a culture of cooperation and resource sharing, to ensure that departments address jointly their responsibilities as well as possible hindrances. (*Eastern Cape Cluster Handbook, 2008:2*) With this research study it is hoped that provincial Members of the Executive Council (MECs) and Chief Officials will draft policies, regulations and procedures that guide the manner in which similar and related services are rendered by cluster departments. Areas such as joint planning and joint budgeting should be explored to give coordination, as a means of improving service rendering, a fresh impetus.

1.6.3 Municipal decentralized offices and services

According to Gans and Horton (1975:31) an individual is a whole being and does not have separate and separable problems that can be treated in isolation from one another. Coordination therefore as an organisational principle at local level must have the following objectives; the coordinated delivery of services for the greatest benefit to the local people, a holistic approach to the individual and family unit, the provision of a comprehensive range of services locally and the rational allocation of resources at the local level so as to be responsive to the local needs (Gans and Horton, 1975:31). With this study it is anticipated that departments rendering similar and related services in the local sphere will organize themselves through effectively to render comprehensive services to the citizens.

1.7 STUDY PLAN

The coordinating function in rendering public services is increasingly becoming a high priority of government due to the need for effectiveness and efficiency. Achieving effective coordination in the local sphere of government has become more important in that, to the public, there is no visible difference between departments. To them, all departments constitute the Government. What is of importance is the need for a service and the manner in which such service is rendered. The effectiveness and efficiency of local government to deliver services is, *inter alia* influenced by the cooperative interactions and the manner in which government services are coordinated, especially at the level of municipal policy implementation.

To investigate the topic two main components are usually found in a scientific study, namely a theoretical construction component and an empirical testing component. Chapter one provides an introduction to the study, addresses the background, problem statement, hypothesis, objectives, necessity, study plan, terminology as well as definition of words and terms used in the study. In chapter two and three a theoretical framework is provided to explain the nature and place of decentralization and coordination in Public Administration and to explain the department and municipal role-players and their cooperative interaction in policy implementation and service delivery. Chapter four outlines the research design and methodology. The scope of study, namely the survey area and target population, the questionnaires as data collecting instruments and the data analysis techniques were explained. Chapter five deals with the data presentation, analysis and interpretation and will provide the criteria for analysis, actual analysis and the questionnaire report. Chapter six will be the final concluding chapter and will summarize the findings and deductions made in the preceding chapter. Specific shortcomings and problem areas which influence the interactions between department officials and local government will be explained. Specific recommendations, where possible will be provided to solve such problems.

1.8 TERMINOLOGY AND DEFINITION OF WORDS

It is often found that a language such as English does have words and terms with different interpretations that are not always clearly explained. It is important that in a scientific study the words, terms and context be clearly understood. To avoid misinterpretation and misunderstanding, it is necessary to explain the meaning of specific words and terms used as follows.

1.8.1 Citizen

According to section 2 (i) (a-c) of the *South African Citizen Act*, 1995 (Act 88 of 1995), a citizen is a person

- who immediately prior to the date of commencement of the Act, was a South African by birth;
- who is born in the Republic on or after the date of commencement of the Act, and
- who is by virtue of being born outside the Republic on or after the date of commencement of the Act is a South African citizen, and one of his or her parents or his or her mother if he or she was born out of wedlock, was at the time of such person's birth

(i) in the service of the Government of the Republic;

(ii) the representative or the employee of a person or an association of persons resident or establishment in the Republic; and

(iii) in the service of an international organization of which the Government of the Republic is a member. The South African Students Dictionary (1996:168) defines a citizen as a person who lives in a city or town and is officially accepted as belonging to that town.

1.8.2 Clustering government departments

According to the *Eastern Cape Cluster Handbook (2008:5)* by clustering government departments is meant the grouping together of departments rendering similar and related services. The idea behind clustering government departments to synthesise, synchronise and streamline policy in order to facilitate decision making. Department clustered together interact by meeting on a regular basis to discuss policy and service delivery issues.

1.8.3 Clusters in the Health Department

A cluster is a specific organisational work unit at executive management level below the Superintendent General in the Provincial Department of Health in the Province of the Eastern Cape. Each cluster in the department is headed by a Deputy Director General and is responsible for managing a branch or a section (see the organisational structure of the Provincial Department of Health).

1.8.4 Local Government

Local Government according to Ismail *et al* (1997:2) is the sphere of government which is commonly defined as a decentralized, representative institution with general and specific powers devolved to it by a higher sphere of government within a geographically defined area. It is also referred to as a political sub division of a nation, which is constituted by law and has substantial control of local affairs, including the powers to impose taxes or to exact labour for prescribed purposes. Cloete(1995:49) writes that local government refers to the governing functions performed by political office bearers of a municipal council empowered to perform such functions for the implementation of legislation.

1.8.5 Municipality

According to Craythorne (1997:69) the word municipality is derived from the Latin word '*Minicipium*' which relates to a town or city in Roman times. Section 151(1) of the *Constitution of the Republic of South Africa, 1996*, states that the local sphere of government consists of municipal authorities, which must be established for the whole of the territory of the Republic. Furthermore, section 35 of the *Local Government Municipal Structures Act* 1998 defines municipality as that sphere of government that shares municipal legislative and executive authority in its area with a district municipality and those area that fall under its jurisdiction. A municipality, according to De Villiers and Meiring (1995:63), has the following characteristics

- a clearly defined territory with boundaries;
- a permanent population; and
- a political government with delegated authority to act.

1.8.6 Municipal Councillor

A municipal councillor, according to the *South African Students Dictionary* (1996:211), is an elected politician to take decisions about the governing of a local council. Section 157 (a) and (b) of the *Constitution of the Republic of South Africa, 1996* states that the election of a municipal councillor must be in accordance with national legislation which must prescribe a system of

- proportional representation based on that municipality's segment of the national common voters roll, and which provides for the election of members from list party candidates drawn up in party's order of preference; or
- proportional representation combined with a system of ward representation based on that municipality's segment of the national common voters roll.

1.8.7 Municipal Official

A municipal official is a person who is employed on a fulltime basis in a post of authority or responsibility in a municipal authority (*South African Students Dictionary*, 1996:65). Section 160 (1) (d) of the *Constitution of the Republic of South Africa, 1996*, states that a municipal council may employ personnel that are necessary for the effective performance of its functions.

1.8.8 Organization

This means the organizational structure of a department. According to Beach (1980:132) describes an organization is a system, having an established structure and conscious planning, in which people work and deal with one another in a coordinated and cooperative manner for the accomplishment of recognized goals.

CHAPTER TWO

LITERATURE REVIEW ON THE NATURE AND PLACE OF COORDINATION AND DECENTRALISATION AS ORGANISATIONAL PHENOMENA

2.1 INTRODUCTION

The meaning of “organising” can be deduced from the writings of various authors. It is generally stated that organising is a function of administrators/managers who established a structure of work units in which people work and deal with one another in a coordinated and cooperative manner for the accomplishment of predetermined objectives. Objectives are determined in policy making, however it would serve no purpose if objectives are determined in policy making, without the appointment of personnel to facilitate realisation of such objectives through organising. Personnel can only be appointed if arrangements have been made to appoint and utilize such personnel for the effective implementation of policy. In any work situation there will always be the coordinating purpose as the unifying principle.

The purpose of this chapter is to conduct a study of the theory pertaining to coordinating and decentralization as administrative/management components of the organisational process, to provide a theoretical framework within which the subject matter could be logically ordered and to make empirical testing and deduction possible. Firstly, administration as a group of generic functions will be described and explained to provide a theoretical base for coordination and decentralization. Secondly, the nature of organising as an administrative function will be described and explained because coordination and decentralization are organisational phenomena. Thirdly, the nature and place of coordination as an organisational phenomenon will be discussed. Lastly, decentralization will be discussed and explained. Special attention will be given to the nature and principles of decentralization and the creation of branch and regional offices. Administration can be described and explained as follows.

2.2 ADMINISTRATION IN PERSPECTIVE

It is generally stated that administration means to help, serve, execute, look after things, take charge of, and have things done (Dunsire, 1973:1-4, Baker, 1972:13). Cloete (1975:1) writes that administration “(i)s a collection of processes which must always and everywhere be performed where two or more persons work together to reach specific objectives such as rendering of services”. Starling (1977:1) writes that “(a)dmistration concerns the accomplishing side of government. It comprises all those activities involved in carrying out the policies of elected officials” Nel (1995:80) writes that “(a)lthough public administration is omnipresent and exerts a continual influence on the daily lives of people, both its field and focus defy a simple definition”. It suffices to state that administration does have specific characteristics which could be explained as follows.

Administration is

- a universal phenomenon (Cloete, 1978:6, and Dunsire, 1973:1;
- goal oriented action (Cloete, 1986:2, Meiring and De Villiers, 2001:200, and Robbins, 1980:6);
- cooperative group action (Cloete, 1986:1, Bozeman, 1978:8);
- apolitical (Cloete, 1980:8, Meiring, 2001:47);
- generic functions and processes (Cloete, 1986:1);
- enabling functions (Cloete, 1986:1, Botes, 1973:15);
- inseparable from management (Meiring, 2001:48).

Two of the above characteristics need further explanation, namely, the enabling and management functions.

2.2.1 Enabling and management functions

The enabling functions refer to a specific group of generic functions which make it continuously possible to do the work to attain objectives (Cloete, 1986:1). A specific means-objective relationship exists in any action-oriented action. This is explained by Botes (1973:15) as follows, “Administration is neither lorry-driving, nor dam-building, nor letter-writing, but (a)dmistration is necessary to make lorry-driving possible, to make dam-building possible, to make letter-writing (*inter-alia*) possible.” It can be deduced that activities such as lorry-driving, dam-building and letter writing are those activities that are directly linked to the attainment of objectives, and which are

called the functional activities by Cloete (1986:1-2) or the operational functions by Meiring (2001:41, 1987:15+17). It can also be deduced that the enabling functions make it possible to perform the operational functions. However, Meiring (2001:48) writes that “(i)t is a prerequisite in any work situation that the means to do the work should not only be provided, but that steps should be taken to ensure that such means are used or applied as effectively and efficiently as possible”. To ensure that this is done effectively, additional functions should be carried out. These functions are seen as the management functions (Meiring,1995:12). Taylor writes that “(t)he art of management ...is knowing exactly what you want men to do and then seeing that they do it in the best and cheapest way.” It can be deduced that it is incumbent on managers to carry out specific functions to ensure the best possible results, for example, to render services as effectively and efficiently as possible.

2.3 NATURE OF ORGANISING AS AN ADMINISTRATIVE FUNCTION

Organising is described as one of six administrative functions (*Infra*; section 2.4). The administrative functions are classified by Cloete (1989:2) into six groups, namely; policy making, organising, financing, personnel provision and utilization, determining of procedures, and exercising of control. Any work consists of specific processes, namely specific related steps to be carried out. Administration can also be seen as consisting of specific processes. Meiring (2001:44) classifies administration in six consecutive main processes, namely: policy process, financial process, organizational process, personnel process, procedure process; and control process. It can be deduced that although it is not possible to give a single precise definition of administration, it is possible to identify specific characteristics which could provide a theoretical framework for the study of administration; and that organising as an administrative function or the organizational process, is part of administration. Starling (1977:71) writes that “(i)f people are to work effectively, they need to know the part they are to play in the total endeavour of all employees and how their roles relate to each other”. The effectiveness of work is, for this reason, directly linked to the designing of an organisational structure. Pfiffner and Presthus (1967:7) write that organisational structure may be thought of as structured system of roles and functional relationships designed to carry out such policies, or more

precisely, the programmes which such policies inspire. Organisation seeks a pattern of skills, responsibility and authority that will permit coordination and unity of purpose.

Organising brings together in an orderly manner, all the means, such as the human and financial resources to achieve objectives in the work situation. It makes it possible for the personnel to perform work and accomplish goals efficiently and effectively. Organising unites people by determining the part each person plays in the total endeavour and how the various roles relate to each other. The word “organising” stems from the word “organism” which is an entity with parts so integrated that their relation to each other is influenced by their relation to the whole. An organisational structure consists of parts (called work- units) which are directly related in a formal and informal network (Meiring (2001:95). Terry (1977:264), Rothstein (1958:34) and Robbins (1980:80) refer also to the creation of specific relationships. Organising is the establishment of relationships between the activities to be performed, the personnel to perform them and the physical factors that are needed. The major concerns in organising consist of dividing up the jobs to be done, determining the grouping of work, staffing positions, forming authority grades and equalizing authority and responsibility (Robbins, 1980:80).

Organising can thus be viewed as a process during which various organisational phenomenon, such as structures work units, relationships and lines of authority are created to ensure effective work performances. There is a fundamental logic to organising as a process. The application of such logic relates to the following enabling steps;

- creation of work- units and structures
- allocation of functions
- delegation of authority
- creation of communication channels
- creation of behavioural relationships (Meiring, 1994:102-118)

The management component of the organisational process, to ensure organisational effectiveness, consists of the following measures;

- Monitoring the span of control
- Obtaining unity of action
- Maintaining formal and informal relationships.
- Adapting to changing circumstances
- Eliminating conflict situations
- Obtaining coordination. (Meiring, 2001:195, *Infra*, section 2.5)

From the above it can thus be deduced that coordination is necessary as an organisational management measure and action (*Infra*, section 2.4). Van der Westhuizen (1991:178) writes that “...coordination is interwoven with all other management actions.” When various personnel work together to attain objectives, it is necessary to coordinate all activities to realize such objectives. It can also be deduced that the above functions can be seen as the organisational design which aim to devise appropriate structural arrangements. “The statement that administration takes place as soon as two or more individuals cooperate in attaining objectives (Cloete, 1981:2), means that organising has taken place. Organising consists of work and grouping employees in an orderly pattern so that everything they do will be aimed at attaining predetermined objectives (Child, 1988:3). However, once an organisational structure and all other organisational phenomena have been made operational, the departmental managers must continuously ensure, and improve organisational effectiveness”. Meiring (2001:94) writes that “(o)rganising can be defined as the establishment and utilization of work-units in order to make possible the achievement of predetermined policy objectives and thus to contribute to effective and efficient work performance”. The outcome of the organisational process is thus an organisational structure with work units, which is often referred to as an organisation. Beach (1980:132) describes “(a)n organisation as a system, having an established structure and conscious planning, in which people work and deal with one another in a coordinated and cooperative manner for the accomplishment of recognized goals.” It can be deduced that once more than one person work together, decide on a plan of action to accomplish predetermined objectives and take steps to achieve

those goals in a cooperative manner, then organising has taken place. For organisation to have taken place however, coordination must be done as effectively as possible.

2.4 NATURE AND PLACE OF COORDINATION AS AN ORGANISATIONAL FUNCTION

Coordination has been explained as an organisational and management function (*Supra*, section 2.3). As a management function its purpose is to ensure harmonious and integrated functioning of various parts of an organisational structure to obtain desired results effectively (Szlagyi, and Wallace, 1983:437, and Smit and Cronje, 1992:195). Coordination is a purposeful action to unify work units to obtain complete cooperation in the attainment of predetermined objectives. Mooney (in Marx, 1978:72) writes that coordination “...is the orderly arrangement of group effort to provide unity of action in the pursuit of common purpose”. According to Smit and Cronje (1992:195) coordination involves all organisational work units and individuals within an organisational structure to work together cooperatively. Van der Westhuizen (1991:179) writes that coordination may be seen as an activity which places material, people, ideas and techniques in a harmonious relationship with one another. It can be deduced that coordination brings into proper order or relation, all work units and actions aimed at realization of the objectives of the organisation. According to Botes *et al*, (1992:349) coordination is of cardinal importance if order and logic are desired in the process of carrying out government activities.

Different actions of individual groups find meaning only when channeled through proper coordination. Koontz and O'Donnell (1968:50) regard coordination as the essence of managership for the achievement of harmony of individual effort toward the accomplishment of group goals. According to the authors, each of the managerial functions is an exercise in coordination. Du Toit and Van der Walddt (1999:3) define coordination as “...cooperation between structures that administer and manage utilization of resources and intergovernmental relations”. The aims of coordination can be explained as follows

2.4.1 Aims of coordination

Botes *et al* (1992:350) refer to three major aims of coordination, namely;

- The balancing of activities. This refers to the creation of an equal distribution of functions, authority, responsibilities and discretion across all work units involved. Each official or group of officials must carry an equal balanced weight in the process.
- The synchronization of activities. This requires that there be no bottle necks or gaps in carrying out activities.
- The integration of services. This implies that work which originally was handled as fragmented units well be brought together at the correct moment in order to achieve the objectives as effectively as possible (Botes, Brynard, Fourie and Roux,1992:350)

Van der Walddt and Du Toit (1997:206) write that coordination must make a concerted effort to have all work units operate as an integral and interdependent segment of the whole institution. It can be deduced that coordination is and must be directed towards achieving purpose of the organization as a whole.

2.4.2 Approaches for effective coordination

According to Van der Walddt and Du Toit (1997:207) two main approaches to achieve effective coordination can be used, namely.

2.4.2.1 Basic management approach

The basic management approach to coordination refers to the chain of command in each organisation due to its hierarchical nature and that the relationship between employees should be clearly defined so that the acceptable channels of communication in the organisation are made clear. The rules and regulations as well as procedures ought to be laid down clearly to deal with issues that emerge in the organisation's divisions, sections and posts (Van der Walddt and Du Toit,1997:207).

2.4.2.2 Increasing potential for coordination

Information systems are used to convey information between higher and lower levels within public institutions. When used to full potential, information system can improve coordination. The effective utilization of information will ensure effective communication which in turn leads to effective coordination. According to Koontz and O'Donnell (1968:50) the need for coordinating individual action in an organization "... arises out of differences in opinion as to how group goals can be reached or how individual and group objectives can be harmonised. From the above it can be deduced that coordination as an organisational function is the result of different work units contributing towards realization of the common objective of any organisation.

2.5 COORDINATION PRINCIPLES

Koontz and O'Donnell (1968:50) cite the work of Mary Parker Follet (in Metcalf and Urwick, 1941:177) who identify specific principles of coordination, namely

- The principle of direct contact, which states that coordination must be achieved through interpersonal, vertical and horizontal relationships of people in an organisation. According to this principle, people exchange ideas, ideals, prejudices and much more efficiently and purposes through direct personal communication much more efficiently and with understanding gained in this way they find means to achieve both common and personal goals.
- Achieving coordination in the early stages of planning and policy-making. This presupposes that it is difficult to unify departmental plans after they are put into operation.
- All factors in a situation are reciprocally related. This implies that different work units in an organization influence not only each other but also the manner in which they operate.

From the above it can be deduced that the work units in any organisation are interdependent. The orderly functioning of different work units for the achievement of common objective can be achieved through unit of action. The horizontal and voluntary functioning of work units is premised on the conscious recognition of interdependency and unity of purpose.

2.6 COORDINATION PROBLEMS

Public institutions are large, dynamic and complex organisations. Van der Walddt and Du Toit (1997:206) cite the following as typical factors that can cause coordination problems in any organization.

- Low employee morale with poor motivation. This becomes even more acute in a new dispensation and uncertain political climate.
- Lack of cooperation as a result of poor leadership
- Poor relations between individuals in the various work units
- Exaggerated importance or urgency of one task over others
- Poor planning; and
- Ineffective communication

From the above it can be deduced that coordination can be seen as both an organisational and management function. It involves the breaking down of work into smaller work units and then coordinating them for realisation of the common goals of the organisation. Different actions of individuals and groups in an organisation find meaning only when channelled through proper coordination.

2.7 DECENTRALISATION AS AN ORGANISATIONAL PHENOMENON

An organisation is a physical phenomenon in the work place. It will have definite size with boundaries in a specific place. It is place and time bound and is created in accordance with the objectives and functions of such an organisation. Organisations are tangible and consist of people, the human resource and thus, of specific relationships. When work-units are created on the executive level, where the executive policy is to be implemented, various factors such as division of work, coordination of activities, unity of command, delegation of authority and centralization and decentralization, will influence the creation of organisational work units (Meiring, 2001:95-96). The origin of the two opposite phenomena centralization and decentralization is originally to be found in the political environment. In a unitary state power is mostly centralized in institutions at head office. In a

federal state the power is decentralized and the authority is vested in various institutions. The phenomenon of centralization and decentralization is carried over from the political environment and thus, to public administration. (Marais, 1989:5, and Terry, 1977:277)

In public administration it is generally found that each public institution which has to provide services in a vast geographical area will have a centralized head office in which all its officials are grouped together. In these institutions, national or provincial departments head office, for example, is always close to the seat of the political office-bearers (ministers of provincial members of the executive committee). In specific cases, all the functions of an executive institution are grouped together in the head office so that the complete geographical centralization is obtained. However, the larger the public institution the more likely decentralization is (Golombiewski, *et al*, 1966:484).

2.7.1 Decentralization explained

By decentralization is meant that authority, which is normally vested in the chief officials at the head of the organisational structure, is partly delegated to subordinates at lower levels of the organisational structure. Therefore, decentralization increases the degree to which subordinate institutions and officials can take decisions independently i.e without first referring them to head office (Mitchell and Larson, 1987:49). Decentralization of authority refers to a low concentration of authority between various work units within an organisational structure, such as a provincial department. In a macro political context decentralization can be described as vertical hierarchy devolution of power to sub-national institutions, for example from a national legislative to provincial and municipal legislatures (Kotze and Van Wyk 1980:56). In a micro context authority is delegated and functions allocated to offices within a province or region by a head office. Such delegation of authority and allocation of functions can take the form of geographical decentralization. This means the creation of branch offices or regional offices apart from the head office. (Robbins, 1979:340, Robbins, 1980,233, Kotze and Van Wyk, 1980:56). Functional decentralization takes place as a result of specialization that is the specific specialised work is given to

officials who are specially appointed to do the work. In this way specialised sections, divisions or offices are created, for example, finance, personnel stores and licence division. (Robbins, 1980:204-233).

2.7.1.1 Creation of branch regional offices by a department

Branch or regional offices are of importance because the larger public institutions operating in a vast geographical area will often have its own decentralised offices. The creation of decentralised offices entails the division of the geographical area into a number of regions or districts (each with its own branch, regional or district office) for the rendering of public services. It can be deduced that an executive institution is seldom fully centralized or fully decentralised and that each executive institution will have a centralised head office to coordinate administrative matters. (Robbins, 1979:340)

2.7.1.2 Requirements for creation of branch/regional offices

When head office of a state department decides to create branch offices, it should take note of the following factors:

- a) available transport and communication facilities;
- b) community interests in a specific geographical area, e.g. agriculture or mining;
- c) population density and population composition;
- d) nature of services required because some departments needs more branch offices than other departments;
- e) the availability of facilities such as schools, housing, business and hospitals for the personnel of the branch office; and
- f) the cost entailed to create, build and maintain a branch office. (Smit and Cronje, 1992:200)

2.7.2 Principles of decentralization

Decentralization, according to Hicks (1972:61) refers to the extent to which functions and authority are extended down through the organisational hierarchy. Decentralization is often referred to in relative terms, that is, decentralization and centralization. Hicks and Gullet (1976:17) explain centralization and

decentralization as describing the effective level of decision making for the particular subject area under consideration. Decentralization therefore is about participative decision-making at the functional area of

an organisation. Various authors ((Mullins,1996, Smit and Cronje,2004 and Albers 1974,69-70) have cited different principles around the need for centralization and decentralization as follows;

- **Size of the organisation** The size of an organisation is an important determinant of decentralization and centralization. The larger the size of an organisation the more difficult it becomes to administer it without decentralization. (Smit and Cronje, 2004:199).
- **Production management** Centralized decision making is more difficult when different production processes are involved. The production of different products in the same or different organisation according to Albers (1965:163) frequently leads to extensive decentralization on a departmental basis.
- **Financial management** .Decision making about financial matters tends often to be highly centralized. There seems to be more reluctance on the part of chief officials in the higher echelons of power in an organisation to delegate financial responsibility (Albers, 1965:163)
- **External environment.** The more complex the environment and the greater the uncertainty, the greater the tendency to decentralize (Smit and Cronje, 2004: 199)
- **Coordination and Control.** According to Albers (1965:160) the freedom of action given to executives through decentralization is always restricted. Controls such as budgetary, profit and costs are essential features of decentralization and without them there would be no need to delegate important decision-making prerogatives.
- **Problem of Communication.**According to Albers (1974:75) management hierarchy in an organisation is viewed as a structure of communication centre through which decisional and control information is transmitted. Decisions that are made at the top hierarchy involve more communication centres than those originating at the lower levels.

Too much centralization can easily overload the system and create bottlenecks in the flow of information. It can be deduced that decentralization as a management function is an important factor in enhancing smooth functioning of an organisation. Whether or not to decentralize depends on a larger extent on the nature of the organization and the nature of decisions to be made.

2.8 CONCLUSION

The purpose of this chapter was to conduct a study of theory pertaining to coordination and decentralization as administrative and managerial components of an organisational process. It was found that administration can be seen as consisting of specific processes which are classified into six consecutive main processes, namely: policy process, financial process, organizational process, personnel process, procedure process; and control process.

Administration as enabling and management

phenomena can be seen as the responsibility of managers to carry out specific functions to ensure the effective possible results in the rendering of services. Although it is not possible to give a single precise definition of administration, it can be concluded that, it is possible to identify specific characteristics which could provide a theoretical framework for the study of administration.

The management component of the organisational process, to ensure organisational effectiveness, consists of measures that ensure obtaining of coordination as an organizational management action. Coordination brings into proper order or relation, all work units and actions aimed at realization of the objectives of the organization. The work units in any organisation are interdependent. The orderly functioning of different work units for the achievement of common objective can be achieved through unit of action. The horizontal and voluntary functioning of work units is premised on the conscious recognition of interdependency and unity of purpose.

When work-units are created on the executive level, where the executive policy is to be implemented, various factors such as centralization and decentralization, will influence the creation of organisational work units.

Decentralization refers to a low concentration of authority between various work units within an organisational structure, such as a provincial department. Decentralization as a management function is an important factor in enhancing smooth functioning of an organization. Various authors have cited different principles around the need for centralization and decentralization. Whether or not to decentralize however, depends on a larger extent, on the nature of the organisation and the nature of decisions to be made.

CHAPTER THREE

ORGANISATIONAL ARRANGEMENTS FOR THE RENDERING OF HEALTH AND SOCIAL DEVELOPMENT SERVICES IN THE PROVINCE OF THE EASTERN CAPE

3.1 INTRODUCTION

Public institutions are established in order to satisfy or respond to public needs, and to pursue and attain predetermined objectives. Public institutions are therefore established to pursue predetermined goals and satisfy predetermined objectives. The organizational structure that a department will take is determined by the functions that the department will perform for the purposes of satisfying particular public needs. Public employees within public institutions are and must be arranged in such a manner that it is possible to perform functions that satisfy public needs. Organizational arrangements therefore enable employees to devote time and energy to meet common objectives.

For the purposes of this chapter, Department of Health and the Department of Social Development in the province of the Eastern Cape will be put in perspective. Firstly, a historical background to the creation of the Departments of Health and Social Development in the province of the Eastern Cape will be discussed. Secondly, the organizational arrangements of the Departments of Health and Social Development will be explained in so far as these arrangements enable the rendering of health and social development services in the province. Thirdly, as the functions of departments explain the reasons for existence, these will be explained in order to justify existence of the two departments in the province. Fourthly, health and social development services are, by nature needed in the local sphere, that is, communities. The manner in which departments are decentralized will explain the extent to which services rendered are accessible to communities that need them. It is a fact that not only the two departments are the custodians of both health and social developmental services. There are various institutions in the public and private sectors that render similar services. Some operate as individual organizations, others coordinate the services

that they deliver in partnership with other institutions. Municipal authorities are among such public institutions that render both health and social development services to communities. Lastly this chapter will explain such services as they are delivered by local and district municipalities in the Province of the Eastern Cape.

3.2 LEGISLATIVE FRAMEWORK FOR HEALTH SERVICES

The Department of Health operates within the following legislative framework;

- *The Constitution of the Republic of South Africa, 1996.*
- *Bill of Rights*, section 27 which guarantees the right to health care, food, water and social security.
- *National Health Act, 2003* (Act 61 of 2003) This Act provides a framework for a structured uniform health system within the Republic, taking into account the obligation imposed by the *Constitution of the Republic of South Africa, 1996* and other laws on the national, provincial, and local governments with regard to health..
- *Eastern Cape Provincial Health Act, 1999* (Act 10 of 1999) which sets out the functions of the Department of Health as to
 - provide for the determination of provincial health policy structure and health service delivery in the Province of the Eastern Cape;
 - develop and implement provincial health policy, norms and standards; define the provision and delivery of health care services, within the available resources in the Province of the Eastern Cape;
 - facilitate comprehensive provincial and district health system management, in accordance with national and provincial health policies and procedures;
 - provide for transparency of provincial government in the development and implementation of health policies and practices; and
 - provide for health service user rights and obligations; provide for health care provider obligations and rights; and provide for community participation.
- *Occupational Health and Safety Amendment Act, 1993* (Act 181 of 1993). This Act provides for health and safety of persons at work using plants and machinery in the process of carrying out their duties. Section 9 of

the Act charges employers and self employed persons other than the employees to ensure, as far as is reasonably practicable that persons other than those in employment who may be directly affected by his activities are not exposed to hazards to their health or safety.

- *Compensation for Occupational Injuries and Diseases Amendment Act, 1997* (Act 61 of 1997) The Act provides for the compensation of employees injured or contacted diseases while on duty. It also provides for the payment of compensation to dependants of such employees who may have died or injured on duty.

- *Tobacco Products Control Amendment Act, 1999* (Act 12 of 1999)

This Act provides for the prohibition of advertising and promoting tobacco products in sponsored events. It also prohibits free distribution of tobacco products as well as receipt of gifts or cash prizes in contests, lotteries or games purchased through tobacco products.

- *National Drug Master Plan*

The *South African National Drug Master Plan* aims to bring about the reduction of substance abuse and its related harmful consequences. The Plan has identified five main areas of focus namely crime, youth, community health and welfare, research and information dissemination and international involvement.

- *Application of Health Standards in Traditional Circumcision Act, 2001* (Act 6 of 2001)

The Act provides for the observation of health standards in traditional circumcision as well as for issuing of permission for the performance of a circumcision operation and the holding of circumcision school.

- *Mental Health Act, 2002* (Act 17 of 2002)

This Act provides for care, treatment and rehabilitation of persons who are mentally ill. The Act sets out procedures to be followed in the admission of mentally ill persons as well as establishing Review Boards in respect of health establishment. It provides for care and administration of the property of mentally ill persons.

From the above it can be deduced that rendering of health services by the Department of Health in the Province of the Eastern Cape is guided by a legislative framework which guides the manner in which health services should be delivered.

3.3 ORGANISATIONAL ARRANGEMENTS FOR RENDERING OF PROVINCIAL HEALTH SERVICES

As public institutions provincial departments are organised to meet the requirements of a changed political environment. The province of the Eastern Cape has twelve departments through which it renders services namely;

- Agriculture
- Economic Development
- Education
- Health
- Housing
- Local Government and Traditional Affairs.
- Provincial Treasury
- Public Works
- Transport
- Safety and Liaison
- Social Development
- Sports, Recreation, Arts and Culture (Eastern Cape Provincial Government 2008).

From the above it can be deduced that the Province of the Eastern Cape as the government, has the obligation and responsibility to respond to the needs of the people of the Province. As needs of the people change, it becomes incumbent upon the government to change in order to meet such changing needs. Departments are established to perform functions that respond to specific requirements of the people in the Province. Each department is arranged so that it is possible to perform functions allocated. The Department of Health in the Province of the Eastern Cape is therefore organized and structured according to the manner in which it renders health services.(Smit and Cronje,1992:202)

3.3.1 Objectives of the Department of Health in the Province of the Eastern Cape

As a public institution, the Department of Health in the Province of the Eastern Cape is mandated to achieve its objectives by fulfilling health needs of the province. An organization, according to Callaghan *et al*, (1986:311) can be changed in anticipation of environmental changes or in response to environmental change. If the needs of the people change continuously, then the objectives of the department, to be relevant, must also change continuously. According to Szilagyi and Wallace (1983:519) the key to success or even survival of organizations is the degree to which they can become proactive organizations. This can be possible only if organizations are able to anticipate or respond to needs of the people which such organizations serve.

The objectives of the Department of Health in the Province of the Eastern Cape include to

- develop systems and build capacity throughout the department for effective and efficient health service, administration and management;
- develop the provincial health system by strengthening the service delivery platform based on a decentralized service delivery system;
- develop and implement timely and appropriate emergency medical services.
- ensure effective delivery of health care support services;
- establish norms and standards, establish and implement systems and build capacity to ensure quality health care assurance;
- develop and implement human resource planning, management and development systems;
- strengthen planning, forecasting, budgeting and accounting systems to ensure an equitable resource allocation across the province; and
- introduce a compliance monitoring tool and enforce or promote compliance. (Eastern Cape, Department of Health, *Annual Report*, 2005/2006)

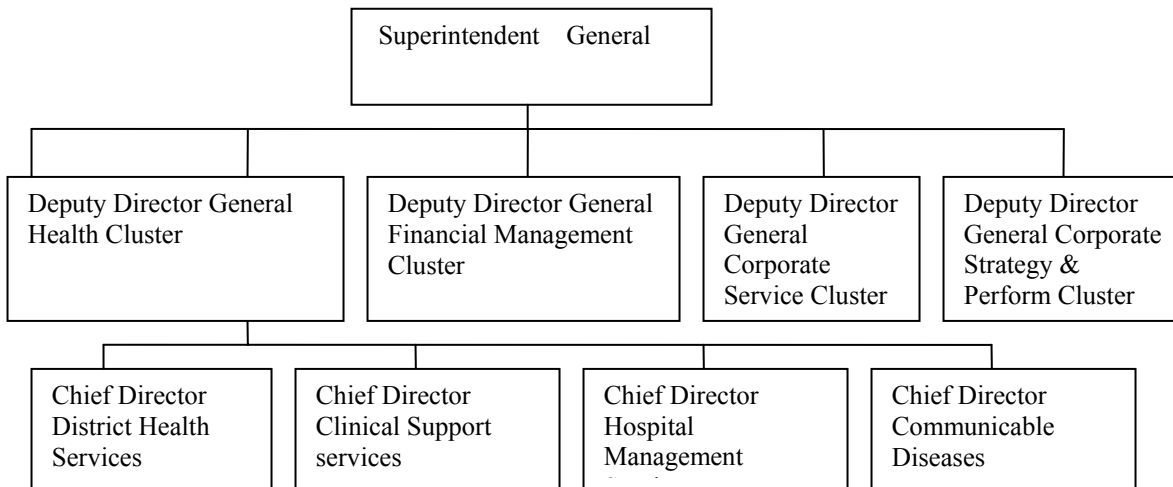
From the above it can be deduced that the Department of Health in the Province of the Eastern Cape is mandated to satisfy health needs of the province. In order to achieve this, the Department must set objectives that are responsive

to the needs of the people in the Province. The objectives will be fulfilled by engaging the organisation in organizational processes which include establishing an organizational structure as follows.

3.3.2 Organisational structure of the Provincial Department of Health

The top organisational structure of the Department of Health in the Province of the Eastern Cape can be discussed as follows.

Diagram 3.1 Organisational structure of the Department of Health



(Departmental Profile- Departmental Structure, 2008)

3.3.3 Functions of the health clusters

The above four clusters constitute special branches in the Department of Health in the Province of the Eastern Cape and are responsible for ensuring the rendering of health care services to the communities of the province. The functions of the clusters can be explained as follows.

3.3.3.1 Corporate services cluster

The purpose of the Corporate services cluster is to manage, plan and monitor all corporate services operations and functions including

- Management of integrated human resource management;
- Management of human resource development ;
- Management, planning and monitoring of facilities and security services;
- Management and coordination of corporate services; and

- Integration and coordination of information in the department.

3.3.3.2. Corporate strategy and organisational performance cluster

The purpose of this branch is to manage, corporate strategy and organizational performance and functions which include

- managing the development of the organisational strategy;
- managing coordinating and standardizing integrated planning systems of the department; and
- developing, coordinating and monitoring of health care in the province.

3.3.3.3 Health cluster

The purpose of the health cluster is to manage, monitor and evaluate the rendering of clinical and related clinical health support services. Functions of this cluster include the

- provision of strategic direction to plan, coordinate, monitor and manage hospital services in respect of complexes and regional hospitals.
- Management, coordination and monitoring of district health services
- Management, coordination and monitoring of communicable diseases programs.

3.3.3.4 Financial management cluster

This branch is responsible for managing integrated financial services for the department and the functions include

- managing integrated budget planning services;
- managing financial services; and
- managing supply chain services. (*Copyright 2005-2008, Department of Health, Eastern Cape*).

3.3.4 Functions of divisions

The Department of Health performs its core functions through branches, divisions and decentralised districts offices. The department consists of the following 15 divisions and functions namely Integrated Human. Resource Management. Management of Human Resources

- Strategic Management. To administer and coordinate integrated strategic management and organisational performance.
- Hospital Management Services. Develop, monitor and evaluate the rendering of health services by hospital complexes, regional and specialized hospitals.
- Integrated Budget Planning. To manage the integrated budget planning for the department.
- Risk assurance Management. To manage and coordinate the implementation of risk assurance services.
- Clinical support. Develop, monitor and evaluate rendering of clinical support services.
- Financial Management services. To manage integrated financial services
- Human Resource Development and Training. Management of Human Resource Development services.
- Business process Re-engineering. Directing and coordinating business process re-engineering within the department.
- District Health Services. Develop, monitor, and evaluate rendering of district health services.
- Supply Chain Management. Management and coordination of corporate services
- Quality Health Care Assurance System. Coordination development and monitoring quality of health care in the province.
- Communicable diseases. Management, monitoring and evaluation of communicable diseases programmes.
- Information Management services. Integration and coordination of information in the department.
- Health facilities. Management of facilities and security services.

(Departmental Profile- Departmental Structure, 2008)

3.3.5 Decentralized offices for health service rendering

Various factors play a role in determining allocation of services to be delivered to the community. Some services must be delivered as close to the community as is possible whilst others do not necessarily have to be close. According to Thornhill and Hanekom (1995:169) the provision of public services implies authoritative decision-making on what services to be rendered on which geographical area, what particular services ought to be rendered at which level of government and, what public institution is responsible for rendering what particular service. This

is where centralization versus decentralization comes in. Centralization and decentralization were discussed extensively in Chapter Two. Decentralization of health services in the Eastern Cape follows the pattern of the six district offices, namely the

- Alfred Nzo District;
- Amathole District;
- Cacadu District;
- Chris Hani District;
- Nelson Mandela Metropolitan District;
- O.R Tambo District; and
- Ukhahlamba District (*Eastern Cape Provincial Government: District Municipalities, 2008*)

The Department of Health renders various services in the districts by various hospitals and clinics, namely medical, nursing, primary health care and transversal health care. Health services in the province of the Eastern Cape are further decentralized to sub-districts known as local service areas, hospitals and clinics. There are 20 local service areas, namely Lukanji, Engcobo, Emalahleni, Intsika Yethu, Sakisizwe, Inxuba Yetemba, Maletswai, Elundini, Senqu, Umzimvubu, Umzimkhulu, Amahlathi, Buffalo City, Mnquma, Nkonkobe, Mbhashe, Lusikisiki, King Sabata Dalindyebo, Umhlontlo and Libode.

It can deduced that the Province of the Eastern Cape is mandated by the *Constitution*, 1996 through the *Bill of Rights* and other legislative measures to render health services to the people of the province. The legislative measures guide the manner in which health services should be rendered in the Province. In order to satisfy such health requirements the Department has to perform both administration and management functions and engage in organizational processes that include the establishment of an organizational structure. The organizational structure is divided into clusters, divisions, branches and sections as well as workable units to enable rendering of health services. Also services are decentralized to districts, sub districts, hospitals and clinics to make health services accessible to communities in the local sphere.

3.4 LEGISLATIVE MEASURES FOR RENDERING SOCIAL DEVELOPMENT SERVICES

The Department of Social Development renders a wide range of services to the elderly, the disabled, the vulnerable groups, that is, the poor and disadvantaged groups, children and youth. Because of the multiple nature of services that it renders, the Department of Social Development is guided by various Acts and policies to deliver services, for example

- *Aged Person Amendment Act, 1998* (Act 100 of 1998)

This Act provides for the protection and welfare of certain aged and debilitated persons, for the care of their interests, for the establishment and registration of certain institutions and for the accommodation and care of such persons in such institutions.

- *National Welfare Act, 1978* (Act 100 of 1978)

The Act provides for the registration of welfare organizations on a regional basis, the establishment, functions, and operations of regional welfare boards, and the establishment of a National Welfare Board.

- *Social Service Professions Act, 1978* (Act 110 of 1978)

This Act, formerly known as the *Social Work Act*, provides for the establishment of the South Africa Council for Social Work and defines its powers and functions - in 1995 it provided for the establishment of the South African Interim Council for Social Work and for the rationalization of certain laws relating to social workers that remained in force in the various areas of the national territory of the Republic. The Act was also amended in 1996 in order to make the South African Interim Council for Social Work more representative of the people of the country. The 1998 amendment established the South African Council for Social Service Professions and professional boards for social service professions.

- *Child Care Act, 1983* (Act 744 of 1983)

The *Child Care Act*, 1983 provides for the establishment of children's courts and the appointment of commissioners of child welfare, for the protection and welfare of certain children, for the adoption of

children and for the establishment of certain institutions for the reception of children and for the treatment of children.

- *Probation Service Amendment Act, 200* (Act 35 of 2002)

This Act provides for the establishment and implementation of programs aimed at combating crime and for the rendering of assistance to and treatment of certain persons involved in crime.

- *Prevention and Treatment of Drug Dependency Act, 1992* (Act 20 of 1992)

This Act provides for the establishment of Central Drug Authority, the establishment of programs for the prevention and treatment of drug dependency, the establishment of treatment centre and hostels, the registration of institutions as treatment and training in such treatment centres or registered treatment centres.

- *Social Assistance Act, 1992* (59 of 1992) and *Welfare Laws Amendment Act, 1997* (Act 106 of 1997)

The *Social Assistance Act, 1992* provides for the rendering of social assistance to persons, national councils and welfare organizations.

- *Non-Profit Organization's Act, 1997* (Act 71 of 1997)

This Act repealed the *Fund-raising Act, 1997* excluding the chapter, which deals with the relief funds, and provided for an environment in which non-profit organizations could flourish. The Act also established an administrative and regulatory framework within which non-profit organizations could conduct their affairs. The Act was amended in 2000 to effect certain textual alterations.

- *National Development Agency Act, 1998* (Act 108 of 1998)

National Development Agency Act, 1998 provides for a national funding, capacity building and coordination structure known as the National Development Agency. The NDA is mandated to grant funds to Civil Society Organizations (CSO's) enhance capacity and promote development dialogue, whilst meeting the developmental needs of poor communities.

- *Advisory Boards on Social Development Act, 2001* (Act 3 of 2001)

The Act provides for national advisory structure, known as the Advisory Board on Social Development, in the social development sector with the aim, of building and consolidating partnership between government and civil society.

- *Domestic Violence Act, 1998 (Act 166 of 1998)*

The *Domestic Violence Act, 1998 (Act 166 of 1998)* provides for the protection of victims of crime within the domestic setting. It compels all acts in the criminal justice system to monitor and care for the victims and survivors of crime.

- *Social Assistance Act, 2004 (Act 13 of 2004)*

This Act made the provision of social security the competency of the South African Social Security Agency (SASSA) since 1 April 2006. The Department, however, still has a critical role to play, especially foster placements.

- *Children's Act, 2005 (Act 38 of 2005)*

This Act was promulgated in 2005. It is aligned with Government's "First Call for Children" and "Putting Children first" policies. The Act constitutes a comprehensive rewrite of the Child Care Act, 1983 and, amongst others, is aimed at addressing South Africa's international law and constitutional obligations towards children.

- *Older Persons Act, 2006 (Act 13 of 2006)*

This Act which intends to replace the *Aged Persons Act, 1967* represents a new development approach to ageing and will maintain and promote the status of older persons, the rights of older persons as recipients of services and the well-being, safety and security of older persons. It also provides for the establishment and appointment of an Ombudsperson for Older Persons and nine provincial Ombudspersons.

- *White Paper for Social Welfare, 1997*

The White Paper sets out the principles, guidelines, proposed policies and programmes for developmental social welfare in South Africa. As the primary policy document, the White Paper serves as the foundation for social welfare in the post 1994 era.

- *White Paper on Population Policy for South Africa, 1998*

The White Paper aims to promote the integration of population issues in development planning with the view of achieving sustainable human development.

It can be deduced that the Department of Social Development is rendering social development services through various regulations, policies and procedures which guide the manner in which services must be delivered.

3.5 ORGANISATIONAL ARRANGEMENT FOR SERVICE RENDERING BY THE DEPARTMENT OF SOCIAL DEVELOPMENT

The service delivery approach of the Department of Social Development in the Province of the Eastern Cape is marked by a shift from welfare to social development which encourages participation by communities. The communities are also empowered through training to improve conditions of living. It is hoped that, once empowered communities will be able to sustain themselves without help from the department. The objectives of the Department of Social Development can be set out as follows.

3.5.1 Objectives of the Department of Social Development

The objectives of the Department of Social Development in the Province of the Eastern Cape are as follows.

- Empowerment of communities, groups and individuals through their active participation in developmental programmes for improved social functioning and quality of life;
- Development and implementation of integrated safety net programmes that address social risks which are the result of unemployment, retirement, illness/ disability, old age and death;
- Development and implementation of a comprehensive community development strategy focusing on healthy livelihoods, social inclusion, improved nutritional and social status of individuals infected and affected by HIV/AIDS;
- Organisational transformation and development for effective management, communication, planning, financial management, reporting and utilization of resources; and

- Developing leadership and a learning organization to capacitate personnel for responsive and effective service delivery. (Department of Social Development: *Eastern Cape, Strategic Plan 2003/2006*)

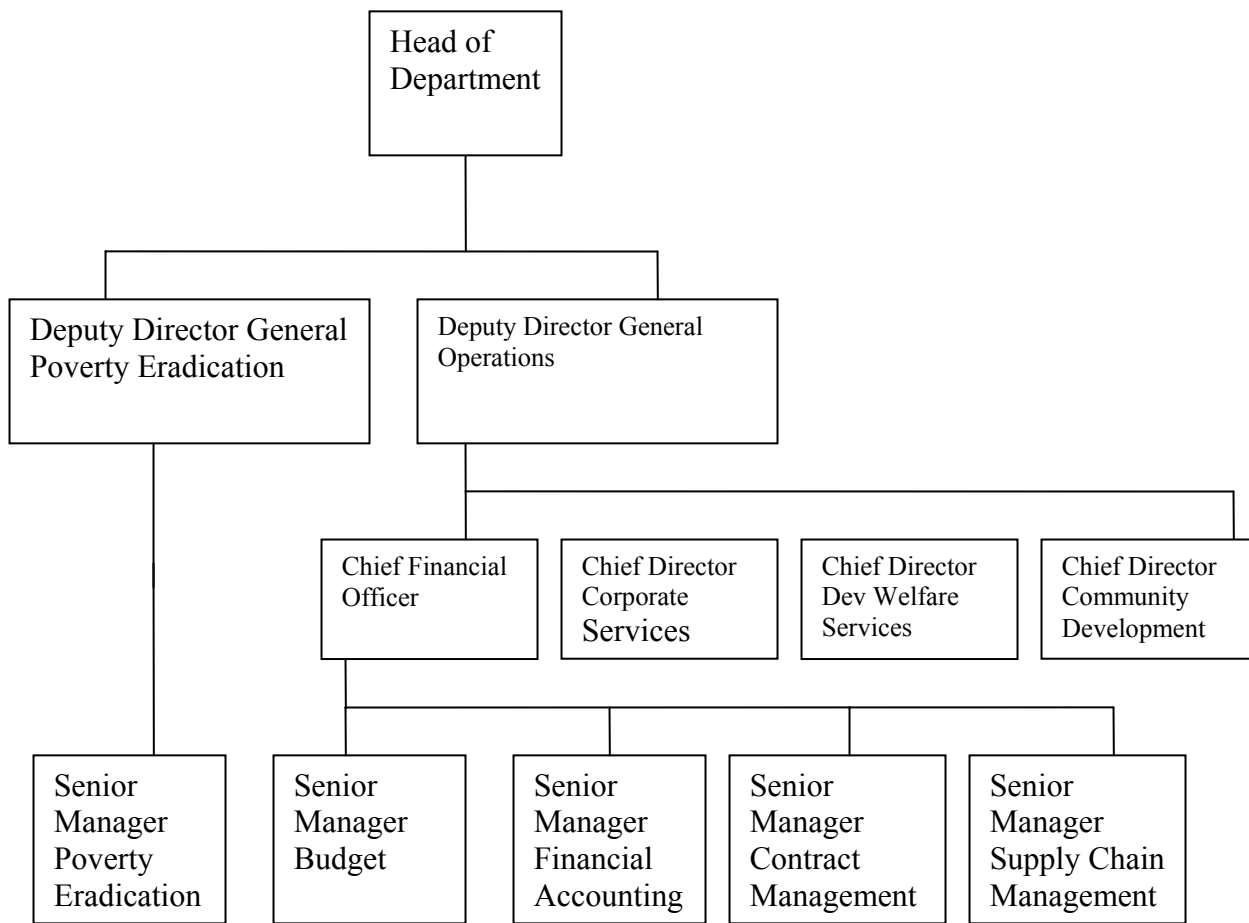
The core functions that set the department apart from other departments are as follows:

- Provision of social development services to individuals, groups and communities to enable them to enjoy an acceptable quality of life and become self reliant.
- Provision of social welfare services that are promotive, preventative, palliative, rehabilitative and therapeutic.
- Provision of comprehensive social security services.
- Community development facilitation and support
- Eradication of poverty and inequality
- HIV/Aids (prevent and mitigate effect of HIV/Aids on vulnerable groups) (Department of Social Development: *Eastern Cape, Strategic Plan 2003/2006*)

From the above it can be deduced that the Department of Social Development in the Province of Eastern Cape is charged with the delivery of various social development services that are empowering by engaging the communities that are being served. For rendering these services the department requires an organisational structure that is conducive to the mandate given by the state, as reflected below.

3.5.2 Organisational Structure of the Provincial Department of Social Development

The top organizational structure of the Department of Social Development in the Province of the Eastern Cape is takes a hierarchical structure as reflected below.

Diagram 3.2 Organisational structure of the Department of Social Development: Eastern Cape.

(Eastern Cape Social Development *Organizational Structure: Strategic Plan 2003:2006*)

3.5.3 Functions of the Department of Social Development in the Eastern Cape

The functional responsibilities of the Department of Social Development in the Province of the Eastern Cape are defined in the *Constitution of the Republic of South Africa, 1996*. The *Bill of Rights*, section 27 gives rights to access to health care services, sufficient food and water and social security. Section 27 (2) of the *Constitution of the Republic of South Africa 1996*, charges the government with responsibility to take reasonable measures to render these services. The mandate of the Department is to provide services the vulnerable groups of society, the poorest of the poor, the marginalized as well as the disadvantaged groups. The manner in which services are brought to the communities is such that they are engaged and empowered to participate actively in improving quality of life and to build self reliance. The department has identified children, women, youth, people with

disabilities and the aged as targets for service delivery (Department of Social Development: Eastern Cape, *Strategic Plan 2003/2006*)

3.5.4 Decentralised offices and services of the Department of Social Development in the Eastern Cape

The services of the Department of Social Development in the Province of the Eastern Cape are decentralised to the districts. The districts follow the pattern of six District Municipalities namely, Alfred Nzo, Amatole, Chris Hani, O.R Tambo, Ukhahlamba and Nelson Mandela Metropolitan Municipality. The functions of district offices are mainly to coordinate services that are performed at area offices. Services are further decentralised to area offices that follow the pattern of local municipalities namely Umzimvubu, Umzimkulu, Amahlati, Buffalo City, Umnquma, Nkonkobe, Mbashe, Lukanji, Engcobo, Emalahleni, Intsika Yethu, Sakhisizwe, Inxuba Yethemba, Elundini, Maletswai, Senqu, Libode, Lusikisiki, King Sabata Dalindyebo and Umhlontlo. Area offices basically offer supervision on services rendered by service offices. Below area offices, services are further decentralized to service offices (Department of Social Development: Eastern Cape: *Strategic Plan, 2003/2006*). Each area office has between two and five service offices rendering social developmental services. Services rendered by decentralized service offices include developmental welfare services like

- Care and services to older persons. These include home community based care to frail and older persons.
- Child Care services. Child care services include support and care for orphaned children and child headed families.
- Crime prevention and Support services. These include programmes that remove children from criminal activities.
- People with Disabilities. Such services include offering support to disabled persons.
- Substance Abuse. These are services that discourage people and children from abusing drugs and other addictive substances.
- Victim Empowerment. Such services offers care and support to victims of abuse like family violence and gender violence.
- HIV/AIDS. Care and support to people infected and affected by HIV/AIDS.
- Social Relief. Offering food and other immediate material needs to people affected by poverty.
- Services to families. Offering care, support to and empowering families.

Other services rendered by decentralized offices include community developmental services like

- Youth Development. Youth development programmes include income generating projects that empower youth to become entrepreneurs.
- Sustainable Livelihoods. These include programmes that empower women and other people to become self sustainable.
- Institutional Capacity. These are training programmes offered to community people so that they become independent and self reliable.

It can be deduced that the Department of Social Development in the Province of the Eastern Cape is charged by the *Constitution of the Republic of South Africa* 1996 and other legislations to render a wide range of services to the communities. The promotive and preventative services is a response to a particular need of the community and the department as a public institution, has a responsibility to satisfy that need. The shift from welfare to social development approach indicates a changing need by the communities, and the department, to be relevant, has to change the manner in which services are rendered. Empowerment and self reliance is an objective of the department in the process of rendering social development services. The nature of services rendered by the Department are such that there should be more regional and district offices.

3.6 HEALTH AND SOCIAL DEVELOPMENT SERVICES RENDERED BY MUNICIPAL AUTHORITIES IN THE PROVINCE OF THE EASTERN CAPE

Rendering of health and social development services in the local sphere is contained in the *Constitution of the Republic of South Africa* 1996. The municipal sphere of government as a public institution is charged by *section 27* of the *Constitution of the Republic of South Africa* 1996 to provide a right to services, including the right of access to health care, sufficient food, water and social security. According to Pimstone (1998:157) the provision of services is fundamental to the municipal role and encompasses matters mentioned in *Schedules 4 and 5* of the *Constitution of the Republic of South Africa* 1996 which municipalities are empowered to govern and administer. It is therefore incumbent upon local authorities to develop support infrastructure to mobilize, provide, facilitate and manage participation of communities in service programmes.

The rendering of municipal health and social services is mentioned in Part B of Schedule 4 of the Constitution *of the Republic of South Africa* 1996. There are also some services at the level of municipalities biased towards the poor, like tax exemptions and quotas including water and electricity. Various government programmes targeting poor communities in the local sphere of government however, originate from the provincial structures and not from local authorities. This is because, according to Williams (2001:219), fewer programmes view local authorities as the primary implementers of local socio-economic development. This is also due to poor coordination of inter-governmental relations in the local government sphere (Williams, 2001:219). Municipalities are regarded as the closest possible government to the communities. According to Thornhill (2002:42) a municipal council has the legislative and executive authority in a municipality and thus the council has the power to legislate. Section 156 of the *Constitution of the Republic of South Africa* 1996 states that “(a) municipality has executive authority in respect of, and has the right to administer-

- (a) local government matters listed in Part B of Schedules 4 and Part B of Schedule 5; and
- (b) by-laws for the effective administration of the matters which it has the right to administer”.

Whilst municipalities have the authority to legislate, the extent of this authority according to Thornhill (2002:42) is limited to its geographical boundaries. The extent of the authority is also subject to conditions determined by the national and provincial governments.

3.7 HEALTH AND SOCIAL DEVELOPMENT SERVICES RENDERED BY THE AMATHOLE DISTRICT MUNICIPALITY

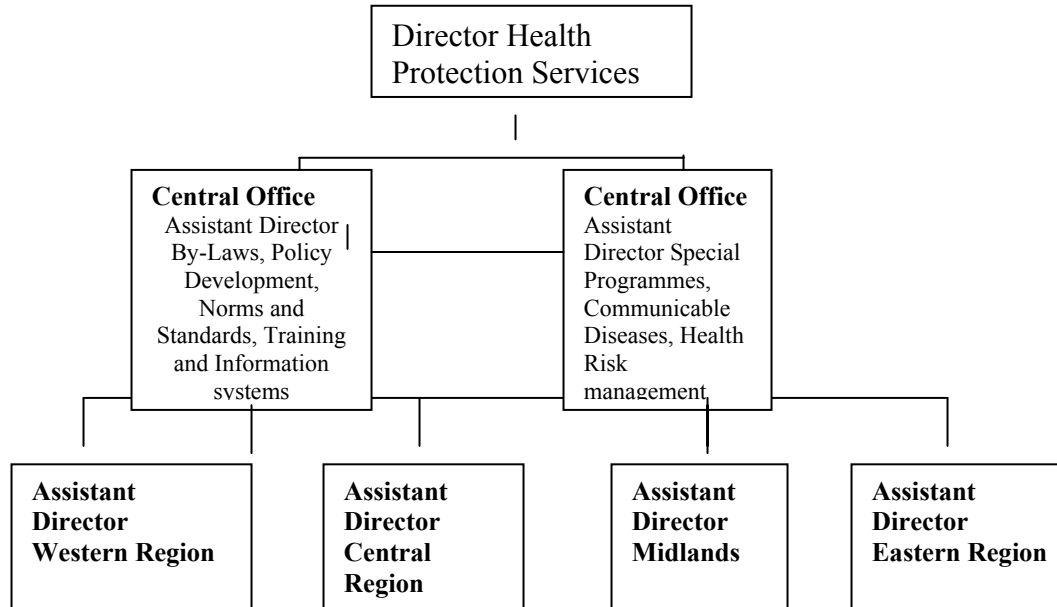
Amathole District Municipality is charged with a responsibility of providing municipal health services for the whole district municipality. According to the *Annual Report* (2005/2006:12) the Amathole District Municipality provides the following services:

- Primary Health Care. The Amathole District Municipality is rendering primary health care on an agency basis for the Provincial Department of Health. Through primary health care services the Amathole District

Municipality provides all households health care services such as HIV/Aids, environmental pollution control as well as prevention of communicable diseases.

- **Community Safety Services.** The objective of Community Safety Services is to facilitate stakeholder coordination and cooperation. These services focus on supporting initiatives that serve to reduce social crime behaviour.
- **Municipal Health Services.** The municipal health services provided by Amathole District Municipality include ensuring that appropriate municipal health services are effectively and
- equitably provided with regard to water quality monitoring, food control, surveillance and prevention of communicable diseases.
- **Disaster Management.** The Amathole District Municipality is responsible for preventing and mitigating the impact of disasters that are weather related such as droughts, floods and severe seasonal storms.
- **Fire Services.** The Amathole District Municipality is responsible for rendering fire services in four local municipalities under it namely, Great Kei, Mbhashe, Mnquma and Ngqushwa. (Amathole District Municipality :*Annual Report*,2005/2006:12).

The organisational structure of the health section of the district municipality is reflected below. The four offices reflected below the Central Office, namely Western, Central, Midlands and the Eastern Regions are offices decentralized according to regions

Diagram 3.3 Organisational structure Health section: Amathole District Municipality

(Organisation and Establishment Plan Amathole District Municipality: July 2007:2008)

It is proper to note that the organization and establishment plan of Amathole District Municipality does not have a distinguishable department of Social Development.

It can be deduced that municipalities are regarded as the closest government to the people. Municipalities as the local sphere of government have powers to render certain services to the communities. Also, municipalities as spheres of government have legislative and executive authority to administer certain functions. It is therefore incumbent upon municipalities to organize themselves to render health and social development services to the communities. The extent and the manner in which services are rendered by municipalities differs from municipality to municipality and is determined to a large extent by the state of readiness of each municipality.

3.8 HEALTH AND SOCIAL DEVELOPMENT SERVICES RENDERED BY BUFFALO CITY MUNICIPALITY

Buffalo City is situated relatively centrally in the Eastern Cape Province. It is bounded to the south-east by the long coastline along the Indian Ocean. It consists of a corridor of urban areas stretching from the post city of East London to the east through to Mdantsane and reaching Dimbaza in the west. It has a population of about 880 000 citizens (Buffalo City Municipality, *Annual Report 2005/2006*). The following are the health and social development services rendered by Buffalo City Municipality:

(a) HIV / AIDS

The Buffalo City Municipality is embarking on an aggressive strategy combining education, voluntary counseling and testing (VCT) improved care and treatment with anti-retroviral therapy. This service is rendered through all other municipal operations as HIV/AIDS cuts across all area of functioning.

(b) Local Agenda 21

Local Agenda 21 is a global action plan to reduce environmental degradation and to promote equitable development into the 21st Century. The municipality plays an active role in this cause through the Integrated Development and Sustainable Development Unit (IEMP and SDU) as the facilitator and co-ordinator.

(c) Poverty Alleviation

Poverty alleviation services are rendered through various programmes and projects of the integrated development plan (IDP). These include the provision of free basic services to qualifying households.

(d) Gender Equity

Gender inequalities exist in the social, economic, physical and institutional environment of Buffalo City. The local municipality promotes the protection, development and attainment of gender equality through various programmes and projects of the IDP.

(e) Children and Youth

Buffalo City is experiencing a number of youth related problems namely HIV / AIDS, gangsterism, vandalism, crime, teenage pregnancy, alcohol and substance abuse and school –dropping out. Buffalo City is in the process

of developing a children and Youth Development Programme that is looking at ways of involving young people in development programmes. These initiatives include the establishment of Ward Youth Forums in 2004 and the launch of Buffalo City Youth Forum in 2005.

(f) People Living with Disabilities

Buffalo City is developing a Disability Strategy which aims to support and increase awareness and sensitivity of the needs of people living with disability.

(g) Older Persons

Again Buffalo City is developing policies that aim to support sensitivity to the needs of older persons. Health services rendered by Buffalo City Municipality include municipal health service namely water quality monitoring, food control, waste management, health surveillance of premises, prevention control and disposal of the dead and chemical safety. Buffalo City Local Municipality, *Integrated Development Plan 2005/2006:17 – 19*) It can be deduced that Buffalo City Local Municipality renders a wide range of health and social development services that are similar to services rendered by the Provincial Department of Health and the Provincial Department of Social Development. It can also be deduced that rendering similar services in the local sphere may result in duplication of services and wastage of resources.

3.9 CONCLUSION

The organisational arrangements of the departments of Health and Social Development were explained in so far as they enabled rendering of health and social development services. The functions of the department of Health were discussed as they are guided by the legislative framework which determines the manner in which such services should be rendered. Following the paradigm shift from welfare to social development, the nature and manner of rendering services, functions and objectives of the Department of Social Development changed, responding to the changing needs of the communities. This was marked by an organisational arrangement that encouraged communities to participate on matters of social development that affects their wellbeing. Delivery of social development services is guided by various laws and regulations that determine the manner in which such services

should be rendered was also discussed. Decentralization of health and social development services is guided by a need for communities to access such services. Hence the decentralized offices of both Health and Social Development departments throughout the Eastern Cape. Rendering of health and social development services by different municipalities differs from municipality to municipality. It was noted that there is no distinguishable separation of health and social development services at municipal sphere.

The chapter was necessary to put in perspective the nature of services rendered by the Provincial Department of Health and the Provincial Department of Social Development and similar services rendered by municipalities. It was also necessary to find out whether or not there are duplications in the manner in which health and social development services are rendered. It was also important to investigate the coordinating arrangements, if any, in the process of rendering similar health and social development services in the province.

It can be concluded that rendering decentralized health and social development services in the Province of the Eastern Cape indeed need to be investigated. It is clear that there is duplication in the rendering of health and social development services by the Provincial Department of Health, the Provincial Department of Social Development, Amathole District Municipality and Buffalo City Local Municipality. It can also be concluded that coordination arrangements between the Provincial Department of Health and the Provincial Department of Social Development and the municipalities, need to be investigated in order to ensure effective and efficient rendering of services.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

Scientific study consists of two main components, namely a theoretical component and a practical testing component that is known as the empirical study, to be conducted to obtain data. This chapter has, as purpose, to describe and explain the design and methodology to be followed for the collection of data, for the purpose of confirming or invalidating the hypothesis for the research and to attain the objectives set out in chapter one. The study will be conducted by means of a questionnaire instrument. Data is required to evaluate the coordinating arrangements of and the relationship between decentralized provincial health services and social development services with similar services rendered by the Amathole District Municipality and Buffalo City Municipality

4.2 PERMISSION TO CONDUCT RESEARCH

Prior to distribution the questionnaires to the provincial and municipal respondents, permission to conduct the research was obtained in writing from the Member of the Executive Council (MEC) for Health, dated the 21st, November 2008.

4.3 SCOPE OF THE STUDY

The study will be conducted within the boundaries of the Province of the Eastern Cape. Two departments in the Province of the Eastern Cape, namely the Department of Health and the Department of Social Development will be used as survey areas. In the local sphere Amathole District Municipality and Buffalo City will be used as survey areas. The characteristics of these institutions can be set out as follows;

4.3.1 Provincial Department of Health

The Department of Health is one of the twelve departments in the province of the Eastern Cape. It was established in 1994 when a new South African Government was elected. The Department merged with the Department of the

then Welfare to become the Department of Health and Welfare. After July 1999 elections the two departments separated with each having own budget, own functions and own administration. In the financial year of 2005/2006 the Department of Health had a complement of 31356 employees with an annual budget of R6 226 910 .00(Eastern Cape, *Department of Health, Annual Report, 2005/2006*)

4.3.2 Provincial Department of Social Development

The Department of Social Development was established in 1994 as the Department of Health and Welfare. In 1999 the two departments separated and the Department of Welfare had to change the manner in which it was rendering services. This was followed by the change of name from Welfare to Social Development in 2001. In the financial year 2005/2006 the department had a complement of 2 928 employees with an annual budget of R11 139 632.00 (Eastern Cape, *Department of Social Development Annual Report,2005/2006*).

4.3.3 Amathole District Municipality

The Amathole District Municipality (ADM) is situated in the mid –section of the Eastern Cape Province along the coastline of the Indian Ocean, encompassing the former homeland areas of Ciskei and Transkei, as well as the former Cape Provincial Administration areas.

Amathole District Municipality consists of the following eight local municipalities:

- Buffalo City Local Municipality
- Amahlathi Local Municipality
- Nxuba Local Municipality
- Nkonkobe Local Municipality
- Ngqushwa Local Municipality
- Great Kei Local Municipality
- Mnquma Local Municipality
- Mbashe Local Municipality

Amathole District Municipality has a population of approximately 1,7million citizens and an annual budget comprised of R166 541 941.00. (Capital Budget) as well as R346 440 263.00 (Operating Budget) (*Portfolio Municipalities in South Africa*, 2006:245)

In summary the following table reflects the detail of Amathole District Municipality

Table 4.1 Details of Amathole District Municipality

Population	1,656 373
Capital budget	R166 541 941.00
Operating budget	R346 440 263.00
Executive Mayor	Councillor S. Somyo
Municipal Manager	Adv M. Zenzile

(*Portfolio Municipalities in South Africa*, 2006:245)

4.3.4 Buffalo City Municipality

Buffalo City Municipality came into existence after the 2000 local government elections. It includes the city of East London and the surrounding towns of King William's Town and Bhisho. Buffalo City is situated in the Amatole District Municipality. It has a population of about 880 000 citizens and had an annual revenue of R1605.1 million and operating expenditure of R1 401.3 million as at the financial year ended in 2005/2006 (Buffalo City Municipality, *Annual Report*, 2005/2006).

4.4 RESEARCH DESIGN AND METHODOLOGY

Fundamental to every scientific research is a method which can be explained as a prescribed manner for performing a specific task, with adequate consideration of the problem, objectives and hypothesis.

(Meiring, 2001; 156). Kerlinger,(1986:10) writes that scientific research is a systematic, controlled, empirical and critical investigation of natural phenomena, guided by theory and hypothesis about the presumed relations among such phenomena. In every research project it is important to determine exactly what methods are to be used to collect data and what factors will influence the collection. Hofstee (2006:107) writes that the method is a vital to

the success of the study because a result can only be accepted, rejected, replicated or even be understood in the context of how to get there. The method will explain how to get to the conclusion.

Hofstee, (2006:120) writes that the research design provides a theoretical background to the methods to be used in the research. A research design is the basic plan which guide the data collection and analysis phases of the study. It provides the framework which specifies the type of data to be collected, the sources of data and the data collection procedure. The research design dictates the boundaries of the research activity.(De Vos, 2005:132 + Salkind,1977:371)

Two types of research approaches are found, namely a quantitative and qualitative research approach.

- Quantitative research requires that the data collected be expressed in numbers. It can be quantified. Various factors will influence it. The methods use to conduct quantitative are exploratory, descriptive and experimental. (Struwing, 2004 : 41)
- Qualitative research reflects approaches to knowledge production. This type of research commonly uses qualitative data. Qualitative data refers to any information that the researcher gathers that is not expressed in numbers (Tesch, 1950 : 55). Qualitative data includes information such as words, pictures, drawings, paintings, photographs and films.

4.4.1 Research Strategy

The research strategy to be used in this research will be a case study which involves an empirical investigation of a particular phenomenon within its real life context (Robson, (2002:178).

4.4.2 Data collection Instruments

In this research study questionnaires will be used as data collecting instrument. Questionnaires will be sent by hand to the respondents. Questions will focus mainly on coordination of decentralized health and social development services with similar services rendered by district and local municipalities.

4.4.3 Population Details

By target population is meant a set of entities in which all the measurements of interest to the practitioner or researcher are represented. The entities may be people. (Power *et al*; 1985:235) Brynard and Hanekom (1997:43) write that the population refers to objects, subjects, phenomena, cases, events and activities, which the researcher would like to study to identify data. The population is thus the total set from which the individuals or units of the study are chosen. In this study the population consists of all councillors, officials and citizens of Amathole District municipality, with its eight local municipalities. The population and survey area also includes the members of the Provincial Executive Council of the Province of the Eastern Cape and the officials of the Department of Health and the Department of Social Development. It is clear that the population and survey area are too big to conduct an objective study for the purpose of this mini dissertation, and that a sample of the population is required.

4.4.4 Sampling Details

Sampling refers to any portion of the population to be studied as representatives of that total population. According to Bless and Higson-Smith (200:86) sampling is a subset of the population which makes it representative of the whole. The basic characteristic of a sample is that it must be representative of the population from which it was taken, (Basley and Clover, 1988:95). The process of selecting elements from a larger population is called sampling. A sample is thus selected to represent the population as a whole or a smaller section with specific characteristics. The correct sample in a study, according to Goddard and Melville(2001:43) is dependent on the nature of the population and the significance of the study. The sample size will therefore depend on the population to be sampled.

In this study two main samples will be selected, namely a sample from the

- Political office-bearers, and officials of the Amathole District Municipality and Buffalo City Local Municipality, and
- Political office-bearers from the Provincial Executive Council, chief officials and decentralized office bearers from the Provincial Department of Health and the Department of Social Development.

4.4.5 Questionnaire Details

In this study three questionnaires were used as data collecting instrument. A pilot study was conducted at Mquma local Municipality for pre-testing purposes, to determine the clarity and ambiguity of questions. Questionnaires were sent to the local Executive Mayor, the Mayoral Committee Member for health services, Mayoral Committee Member for social developmental services, the Municipal Manager, Director for health services and Director for social developmental services as well as officials for decentralized offices of Health and Social Development.

Structured standardized questionnaires which will ask every respondent the same question will be used. Standardized questions, according to Bailey (1994:187) allow comparison of answers from all respondents and facilitate the computation of summary statistics such as percentage of respondents who answer yes or no. Open-ended questions in which respondents are free to offer any answer they wish to the question, will be used. Open-ended questionnaires, according to Rubin and Babbie (1992:376) consist of questions that are written out in advance exactly the way such questions are to be asked. Also, close-ended questions, in which the respondents choose from a fixed set of answers, will be used. The study will concentrate on two public services, namely

- health services; and
- social development services.

The questionnaires were sent to the following respondents

- Municipal political office bearers and chief officials of the Amathole District Municipality and the Buffalo City Local Municipality.
- Provincial political office bearers and chief officials of the Department of Health and the Department of Social Development.
- Decentralised district and local offices of the Department of Health and the Department of Social Development.

The questionnaires deal with the following headings;

- Nature of municipal health/social development services

- Need for coordination of health/social development services
- Decentralisation and coordination phenomena
- Coordination problems.

4.4.6 Data Collection Procedure

In total, thirty four questionnaires were distributed to the respondents.

4.4.7 Response Rate

The questionnaire statistical details can be set out as follows;

Table 4.2 Questionnaires used and received

QUESTIONNAIRE	USED	RECEIVED BACK	PERCENTAGE
One	20	18	90%
Two	4	4	100%
Three	10	9	90%
		Average	93%

Newman(2006:295) writes that “... the failure to get a valid response from every sampled respondent weakens a survey. Barbie (1973:165) writes that a response figure of at least 50% should be sufficient for analysis of the questionnaires, a figure of 60% can be seen as “good” and a figure of 70% as “very good”. It can be deduced that a figure of 93% response is good enough to make findings that can be valid.

4.4.8 Data Analysis

Analysis of data forms the basis of the whole research study in that it is from analysis that inferences to real life situation can be drawn. Data collected will be self-administered and analysed by hand. This is possible in that the numbers of respondents are only 34 and the analysis thereof should be manageable. The researcher will describe and explain how data collected will be changed into information. Data will be analysed for qualitative research purposes. Analysis of data using a qualitative method is, according to Neumann (1997:4197), a way of unpacking large volumes of texts, interpreting and explaining them in a social context in order to create meaning in real life situation.

According to Vithal and Jansen(1997:27), researchers can only make sense of the data they collect through organizing and arranging data into manageable form. The data will be coded by categorizing and breaking it into broad sections in order to make sense of the accumulated information. Data will be recorded and arranged systematically for interpretation. For easy interpretation, data will be packaged into manageable themes and variables. Analysis of data will involve grouping together responses and sorting out similarities and common themes. Similarities and common themes grouped together will then be categorized. Meaning will be derived from reading and re-reading themes and then interpreting them into real life situation.

4.5 LIMITATIONS OF THE STUDY

The study was limited due to the limited scope of the research study, lack of financial resources and time constraints. Respondents in the research study are provincial government and municipal officials. Government officials are often reluctant to give information on their respective departments as they feel this might compromise their jobs and safety in the work place. Also the fact that the researcher himself is a government official could influence the manner other government officials answered questions.

4.6 ETHICAL CONSIDERATIONS

According to Strydom (2000:24) ethics are a set of moral principles which are suggested by an individual or group. All respondents in this study are political office bearers and government officials that are custodians of confidential government information. The researcher will not coerce respondents to divulge any information considered to be confidential. Also, the researcher will not compromise the confidentiality of participants and their views in the study. All the time during the research process, the researcher will assure respondents that information sought will not be used to cause harm of any nature to those participating in the research.

4.7 CONCLUSION

The purpose of the study is to find out whether or not there are coordinating arrangements for the rendering of decentralized provincial health and social development services between the provincial department and district municipalities. With this study it is hoped that local government will not only be given responsibility to account for services delivered at the local sphere but also institutional power to coordinate and regulate delivery of services that flow from departments at the sphere.

A qualitative research method will be used to explore substantive areas about which little is known in the field of coordinating public services at the local sphere. Because local government is a relatively new phenomenon in South Africa as a sphere, the aim of this study will be to broaden understanding of coordinating similar services at this level and highlight avenues for further study on the research topic.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

5.1 INTRODUCTION

After collecting data, information from data is organised and converted into a format that is readable and understandable. This is done by reducing data collected into certain patterns and themes and then interpreting themes using some schema, the aim of which is to emerge with a large consolidated picture.

The purpose of this chapter is to analyse, from data collected, the extent to which decentralised health and social development services in the Province of the Eastern Cape, are effectively coordinated with proper relationships. The study deals with the rendering of two different groups of functions namely health services and social development services as rendered by different institutions in the provincial and local spheres of government. The data collected will be divided onto two main sections of this chapter, namely health services and social development services. Each of these sections will consist of the following four sub-sections. Firstly, the nature of the service rendered will be analysed and evaluated. Secondly, the need for coordination of these services will be described and explained. Thirdly, the decentralisation and coordination of these services will be analysed and evaluated. Lastly, the coordination problems being experienced will be analysed and evaluated.

5.2 EVALUATION OF THE COORDINATION OF HEALTH SERVICES

Coordination is an organisational and management function whose purpose is to ensure harmonious and integrated functioning of various parts of an organisational structure to obtain desired results. As a means to achieve effective delivery of health services, it is necessary to evaluate the extent to which health services are coordinated.

5.2.1 NATURE OF HEALTH SERVICES RENDERED

Rendering municipal health services is fundamental to the municipal role and encompasses matters mentioned in *Schedule 4 and 5 of the Constitution of the Republic of South Africa, 1996*. The municipal sphere of government is charged by the *Constitution of the Republic of South Africa, 1996* to provide a right of access to health care, sufficient food, water and social security.

(A) Question to municipal political office bearers and chief officials:

Amathole District Municipality.

Question

Does your District Municipal authority render health services?

Answer

All the respondents (100%) answered in the affirmative and listed the services rendered as follows.

- Primary health care services
- Municipal health care services
- Food control, waste management, health surveillance, sanitation, chemical safety, noise control and cemeteries.

Question

Are the above services centralized and also decentralized?

Answer

The respondents were divided on the issue with forty percent stating that services are centralized, another forty percent stating that services are also decentralised and the last twenty percent not committal.

Question

Is your district municipality the only institution rendering decentralized health services?

Answer

The majority (60%) of respondents stated that the district municipality is not the only institution rendering health services. Forty percent of respondents stated that the district municipality is the only municipality

delivering health services. Those who stated that other institutions render health services list those institutions as follows.

- Buffalo City Municipality render health services.
- Department of Health render health services.
- Hospitals and clinics.

It can be deduced that the majority of respondents at the district municipal level understand the nature of health services rendered. Also, it can be deduced that the majority of respondents believe that the district municipality is not the only institution rendering health services at this level.

Question to Buffalo City Local Municipality

Question

Does your local municipal authority render health services?

Answer

All the respondents (100%) answered in the affirmative and listed the services rendered as follows.

- Waste management, water purification, sanitation
- Primary health services, environmental health services
- Rendering of health services by local hospitals and local clinics.

Question

Are the above services centralized and also decentralized?

Answer

All the respondents (100%) state that health services are also decentralized.

Question

Is your local municipality the only institution rendering decentralized health services?

Answer

All the respondents (100%) stated that Buffalo City Municipality is not the only institution rendering health services and listed other institutions rendering health services as follows.

- Amathole District Municipality
- Department of Health

- Hospitals and clinics

It can be deduced that respondents at the local municipal level understand health services rendered at the local municipal level. It can as well be deduced that respondents at the local municipal level understand that the local municipality is not the only institution rendering health services.

(B) Question to political office bearers and chief officials of the Provincial Department of Health

The *Eastern Cape Provincial Health Act*, 1999 (Act 10 of 1999) sets out the functions of the Department of Health as to provide for the determination of provincial health policy structure and health service delivery in the Province of the Eastern Cape. This also includes the development and implementation of provincial health policy, norms and standards as well as the provision and delivery of health care services, within the available resources in the Province of the Eastern Cape;

Question

Does the Provincial Department render health services?

Answer

All the respondents (100 %) answered in the positive and listed the services as follows

- Primary health care services (clinics)
- Secondary health care services(district hospitals)
- Tertiary health services(hospitals complex)
- Corporate health services
- Community based health care

Question

Are the above services centralized and also decentralized?

Answer

All the respondents (100%) answered that health services are centralised and also decentralised.

Question

Is the Provincial Department the only institution rendering health services?

Answer

All respondents (100%) stated that the Provincial Department is not the only institution rendering health services and listed other institutions rendering health services as follows

- District Municipalities
- Local Municipalities
- Private hospitals
- Provincial aided hospitals
- Private medical practitioners
- Non governmental organisations

It can be deduced that the Provincial Department of Health understands the nature of health services to be delivered at the provincial sphere. Also, it can be deduced that the Provincial Department of Health has decentralised and delegated some of the health services to the decentralised offices as well as the district and local municipalities.

(C) Questions to the chief officials and local offices of the decentralised Provincial Department of Health.

Various factors play a role in determining allocation of services to be delivered to the community. Some services must be delivered as closer to the community as is possible whilst others do not necessarily have to be close. The provision of public services implies authoritative decision on what services to be rendered on which geographical area, what particular services ought to be rendered at which level of government and, what public institution is responsible for rendering what particular service.

Question

Does your district render health services?

Answer

All the respondents (100%) answered in the affirmative. They listed services as follows

- HIV/AIDS and sexually transmitted diseases, tuberculosis and nutrition,
- Maternal child and women health,
- Environmental health services
- Non communicable diseases and Rehabilitation
- Child health services and integrated nutrition

.Question

Are the above services centralised and also decentralised?

Answer

All the respondents (100%) answered in the positive

Question

Is your district office the only institution rendering health services?

Answer

The majority (75%) of respondents answered in the affirmative and (25%) answered no. The minority that answered that decentralised health services and offices are not the only institution rendering health services listed other institutions rendering similar health services as follows

- The Department of Social Development
- The Department of Education
- The Department of Correctional Services
- The Department of Agriculture
- Traditional health services
- Church organisations

It can be deduced that decentralised health officials of the Department of Health understand the nature of services delivered at the decentralised level. It can also be deduced that decentralised offices and officials of the Department of Health understand and recognise other institutions rendering similar health services in the local sphere.

5.3 EVALUATION OF COORDINATION OF SOCIAL DEVELOPMENT SERVICES

All public institutions are created to realize the achievement of specific goals. Coordination as an organisational and management function is one such specific goal in an institution. Whilst division of work into smaller workable units is necessary it is also imperative that all personnel work through teamwork towards a specific set of related objectives. This is called coordination and it brings into proper order all action aimed at goal realisation (Smit and Cronje,1992:195).

5.3.1 NATURE OF SOCIAL DEVELOPMENT SERVICES RENDERED

The *Constitution of the Republic of South Africa, 1996* charges the government with responsibility to take reasonable measures to render health care services, sufficient food, water and social security to the communities. The mandate of the Department of Social Development in the Province of the Eastern Cape is to provide services to the vulnerable groups of society, the poorest of the poor, the marginalized as well as the disadvantaged groups. The manner in which services are brought is such that communities are engaged and empowered to participate actively in improvement to quality of life so as to build self reliance. The department has identified children, women, youth, people with disabilities and the aged as targets for service delivery.

(A) Questions to municipal political office bearers and chief officials:

Questions to Amathole District Municipality

Question

Does your District Municipal authority render social development services?

Answer

All respondents (100%) answered in the positive and motivated as follows

- Develop women programmes, youth programmes, people with disabilities and poverty programmes.
- Programmes for older persons and children.

Question

Are the above services centralised and also decentralised?

Answer

The majority (67%) stated that services are centralised only and the other (33%) stated that services are also decentralised.

Question

Is your district municipality the only institution rendering decentralised social development services?

Answer

The majority (67%) answered that the district municipality is not the only institution rendering social development services and listed other institutions rendering similar services as follows

- Department of Social Development
- Department of Sport Arts and Culture

- Local Municipality
- Department of Agriculture
- Department of Health

The minority (33%) answered that the district municipality is the only institution rendering social development services. It can be deduced that the majority of respondents at the district municipal level understand social development services that are rendered at district municipal level. Also, it can be deduced that respondents recognise the role of other institutions rendering similar services in this sphere.

Question to Buffalo City Local Municipality

Question

Does your local municipal authority render social development services?

Answer

The majority (80%) answered in the positive and motivated as follows

- Youth empowerment, old age homes, women support
- Recreational facilities
- Discount and sometimes free services to the indigent.

The minority (20%) answered in the negative

Question

Are the above services centralised and also decentralised?

Answer

The majority (80%) answered in the positive and the minority (20%) answered in the negative.

Question

Is your local municipality the only institution rendering decentralised social development services?

Answer

All respondents (100%) answered that the local municipality is not the only institution rendering social development services and listed other institutions rendering similar services as follows

- Department of Social Development
- South African Social Security Agency

- Non governmental organisations
- Community Based Organisations
- South African Police Services
- Department of Sport, Recreation, Arts and Culture.

It can be deduced that respondents understand social development services rendered in the local sphere and the role played by other government institutions and non governmental organisations in the rendering of similar services.

(B) Question to political office bearers and chief officials of the Provincial Department of Social Development

The Department of Social Development in the Province of Eastern Cape is charged with the delivery of various social development services that are empowering by engaging the communities that are being served.

Question

Does the Provincial Department render social development services?

Answer

All respondents (100%) in the positive and listed social development services rendered as follows

- Care for the aged
- Care for the disabled
- Child and youth care
- Crime prevention
- Victim empowerment
- Community development

Question

Are the above services centralised and also decentralised?

Answer

All respondents (100%) answered that social development services are also decentralised.

Question

Is the Provincial Department the only institution rendering social development services?

Answer

All respondents (100%) answered that the department is not the only institution rendering social development services and listed other institutions as follows

- Non governmental organisations
- Non profit organisations
- Community development centres

It can be deduced that the Provincial Department of Social Development as policy makers, understand that the nature of social development services is such that services must be decentralized and that, other non governmental organisations have a critical role in the rendering of such services.

(C) Question to the chief officials of decentralised and local offices of the Provincial Department of Social Development

Question

Does your district render social development services?

Answer

All respondents (100%) in the positive and listed social development services rendered as follows

- Poverty alleviation programmes
- HIV/AIDS and community development
- Sustainable livelihood
- Substance abuse
- Institutional capacity building

Question

Are the above services centralised and also decentralised?

Answer

The majority (80%) agreed that services are also decentralised with the minority (20%) non committal.

Question

Is your district office the only institution rendering social development services?

Answer

All respondents (100%) answered that the district office is not the only institution rendering social development services.

It can be deduced that respondents understand the role played by other institutions in the rendering of social development services. As such, it can be expected that decentralised offices, district and local municipal authorities as well as non governmental organisations organise themselves for smooth rendering of such services.

5.4 NEED FOR COORDINATION OF HEALTH SERVICES

Coordination is the orderly functioning of different work units for the achievement of common objectives. It is regarded as the essence of managing harmony between individual effort and the accomplishment of group goals in an organisation. Coordination therefore can be achieved through unity of action. The horizontal and voluntary functioning of work units is premised on the conscious recognition of their interdependence and unity of purpose.(Koontz and O'Donnell,1968:50)

(A)Question to municipal political office bearers and chief officials:**Amathole District Municipality****Statement**

The rendering of health services in more than one sphere is not effectively coordinated.

Answer

All the respondents (100%) agreed with the statement.

Statement

The rendering of health services by your District Municipality is fragmented and ought to be coordinated.

Answer

All there respondents (100%) agreed with the statement

Question

Are health services rendered by more than your district municipality?

Answer

All the respondents (100%) agreed that services are rendered by more than the district municipality and listed other institutions rendering health services as follows

- Buffalo City Local Municipality
- Department of Health
- Local clinics and hospitals
- Private hospitals

Statement

Coordination of services is maintained through direct and regular contact with other departments and institutions rendering similar health services

Answer

The majority (60%) of respondents agreed with the statement. Another twenty percent strongly agreed whilst the other twenty percent disagreed. The majority that agreed motivated as follows

- To share experiences and successes
- To agree on the mode of providing services
- To eliminate any chance of fragmenting services
- For interdepartmental and inter-sectoral collaboration
- For providing best practices

Statement

Coordinating health services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

Forty percent of the respondents strongly agreed with the statement and motivated as follows

- Policy making and planning are critical for coordination
- All stakeholders involved in rendering services must be part of policy making

- For eliminating a possibility of disjuncture between policy making and implementation.
- Rendering health services is part of policy- making.
- Planning before implementation is critical.
- For consultation.

Twenty percent of respondents strongly disagreed with the statement, another twenty percent disagreed and the last twenty percent remained neutral.

Statement

Mechanisms should be in place to coordinate health services that are delivered by more than one institution in the municipal sphere.

Answer

The majority (80%) of respondents agreed with the statement and another twenty percent disagreed. The majority that agreed motivated as follows

- To avoid recipients of services moving around chasing better services.
- To enhance functional integration
- For effectiveness
- To save on financial resources and as well as for effective management.

Statement

Different departments and institutions that render health services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- Such interaction is a prerequisite for coordination and integration
- To enhance functional integration
- To enhance better coordination.
- For information sharing, better coordination and cooperation
- To be able to evaluate policies.

It can be deduced that respondents acknowledge that services in the district municipalities are fragmented and not effectively coordinated. It can also be deduced that respondents recognise the need for regular interaction among institutions rendering similar services in order to share experiences on the best practices for service rendering and to agree on the manner in which similar services should be rendered. It can also be deduced that respondents agree that government institutions and other stakeholders rendering similar services should interact at early stages to plan together so as to avoid duplication.

Question to Buffalo City Local Municipality

Decentralization can be described as vertical hierarchy devolution of power to sub-national institutions, for example from a national legislative to provincial and municipal legislatures. In a sense, authority is delegated and functions are allocated to offices within a province or region by a head office. Such delegation of authority and allocation of functions can take the form of geographical decentralization. This means the creation of branch offices or regional offices apart from the head office. (Robbins,1979:340, Robbins, 1980:233, Kotze and Van Wyk, 1980:56)

Statement

The rendering of health services in more than one sphere is not effectively coordinated.

Answer

The majority (60%) agreed with the statement whilst the minority (40%) disagreed with the statement and motivated as follows

- There is a need for a forum where health service providers should converge and clear terms.
- Municipality should play a facilitating role in coordinating services.

Statement

The rendering of health services by your Local Municipality is fragmented and ought to be coordinated.

Answer

The respondents were divided on this statement with forty percent agreeing and another forty percent strongly disagreeing whilst twenty percent disagreed. The respondents that disagreed with the statement motivated as follows

- There is only one directorate coordinating health services
- Services are properly coordinated.

Question

Are health services rendered by more than your local municipality?

Answer

The majority (80%) of respondents answered in the affirmative and the minority (20%) answered in the negative.

The majority motivated replied that health services are rendered by

- the Department of Health;
- private clinics and doctors; and
- traditional healers

Statement

Coordination of services is maintained through direct and regular contact with other departments and institutions rendering similar health services.

Answer

The majority (80%) agreed with the statement with twenty percent non committal. The majority motivated as follows

- To avoid wastage of resources
- To avoid duplication
- By cooperating with others
- To maximise impact
- To enhance effective and efficient rendering of services.

Statement

Coordinating health services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

The majority (60%) agreed with the statement with twenty percent strongly disagreeing and another twenty percent non committal. The majority motivated as follows

- To avoid wastage of resources

- District integrated plans have to find way in the local integrated plans,
- For policy consideration, planning and procedures

Statement

Mechanisms should be in place to coordinate health services that are delivered by more than one institution in the municipal sphere.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To enhance effectiveness
- For planning purposes
- Services that are not coordinated are poorly rendered.

Statement

Different departments and institutions that render health services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- For effective and efficient service delivery
- For planning, implementation and evaluation purposes
- Effective utilisation of resources
- For integrated approach and visible impact
- To share resources, experiences and to provide effective services to communities.

It can be deduced that respondents agree that institutions rendering similar services must interact more regularly to avoid wastage of resources and to plan together for efficient and effective delivery of services. It can also be deduced that respondents agree that mechanisms must be put in place for institutions rendering similar services to plan, implement and evaluate together in order to assess the impact of service delivery.

(B) Question to political office bearers and chief officials of the Provincial Department of Health

Coordination is an organisational function and part of management. It involves the breaking down of work units into smaller units and coordinating them in order to realize the common objective of the institution. Whilst coordination has challenges built into it, different actions of individuals find meaning only when channeled through proper coordination. (Van der Westhuizen, 1991:179)

Statement

The rendering of provincial health services in more than one sphere is not effectively coordinated.

Answer

All respondents (100%) agreed with the statement.

Statement

The rendering of Provincial health services by your department is fragmented and ought to be coordinated.

Answer

All respondents (100%) disagreed with the statement and motivated as follows

- Interventions to improve coordination are implemented but need to be monitored and evaluated.
- Coordination of the services is monitored at provincial head office and cascaded down to all levels by the departmental monitoring and evaluation framework.

Question

Are health services rendered by more than your department?

Answer

Fifty percent of the respondents answered in the affirmative and replied that health services are also rendered by

- District municipalities
- Private hospitals
- Non governmental organisations
- Provincial aided hospitals

The other fifty percent was non committal.

Statement

Coordination of services is maintained through direct and regular contact with other departments and institutions rendering similar health services.

Answer

All respondents (100%) answered in the affirmative and motivated as follows

- The institutions in the different spheres of government meet regularly to discuss issues of mutual interest, policies and funding where applicable. Practice it to some extent independent.
- Inter governmental relations structures and service level agreements are used.
- Functional integration is implemented.

Statement

Coordinating health services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

Fifty percent of respondents answered in the affirmative and stated that intergovernmental structures are used for policy making and planning

The remaining fifty percent was non committal

Statement

Mechanisms should be in place to coordinate provincial health services that are delivered by more than one department/ institution.

Answer

All respondents (100%) answered in the positive and motivated as follows

- Coordination has to be part of planning and policy making by all relevant stakeholders.
- Mechanisms are in place but there is a need to enforce such mechanisms as each sphere practises independently and not accounting to other spheres.

Statement

Different departments and institutions that render health services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To identify gaps and improve coordination.

- Interactions must be strengthened by having fixed agenda

It can be deduced that respondents in the Provincial Department of Health agree that coordination of health services in more than one sphere is not coordinated effectively and that mechanisms should be put in place to coordinate provincial health services that are rendered by more than one institution. Respondents agree that departments and institutions rendering similar health services must interact more regularly to identify gaps and improve coordination. Respondents also state that interventions to improve coordination, must be monitored and evaluated.

(C) Questions to chief officials of decentralized and local offices of the Department of Health

The freedom of action given to executives through decentralization is always restricted through coordination and control. Coordination and control are essential features of decentralization and without them there would be no need to delegate important decision-making prerogatives.

Statement

The rendering of decentralized health services in more than one sphere is not effectively coordinated.

Answer

The respondents were divided on the statement. Fifty percent of the respondents agreed with the statement. The other fifty percent disagreed and motivated as follows.

- There are programme coordinators whose function is to coordinate health.
- The district is working as a team, for example, stakeholders and departments

Statement

The rendering of decentralized health services by your department is fragmented and ought to be coordinated.

Answer

Fifty percent that is the majority of respondents strongly disagreed with the statement and motivated as follows

- Services are interrelated and service providers collaborate with others.
- Decentralized offices work on a joint effort with program managers and coordinators of decentralized health services.

The other twenty five percent disagreed whilst the last twenty five percent strongly agreed with the statement.

Question

Are health services rendered by more than your district office?

Answer

The majority (80%) answered in the positive and motivated as follows

- Primary health care facilities
- Community health care centres and clinics

The minority (20%) answered in the negative.

Statement

Coordination of decentralized health services is maintained through direct and regular contact with other departments and institutions rendering similar health services.

Answer

The majority (80%) strongly agreed with the statement and motivated as follows.

- Municipal health services as well as direct and regular contact with other stakeholders is encouraged.
- Community involvement, intersectoral collaboration and equity are utilised.
- Through monthly and bi- monthly inter departmental meetings.
- To avoid duplication and to reach the unreachable.

The remaining twenty percent agreed with the statement.

Statement

Coordinating decentralized health services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

Fifty percent of respondents strongly agree with the statement whilst another fifty percent agreed and motivated as follows

- Health forums are used to plan for the provision of health services.
- All stakeholders are included in planning and policy making stages.
- To avoid fragmentation.

- To enhance transparency and accountability as well as active participation by the communities.

Statement

Mechanisms should be in place to coordinate decentralized health services that are delivered by more than one institution.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- For more control and coordination.
- Policies guidelines and district health plan are utilised.
- To bring positive results.
- Through community participation.

Statement

Different departments and institutions that render decentralised health services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To share experiences, review programs and learn best practices.
- To evaluate and improve performance.
- To strengthen relationships and keep rapport among role players.
- To avoid duplication of services.
- For effective planning and implementation.

It can be deduced that respondents recognize the need for regular interaction among government institutions rendering similar services in order to share experiences and to evaluate and improve service rendering where necessary. Also, it can be deduced that respondents agree that mechanisms to coordinate health services must be put in place to strengthen relationships and for more control and to enhance coordination. Respondents are also of the opinion that coordinating health services enhances transparency, accountability and active participation by communities.

5.5 NEED FOR COORDINATION OF SOCIAL DEVELOPMENT SERVICES

It is incumbent upon local authorities to develop support infrastructure to mobilize, provide, facilitate and manage participation of communities in service programmes. Fewer programmes view local authorities as the primary implementers of local socio-economic development. This is due to poor coordination of inter-governmental relations in the local government sphere (Williams, 2001:219).

(A) Questions to municipal political office bearers and chief officials:

Questions to Amathole District Municipality

Statement

The rendering of social development services in more than one sphere is not effectively coordinated.

Answer

The majority (67%) agreed with the statement with the minority (33%) disagreeing.

Statement

The rendering of social development services by your District Municipality is fragmented and ought to be coordinated.

Answer

The majority of respondents (67%) strongly disagreed with the statement and the other thirty three percent disagreed, all motivating as follows

- The district municipality is sharing with the provincial and national departments utilising the integrated development plans.
- Attempts are being made to mainstream services
- There are targets in each cluster that have to be reached to ensure that formally disadvantaged get services.

Question

Are social development services rendered by other institutions than your district municipality?

Answer

All respondents (100%) answered in the positive and motivated as follows

- Other departments
- Other clusters

Statement

Coordinating social development services with departments and institutions rendering similar services is done at early policy making and planning stages.

Statement

Mechanisms should be in place to coordinate social development services that are delivered by more than one institution in the municipal sphere.

Answer

All respondents (100%) answered in the positive and motivated as follows

- To avoid duplication
- For networking purposes

Statement

Different departments and institutions that render social development services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To avoid unnecessary costs
- To assess progress and where necessary to improve service delivery.

It can be deduced that respondents recognise the need for different institutions rendering similar services to interact more regularly to enhance better coordination of services, effective management and save on financial resources .Respondents are also of the opinion that social development services are not effectively coordinated in the three spheres of government. However, respondents are also of the opinion that the rendering of social development services in the local sphere of government is not fragmented because integrated development planning and the setting of specific targets in each cluster promotes coordination. Respondents also indicated that to avoid duplication, specific mechanisms should be implemented to coordinate social development services that are rendered by more than one institution.

Question to Buffalo City Local Municipality

Statement

The rendering of social development services in more than one sphere is not effectively coordinated.

Answer

The majority of respondents (80%) agreed with the statement

Statement

The rendering of social development services by your Local Municipality is fragmented and ought to be coordinated.

Answer

The majority (60%) agreed and also strongly agreed with the minority (40%) disagreeing and strongly disagreeing.

Question

Are social development services rendered by more than your local municipality?

Answer

The majority of respondents (60%) answered in the positive and stated that the following institutions also render social development services.

- Old age homes, women support centres, youth empowerment programmes.

The minority of respondents (20%) answered in the negative and the other twenty percent was non committal

Statement

Coordination of services is maintained through direct and regular contact with other departments and institutions rendering similar social development services.

Answer

All the respondents (100%) agreed with the statement and motivated as follows

- To ensure effective and efficient rendering of services.
- For cooperating with others.
- To prioritise needs of the community.
- To avoid duplication of work.
- To avoid wastage of resources and time.

- To avoid confusion to the clients.

Statement

Coordinating social development services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

The majority (80%) agreed with the statement and motivated as follows

- For policy consideration.
- To take into account the needs of the communities as submitted by councillors and other relevant stakeholders.
- For planning purposes.
- For effectiveness and efficiency

The minority (20%) was non committal.

Statement

Mechanisms should be in place to coordinate social development services that are delivered by more than one institution in the municipal sphere.

Answer

All respondents (100%) answered in the positive and motivated as follows

- To speed up delivery of services and making an impact to poor communities.
- For effective coordination of services.
- To strengthen the social needs cluster that renders social development services.
- For smooth running of services and identification of role players.
- For a positive and visible impact on service delivery.

Statement

Different departments and institutions that render social development services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To avoid duplication.
- For smooth running of services.
- For networking, sharing of ideas and best practices.
- For joint planning, implementation and enhancing cohesion.

It can be deduced that respondents at the local municipal level agree that rendering of social development services at the local municipal level is fragmented and not effectively coordinated. Also, respondents agree that coordination of social development services should start early at policy making stages to avoid duplication and wastage of resources. Also respondents agree that departments and institutions rendering similar services should interact more regularly for networking, sharing of ideas and best practices.

(B) Question to political office bearers and chief officials of the Provincial Department of Social Development

The Provincial Department of Social Development is charged with the function of organisational transformation and development for effective management, communication, planning, financial management, reporting and utilization of resources as well implementation of integrated safety net programmes that address social risks which are the result of unemployment, retirement, illness/ disability, old age and death.

Statement

The rendering of social development services in more than one sphere is not effectively coordinated.

Answer

The respondents were divided on the statement with fifty percent agreeing and another fifty percent disagreeing and motivating as follows

- The provincial sphere provides policies on coordination and the grass root should be doing implementation.

Statement

The rendering of provincial social development services by your department is fragmented and ought to be coordinated.

Answer

All respondents (100%) agreed with the statement.

Question

Are social development services rendered by more than your department?

Answer

All the respondents answered in the affirmative and respondent as follows

- Non governmental organisations
- Community based organisations
- Non profit organisations

Statement

Coordination of services is maintained through direct and regular contact with other departments and institutions rendering similar health services.

Answer

Respondents were divided on the statement with fifty percent agreeing and another fifty percent disagreeing but with no motivation.

Statement

Coordinating health services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

Fifty percent of respondents were neutral and the other fifty percent stated that coordination is hardly done.

Statement

Mechanisms should be in place to coordinate provincial social development services that are delivered by more than one department/ institution.

Answer

All respondents (100%) answered in the positive and motivated as follows

- To ensure integration and structured coordination
- To eliminate duplication.
- To ensure rendering of high quality services
- For planning purposes.

Statement

Different departments and institutions that render social development services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To eliminate duplication.
- To make an impact in service delivery.
- To address challenges so as to respond to the demands of service delivery.

It can be deduced that respondents in the Provincial Department of Social Development agree that coordination of social development services in more than one sphere is fragmented and not coordinated effectively and that mechanisms should be put in place to coordinate provincial social development services that are rendered by more than one institution. However it was found that respondents in the Provincial sphere do not believe that the province should be responsible for coordination of services as they are responsible for policy making. Respondents also agree that that interacting more regularly by institutions rendering similar services enhances quality rendering of services and ensures an impact in the rendering of services.

(C) Questions to chief officials of decentralised and local offices of the Department of Social Development

The services of the Department of Social Development in the Province of the Eastern Cape are decentralized to the districts. The functions of district offices are mainly to coordinate services that are performed at area office level and service office level.

Statement

The rendering of decentralized social development services in more than one sphere is not effectively coordinated.

Answer

The majority of respondents (80%) agreed with the statement.

Statement

The rendering of decentralized social development services by your department is fragmented and ought to be coordinated.

Answer

The majority (80%) of respondents agreed with the statement.

Question

Are social development services rendered by more than your district office?

Answer

The majority (60%) answered in the positive and motivated as follows

- Non governmental organizations
- Local municipalities and district municipalities
- Old age homes and child welfare centres
- Day care centres and childrens'homes

The minority (40%) answered in the negative.

Statement

Coordination of decentralized social development services is maintained through direct and regular contact with other departments and institutions rendering similar services.

Answer

The majority (60%) remained neutral with the statement and did not motivate.

Statement

Coordinating decentralized health services with departments and institutions rendering similar services is done at early policy making and planning stages.

Answer

The majority of respondents (80%) disagreed with the statement whilst another twenty percent remained neutral.

Statement

Mechanisms should be in place to coordinate decentralized social development services that are delivered by more than one institution.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- For more control and coordination.
- In order to have a strong integrated service delivery model.
- For networking and sharing of ideas

Statement

Different departments and institutions that render decentralized health services must interact more regularly

Answer

All respondents (100%) agreed with the statement and motivated as follows

- Sharing of experiences, sharing of resources, preventing wastage of resources and learning best practices.
- To have an effective and efficient and integrated service delivery.
- For cost effective delivery of services

It can be deduced that chief officials of decentralized offices of the Provincial Department of Social Development, agree that decentralized social development services are not effectively coordinated. Again, it can be deduced that respondents agree that coordination should be conducted by departments and institutions rendering similar health services in order to share experiences as well as resources. Respondents are also of the opinion that regular interaction by institutions rendering similar services can result in the development of a strong integrated service delivery model.

5.6 DECENTRALIZATION AND COORDINATION OF HEALTH SERVICES

By decentralization is meant that authority, which is normally vested in the chief officials at the head of the organisational structure, is partly delegated to subordinates at lower levels of the organisational structure. Decentralization of authority therefore refers to a low concentration of authority between various work units within an organisational structure, such as a provincial department. The size of an organisation is an important determinant of decentralization and centralization. The larger the size of an organisation the more difficult it becomes to administer it without decentralization.

(A) Questions to municipal political office bearers and chief officials:

Questions to Amathole District Municipality

Statement

By their very nature health services need to be decentralized more to the local sphere.

Answer

All respondents (100%) agreed with the statement and emphatically stated that health services must be closer to the communities that need them.

Statement

The size of the Provincial Department of Health is such that there should be more regional and local offices.

Answer

The majority (80%) agreed with the statement and motivated as follows

- The Department of Health is one of the biggest departments and as such health services must cascade to the local sphere to benefit communities.
- The provincial department is too big and cumbersome.
- More regional offices will be able to give back up and assist in coordination and synchronisation of work procedures and methods.

Twenty percent of the respondents disagreed with the statement. It can be deduced that respondents agree that health services by their very nature, need to be decentralised more to the local sphere to be closer to the

communities that need them. Also, it can be deduced that respondents agree that the Provincial Department of Health is so big that there is a need for regional and local offices to render services closer to the communities.

Question to Buffalo City Local Municipality

Statement

By their very nature health services need to be decentralized more to the local sphere.

Answer

All respondents (100%) agreed with the statement and emphatically motivated as follows

- To speed up service delivery, quick response and cutting red tape
- To reach out to all communities.
- Taking services to the people.

Statement

The size of the Provincial Department of Health is such that there should be more regional and local offices.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- To speed up service delivery and to respond to immediate needs of the communities.
- For accessibility purposes
- To provide more services closer to the people

It can be deduced that respondents agree that health services must be closer to the people to speed up service delivery as a way of responding to immediate health needs of the communities. Also, respondents are of the opinion that the Department of Health is too big to render services in one sphere. More regional, district and local offices help ensure that more services are rendered closer to the communities that need such services.

(B) Question to political office bearers and chief officials of the Provincial Department of Health

The size of any public institution is an important determinant of decentralization and centralization. The larger the size of an organisation the more difficult it becomes to administer it without decentralization.

Statement

By their very nature provincial health services need to be decentralized more to the local sphere.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- Health services must be closer to the communities.
- For easy access and integration with other service delivery initiatives that take place at primary level.

Statement

The size of the Provincial Department of Health is such that there should be more regional and local offices.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- For prompt action, decision making than red tape of bureaucracy
- The department is more operational at the district level.
- Service delivery outcomes have impact at district level

It can be deduced that respondents at the provincial sphere agree that health services must be closer to the communities. Also, respondents agree that the size of the department is such that there should be more regional and local offices for prompt action and quick response to the needs of the people.

(C) Question to the chief officials of decentralised and local offices of the Provincial Department of Health

Statement

By their very nature health services need to be decentralized more to the local sphere.

Answer

All respondents (100%) agreed with the statement and motivated as follows

- For people in the communities to be able to grasp the health concepts.
- For people to learn more about prevention and health promotion.

- In order to take services closer to the people.
- For community participation.
- For purposes of collecting data on community problems.

Statement

The size of the Provincial Department of Health is such that there should be more regional and local offices.

Answer

The respondents were divided on this statement with fifty percent disagreeing and another fifty percent agreeing and motivating as follows.

- So as to make services accessible to the communities.
- To cater for local areas.

It can be deduced that respondents agree for a need to decentralize health services for easy access to the communities as well as community participation. Again respondents are of the opinion that decentralized health services make it possible for communities to grasp and be able to learn more about health matters. These include health promotion as well as prevention. Respondents are also of the opinion that decentralizing health services make it possible for health officials to collect data and health profile of the communities.

5.7 COORDINATION PROBLEMS

The need for coordinating individual action in a public institution arises out of differences in opinion as to how group goals can be reached or how individual and group objectives can be harmonised. People cooperate as a result of understanding one another's tasks. Different actions of individuals and groups in an organisation therefore, find meaning only when channeled through proper coordination. All the respondents(100%) of the three questionnaires agreed that the following problems will hamper the coordination and rendering of public services.

- Lack of coordination result in poor morale.
- Lack of cooperation is a result of poor leadership.
- Poor coordination results in poor relations between departments and institutions rendering similar services.
- Lack of coordination is caused by poor planning.

- Ineffective communication can lead to poor coordination.

It was also found that all the respondents of the two municipalities, the Department of Health, the Department of Social Development as well as the decentralized districts and local offices do experience coordination problems.

The following problems were identified by the respondents.

- Poor management especially poor leadership result in poor coordination.
- Institutions continue to work in isolations.
- Challenges still exist with regard to integrated planning.
- Officials are vertical in thinking and want to perform and outshine others.
- There is always competition and protection of self interests.
- Cooperation between departments is lacking.
- Regional offices do not always enhance coordination..
- A need for more engagement at the planning level exists.
- There is no cohesion and proper integrated planning and this affects service delivery.

The majority of the respondents (69%) stated that the following measures should be considered to eliminate the above problems.

- Programmes such as mainstreaming of gender and youth services in departments should be considered.
- Intergovernmental relations that seek to improve coordination of services in the local sphere should be continued.
- Relations between departments and other institutions still need to be improved.

Respondents also provided the following comments.

- Engagements to delegate fully health services are still underway and have not yet given any results thus far.
- Measures to coordinate services are in place but the pace is too slow.
- Arrangements for coordination of services are just *ad hoc*.
- There is no participation by officials rendering social development services in integrated development planning and intergovernmental relations.

5.8 CONCLUSION

This chapter presented analysis of data that was collected from respondents by means of questionnaires. The purpose of the study was to evaluate the coordinating arrangements of, and relationship between decentralized provincial health and social development services and similar services rendered by the Amathole District Municipality and Buffalo City Local Municipality. The objectives of the study were, to determine the effectiveness of coordination in the rendering of decentralised health and social development services by the Provincial Authority and the district municipalities in the Eastern Cape, to determine the problem areas in the coordination of the health and social development services rendered by the above authorities and, to ascertain whether or not proper measures and standards are put in place for the effective coordination of health and social development services rendered.

Questions and statements were posed to politicians and chief officials in the Provincial Department of Health, the Provincial Department of Social Development, the Amathole District Municipality and the Buffalo City Local Municipality and the decentralised offices of the Department of Health and the Department of Social Development. It has been found in the study that the municipal political office bearers, chief officials and officials in decentralized offices understand and recognize the role played by other institutions in the rendering of health and social development services. It can be concluded that role players in the rendering of health and social development services, should interact more regularly in order to share ideas on the best practices in service rendering. It has also been found in the study that the majority of respondents agree to the need for coordination of health and social development services. It can be concluded that coordination of health and social development services helps prevent wastage of resources through duplication. Also, coordination is preceded by planning which ensures the smooth and efficient rendering of services. It has also been found in the study that decentralizing health and social development services enhances participation by communities. Participation by communities in service rendering enhances sustainability and makes an impact in the communities that receive services. Lastly, it has been found that the majority of respondents agree that departments and municipalities experience problems of coordinating

health and social development services. It was also found that measures such as intergovernmental relations help eliminate coordination problems in service rendering. It was found however, that such measures are too slow and remain *ad hoc* and so do not make impact in the rendering of health and social development services.

CHAPTER SIX

CONCLUSION

6.1 INTRODUCTION

The purpose of this chapter is to make a final conclusion that is based on the deductions and findings made from the previous chapter and preceding chapters. Also, the objective of this chapter is to give a summary about the contents of the study as well as to confirm or refute the hypothesis, objectives and the problem statement. The chapter will begin by discussing the findings of the study followed by the recommendations to be made in relation to the coordination of decentralized health and social development services in the Province of the Eastern Cape and its relationship with similar municipal services. The findings of the study will be discussed as follows.

6.2 FINDINGS OF THE STUDY

The coordinating function in rendering decentralized provincial and municipal health and social development services was studied to determine the cooperative interactions and the manner in which these services are coordinated. To investigate this, two main components were used namely, a theoretical component and an empirical testing component.

In chapter one the background to the study, problem statement, hypothesis of the study, objectives of the study, necessity of the study, study plan and the definition of terms, were explained. Chapter two is a literature review on the nature and place of coordination and decentralization as an organisational phenomenon. The purpose was to provide a theoretical framework for the empirical testing of coordination as a management phenomenon and component of the organisational process. It was explained that in order to ensure effectiveness the following steps should implemented;

- Monitoring the span of control
- Obtaining unity of action

- Maintaining formal and informal relationships.
- Adapting to changing circumstances
- Eliminating conflict situations and;
- Obtaining coordination.

It is clear from the above that obtaining unity and eliminating conflict situations through formal and informal relationships, in more than one sphere, is necessary for obtaining coordination. In chapter three a conceptual and legislative framework for the rendering of health and social development services by the Provincial Department of Health and the Provincial Department of Social Development as well as district and local municipalities was provided. In this chapter it was found that

- The *Constitution*, 1996 as the supreme law charges the Department of Health, the Department of Social Development and municipalities with a responsibility to provide health and social development services.
- The nature of health and social development services is such that they be decentralized for access to the communities that utilise such services.

As the theoretical component of the study was described and explained in chapters two and three, chapter four dealt with the research methodology and research design. The purpose of the chapter was to describe and explain the manner in which the research was to be conducted and how data was to be collected. The study followed the quantitative and the qualitative technique. The research design of the study used is a case study approach where questionnaires were used as an instrument for collecting data. It was found in the study that

- 90% (18 out of 20) municipal and chief officials responded to the questionnaires.
- 100% (4 out of 4) provincial political office bearers and chief officials of the Provincial Department of Health and the Department of Social Development responded to the questionnaires
- 90% (9 out of 10) decentralized officials of the Department of Health and the Department of Social Development responded to the questionnaires.
- 91.2% (31 out of 34) was the overall response rate of respondents to the questionnaires.

The practical testing component to analyse data empirically was dealt with in chapter five. In this chapter, data collected was analysed and interpreted. The purpose was to determine whether or not the stated problem, hypothesis and objectives relating to coordination of decentralized health and social development services, was true and real. The chapter was divided into the following sub-sections for purposes of analysing and contextualising the questionnaires, namely

- Nature of services rendered;
- Need for coordination of services;
- Decentralization and coordination phenomena; and
- Coordination problems.

When analyzing and interpreting the questionnaires on the nature of health and social development services rendered, it was found that

- All municipal political office bearers and officials, all political office bearers and chief officials and, all officials in the decentralized offices of the Department of Health and the Department of Social Development understand the nature of health and social development services rendered
- Municipal political office bearers and officials in the Amathole District Municipality were divided on whether or not health services are centralized and also decentralized. The majority of municipal political office bearers and officials in the Amathole District Municipality believe that social development services are centralized only.
- All municipal political office bearers and officials in the Buffalo City Local Municipality confirmed that health services are also decentralized. The majority of political office bearers in the Buffalo City Local Municipality confirmed that social development services are decentralized.
- All political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, understand that health and social development services are centralized and also decentralized.

- All officials in decentralized offices of the Department of Health confirmed that health services are centralized and also decentralized. The majority of officials in the decentralized offices of the Department of Social Development believe that social development services are also decentralized.
- The majority of municipal political office bearers and officials in the Amathole District, all municipal political office bearers and officials in the Buffalo City Local Municipality and all provincial political office bearers and chief officials in the province confirmed that local, district municipalities and the province are not the only institutions rendering health and social development services. Officials in decentralized offices of the Department of Health were divided on whether or not the department is the only institution rendering health services. All officials in decentralized offices of the Department of Social Development believe that the department is not the only institution rendering social development services.

When analysing the questionnaires on the need for coordinating health and social development services, it was found that

- All municipal political office bearers and officials in the Amathole District Municipality, the majority of municipal political office bearers and officials in the Buffalo City Local Municipality and, all political office bearers and chief officials in the Provincial Department of Health confirmed that rendering of health services in more than one sphere is not effectively coordinated. Also, the majority of officials in the decentralized offices of the Department of Social Development believe that rendering of social development services in more than one sphere is not effectively coordinated. However, political office bearers and chief officials in the Provincial Department of Social Development as well as officials in decentralized offices of the Department of Health were divided on whether or not rendering of health services in more than one sphere is not effectively coordinated..
- All municipal political office bearers and officials in the Amathole District Municipality, confirmed that rendering of health services by the district municipality is fragmented. However, municipal political office bearers and officials in the same district do not believe that rendering of social development services is fragmented. Also, majority of political office bearers and officials in the Buffalo City Local Municipality as

well as the majority of officials in decentralized offices of the Department of Health are not of the opinion that rendering of health services by the local municipality is fragmented. However, the majority of municipal political office bearers and officials in the same local municipality and all political office bearers and chief officials of the Provincial Department of Health, and the Provincial Department of Social Development are of the opinion that rendering of health and social development services is fragmented and ought to be coordinated.

- All municipal political office bearers and officials in the Amathole District Municipality, the majority of political office bearers and officials in the Buffalo City Local Municipality, the majority of political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, the majority of officials in the decentralised offices of the Department of Health and the Department of Social Development, understand that health and social development services are rendered by more than the district offices the two departments.
- The majority of municipal political office bearers and officials in the Amathole District Municipality, all municipal political office bearers and officials in the Buffalo City Local Municipality, as well as the majority of political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, and the majority of officials in the decentralized offices of the Department of Health and the Department of Social Development, believe that coordination of health services is maintained through direct and regular contact with other departments and institutions rendering similar health services.
- The majority of municipal political office bearers and officials in the Amathole District Municipality, the majority of municipal political office bearers and officials in the Buffalo City Local Municipality and, the majority of officials in the decentralized offices of the Department of Health, are of the opinion that coordinating health services is done at early policy making and planning stages. Officials in the Provincial Department of Social Development were non committal, and, the majority of officials in the decentralized offices of the Department of Social Development do not believe in the statement.

- All municipal political office bearers and officials in the Amathole District Municipality, all municipal political office bearers and officials in the Buffalo City Local Municipality, all political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, and, all officials in the decentralized Department of Health and the decentralized Department of Social Development, are of the opinion that mechanisms should be put in place to coordinate health and social development services delivered by more than one institution.
- All municipal political office bearers and officials in the Amathole District Municipality, all municipal political office bearers and officials in the Buffalo City Local Municipality, all political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, and, all officials in the decentralized offices of the Department of Health and the decentralized offices of the Department of Social Development, are of the opinion that departments and institutions that render health and social development services must interact more regularly.

When analysing the questionnaires on the decentralization and coordination of health and social development services, it was found that

- All municipal political office bearers and officials in the Amathole District Municipality, all municipal political office bearers and officials in the Buffalo City Local Municipality, all political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, and, all officials in the decentralized Department of Health and the decentralized Department of Social Development are of the opinion that, by their very nature, health and social development services need to be decentralized more to the local sphere.
- All municipal political office bearers and officials in the Amathole District Municipality, all municipal political office bearers and officials in the Buffalo City Local Municipality, and, all political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, as well as all officials in the decentralized offices of the Department of Social Development, are of the opinion that the sizes of the Department of Health and the Department of Social Development are

such that there should be more regional and local offices. The officials in the decentralized offices of the Department of Health were divided on the statement..

- When analysing the questionnaires on the coordination problems, it was found that, all municipal office bearers and officials in the Amathole District Municipality, all municipal office bearers and officials in the Buffalo City Local Municipality, all political office bearers and chief officials in the Provincial Department of Health and the Provincial Department of Social Development, and, all officials in the decentralized offices of the Department of Health and the decentralized offices of the Department of Social Development believe that
 - Lack of coordination result in poor morale;
 - Lack of cooperation is the result of poor leadership;
 - Poor coordination results in poor relations between departments and institutions rendering similar services
 - Lack of coordination is caused by poor planning; and
 - Ineffective communication can lead to poor coordination.
- The majority of municipal political office bearers and officials in the Amathole District Municipality, the majority of municipal political office bearers and officials in the Buffalo City Local Municipality, and, all political office bearers and chief officials in the Provincial Department of Health and Provincial Department of Social Development, as well as the majority of officials in the decentralized Department of Health and the decentralized Department of Social Development do not believe that the two municipalities and the two departments do not experience coordination problems in the local, the municipal and provincial spheres . However, municipal and political office bearers in the same district municipality do not believe that there are measures in place to improve coordination social development services in the municipal sphere.
- The majority of municipal political office bearers and officials in the Amathole District Municipality, the majority of municipal political office bearers and officials in the Buffalo City Local Municipality, all political office bearers and chief officials in the Provincial Department of Health, all officials in the

decentralized offices of the Department of Health and the decentralized offices of the Department of Social Development believe that measures are in place to improve the coordination of health and social development services in the local and the provincial spheres.

6.3 CONCLUDING REMARKS

In this study, it has been found that the stated problem of lack of effective coordination of provincial and municipal health and social development services which resulted in fragmented and duplicated services, is true and real. It was also found that the stated hypothesis, namely that coordination is an essential organisational phenomenon to ensure effective rendering of provincial and municipal health and social development services, and that, the rendering of these services is not effectively coordinated and in need of improvement, is also true. It can be stated that

- there is a need to coordinate decentralized health and social development services with similar services rendered by district and local municipalities as well as other role players.
- the nature of health and social development services is such that they should be decentralized more to the districts.
- provincial departments including the decentralized and local offices and municipalities experience problems of coordinating decentralized health and social development services; and
- measures to eliminate such problems need to be defined and implemented.

6.4 RECOMMENDATIONS

Recommendations to improve coordination of decentralized health and social development services, with similar services rendered by municipalities, are presented as follows.

- There should be regular interaction between municipal authorities, decentralized provincial, district and local offices and other role players that render similar services to enhance proper coordination and relationships.
- Municipal authorities in the local sphere, should lead the process of coordinating the rendering of health and social development services and should be empowered to do so.
- Similar services, areas and manner of similarities as well as differences in the rendering of health and social development services, should be clearly defined and explained.
- Roles and responsibilities of different provincial departments and municipal authorities and other role players in the rendering of services, should be clearly defined to avoid confusion, duplication and blurring of roles.
- The manner in which similar services are rendered by the different role players, should be the result of joint consultation, planning and where possible budgeting.
- All of the above should be built into the policies of the different role players at early policy making stages to ensure adherence.

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QUESTIONNAIRE ONE: QUESTIONNAIRE TO MUNICIPAL POLITICAL OFFICE BEARERS AND CHIEF OFFICIALS OF THE AMATHOLE DISTRICT MUNICIPALITY ON THE CO-ORDINATION OF HEALTH SERVICES

1. CO-ORDINATION EXPLAINED

Co-ordination means to mutually bring together fragmented activities, functions and services to obtain good teamwork, bring about synchronization, eliminate duplication and improve service delivery.

2. INSTRUCTIONS HOW TO COMPLETE QUESTIONNAIRE

Read the following carefully before filling in the details on the questionnaire.

Where applicable, the questions should be answered by circling the correct option.

Example 1

Question : Who decides on a development policy for your municipality?

Answer:

Politicians	1
Chief Officials	2

In this case the respondent has indicated that politicians decide on a development policy.

Some questions will require that you indicate, on a five point scale (marked 1 to 5), the extent to which you agree or disagree with the given statement.

1	2	3	4	5
---	---	---	---	---

The following meaning is attached to the figure:

- 1 = strongly disagree
- 2 = disagree
- 3 = neutral
- 4 = agree
- 5 = strongly agree

2.4 Some questions will require that you indicate whether you agree or disagree with the statement

Example 2

Statement: Interest groups play a role in the initiation of a development policy

agree	disagree
-------	----------

Answer:In this case the respondent indicated that he/she disagrees with the statement.

2.5 Your own view / opinion (based on your practical experience) will also be asked. In such cases please write the required information in the space provided.

Example 3

What is the main reason for existence of your town/city?

.....

.....

.....

2.6 Often a question will have a mere “yes or no”

Yes	No
-----	----

However , you could be asked to motivate your answer

2.7 Your views/comments could be asked, to explain a specific question.

Example 4:

In your view, should there be greater co-ordination of health and social development services at municipal levels (please motivate)

3. QUESTIONS ON MUNICIPAL HEALTH SERVICES

3.1 NATURE OF MUNICIPAL HEALTH SERVICES RENDERED

Question 3.1.1 Does Amathole District Municipal authority render health services?

Yes	No
-----	----

Question 3.1.2 If yes please list such services

- a) -----
- b) -----
- c) -----
- d) -----
- e) -----

Question 3.1.3 Are the above services centralized and also decentralized?

If “yes” please motivate your answer

Centralised only	
Also decentralised	

Question 3.1.4 Is Amathole District Municipality the only institution rendering decentralized health services

Yes	No
-----	----

If the answer is “no” please list other institutions rendering similar decentralized health services?

- a) -----
- b) -----
- c) -----
- d) -----
- e) -----

3.2 NEED FOR CO-ORDINATION OF HEALTH SERVICES

Question 3.2.1 The rendering of Health services in more than one sphere is not effectively co-ordinated

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

Question 3.2.2 : The rendering of health services by Amathole District Municipality is fragmented and ought to be co-ordinated.

1	2	3	4	5
---	---	---	---	---

- 1. = strongly disagree
- 2. = disagree
- 3. = neutral
- 4. = agree
- 5. = strongly agree

If “disagree” please motivate your answer

Question 3.2.3: Are health services rendered by more than Amathole District Municipality department?

Yes	No
-----	----

If “yes” please motivate your answer

Question 3.2.4: Co-ordination of health services is maintained through direct and regular contact with other departments and institutions rendering similar health services

1	2	3	4	5
---	---	---	---	---

If “agree” please motivate your answer

Question 3.2.5. Co-ordinating health services with departments and institutions rendering similar services is done at early policy making and planning stages

1	2	3	4	5
---	---	---	---	---

If “agree” please motivate your answer

Question 3.2.6: Mechanism should be put in place to co-ordinate Health Services that are delivered by more than one institution /department in the municipal sphere

Agree	Disagree
-------	----------

If “agree” please motivate your answer

Question 3.2.7: Different departments / institutions that render Health services must interact more regularly.

Agree	Disagree
-------	----------

If “agree” please motivate your answer

3.3 DECENTRALISATION AND CO-ORDINATION PHENOMENA

Question 3.3.1 : By their very nature Health services need to be decentralized more to the local sphere

Agree	Disagree
-------	----------

If “agree” please motivate your answer

Question 3.3.2: The size of the Provincial Department of Health is such that there should be more regional and local offices

Agree	Disagree
-------	----------

If “agree” please motivate your answer

3.4 CO-ORDINATION PROBLEMS

Question 3.4.1

Do you agree with the following statements

- Lack of co-ordination result in poor morale

Yes	No
-----	----

- Lack of co-operation is a result of poor leadership

Yes	No
-----	----

- Poor co-ordination results in poor relations between departments / institutions
Rendering similar services

Yes	No
-----	----

- Lack of co-ordination is caused by poor planning

Yes	No
-----	----

- Ineffective communication can lead to poor co-ordination

Yes	No
-----	----

Question 3.4.2: Decentralised health offices do not experience co-ordination problems in the local sphere of government

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

Question 3.4.3 Measures are in place to improve, co-ordination of Health services in the municipal sphere of government

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

THANK YOU FOR YOUR TIME

QUESTIONNAIRE TWO: QUESTIONNAIRE TO PROVINCIAL POLITICAL OFFICE-BEARERS AND CHIEF OFFICIALS

CO-ORDINATION EXPLAINED

Co-ordination means to mutually bring together fragmented activities, functions and services to obtain good teamwork, bring about synchronization, eliminate duplication and improve service delivery.

3. INSTRUCTIONS HOW TO COMPLETE QUESTIONNAIRE

Read the following carefully before filling in the details on the questionnaire.

Where applicable, the questions should be answered by circling the correct option.

Example 1

Question : Who decides on a development policy for your municipality?

Answer:

Politicians	1
Chief Officials	2

In this case the respondent has indicated that politicians decide on a development policy.

Some questions will require that you indicate, on a five point scale (marked 1 to 5), the extent to which you agree or disagree with the given statement.

1	2	3	4	5
---	---	---	---	---

The following meaning is attached to the figure:

6 = strongly disagree

7 = disagree

8 = neutral

9 = agree

10 = strongly agree

2.4 Some questions will require that you indicate whether you agree or disagree with the statement

Example 2

agree	disagree
-------	----------

Statement: Interest groups play a role in the initiation of a development policy
Answer: In this case the respondent indicated that he/she disagrees with the statement.

2.6 Your own view / opinion (based on your practical experience) will also be asked. In such cases please write the required information in the space provided.

Example 3

What is the main reason for existence of your town/city?

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

2.6 Often a question will have a mere “yes or no”
However, you could be asked to motivate your answer

Yes	No
-----	----

2.7 Your views/comments could be asked, to explain a specific question.

Example 4:

In your view, should there be greater co-ordination of health and social development services at municipal levels (please motivate)

3. QUESTIONS ON DECENTRALISED HEALTH AND SOCIAL DEVELOPMENT SERVICES

3.1 NATURE OF DECENTRALISED HEALTH AND SOCIAL DEVELOPMENT SERVICES RENDERED

Question 3.1.1 Does your District Office render Health/Social Development services?

Yes	No
-----	----

Question 3.1.2 If yes please list such services

f) -----
g) -----
h) -----
i) -----
j) -----

Question 3.1.3 Are the above services centralized and also decentralized?

If “yes” please motivate your answer

Centralised only	
Also decentralised	

Question 3.1.4 Is your District Office the only institution rendering decentralized Health/Social Development services

Yes	No
-----	----

If the answer is “no” please list other institutions rendering similar decentralized Health/Social Development services?

- f) -----
- g) -----
- h) -----
- i) -----
- j) -----

3.3 NEED FOR CO-ORDINATION OF DECENTRALISED HEALTH AND SOCIAL DEVELOPMENT SERVICES

Question 3.2.1 The rendering of decentralized Health/Social Development services in more than one sphere is not effectively co-ordinated

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

Question 3.2.2 : The rendering of decentralized Health/Social Development services by your District Office is fragmented and ought to be co-ordinated.

1	2	3	4	5
---	---	---	---	---

- 6. = strongly disagree
- 7. = disagree
- 8. = neutral
- 9. = agree
- 10. = strongly agree

If “disagree” please motivate your answer

Question 3.2.3: Are Health/Social Development services rendered by more than your District Office?

Yes	No
-----	----

If “yes” please motivate your answer

Question 3.2.4: Co-ordination of Health services is maintained through direct and regular contact with other departments and institutions rendering similar decentralised Health/Social Development services

1	2	3	4	5
---	---	---	---	---

If “agree” please motivate your answer

Question 3.2.5. Co-ordinating decentralised Health/Social Development services with departments and institutions rendering similar services is done at early policy making and planning stages

1	2	3	4	5
---	---	---	---	---

If “agree” please motivate your answer

Question 3.2.6: Mechanism should be put in place to co-ordinate decentralised Health/Social Development services that are delivered by more than one institution /department in the municipal sphere

Agree	Disagree
-------	----------

If “agree” please motivate your answer

Question 3.2.7: Different departments / institutions that render decentralised Health/Social Development services must interact more regularly.

Agree	Disagree
-------	----------

If “agree” please motivate your answer

3.3 DECENTRALIZATION AND CO-ORDINATION PHENOMENA

Question 3.3.1 : By their very nature Health services need to be decentralized more to the local sphere

Agree	Disagree
-------	----------

If “agree” please motivate your answer

Question 3.3.2: The size of the Provincial Department of Health/Social Development is such that there should be more regional and local offices

Agree	Disagree
-------	----------

If “agree” please motivate your answer

3.5 CO-ORDINATION PROBLEMS

Question 3.4.1

Do you agree with the following statements

- Lack of co-ordination result in poor morale

Yes	No
-----	----

- Lack of co-operation is a result of poor leadership

Yes	No
-----	----

- Poor co-ordination results in poor relations between departments / institutions
Rendering similar services

Yes	No
-----	----

- Lack of co-ordination is caused by poor planning

Yes	No
-----	----

- Ineffective communication can lead to poor co-ordination

Yes	No
-----	----

Question 3.4.2: Decentralised Health/Social Development offices do not experience co-ordination problems in the local sphere of government

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

Question 3.4.3 Measures are in place to improve, co-ordination of decentralised Health/Social Development services in the local sphere of government

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

THANK YOU FOR YOUR TIME

QUESTIONNAIRE THREE: QUESTIONNAIRE TO DECENTRALISED DISTRICT AND LOCAL CHIEF OFFICIALS OF THE DEPARTMENT OF SOCIAL DEVELOPMENT SERVICES ON THE CO-ORDINATION OF SOCIAL DEVELOPMENT SERVICES

CO-ORDINATION EXPLAINED

Co-ordination means to mutually bring together fragmented activities, functions and services to obtain good teamwork, bring about synchronization, eliminate duplication and improve service delivery.

4. INSTRUCTIONS HOW TO COMPLETE QUESTIONNAIRE

Read the following carefully before filling in the details on the questionnaire.

Where applicable, the questions should be answered by circling the correct option.

Example 1

Question : Who decides on a development policy for your municipality?

Answer:

Politicians	1
Chief Officials	2

In this case the respondent has indicated that politicians decide on a development policy.

Some questions will require that you indicate, on a five point scale (marked 1 to 5), the extent to which you agree or disagree with the given statement.

1	2	3	4	5
---	---	---	---	---

The following meaning is attached to the figure:

11 = strongly disagree

12 = disagree

13 = neutral

14 = agree

15 = strongly agree

2.4 Some questions will require that you indicate whether you agree or disagree with the statement

Example 2

Statement: Interest groups play a role in the initiation of a development policy

agree	disagree
-------	----------

Answer:In this case the respondent indicated that he/she disagrees with the statement.

2.7 Your own view / opinion (based on your practical experience) will also be asked. In such cases please write the required information in the space provided.

Example 3

What is the main reason for existence of your town/city?

.....

.....

.....

2.6 Often a question will have a mere “yes or no”

Yes	No
-----	----

However, you could be asked to motivate your answer

2.7 Your views/comments could be asked, to explain a specific question.

Example 4:

In your view, should there be greater co-ordination of health and social development services at municipal levels (please motivate)

.....

.....

.....

3. QUESTIONS ON DECENTRALISED SOCIAL DEVELOPMENT SERVICES

3.1 NATURE OF DECENTRALISED SOCIAL DEVELOPMENT SERVICES RENDERED

Question 3.1.1 Does your District Office render Social Development services?

Yes	No
-----	----

Question 3.1.2 If yes please list such services

- k) -----
- l) -----
- m) -----
- n) -----
- o) -----

Question 3.1.3 Are the above services centralized and also decentralized?

If “yes” please motivate your answer

Centralised only	
Also decentralised	

Question 3.1.4 Is your District Office the only institution rendering decentralized Social Development services

Yes	No
-----	----

If the answer is “no” please list other institutions rendering similar decentralized Social Development services?

- k) -----
- l) -----
- m) -----
- n) -----
- o) -----

3.4 NEED FOR CO-ORDINATION OF DECENTRALISED SOCIAL DEVELOPMENT SERVICES

Question 3.2.1 The rendering of decentralized Social Development services in more than one sphere is not effectively co-ordinated

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

.....

.....

.....

Question 3.2.2 : The rendering of decentralized Sociial Development services by your District Office is fragmented and ought to be co-ordinated.

1	2	3	4	5
---	---	---	---	---

- 11. = strongly disagree
- 12. = disagree
- 13. = neutral
- 14. = agree
- 15. = strongly agree

If “disagree” please motivate your answer

.....

.....

.....

Question 3.2.3: Are Social Development services rendered by more than your District Office?

Yes	No
-----	----

If “yes” please motivate your answer

.....

.....

.....

Question 3.2.4: Co-ordination of Social Development services is maintained through direct and regular contact with other departments and institutions rendering similar decentralised Social Development services

1	2	3	4	5
---	---	---	---	---

If “agree” please motivate your answer

.....

.....

.....

Question 3.2.5. Co-ordinating decentralised Social Development services with departments and institutions rendering similar services is done at early policy making and planning stages

1	2	3	4	5
---	---	---	---	---

If “agree” please motivate your answer

.....

.....

.....

Question 3.2.6: Mechanism should be put in place to co-ordinate decentralized Social Development services that are delivered by more than one institution /department in the municipal sphere

Agree	Disagree
-------	----------

If “agree” please motivate your answer

.....

.....

.....

Question 3.2.7: Different departments / institutions that render decentralised Social Development services must interact more regularly.

Agree	Disagree
-------	----------

If “agree” please motivate your answer

.....

.....

.....

3.3 DECENTRALISATION AND CO-ORDINATION PHENOMENA

Question 3.3.1 : By their very nature Social Development services need to be decentralized more to the local sphere

Agree	Disagree
-------	----------

If “agree” please motivate your answer

.....

.....

.....

Question 3.3.2: The size of the Provincial Department of Social Development is such that there should be more regional and local offices

Agree	Disagree
-------	----------

If “agree” please motivate your answer

.....

.....

.....

3.6 CO-ORDINATION PROBLEMS

Question 3.4.1

Do you agree with the following statements

- Lack of co-ordination result in poor morale

Yes	No
-----	----

- Lack of co-operation is a result of poor leadership

Yes	No
-----	----

- Poor co-ordination results in poor relations between departments / institutions

Rendering similar services

Yes	No
-----	----

- Lack of co-ordination is caused by poor planning

Yes	No
-----	----

- Ineffective communication can lead to poor co-ordination

Yes	No
-----	----

Question 3.4.2: Decentralised Social Development offices do not experience co-ordination problems in the local sphere of government

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

.....

.....

.....

Question 3.4.3 Measures are in place to improve, co-ordination of decentralized Social Development services in the local sphere of government

Agree	Disagree
-------	----------

If “disagree” please motivate your answer

.....

.....

.....

THANK YOU FOR YOUR TIME

D

The Superintendent General
Department of Health
Province of the Eastern Cape

RE: PERMISSION TO CONDUCT RESEARCH

I am a student registered with the University of Fort Hare for a Masters Degree in Public Administration. My research topic reads "An evaluation of co-ordination of selected decentralised provincial services in the Province of the Eastern Cape and its relationship with similar municipal services" with special reference to health and social development services.

This research study is based on the assumption that health and social development service are rendered more effectively to our communities when co-ordinated at the municipal level. Our hypothesis is as follows

- Co-ordination is an essential organizational phenomenon to ensure effective rendering of health and social development services which affect sustainability.
- Decentralised health and social development services are not effectively co-ordinated and that relationship between role players needs to be improved.

The research study will be focused on the following:

- 1) The Provincial and decentralized offices of the Department of Health.
- 2) The Provincial and decentralized offices of the Department of Social Development.
- 3) Nelson Mandela Metropolitan Municipality and
- 4) Buffalo City Municipality.

It is for this reason that I request permission to conduct research in your institutions by sending questionnaires to the following:

- Office of the Honourable MEC for Health
- Office of the Superintendent General for Health
- Decentralized offices of the Health Department
- Municipal Health Departments

Hoping that you will find this in order.

P.M NDUDE
MPA STUDENT : FORT HARE
STUDENT NO 8313176
CELL NO. 082 411 5811



Eastern Cape Department of Health

Enquiries: Zonwabele Merile

Tel No: 040 608 1176

Date: 21st November 2008

Fax No: 040 608 1177

e-mail address: merilez@impilo.ecape.gov.za

Dear Mr Ndude

Re: An evaluation of the coordination of selected decentralized provincial services in the Province of the Eastern Cape and its relationship with similar municipal services

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not impose or force individuals or possible research participants to participate in you study. Research participants have a right to withdraw anytime they want to. However, you shall be responsible in dealing with any adverse effects following the research treatment provided in your study.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT