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## Introduction

Very little has been written about the experiences of the ‘lead actors’ in the task of turning the District Health System (DHS) into reality, namely the district managers (DMs). In this chapter, the working life of the DMs is investigated, and the pleasures, difficulties, challenges and frustrations of their work are explored. The information was gathered through face-to-face interviews with DMs in eight of the nine provinces.



The major themes running through the interviews relate to issues of:

- ◆ Planning
- ◆ Workload (span of control)
- ◆ Provincial support to districts
- ◆ Lack of integration between support systems and service delivery
- ◆ Skills and skills gaps
- ◆ Sources of motivation for district managers
- ◆ Difficulties and challenges
- ◆ Recommendations for improving the working conditions of the DM.



## Profile



Of the eight DMs interviewed, six were female and two male. All of them were nurses by profession, and one even describes herself as a ‘District Nursing Manager’. Most of the managers had a postgraduate qualification. On average, the DMs had occupied the current posts for 3 years, with the longest serving having been in office for 5 years, and the most recently appointed having served as DM for only 2 years. One manager had been acting in her position for about a year.

In terms of race, over half of the district managers were black, two were white and one was coloured.

## Difficulties with Planning

Many of the DMs interviewed expressed a concern that although they are developing periodic plans, mostly monthly and weekly plans, these are often disrupted by demands from provincial Departments of Health, Regional Directors, community members, junior officers and even the national Department of Health.

According to the managers, *ad hoc* meetings arranged by provincial offices without prior notice cause most of the disruptions. These *ad hoc* meetings have no agenda, and minutes of previous meetings are not available. These disruptions undermine the planning process, making planning 'useless'.

One district manager stated that:

*"Every time a new manager is appointed, scheduled meetings are changed, stopped, or new ones arranged. Most meetings are a waste of time, with no agenda and no minutes, only problems are discussed, no solutions..."*

Yet another manager stated that:

*"Provincial meetings are the least beneficial, repetitive, poorly run."*

Other disruptions reported by the district managers were that:

*"The MEC calls meetings anytime"*

*"Short notice is given for meetings"*

*"Managers or personnel are sent on unplanned training courses, which mess up planning"*

*"Unplanned visits to the district office from everybody including locksmiths"*

*"Lots of crisis intervention"*

*"Too much planning and too little implementation."*

One of the managers stated that:

*"We don't have a healthy working system because there is no co-ordination at provincial level, whereby the provincial office, the head, that head is too big for us. Like I am at district and Primary Health Care, if you go to the provincial office there are so many people who are running programmes, each one is*

*running one programme, when it comes down to the district level they all pour over one head, which makes it so difficult.”*

Of the two district managers who had the least problems with planning, one indicated that her province has a well implemented and monitored strategic plan, while the other feels that she is able to prioritise her work in such a way as to be able to manage the demands.

### Workload (Span of Control)

The majority of the district managers have an extremely heavy workload and an unreasonably large span of control. Their responsibilities include:

- ◆ Running the district offices
- ◆ Overseeing sub-districts
- ◆ Procurement
- ◆ Clinic supervision
- ◆ Co-ordinating quotations for purchases
- ◆ Controlling budgets (without having the necessary skills).

One listed her duties as:

- ◆ Monitoring clinics over weekends and evenings
- ◆ Working every weekend
- ◆ Dealing with labour relations, previously a Human Resources responsibility
- ◆ Serving as transport manager
- ◆ Dealing with fraud, theft, research projects
- ◆ Building bridges between local government, provincial health services, councillors and the community
- ◆ Attending union meetings
- ◆ Liaising with, and monitoring 375 NGOs for nutrition, and 250 other NGOs.

This manager added that:

*“The department's culture is do what you have to do and don't go an extra mile.”*

The DM from a different province stated that:

*“I am seen by subordinates as an ‘absent manager’, as I am always in meetings.”*



Another district manager indicated that in addition to her 'normal' responsibilities, she is also a training co-ordinator for student placements and a representative for child health programmes.

When asked to clarify how it had come about that they ended up with these daunting responsibilities, the DMs highlighted:

- ◆ Lack of financial delegation (provinces holding on to control of the budget) and lack of financial management skills
- ◆ Confused organograms:



*"This organogram is a mess – it has been interim for the last 6 years and is still changing."*

According to the organogram of one district, the health centres report to the DM but sub-district supervisors report to programme managers who in turn report to the district manager.



Working over weekends and in the evenings appears to be the norm among most of the DMs. This has a negative impact on their personal life as they spend less time with family. As one DM poignantly outlined:

*"I think sometimes my daughter hates me, for example, you know there are days she would not involve me in her homework because when she says 'mom can you help me with this' I just find myself irritated because I want to push my work."*



Furthermore, the job impacts on her religion, as she cannot go to church on Sundays anymore.

The two managers who were not experiencing problems with workload and span of control, indicated that they had financial authority over their district budgets, coupled with other managerial powers. One manager felt that her workload is fine and only occasionally does she have to work over weekends. The other is sustained by good social support:



*"I have a good marriage. Whereas my husband is a sound-board of my problems. He has empathy with my problems and usually when I tell him what happened at work today he can sometimes come up with some solutions that I never thought of because he is outside the problem."*





### Reasons for applying for current posts

When asked why they had decided to apply for the post of district manager, most of the respondents outlined personal reasons:

*"I shared the vision of PHC with the national government."*



*"I felt that I was bringing important knowledge of PHC from the UK to South Africa."*

*"For the love of my people – forget about money."*

*"I see this work as a challenge."*

*"There are opportunities for personal growth in the job."*



*"I had a vision of bringing transformation."*

However, two of the DMs had interesting explanations of how they had become district managers.



*"Well I came here by accident. I started off coming to the District Finance Committee because the Deputy Director became ill and I was instructed to attend the meeting in his place."*

*"It is because of this rationalisation that I am now sitting where I am. Otherwise I was working at the hospital and I was given a transfer ..."*

### Provincial support to districts



50% of the DMs feel they are receiving adequate and satisfactory support from the provincial and regional offices of their respective Departments of Health:

*"There is a good support network from province to district and within district ... They have a participatory style of management ... They give recognition in public ..."*



In a similar vein, another manager remarked that she has a good relationship with her immediate superior who is supportive and allows space for initiative. One manager gave a qualified response:

*"Province can be supportive only if you have a problem."*

The other half of the respondents reported that their respective provincial DoHs are very unsupportive:



*"... the increasingly, unplanned and unco-ordinated demands from province make lives miserable ..."*

and

*"There are no structures in place."*

Another manager remarked that:



*"It is totally devastating ... I report to two directors, there is no integration between local government and province."*

Other concerns expressed by the DMs are that:

*"Everything comes at the last minute, there is no co-ordination between directorates."*



*"If you have a problem you are punished by giving you training."*

*"Local government/provincial health service amalgamation is causing staff problems."*

### **Lack of integration between support systems and service delivery**



According to most of the DMs the lack of integration between support systems such as finance, stores and drugs, and service delivery components of the department creates many difficulties for them.

One source of frustration mentioned by several DMs, is their lack of control over financial resources or the budget. These managers mentioned that they do not have financial authority, and depend on those officers with the powers to assist them to utilise their budgets. As one manager put it, she has 'budget control' but no 'authority' over the budget.



One of the managers stated that:

*"... I told you that my background is that of nursing and in nursing you don't do issues like the budget. But because one has got potential, with the training that I went through I understand budget I can work effectively as a person... And again we do not get the support, let's say the provincial office asks for 'finance gap analysis report', they are telling this to a nurse, what is that? They don't give you guidelines. Coming to procurement, we want to buy something and there is no tender, the tender has expired. It is so difficult to get a new tender."*





Another manager:

*“Can I give you an example. Like for instance, labour relations was always done by the person in charge of human resources, now obviously the people that are in support systems are doing hospitals and districts, so now we don't have anybody to do our labour relations. So instead of concentrating on service delivery, we have to do our labour relations and make appointments. It's just an added burden if the problem is transport, I am now the transport manager as well ... whereas before you would call on people.”*



Other managers cited the regular drugs stock-out and lack of transport as some of the symptoms of the lack of integration and collaboration between support systems and service delivery.

### Skills and skills gaps



#### Existing skills

When asked about the skills that they thought they brought to their current posts, the district managers outlined the following:

- ◆ Good interpersonal skills, managerial skills and commercial skills
- ◆ Administration
- ◆ Communication with communities
- ◆ Psychiatric training.



DMs have participated in in-service training in the following areas:

- ◆ PHC management
- ◆ Leadership transformation
- ◆ DHMT Leadership course provided by the Management Sciences for Health (MSH) Equity Project
- ◆ Skills developed through the facilitation process of the Health Systems Trust (HST)
- ◆ Labour Relations and Equity
- ◆ Computer Literacy.



#### Skills gaps



Most DMs cited financial management and budgeting skills as skills that they felt they still needed to acquire or to enhance. In addition to financial management the following skills are needed:

- ◆ Guidance on the District Health Information System
- ◆ Leadership skills and capacity building
- ◆ Skills in planning.



## Opportunities for developing skills

There were mixed views when DMs were asked whether there were opportunities within the Department of Health for them to develop the skills that they wanted. About half responded in the affirmative:

*“Look I do think for people who are willing to take a challenge, this whole department has given a lot of people a lot of opportunities to develop themselves. It is unfortunate that people only look at development in terms of higher posts and more money, so people have not always taken on the job opportunities or seen them as opportunities to develop themselves.”*

Similarly, another manager pointed out that:

*“Additional skills? I think to be fair the department has provided me with a lot of skills besides the ones I brought in, because I was given an opportunity to do all those management courses like Labour Relations, Equity, all those short courses.”*

However, other managers felt that the skills development opportunities within the respective departments are not adequate or equitably distributed:

*“Only people earmarked for posts were sent on certain courses”*

and

*“Older people are not given opportunities ... yet older people must teach the new generation of health workers.”*



## Difficulties, challenges and frustrations

Many difficulties, challenges and frustrations were highlighted.

### Human and Material Resources

There is not sufficient office space to accommodate all staff. One manager commented that she had ‘moved offices often, even worked in passages’. In addition, clinics are often unsuitable for the volume of patients. There is a shortage of nurses and many people are in acting positions. There is also a shortage of transport. Staffing problems exist and there is a rapid turnover of staff – ‘people see the district as a stepping stone’. There are concerns about the budget and inadequate equipment

At regional and provincial level, as at district level, many staff are in acting positions and there is a high turnover of staff.





### Interpersonal tensions and conflict at work

Some DMs experience unusually high pressure when dealing with personal issues relating to staff working in the district. There is no employee assistance programme, and many staff experience stress, abuse and financial problems. Tension in the work place arises from lack of role clarity, as well as from cultural diversity. The following was used as an example of why an employee assistance programme is essential:



*“High HIV related death rate among community health workers (5 in 3 months).”*

*“Staff are highly traumatised people, battered by their own children.”*

One manager reflected that:

*“In many years of working I have never seen so much abuse, in other words, doctors hitting nurses, nurses hitting doctors, nursing assistants hitting sisters and vice versa (15-20 cases since 1997).”*



### Outcomes related

- ◆ Managers are not always able to achieve what they set out to do
- ◆ There is a perception that other colleagues or districts are doing better
- ◆ They experience frustration at being an acting District Manager
- ◆ Managers do not get enough support from higher levels and from communities.



*“Lack of outcomes for labour issues encourage other people to continue stealing.”*

*“Working for the MEC but not always being able to get an appointment with her.”*



*“Officials from the national hospital undermine the district office.”*

*“Aggressive, demanding communities.”*

### Devolution Process

The process of devolution from province to local government is very slow making it difficult to achieve targets



### Rewards

Key issues raised under this heading include the lack of rewards in the public sector and an unfair system of incentives. Incorrect job grading is also a source of dissatisfaction, as is the way in which work impinges on weekends.



## Sources of motivation and job satisfaction

Most DMs mentioned two factors that sustain them in their jobs, and give them motivation and job satisfaction. First, the job itself is a challenge, and provides the opportunity to get experience, develop skills and to ‘see myself moving up the ladder’ and secondly, the team spirit among the District Management Teams (DMTs) they are heading keeps them going. In a similar vein some feel that they get support from other managers, work with staff who are very willing and get great reward from their contact with communities. Other motivational factors include:



- ◆ The vision of bringing about transformation and seeing improvement, getting results
- ◆ Receiving recognition from politicians in the District Council.



## Sources of support

When asked to indicate where/who they received a lot of support from, the district managers cited the regional director, junior officers, ‘My Boss’, assistant director for community health services, and colleagues.



## Recommendations for improving the working conditions of the DM

Recommendations for improving working conditions, fall under four categories:



### Organograms and Staffing Issues

- ◆ There is a need to review the structure of the district office in line with the health programmes that exist at the provincial office
- ◆ Service plans should be developed
- ◆ An organogram for each programme and facility should be developed and the necessary posts created and approved
- ◆ Staff should be appointed on an official basis, not on an acting basis.



### Material Resources

- ◆ The district budget should not be cut and more resources should be provided.

### Support from higher levels

- ◆ Consistent support is required from the province.

*“Don’t leave district managers to swim alone yet when there are problems you expect them to explain.”*



### Gender Imbalances

Men remain in the majority in top positions, and gender imbalance seems to be particularly problematic in some municipalities, to the point that there is concern about whether women will be taken on at all. Thus, attention needs to be paid to this issue and women's needs catered for.



### Five most important policies of government

When asked to name five important policies of government, one district manager named the following:

- ◆ PHC package
- ◆ Basic conditions of employment
- ◆ Batho Pele and patients' rights
- ◆ Recruitment policies
- ◆ Occupational health and safety.



Other district managers mentioned up to three policies each, which were a combination of:



- ◆ The District Health System and the white paper on the transformation of health
- ◆ Separation of clinics from hospitals
- ◆ Pharmaceuticals
- ◆ Batho Pele
- ◆ Policies around maternal and child health and HIV/AIDS
- ◆ All health programmes
- ◆ Clinic supervision
- ◆ PHC package
- ◆ Public finance management
- ◆ HR policies including the basic conditions of employment and various recruitment policies
- ◆ Occupational health and safety.



### Discussion<sup>1-5</sup>



The fact that all of the district managers interviewed were nurses might be said to reflect sampling bias. However it is widely known that most district managers were nurses by profession. Prior to the advent of the District Health System, a triumvirate, consisting of the medical and nursing professions and the administrators, managed the health services in South Africa. Opportunities are emerging for other health professionals such as environmental health



officers and generic managers with no specific health training to become health service managers. The recently introduced post of ‘hospital manager’ is one example.

Most district managers highlight the province/district relationship as being problematic, and adversely affecting district planning. DMs emphasised the negative impact of provincial vertical programmes on integrated planning at district level.



Most DMs perceive themselves as having a huge workload and an unrealistically huge span of control. Inappropriate district organograms, lack of financial delegation from province and lack of integration of support systems and service delivery are just some of the causes.

Managers are primarily motivated by personal factors such as ‘sharing the vision of PHC with the government, and they bring with them a range of skills including interpersonal, administration, managerial and communication skills. Some have been given opportunities by their respective departments to develop additional skills. From the group of managers interviewed here, it would appear some of these efforts have fallen on fertile ground and have yielded the desired results. For others, more needs to be done to assist them.



However, more important than empowering managers with skills, it would seem, is the context in which they function, and which tends to dis-empower them. This is where most change is required. According to managers, provincial departments need to have a clear strategy for supporting them, better support systems need to be integrated and more ‘resources’ need to be provided. The slow pace of the devolution process also appears to be taking its toll. Tensions and conflict at the workplace, personal problems of personnel such as HIV/AIDS, financial difficulties, and family disputes also appear to be of concern. These suggest the need for employee assistance programmes, and for discussions with DMs and employees as to how some of their other support needs can be realised.



It is striking that only one manager coherently listed five health policies of the government. Perhaps managers are implementing these policies correctly on the ground. However, there has to be some question about this when the policies were not listed by name.





## Looking into the Future

The recommendations made by managers for improving their working conditions are clear, particularly with regard to human resources. Wherever possible these recommendations should be implemented and monitored to ascertain their impact upon alleviating the difficulties and frustrations experienced by managers.



Documented experiences from other countries suggest that South Africa should guard against the demotivation of district managers. For instance, Gilson *et al* (1994, cited in Pillay, McCoy and Asia, 2001) point out that one of the key obstacles to district development in Tanzania was the capacity of district managers, who worked within a system that dis-empowered them.

At this early stage of the inception of the DHS, South Africa has the opportunity to avoid the pitfalls of other countries, and to emulate best practice.



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