# Voices of National and Provincial Managers

# 14

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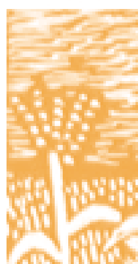
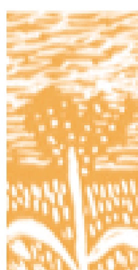
## Introduction

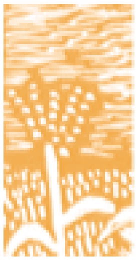
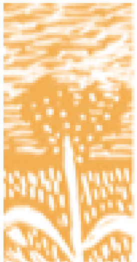
This chapter accompanies the other 'voices' chapters in this Review. It focuses on mid-level managers in Departments of Health at provincial and national level, sixteen of whom were interviewed in depth about their day-to-day joys and frustrations in managing and transforming the South African health system. These interviews provide some insight into the challenges and barriers to effective health policy implementation.

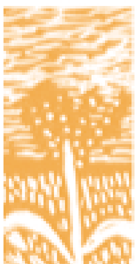


The selection of managers for interview happened in two stages. The heads of department of all nine provinces and the national Department of Health were approached by the Health Systems Trust for permission to conduct the study. Then, in those provinces where permission was granted, the organogram of the provincial health department was studied and approaches made to interview at least 2 mid-level managers; one from the programme side (e.g. Maternal, Child and Women's Health) and another from the support side (e.g. Pharmaceutical Policy and Planning). Three managers who had recently left government were also interviewed. The final selection of interviewees was dependent on the consent and availability of respondents - their names are not known to anybody outside of the research team. Altogether, they represent experiences of 7 health Departments (national and 6 provincial).



Individual interviews were conducted using a schedule that had both open and closed-ended questions related to the manager's experience of her/his work. Interviewees also filled in a short self-administered questionnaire aimed at eliciting degrees of job stress and burnout. Where permission was granted, interviews were tape-recorded and transcribed verbatim, alternatively detailed notes were taken. The transcripts and notes were read by a team of Centre for Health Policy (CHP) researchers, who collectively identified the key themes arising from the interviews. Using a 'cut-and-paste' method, the data from the interviews were coded into key themes.



These themes are presented in four sections. Firstly, in a section entitled 'The People', we provide a profile of the managers interviewed, most of whom had joined the health system in the post 1994 period. Their visions and motivations on joining the new government are outlined and how these have evolved over time. The second section, entitled 'The Departmental Environment' speaks to the organisational factors influencing how managers experience their work, and outlines what managers say about the various people with whom they work: their colleagues, those immediately above and below them in the hierarchy, the administrative staff and departmental leadership. Organisational culture and factors linked to it are then reflected upon in some detail. The third section addresses themes that have their origin outside of individual departments in the broader public sector context and looks at issues such as the interface between the political and the executive, civil service rules and procedures, and access to resources. Fourthly, societal factors, in particular gender and race, and how these play themselves out at departmental level, are briefly addressed. The chapter ends with a concluding section summarising the main features of the experiences of managers, and draws some broad policy conclusions from these.

## The People

The profile of interviewees, provided in Table 1 below, suggests that a wide cross-section of people (age, gender, race, professional background) are accessing mid-level managerial positions in the health system.

**Table 1: Profile of managers interviewed (n=16)**

| Item | Description | Frequency | Percentage (%) |
|---|---|---|---|
| Gender | Male | 5 | 31 |
| | Female | 11 | 69 |
| Age | 30-39 | 6 | 38 |
| | 40-49 | 6 | 38 |
| | 50-59 | 4 | 25 |
| Years in current position | Less than 1 | 3 | 19 |
| | 1-2 | 1 | 6 |
| | 3-5 | 10 | 63 |
| | 6-9 | 2 | 13 |
| Race | African | 13 | 81 |
| | White | 3 | 19 |
| Official Title | Assistant Director | 1 | 6 |
| | Deputy Director | 4 | 25 |
| | Director | 10 | 63 |
| | Chief Director | 1 | 6 |
| Professional background | Accountancy | 1 | 6 |
| | Human resources | 1 | 6 |
| | Medicine | 3 | 19 |
| | Nursing | 6 | 38 |
| | Pharmacy | 3 | 19 |
| | Social work | 1 | 6 |
| | Sociology | 1 | 6 |
| Person acting | No | 15 | 94 |
| | Yes | 1 | 6 |

## Why people became managers

Thirteen of the sixteen managers interviewed joined the civil service after 1994. When asked about why they had joined a health department, and their dreams and visions at the time of joining, career and financial motivations did feature. However, alongside these explanations a great deal of commitment to creating a better health system was expressed. As one interviewee stated:

*"I feel very strongly that there should be a public sector, and that there should be a strong public sector"*, others joined, *"Wanting to address inequities"* and to *"Contribute to the transformation"* of South Africa, to improve service delivery (drug supplies, services for women and pensioners), and to work *"More closely with communities and users".*

The three managers who had worked in the civil service before 1994, also expressed this broader vision, wanting to show that they could:

*"Make a useful contribution to transformation."*

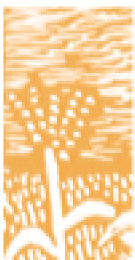
People's professional backgrounds before they joined the department also appeared to shape their original commitment, dreams and visions. Former nurses talked about being committed to improving the quality of maternal health services:

*"To make sure the clinics are in good shape"*, to ensuring that nurses treated people *"With respect and care at all times"*. Ones with an activist/academic background hoped to *"Bridge the gap between policy, research and implementation"*, to apply knowledge and new approaches, seeing if *"What we taught was actually realistic and appropriate"* and *"Understanding this animal called government"*.

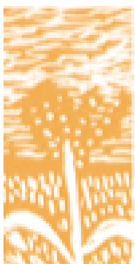
Taking on a government position meant "coming into the real world", being at "the centre of things", rather than in a non-governmental organisation where "you always sat on the periphery". All had hoped that the change of government in 1994 meant a much more "enabling environment" for themselves and the health system.

## How they feel now

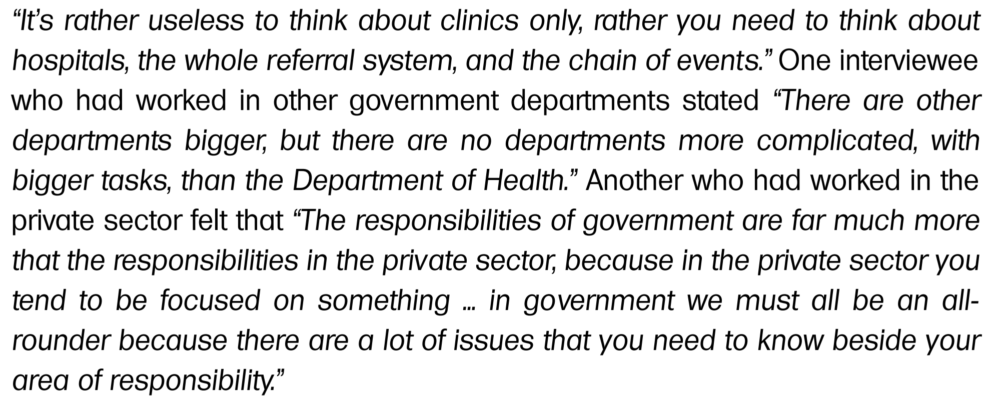
On remembering their dreams and visions, interviewees felt that they had been "naïve" and with time in the system they had realised that things "were more complex", and "harder to change" than they had originally thought; how their hopes to "fundamentally change the system" had been replaced with the desire to "at least improve some elements of it". As one reflected, "one sobers down after a while, you realise that you can't change the world, because there are a lot of other things to cope with."



Most of the interviewees acknowledged that they lacked management skills when joining the health Department, having to learn on the job, and that this had been a "real challenge." Many still identified management as the area where they wanted additional skills. Those who came from non-health backgrounds also had to undergo "a learning curve about health issues." A number were undertaking studies in their own time, which included Masters degrees in Business Administration or Public Health. These courses were important in providing them with new insights into their work. Ultimately "learning on the job" followed by "getting support from colleagues" were the best forms of training - going on a course meant "you had a certificate to put on the wall" but not necessarily that you could do the job.



All experienced health sector management as inherently complex:



*"It's rather useless to think about clinics only, rather you need to think about hospitals, the whole referral system, and the chain of events."* One interviewee who had worked in other government departments stated *"There are other departments bigger, but there are no departments more complicated, with bigger tasks, than the Department of Health."* Another who had worked in the private sector felt that *"The responsibilities of government are far much more that the responsibilities in the private sector, because in the private sector you tend to be focused on something ... in government we must all be an all-rounder because there are a lot of issues that you need to know beside your area of responsibility."*

Those with a background of homeland governance or management prior to 1994 spoke of the shift from "administration to management", and how previously, life in the civil service had been extremely rule bound, and now you had to "think on your feet". Some felt "intimidated" by the "enormous responsibilities" that they had suddenly been landed with. For example, one manager described being asked to write regulations for a national piece of legislation, without having any guidance on how to do it.

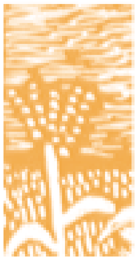
Overall, one of the biggest frustrations expressed by interviewees was a sense of low personal accomplishment. This finding is also reflected in the quantitative assessments of burn-out (see pages 203 - 206). Two of those who had recently left government, gave this as their reason for leaving, with one saying, "I had no belief that anything I did was making a difference". Those who were still in government were not sure if "they were making a difference, or just standing still". One person summed it up when she said:

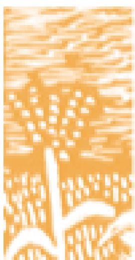
*"You have huge responsibilities, you are expected to get so much done, and yet you just can't do it. You have the responsibility, but you don't have the power and authority to get things done."*

Some attributed their sense of low personal achievement to not knowing the rules and procedures, how learning to "work the system" had been neglected by people who came into health Departments wanting to play a role in transformation. You could have brilliant ideas, impressive strategic plans, political smartness, but if the administration wanted to sink you, "they would sink you". Some put it down to not having a "civil service mentality", or not being a "good bureaucrat", recognising that it was a skill they needed. Others were less inclined to blame themselves than the hierarchies and bureaucracy around them:

*"You have to get 20 people to agree before you can do anything, and even when you have signing power for R5 million, you have to go through endless processes to get a highlighter pen or a computer disc."*

One of the exercises that people were asked to do was to describe their activities in the past week. At least 7 of the interviewees reported routinely





working after hours and on weekends. "Meetings often don't finish until 11pm." While some appeared to manage to keep this a bit under control, only working so hard during the "frequent crises", for others it was "how it always worked out".

All felt that their personal lives were affected by their jobs. One manager's spouse commented that "his work was his first wife". One woman commented that "you don't keep your appointments at home", and another noted that even when he was at home he was "often thinking about work".

Yet despite the hard work and low sense of personal accomplishment, many interviewees still expressed an excitement about the processes they were taking part in. As one person put it, "I'm damn lucky to be working at a time like this, working in a Department like this", another commented that it was "rewarding to struggle", and another that "it's been a challenge, very exciting, very beneficial" - in terms of being involved, "you couldn't really ask for more." The somewhat contradictory nature of the manager's experiences was also described as "things happen so slowly, and things change so fast".

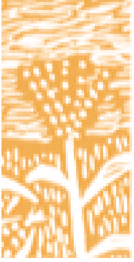
When specifically asked, seven of the thirteen managers still in government said they were considering resigning. Some of the reasons were personal, and had nothing to do with job satisfaction. Others felt that after a long period in the job "they needed a change." The remainder, however, were committed to staying and working in their departments: "I still feel very strong to continue and achieve the goals which I have set for myself. I haven't achieved them yet." This person, when asked if he was thinking of leaving stated "not at all, never".

## Departmental Context

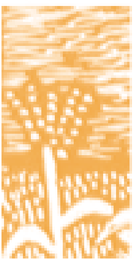
### Experiences and perceptions of others in the health department

Relationships with colleagues varied enormously. Some described an environment where they got a lot of support from colleagues, "I've learnt a lot by interacting with my colleagues", people were there to go to for help, to vent off steam, and "go for coffee with." Informal networks of support extended across divisions and departments, with people who were not direct line supervisors helping managers to define their roles and organise their units. Others described themselves as "lonely", having to go outside the department for support, and that "corridor gossip", "jealousy" and "competition" meant that they were reluctant to talk to their colleagues. In certain environments there were "tensions and factions" and peers were perceived as "over-aspiring and overambitious and trying to overtake each other", and "spying" on others.

A source of frustration mentioned by several interviewees was their observation that some of their colleagues or seniors were not competent and that nothing was done about it, and that they "often had to pick up the



slack". One interviewee described sitting up "endless nights", trying to "make sense of reports written by people who were senior to me, and trying to make them presentable". Others spoke of colleagues who "couldn't use a computer", handed in documents that had not been "spell checked", and "who just didn't have the knowledge" to do their job.

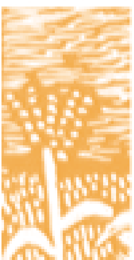


Interviewees held both positive and negative perceptions of the amount and quality of support they received from the person they reported to. Many commented that their immediate line managers were "too busy" to give them the time that they wanted, or that they were relatively new, so that the interviewees had to "give them support, instead of getting it myself". Two interviewees specifically mentioned the fact that they felt that they did not have a "mentor", and that professional development was difficult because of this.

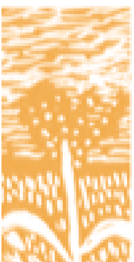
About half had experienced some turnover in the position above them - one person had had three different managers. Some line managers were referred to somewhat disparagingly as "basically incompetent", as "very weak managerially" or as not knowing "whether they were coming or going". One "hadn't [been] seen for six months". Managers sometimes took credit for the work that subordinates did, and were capable of being "extremely sarcastic", "rude", and making lives "a misery". However, this kind of experience was not universal. Some interviewees had received huge amounts of support from their managers, who had "held my hands" when admitted to hospital, helped them solve problems and "taught me a great deal about management". There were also managers who "knew the word thank you", who always gave "positive feedback" when interviewees presented their work in other environments.

Many of those interviewed felt that they did not have enough time to spend with the people they were managing. One interviewee put it as follows:

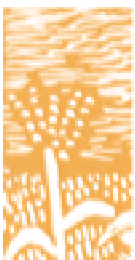
*"I have to guide and direct all those Deputy Directors, and those are big jobs. Really and truly, you know as a manager you don't have a lot of work to do, but you have to think about the direction, and the organisation of things, and I have little time to do that. I just don't have quality time with them."*



Another interviewee said "I'm not spending enough time with my staff, supervising their working, keeping up with them". Others talked of the challenges of not being able to recruit enough staff, and therefore placing huge burdens on the staff that existed, and not knowing if lack of performance was due to "the staff involved, or because of insufficient staff, or insufficient resources".



A number talked about the problems with support staff in their environment. Support staff could spend "half the day on the phone", and there was nothing you could do because "disciplinary procedures would take over a year", or if you questioned entrenched work practices you became extremely unpopular.



Several interviewees suggested that support staff in departments did not have the same vision of transformation as the professional staff and a situation whereby support staff "were also committed to developing the health system" still had to be achieved.

The heads of departments (HODs) featured regularly in the interviews - the quality of leadership was seen as setting the tone for the department as a whole. "If the leadership was to affirm what the department is all about" then everything would follow. A culture of "crisis management" within departments lay clearly in the laps of departmental leadership, or put rather bluntly, "when a fish rots, it starts from the head." One believed that "half the time when you blame your manager, you know the real problem is the head of department." However, some interviewees were extremely complimentary about their HODs - this was particularly noticeable in one department. In other departments feelings were more mixed, with interviewees from the same department providing contradictory perspectives on their HODs.

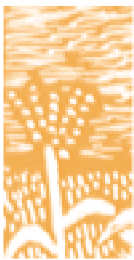
In departments where there had been a turn over of HODs interviewees expressed problems adapting to different styles of working. One HOD might prioritise "working with communities" while the next would be more focused on "tightening up financial systems." A turn over in HOD could lead to "a loss of focus and cohesiveness", so that a department is in a situation of "always learning": instead of you going to them for help, they came to you. Problems were also experienced in departments with many unfilled senior staff posts, or senior people in acting positions only. Problems in leadership could thus not be attributed solely to HODs, poor capacity immediately below the HOD also undermined the overall leadership of the department.

Capacity building plans were described as "developed" in some departments while in others training was perceived to be more *ad hoc* and arbitrary depending on who "made a noise" or who "sat next to the MEC on flights." Two interviewees commented that if you were "perceived as competent" you were not sent on training. Several suggested that people went on training "to get away from doing work", and managers admitted to going on courses "to get away from the tensions in the office" and "to have a little break", rather than for the inherent value of the course itself.

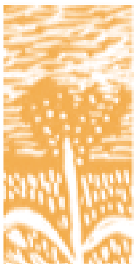
The managers varied in their perceptions of the quality of training available to public sector managers. The same course was described in different interviews as both "extremely useful" and "rather mediocre." Those who had received training from outside institutions felt that government training was "often someone who didn't know the subject very well, teaching other people." Courses which "combined experience and academia", and being exposed to people working in private sector management were seen as highly useful.

## Organisational culture

As with other dimensions, the general tone or organisational culture of departments varied. Some were characterised as tending towards being goal or performance oriented whereas others were mainly in crisis management mode, where "management style, management capacity [was] a serious problem." These characterisations were not necessarily static and some departments shifted between the two modes over time. There were also variations within departments with pockets of 'new' management cultures operating within an older bureaucratic style. One interviewee spoke about trying to implement a management style that was based on output, to be relatively relaxed about rules, allowing things such as flexi-time. However, he was faced with the problem that his directorate was thought less of because of this: "Sometimes it seems to matter what time your staff come in, and if they look smart, more than the quality of work."

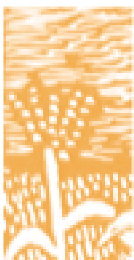


As already alluded to, the competence and style of leadership in departments (MEC, HODs and senior members of staff) was seen as crucial in influencing organisational cultures. For example, one interviewee felt that there was "no understanding from top management in supporting what needs to be done", and another had the view that senior managers tended to "have pet interests rather than supporting the whole basket of areas that they are supervising."



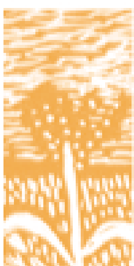
## Demands

The ability to steer an organisation in a positive direction, despite the multiple demands placed on it, is a key aspect of a performance oriented department. Many interviewees spoke about the excessive and unpredictable demands on their time: "In government by the nature of things, you have a great number of urgent things, this and that, you just don't have control over your time" - the result is that "you just get completely bogged down" and "you literally become inefficient because of the amount of work." Attempts to address this did not always work:



*"You have strategic plans at the beginning of the year, and it gets torpedoed every passing month, with all kinds of ad hoc things that get thrown at you, and you are expected to deliver."* Or *"You would wake up in the morning and say today I'm going to sit and reflect on the work that I have done for some time. You are on your way to work, and already the phone is ringing. You are asked to provide x, y, and z."*

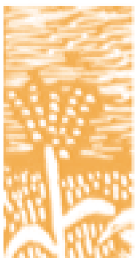
It was difficult in this kind of environment for a department to be 'reflective' or 'strategic' about itself.



The demands on managers were frequently experienced as arbitrary and unrealistic. One interviewee related an incident where she and a number of colleagues worked "flat out" for two weeks, late nights and over weekends, to produce a health plan for the provincial Premier. The plan, as far as she

knew, got "put in a drawer and nobody ever heard of it again." Another person talked about demands with impossible deadlines – there was "never time to do things properly, but always time to do things again and again."

When asked where the demands came from, interviewees almost unanimously stated "above", from the HOD, MEC, or "national". People talked about wanting to "spend more time supporting the districts and regions", or "supporting the provinces", but often this was not possible, or certainly not to the extent that they wished to do it. Only two interviewees (both in one province) felt they were able to respond to demands from "below", attending regional and district meetings, and "visiting clinics and pharmacies." Yet all managers felt that the real rewards in their work came from being able to improve health care services and interact with individuals on the ground.



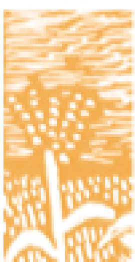
## Prioritisation

Interviewees also felt that departments were often poor at prioritising. As one woman put it:

*"It is not encouraged that you will prioritise, and actually say I will concentrate on this one, two, three policies and make sure they are being implemented. They are all supposed to be implemented at the same time. And you find that at the end of the day, all of them are not fully implemented. But if you had concentrated on one, and finished it, and moved on to the next one you would get there much easier. It would bear more fruits."*

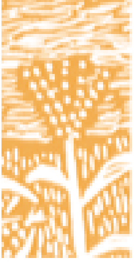
Another interviewee described suggesting 5 priorities in a policy document before a departmental *lekgotla*, and after the *lekgotla*, having 74.

The priority status of HIV/AIDS in departments was raised in almost all of the interviews: "All senior management has had to go on training around AIDS." HIV/AIDS directorates were perceived to have "faster access" to the HOD, bigger budgets, the consequence of which was that sometimes AIDS programming was not well integrated with the work of other directorates. Those who worked on HIV/AIDS acknowledged the support and priority that their directorates were given, although they also talked about the frustrations of not being able to deliver on the high level of demand and expectations. In addition, much of the funding that they received in their directorates appeared to be tied to nationally or internationally decided objectives, as a consequence of which "the needs of people on the ground" could not be met.



## Meetings

Questions were posed to specifically probe on the amount, value and quality of meetings. On the whole, people felt that they went to too many meetings. Although there was an acknowledgement by some that meetings were necessary for communication and integration, the general consensus was that "meetings should be less, or shorter." People were concerned that too much



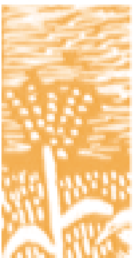
time was spent "sharing information" that could be shared in other ways, or talking about what were basically administrative issues, and not enough time on "strategic thinking and decision making."

In one department, an attempt was made to improve the planning and quality of meetings by establishing the rule that meeting agendas should be emailed to all participants a week in advance. In other departments the expectation was that people should drop what they were doing at "short notice" to attend meetings. Often "people attended meetings just to represent people, and would not add value or contribute." Where environments were strongly hierarchical, people would not say what they really felt and contributions were judged not by their quality but by the rank, gender or status of the person making them. A common complaint was that meetings were not chaired well - the same people were allowed to contribute again and again, and "long windedness" was not tackled.

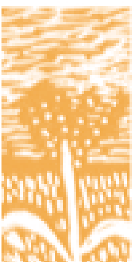
## Rewards

When specifically asked, many managers found it difficult to identify clear rewards for their work. Getting things done such as "policy documents finished", "training programmes" implemented and having good feedback on how useful they were; "systems up and running" and generally being at the "centre of things", were the key rewards for some. Others focused much more on service delivery on the ground, such as "having a woman thank me for making nevirapine available", seeing a "new clinic in an area that had never had a clinic", a "drugs cabinet stocked with all the essential drugs in a rural clinic", a baby clinic "refurbished", "seeing nurses doing a good job", and when "phones are working in more of our clinics." One woman talked about being admitted to a public hospital herself, and feeling "totally fulfilled" that even before the nurses know who she was she "got good care, better care than I expected."

The fact that people often felt they could not focus their time on these aspects meant that rewards were few.



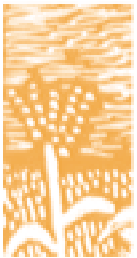
*"Rewards are difficult, there are no rewards ... I mean there are very few rewards actually. I found that people very rarely say thank you, they rarely acknowledge the work that you do ... sometimes they do, sometimes you have a sense that you might be contributing to a stronger public service ... but in the end, the rewards are not many."*



Many blamed the depersonalised environment of "bureaucracy" or "government" for the culture of not giving "a pat on the back" and "forgetting people's achievements." However, the fact that there were interviewees who felt that they were appropriately judged on their outputs rather than simply sticking to bureaucratic rules, and who were "always thanked for their efforts" suggests that such cultures are not inevitable and thus within the power of departments to influence.

### Hierarchies

While all recognised the necessity of lines of authority and command, the extent to which departmental hierarchies were obstacles in themselves, varied. For example, in some departments there were problems if subordinates spoke before their managers at meetings. It "got you down" when staff were constantly reminded of "who" was "what rank". In such environments, by-passing lines of command was an important source of tension, if for example, an HOD called a Director directly and didn't go though the Chief Director. Yet by-passing was sometimes necessary in order to get things done, either because of short time frames, or because of the perceived weaknesses of other line managers. The latter then "took it out" on their subordinates rather than raising the issue with their seniors. Respecting hierarchies also meant time lags for work to be sent up and down the hierarchy. For example, parliamentary questions would be sent to the MEC's office, then to the HOD, and then down the chain to the Director or Deputy Director who had to actually answer the question. When it reached the relevant person, he/she would have "half an hour to do it."

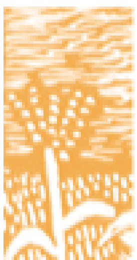


One interviewee specifically spoke about hierarchies of age, based on traditional African culture, reinforcing organisational hierarchies within her department. If a Deputy Director questioned the Director, or suggested another way of doing things, this was seen as being "disrespectful to an elder."

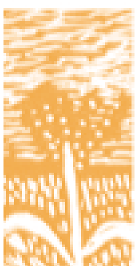
## Public Sector Context

### Politicians and the civil service

The political-civil service interface is one of the many areas that makes public sector management unique and adds to its complexities and dynamism. Although interviewees acknowledged the important role of MECs and the rights of politicians, as the representatives of the people, to ask questions, the political layer was seen as a major source of day-to-day demands on managers.



Parliamentary questions, in particular, were experienced as disruptive. By the time the question had travelled down the hierarchy, time frames had become very short and the answer to the question often "required a huge amount of work." An example was given of a parliamentary question, asking the number of times a particular procedure had been performed in a province in one year. As the information was not available centrally, a deputy director had to contact all the districts in the province, these then contacted all the hospitals, who then had to count numbers from registers. The perception was that those asking the questions were not aware of the amount of work it took to answer them. However, one interviewee also felt that civil servants did not recognise the fact:



*"That politicians had constituencies that they had to answer to, and not appreciating the fact that the public, when they made a complaint, wasn't prepared to wait for all the "proper protocols" to be gone through in terms of who should be spoken to and when."*

Interviewees had a range of views about the quality of political leadership in their department. In one department there was consensus that the MEC is "supportive" and "on top of his brief." In other departments the impression was more mixed. A "very strong, very committed" MEC who "knew a great deal about health" also inappropriately "micro-managed" the department; another who "did not support the department" either in the press, or in the legislature, was also seen as having "played a constructive role."

## Administrative procedures

Interviewees perceived bureaucratic procedure as one of the major factors hampering their effectiveness:

*"You are working in an environment where you are dealing with people's health, people's lives, where you are expected to act promptly, and at the same time you are expected to go by the rules and the regulations."* Another interviewee said *"You find that you have an obstacle that if removed you can have a big impact. It is here and for you to remove it, it takes a long time and you get drained."*

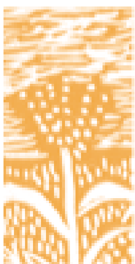
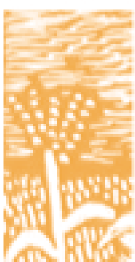
While procedures are required to prevent theft, the cost of these procedures, in terms of person hours spent, was seen to be unnecessarily high. One interviewee compared provincial government to local government and felt that the provinces were "much more rule bound." For example, one manager described how a training programme had been "delayed for months" by the need to go through the tender board, which could not sit for two months because it was not quorate. However, exceptions to procedure were also possible, and AIDS programmes were singled out in this regard. As AIDS had been identified as priority, if catering was needed "it was organised", if the AIDS programme required stationary "somebody would drive out to a stationery shop and get it."

## Treasury

Issues around finance came up in all of the interviews, although interestingly the emphasis was often, but not always, on problems with spending money, and not with the lack of financial resources themselves. As one person put it:

*"We have a lot of financial autonomy and control. However the system does not enable us to actually benefit from that control."*

Interviewees spoke about the major role that treasury and new financial management played in their department, and this was perceived as both a negative and a positive influence. Finances were "being tightened up" and

departments were moving towards "programme managers being responsible." However, the new rules and regulations had been a challenge to learn, and had not always been communicated "comprehensively and accurately to technical officers", resulting in "forms being sent back" and delays.

In some provinces managers felt that Treasury had too much say in the allocation of resources to departments and that the criteria were not explicit: "Treasury decides how it allocates money irrespective of the demands" and "Treasury is not concerned about service delivery, but rands and cents. Their interests are not the same." In one province an interviewee complained that the treasury has to approve all new appointments, and appeared to be satisfied with staffing levels at only 70%.

Interviewees also felt that the Public Finance Management Act (PFMA) and the new budgeting systems were not flexible enough to address changing circumstances or realities on the ground. For example, money could not be given to community organisations that were doing good work, because they did not have the capacity to meet the financial reporting requirements. A number of interviewees also felt that Treasury was not sympathetic to the huge demands that it placed on people so if "even tiny mistakes are picked up, people are hauled before committees" or, in one case, payments to all contractors stopped for a week.

Only two of the interviewees mentioned fraud and corruption as an issue in their departments, and both of these were people working with drugs. They felt that the new financial systems were not able to combat these problems as it was often happening at the clinic level with "the collusion of the police."

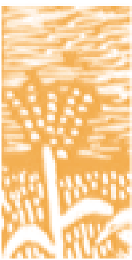
## Societal Factors

Health departments are not immune from social tensions in the wider society. Interviewees were specifically asked if they perceived their departments to be gender friendly. The responses were mainly "no" from women, and "yes" or in some cases "too much" from the men. The women felt that in some provinces there were not enough women in senior posts, and even when there were women at this level, they were often "not listened to" and accusations of being "somebody's girlfriend [were] muttered in the corridors." There was a range of perceptions about how flexible departments were in terms of time for picking up children, looking after sick children and such like. Some departments did better than others, which "talk the talk, but don't walk the walk."

It was, however, acknowledged by a number of interviewees that the policy thrust of the health sector was on the whole gender friendly with free health care for pregnant women and children under 6, and the policy on termination of pregnancy being some of the first policies introduced.

Interviewees were also asked if there were racial tensions in their respective

departments. Some felt that racism was present in their departments and that it was an underlying issue that "never came out in the open". In some places race was perceived as a "black, white" issue, in others "Black, Indian, White", and in others the issue of the "third nation" or "coloureds not being black enough" came up. Divisions along language group, corresponding to the former homelands, were also raised in some interviews.

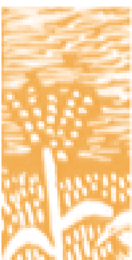


## Conclusion

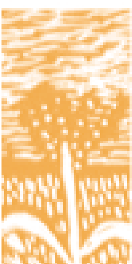
The managers interviewed for this project were all highly committed individuals who had clearly internalised the spirit of transformation of the 'new' South Africa. Their accounts were universally framed by this historical reality and an acute awareness of their responsibility in forging a better reality for the country's citizens. They came from a variety of backgrounds going beyond a narrow health professional base. None fitted the stereotype of the detached and self-preserving bureaucrat, and expectations of themselves and their institutions were high.

Unfortunately, many experienced a low level of personal accomplishment. This poses a threat to the establishment and sustainability of a dynamic, innovative public health sector. Perceived low self-efficacy could be related to unrealistic expectations prior to entering government or to the fact of a constantly changing and unstable civil service environment, as well as specific factors related to capacity and organisational cultures within departments.

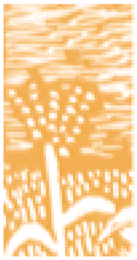
Massive demands, inability to prioritise, lack of management skills, few rewards for competence or sanctions for incompetence, and over-rigid hierarchies all undermine the ability of managers to perform. While there was a tendency to see, for example, "workload and bureaucracy" as inevitable, the degree of variability both within and between departments suggests that a considerable amount of control over these factors rests in the hands of departments themselves.

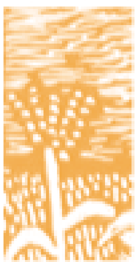
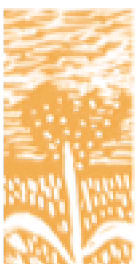


Overall, the impression given in the interviews is that the broader public sector context is still one in transition and has not yet fully developed its character, and departments could go in a number of directions. In several accounts it was possible to visualise departments moving in a direction of growing internal democratisation and greater output oriented performance. In some departments, cultures of patronage or loyalty rather than performance and bureaucratic and hierarchical rigidity, were also apparent.



For managers, the transitional period implies that they are operating within a contradictory environment with, on the one hand, unclear rules or guidance on important issues, and, on the other hand, having their hands tied by excessively constrained bureaucratic procedures on the small issues. New frameworks, such as PFMA, aimed at establishing appropriate rules and regulations, were acknowledged by interviewees as necessary in the long run,



but in the short run added to the pressures, further distracting them from achieving their goals.

The inherent difficulty of management in the public sector, not unique to South Africa, needs to be acknowledged. This involves huge amounts of competing demands and having to respond to a wide range of actors on a wide range of issues. Simplistic prescriptions on better management are thus likely to have little impact. For example, better strategic planning is of little value if plans are constantly subverted by unanticipated demands.

However, organisational and individual performance would be enhanced by multifaceted efforts to create more enabling environments. Paying more attention to the informal aspects or cultures of health departments, protecting middle management from excessive demands, allowing them to prioritise and spend more time managing 'downwards' rather than 'upwards' and providing people with clearer direction and support during an unstable transitional phase are probably key strategies for achieving better health policy implementation. Building the capacity of individuals through training is clearly important, but is of little value if the environments within which they work do not allow them to perform.