

**PHENOMENOLOGICAL INVESTIGATION INTO THE
DECENTRALISATION OF PRIMARY HEALTH CARE
SERVICES IN BOPHIRIMA DISTRICT, NORTHWEST
PROVINCE**

by

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DECLARATION

STUDENT NUMBER: 416-466-57

I declare that this doctoral thesis **PHENOMENOLOGICAL INVESTIGATION INTO THE DECENTRALISATION OF PRIMARY HEALTH CARE SERVICES IN BOPHIRIMA DISTRICT, NORTHWEST PROVINCE** is own work and that to the best of my knowledge it has not been previously submitted for a degree purpose at any institution of higher learning; all the sources consulted have been acknowledged accordingly.

Elias Khethisa Taole

Date

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DEDICATION

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ABSTRACT

PHENOMENOLOGICAL INVESTIGATION INTO THE DECENTRALISATION OF PRIMARY HEALTH CARE SERVICES IN BOPHIRIMA DISTRICT, NORTHWEST PROVINCE

Since 1994 a number of health reforms took place in furthering democracy. These changes included the decentralisation of Primary Health Care Services. This study is a phenomenological research that chronicles the Primary Health Care decentralisation experiences in the Bophirima District of the North-West Province.

Using a descriptive phenomenological orientation, the purpose of this study was to describe the experiences of participants associated with decentralisation in the Bophirima District. Also, to illustrate how the participants perceive these experiences in relation to Primary Health Care services. Furthermore, to provide scientific evidence regarding factors related to the decentralisation of PHC services in the Bophirima District. These and other issues remain of paramount importance given the current state of health care in the South Africa.

This study took place in the outskirts of the semi-rural area of Bophirima and Central District in the North-West Province. The investigation followed qualitative research design that was descriptive, exploratory, contextual and phenomenological in nature. The sampling procedure involved non-probability purposive, sampling technique with a sample size of five participants. Data was collected by using an unstructured interview technique. The modified Giorgi method of analysis was used for qualitative data analysis. These are contained in Burns and Grove (2001:596) and Polit and Beck (2004:394) are fully explicated in Chapter Four.

Guba model (in Babbie & Mouton, 2001:180) was utilised to ensure the trustworthiness of the study. Ethical requirements were considered throughout and these are reflected in chapter four of the thesis.

Three forms of decentralisation: deconcentration, delegation and devolution were identified in the findings. The investigation further indicated that the integration of primary health care services was also underway at the time of decentralisation. This integration triggered different psychological and emotional states amongst research participants. Most importantly, the research revealed that the interest of leadership across three spheres of government played a key role in the decentralisation of PHCs and integration of PHCs, while highlighting the importance of community participation in health service delivery (CP). In conclusion, the decentralisation process was generally perceived as empowering although, nationally, leadership needs to be strengthened to support provinces and districts regarding major policy issues such decentralisation. Key recommendations were made and further research was suggested.

KEY WORDS:

Community participation, decentralisation, deconcentration, delegation and devolution empowerment, leadership, phenomenology, primary health care.

LIST OF ACRONYMS USED IN THE STUDY

| | |
|---------------|----------------------------------------------|
| ANC | African National Congress. |
| BD | Bophirima District |
| BDC | Bophirima District Municipality |
| BDM | Bophirima District Council |
| BHD | Bophirima Health District |
| CP | Community Participation |
| DGDS | District Growth and Development Strategy |
| DHS | District Hospital Services. |
| DHT | District Health Team. |
| DRC | Departmental Research Committee. |
| ERC | Ethics Research Committee. |
| EQR | Educational Quality Review |
| GDPR | Growth and Developmental Provincial Strategy |
| HoD | Head of Department |
| HST | Health Systems Trust. |
| IC | Interim Constitution. |
| IDP | Integrated Development Plan |
| LG | Local Government. |
| MDA | Municipal Demarcation Act. |
| MDB | Municipal Demarcation Board |
| MEC | Member of Executive Council |
| MHS | Municipal Health Services. |
| MOU | Memorandum of Understanding |
| MinMEC | Minister and Member of Executive Council |
| MSA | Municipal Structures Act. |
| NDoH | National Department of Health. |
| NGO | Non Governmental Organizations. |
| NHA | National Health Act. |
| NRM | National Resistance Movement |
| NW | North West. |
| PHC | Primary Health Care |

| | |
|--------------|-------------------------------------------------------------------|
| PHCs | Primary Health Care Services. |
| RDP | Reconstruction and Development Programme. |
| RSA | Republic of South Africa |
| SAC | South African Constitution |
| SWS | Social Welfare Service. |
| UNWDR | Uganda National Water Development Report |
| UNE | United Nations Educational, Scientific and Cultural Organization. |
| UNISA | University of South Africa. |
| WHO | World Health Organization. |

SUMMARY OF THE THESIS

The thesis is divided into six chapters:

Chapter One: Orientation and Outline of the Research Project

The chapter describes the orientation to the study. It outlines the introduction and context for change. It also provides an overview of the establishment of the District Health system (DHS) in South Africa. It further outlines an overview of the PHC and the transformation of local government in South Africa. The chapter further outlines the purpose and the objectives of the study. It briefly describes the ethical issues pertinent to the study, paradigmatic perspectives, the research design and method and ethical requirements. It suggests a scientific approach to ensure the truthfulness of the phenomenological-qualitative study. The chapter concludes with a description of the research setting. It concludes with definitions of terms predominantly used in the study.

Chapter Two: Literature Review

The chapter essentially constitutes a conceptual framework. It traces and provides the historical overview of decentralisation in different continents and contexts. It situates the South African perspective on decentralisation. It provides a conceptual overview of decentralisation. Finally, the chapter provides a general descriptive account on the contestations on the decentralisation.

Chapter Three: Phenomenology as a Paradigmatic Perspective for the Study

This chapter forms a philosophical orientation of the thesis. It begins with a discussion of how social reality is constructed and perceived in positivistic and naturalistic terms. A general description of phenomenology is provided and more fully, the essence of descriptive phenomenology (DP) is explored as a research strategy for the study. The concept of phenomenological method is also outlined. The chapter concludes with a justification for the selection of phenomenology.

Chapter Four: Research Design and Method

This chapter describes the research design and method. It describes the research design which was descriptive, qualitative, exploratory, contextual and phenomenological. It further outlines the data collection method, which was mainly through face to face in-depth interviews. In addition, document reviews (budget and political speeches) were conducted in order to increase the integrity of the study. The chapter also describes non-probability sampling, selection and inclusion procedures together with an explanation of the purposive sampling that was utilised to select five research participants. It also outlines the modified Giorgi method of data analysis of the qualitative data. The chapter further addresses the ethical requirements of the study, namely, informed consent, safety, privacy and confidentiality and the use of the tape recorder. It concludes with standards to ensure the integrity of qualitative research. The chapter concludes with the standards (credibility, dependability, transferability and conformability) that were applied are articulated in the concept of trustworthiness.

Chapter Five: Research Findings, Narratives Statements and Literature control.

Chapter five presents the findings on the experiences of research participants with regard to decentralisation of the PHC. Through an intense analytical, process, five main themes emerged from the study: the experiences of the participants with regards to the decentralisation of PHCs, integration of PHCs, leadership, community participation, and empowerment.

Chapter Six: Summary of Findings, Limitations, Recommendations and Conclusions

This chapter concludes by presenting the summary of the findings of the study. The limitations of the study were highlighted and strategies were offered in order to minimise the impact of the limitations on the scientific value of the findings. Recommendations were formulated in terms of improving policy revision and alignment, the development of guidelines to assess capacity, the role of leadership at national level, the role of department research committees and information management directorates.

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CHAPTER ONE

ORIENTATION AND OUTLINE OF THE RESEARCH PROJECT

1.1 INTRODUCTION AND BACKGROUND

The Republic of South Africa came into being after the first fully democratic general elections of 1994, resulting in Nelson Mandela's inauguration as President. The ensuing years of 1994-1999 were characterised by reconstruction and reconciliation (Johnson, 2009:52-54; Russel, 2009:10), with the government instigating a Reconstruction and Development Programme (RDP) as a national policy framework to re-structure public institutions and society as a whole (African National Congress 1994a:119). Through these political activities an agenda for change was set for different spheres, including the private sector.

The period from 1994 to 1999 was one of transition, during which the Department of Health (DoH) took the initiative to translate the African National Congress (ANC) Health Plan for South Africa (ANC, 1994b) into public policy, and formulated a policy on the establishment of the District Health System (DHS) in 1995. As a result of these policy frameworks, health districts were established and their boundaries harmonised with those of magisterial districts. The DHS policy gave prominence to the issue of decentralisation of health services in the formulation of a White Paper on the Transformation of National Health System for South Africa (DoH, 1997).

It is during the second democratic phase that transformation was concretised (Arnold, 2000:5), as the new system of local government was finally constituted with municipal elections in December 2000. This system provided for the establishment of municipalities which were further divided into three partly autonomous and partly interrelated categories, namely, "A" and "C" which exercised oversight of category "B" municipalities. The Constitution (1996) directs that the entry point for the decentralisation of services and functions rests at District level (i.e. categories "A" and "C").

In 2001, the Minmec¹ pronounced that the decentralisation of primary health care services (PHCs) to local government had become national policy. Consistent with the provisions of the Municipal Structures Act (RSA, 1998), the decision of Minmec meant that the decentralisation of primary health care services would take place at the level of categories “A” and “C”.

Various public figures, media and ‘think-tanks’ have been concerned with implementation issues across various sectors in the country. Communities have also launched serious protests about the pace of service delivery by the new local government system. Furthermore, within the last two years about 900 delivery protests have occurred. In addition, these protests took place in spite of government intervention through ‘Project Consolidate’ in municipalities. Evidence suggests that these municipalities were constrained by capacity problems (*Mail & Guardian*, 2006:24 February-2 March). This study was long-overdue given the dearth of previous empirical evidence on the decentralization of PHC in the context of municipalities.

1.2 ESTABLISHMENT OF THE DISTRICT HEALTH SYSTEM IN SOUTH AFRICA

The democratisation of the South African state and society began in earnest after the democratic elections in April 1994. This democratic process was a revolutionary response to long decades of colonialism, separate development and under-development in general. Since then “the construction of a democratic society has been at the centre of the governance and the transformation process, aimed at overcoming the political, social and economic problems of the past” (ANC, 2002:1). In this sense, the necessity to transform the different sectors was established and thus the inevitability of change taking place was also expressed.

The agenda for change in the health sector, mediated by the DHS legal and policy frameworks set in motion the establishment and development of the District Health

¹ This is a structure where the National Minister of Health and Members of Executive Councils for Health in provinces meet to discuss health policy related issues. Their decisions continue to guide developments in the health sector.

System (DHS), which served as a vehicle for the delivery and provision of a comprehensive package of the PHCs. The policy mandate was critical in the sense that it called for the restructuring of a system that was previously curative and urban-based into a unitary National Health System (NHS) based on the concept of an integrated and comprehensive PHC, which is the health care delivery system under scrutiny (DoH, 1995).

The DHS framework outlined the necessary governance framework for the transformation of the health system in South Africa, entailing the provincial, the statutory district health authority and the local government options. Most provinces in the country chose to exercise the provincial option, which meant that the province would be responsible for all district health services through the establishment of the District Health System. District health services were to provide both primary healthcare and district hospital services (DoH, 1997:13). The provinces as well as the national health departments agreed unanimously that there were twelve principles with which planners must comply in the development of the DHS:

- Overcoming fragmentation
- Equity
- Comprehensive services
- Effectiveness
- Efficiency
- Quality
- Access to services
- Local accountability
- Community participation
- Decentralisation
- Developmental and inter-sectoral approach
- Sustainability

The DHS was therefore conceived and constituted as PHC services² and District Hospital services, with the combination of both defined as District Health Services.

² PHCs are services that are rendered free of charge at the point of service in South Africa at fixed clinics, community health centres, and mobile points. These are delivered in terms of Norms and

PHCs were to be delivered through community health centres, clinics, mobile clinics and health posts, whereas district hospitals were to provide hospital services. (DoH, 1997).

It should be noted that the founding of the DHS was not without challenges and constraints. The current provincial governance framework came into being in 1994 as a result of the 1993 Interim Constitution, with most provinces inheriting apartheid structures such as homeland administration, regional service councils and the old provincial administrative boundaries of Transvaal, Orange Free State, Natal, Cape Administrations and old local councils. It was therefore critical in the early years of transformation that new structures were constituted in line with the constitutional principles, but in order to facilitate the implementation of the DHS the following issues were amongst those that faced the new administrative and political leadership structures in all spheres of governance:

- A demarcation of the district boundaries and the governance of health districts
- The integration of health services
- Whether to include or exclude district hospital services in the definition of district health services
- Organisational and personnel implications
- Constitutional and legal implications.

The District Health Systems would not have been implemented if these issues had not been settled, and the implementation process was therefore not immune to challenges facing public policy management (DoH, 1995).

In its health plan the democratic government committed itself to the establishment of a national health system based on the DHS. Greater emphasis was placed on a belief that the boundaries of any health district should be in line with local government structures. Provinces had to ensure that their health districts' boundaries were coterminous with local government boundaries in order to overcome

Standards defined in policy documents such as "The Primary Health Care Package for South Africa-a set of Norms and Standards, 2001" and "A comprehensive Primary Health Care service package for South Africa, 2001".

fragmentation. Between 1995 and 1997, provinces established District Health and Welfare districts and District Managers were appointed in the North-West province, responsible for both PHCs and district hospital services in their districts. By 1999 the DHS was in place in most provinces (DoH, 2001:13).

1.3 OVERVIEW OF PRIMARY HEALTH CARE

According to the World Health Organisation's (WHO) definition, health is constituted as a "state of complete physical, mental and social well-being". This suggests that the state of being healthy and the wellness of individuals, communities and populations need to transcend physical wellbeing to include other areas of life. These areas are the social, political and psychological environments of individuals, communities and populations. The WHO definition recommends that an approach to health and wellbeing must be holistic and assume a multi-disciplinary perspective, and one that includes primary health care (PHC)

1.3.1 Historical Context of Primary Health Care

According to Amonoo-Lartson, Ebrahim, Lovel and Ranken (1994:1), most countries committed themselves towards prioritising PHC as a result of the Declaration of the Alma Ata, in the former USSR in 1978, which developed detailed plans to implement PHC, under the auspices of the World Health Organisation (WHO) to discuss and agree that primary health care, as an approach to health and health care, was the most economic and effective choice for health systems of the world. The main functions of PHC were health maintenance, the prevention of illness, diagnosis, treatment and rehabilitation.

For Pritchard (1981:8), PHC is the first or closest contact between the individual and the health care service, while, on the other hand, Lachenmann (1982:31) defined it as the promotional, preventive, curative and rehabilitating services required to overcome a community's principal health problems. Lachenmann (1982:31) and Dennil, King and Swanepoel (1999:2-4) have expanded the component of key activities that need to be carried out to ensure better health communities as:

- education concerning the prevailing health problems and methods of preventing and controlling them
- the promotion of food supply and proper nutrition
- an adequate supply of safe water and basic sanitation
- maternal and child health, including family planning
- immunisation against the major infectious diseases
- the appropriate treatment of common diseases and injuries
- the provision of essential drugs.

Pritchard (1981:8) states that four objectives should be met if PHC is to be judged as a key strategy in health maintenance, the prevention of illness, diagnosis and treatment and rehabilitation. These objectives were that it should be accessible to the whole population; acceptable to the population; identify those medical needs of the people that can be prevented, modified and treated and make maximum use of human resources and other resources to meet the medical needs of the population. For Gary and Warren (1991:1), in the context of Lesotho, PHC is health care that is made available and accessible to individuals and families in a particular community by using strategies that are acceptable to those individuals and families.

Based on the above discussion, it is significant to note that since the Declaration of the Alma Ata in 1978, countries have been urged to prioritise primary health care as an approach embedded within national health systems and health service provision. In that time there have been a variety of emphases on the importance of primary health care as a service that extends beyond the narrow, clinical sense of Western medicine, with a strong focus on over-reliance on hospital care. Some emphasise aspects of health education and promotion, disease prevention and the diagnosis and treatment of common ailments in communities. Others regard certain aspects of PHC activities as involving environmental health focussing on safe water and food supply, basic sanitation, nutrition, immunisation against infectious diseases and the provision of essential medicines. Others emphasise that this kind of health care should be within the reach of the people, that the country and its people should be able to afford it and that the PHC sites should be within the reach of the population and communities. There are also some who hold the view that maternal and child

health should form the axis of any health intervention. The essential features of PHC should therefore include health promotion, the prevention of illness and curative and rehabilitative approaches to health service delivery (DoH, 1997).

The success of a PHC system depends on a number of factors, including national commitment, local commitment, a national strategy to provide guidelines, a district plan which should be informed by local experience, and an effective District Health Team (Amonoo-Lartson et al., 1996:14). In addition, the different roles of all stakeholders in the formation of a multi-disciplinary team should be well defined to avoid any confusion that might impede implementation and progress. Furthermore, the roles of the different levels of governance should be well clarified, for instance, the extent of engagement, beginning with community, facility, district and province, and up to national level.

In the development of health centres in India, the following challenges were identified as being inherent in the development of a PHC system (Lachenmann, 1982:28):

- Inadequate allocation of resources
- Shortage or absence of personnel, transport, drugs, vaccines, support and integration into the rest of the health system
- Inefficient management
- Lack of properly developed plans for the functioning and tasks of the health centres
- Lack of micro-planning
- Lack of standardised knowledge to be passed on to assistants
- Lack of community participation.

The effectiveness of PHC requires continuous communication and close working relationships between nurses, physicians, village health workers, traditional birth attendants, midwives and traditional health practitioners (Gary & Warren, 1991:1).

The effectiveness and success of PHC thrives on the mobilisation of resources, including personnel, transport, and essential medicines, and consideration of the

social determinants of health. For instance, the role of education in raising the level of literacy will contribute towards “education concerning the prevailing health problems and method of preventing and controlling them”. In addition, a good management system with a plan informed by local needs, and the necessary capacity to execute it are critical in the pursuit of PHC. An essential governance structure is important so as to involve different health professionals and communities in the attainment of health and wellbeing (DoH, 1997).

1.3.2 Current Context for Primary Health Care in South Africa

Amonoo-Lartson et al. (1994:24) pose a critical question on the extent of response to the PHC approach by countries and note that the progress varies due to differences in the availability of resources and the development of the national health care system in general. South Africa inherited a predominantly curative health system in 1994, and prior to the democratic elections, the ANC (1994:19), in its *A National Health Plan for South Africa*, announced that comprehensive primary health care, as identified by the WHO, would form the basis for its development of its health system. The plan included aspects of community participation and involvement as imperatives and stipulated that, upon the coordination and decentralisation of services, clinics, health centres and independent practitioners would be the first contacts the people would have with the health system (ANC, 1994:19). In line with the RDP (1994), the new government added more components to the eight outline by the WHO, namely emergency, occupational and mental health services.

Over the next 30 years were concerted efforts to place PHC at the centre of health care systems around the world and in 2001 South Africa developed a package of essential primary health care services to meet this historical and national challenge. Table 1 (below) depicts the services offered in fixed clinics, community health centres and through mobile clinics to rural and farming communities. As a norm, mobile clinics provide the same services to farming areas and rural communities that are beyond a radius of five kilometres from their residential settlements.

Table 1.1:**PHCs to be provided through the District Health System, South Africa**

| Component | Services |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Personal promotional and preventive | Health education, nutrition, dietetics, family planning immunization, screening for common diseases, environmental |
| Personal curative | Acute minor ailments, trauma, endemic, other communicable diseases and chronic diseases |
| Maternal and child service | Ante-natal care, deliveries, post natal and neonatal care, termination of pregnancy, screening for cervical cancer |
| PHC investigative service | Radiology, pathology |
| Basic rehabilitative and physical therapy | Examinations, screening, repair, devices, occupational |
| Basic oral health | Examinations, cleaning of teeth, bitewing radiographs |
| Basic optometry | Eye care |

Sources: White Paper on Transformation of the National Health System in South Africa, 1997, South Africa; A Comprehensive Primary Health Care services package for South Africa, Department of Health, South Africa, 2001

The *White Paper on Transformation of the National Health System* (DoH, 1997) further listed a range of policy directives detailing the future of the hospital management system, specifically problems and challenges of inequity, inefficiency, poor referrals between levels of care, poor maintenance and large backlogs in capital investment in the hospital sector. It called for the rationalisation of hospital services, facilities, staffing, decentralised management systems, community participation and efficient financial management systems. Despite these challenges, a package of district hospital services was developed by 2001. The role of the district hospitals in support of the delivery of PHC is central to the District Health Systems policy framework, and their range of services includes diagnostics, treatment, care, counselling and rehabilitation services. According to the DoH (2001:4), the scope of practice should cover clinical disciplines at a generalist level, such as Family

medicine, primary health care; medicine; surgery; obstetrics; psychiatry; rehabilitation; paediatrics; and geriatrics.

1.4 TRANSFORMATION OF LOCAL GOVERNMENT IN SOUTH AFRICA

The democratisation of the South African State has been further organised into a new form of governance. According to the Constitution (Act 108 of 1996), a co-operative government and inter-governance relations framework was to be established, and instead of a hierarchical bureaucratic configuration, government was constituted as “national, provincial and local spheres, which are distinctive, interdependent and interrelated”. This was a dramatic shift in emphasis from “tiers of government” to “spheres of government”.

1.4.1 Local Government under Apartheid

The history and disastrous impact of apartheid are well recorded, with marginalisation and exclusions on the basis of race, class and gender the common discourses and practice. According to the *White Paper on Local Government* (1998), the pillars of local governance were categorised as follows:

- In ‘Bantustans’, limited local government was established. In rural areas, traditional leaders had powers over land allocation and development matters. Small rural townships (“R293 towns”) were given their own administrations, but lacked real power.
- In the 1960s, “Coloured” and “Indian” management committees were set up to provide advice to White municipalities.
- The Bantu Affairs Administration Act of 1971 established Administration Boards. Responsibility for townships was removed from White municipalities to Black authorities.
- 1977 was the year in which community councils were introduced. These structures had no meaningful powers and few resources. They had no political credibility and gained no legitimacy.

- After five years (i.e. by 1982), Black Local Authorities replaced Community Councils. These Authorities were also viewed with much scepticism and rejected by popular mobilization, sometimes with extreme violence.

The new democratic dispensation was therefore required to critically address issues of cohesion, unity of purpose, integrated development, non-racism and proper democratic practice at local level.

1.4.2 Local Government under Democracy

The transformation of the local government was underpinned by the Local Government Transition Act 209 of 1993 and Municipal Structures Act of 1998 (Act No. 117 of 1998). The Local Government Transition Act 209 of 1993 established transitional local councils until 1995 and the Municipal Structures Act of 1998 established current local government structures. There were three types of municipalities according to section 151 of the Constitution, which states that the local sphere of government should consist of municipalities. The process of dealing with the geopolitical structure and nature of the municipalities was defined by the Municipal Demarcation Act, 1998 (Act no. 27 of 1998). For the first time in the history of South Africa every piece of land belonged to a municipality. In terms of the Municipal Structures Act of 1998 (Act No. 117 of 1998), institutional arrangements were well spelt out in this important legislation. These arrangements included:

- Categories and types of municipalities
- Executive committees
- Mayoral executive committees
- Ward committees
- Election of Speaker
- Internal structures and functionaries
- Powers and functions of municipalities

As a result of these dynamic, protracted and complex processes, South Africa boasts 46 District Councils and six Metropolitan City Councils, with the demarcation process

according to the North-West Province four District Councils and a shared cross-boundary area with Gauteng and the Northern Cape provinces. However, these cross-boundary municipalities presented implementation challenges, that is, two sets of provincial legislation and health policies were applicable to one functional area. By November 2002, the President's Co-ordinating Council resolved that no municipality should straddle provincial boundaries (Health System Trust, 2002:99), and the Department of Provincial and Local Government and the Municipal Demarcation Board of South Africa, through a process of consultation with the affected municipalities and provinces, have since abolished cross-boundary areas.

Schedules 4 (B) and 5 (B) of the Constitution provided the functional areas that are the specific domain of the local government sphere, to include municipal health services. Generally, the Municipal Structures Act prescribes the powers and functions of a municipality. In terms of the Constitution [section 156 (1)], local government is responsible for the delivery of municipal health services (MHS). In the spirit of the Constitution, the Municipal Structures Amendment Act (1998) stipulates that the authority and responsibility for the MHS rests with Metropolitan and District Councils. The Constitution stipulates which functional areas constitute Municipal Health Services, namely water quality monitoring; food control; waste management; health surveillance of premises; surveillance and prevention of communicable diseases, excluding immunisation; vector control; environmental pollution control; and disposal of the dead; and chemical safety.

The Health Systems Trust (2002:85-86) recounts that there were debates on whether the MHS should be constituted as both PHC and MHS, and whether the definition should be limited to traditional environmental health services. Based on the constitutional framework, it is clear that the MHS has been narrowly defined, hence the narrow definition of MHS implied that PHC services delivered through mobile clinics, fixed clinics, community health centres and district hospitals remained the constitutional responsibility of provincial government and not local government (Health System Trust, 2002:86). Whilst all these above efforts were going on, there had not been any viable mechanism nor study to assess its impact on the people. This study sought to explore experiences of people with regard to the

decentralisation of PHC services, particularly in Bophirima District in the Northwest province.

1.5 PROBLEM STATEMENT

The transformation of the health sector was characterised by the development and establishment of District Health System across the nine provinces (DoH, 1995, 1998). Cheema and Rondinelli (1983:14-16) saw the decentralisation project as important for system-wide benefits, described as increasing administrative efficiency, allowing better political and administrative penetration of national policies into remote areas, improving transparency and providing structures through which national policies can be co-ordinated. On the other hand, Reddy (1999:19-200) acknowledged that decentralisation had also attracted criticism. The lack of acceptance of decentralisation is underpinned by problems associated with the experience of decentralisation, notably inequalities in the decentralised entities, concerns with alleged corruption at local level and the weaknesses of small local municipalities to enforce legal powers against perceived stubborn local politicians or supporters of eminent national politicians.

The above discussion indicates that decentralisation can have benefits as well as limitations on systems and structures of government across levels. Since the implementation of the DHS after the MinMEC in 2001 no scientific study has been conducted of the experiences of individuals in a particular context on the decentralisation of PHCs. A non-scientific investigation has been carried out to explore the experiences of decentralisation of primary health care services within a transforming local government, but most of the research and experience on decentralisation addresses the systemic and societal demands and concerns.

Few studies have been conducted on the human experiences of decentralisation and related issues. Therefore, this thesis regards the lived experiences of people who engaged with implementation of decentralisation policy as an area for scientific investigation. This study will take place in Bophirima District. Bophirima District is one of the four districts in the Northwest province (see section 1.5 for brief on the district).

1.6 CENTRAL RESEARCH QUESTION

Against this background, the research question is framed as follows:

- What are the experiences of participants regarding the decentralisation of primary health care services in the Bophirima District?

1.7 RESEARCH OBJECTIVES

The following objectives will guide the research project:

- To describe and explore the experiences of participants with regard to the decentralisation of primary health care services in the Bophirima District;
- To assess the extent to which these experiences can be used to contribute towards an improvement in the decentralisation of Primary Health Care services.

1.8 PURPOSE OF THE RESEARCH

The purpose of the study was to investigate and describe the experiences of the participants and to explore issues related to decentralisation of PHCs in the Bophirima District; secondly, to describe how the participants perceive the issues related to the decentralisation of PHCs; and thirdly to provide scientific evidence regarding factors related to decentralisation of PHCs in the Bophirima District. These issues are of interest and importance to the health care delivery system in the South African context, given the historical and political dynamics of the country.

1.9 THE SIGNIFICANCE OF THE STUDY

This section of the research spells out the immediate but also longer-term benefits that the results of the study may bring to various groups of beneficiaries (de Vos, Strydom, Fouche & Delport, 2002: 118). Marshall and Rossman (1989:30-32) concur with de Vos et al. (2002:118) that a research study cannot be undertaken in isolation, and that research must fulfil certain criteria in order to demonstrate usefulness. The findings of this research will be useful in enabling policymakers and practitioners to

appreciate the dynamics of policymaking and policy implementation in particular. The inter-relatedness of the policy cycle will be enhanced through learning from the experience of participants.

The significance of the research project to public health service delivery system is that it will hopefully contribute towards ensuring that decentralisation adds cohesion and stability within health care delivery system in South Africa. Attempts to increase the access and efficiency of primary health care in South Africa is quite complex given the different political spheres operating in the health system and the opportunity to harness the decentralisation of PHC policy would help to ensure that more integrated and comprehensive health service is achieved.

Through a phenomenological research it is envisaged that the experiences of participants will contribute towards a better understanding of people involved in policy dialogue, design and implementation. It is important to appreciate the feelings of people who are implementing policy at the local level, particularly in the rural context. Finally, the worth of this phenomenological investigation will be determined by the degree to which it generates theory, description and understanding.

1.10 ASSUMPTIONS OF THE STUDY

Paradigms have been regarded as important in the science community since the publication of Kuhn's *The Structure of Science Revolutions*, since when paradigms have played a critical role in the social sciences. Mouton (in Snyman, 1993:72-74) states that Kuhn regarded normal scientific practice as the execution of scientific research that follows a dominant paradigm. Good research is therefore anchored in a particular worldview, that is, philosophical assumptions about the nature of interactions between a person and the environment. Although the concept of paradigm has been accepted, other scholars caution against the dominance of particular paradigms (Brink, 2006:22-23).

The concept of paradigm represents the worldview of the researcher, which according to Cresswell (2009:6) is accepted as "a basic set of beliefs that guide action". A paradigm or worldview is made up of a collection of logically related

assumptions, concepts and propositions that orient thinking and research. A theoretical orientation or perspective (Bogdan & Biklen, 2007:22), it is essentially a belief that a researcher has about the world and one shapes the way he or she looks at and perceives the world around him. In addition, the belief orientates the holder to what is important and what makes the world work in the manner in which it does (Bogdan and Biklen, 2007:22; Brink, 2006:22-23; Cresswell (2009:6). One of the functions of a paradigm or worldview is that of helping the researcher to structure the questions that are important for the study. The other important function of a paradigm or worldview has to do with setting boundaries in terms of those questions that cannot be asked. In a phenomenological-qualitative study the researcher cannot ask “why?” questions which seek to understand causality between variables. However, the researcher is able to ask appropriate questions, such as “what?” and “how?” in the present research.

A naturalistic phenomenological perspective underpins this study. The phenomenological perspective holds that the examination of human experience through description is essential to the reconstruction of the social realities of the people involved, known as “lived experiences” (Brink 2006:113). Accordingly, dimensions that constitute experience are the description and meaningfulness of that particular experience. Botes (1995:6) argues that since no research is value-free, the researcher must state his or her assumptions explicitly and that the values of the researcher direct the thinking and activities. The researcher therefore selects certain assumptions from the paradigm perspective in response to an interaction with the research field. Mouton (in Snyman, 1993:74) outlines three kinds of commitments that the researcher must state in the research activity, namely ontological, epistemological and methodological commitments. In this phenomenological-qualitative, exploratory investigation the researcher holds basic beliefs, values and assumptions regarding the decentralisation of primary health care services in the Bophirima District.

1.10.1 Ontological Assumptions

According to Henning, van Rensburg and Smit (2004:20-26), the meta-theoretical perspectives are important in research. Ontology is a branch of philosophy that deals with the nature of reality, driven by the question “what is there to know?”. Accordingly, perspectives position the research, provide an orientation to the study, enable the researcher to theorise about research, make explicit assumptions about the interconnectedness of the way things are related in the world and anchor the research in the literature. Meta-theoretical assumptions are not testable but deal with the human being and society, and have a philosophical origin. Although they give no epistemic pronouncements they do influence the research decisions. From a naturalistic phenomenological perspective, reality is socially constructed and there are multiple realities of phenomenon in society. The following ontological assumptions are made in this study:

- Multiple realities of individuals are central to the description, exploration and meaning of decentralisation of primary health care services, and these differ from those of the researcher
- Knowledge of lived experience can be known through the descriptions of individual participants’ experience of decentralisation of primary health care services
- Individual lived experiences will enable the researcher to appreciate complexity and diversity of social realities

1.10.2 Epistemological Assumptions

These kinds of assumptions are testable, offer epistemic pronouncements about the research field, and give shape to the conceptual framework. The researcher is required to make a thorough study of existing theoretical pronouncements, in the literature, on the subject of research in order to be able to state his/her theoretical assumptions (Botes, 1995:6). In this regard, relevant assumptions to the study are as follows:

- That an individual participant can reflect and state his/her experience, feelings and emotions regarding the decentralisation of primary health care services in the particular context
- That the natural settings of participants will enable participants to express their experiences freely and unhindered
- That the knowledge that participants will share with the researcher will be maximised, since the distance between the researcher and participants will be minimised.

1.10.3 Methodological Assumptions

Botes (1995:7) states that methodological assumptions are related to the researcher's view of the nature and structure of science and research in their discipline. The main concern is how knowledge is obtained from participants and what the relationship between the researcher and the participants is. Thus, the researcher believes that the research should be functional and the knowledge gained is applied in the practice. Unstructured interviews with participants and descriptions of experience of decentralisation of primary health care services will elicit more rich data for the researcher.

1.11 DEFINITIONS OF KEY TERMS/CONCEPTS

It is important here to clarify concepts in this study that appeared central to the understanding of its objectives and purpose.

1.11.1 Experience

Chinn and Kramer (1995:78) define experience as "perceptions of the world, which originate from feelings and attitudes". In this thesis, experience refers to how leaders and managers working in the Bophirima District perceive the implementation of the decentralisation of PHC services.

1.11.2 PHC Services

Primary Health Care services refer to a “package of services offered in fixed clinics, community health centres and through mobile clinics to rural and farming communities. Mobile clinics as a norm provide the same scope of services to farming areas and rural communities whose residential settlements are beyond a radius of five kilometres” (DoH, 2001).

1.11.3 Decentralisation

According to Collins, (in Collins & Green, 1994:460), decentralisation refers to the:

transfer of authority to make policies and decisions, carry out management functions, and use resources. It involves the passage of these from central government authorities to such bodies as local government, field administration, semi-autonomous public corporations, area-wide or regional development organisations, functional authorities, subordinates units of government and specialized functionalized authorities.

1.12 RESEARCH DESIGN AND METHODS

The research design guides the planning and implementation of an investigation in a manner that assists the researcher in achieving the objective. The research design therefore is the whole research process from the beginning to the end, in this case making use of qualitative methods.

1.12.1 Research Design

The research design is described by Burns and Grove (2003:494) as a scheme for carrying out an investigation that has the capacity to take full advantage of controlling those variables that can either confuse or interfere with the validity of the research findings. For Polit and Beck (2004:66) it is a general plan for attaining responses to the questions related to the hypothesis in cases of quantitative research technique, and an exploration of processes in a qualitative approach in line with Polit and Hungler (1999:166), the researcher chose a phenomenological approach to acquire the most reliable answers to the research questions asked to the respondents about

the issues related to the decentralization of the PHC system in the Bophirima District. The research design for the study was descriptive, exploratory, contextual and phenomenological. (Babbie & Mouton, 2001; Brink and Wood, 1998:315-316; Moustakas, 1994). Further details of the research design and method are found in chapter four.

1.12.2 Sampling Procedure

The researcher chose purposive non-probability sampling procedure for the qualitative phenomenological research as it gave the researcher the freedom to choose and conduct in-depth interviews with research participants who had experienced the decentralisation project and thus had valid information to share. The investigator believed that the participants would be able describe fully their experiences and thus contribute to the purpose and objectives of the scientific investigation.

1.12.3 Sampling Size

Sampling is important in qualitative phenomenological investigation as the researcher's process of selecting units of analysis from a population and to obtain information regarding the phenomenon of interest. Since all elements of a population would not be selected for the study an appropriate sample size was chosen. There are no strict rules about sampling size in qualitative research; however it is important to collect rich information about the experience of each participant so as to elucidate the particular and the specific. There were five participants who were purposively selected for the experience of decentralisation of primary health care services.

1.12.4 Criteria for Inclusion

Senior leaders were chosen because of their personal experiences of decentralisation. Personal accounts and descriptions would enrich the data quality. Conversely, those who were not part of the decentralisation project would be unable to contribute meaningfully to the research study and so were excluded as research participants.

1.12.5 Data Collection Method

Much of the qualitative data was gathered by means of interviews (Crookes & Davis 1998:32). For Bogdan and Biklen (2007:103) the interview “is purposeful conversation between two or more people”, directed by one person in order to obtain information from the other. One of the most important hallmarks of qualitative research is the technique of in-depth interviews. Marshall and Rossman (1989:82-83) refer to the interview as “conversation with a purpose”. The details of the data collection method may be found in chapter four.

1.12.6 Triangulation of data collection methods

Triangulation was used to increase a high-level of trustworthiness in exploring the decentralisation of PHC as phenomenon. The combination of methodological techniques was intended to improve the effectiveness of this investigation. Hansen (2006:66) contends that it is possible to compare interview data with documents. In this project, triangulation of the research methods was used and two types of triangulation of data collection methods were followed, namely, data and method triangulation (see full description in chapter four).

1.12.7 Trustworthiness of the Study

The notion of trustworthiness captures the idea of the neutrality or truthfulness of findings or decisions in qualitative research. It addresses questions such as “do measures used by the researcher yield data reflecting the truth, and how can an inquirer persuade his/her audience (including himself/herself) that the findings of an inquiry are worth paying attention to, or worth taking account of?” (Babbie & Mouton, 2001; Brink, 2006; Polit and Hungler, 1997). The details of the trustworthiness are covered in chapter four.

1.12.8 Data Analysis Method

The significance of data analysis is noted by several authors. The investigation followed the phenomenological method of Giorgi (Burns and Grove 2001:606-610). They emphasise that although individual elements of the phenomenon, as experienced by the research participants, are identified, their importance to the phenomenon is not established by the frequency of their occurrence but rather by “the intuitive judgement of the researcher”. The details of the analysis process are dealt with in chapter four.

1.13 ETHICAL REQUIREMENTS

The literature shows the importance of ethical issues in scientific studies and states that the researcher needs to anticipate these and make attempts to address them (Bodgan and Bikken, 2007:48-53; Cresswell, 2003:62-67; Crookes and Davis, 1998: 206-218, 320). The details of the research design and method are found in chapter four.

1.14 THE RESEARCH SETTING

Polit, Beck and Hungler (2001:44) write about the need for a researcher to have preliminary contact with key actors in the selected site to ensure cooperation and access to participants. They add that the identification of key gatekeepers is important since they can provide or deny access to sources of data. It is therefore important to make advance arrangements with such role players. According to Morse and Field (1995:108), familiarity with the site and key actors reduces the level of strangeness between the researcher and research participants so that the researcher is able to begin meaningful data collection more efficiently and effectively.

The Bophirima District, in the Northwest province, was chosen as a site for the research for a number of reasons. I worked in the province at the DoH for a long period and had established relationships with various stakeholders at provincial, district and sub-district levels. In addition, my experience as the programme manager for the DHS in monitoring the delivery of primary health care services had left me

familiar with the policy environment. It was through these relationships and networks that cooperation from possible participants for the research would be useful in the establishment of trust. These circumstances provided a basis for gaining entry into the research site.

The analysis of the budget and other service delivery related speeches of some MECs for Health highlighted the importance of decentralization of services. In the Free State province, in 2002, the MEC stressed that the province was busy dealing with challenges of the devolution of DHS and therefore cautioned against transfer of DHS to local government from the provincial department of health (Free State DoH, 2002:1).

For Mpumalanga province, the articulation of decentralisation was linked to the Public Financial Management Act (PFMA). The MEC emphasised this linkage to the delegation of powers to management of the health district and institutions. The decentralisation was not associated with the transfer of PHCs to local government, but within the district offices of the provincial department of health (Mpumalanga DoH, 2003:7)

The experience of KwaZulu Natal (KZN) indicates that decentralisation of budget was more important than the decentralisation of PHCs to local government. In his budget speech, the MEC (KZN Department of Health, 2001:8) said that,

“... despite the incomplete transformation of local government, the Department of Health continues to pursue the mission of a co-ordinated, comprehensive, integrated and sustainable health service based on Primary Health Care approach through the District Health System.”

The above observations indicate the following salient features of the three provincial statements of intent. The FS statements did not mention decentralisation of PHCs to local government, but the MP context instead referred to fiscal decentralisation within the de-concentrated units (districts and institutions) of the provincial department. KZN recognised the significance of transformation of local government as a prelude to any health sector reform within the local government settings. In addition, it was clear from the statement that the idea of the decentralisation of primary health care service

was not even mentioned. It was also important to observe that transformation of local government was underway, and the KZN DoH was not in favour of decentralisation of PHCs at that time.

However, it was in the Northwest province where a clear articulation was made for Bophirima District to be a pilot case for the decentralisation of primary health care services to local government. On three occasions the MEC for Health, in the Northwest province, made direct references to the decentralisation of primary health care services in his budget speeches. Most importantly, Bophirima District was singled out for this major policy shift (NWDoH, 2000, 2001, 2003). It was therefore under those personal and political circumstances that Bophirima District was chosen for this

1.15 OVERVIEW OF THE RESEARCH SITE

1.15.1 Geography and Demography

Northwest Province is one of the nine provinces constituting the Republic of South Africa. It is centrally located with direct road and rail links to all of the southern African countries, and is served by an airport. The province borders on Botswana and is fringed by the Kalahari Desert in the west and the Witwatersrand in the east. In the southeast is a commercial concentration around the towns of Klerksdorp, Potchefstroom and Rustenburg. Significant platinum production takes place in the Rustenburg and Brits areas in the Bojanala District. Due to this production capacity, Northwest has sometimes been referred to as 'the Platinum Province' (South Africa Year Book, 2005/6). The geographical area covers 116,180.25 square kilometres and comprised four district councils and 21 local municipalities. The province has a population of 3.8 million residents. (Statistics South Africa, 2006: General Household Survey & Municipal Demarcation Board, 2006).

Figure 1.1: Map showing Northwest Province

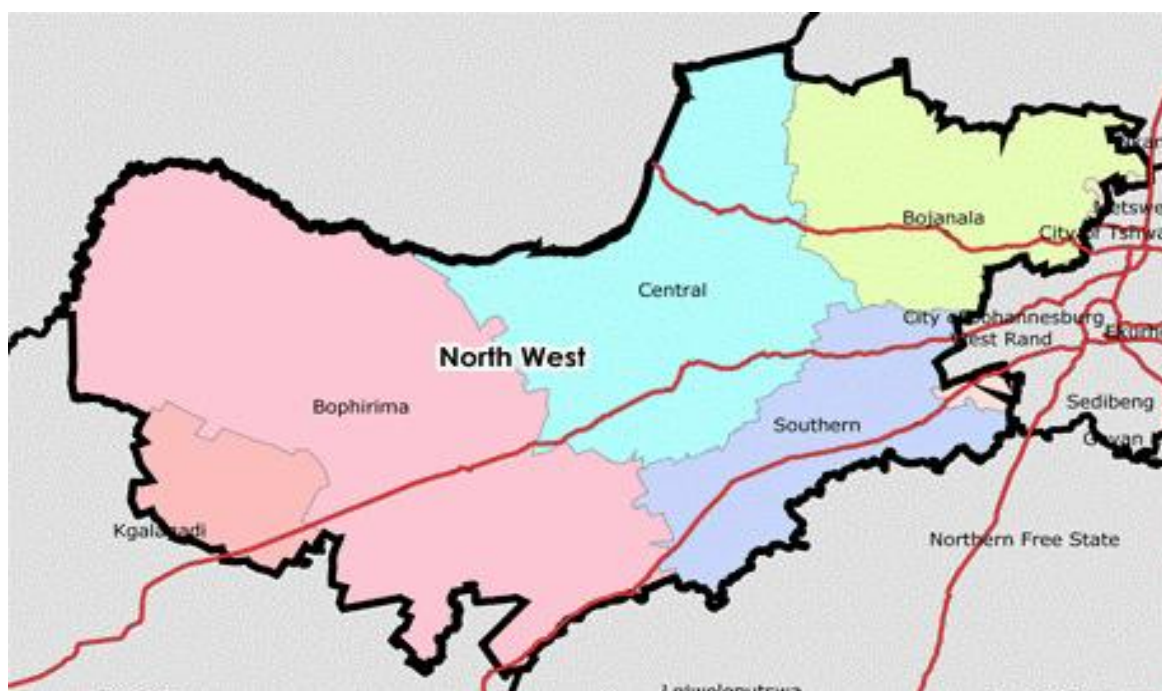


(Source: www.demarcation.org.za).

Bophirima District Council is one of the four district municipalities. The district came into being in the year 2000 as a result of the transformation process in local government after the 1994 democratic elections. Democratic local government elections witnessed the establishment of “wall-to-wall” non-racial and amalgamated local authorities. The district is geographically situated in the western part of the province and is predominantly rural in nature. The area of Bophirima is made up of six local municipalities, namely Greater Taung, Lekwa-Teemane, Mamusa, Kagisano, Molopo, and Naledi.

Figure1.2:

District municipalities in the North West



(Source: Demarcation Board (www.demarcation.org.za).

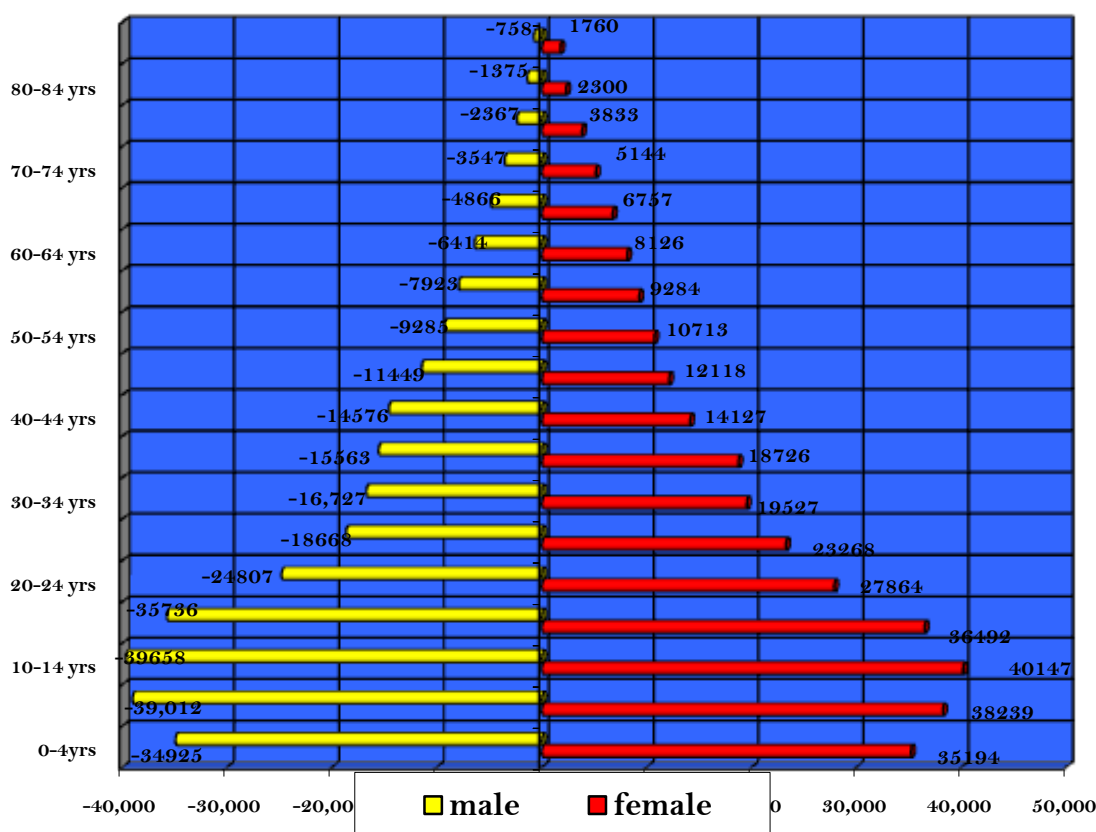
There are also three traditional communities with their respective traditional leaders in the Bophirima District Municipality, that is Barolong boo Mariba ba ga Letlhogile Mmusi Abner Letlhogile, Batlhaping ba Phuduhutswana, Tsepo Frederick Mankuroane and Batlhaping ba ga Phuduhutswana ba ga Mothibi Kgosiemang Isaac Mothibi. The seat of government is in the town of Vryburg on the N14 route to Kuruman and Namibia (South Africa Year Book, 2005/6). For the past 10 years residents have been participating in the democratic processes of electing their municipal mayors and councillors.

1.15.2 Demography and Socio-economic Profile

There were 399 808 residents in the Bophirima District. Of these, 210 057 are females and 189 750 males.. There were more females than males. Africans (380 868) constituted the dominant population group, followed by Coloured, White and Asian population groups (Statistics South Africa, 2006:General Household Survey).

The majority (111,672) of the district population had no access to education. More females had passed grade 12 than their male counterparts, a trend consistent in following through to bachelor's degrees. It is however interesting to note that with regard to a postgraduate education, more males featured (Statistics South Africa General Household Survey). Generally, the lack of access to education and training constitutes an important factor in economic progress.

Figure 1.3:
Population Pyramid – Bophirima 2003



(Source: North West Department of Health, Bophirima District Health Plan 2006-2007)

The employment rate in the district is a matter of grave concern, being at the time of the research 77% of the population in the 15-65 age group. Although females are in the majority and more educated than males, they bear the brunt of unemployment.

The economy of the Bophirima District Municipality was mainly driven by agriculture, with Vryburg being the economic hub of the district mainly focusing on beef farming and the production of maize, groundnuts, sunflower seed and sorghum. The agricultural sector contributed about 6,2% of the total GDP, and 19% to formal employment, and is also responsible for the relatively low incidence of malnutrition in the district. The Bophirima District Council commands a central place in the agricultural development of Stella and Vryburg. Some of the largest cattle herds in the world were found at Stella and near Vryburg, which explained why this area is often referred to as 'the Texas of South Africa'.

Government spending was second to agriculture in terms of contribution to the economic growth of the District. Manufacturing and retailing were also key contributors towards growth. The District had a Growth and Development Strategy (DGDS) that provides a basis for future economic planning. The DGDS notes that 82.5% of the households received an income of equal to, or less than R19 200.00 per year. This meant that 15% of all households lived below the minimum standard of living level. The DGDS had prioritised economic growth and job creation.

1.15.3 Basic Service Delivery

The district had made notable progress with regard to the provision of basic services. More than 64% of the households were provided with electricity across the district. Clean water had been accessed by more than 75% of the households and more than 10 000 households had access to basic sanitation (Department of Provincial and Local Government, May 2006).

1.15.4 Municipal Financial Viability

Botes, Brynhard, Fourie and Roux (1992:240,241) pointed out that the rendering of municipal services to communities requires huge financial investment. Botes et al. (1992:240-244) described different sources of income from which municipalities drew their revenues. The following sources of revenue are critical towards ensuring municipal financial viability:

- Property tax
- Service charges such as electricity, water, sewage, and bus fares
- Cleaning and refuse
- Rentals
- Assigned revenues
- Licenses
- Interest on investments
- Miscellaneous revenues

However, in the period 2002-2005, the main sources of revenue for the Bophirima District Council were regional levies, subsidies and grants and intergovernmental transfers. The regional levies accounted for R9 600,000 and the subsidies and grants for R82,798,253. For the financial year, 2002-2003, the district sourced R10 468,999 from intergovernmental transfers. Both operating and capital expenditures exceeded the revenue base of the district (Municipal Demarcation Board, 2006).

Most of the local authorities, particularly those in rural areas, lack sufficient revenue bases and still depend on provincial government for support. Measures are under consideration to improve the financial capacity of local authorities through the expansion of their revenue bases and cost recovery strategies and the expansion of the tax base. All the municipalities within the Bophirima District have increased their operating budgets in the financial year 2005/6, when compared to the actual expenditure incurred in the 2004/5. The highest increase in operating budget provision has occurred within Kagisano Municipality, whilst the lowest increase was estimated by the Naledi Municipality (Department of Provincial and Local Government, May 2006).

The capital budgets of all the municipalities within the Bophirima District had increased in the 2005/6 financial year, when compared to the actual expenditure incurred in the 2004/5 financial year. All the increases comprised at least 50%, while the Bophirima District Municipality, Mamusa, Greater Taung and Lekwa-Teemane have doubled the amount that was expended in 2004/5. This reflects as much a lack of capacity to spend the capital budget in 2004/5, and a higher availability of funding

for capital projects in 2005/6 (MDB Assessment of Capacity: Bophirima District Municipality Report, 2005/6).

1.15.5 Structure and Organisation of Health Services 1994-2006

The District had 10 hospitals, 74 fixed Primary Health Care facilities and 24 mobile clinics (North West Department of Health, *Bophirima District Health Plan 2006-2007*). The most common causes for hospital admissions (not in any particular order) were TB, HIV and AIDS-related conditions, diabetes mellitus, hypertension and cerebrovascular incidents, pneumonias, gastro-intestinal infections (in children under 5), pre-eclampsia, toxemia, trauma and burns (North West Department of Health, *Bophirima District Health Plan 2006-2007*).

1.16 CONCLUSION

This chapter has outlined the orientation of the study, including a statement of the problem, the research question and the objectives of the study, as well as the paradigmatic perspective on which the study was based. The research design and methods, ethical requirements and strategies to establish trustworthiness were also briefly discussed. The overview of the research site was also provided. The next chapter will address the practical and conceptual aspects of literature review on decentralisation.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter dealt with the overview of the research project. The background and context for transformation in the public health sector focussed on the DHS with an emphasis on PHC services. Furthermore, it outlined the statement of the problem, the research questions and the objectives for the study. The chapter clarified the research paradigm, design, method of data collection and analysis, ethical requirements for the study and the scientific requirements for the study were presented. This chapter deals with conceptual and practical aspects of a literature review. The process entailed creating conceptual meaning and understanding of decentralisation. In addition, the discerning contestations of decentralisation are described.

2.2 OVERVIEW OF SOME AFRICAN PERSPECTIVES

The concept of decentralisation has received attention and evolved with the local government in Africa and the 'developed world' (Burns, Hambleton and Hoggett, 1994:3-5). Reddy (1999: 9-11) attests that colonial Africa and post-independent Africa experimented with local government and decentralisation as far back as 1918. According to Rondinelli (in Cheema and Rondinelli, 1983:77) decentralisation became an important policy objective in the 1970s and 1980s, as governments in the developing countries sought to create more socially equitable patterns of economic growth and to meet the basic needs of the poor. Rondinelli (in Cheema and Rondinelli, 1983:77) further records that the former World Bank president Robert S. MacNamara argued that if governments were serious about distributing the benefits of development more equitably, then experience indicated that there was a greater chance of success if institutions provided for popular participation, local leadership and decentralisation of authority. It was against this backdrop that decentralisation

policies were generally promoted in East Africa during the 1970s in the countries of Kenya, Tanzania and Sudan (Cheema & Rondinelli, 1983:77).

In Kenya, for instance, reforms were prompted by lack of satisfaction with national planning, lack of participation by local authorities and field administrators in the identification and execution of development projects. The government of Kenya began to de-concentrate responsibilities to provinces and districts. In Tanzania, the philosophy of development was characterised by nationalization, thereby abolishing private enterprise, nationalising agricultural estates, promoting communal agricultural production and channelling investment through parastatal organisations. Decentralisation of decision-making and widespread participation in development planning was considered essential to attaining these lofty goals (Cheema & Rondinelli, 1983:77).

The Sudan inherited its system of native administration from British colonial rule. The system gave substantial control over local politics to religious and ethnic leaders and elites from the influential families. It was in the context of dissatisfaction with the old political order that decentralisation was driven by the military in the 1969 May Revolution. The military claimed that the coup was justified as a means of changing the old political order, in which the people had been denied their basic and legitimate rights as makers of political life in the country (Cheema & Rondinelli, 1983:77).

Nsibambi (1998:1) states that the drive for decentralisation in Uganda was initiated by the National Resistance Movement (NRM) in 1986, before which the administrative structures and systems were highly centralised. The dominance of centralisation was characterized by a number of issues. It stifled local initiatives; misappropriated revenues raised from local populations and promoted inefficiency in the utilisation of resources. It also promoted ineffectiveness in the delivery of services to local populations and provided a fertile ground of the survival of dictatorship. These tendencies were entrenched by the 1967 Local Government Act and subsequent regimes. Thus, in 1986 the NRM seized power and formed a government to change to a new political order characterised by democratisation, local development, and decentralisation. In 1995 a constitution was promulgated in

Uganda, providing for the devolution of powers to popularly elected local governments.

Makumbe (1998:19-24, 38) provides a historical background to the decentralisation project in Zimbabwe, the local government system of which dates back to 1891. The system was based on the principle of separate development of races, according to which racial classification whites benefited more than blacks. In addition, the racial division of land created urban councils which were the preserve of whites. Just after coming to power in 1980, the ZANU/PF government moved quickly to introduce wide-ranging reforms aimed at removing some of the racial consideration of the colonial regime of the LG system. After independence the primary role of decentralisation was regarded as facilitation of development at the local level, and with the participation of the people.

The above discussion points to several conditions under which decentralisation is proposed. The importance of decentralisation through popular participation as a stimulant for economic growth and development is suggested. In Tanzania, for example, decentralisation is presented as a centre for strengthening the local government system, and so is viewed as a strategic response towards strengthening broader national efforts. In some settings, as in Sudan, the military held the view that decentralisation is an antidote for misappropriation of revenues and resources. This means that centralisation of decision-making was problematic in the ordering of social and political life of the country and communities. In the Zimbabwean situation, a shift from a racist mentality towards a non-racially empowered local government system was perceived as a key strategy in the post-colonial period. Decentralisation was then defined as a primary vehicle of local development.

It is therefore important to observe that the benefits for decentralisation are embedded in all the historical and African contexts, and that decentralisation is viewed as a means to ends. These 'ends' are perceived as economic development, community participation, stimulants for local initiative, a marker for good governance and democratisation.

2.3 SOUTH AFRICAN PERSPECTIVES

South Africa's political, social and economic history is very similar to the Zimbabwean situation (Makumbe (1998:19-24; 38). In keeping with the ideology of apartheid and the principle of separate development of races, notably whites and blacks, South Africa was made up of 6 self-governing territories, namely, Gazankulu, Kwangwane, Kwandebele, Kwazulu, Lebowa and Qwa-Qwa, and 3 nominally independent 'states', that is, Bophuthatswana, Ciskei and Transkei. These territories and 'states' were primarily for blacks in rural areas. In addition, there were four provincial Departments of Health, which catered for white South Africans. Prior to the democratization process, there were over 800 local authorities that provided promotive, preventive, environmental, public health and rehabilitative services in the communities (Reynolds, Kinghorn, Tollman & Gear, 1994).

The ANC's (1994:19) *National Health Plan for South Africa* makes an important reference to the issue of decentralisation, stating that "authority over, the responsibility for and control over funds will be decentralized to the lowest level possible that is compatible with rational planning and the maintenance of good quality care". According to the *White Paper on Transformation of the National Health Systems in South Africa* (DoH, 1997), transformation required the reorganisation of health services, further stating that the restructuring process would include "*the devolution of certain responsibilities ... to the provincial, district and municipal levels*" (DoH, 1997:7).

In support of the ANC's Health Plan (ANC, 1994), the DoH published the DHS policy framework (DoH, 1995), noting that, with regard to the governance of health services, the final home for the delivery and provision of Primary Health Care services would be "the level closest to people and communities", and local government has been understood and readily accepted as such. Unequivocally, during the transition period, the issue of decentralisation was put firmly on the health transformation agenda in South Africa.

The current Constitution of the Republic of South Africa provides for the decentralisation of governance within the democratic state. It stipulates that the

government is constituted as national, provincial and local spheres, which are distinctive, interdependent and interrelated (Constitution Act, 108 of 1996; s 42 (1)). In addition, the constitution defined the functions of each sphere of government, with the provision of health services being concurrent at both national and provincial level. However, municipal health services are the exclusive competence of local government (Schedules 4 & Schedule 5 of the Constitution Act 108 of 1996).

In view of the above discussion, it is observed that prior to 1994 South Africa's system of governance was characterized by separate development, underlined by racism and ethnicity. The process of democratization of society and state structures and systems was inevitable as a consequence of elections in 1994. Various instruments, as described above, were devised to lay the foundation for the democratization process (ANC 1994). The notion of decentralisation was a dominant feature of policy formulation within the ANC's policy machinery and it is clear that democratic state policy was consistent with party political statements on the idea of decentralisation, including that of health services. During 1994-1995, the concept of decentralisation of health services was deeply entrenched within the public health sector, and it was the constitution of the democratic state that finally prescribed it as a constitutional and legal imperative. As part of democratisation and decentralisation, the MinMEC took a very important policy decision that dealt with the future role and responsibility of a new developmental local government in relation to health services. This structure resolved that, in line with the notion of a developmental state, a national health plan and the provisions of the *White Paper*³, PHC would be decentralised to local government (Health System Trust, 2002).

2.4 SOME GLOBAL PERSPECTIVES

The continents of Europe and Latin America have also experienced or been considering decentralisation in their health systems (Bossert, Larranaga, Beauvais, Espinosa & Browser 2000; Devefer, 2000), which together with Africa shows that decentralisation is a global phenomenon. According to Defever (2000:25), Belgium has undertaken constitutional changes in 1970 and 1993 to redefine roles and

³ The White Paper for the Transformation of Health System in South Africa, 1997.

responsibilities of different levels of government. For instance, in Belgium, there is a system of federal government, communities (Flemish, Walloon and German) and regions. Each of these structures has defined roles and responsibilities. The central government has the largest authority and responsibility for public health and social affairs in the area of health insurance related issues. These issues are, amongst others, defining accreditation standards for hospitals and advanced medical care. On the one hand communities deal with language and preventive health care issues. On the other hand, regions focus on environmental planning, urban development, housing, transport and agriculture.

Busse (2000: 30) points out that, like Belgium, Germany is a federalist country. Its 16 states, known as *Landers*, possess principal legislative authority, with health not an area of exclusive federal competence but rather a shared responsibility between the federal government and the *Landers*. There are constant interactions amongst the different role players to clarify the roles and responsibilities of each level of government.

Sweden is another European country that has experienced health service decentralisation since the 1960s (Anell, 2000:34), with a general devolution of responsibility from the centre to the county councils. For example, in 1992 legislation on health and medical service was enacted to enable county councils to drive health care financing and delivery. Anell (2000:34) notes that the most important aspect of decentralisation in Sweden is that a careful decentralising principal often examines what the agent does with increased responsibility, before entrusting the agent with formal responsibility. It is thus significant that delegation of responsibility precedes the delegation of corresponding authority to executive responsibility.

Latin American countries have also experienced waves of decentralisation in the health care systems, as the Chilean case demonstrated. The Chilean health system was predominantly public after 1952, however in 1979, the Pinochet military government introduced radical reforms involving privatisation and decentralisation (Bossert et al., 2000:5). In the beginning of 1981, almost all the responsibility for primary health care and education was devolved to the country's 308 municipal governments, which were given significantly greater fiscal authority, including greater

control over 40% of property taxes. They also gained control of vehicle permits, waste disposal charges, commercial and industrial permits.

As different forms of decentralisation are followed at the global level, the need for restructuring of health systems has necessitated some countries undertaking constitutional changes to ensure that roles and responsibilities are redefined. These forms are delegation and devolution, characterised by decentralisation of authority and responsibility. Finally, it is possible to allocate responsibility to another entity without a formal protocol, authorisation and/or agreement, as the Swedish case demonstrates.

2.5 CONCEPTUAL OVERVIEW

From the various definitions exist of decentralisation, Fergusson and Chandrasekharan (2004:3) regard it as a shift from top-down towards bottom-up governance, characterised by at least three different forms of decentralisation, namely, deconcentration, delegation and devolution. On the other hand, Brijlal, Gilson, Mahon, McIntyre and Thomas (1998:27) define it as the transfer of responsibility for planning, management and the raising and allocation of resources from central government and its agencies to field units of government agencies, subordinate units or levels of government, semi-autonomous public entities or corporations, area-wide, regional or functional authorities or non-governmental private or voluntary organisations.

Collins and Green (1994:460) see decentralisation as a transfer of the authority to make policies and decisions; carry out management functions and use resources. It involves the passage of these functions from the central government authorities to such bodies as local government, field administration, semi-autonomous public corporations, area-wide or regional development organisations, functional authorities, subordinate units of government and specialised functionalised authorities. In addition, Collins and Green (1994:461) regard decentralisation as a political issue that is concerned with the distribution of political power within the state systems. It is also a matter of the access of social and political groups to the political decision-making process and the allocation of public resources. Depending on different

political and historical contexts, the decentralisation of power holds important meaning and prospects for different stakeholders. Reddy (1999:16) argues that decentralisation denotes the “transference of authority, legislative, judicial or administrative, from a higher level of government to a lower level”.

In a democratic state system with three spheres of government, such as in South Africa, this means that either the national or provincial sphere transfers this power to the local sphere. For instance, in terms of the National Health Act 61(2003), local government has the power, authority and responsibility to make by-laws, policies and decisions on municipal health services (MHS). However, the national treasury continues to ensure fiscal transfers to the 52 district councils to deliver the service.

In view of the above discussion, the essence of decentralisation is that the power, authority and responsibility to make policies, decisions and to plan and manage certain functions are removed from higher to lower levels of government. The attributes of power, authority and responsibility to execute certain obligations are ceded to structures outside the central authority. The recipients can be either local government structures or peripheral offices as representatives of the central government, as well as state entities such as parastatal bodies.

However, the cessation of the attributes of power, authority and responsibility does not mean that the central government abdicates constitutional or legal accountability or loses control. Rather, it means that the central government provides space for decentralised entities to make decisions within the context of local conditions.

2.6 DECENTRALISATION IN DIFFERENT CONTEXTS

In 2005 the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2005:xx) hosted a conference dealing with decentralisation policies and strategies in education in ten Latin American countries. It compiled a volume entitled *Decentralisation Policies and Practices in Education.*, not only showing a profound interest in decentralisation policies, but also an acknowledgment that educational reform and decentralisation processes on a global scale could be very complex. The Latin American educational experience viewed “decentralisation as the transfer, in

varying degrees, of decision-making powers from central government to intermediate authorities, local authorities, and educational institutions”. The experience further shows that the significance of transfer varies, from simple administrative decentralisation (deconcentration) to a transfer of regulatory and financial powers of greater scope, to the regional and/or local level” (UNESCO, 2005:xx).

The Educational Quality Review (2005:1-4) supported the UNESCO finding (2005) that decentralisation had generated much interest in the education sector in the developing world as well. It observed that five developing countries, Egypt, Mali, Namibia, Peru and Senegal, which had been concerned with decentralisation policies in the education sector, found it was conceived as a movement of decision-making closer to the people. The five countries also felt that it raised the possibility that people would have a greater say in schooling decisions as well as a greater ability to hold service providers accountable. The most notable of the countries in the project was Mali, having distinguished two separate concepts dealing with decision-making, namely, decentralisation and deconcentration.

Post-apartheid South Africa has also regarded decentralisation as an important imperative in the governance of education, to disperse authority and voice from key stakeholders to local, district or school level (McLennan, 2003:188, 205). Against the backdrop of separate development and homelands based on race, class and geographical area, the notion of decentralisation has been defined as a cornerstone for community participation, involvement and democratisation, the sharing of responsibility with other actors and enablement in decision-making processes about educational processes.

The Water Sector in Uganda also caught up with the decentralisation mood, although the *Uganda National Water Development Report* (2005:14-24) did not prescribe the nature of decentralisation in that field. There was, however, a strong policy and legislative framework for the management of water resources at a general level and an enduring emphasis on the decentralisation of functions, powers, responsibilities and services to local government. The Local Government Act, 1997 “stipulate[d] that the provision of water and maintenance of facilities is a role of Local Government in

liaison with the Ministry responsible for Water Affairs” (*Uganda National Water Development Report, 2005:14-24*).

Galvin and Habib (2003:866) wrote that, in the South African context, the history of water decentralisation evolved from the Multi-Party Negotiation Forum in 1993 where it was accepted by the post-apartheid regime, and was “used to describe a range of relationships, including deconcentration, devolution and delegation”. It is further noted that these three types have very different consequences. The education sector in the developing world views the decentralisation process as the transfer of decision-making powers closer to the people, to decide issues within their local settings. It is also regarded as the ability of local people to hold other stakeholders accountable.

In addition, there is recognition of the importance of community participation, involvement and the sharing of responsibility with others. Through the processes of community participation and involvement, power is dispersed and distributed across different levels and this experience of power enables people to speak on matters affecting them in the education sector.

Kosovo in Eastern Europe made attempts to decentralise social welfare services after 2000 (www.birks-sinclair.com), with devolution the preferred process (Kosovo, 2005) There are primary laws that regulate marriage and family relations, (1984), social protection (1976), social and family services (2005) and the Self-regulatory Governance of Municipalities (2000/45). Despite the accepted notion of devolution as an official position, the Devolution of Social Service Provision report (2005:4-6) made reference to the idea of delegating full responsibility to each Municipality.

From the above discussion it is important to notice points of emphasis. The Ugandan case emphasises the importance of a legislative framework for decentralisation, while the South African experience points out the significance of political negotiation in the re-organisation of relationships in a post-apartheid dispensation for the water sector. These experiences reveal the critical interplay amongst politics, public policy and the role of legislatures in translating political ideals into realism. The Kosovo situation is also important in that it shows that countries pursue different typologies of decentralisation at the same time. The official position states that devolution is the

type of decentralisation that has been chosen to guide the country in the social service sector, with delegation of full responsibility to municipalities.

The above discussion shows that there are different types of decentralisation and that it is pursued by different countries and in different continents by different sectors. Particular forms of decentralisation, viewed within a range of responsibilities and functions, are transferred to the recipient entities, which have either a local government structure or are agencies of the central government. The phenomena of power, authority and responsibility are very much embedded in all the circumstances of decentralisation, and become the key pillars of decentralisation. Notably, the essence of power is shared by the stakeholders through community participation by the representatives, who are elected or appointed. Decentralisation therefore has a universal appeal to different countries, role players, sectors and communities. Because power is the significant component of decentralisation, the manner in which it is manifested and shared through the experience of possessing this ability to do things, also becomes a universal appeal. Thus the distribution of power is important in the social, economic and political lives of communities and individual countries of the world.

2.7 CONTESTATIONS IN THE DECENTRALISATION

Various streams that define the nature of decentralisation and their implications on organisational structuring, systems and processes have been observed. For instance, Brijlal, Gilson, Mahon, McIntyre and Thomas (1998) examined the rationale for health sector decentralisation and outlined the objectives of decentralisation from philosophical, ideological and pragmatic backgrounds:

- Bringing about community participation and local self-reliance
- Enhancing civic consciousness and political maturity
- Promoting national unity through local democracy
- Associating pragmatic objectives with:
 - overcoming the institutional, physical and administrative constraints on development
 - reducing congestion at the centre

- improving access to administration agencies
- meeting local needs more effectively
- mobilizing support for integrated development plans (IDPs).

Other sectors have also experimented with varying types of decentralisation, and studies by Ferguson and Chandrasekharan (2004:3) of 21 countries in the areas of forestry and ecosystem science revealed similar tendencies of why governments decentralise. It helped ensure the provision of social service in a given locale and draws on local knowledge and preferences. People at local levels are given a stronger sense of ownership over projects and programming, thus making these more sustainable, while it enhances the public accountability of bureaucrats, elected representatives and political institutions, thus ensuring greater responsiveness in government. Finally, it promotes local self-reliance, monitoring, evaluation and planning at the local level, thus enhancing community participation in decision-making.

According to UNESCO (2005:12-13), decentralisation is significant in the education sector because it improves transparency, administrative efficiency and finance management, the quality and accessibility of services and the development of political responsibility in general. In addition it is more efficient and more compatible with local priorities, and more strongly encourages family participation. For some central governments, community financing has thus become a means of shedding financial responsibilities linked to the provision of education services.

In the development planning sector, Cheema and Rondinell (1983:14-16) regard decentralisation as important. as a means of overcoming the severe limitations of centrally controlled national planning. This is achieved by delegating greater authority for development planning and management to officials who are working in the field, and are thus closer to the problems. Decentralisation can 'cut through red tape' and highly structured procedures characteristic of central planning and management in developing nations, that result in part from the over-concentration of power, authority and resources at the centre of government in the national capital. By decentralising functions and reassigning central government officials to local levels, these officials' knowledge of and sensitivity to local problems and needs can be increased. Closer

contact between government officials and the locals allows realistic effective plans for government projects and programmes.

Decentralisation could also allow better political and administrative “penetration” of national government policies into areas remote from the national capital, where the central government plans are often unknown or ignored by the rural people or are undermined by local elites, and where support for national development plans is often weak. It might also allow greater representation for various political, religious, ethnic and tribal groups in decision-making, and thus lead to greater equity in the allocation of government resources and investments. By creating alternative means of decision-making, decentralisation might offset the influence or control over development activities by entrenched local elites, who are often unsympathetic to national development policies and insensitive to the needs of the poorer groups in rural communities.

Political stability and national unity may be increased by giving groups in different sections of the country the ability to participate more directly in development decision-making, thereby increasing their ‘stake’ in maintaining the political system. Increasing the number of public goods and services is a further potential benefit of decentralisation, as well as the efficiency with which these are delivered at a lower cost.

Scholars such as Galvin and Habib (2003:865) have commented that decentralisation has been accepted as benefiting structures and systems in several ways. Societal interest groups concerned with poverty and economic inequalities advocate decentralisation because it is seen to bring development closer to the people. For this reason the decentralization of primary health care concept has been associated with universal access to health care, based on such principles as promoting participation of consumers in their own health care as part of consolidating democracy and community development. Technocrats support decentralisation because of a belief that it will lead to the more efficient delivery of services and economic elites advocate it in the hope that it will undermine the regulatory capacity and lead to the shrinkage of the national state.

Given its history of political and social exclusion, most political and social commentators in South Africa share this understanding and meaning of decentralisation as a political necessity. In terms of bringing the political decision-making process to the level closest to the population and communities, it is an appropriate outcome of a long democratic struggle. In order to ensure that the service delivery is informed by local needs, the planning and decision-making with regard to service delivery needs to take place at a local level. Therefore, the logical conclusion is that power, authority and responsibility for planning and decision-making will be decentralised to local level. Although, in South Africa, the transfer of authority from a national and provincial sphere to a local one is a constitutional imperative, the Constitution makes it unequivocally clear that the relinquishing authority needs to ensure that the receiving authority is supported and its capacity is strengthened (RSA Constitution, 1996:s151{3}).

There is also an argument that postulates that decentralisation holds disadvantages and that it is not a panacea for all government and developmental problems. Reddy (1999:19-20) identified some of the problems associated with decentralisation and describes these as follows: i) Inequalities have been found in decentralised entities; ii) The possibility to increase social and regional inequalities exists where affluent groups and areas are in a better position to utilise their devolved power; iii) in developing countries, urban predominance has continued benefiting more from resources than rural areas; iv) the tendency to maintain prevailing patterns of behaviour and development is associated with the possessiveness of politicians; v) local authorities are often in the news for alleged corruption and grafting, since they are more conspicuous than 'faceless' central ministries and public corporations and because they are less protected by powerful national politicians; vi) decentralised entities or local authorities can command sufficient resources to provide adequate services; vii) local authorities have been known to suffer from weakness; and viii) small local authorities tend to be reluctant to enforce their legal powers against recalcitrant 'powerful local politicians' or supporters of eminent national politicians.

The rationale and philosophy of decentralisation suggest that it is a necessity, particularly in the context of democratisation and ensuring the legitimacy of a central government. According to Bickenhoff and Azfar (2006:3), it needs to be perceived as

a means to an end, that is, a means to enact and deepen democratic governance and to improve administrative and service delivery and effectiveness. However, decentralisation poses inherent challenges and risks for all actors and stakeholders, including ordinary members of communities and organisations that are meant to benefit, and it is therefore necessary to understand its nature so that risks are well managed.

The concept of decentralisation is essentially about the manifestation, distribution and sharing of power at different levels of society and organisations. The phenomenon of decentralisation has a powerful influence on individuals, communities and in organisations and within the greater society. Thus, the investigation is interested in the description and exploration of the phenomenon of decentralisation of PHCs in a South African context.

2.8 CONCLUSION

The overview of the historical contexts and recent experiences for decentralisation with respect to the African, South Africa and the global context was presented. This overview indicates that decentralisation was regarded as critical in changing the balance of power between the centre and the periphery. The conceptual overview presented different interpretations of decentralisation by different researchers, showing that decentralisation has a strong following across the continental divide and state sectors. It is a desirable concept that has attracted much attention from development agencies, policy makers, policy analysts and bureaucrats. In addition, the chapter provided an account of the advantages and disadvantages of decentralisation. Chapter Three describes phenomenology as paradigmatic perspective for the research study.

CHAPTER THREE

PHENOMENOLOGY AS A PARADIGMATIC PERSPECTIVE FOR THE STUDY

3.1 INTRODUCTION

The previous chapter dealt with the practical and conceptual aspects of literature review, highlighting African, global and South African perspectives on decentralisation of primary health care service. In addition, the benefits and risks associated with the notion of decentralisation were given serious consideration. The review of literature depicts decentralisation as it is generally understood in the context of transferring power, authority and responsibility for decision making with regards to a wide range of issues from the central level of government to agencies outside the central government (Collins & Green 1994:460).

Miles and Huberman (1994) alluded to the lack of theory in a qualitative research design. As stated in the succeeding chapter on research design and methodology, a descriptive phenomenology as a naturalistic paradigm guided this study, with various methods used in triangulation. Therefore, no theoretical underpinning had a bearing on this research project until the participants' personal accounts were analysed to develop relevant theory. The chapter dealt with the fundamental concepts appropriate for descriptive phenomenology. Bogdan and Biklen (2007:24) define a paradigm as "a loose collection of logically related assumptions, concepts, propositions that influences thinking and research". In addition, for them a paradigm is a "way of looking at the world, the assumptions people have about what is important and what makes the world work". For Pring (2000:89), a paradigm is a way of thinking about social phenomena, the significance of which for a phenomenological approach is essentially dictated by the research activities.

The above view is supported by Brink (2006:22-23), who further notes that a paradigm performs several methodological functions, among which are: i) it structures the research questions that need to be posed; ii) sets boundaries in terms

of relevance of questions that will yield the desired information; and iii) provides a link to research methods, as well as suggests criteria with which the researcher can judge appropriate research tools used to evaluate the quality of the research. This analysis is shared by Henning et al. (2004:20-26), whose meta-theoretical perspective in research activity will enrich the germane concepts accordingly in this investigation. Paradigms, meaning, descriptions, explanation, objectivity are but a few of the concepts. Babbie and Mouton's (2001:20) assertion is replicated by Brink (2006:22-23), who concurs that this technique helps the researcher to organise his/her thinking, observations and interpretation of the scientific process. In general terms, the fundamental concepts in this regard provided an overarching philosophical or theoretical framework for the research process as identified in the formulation of the research question: "What were the experiences of participants with regard to the decentralisation of PHCs?"

A brief comparative analysis of two views related to social science research described as positivism and naturalism, conceived by Cohen, Manion and Morrison (2000:5) are presented. These views suggest social reality is perceived and interpreted differently and that the essence of social phenomenon would have a different meaning for different people. In this respect, social reality is in a state of fluidity. These views are important when examining the explicit and implicit assumptions regarding ontological, epistemological, human and methodological philosophical traditions, as in Table 3.1:

Table 3.1:
Nature of Social Reality

| Assumption | Description | Emergent Questions | Nature of Debate |
|------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Ontological | Concerned with the very nature or essence of the social phenomena being investigated | <ul style="list-style-type: none"> • Is social reality external to individuals? • Is it the product of individual consciousness? • Is reality of an objective nature or the result of individual cognition? • Is it a given 'out there' in the world or is it created by one's own mind? • Is it reality fixed and external or is it shaped by how people interpret and interact with their world? | Nominalism-Realism |
| Epistemo-logical | Concerned with the very bases of knowledge –its nature and form | <ul style="list-style-type: none"> • Is it possible to identify and communicate the nature of knowledge as being hard, real and capable of being transmitted in tangible form? • Or whether knowledge is of a softer, more subjective, spiritual or even transcendental kind, based on experience and insight of a unique and essentially personal nature • Is knowledge acquired or experienced? | Positivism-Post positivism |
| Methodo-logical | Concerned with concepts, measurement of concepts and the identification of underlying themes | <ul style="list-style-type: none"> • Are there universal laws explaining and governing reality which is being observed? • Is the subjective experience of individuals the real creators of the social world? | Methodological |
| Human Nature | Concerned with the relationship between human beings and their environment | <ul style="list-style-type: none"> • Are human beings responding in a mechanistic even deterministic way to situations encountered in their external world? • Or are human beings at the centre stage of their environment as creators, controllers? | Human Nature |

Source: Crookes and Davis (1998:4); Cohen, Manion and Morrison (2000:5)

3.1.1 Brief Account of Positivism

The dominant theme in the history of Western thought from that of the Ancient Greeks to the present day has been positivism. The positivistic paradigm assumed a strong French connection during the nineteenth century when French philosopher and social theorist, Auguste Comte, assigned the word *positivism* to a philosophical position. As Cohen, Manion and Morrison (2000:8) stress, in the positivist world all genuine knowledge is based on sense experience, which can *only* be advanced by means of observation and experimentation. For Crookes and Davis (1998:88), positivism is based on the tenet that “valid knowledge can only be discovered when the researcher occupies a position of detached observer-meaning unbiased and value”.

Positivism is a philosophical perspective which posits that the *only* authentic knowledge is scientific knowledge, and that such knowledge can *only* come from positive affirmation of theories by means of strict scientific method. Positivism is also related to logical empiricism. As a school of thought, logical empiricism, is regarded by its proponents as scientific research as neutral and value-free, meaning that human emotions, beliefs, value judgments, attitudes, distortions and prejudices should not impose themselves on the scientific process. Data collected in the logical empiricist tradition should be expressed in quantitative, numerical or mathematical terms (Imenda & Muyangwa, 2000: 22).

It can be observed from the above discussions that the pathway to knowledge in science is through the central method. The emphasis on “only” suggests exclusivity, which negates the role of the human agency in society. The world in the positivist tradition is pursued from a single perspective.

Positivism is a philosophical orientation that postulates that the role of human agency is depersonalised in the acquisition of scientific knowledge. Consequently, this reduces human agencies to experimentation, quantification and control. The positivist researcher utilises quantitative data to interpret social reality, and research conducted within the positivist tradition is concerned with numerical data, establishing relationships between variables to test prior hypotheses and the explanation of these

relationships (Morse & Field, 1995:11). As a result of reductionist and empiricist tendencies, positivism fails to appreciate human behaviour with its complexity and intangible quality of social phenomena.

3.1.2 Brief Account of Naturalism

Naturalism began where positivism left off. According to Holloway and Wheeler (1996:12), the naturalist school of thought has roots in philosophy and the human sciences, particularly in history and anthropology. It had intellectual roots in Weber's concept of *Verstehen*, which was related to understanding. Philosopher Dilthey argued strongly that social sciences should not mimic the natural sciences and the general view of naturalism assumed a concern with social phenomena. This view emphasises an understanding things are directly apprehended through human senses in the process of living out their everydayness (Cohen & Manion, 1994:29). In this instance, there is a difference between physical things and persons. Pring (2000:96) stipulates that human beings interpret or attach meaning to themselves and others.

The naturalistic view locates people at the centre of understanding their life-worlds. It is important, with this view in mind, that researchers appreciate reflexivity on their part and acknowledge their own situated positions, values and interests in the research process. Holloway and Wheeler (1996:12) stress that the researcher in this tradition: "must understand the socially constructed nature of the world and realise that values and interests become part of the research process". They also argue that it is impossible to achieve objectivity and neutrality in the naturalist paradigm, as researchers and participants become an integral part of the research process.

3.2 HISTORICAL DEVELOPMENTS AND PHILOSOPHICAL FOUNDATIONS OF PHENOMENOLOGY

There are different schools of thought in the broader naturalistic paradigm, including phenomenology, ethnography, ethnomethodology, grounded theory and symbolic interactionism. Phenomenology has been selected as the philosophical paradigm employed for this research. The roots of phenomenological thinking can be traced

through several historical accounts. Stewart and Mickunas (1974:21) trace It back to Rene Descartes, an important figure in the development of phenomenology, while in *The Paris Lectures* by Koestenbaum (1985:3), Husserl was immensely proud of and appreciated the contribution of Descartes, referring to him as “France’s greatest thinker and that phenomenology must honour him as its genuine patriarch”.

A mathematician who lived in the 16th and 17th centuries, Descartes was interested in a science that could provide certainty and indubitability or apodicticity (or incontrovertibility). In his search he introduced into philosophy a radical distinction between a thinking substance (*res cogtans*) and the extended substance (*res extensa*), the former being the mind and the latter the body, that is, the nature or the object of thought. Through this distinction he created a duality of the mind and body, thereby establishing them as two separate and distinct entities. This duality produced two irreconcilable schools of philosophy, rationalism and empiricism. He systematically doubted the existence of the world or, in the words of Moustakas (1994:43-44), he “doubted the reality of external perceptions” and thus recognised that knowledge also emerged from self-evidence. He concluded that the one thing that could be depended upon with certainty was what existed in consciousness, so he sought no other science “than that could be found in myself”.

As Stewart and Mickunas (1974:21) wrote, Edmund Husserl, born in the 19th century and also a mathematician, was interested in the same questions as Descartes. However, he saw that the basis for certitude, which philosophy lacked, had to be gained in returning to any methodology or science such as mathematics or logic. Although, Husserl appreciated the Cartesian method of universal doubt he argued that it lacked radicalism and so ventured a new method where the world would not be doubted but would be perceived from a radically altered viewpoint. Husserl dissolved this Cartesian duality by presenting his phenomenological philosophy. At the heart of his philosophy was Brentano’s concept of consciousness as always being of something and in which the subject and the object are unified. Crotty (1996:38) added that in consciousness one experiences the “wedding of the knower to what is known”, or to know *something* is to *become* that something.

The phenomenological movement began in the first decade of the 20th century, and Spielberg in 1960 in reviewing its history identified three phases, namely preparatory, German and French (Holloway & Wheeler 1996:117; Streubert & Carpenter, 1995:31).

3.2.1 The Preparatory Phase

This phase is synonymous with the name of Franz Brentano, who studied philosophy and psychology. A former Catholic priest in the tradition of scholasticism, he is regarded as an intellectual pioneer in the field, having founded the idea of a phenomenological psychology in 1874. He further introduced one of the epistemological ideas of the intentionality or “about-ness” of conscious activity. His phenomenological psychology was presented as a purely descriptive study of the mental acts of a person and he was primarily concerned with the classification and categorisation of modes of experiencing and types of consciousness (Roche, 1973:2). He held that consciousness is an activity, constituted in relations between the active subject and the object of which one is conscious. He preferred the concept of “inner perception over “introspection” as a source of data.

Husserl was a student of Brentano who attempted to apply his descriptive psychology to his own special area of mathematics, but he became discontent and disillusioned with his project. He reformulated Brentano’s conception of descriptive psychology and inner perception to mean the “intuition of the essence by the subject” (Roche, 1973:10). It seems that the missing link in descriptive phenomenological psychology was the absence of any kind of logic, or “a theory of meaning or logical semantics”. This kind of logic describes and analyses objective contents of consciousness: ideas, concepts, images, and propositions, that is, ideal meanings of various types that serve as intentional contents, or *noematic* meanings of various types of experiences.

Husserl’s dominance of this phase is characterised by the explication of the concept of intentionality (Crotty 1996:38; Holloway & Wheeler 1996:116; Streubert & Carpenter, 1995:32). Intentionality, according to Holloway and Wheeler (1996:116), is a way of describing how in consciousness the mind directs its thoughts to an object. Streubert and Carpenter (1995:32) stated that intentionality means that

consciousness is always conscious of something, for instance, one does not hear without hearing something or believe without believing something. Crotty (1996:38-39) agreed with Brentano that consciousness is always and essentially related to objects and that every thought is of *something*, every desire is a desire of *something* and every judgment is an acceptance or rejection of *something*. In summary, there is an indissoluble union between the subject and object.

3.2.2 The German Phase

According to Streubert and Carpenter (1995:32) and Holloway and Wheeler (1996:117), the German phase was characterised by eminent leaders such as Edmund Husserl and Martin Heidegger. It is at this juncture that Husserl believed that philosophy should become a rigorous science that would restore contact with deeper human concerns and that phenomenology should become the foundation of all philosophy and science.

Crotty (1996:29) is in agreement with Holloway and Wheeler (1996:117) that Husserl sought to establish a secure foundation for human knowledge. He stated that Husserl's concern was indicated in his "need for clarity, referring to 'torments' he had gone through 'from lack of clarity and from doubt'". Husserl's phenomenology is explicated as transcendental phenomenology or descriptive phenomenology.

As stated above, Heidegger, once an assistant to Husserl, was also a key figure in the development of phenomenology. According to Stewart and Mickunas (1974:64), the phenomenology of Husserl raised doubts in the intellectual lives of other phenomenologists, such as Heidegger, who objected to Husserl's concept of phenomenological reduction, arguing that the observer cannot be separated from the world. In this regard, Heidegger was interested in the nature of being, suggesting an interest in ontological ideas. The core idea in Heidegger's criticism of Husserl's phenomenological thought is the concept of existence, an idea finding expression as 'existentialism' or 'existential phenomenology'. The core of the existentialist standpoint is that existence precedes essence, that is, existence has primacy over essence. Hammond, Howarth and Keat (1991:96) argued that the existentialist aim is

to characterise the ordinary experience of human beings living in the world. A human being is a conscious subject and derives the meaning of being from “existence”.

Crossmann (1984) wrote that Heidegger was interested in addressing the question of the meaning of “being” as a mode of “being” in his existential phenomenology. Heidegger posited that human beings have their own mode of being called “existence” and human existence was the centrepiece of his philosophy. The person, not the mind, is the basic unit of interest. The fundamental state of existence is ‘being-in-the-world’, the fundamental condition of being a person to have a world around one. Things that one encounters in daily living have three kinds of being: ‘being at hand’, ‘being there’ and ‘being with me’. Heidegger developed phenomenology into interpretive or hermeneutic phenomenology, with emphasis in his philosophy on the basis for existence and meaning derived from interpretation.

3.2.3 The French Phase

German existentialist, Heidegger, was the main influence on the French phase of the phenomenological movement. Figures of importance were Gabriel Marcel, Jean Paul Sartre and Maurice Merleau Ponty (Holloway & Wheeler 1996:119; Streubert & Carpenter 1995:31). Stewart and Mickunas (1974:640) observe that the phenomenological reduction and description in phenomenology of Husserl was a concern not only to Heidegger but also to Jean-Paul Sartre (1905-1980) and Merleau-Ponty.

Hammond, Howarth and Keat (1991:96) state that the existential phenomenology of Sartre argues that the existence of the world should not be regarded as prejudice to be subjected to “*epoché*” or bracketing, in order to produce pure descriptions. Nor should the world be reducible to appearances or meanings. For Sartre, consciousness was conceived of as a lack of negativity which strives to become ‘Being’, or to fill itself in order to be something. His famous phrase summarises his view: “existence precedes essence”. A human being, accordingly, possesses no essence, but must construct his or her own essence through free choice, with total responsibility for that essence. In this instance, a human being is self-determined and responsible for what he or she is. To say a human being is ‘totally free’ means that

that freedom is historically situated. In this instance, philosophy is historicised and situated (Hammond, Howarth & Keat, 1991:96). Maurice Merleau-Ponty, also a French philosopher, was like his friend and compatriot, Jean-Paul Sartre, influenced by both Husserl and Heidegger. According to Cohen (in Holloway & Wheeler, 1996:120) his interest in philosophy centred on perception and the creation of a science of human beings.

In general, the main figures in the development of phenomenology were Husserl, Heidegger and Sartre. These individuals developed different conceptual formulations of phenomenology, namely, descriptive, interpretative and ontological-existentialist, respectively.

3.2.4 An Overview of Definitions of Phenomenology

Phenomenology has occupied the attention of qualitative researchers in recent times in the interpretive research paradigm. This growing interest has also increased in many attempts to employ it as a qualitative research methodology (Cresswell, 1998:51; Groenewald, 2003:7; Polit, Beck & Hungler, 2001:214).

According to Stewart and Mickunas (1974:3), the concept *phenomenology* is derived from two Greek words *phainomenon* and *logos*, which translate as ‘appearance and reason’ and ‘word-reasoned inquiry’ respectively. In this instance, phenomenology is a reasoned inquiry which discovers the inherent essences of appearances. For Stewart and Mickunas (1974:3) the concept of appearances means anything of which one is conscious, with anything that appears to the consciousness being a legitimate area of philosophical investigation.

On the other hand, for Hammond, Howarth and Keat (1991:1), phenomenology is the study of description of phenomena as anything that appears or presents itself to someone. According to Polit, Beck and Hungler (2001:214), phenomenology is an approach to thinking about people’s life experiences and a researcher following a phenomenological orientation is required to enquire about the nature of these people’s life experiences. Furthermore, most important questions for a phenomenological researcher focus on the essence of the phenomenon as

experienced by people and what the experience means for them. Streubert and Carpenter (1995:31) agree with Polit, Beck and Hungler (2001:214) that phenomenology is a way of thinking or perceiving, that its goal is to describe the lived experience and that it is a useful method of conducting research.

For Morrisey & Higgs (2006: 162-164), phenomenology is concerned with the ways in which human beings gain knowledge of the world around them. Accordingly, certain forms of knowing appear more constructive than others. In this respect, phenomenology, particularly transcendental phenomenology, is very much concerned with the nature of knowledge gained from participants and how this knowledge is derived from participants. It describes the meaning of the lived experiences of several individuals with regards to the concept or the phenomenon, so the task of a phenomenological researcher is to explore the essential, invariant structures or essence of consciousness in human experiences, that is, the meaning of the experience (Cresswell, 1998: 51-52).

The phenomenological perspective holds that the examination of human experience through the descriptions that are provided by the people involved is the key to understanding their world, known as *Lebenswelt* or “lived experiences” (Brink, 2006:113). There are three dimensions of experience, namely the description, interpretation and meaningfulness of the experience. The essence of an experience is the subject of an experience and what the subject feels about the phenomenon.

The above discussions have several ideas, descriptions and themes of what constitute phenomenology. At a general level, phenomenology is concerned with the description of a phenomenon and the subjective experience individuals have of it. The most important aspects of the lived experience are the derivation of meaning and its essential structure.

Crotty (1996:12-14) identified two concepts in the formulation of phenomenology, namely study of experience and phenomenon. In the former he indicates the following types of “experience”:

- as “lived experience”; or

- experienced as “lived”;
- “everyday” or
- “day to day” experience; or
- “human” experience; or
- experience “as humanly lived”;
- “existential” experience; and
- experience “as it exists”.

Crotty (1996:12-14) further identifies different understandings of the word “experience” as listed below, adding that the pivotal notions are “feelings”, “attitudes” and “meanings”:

- Feelings, or emotional states;
- Perceptions, meanings;
- Perceptions, attitudes, feelings;
- Events;
- Events, together with personal reactions to events; and/or
- Functions or role.

Despite these intellectual musings about notions of experience, there is a strong emphasis on the individuality of the subjective experience. In this regard, phenomenology as the study of experience and its meaning of the experience and the structure of that experience need to be discussed.

The second most important idea relates to the study of a phenomenon. Crotty (1996:14) reviewed several authors who placed a different emphasis on the word “phenomenon”. Like experience, phenomena are described by participants and studied by a researcher. An understanding of phenomenology is a muddled contestation, and a matter on which there are at least two distinct views. Firstly, researchers learn about phenomena and their meaning through “personal” or “subjective” experience, that is, it is the phenomenon that is being experienced, whose descriptions are obtained and analysed to uncover the meaning of the phenomenon. Secondly, experience is learned through knowledge of phenomena,

the uncovering of the meaning of which is the essence of the experience. According to Crotty (1996:12-19), it is not easy to categorically state what the nature of phenomenology is without its exhaustive descriptions from the subjects. It appears that there is a dynamic relationship between the phenomenon under investigation and the subject's experience of it.

The following observations are made with regard to understanding phenomenology. First, the experiencer of the phenomenon is an inherent constituent part of the phenomenon. The second observation is that, as Crotty (1996) indicates, it is not easy to distinguish exactly what one is studying, that is the phenomenon or experience of it. However, the most important aspect of phenomenology, the Cartesian duality of subject and object, is rendered problematic in Husserlian formulation. In this study, phenomenology is viewed as the study of a phenomenon and the experience of it by the experiencing individual. The images that come to mind when a participant relates to a phenomenon are an important aspect of intentionality or consciousness of how he or she feels about the phenomenon. Feelings and emotional states are also important in this dynamic relationship between the experiencer of a phenomenon and the phenomenon itself. The form of appearance of a phenomenon to the experiencer is as significant as meaning of the experience to the beholder of the phenomenon

The thesis focuses on the phenomenon of the decentralisation of primary health care services in Bophirima District, a rural district in Northwest province. The study will therefore describe and explore what experiences participants have of the decentralisation of primary health care service. The researcher will also examine how participants have experienced the decentralisation of primary health care services as they engaged with the phenomenon. Finally, the study will describe what meaning the phenomenon had for participants. The study will therefore provide descriptions of the phenomenon and of the meanings of the lived experience.

3.3 THE ESSENCE OF DESCRIPTIVE PHENOMENOLOGY

The phenomenology of Husserl is described differently by various authors. It is referred to as pure or transcendental phenomenology, and also characterised as

transcendental science or descriptive phenomenology (Holloway & Wheeler 1996:124; Moustakas 1994:45; Roche 1973:13). Husserl formulated transcendental phenomenology in the early twentieth century, as concerned with the way in which the world or phenomenon presented itself to human beings or the self (Morrissey & Higgs, 2006: 162-164).

3.3.1 Phenomenological Method

Husserl consistently philosophised about scientific ways of raising phenomenology to the level where philosophy could be regarded as “rigorous science”, and to this end developed the phenomenological method. The explication of phenomenological data is⁴ governed by two interrelated stages, namely phenomenological reduction and imaginative reduction of the phenomenological method (Moustakas, 1994:97-100). The key tenet of transcendental phenomenology is the phenomenological method, which according to Cohen (1987, in Morse & Field, 1995:22) is both a philosophy and a method, and a means of gaining understanding of the phenomenon through three distinct but interrelated phases of contemplation (Morse & Field, 1995:22; Willing 2001:54), namely *epoche*, phenomenological reduction and imaginative variation. However, according to Stewart and Mickunas (1974:26), Husserl used the terms phenomenological reduction, *epoche*, and bracketing interchangeably.

In the present study, the method will comprise two phases for contemplation, ‘phenomenological reduction’ and ‘imaginative variation’. However, the researcher holds a view that there is a concept of natural attitude that requires explication of phenomenological reduction. According to Roche (1973:11), two concepts characterise pure phenomenology: “the thesis of the natural attitude or standpoint” and the *epoche*. These concepts are central to the explication of Husserl’s phenomenological method and there is an interrelationship between the two ideas. Roche (1973:11) provided an explication of the concept of the natural attitude, stating that it is the viewpoint that everybody adopts in the course of their everyday lives. This attitude guides certain things that one must do and accept as “real” and indubitable in order to live and act in ordinary everyday life as well as include the

⁴ Although ‘data’ is a Latin plural of datum, it may also be used grammatically as an uncountable singular, as is the case in this paper.

values that one attaches to things, that is, “objectivities”. In addition, Roche (1973:11) wrote the natural attitude refers to “the naïve everyday realism embodied in our beliefs that in our world there are good paintings and the bad ones; useful objects and useless ones; good weather and bad weather; good men and evil men; socially powerful men and socially powerless men.” He concluded that although in the natural attitudes these things are “out there”, their dependence on one’s judgement is completely ignored.

Phenomenology is viewed as a return to the things themselves, and is also regarded as a “return to the primordial, immediate experience”. The attainment of such an “experience” requires the need to “abandon the natural attitude”, which according to Crotty (1996:58-59) is an acceptance of objects that exist independent of one’s consciousness in the real world, in which people live alongside them. The natural attitude embodies and hides values, culture, ideology, politics, and other intangible matters that exert a powerful influence on the attitude of people in their everydayness. It is therefore in the context of the natural attitude that meanings and understandings are imposed on what is humanly experienced. Moustakas (1994:33) observed that in the natural attitude, knowledge is held judgementally and this knowledge presupposes that what people perceive in nature is actually there and remains there as people perceive it.

In view of the above discussions it can be observed that every human being or ‘the self’ possesses a natural attitude. This means that everybody in everydayness has understandings, judgements and knowings about their social and lived world. It is this attitude that requires to be bracketed in naturalistic phenomenological inquiries. It is therefore crucial for the researcher to shift from the natural attitude to the philosophical attitude, but to resist the temptation to impose one’s own created meanings, preconceptions, assumptions, knowledge and theories on the data generated from information given by participants. Crotty (1996:60,151,153) admitted that to assume a philosophical attitude was “hard enough”, however, in the words of Roche (1973:11), one must “push our way through” intentionally and intuitively so that one lays aside accepted meanings, inherited understanding, and prevailing interpretations if one is to grasp, and be grasped by the phenomena that lay behind the objects of experience as they were before they were meant, intended,

understood or interpreted in the ways they are. The phenomenological method is therefore important in reducing the influence of the natural attitude on the data from research participant.

3.3.1.1 Phenomenological reduction, epoche and bracketing

This mode of inquiry requires that the researcher suspend presuppositions, assumptions, judgements and interpretation and thus to become fully aware of what is presented. The terms are synonymous and Husserl used them interchangeably. This is the most common mode of expression and involves the narrowing of attention to the most essential in the problem, while disregarding or ignoring the superfluous and accidental. The problem that reduction seeks to address is the presupposition or prejudice of thinking (Stewart & Mickunas, 1974: 26).

Bracketing is a process where the researcher identifies and holds in suspension preconceived beliefs and opinions about the phenomenon under study. According to Polit, Beck and Hungler (2001:215), bracketing allows the researcher to confront the interview data in pure form and is a process of separating out or removing any knowledge that the researcher has about the phenomenon of interest, so that what remains important is what the participants say.

Phenomenological reduction is concerned with the description of the phenomenon as it presents itself to the 'self' (i.e. the individual experiencer). This process involves, for example, looking the physical features such as shapes, size, colour and texture. The process also requires the researcher of the phenomenon to pay attention to experiential features such as feelings and thoughts that appear to the mind or consciousness of the researcher or the beholder. The reduction process reveals what the phenomenon is to consciousness. Both Cresswell (1998:52) and Morrissey & Higgs (2006: 162-164) concur that this phase provides the textural description of the phenomenon.

3.3.1.2 *Imaginative variation*

Phenomenology, according to Mohanty (1989:25) and Hammond, Howarth and Keat (1991:750), seeks to describe the essences or essential structures of regions of phenomenon or the experiences of the self as they appear immediately in intuition. Moustakas (1994:97) explains that the eidetic reduction, as an activity, takes over from where the phenomenological reduction has left off and that its major task is to “seek possible meanings through the use of imagination”. The task is achieved by varying the frame of reference, employing polarities and reversals and approaching the phenomenon from divergent perspectives, different positions, roles and functions. Accordingly, both forms of reduction are critical in the process of analysing phenomenological data.

Morrisey & Higgs (2006: 162-164) writes that imaginative variation involves an attempt to access the structural components of the phenomenon. Essentially, a researcher using imaginative variation is concerned with how the experience of a phenomenon is made possible. There is an interest in the conditions which give rise to it, and the imaginative variations allow the researcher to search for the essence of the experience by finding the core meaning of the phenomenon. It is through imaginative variation that the researcher attempts to describe the invariant characteristics of a phenomenon and their relationship with each other that becomes the structure of the phenomenon (Cresswell, 1998: 52).

3.4 JUSTIFICATION FOR SELECTING PHENOMENOLOGY

There are several qualitative approaches to research in the naturalistic inquiry, including ethnography, ethnomethodology, grounded theory, and phenomenology (Morse & Field 1995:31). All the approaches profess that human beings are central to understanding social phenomenon. However there are also differences in the foci and emphases. This section discusses the justification for phenomenological perspective against other qualitative inquiries. There are two reasons why phenomenology was chosen as paradigmatic perspective for the study, firstly that it was selected as an alternative to naturalistic-qualitative inquiries, secondly that the researcher was trained in public policy. Exposure presented the researcher with an

opportunity to explore public policy issues from a phenomenological-transcendental view and attempt to contribute, through descriptive phenomenology, to management and leadership.

3.4.1 Ethnography

The evolution of ethnography is historically traced from cultural anthropology and it focuses on the cultural patterns of village life. (Morse & Field, 1995: 23). The focus of the ethnographic investigation is cultural representation of the group. The underlying assumption of an ethnographic perspective holds that every human group evolves a culture that guides the members' view of the social world and the manner in which they structure their experiences (Polit, Beck & Hungler, 2001:213). Beliefs, values, norms and practices of cultural group are important foci for science and research. Thus in order to understand the structure of an experience, the researcher should necessarily attempt to capture that structure in the context of beliefs, values, norms and practices of that cultural group.

3.4.2 Ethnomethodology

Garfinkel is associated with development of this perspective. According to Morse and Field (1995:31) the purpose of the orientation is increase understanding of implicit practices in a society. Garfinkel believed that individuals have linguistic and interactional competencies to describe the orderly features of their everyday reality. The key intent of ethnomethodological research is the notion that knowledge can derived from observing and studying unidentified rules that governs conduct of ordinary members of society (Morse & Field, 1995:31). Ethnomethodology seeks to discover how people make sense of their everydayness and ordinariness. It is further interested in the interpretation that people have about their social world in order to behave in socially acceptable ways (Polit, Beck & Hungler, 2001:212). Bogdan and Biklen (2007:29) emphasise the point that the subject matter for ethnomethodologists is not members of non-Western society, but it is about citizens in various situations and circumstance in contemporary society.

3.4.3 Grounded Theory

Symbolic interactionism (SI) forms the theoretical base for grounded theory, focusing on human behaviour and postulating that human behaviour is developed through interaction with others, and through continuous process of negotiation and re-negotiation. It stresses that people construct their own realities from the symbols around them through interaction rather than static reaction to symbols (Morse & Field 1995:31). In this instance, human beings are active participants in the creation of meaning in a given situation. The primary purpose of grounded theory is to develop an explanatory theory of human behaviour. Polit, Beck and Hungler (2001:216) explain that grounded theory studies social processes and social structures. However, the evolution of social experience remains the key focus of most grounded theory studies. The most important aspect of grounded theory is that the research question emerges after the study has been completed.

In view of the above brief descriptions of qualitative approaches to research it is evident that qualitative research possesses richness and diversity. Phenomenology is distinct because it studies experience as a conscious process involving a researcher interacting with the phenomenon as described by participants themselves. The experience does not necessarily require that the researcher must understand beliefs and values of participants nor judge whether the experiences of participants are understood as socially acceptable. The researcher need not understand the intrinsic behaviour of participants before the experience could be better described.

The primary purpose of grounded theory is to develop an explanatory theory of human behaviour. In phenomenology, one is interested in the nature of experience and its inherent meaning to the participants of that particular experience. Through the use of intuiting, the researcher looks for the experience of what it is. The researcher is required to avoid criticism and opinions as implicated by culture, beliefs and socially good behaviour. Phenomenological research is interested in the description of a particular phenomenon, as far as possible free from presuppositions of culture, values, norms, and beliefs of participants (Streubert & Carpenter 1995:34). Phenomenological researchers are interested in describing phenomenon as experienced by participants not because the participants are from a particular group

or because they behave in way that is judged by social acceptable by the researcher. Any participant who has lived through a particular experience is qualified to present his or her feelings and emotions about the phenomenon. Through phenomenological method, the researcher is also required to subject these conditions and contexts to bracketing or reductive processes, to ensure that the most possible transcendental forms of knowledge are derived from participants.

Phenomenology, particularly descriptive phenomenology, is one in the naturalistic-qualitative tradition that claims a method of doing philosophy. This is a unique feature of phenomenology in comparison with others in naturalistic-qualitative tradition, but it is also different from its Heideggerian existentialist offspring, in the sense that it describes phenomenon based entirely on what experiencing participants say about the phenomenon.

The contributions of phenomenology in nursing studies and practice, and in psychology are well documented (Polit, Beck & Hungler, 2001:214), however its role in public policy, management and leadership has not been fully explored. The current study is an attempt to discuss the usefulness and benefits of a phenomenological approach to management fields (Ehrich, 2005:1).

In addition, the researcher has been trained in public policy management. Public policy is steeped in the discipline of political science. The tendency in the political sciences is to focus on institutional and other models. Much of policy implementation, in particular, involves a top-down process. It is important to consider the lived experiences of people involved in public policy. Phenomenology provides a philosophical basis in which to ground the study on the decentralisation of PHC services in Northwest province.

Phenomenology is both a philosophy and method of conducting a scientific investigation. As a philosophy, it directs the research questions that are asked and the observations that are made. The lived experiences (*Lebenswelt*) of research participants are an important source of knowledge. Transcendental phenomenology, in particular, is more interested in the inherent meaning of the lived experience, and its methodological requirements suggest the manner in which data is analysed and

described (Burns & Grove, 2001:64-65). The method of phenomenological reduction postulates that the knowledge, presuppositions, theories, models of decentralisation and experience of the researcher on the decentralisation policy are “bracketed”, and thus is rendered problematic. It is important that the transcendental subjectivities of research participants find descriptive “releasedness” in the domain of public policy (Crotty, 1996:160).

A relationship exists between phenomenology and qualitative research. According to Holloway and Wheeler (1996:2-3), qualitative researchers usually adopt a person-centred and holistic perspective and are committed to the *emic* perspective of participants by exploring their ideas, perceptions, emotions, and actions. In this context, the researcher does not impose a framework on participants. The world in which participants live is indeterminate and complex, with multiple realities and meanings created by those who experience a phenomenon as it appears to the consciousness.

Qualitative research requires that the researcher becomes the data collection instrument, and it is during data collection that researchers must take into account the total context of data, including the locality, the time and culture of the participant. It is in qualitative research that these dimensions are noted and their influence on participants’ narratives observed. Researchers are warned not to change the circumstances in which they collect data while they are examining it (Burns & Grove 2001: 209; Holloway & Wheeler 1996:5;). Through the process of intuiting the researcher becomes open-minded about meanings attached to phenomena as experienced by the participants (Polit & Beck 2004:217). The intuiting affords the researcher the opportunity to deconstruct his/her own views and, in the process, become attuned to the reconstruction of new ideas emerging from the interaction with the research participant. The qualitative research paradigm permits the investigator to be flexible (Burns & Grove 2001:209).

3.5 CONCLUSION

The chapter presented the concept of paradigm as way of guiding a researcher on how to approach the research field. It outlined two dominant views of social science, namely positivism and naturalism (interpretivism), and briefly traced the general history of phenomenology, as a philosophical orientation and method of observing phenomena. Secondly, as method, phenomenology attempts to reduce the influence of the natural attitude by employing strategies such as reduction and imaginative variation.

CHAPTER FOUR

RESEARCH DESIGN AND METHOD

4.1 INTRODUCTION

In the previous chapter the meta-theoretical framework and perspectives of different philosophers and methodologists were discussed to substantiate their relevance to the research project. This chapter further focussed on the phenomenological perspective of the investigation, with specific emphasis on the assumptions concerning the interconnectedness of the research and literature. Several paradigms were identified, with those receiving most attention being positivism and naturalism (interpretivism). Other relevant methodological options, such as ethnography, ethnomethodology and grounded theory were discounted, based on the strength of the phenomenological approach in enabling the researcher to address the general logic and orientation that guided this investigation (Polit & Beck, 2004).

This chapter will examine the views of certain authors who regard as confusing the use and description of the concepts **methodology** and **method** in the research process. Andrew, Halcomb and Brannen (2009:10) draw a distinction between the terms, defining methodology as a thinking tool, that is, the world view (paradigm) that influences how a researcher presents a research question and decides on the methods and data analysis to employ. Meanwhile they view method as the “doing tool”, indicating the manner in which the data is collected and analysed.

In Chapter Three, I chose ‘perspective’ to represent other concepts, such as paradigm, framework and methodology, so as to avoid any confusion between methodology and method. Chapter Four describes the research design and method, specifically sampling, sample size and data collection. An overview of a modified Giorgi’s phenomenological data analysis approach is presented. Ethical considerations relevant to the study are identified and strategies to resolve them presented. Furthermore, it details steps taken to ensure scientific rigour, and trustworthiness. To reiterate, the objectives of the study were to describe the

experiences of participants were regarding the decentralisation of Primary Health Care services in the Bophirima District; and to assess the extent to which these experiences can be used to contribute towards the improvement of the decentralisation of Primary Health Care services.

4.2 RESEARCH DESIGN

A research design is the researcher's plan of how to proceed in the research (Bogdan & Biklen, 2007:54), and is employed to guide the undertaking of a research study (Thomson, in Crookes & Davis, 1998:116-117). Fundamentally, the current study followed a qualitative, descriptive, exploratory, contextual and phenomenological approach.

4.2.1 Qualitative Design

Brink (2006:10) wrote that qualitative methods focus on aspects of meaning, experience and understanding, and that the study of human experience is approached from the viewpoint of research participants. The study was conducted through in-depth interviews with participants drawn from different leadership and organisational backgrounds. Some worked in the health district, some at the district council, and others in various provincial departments. Qualitative research follows a holistic approach to reality, and thus recognises that human realities are complex (Munhall, 2001:53). Hence, the research questions tended to be broad, for instance, "What were participants' experiences of the decentralisation of primary health care services in Bophirima District?"

With the focus being on the experiences of senior leaders in the primary health care setting, there was a strong recognition of inter-subjectivities in the experience of participants. The strategies featured sustained contact with people in settings where they normally spent their time. As the main research instrument, the researcher had a high-level of involvement with the participants. Guided by phenomenological techniques such as bracketing, the research was required to focus and reflect on what was narrated by the participants only. The resulting data provided a description, usually a narrative, of people living through events and situations. As LoBiondo-

Wood and Haber (1990:183-186) wrote, the general characteristics of qualitative research are inductive reasoning, human subjectivity, natural settings and process-oriented questions.

4.2.2 Exploratory Design

According to Polit and Beck (2004:20), exploratory research examines the different dimensions of a phenomenon and is useful for exploring little understood phenomena. The design was important since it shed light on the various ways in which the phenomenon manifested itself. The experiences of participants in the decentralisation of the PHC service in the Bophirima District Council were central to the scientific study.

4.2.3 Descriptive Design

Generally, a descriptive study design is used to gain more information about the characteristics within a particular field of study. It is employed to paint a picture of situations in natural settings (Burns & Grove, 2001:248), focussing on the description and elucidation of the phenomenon of interest (Polit & Beck, 2004:19). The essence of the description is the observation, counting and classification of the phenomenon, in this case the experiences of decentralisation of PHC services in the Bophirima District.

4.2.4 Contextual Design

Neuman (2006:158) wrote that qualitative researchers emphasise the social context for understanding the social world, with the meaning of a social action or statement depending on the context in which it appears. The study was conducted in the semi-urban areas of Mafikeng and Vryburg in Northwest province in South Africa, in the districts of Central and Bophirima, respectively. The distance between Mafikeng and Vryburg is 152 kilometres. Data was collected from people with experiences of the decentralisation of PHC services, through face-to-face interviews in their own natural settings, that is, offices and homes. One participant travelled more than 60 kilometres

from one of the sub-districts of Bophirima District to another sub-district for the interview.

4.2.5 Phenomenological approach

The phenomenology of Husserl is described as pure or transcendental, also known as descriptive phenomenology (Holloway & Wheeler, 1996:124; Roche, 1972:13). Transcendental phenomenology, according to Moustakas (1994:45), emphasises subjectivity and the discovery of the essences of experiences, that is, uniqueness of the meaning of the experience of phenomenon. The research was underpinned by a phenomenological orientation so as to reflect on the description and the meaning of the decentralisation of PHCs for the research participants. That Husserlian philosophy is regarded as pure, transcendental or descriptive phenomenology reflects the suspension of natural attitudes during the collection and analysis of data from the field.

4.3 POPULATION AND SAMPLING TECHNIQUE

Sampling is an important aspect of research methodology and is essential for the general conclusions that the researcher draws on the study. The most important aspect of sampling is that the study must yield findings that inspire confidence (Miles and Huberman 1994:27), and the selection of an appropriate population is paramount.

4.3.1 Population

The population is the entire group of persons or objects that are of interest to the researcher, and so must meet the criteria required for the investigation (Brink, 2006:123). Meanwhile, for Babbie and Mouton (2001:173) and Brink (2006:123), a 'study population' is the aggregation of elements from which the sample is selected; in this study the policymakers and managers who participated in the decentralisation of PHCs in the Bophirima District in Northwest Province.

4.3.2 Sampling Procedure

The sampling process involves the selection of a portion of the population to represent the entire population (Polit & Beck, 2004:236). The research used a non-probability sampling technique to select the study participants, with participants being purposively selected. This involves the selection of a sample on the grounds of existing knowledge of the population. The selection of unique participants is based on a belief that they would provide information that has been “lived” by participants themselves. As Crookes and Davis (1998:191) noted, purposive sampling is concerned with the “hand-picking” of individuals by the researcher, based on certain predefined criteria. They are relevant to the topic and possess specific information about which the researcher has sufficient knowledge in studying the phenomenon of interest. The research setting was easily accessible given the rapport that was established with the gatekeepers. Negotiating entry was thus possible and the purposive sample was secured.

Regarding the inclusion criteria, key informants were selected on the basis of the purposiveness of the study, that is, they assured the researcher that they had experience of the management and leadership of their institutions. In addition, they had participated in various fora where decentralisation of PHCs was discussed on a regular basis, including in the Bophirima District Council with the Department of Health of Northwest Province. This meant that they had experienced the phenomenon of the decentralisation of PHCs. Five participants took part in the research study. Those who were not part of the decentralisation project were unable to contribute meaningfully to the research study. They were thus excluded as research participants. Beside purposive sampling, convenience sampling strengthened the selection of participants. These participants were also selected because they were available and suitable for the purpose of the study (Van der Walt & Van Rensburg, 2006:132-133).

It is also crucial to determine the size of the sample. There are no established criteria or rigid rules for sample size in qualitative research, but it is determined by the nature of the research study (Holloway & Wheeler, 1996:76). Several writers have expressed a strong inclination to select a larger sample in qualitative research, from

six to eight, 12 to 20 or even 40 to 200. However, Holloway and Wheeler (1996:76) conclude that a larger sample in qualitative research would do more harm than good as they might lack the richness and depth obtained from smaller samples. For Polit, Beck and Hungler (2001:248), qualitative-phenomenological studies require a sample of ten or fewer, whilst according to Seidman (1991:45), there are two criteria, namely sufficiency and saturation of information. Polit et al. (2001:248) argued that participants need to be knowledgeable and willing to engage the researcher on the phenomenon of interest, while qualitative researchers have the ability to gauge when they need to bring the data collection process to a close, a process referred to as 'data saturation', a point when further collection becomes redundant (Bogdan & Biklen, 2007:62).

Data collection and analysis may occur simultaneously in qualitative research, for example if the researcher keeps field notes and begins analysis immediately after collecting data. Thus, qualitative data collection and analysis are active, interactive and iterative processes. There is a need to continuously analyse the data and ask the question, "what is going on?" Morse and Field (1995:126) identified four cognitive and intellectual processes that play an important role in qualitative data analysis, the most significant of which was referred to 'comprehension'. However, they argued that in order to comprehend the data, the researcher must keep the literature "in abeyance", thus allowing the researcher to make sense of the data and not to be influenced by literature. Thus, when the researcher "feels" that s/he has collected enough or sufficient data, and believes that s/he would be able to write a complete, detailed, coherent and rich description, the researcher can 'bow out' of the field.

The researcher kept a notebook, in which field-notes were written during and after completion of the interviewing process. Key words and concepts that participants mentioned were entered, as well as notes on their mannerisms and body language. The researcher scrutinised the data after every interview in order to make sense of and fully grasp the emerging information. Patterns and general trends were easily observed. Having interviewed five participants, the most observable trends or repetitions that emerged during the articulation of the "lived experiences" of participants were characterised by the following key words: decentralisation, integration, leadership and community participation.

Morse and Field (1995:126-127) stated that when central statements, core ideas, key themes and patterns of experience are evolving after interviewing a research participant, and when little new information is learning or coming forth, then the interviewer has heard “everything”. It was at such a point that the researcher decided that saturation has been reached and the interviews were stopped.

4.4 DATA COLLECTION METHODS

Face to-face interviews were the main data collection method where in the researcher was the main research instrument. In addition, document reviews were conducted as part of triangulation for data collection and analysis.

4.4.1 Phenomenological Interview

Much qualitative data is gathered by means of interviews (Crookes & Davis, 1998:32), which Bogdan and Biklen (2007:103) regard as “purposeful conversation between two or more people”. This conversation is directed by one person in order to get information from another. One of the most important hallmarks of qualitative research is the technique of in-depth interviews, similarly referred to by Marshall and Rossman (1989:82-83) “as conversation with a purpose”. The advantage of this technique is that it can be used to explore a number of issues and help uncover the participants’ understanding and perspectives of them. It is particularly useful in exploring social phenomena, or as a toll to “gather descriptive data in the subject’s own words so that the researcher can develop insights into how subjects interpret some piece of the world” (Polit & Beck, 2008 :). This is also argued by Taylor and Bogdan (1984), who regarded encounters between the researcher and informants as directed towards understanding the latter group’s perspectives on their social and organisational lives, experiential elements and their ‘situatedness’ in society.

Phenomenological research uses the unstructured interview as a method of data collection (Polit et al., 2001:264), particularly when the researcher does not have sufficient knowledge about the phenomenon. It is in this context that the researcher begins to learn as the interview progresses (Morse & Field 1994: 90). For Polit et al.

(2001:264), the researcher should have *intent* to articulate the participants' perceptions of the world without imposing his/her views. The most important characteristic of unstructured interview is that the researcher starts by posing a broad 'grand tour' question, in this study: "Please, describe in your own words how you experienced the decentralisation of primary health care services in the Bophirima District? Subsequent exploratory questions were then used to elicit more responses.

4.4.2 Triangulation

Triangulation is a term adapted from cartography and trigonometry to refer to the use of multiple data collection methods in ensuring the scientific integrity of the data. The combination of various methodological techniques improved the effectiveness of this investigation, and was appropriate for the phenomenological approach (Cresswell 2009:204; Nieswiadomy, 2008:66). Hansen (2006:54) argues that combining multiple sources of data in the same project allows the researcher to compare data over time and that it is possible to compare interview data with documents.

On the other hand, some methodologists, such as Miles and Huberman (1994:266), express reservations regarding triangulation's ability to confirm research findings, particularly if "independent" measures oppose the research results.

In this study the researcher felt it was appropriate for the complexity of investigating decentralization of PHCs in the Bophirima District, given the timeframes and the fact that it coincided with the establishment of the District Health system, to employ triangulation. Multiple referents were used to draw conclusions about what constituted the truth (Polit & Hungler, 1997:305; Talbot 1995:288). The researcher used the unstructured in-depth interviews to conduct conversations with five participants on the same phenomenon of decentralisation of PHCs. The interviews were then checked against document analysis, for instance of the budget and political speeches of the former MEC for Health. Particular attention was paid to the articulation of decentralisation and matters affecting it, such as the capacity to undertake the transfer of function, authority and responsibility.

Furthermore, investigator triangulation was utilised (Polit & Hungler, 1997:305). Hansen (2006) advises using two or more researchers with divergent backgrounds and disciplinary expertise, and in this case two colleagues, who had already completed their doctoral studies elsewhere. Following their disciplinary expertise, one colleague was a parasitologist and public health specialist, the other the holder of a management position in public administration. The researcher subjected the research data to two colleagues to conduct independent analyses and offer critical reviews of emergent themes and categories of findings.

4.4.3 Phenomenological reduction, epoche, bracketing

Phenomenological reduction is an important and commonly used stage in transcendental phenomenology (see chapter 3), both during data collection phase and the analysis phase. The researcher followed the process as a reasoning strategy, also regarded as *epoche*, or bracketing. It involves the narrowing of attention to the most essential part of the problem, while disregarding or ignoring the superfluous and accidental. Reduction sought to ensure that the researcher's presupposition or prejudice of thinking (Stewart & Mickunas, 1974:26), in this case about decentralisation of PHCs, were bracketed or suspended for the duration of the research process.

The researcher invoked impartiality during the collection of data, with personal experiences of the decentralisation of PHCs being "bracketed". For instance, none of the participants mentioned that there was a task team on decentralisation on PHCs and MHS. One suggested that the researcher *should* recall the view of the provincial Department of Health on decentralisation, and that it contradicted that of the national Department of Health. The researcher countered this by informing the participant that it was the participant's views, emotions, and feelings that were more essential for study.

Only a limited amount of literature was reviewed, and then only to explore the concept of decentralisation and to define clearly what constituted primary health care services in South Africa. This was used as a form of control in which the findings were contextualised.

4.4.4 Recall Bias

Memory is the ability to remember information, experiences and people (*Cambridge Advanced Learner's Dictionary*, 2003:777). This mental faculty was critical in the study, since the researcher depended on the ability of research participants to recall events that had taken place many years previously. However, there might have been discrepancies in the coherence and consistency of detailing their experiences. Recall or reporting is a type of systematic bias taking place when the way a respondent answers a question is affected not just by the correct answer, but also by the respondent's memory. According to Hassan (2006:1), bias is defined as the deviation of results or inferences from the truth, or processes leading to such deviation. Outlining three classes of bias: selection, information and confounding, Hassan found that, unlike confounding, bias, selection and information bias cannot be corrected or controlled after the completion of the study. He cautioned that, during the planning stages of the research, possible sources of these two biases are addressed and suggested consideration be given to expedient strategies to avoid, or at least minimise them. Hassan (2006:1) particularly identified recall bias as a classic form of information bias that represents a major threat to the internal validity and credibility of studies using self-reported data. This is because research indicates that 20% of the critical details of a recognised event are irretrievable one year after its occurrence, and 50% are irretrievable after five years. Methodological strategies to minimise recall bias include giving enough time before answering to reflect and think through a sequence of events in their life history; and blinding research participants to the research question or hypothesis and specific factors being studied.

Although other studies found no evidence of recall bias, according to Hassan (2006:5), research including reported data about past experiences will always be threatened by the limitations of the individual's memory. Two participants remarked that the experience of 2001 and 2004 presented a challenge to recalling some of the other events.

Probes, which are prompting questions that encourage the respondent to elaborate on the topic, were commonly used to increase detailed exploration. For example, “*tell more about ...*”; “*what do you mean by...*” were frequently used to elicit more responses from participants.

4.5 DATA ANALYSIS

As part of the preparations for data analysis the researcher instituted a participant validation process as part of ensuring verification of the interview data. In order to achieve this validation, transcripts were shown to the research participants and the transcripts sent back to the participants. Each was allocated a week to read through the script and requested to indicate whether it had captured his or her own words, and provided an accurate description of their life-world. It was also emphasised that the researcher would assume that the contents of the transcripts were correct at the time of data collection, even if participants did not respond within one week. Participants were further assured that non-response in this case did not mean that their initial participation would be withdrawn.

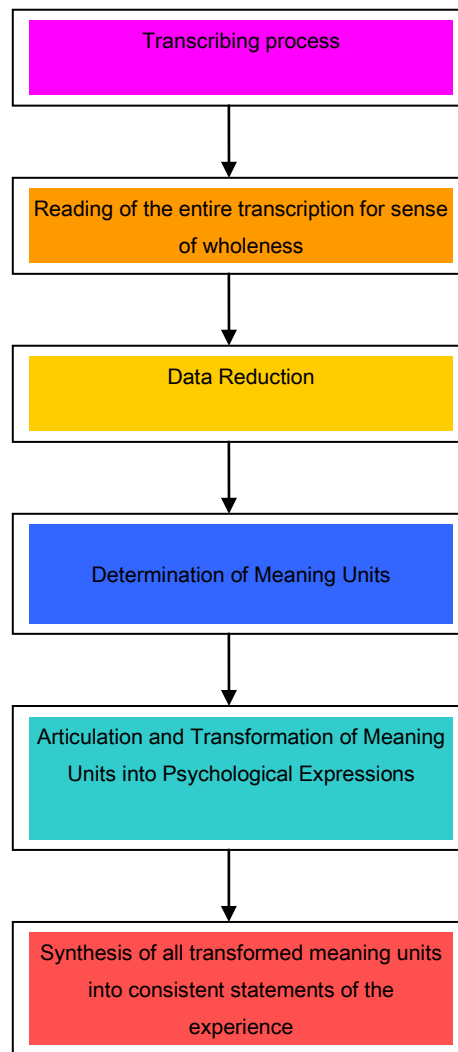
The significance of data analysis is noted by several authors, particularly when data is transformed into information that has meaning and contributes to knowledge production. This transformation is achieved when different techniques and methods are used to analyse data as collected from their settings (Bogdan & Biklen, 2007:159-184; Creswell, 2003:190-195; Crookes & Davis, 1998:173-176). Brink (2003:184-186) shares a similar view to that of Bogdan and Biklen (2007:159-184), that in qualitative research, data analysis and interpretation commence during the data collection phase and continue after it. In phenomenological studies, the researcher searches for common patterns shared in particular instances, often through the identification of essential themes (Polit & Beck, 2004:394). However, in phenomenological investigation it is not critical to generate general trends or patterns for the purpose of generalisations, since the experience of one participant is as important as the collective experiences of participants (Burns & Grove, 2001:596).

This method is underpinned by the five basic principles. (Burns & Grove, 2001:596; Polit & Beck, 2004:394). These are the transcribing process; reading the entire

transcription; the determination of meaning unit; the articulation and transformation of meaning units into psychological expression; and the synthesis of all transformed meaning units. Another important aspect of qualitative data analysis that was added to the Giorgi method was data reduction (Miles & Huberman, 1994:10). In this respect, the researcher followed a modified form of the Giorgi method, the most important aspect of which is that, although the individual elements of the phenomenon are identified, their importance to the phenomenon is not established by the frequency of their occurrences but by the intuitive judgment of the researcher (Polit & Beck, 2004:394). Thus, the analysis procedure adopted six principles, namely the transcribing process; reading the entire transcription; data reduction; the determination of meaning unit; the articulation and transformation of meaning units into psychological expression; and the synthesis of all transformed meaning units.

According to Burns and Grove (2001:607), it is not the intention of a phenomenological study to seek frequency, but a description of phenomenon to the experiencing participant is more important than the quantities of what was described. Using the imaginative variation to obtain the essence of the experience, the researcher seeks to understand how the participant felt about the experience. Therefore, phenomenological qualitative data analysis focused on textural description of the phenomenon and structural description of experience. This meant the researcher focuses on the “what” of the decentralisation of PHCs in Bophirima District, as well as “how” of the experience of decentralisation of PHCs. Figures 4.1 displays the modified method of Giorgi.

Figure 4.1:
Schematic presentation of data analysis



Burns and Grove (2001:596) wrote that tape-recorded interviews are usually transcribed verbatim. Initially, the researcher entered into an ethical agreement with a professional transcriber, who was subsequently contracted. The interviews were conducted in English, however the participants were free to express their experiences in any language with which they felt comfortable, at any point during the interviews. For example, one participant mixed English and Setswana. The interviews were transcribed verbatim.

Burns and Grove (2001:596) recommended extensive reading of the transcription, which involved reading and re-reading each in order to observe emerging themes.

The researcher spent long periods of time reading all the five transcripts, and it was during this phase that the researcher became ‘immersed’ in the data.

Data analysis is a stage in the research process that brings order, structure and meaning to volumes of collected data. In qualitative research, data analysis reveals general statements about relationships among categories of data, while data reduction plays a critical part in relationship-building (Marshall & Rossman, 1989:112). Data reduction is an important phase in the analytical process. According to Miles and Huberman (1994:10), data reduction is concerned with a process of selecting, focussing, simplifying, abstracting and transforming the data that appear in transcripts. It also involved writing summaries, trying out coding, categorisations, teasing out themes, making groupings of data or clustering. At the end of the analysis process, five key themes emerged, namely decentralisation, integration, leadership, community participation and empowerment.

According to this principle, themes were examined and categories developed, representing a higher level of abstraction. It is important to note that themes that do not relate to the research questions are categorised appropriately. Within the five themes that were identified, categories were also identified (see Chapter Five). For instance, decentralisation had three categories, namely deconcentration, delegation and devolution.

A systematic interrogation of each meaning unit was conducted to ensure the phenomenon under study was revealed for each participant. After these themes and categories were identified, a literature control was conducted to describe each concept in relation of the phenomenon of decentralisation of PHCs, and meanings were teased out.

The next phase was a synthesis of all transformed meaning units, seen by Burns and Grove (2001:596) as making decisions according to what to accept as the common experience of the phenomenon. Moustakas (1994:100) concurs that the final phase in phenomenological research is the intuitive integration of the fundamental textural and structural descriptions into a unified statement of the essences of the experiencing of the phenomenon as a whole. By “essence” is meant “that which is

common or universal, the condition or quality without which a thing would not be what it is". The search of the essence of the experience is mediated through imaginative variation. The use of literature was also helpful in this regard. It was important to seek to understand how participants felt about decentralisation. The use of literature in the exploration of concepts (categories) such as positive attitude, self-esteem and self-actualisation was critical in generating deep emotions and feelings of the "self".

4.6 ETHICAL REQUIREMENTS

Literature reveals the importance of ethical issues in scientific studies. The researcher had to anticipate these and ensure strict guidelines and rules were adhered to (Bodgan & Biklen, 2007:48-53; Cresswell, 2003:62-67; Crookes & Davis, 1998:206-218, 320).

In 2006, the researcher made a request through the Departmental Research Committee to the Department of Health in Northwest Province to conduct this study, a request granted in 2007 (Annexure B). The proposal for the doctoral degree was put to the Department of Health Studies at the University of South Africa and approved by the Ethics Research Committee in 2006 (Annexure C).

In order to maintain the confidentiality, privacy and anonymity of the participants, the researcher secured a declaration of confidentiality and signed confidentiality agreement from the transcriber (see Annexure G).

Informed consent refers to the prospective research participants' readiness to take part voluntarily in the study (Crookes & Davis, 1998:206-218, 320). A letter requesting participation in the study, as well as a consent form, were drafted and sent to each participant. The content of the letter outlined the objectives of the study and the rights of the participants (Annexure D). In order to ensure that they would express their views freely and openly, they were assured that their person or identity would be kept private, anonymous and confidential. These issues are central to the process of scientific enquiry (Bodgan & Biklen, 2007:48-53; Cresswell, 2003:62-67). This does not extend to writing, but to the verbal reporting of information that has been learnt through observation. In order to ensure that participants expressed their views,

opinions and feelings freely and openly, their person or identity was protected. They were assured that nowhere in the final report would their names be published (Griffiths, 2009:52).

The safety of participants is an ethical concern and the study did not expose participants to any risk or danger (Bodgan & Biklen, 2007:48-53; Creswell, 2003:62-67; Crookes & Davis, 1998:206-218, 320).

The use of tape recorders, a further issue, is well documented in research (Bodgan & Biklen, 2007:112). Tape recorders are important as supplementary data collection tools, as well as facilitating the writing of notes after the interviews, and for validating the data collected (Cresswell 2003:121). It was important to explain the use of a recorder to the participants and obtain their approval.

4.7 SCIENTIFIC RIGOUR AND TRUSTWORTHINESS

Members of the scientific community have expectations regarding research activities, particularly the truth-value of findings. As a result, fundamental standards have been established. Both positivistic and naturalistic paradigms exert an influence on the nature of a study. It is imperative for the research results to meet scientific, rigorous and robust requirements, if the findings are to be significant. For many years a positivistic paradigm dominated the research environment focusing on predictability and control, but this was found to be inadequate to evaluate the multiple realities of human experience.

The notion of trustworthiness captures the idea of the neutrality of findings or decisions within the research process. Trustworthiness addresses questions such as: “Do measures used by the researcher yield data reflecting the truth? How can an inquirer persuade his/her audience (including himself/herself) that the findings of an inquiry are worth paying attention to or worth taking account of?” (Babbie & Mouton, 2001; Brink, 2006; Polit & Hungler, 1999).

The work of Guba and Lincoln in 1985 has contributed immensely to ensuring that qualitative research findings enjoy respectability and confidence in the scientific

community. Serious qualitative researchers are concerned with the quality of their data collection techniques, stability of data, consistency, and repeatability of informants' accounts, accuracy and truthfulness of scientific findings (Brink, 2006; Polit & Hungler, 1997). In 1985 Guba and Lincoln developed strategies, procedures and a list of criteria in terms of which to evaluate the integrity of qualitative research findings., namely credibility, transferability, dependability and conformability, and these were employed to enhance the trustworthiness of this study. Table 4.1 (below) provides a description of the strategies and activities conducted for the study.

Table 4.1:

Description of the strategies and activities conducted for the study

| STRATEGY | EVALUATIVE QUESTION | CRITERIA | APPLICABILITY |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credibility | In the credibility test there is correspondence between the way the participants actually perceive social constructs and the way the researcher portrays their viewpoints or, in the words of Babbie and Mouton (2001), "there is compatibility between the constructed realities that exist in the minds of the participants and those that are attributed to them?" | <ul style="list-style-type: none"> • Prolonged engagement • Peer examination • Authority of the researcher • Data Triangulation • Method Triangulation | <ul style="list-style-type: none"> • Researcher worked for many hours with raw data from transcribed interviews • The research was discussed with a colleague, a promoter and co-promoter. • The Researcher had a Master's degree and had acquired experience in qualitative research and attended methodology workshops organised by UNISA (2006) and WITS (2004). • Interviews were conducted with five participants • Data were generated through interviews and document analysis. |
| Dependability | Refers to the stability of data over time and under different conditions. | <ul style="list-style-type: none"> • Audit trail | A full description of the research method and methodology was provided. |
| Transfer-ability | Refers to the extent to which the finding can be applied in other contexts or with other participants. | <ul style="list-style-type: none"> • Sample • Dense description • Peer evaluation & investigator triangulation • Code-recode procedure | <ul style="list-style-type: none"> • A purposive sampling method was used. • Peer checking by colleagues and supervision by promoters. • Independent checking by colleagues and supervision by promoters. <p>Consensus discussion between researcher and independent coder.</p> |
| Confirm-ability | This refers to the degree to which the findings are the product of the focus of the inquiry and not of the biases of the researcher, that is, data and their interpretation are not the figments of the researcher's imagination. It also refers to the neutrality of the data, such that there would be agreement between two or more independent people about the data's relevance and meaning. | <ul style="list-style-type: none"> • Audit trail | <ul style="list-style-type: none"> • The researcher used raw data from the interviews with the participants. • Data analyses and conclusions were formulated. |

4.8 CONCLUSION

This chapter described the research design, method of data collection and analysis of the data. It further described the ethical requirements of the study, as well as the scientific requirements to ensure trustworthiness.

CHAPTER FIVE

RESEARCH FINDINGS, NARRATIVE STATEMENTS AND LITERATURE CONTROL

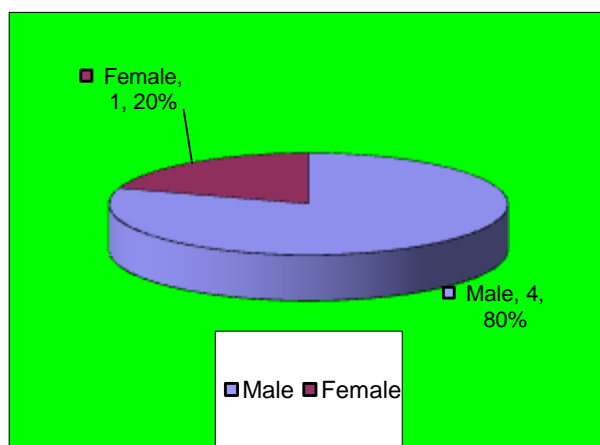
5.1 INTRODUCTION

The previous chapter dealt with the research design, data collection, data analysis, instrumentation, sampling procedure and research ethics. This chapter discusses the analysis of the data in order to elucidate the personal accounts of the participants, their narrative statements, their rationale and the context of the decentralisation of the PHC services in the former Bophirima District, now known as Dr Ruth Segomotsi Mompati District. To attain maximum results from the investigation, five research participants were involved in the research project. The data generated from the research participants was presented, analysed and compared. The combined results of the five research participants were then collated. The findings are presented in a narrative form and the participants' responses are quoted verbatim so as to support the findings.

5.2 SAMPLE DESCRIPTION

The sample consisted of five participants with experience of the phenomenon being researched. The face-to-face unstructured interviews were conducted and tape-recorded in the participants' natural settings, such as offices and homes. The participants had been associated with the Northwest Department of Health, Bophirima Health Districts and Bophirima District Council for more than five years. All were blacks, with four males and one female. Figure 5.1 (below) displays the distribution of the gender of respondents. In part, the discrepancy might have arisen because most leadership positions tend to record a predominance of males. This finding might have been anticipated, however no confusing variables were of any significance in this regard.

Figure 5.1:
Participant's Gender Distribution, 2008



5.3 DESCRIPTION AND EXPLORATION OF RESEARCH FINDINGS

The data generated through triangulation of instrumentation was organised and reduced to facilitate analysis (Miles & Huberman 1994). The superfluous data was put in abeyance while supplementary data was scrutinized for relevance and applicability (Pilot & Beck, 2004; Talbot, 1995). As stated in the Chapter Four, it was essential that data saturation be reached, as this is a cardinal attribute of qualitative research. This enhanced data quality, facilitating the emergence of the themes. Five main themes emerged from the findings during the analytic process, namely:

- Participants' experience of decentralisation of PHCs
- Participants' experience of integration of PHCs
- Participants' experience of leadership
- Participants' experience of community participation
- Participants' experience of empowerment.

Based on the narrative statements that are provided, starting from item number 5.4 to item number 5.8, the experiences of the participants regarding decentralizations are varied and in certain instances ambivalent. More of these experiences are reflected in the narrative statements and further exploration is presented.

5.3.1 Discussion of Findings

The discussion focuses on the experiences of the participants with regard to the decentralisation and integration of primary health care services. It further deliberates on the experiences regarding leadership at district, provincial and national levels. There is further elaboration on the experience of the participants with regard to community participation and empowerment. The findings of this research are divided into major themes and subcategories. Table 5.1 depicts a summary of themes and categories obtained from the data analysis.

Table 5.1:
Summary of major themes and categories obtained from the data analysis

| THEMES | CATEGORIES |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Participants' experiences of decentralisation (5.3.1). | <ul style="list-style-type: none"> • Understanding decentralisation as deconcentration (5.3.1.1). • Understanding decentralisation as delegation (5.3.1.2). • Understanding decentralisation as devolution (5.3.2.3). • Participants psychological and emotional experiences (5.3.3.4) |
| (2) Participants' experiences of the integration of primary health care services (5.3.2). | <ul style="list-style-type: none"> • Context and Nature of Health Policy (5.3.2.1) • Understanding the nature of the integration of PHCs (5.3.2.2). • Challenges of integration as a change process (5.3.2.3). • Managing the challenges of integration as a change process (5.3.2.4). |
| (3) Participants' experiences of leadership (5.3.3). | <ul style="list-style-type: none"> • District leadership (5.3.3.1). • Provincial leadership (5.3.3.2). • National leadership and policy (5.3.3.3). |
| (4) Participants' experiences of community participation (5.3.4) | |
| (5) Participants' experiences of empowerment (5.2.4) | <ul style="list-style-type: none"> • Experience of individual empowerment (5.3.4.1) • Experiences of community empowerment (5.2.4.2) |

5.4 PARTICIPANTS' EXPERIENCE OF DECENTRALISATION

This category refers to data obtained from participants with respect to their collective and individual experiences and perceptions of the decentralisation of PHCs. The experiences of the participants are described in terms of the three forms of decentralisation, that is, deconcentration, delegation and devolution.

Participants expressed much excitement about the experience of decentralisation in North West Province, and the Bophirima District in particular. They noted that there were three instances of decentralisation. In the first instance, they experienced the phenomenon of deconcentration. As regards the second instance, they engaged with delegation and expressed preference for the third instance of the devolution of PHCs, as the following quotations indicate:

“My experience of the decentralisation of the primary health care in Bophirima district is one of excitement and challenge and also that one has learned”

“...I would find that in this particular one is that for decentralisation to function it must be people who are willing to take on the new things...”

“...First of all the implementation of decentralisation at Bophirima follows the background of a decision by national [health] to have district health services as a basis of delivering primary health care in the country”.

Crawford and Hartmann (2008:9) noted that in 1983 Rondinelli developed a typology of different forms of decentralisation, ranging from least to greatest: deconcentration, delegation, devolution and privatisation.

Decentralisation as a concept and policy is universal and its centrality in contemporary theories of public management has attracted both academic interest and suspicion (Crawford & Hartmann 2008:8; Pollitt, Birchall & Putnam, 1998:1). Crawford and Hartmann (2008:8) mention that decentralisation can be regarded as the vertical shifting of competencies and resources from the central state level to territorially defined sub-national levels of government. They further indicate that decentralisation can also include the horizontal process of decentralising competencies and resources at a given level of government through processes such as delegation and privatisation.

In Asia, decentralisation is understood as being essentially the transfer of authority from the central government to regional governments. The regional governments can either be provincial or local (Shiyorama, 2003:7). The South African context suggests that decentralisation implies the shift of power, authority and functions away from the centre (National Department of Health, 2001:5). The Ugandan situation appears to be similar to the South African perspective and is understood to mean the devolution of government powers, functions and responsibilities to local government structures (Assimwe & Musisi, 2007:xix).

Based on the above discussion, it is clear that there is no common definition of what constitutes decentralisation. However, it is important to note the salient characteristics of decentralisation. Drawing from Crawford and Hartmann (2008:8), Shiyorama (in Shimomura, 2003:7) and Assimwe and Musisi (2007:xix), decentralisation can mean the transfer of powers, authority functions and responsibilities from the central government to geographically defined areas such as provinces, local government structures and districts. It can also mean shifting competencies and resources to enable sub-national structures of government to perform those competencies.

5.4.1 Understanding decentralisation as deconcentration

The establishment of the DHS in Northwest province followed the deconcentration model after 1994. A political deliberate decision was taken to set up the DHS with the provincial structures and system. One of the research participants mentioned that he was part of the process of setting up the district health system in the North West province. This development meant that primary health care services and district hospital services were the responsibility of provincial DoH. The experience of decentralisation was expressed in the following words:

“We started with the provincial option which meant that out of the three options that were there – the municipality option, the provincial option and the urgency option – we chose the provincial option”.

“before we go to Bophirima as a province I think we are one of the provinces that are foremost in establishing district health services. You developed

structures up to sub-district level. Basically we had administrative structures, we had management appointed, we allocated budget according to those structures that aligned to the municipality boundaries”.

“Basically, I was instrumental in setting up all the districts in the province and even hiring people-recruiting people – and the necessary skilled people to manage the sub-districts”.

Crawford and Hartmann (2008:9) note that in 1983 Rondinelli developed a typology of different forms of decentralisation. These forms are deconcentration, delegation, devolution and privatisation. Deconcentration is one of the forms of decentralisation identified by Rondinelli in 1983 (Crawford & Hartmann, 2008:9). They state that deconcentration features are the least form of decentralisation, and that deconcentration means the transfer of authority to sub-national branches of the central state, often to line ministry officials based in local areas. It is further viewed as the shifting of power from the central offices to peripheral offices of the same administrative structure (National Department of Health, 2001:5).

According to Kibua and Mwabu (2008:100), deconcentration is the most frequently used form of decentralisation in developing countries. They point out that countries initiated their decentralisation programmes through deconcentration. In addition, deconcentration involves the minimum transfer of power that entails shifting the workload from the central government ministries to offices outside the national headquarters. Kibua and Mwabu (2008:110) add that deconcentration creates a system of field administration, while empowering the staff to use discretion to make decisions in order to allow them latitude to plan, make further decisions and adjust the implementation of central directives to local conditions within the broader framework set by the centre. Oloo (in Kibua & Mwabu, 2008:106) agrees that deconcentration is manifested as low on autonomy and high on central accountability.

The basic structure of the deconcentration model is characterised by its functionalist nature, and the “integrated prefectural model” of French influence. In the first instance, the chief agents of the central administration work in the provinces and districts form part of separate functional hierarchies. In the second model, the principal agent acts on behalf of the central administration and is accountable to the

central administration. The principal agent is thus the executive of the territorial assembly to which specific power, authority and responsibilities have been delegated (Kibua & Mwabu, 2008:110).

In the South African scenario, the establishment of provincial, district and sub-district offices for health was an example of deconcentration. The deconcentration model was implemented after the introduction of universal suffrage in 1994. More importantly, the establishment of regions and health districts was accompanied by the appointment of regional directors and district managers. The establishment of health districts preceded the establishment of the District Health System, in line with DHS policy. Regional directors and district managers were therefore responsible for the day-to-day running of the “peripheral offices” on behalf of the provinces (Department of Health, 1995).

In 1998, the NDoH, led by Director General Dr Olive Shisana, developed a “*Handbook for District Managers*” to guide newly appointed regional directors and district managers on how to set up and operate a district health system for the provision of primary health care services and district hospital services. The handbook stipulates and describes, inter alia, the establishment, management and support of a variety of systems, and the execution of functions related to those systems as follows:

- Governance of the district health system
- Integration of health services
- Human Resource Management
- Financial management
- Transport management
- Managing drugs and suppliers
- District Health Information Systems
- Community participation
- Intersectoral collaboration
- Monitoring and evaluation (Department of Health, 1998).

In the context of this research, deconcentration means that the provincial department of health transfers power, authority, functions and responsibilities to its own peripheral offices to execute on its behalf. For example, district managers who were appointed in the period 1995-1996 were employees of the provincial department of health. The implication of the latter statement is that the peripheral offices (district offices) did not have absolute power and authority over the activities that took place in the territory. It meant that the absolute power and authority still rested with provincial offices.

5.4.2 Understanding decentralisation as deconcentration

Participants further made reference to the delegation as a form of decentralisation. The decentralisation of PHCs, through the delegation stream, came against the backdrop of a national decision by the MinMEC in February 2001. The participants and the political leadership showed that the intention was to decentralise PHCs by means of *delegation* in a manner consistent with the MinMEC decisions of 2001. They also perceived decentralisation as decision-making at a local level where health services were rendered. The sentiments of participants were expressed in the following manner:

“...at the time in Bophirima my sense was that the then MEC for health was totally committed to assuring that primary health care in the Northwest Province is decentralised and that Bophirima be a test case for a particular policy process.”

“...you’d recall that the national policy position was that the original services must not be...let me put it this way; it must take place to category A and C. What is locals? Locals is B, ja. But it must take place to Categories A and C And I think that also demonstrates there was truly this belief that can actually grow out of the experience of delivering services at that level. So basically that is for me what I could say...”

“...First of all the implementation of decentralisation at Bophirima follows the background of a decision by national to have district health services as a basis of delivering primary health care in the country.”

“You see there were two things that happened and I’m not very sure that you see them. I have been talking about two things as if we are talking about one. You know in the whole processes that we have gone through it was a matter of decentralisation of decision-making, but coupled with functional integration. Because there were two spheres. There’s not only this can be a decentralisation within one sphere. In other words, the department of health,

provincial department of health is decentralising. It was not only that. There was decentralisation on one hand; the second one was that of functional integration with another sphere of government.

“And then **delegation** is important in the sense that it allows sharing of responsibility, it allows a quicker decision-making. Delegation would say that no one person can do it. It’s different because delegation can happen at all levels. There can be delegation at the central level, there can be a delegation at the lowest level and decentralisation is just that: Lower levels where decisions are taken and where services are rendered. That’s my own view.”

This study further established that several budget and political speeches by the former MEC showed that there was commitment and the intention to decentralise PHCs to district municipalities (North West Department of Health, 2003). Prior to the decision of MinMEC in February 2001, already the MEC was announcing the future plan for the decentralisation of primary health care services to municipalities. In 2000, during the budget speech, the MEC spoke as follows about decentralisation:

“Mr Speaker, there is commitment on our part and an expectation by the public and our counterparts at local government that once the new municipalities are elected, primary health care services will be *handed over* to them. We would like to decentralise health services to municipalities without compromising the national character of our health services”.

The MEC for Health, in the budget speech for 2001-2002, committed the provincial Department of Health to the decentralisation of PHCs to municipalities:

“After due consideration of the capacity of District Councils, the MEC for Health may **delegate** the delivery of primary health care services to a municipality with the appropriate capacity, support and resources, through a service agreement between the province and the municipality, with clearly outlined performance indicators. We in the North West Department of Health are committed to this framework.”

During the budget speech in 2002, the MEC stated the readiness to decentralise health services in the following manner:

“The project of *transferring* health services to the municipalities is firmly on track... it appears that the Bophirima District Council and the related municipalities will be the first to take over the authority and resources for the rendering of primary health care services...”

In the budget speech of 2003-2004 (PDoH 2003:23-24), the MEC recalled the “key tenets of the declarations, undertakings and promises we made to the people since we were elected for the second term under the leadership of President Thabo Mbeki”. In his own words, he said, amongst other things:

“...to begin the final steps to *transfer* primary health care services to municipalities...we are happy to announce that by the time of the beginning of the financial year of municipalities in July 2003, we will have completed the process of *delegating* primary health care to the Bophirima District and its related municipalities. Honourable Members you may have heard that we are in dispute with Potchefstroom over our intentions to provincialise primary health care services that are currently **delegated** to that municipality. First, I want to assure members that while the precipitating event was an annoying incident of the withholding of services from the community over the festive season, our decision is not a hostile takeover. We have had extensive consultation with the community of Potchefstroom.”

Reddy (1999:17) and Brijlal, Gilson, Mahon, McIntyre and Thomas (1998:11) define this form of decentralisation as involving managerial responsibility for defined functions. The responsibility is transferred to organisations outside the government structure.

Tanzania and Zambia in the Southern African Development Community are examples of countries that delegated responsibility to teaching hospitals (Brijlal et al., 1998:11; Mills et al., 1990:16). Shimomura (2003:7) distinguished two types of deconcentration, namely decentralisation centred on the field offices of line ministries and the other based on agency delegation. He regarded agency delegation as the assignment of authorities by the central government to provincial and local governments; and also the transfer of functions from provincial to local governments.

The most critical factor in the delegation of responsibility is that the central government retains the authority. For Bossert et al. (2000:1-2), delegation is a form of decentralisation that describes the transfer of authority, functions and resources to an autonomous private, semi-public or public institution. The central government defines programmes and a range of activities, and it retains full authority and power over certain services while delegated agencies are accountable to it.

The above discussion shows that decentralisation in the form of delegation was a prescribed position by the MinMEC in February 2001. It is important to note that the former MEC for Health was generally consistent in the articulation of national policy of decentralisation. His political and budget statements demonstrate the commitment, willingness and trust that the decentralisation of PHCs should have taken place at local government. It has been observed that several concepts were mentioned, including take-over, transfer and delegation, all of which appeared to have similar meanings at the time.

In the South African context, delegation meant the transfer of authority and managerial responsibility over PHCs to district municipalities. This meant that the Bophirima District Council was therefore identified to assume managerial responsibility and its authority with regard to PHCs. The delegation was intended to transfer the PHCs to the local government sphere, in particular, to the district level of the local government sphere. This was the essence of the MinMEC decision of 2001 (Department of Health, 2001:13). However, it must be stated that the position of North West province, under the leadership of the former MEC for Health, had been that this delegation should take place between the provincial department and local municipalities (category “B”) of the Bophirima District Council (category “C”) through the signing of a Service Level Agreement (SLA) as a mechanism envisaged in the Constitution of the Republic of South Africa.

In view of the above discussion, the delegation of responsibilities to local government (i.e. district municipalities) was limited. This limitation placed on district municipalities was a result of the central department exercising overall accountability. This meant that low autonomy was therefore going to be a characteristic of local government over PHCs. The planning, the budgeting and overall management of PHCs would still require provincial mandates and decision.

5.4.3 Understanding decentralisation as devolution

Research participants and the political leadership of the province mentioned that there was preference for devolution. This preference was expressed in the following statements and in 2000, during the budget speech; the MEC said of decentralisation:

“Mr Speaker, there is commitment on our part and an expectation by the public and our counterparts at local government that once the new municipalities are elected, primary health care services will be handed over to them. We would like to decentralise health services to municipalities without compromising the national character of our health services.

“ And what is also...what I also liked about it was that with *devolution*, if it has gone the whole cycle, it would mean that even *he himself may have to go into the municipality and become a full-time employee of the municipality*, not the Department of Health. but in North West the position was that whilst we will start with a category C district, but the idea is to push it as soon as possible to the **locals (meaning local municipality)**”.

“we reiterate our commitment to ensuring that the *devolution* process will not have the unintended effect of compromising the national character of our health services. In fact, where all the necessary co-operation and the conditions for **devolution** exist, we are ready to move.”

Bossert et al (2000:1-2) define devolution as the “cessation of sectoral functions and resources to autonomous local government, which in some measure take responsibility for service delivery, administration and finance”. Mills et al. (1990:11) state that this stream represents a much more radical restructuring and ensures the political accountability of the local electorate. The defining features of a devolved unit are described as follows:

- Statutory recognition of the right to conduct their own budgetary arrangements
- A clear legal existence with corporate status
- Legal and legitimate geographical boundaries
- The authority to make decisions on the allocation of resources involving revenue raising and expenditure, personnel management and logistics management
- A multifunctional role
- The appointment and election of key representative members from different constituencies to higher levels of government.

There is an agreement between Collins (1994:72) and Mills et al. (1990) that this stream involves the “transfer of functions or decision-making authority to legally incorporated local governments, such as states, provinces, districts and

municipalities. Although devolved units are not completely autonomous, they however possess greater autonomy than deconcentrated units.

According to Mills et al. (1990:20) and Perez, Alfiler, Victoriano and Bautista (1995:29-31), devolution is the most radical form of decentralisation, and is also regarded as democratic decentralisation. According to Crawford and Hartmann (2008:9), to devolve means to transfer power and resources to sub-national authorities that are both relatively independent of central government and democratically elected. Crawford and Hartmann (2008:9) further note that decentralisation has undergone a shift in emphasis from deconcentration in the early 1980s to devolution in the 1990s.

Wadala (in Asiiimwe and Musisi, 2007:41-44) stresses the point that in Uganda a devolution stream was selected as the best form of decentralisation. Devolution in this context is characterised as follows (Asiiimwe & Musisi (2007:xix):

- To transfer real power to the districts and thereby to reduce the workload on remote and under-resourced government officials
- To bring political and administrative control over services to the point where they are actually delivered and thereby improve accountability, effectiveness and promote peoples' ownership of programmes and projects executed in their districts
- To free local managers from central government constraints to, in the long term, develop organisational structures tailored to local circumstances.

Ethiopia also made a conscious constitutional decision to emphasise devolution as a form of the decentralisation of health services. The express purpose was that of empowering citizens and the transferring of power to lower levels of government. Devolution in Ethiopia was not confined to the health sector. For instance, the responsibility for expenditure and revenue in the education, health, sanitation and water sectors were devolved to the different tiers of government (Garcia & Rajkumar, 2008:7). In addition, the most important aspect of the devolution process in Ethiopia was that the fiscal transfers of central government took place at the regions through the federal grants system (Garcia & Rajkumar, 2008:19).

Oloo (in Kibua & Mwabu, 2008:107) states that Kenya initially experimented with the deconcentration model and was intended to tap the views of the local elite. Also, the new quest for devolution in Kenya was a reaction to the failures of the centralised post-colonial state and its unfair and irrational resource distribution. This was due to deconcentration did not having resulted in political decentralisation, and hence did not contributing to participatory democracy.

The Kenyan perspective suggests that devolution enhances democracy and reconstitutes the state in a democratic manner by providing a process at the local level through which diverse interests can be heard and negotiated, while resource allocation decisions can be based on public discussions. Shiroyama (in Shimomura, 2003:7,11) records that the decentralisation effort in the Asian countries such as Indonesia, Korea and Thailand took place in the 1990s. The process of decentralisation followed legal and constitutional changes to guarantee decentralisation as a fundamental policy of governments. However, he remarks that policy statements on devolution were made in order to prevent declarations of independence by East Timor and the Special District of Aceh.

Most countries have chosen the devolution stream as a strategy to enhance participatory democracy and to strengthen community participation at local level. Oloo (in Kibua & Mwabu 2008:109) agrees that devolution is characterised by high autonomy and local accountability, and in the devolution context that local units ought to have clear and legally recognised geographical boundaries over which they exercise authority and within which they perform public functions. Such functions must also possess the necessary corporate status and the power to raise sufficient resources to carry out specified functions.

South Africa was also clear that devolution was an important strategy for development planning. The creation and establishment of local and district municipalities in South Africa is a major achievement because every part of the geographical space represents a legal entity. Devolution is also a constitutional guarantee in South Africa, however it is specifically defined for municipal health services (NHA, 2003). This has set South Africa apart from other countries mentioned in the literature regarding the decentralisation of health services. The

MinMEC decision in 2001 on the devolution of MHS provided a strong basis for local decision-making and planning in the domain of environmental health services.

North West Province had intended to approach decentralisation of PHCs from the perspective of devolution, meaning it was prepared to devolve complete power, hand-over power, authority, function and responsibility for the planning and management of PHCs to the local municipalities and not only the Bophirima District Municipality.

The research findings indicated that devolution was desirable or preferred for the decentralisation of PHCs in the Bophirima District, as articulated by the MEC and shared by the research participants. Although devolution encompasses high autonomy at local level, it requires a high degree of accountability. Northwest province was prepared for this eventuality.

5.4.4 Participants Psychological and Emotional Experience

5.4.4.1 Experience of Joy

The reactions, thoughts and feelings of participants toward the decentralisation of PHCs were characterised by a sense of excitement and joy. It was more exciting, enthusiastic and joyful because Bophirima District, as rural district, was chosen to be a pilot site for the decentralisation project in the Northwest province. The emotional and psychological reactions were so intense because participants with their political leadership believed that Northwest had demonstrated experience in developing the DHS at the level of local government, particularly at sub-district level. It would be possible to further strengthen decentralisation effort with local government setting.

“My experience of the decentralisation of the primary health care in Bophirima district is one of *excitement* and challenge and also that one has learned”

“The *excitement* was brought about by that we as a district was chosen to test what has never happened before, whereby we were entrusted with the responsibility of testing whether this is possible or not”

“...you’d recall that the national policy position was that the original services must not be...let me put it this way; it must take place to category A and C. What is locals? Locals is B, ja. But it must take place to Categories A and C “And I think that also demonstrates there was truly this belief that can actually grow out of the experience of delivering services at that level”

It is rather unusual to have a strong positive emotional connection with a policy process that was meant to shift responsibility to another level of government with new conditions of services, new leadership styles, organisational settings and expectations. According to Strasser (1999:121), the concept of joy refers to an acutely intense reaction and can be attributed to specific events, as in the decentralisation experience of Bophirima District. However, Strasser (1999:121) cautions that joy need not always be positive, and that it can also be negative. He describes instances where people were joyful and happy when others were killed. For instance, he records that the Nazis were joyful at witnessing the torturing and killing of innumerable people. Furthermore, in Serbia, Milosevic gloated about his victory in ‘ethnic cleansing’, where many people were killed also.

Despite the negative connotations of joy described by Strasser (1999:121), there are also positive aspects to experiencing moments of joy. According to Kast (1991:45), joy is the state in which one is least likely to reflect on oneself. In addition, the presence of a positive emotional state promotes self-trust, self-confidence and self-acceptance. Strasser (1999:122) agrees that through reflection of challenges imposed by events, an individual is able to explore his or her worldview and challenge the discrepancies. It is through this reflection that one’s sense of being and purpose is enhanced, which in turn increases the joyful experience. This experience increases one’s capacity to appreciate others and the surrounding world. Strasser (1999:122) adds that joy also creates a bond and oneness with others.

According to Vaughan (2000:38), there is a connection with positive emotion and optimism. She states that when one is feeling happy, excited and interested, one’s perspective on the past, the present and the future is likely to be optimistic. She emphasises the need to pull oneself out of negative emotions and focus on what appropriate perspectives are available to engage with events.

There is a deep recognition that problems, challenges, inconsistencies in life experience will be present with human beings as societies and civilisations become more complex. In these contexts human beings will be troubled and experience moments of despair. Kast (1991:46-47) accepts that life always presents resistance against which individuals must rise, and points out that human beings are consistently experiencing “our normal weightiness”, which limits a sense of elevation, because joy is without anxiety.

It is thus important to reflect on these experiences and in doing so to recharge them to experience their fellowship with others and see matters from another perspective. The experience of light-heartedness, fantasy, excitement and inclination towards transcendence is important, even in the face of challenges arising from decentralisation of primary health care services.

5.4.4.2 Feeling of Helplessness

The excitement that came with the pronouncement of decentralisation was dampened when decentralisation as devolution was not followed through by the provincial department of health. The rigidity of the national leadership was also an important factor in the lack of progress towards devolution as a preferred form of decentralisation of PHCs to local government in the Northwest province. There was a feeling of unpleasantness, sadness and discomfort on the participant’s side with regard to the inability to persuade structures of national leaderships such as the MinMEC with regard to the Northwest position of devolution.

“...you’d recall that the national policy position was that the original services must not be...let me put it this way; it must take place to category A and C. What is locals? Locals is B, ja. But it must take place to categories A and C ...And I think that also demonstrates there was truly this belief that can actually grow out of the experience of delivering services at that level. So basically that is for me what I could say...”

Lovallo (1997:106) characterises uncontrollable stress as the cause of a sense of reduced control in the face of threat, and in turn a loss of control gives rise to a sense of helplessness. According to the *Oxford Dictionary of Current English* (2006:423),

helplessness is state of being unable to act or defend a point of view. It is also refers to state of feeling that one reaches a point at which one feels no longer useful.

Rainer and Brown (2007:242) add that helplessness is characterised by loss of personal control and meaning when faced with a situation with which one cannot cope, or one has too few options available to manoeuvre. These are defined as psychological disruptions, and result from a crisis or an inability to present new ideas on resolving an impending problem. Rainer and Brown (2007:242) recognise the role of Seligman in the development of the concept of learned helplessness, notably in empirical work in 1975 on psychological stress. He coined the term “learned helplessness” to describe sense of lost personal control in response to a crisis. They further add that helplessness may be accompanied by a lowered sense of esteem, a general disinterest in life and increased probability of additional victimisation.

Rumbold (1986:23) locates helplessness in the context of pastoral care and terminal illness, stating that he became gradually persuaded that responses to death are one example of general human responses to uncontrollable situations and the associated feelings of helplessness. According to Rumbold (1986:23), feeling helpless is to be in a situation where the outcome cannot be altered by any action one might take. In the context of death, people generally deny that they are powerless when faced with a loved one who is terminally ill. He argues that instead of acceptance of uncontrollable outcome, people choose to believe that somewhere a cure can be found.

Sadness is also a negative emotion associated with unpleasantness of the situation or event. It is experienced in the face of an event described as unpleasant or to a goal lost or not attained (Lewis & Haviland-Jones, 2000:607). There is a difference between sadness and fear, the former being distinguished by being a response to an event that has already taken place. Whereas, the latter is a response to an anticipatory event.

The above discussion indicates that whereas feeling helpless signifies loss of importance and control, the feeling of being in control of the immediate environment is an important aspect of human motivation to exist. In this instance, to feel or experience helplessness is associated with reduced control of the immediate

environment, loss of self-esteem and loss of meaning. Because the provincial department of health could not persuade the national leadership on the preferred stream of devolution of primary health care services to local government, there was a feeling of personal loss and meaning in the decentralisation process.

Most professional interventions suggest that the feelings of helplessness in the face of uncontrollable event should not persist for a long time. Consistent exposure to situations perceived as beyond the control of the individual have psychological and health implications. It is therefore important that, at the personal level, a move towards recovery or acceptance is initiated (Rainer & Brown, 2007: 244). Recovery from feeling sad and helpless, or acceptance toward a perceived national position, requires that people master a number of strategies to make meaning and cope with the general discomfort associated with perceived loss of meaning in policy process. Rumbold (1986:33) agrees that there has to be point at which individuals reach understanding or find meaning in the situation that cannot be solved. Rumbold (1986:33) adds that it is important to reach this level of understanding because the person who can find no meaning will be helpless, depressed, resigned and hopeless.

According to Lovallo (1997:79) and Rainer and Brown (2007:257), there are problem-focused and emotion-focussed strategies that could be used to move forward and accept the situation as it was. Problem-focussed strategies are characterised by attacking the problem. The salient features of the strategies are that there is a need for information to alter the event, or alter the beliefs about the event or process. By seeking more information about the nature of the problem, individuals feeling helpless are able to increase their level of awareness, knowledge, and range of behavioural and cognitive options in dealing with the problem. These sorts of strategies are costly in terms of time and energy to look for answers to questions that are beyond the control, authority and responsibility of the individual persons affected by the event or decision to pursue other policy directions. The emotion-focussed strategies calls for psychological changes that are primarily designed to limit the degree of emotional disruptions caused by an event, with minimal effort to alter the event itself (Lovallo,1997:79).

The research has thus indicated that decentralisation in the health sector in Northwest province was experienced in the development and firm establishment of district health system (DHS). This experience shows that districts, provinces and the national level were working as partners as DHS evolved. The experience further indicates that the evolution of DHS was premised on the notion of deconcentration. This meant that provinces were responsible and accountable for all health services at the time of DHS development.

The MinMEC (2001) decision to decentralise PHCs to local government was an important milestone in the deepening democracy and accountability at a district level. This decision did not sit well with Northwest province, as it did not acknowledge the experience of Northwest DHS capacity at local level. The receiving district municipality would have a limited role in terms of autonomy. Theoretically, any transfer of PHCs to district would still require a provincial executive input in terms of planning and resource mobilisation.

In view of limited opportunities inherent in the delegation, Northwest province had argued for a greater role for municipalities in the decentralisation of PHCs. Instead the province suggested a devolution route. The research has observed a consistent pattern on the desire for NW province to transfer, hand-over, power to local municipalities against a national perspective of district municipality. The NW position was therefore theoretically sound. It was a pragmatic one, because NW believed sufficient management and technical capacity existed at the local level for devolution of PHCs to take effect. This capacity meant that management and technical capacity of the province would be ceded or devolved to the local levels of government.

Decentralisation had received positive feedback from research participants. Although they acknowledged that challenges were inherent in the process, they were willing to learn new things, as before. In the mid 1990s and early 2000s, decentralisation was an enjoyable and exciting experience for participants. The lack of fulfilment of the devolution dream was a real setback for NW. Bophirima District did not have an opportunity to experiment with this process of strengthening accountability and service delivery at local level, “where service are rendered.” A sense and feelings of sadness and helplessness described the experience of decentralisation in 2000s.

However, Rainer and Brown (2007:246-249) contends that coping with uncontrollable event allows people to emerge with new coping skills, broader priorities and richer appreciation of life. By generating meaning of the problematic situation, people are able to reduce the discrepancy between the individual's current situation and desired goals to a manageable level. In this instance, the individuals maintain a working construction of reality and accept the inevitability of an uncontrollable event, decision and process.

5.5 PARTICIPANTS' EXPERIENCE OF INTEGRATION OF PHCs

This category refers to data obtained from participants regarding their collective and individual experiences and their perceptions of the integration of PHCs. The category further prescribes the context for integrations, describes what constitutes integration, maps the challenges of integration and further describes management approaches to coping with the change process.

5.5.1 Context and Nature of the National Health Policy

The researcher found that the participants were also concerned with the integration of PHC services as an important implementation process. It is important to contextualise the discussion on integration as policy position of the South African government. This contextualisation will address the nature of national health policy on the delivery of primary health care services. One participant described the circumstances that warranted a discussion with the leadership of the provincial department of health as follows:

“We appreciated because we had been to the MEC to say: “Look, the services given to our people especially in the rural areas are not adequate. There are infrequent visits of nurses, of doctors and even of ambulances”.

“...provided for in the local authority or local government, because they were providing some sort of a mini type of primary health care that were personal health services and non-personal health services, not a comprehensive package...”

The policy, legislative and constitutional contexts mandate that the facilitation, promotion, provision and responsibility for comprehensive PHCs are the

responsibility of the provincial department of health, while the MEC for Health is obligated to ensure the implementation of these provisions in line with the national health policy (National Department of Health, 1997; NHA 2003). These provisions underscored the formulation of the MinMEC 2002 decision on the integration of PHCs. In this context, PHCs were therefore the responsibility of provinces and the accountability rested with the provinces in terms of planning, funding and financial management. The integration of PHCs into the provincial structures was intended to overcome fragmentation and the duplication of similar packages of services straddling the two spheres of government (National Department of Health, 1995). The National Health Act 61 of 2003 affirmed the Constitutional imperatives on the constitution of the MHS, stipulating that the following constitute a package of MHS:

- Water quality monitoring
- Food control
- Waste management
- Health surveillance of premises
- Surveillance and prevention of communicable diseases, excluding immunisations
- Vector control
- Environmental pollution control
- Disposal of the dead
- Chemical safety, but excluding port health, malaria control and control of hazardous substances.

Previously, the “old” National Health Act of 1977 empowered municipalities to render certain health services (Health System Trust (HST), 1999:3). The latter point supports the historical view that the rendering of PHC services at municipal level was not comprehensive and integrated as stipulated in the White Paper on the Transformation of National Health System (Department of Health, 1997) and the policy on the District Health System (Department of Health, 1995).

The essence of the discussion with the province showed that the leadership of the district was acutely aware of the demands of the health policy on issues of access

and the quality of health care services to communities in the district (National Department of Health, 1997). The issues of access to and the provision of quality health services are constitutional fundamentals as enshrined in the Bill of Rights (RSA Constitution, 1996:Ch.2). For the past 15 years, the Health Sector Transformation Framework has emphasised improving access through a programme to build and upgrade clinics, as well as the increasing the availability of essential medicines (Department of Health, 1999).

It must be emphasised that, although the constitution (RSA, 1996) did not specify clearly which health services are being referred to, it has been understood that these health services, in terms of the budget reform process in 2003, meant PHC services. Given the historical legacy of the fragmentation of the health system, it was significant for the leadership of the district municipality to have a good grasp of the constitutional and regulatory fundamentals governing the provision and rendering of PHCs. In addition, the leadership of the district council supported the new constitutional imperatives through interaction with the political leadership of the provincial department of health.

5.5.2 Understanding Integration of Primary Health Care services (PHCs)

The previous findings on decentralisation emphasised the importance of transferring power, authority and responsibility to structures outside the central office of the department of health, that is, from the provincial sphere of government to the local sphere of government. This research also found that the integration of health services, particularly PHCs, was another step towards the full implementation of the DHS. Thus, in addition to the decentralisation of PHCs, the policy of the integration of PHCs was pursued in the district of Bophirima and the following narratives capture the views of participants as regards the integration of PHCs into the provincial structures of the Department of Health:

“You see there were two things that happened and I’m not very sure that you see them. I have been talking about two things as if we are talking about one. You know in the whole processes that we have gone through it was a matter of decentralisation of decision-making, but coupled with functional

integration... There was decentralisation on one hand; the second one was that of functional integration with another sphere of government.”

“Because there can be decentralisation in the one sphere and then integration has its own challenges whereby you have to say: “Do we share resources. How do we regulate sharing of the resources?” In this instance there was functional integration we had to see whereby the municipal staff had to drive government vehicles. We had to regulate this both ways. The HOD had to give authority to say that my vehicle can be driven by a person that they have not employed – which are employed by the municipality”.

Functional integration is a concept with different meanings for different people. According to Lenneiye, Engelbrecht, Volkwyn, McCoy and Sanders (1998:26), integration is understood as the bringing together of different functions and activities within and between organisations to address common problems and to meet shared objectives. Lenneiye et al. (1998:26) further regard integration as the provision of all the components of comprehensive health care: preventive, promotive, curative, rehabilitative and palliative. At a more fundamental level, integration requires the participation of other sectors such as education and welfare.

Toomey [sa:13] suggests that integration requires getting people from different authorities to work together to achieve rationalisation, sharing resources, eliminating duplication and improving efficiency. Integration brings into being a paradigm shift from an emphasis on one’s own health authority to all the collective authorities. The Department of Health’s (2003:3) view on integration is very explicit and expresses the need for a structured co-operation and collaboration between provincial and local government health authorities. The purpose of such a structure is to reduce fragmentation and duplication, enhance integrated service provision and increase efficiency and quality of primary health care. The Department of Health (2003:3) further emphasised that the integration would take place in the absence of legal, financial and administrative integrated governance and management structures. This means that both the local and provincial spheres of government would need to create informal structures, since the National Health Act 61 of 2003 would not yet have been promulgated. The essence of integration is that it creates a deliberate need for different spheres of government to work together to resolve common challenges that confront the delivery of a unified system of healthcare. In the context of South Africa, integration entails cooperation between the spheres of both the provincial and local governments. Integration also meant that the management and organisation of health

services in a district would fall under a competent local authority or provincial authority.

In the Bophirima District, integration meant that PHCs that previously fell under the management of the district council would then become the responsibility of the provincial health department. In the context of a deconcentrated DHS the management of the health district would take full responsibility for PHCs for the health district and district municipality. Furthermore, the integration was important to ensure that individuals and communities had access to a more comprehensive and integrated essential package of services that the district municipality had been unable to offer.

5.5.3 Experience of the integration of PHCs

The research further revealed that participants, together with their employees, were concerned with the integration of PHCs as an implementation process. Participants reported that, despite the political agreement envisaged in the Memorandum of Understanding (MoU), the integration process was confronted with problems. These problems were identified as being centred on conditions of service, including the remuneration structure as people move from the employment of the district municipality to that of the provincial department of health.

Different negative emotions, such as anxiety and fear, were expressed during the change from the municipal to the provincial authority. Municipal staff members were anxious and feared that they would lose their pensions and vacation leave days. They were also concerned about being supervised by new managers under new rules of the public service, as well as a new organisational culture and new systems. For instance, it is a requirement in the public health sector to work during holidays, over weekends and on public holidays, but this is not common practice in the municipal health sector. The public health service constituted a new reality and at same time it became an inherent threat to the municipal employees. They were accustomed to working from 8h00 until 16h00. In terms of the new organisation, they would have to be prepared to work after 16h00 or even on night shift. The following narratives reveal the concerns of participants:

“...That did not come without its own challenges and problems. The first challenge was; the municipalities were graded differently. You would find in municipalities with higher grades – for instance the Klerksdorp, the Rustenburg and so forth – and then you find the lower graded municipalities like Vryburg which then meant that the conditions of service, the levels of packages are not the same. The time of working is not the same. Most municipal clinics of services would be rendered between working hours either half-past-seven to four or eight to half-past-four five. Which also puts the challenge to government to say beyond those times there is no service. People have no access to such services and they would therefore have to travel long distances to get the particular service.”

“Ok, firstly I think people feared they thought that they will lose some benefit. People feared that if he is in the provincial department of health and she’s the municipal employee, maybe the leave days are going to be affected. People feared that maybe if they are taken over their years of service they are going to disappear and so on. But in this process, people were given for instance the opportunity to exercise their choice. There were people who came to the provincial department who transferred their pensions to the government pension fund and therefore the serviceable years remained. Pension is not affected and it was transferred. There are people who actually resigned and said “I take my pension” and invest it somewhere else. But somehow there was an agreement with the pension funds to say the government and the other pension funds agreement that there can be a transfer of pension funds.”

It is not uncommon for people to display different emotional responses to similar occurrences. It has emerged from the study that employees were concerned about their status of employment and their future in the new employment environment and thus displayed a range of negative emotional responses to the change process. According to Grings and Dawson (1978:62) and Harigopal (2006:272), emotions display the degrees of ability and competencies to cope with environmental contingencies and thus change. Damasio (in Manstead, Fridja & Fischer, 2004:56) confirms the view that emotions allow organisms to cope successfully with a variety of objects and situations that are potentially dangerous or potentially advantageous.

Anxiety and fear are emotional states of psychological over-arousal that are associated with overwhelming feelings of terror and panic (Grings & Dawson, 1978:66-67). Anxiety can be so intense and chronic that, if unresolved, it can disrupt a person’s behaviour. Anxious individuals experience bodily reactions such as palpitations, muscle tension, sweaty palms and trembling. Anxiety induces tunnel vision and stress. Stress on the other hand reduces the range of cue utilisation,

acting both on perception and other cognitive and conceptual skills. Studies show that anxiety affects the individual's level of visual attention and constricts attention with regard to the verbal cognitive domain (Grings & Dawson 1978:180-181).

Feelings of fear, on the other hand, are expressed as a 'fight-or-flight' response to a stimulus, during which an organism mobilises all of the energy that it can muster to fight for its life or to flee from its predator or to escape the catastrophe (Parrot, in Brewer & Hewstone, 2004:16). Anxiety and fear are powerful emotions marked by preparedness for emergency exits from a dangerous situation.

Due to the negative effects of unresolved emotional upheavals in individuals, it is important that organisational change is managed in such a manner that ordinary individuals who are affected by the change process understand the importance of the change and the future implications of the change process. According to Toomey (Sa:30), communication is crucial and remains a challenge during the integration process. Toomey [Sa: 30] added that the establishment of strategic teams and the sharing of reports could be used as attempts to address communication challenges.

Healy (2007:4-6) argues that being trusted by employees, customers, investors, vendors and communities is a very important business objective and emphasises the significance of communication during a change process such as integration. Swindall (2007:179-181) concurs with Healy (2007), with regards to the importance of managing the negative emotions associated with change and states that "...in order to ensure that both management and employees get past these initial fears and stay on task, constant communication regarding progress is critical." Swindall (2007:181) suggests several ways of communicating progress during the change process:

- Create a method to share information
 - Internal newsletter
 - Create a blog
 - Address them in person as leader and manager
- Explain the outcome of the change process
- Host quarterly review meetings.

5.5.4 Experience of Managing the Challenges of integration

5.5.4.1 Memorandum of Understanding (MoU)

This research found that, in order to facilitate the process of integration, political leadership at provincial and district levels needed to develop a Memorandum of Understanding (MoU) on how to manage the integration process. Amongst other things, the MoU indicated that the district municipality should not appoint managers in vacant posts, but instead the provincial department of health would appoint managers in consultation with the leadership of the district municipality.

“...I think that was the process where for the ...how can I put it....according to this process we need to work together, working together..the municipality and the Department, it means, for example, may be, if I put it the way I want to explain it. There was an issue where we have to deal with duplication of appointing managers, for instance, there are processes in section 57 in the municipality, but were on the side of municipality in health, we had an arrangement not to hire managers from the municipality....”

The Constitution (RSA, 1996:Ch.3) dictates that the government of the Republic of South Africa (RSA) is constituted as national, provincial and local spheres of government. It further directs and outlines the principles of co-operative governance and an inter-governmental relations framework for the Republic. Amongst other things, the SAC (1996; sec (h) ((i)-(vi) records the following principles that different spheres should adhere to cooperate with one another in mutual trust and good faith by

- fostering friendly relations;
- assisting and supporting one another;
- informing one another of, and consulting each other on matters of common interest;
- co-ordinating their actions and legislation with one another;
- adhering to agreed procedures, and
- avoiding legal proceedings against one another.

In view of the above injunctions of the Constitution, the North West Provincial Department of Health and Bophirima District Municipality have demonstrated an understanding of the provisions of co-operative governance.

5.5.4.2 *Securing and Assuring Partnership*

This research further found that participants strongly emphasised the importance of a partnership between the provincial department of health and the district municipality as an approach to managing the integration process. This partnership was strengthened by the appointment of one regional director in the Bophirima District. The regional director was responsible for all health services in the district, which meant that there was one single management structure for health services for PHCs, district hospitals services and municipal health services. The success of integration, therefore, depended on the emergent single management structure to deal with the internal organisational dynamics and the differences; thus moulding them into a unity of purpose. The following narrative captures the feelings of the participants with regard to partnership:

“...As I’ve indicated secondly it also became clear at least in my mind about the recipient institution – in this case the Bophirima district municipality - in the person of the mayor and other health managers they were willing to accept *partnership* with our health district to accept the services.

“...I will be really be referring to the district municipality and our own health district, because it was a *partnership*”.

“...I think of all our health districts, partnerships between the department and the municipality was more stronger in Bophirima than in any other health district of the province...And my view is that whether you are rendering services through the province or the district municipality.”

“...I think that was the process where for thehow can I put it....according to this process we need to *work together, working together.....the municipality and the Department...*”

“...Of course it’s not an easy thing. It is a process that is still continuing. With us what we then did when this whole thing started, was to say...we had the head – the person who headed this particular section in this municipality resigned – to be proactive instead of saying that we need to then employ the person on the thing, we then decided to take Mr. M - who was the regional head – then we agreed with the department to say to be able to begin to synchronise the progress and the activities. It’s easier if we have one person handling both sections...”.

Baggot (2007:155-156) states that there is no methodological and conceptual clarity on the concept of partnership. However, some attempts have been made to explicate the concept of partnership as a joint working arrangement, where partners who are otherwise independent agree to cooperate in order to achieve a common goal, establish new organisational structures or processes to achieve this goal, plan and implement a joint programme and share relevant information, risks and rewards. Partnerships are generally more complex and vary according to the formality of arrangements, inclusiveness, style of interaction, the means of governing working in partnership and the degree of voluntarism and autonomy involved.

Despite “methodological anarchy” and “definitional chaos”, and the complexity of comparing and evaluating partnerships, the principles of successful partnerships have been identified through empirical studies (Baggot 2007:156). These are described as follows:

- Acknowledgment of the need for a partnership
- Clarity and realism of purpose
- Commitment and ownership
- The development and maintenance of trust
- Clear and robust partnership arrangements
- Monitoring, review and organisational learning.

The rationale for the formation of partnerships is described by many and the following reasons have been advanced in favour of partnerships:

- To create an integrated, holistic approach to policy and service delivery
- To overcome narrow organisational or departmental perspectives (i.e “silo” mentality)
- To reduce transaction costs
- To reduce overlap and duplication
- To improve co-ordination
- To develop innovative approaches

- To pool resources and expertise
- To share knowledge
- To tackle complex issues which are beyond the capacity of one agency.

According to Mitchell (2005:156), partnerships involve a mutually agreed arrangement between two or more entities. These entities can be public, private or non-governmental organisations (NGOs). The aim of the partnership is to achieve a jointly determined goal or objective or to implement a jointly determined activity for the benefit of the environment and society.

Due to growing complexity and interdependence and uncertainty concerning a number of issues, partnerships are regarded as important for idealistic and pragmatic reasons. The growing public expectations, demand for greater involvement and the lesser willingness to accept that the “experts” know better than anyone else have necessitated the formation of a partnership. Partnerships have been found to help and maintain service delivery in conditions of economic uncertainty and declining public funding for public services.

Partnerships involve sharing work, financial costs and information (Mitchell, 2005:157). Those that are effective and successful have been identified in literature. Such partnerships are shaped by the following key elements:

- Compatibility between partners based on mutual respect
- Equitable representation and power for the participants
- The establishment of communication mechanisms within and across the partnership arrangement
- The need for adaptability and flexibility between partners
- Integrity, patience and perseverance.

According to Geddes (2005:1), partnering involves two or more organisations working together to improve performance through mutual objectives, devising a way for resolving disputes and committing to continuous improvement, measuring progress and sharing gains. The existence of partnerships derives its mandate from several

sources (Geddes, 2005:20). In some instances, partnerships are designed to meet specific public policy requirements. There might be public issues requiring a multi-agency approach and the formation of a partnership might seek a response to a particular issue or proposal. Hence, the partnership might be pursued for mutual benefits.

The relationship between the Provincial Department of Health and the Bophirima District Municipality was described as an important “partnership”, with the emphasis falling on “working together”.

5.5.4.3 Understanding change

The research finding on the development of understanding MoUs underlines the essence of managing and understanding the dynamics of change. It is therefore important to understand the nature of change. The participation of district participants on political structures such as portfolio committee on health at district municipality level was an essential indicator for deepening and leading the integration process. The importance of understanding change through interaction with appropriate structures is described in the narratives:

“The manager who is the manager at the department will come to our municipality and maybe on the portfolio committee meeting which is held on a monthly basis, discuss and then the issues around portfolio committee discuss matters e dilang ka health .advice us ka matters tse dilang ka health so that is why, exampole e ke neng ke ka e tlhalosa ke ya gore go ne go na le memorandum of understanding between department le nna le rona.”

Change is endemic and unavoidable in organisations, so it is important to understand how it affects organisations and individuals. Due to the nature of change, it is anticipated that the change process would experience resistance in itself. Resistance is also endemic and inevitable. The management of change needs to be sensitive to the dynamics of change and it requires the flexing of the senior manager’s muscles at times, and acquiescence at others, in order to navigate around the collusion of power.

Harigopal (2006:272-273) states that it is the nature of individuals to fear and seek change, and that continuity without change leads to stagnation, boredom and frustration, while change without continuity or stability leads to ambiguity, conflict and an inability to cope with the situation. There are times that change is perceived as an opportunity or a threat. Individuals respond to change in various ways. To some, it means the need to learn new skills, new routines and acquiring new relationships, while abounding in the familiar, accustomed and proven ways of functioning. Others regard it as always a threat when imposed on people, yet an opportunity when it is instigated by people. Since change gives rise to emotions, organisations are advised to acknowledge and accept the human emotions at work, and not suppress or deny them.

Their perception of change informs the extent to which people accept or resist change (Harigopal, 2006:276,277). Resistance can take forms of non-cooperation, withdrawal, counter-control activities and even planned sabotage. Some of the reasons for change resistance are regarded as personal loss, negative attitudes, lack of involvement, personal criticism, loss of status and authority and cognitive rigidity. Personal loss was identified as a key concern during the integration process. It encompasses job security, salary and income, pride and satisfaction, job nature, friendship and associations and freedom.

Table 5.2 (below) summarises the meaning of change resistance (Harigopal, 2006:273).

Table 5.2:
Resistance to change

| Resistance to change | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reason | Basic meanings |
| Job security | Change may lead to a workforce reduction, elimination of jobs. |
| Salary and income | Reduction in salary, pay benefits and overtime allowances. |
| Pride and satisfaction | Change may lead to current job skills becoming obsolete or of reduced importance. |
| Job nature | Change may result in jobs becoming simple or complex, necessitating new methods and procedures, the handling of different equipment, the acquisition of new skills and an increased workload. |
| Friendship and associations | The need to move to another location; being separated from close work associates. |
| Freedom | Change may necessitate being subjected to close supervision and change in one's responsibilities. |
| Negative attitudes | Usually from people who do not trust their senior executives due past experiences. |
| Lack of involvement | Not being part of the change process or learning from others (second-hand information); not from the change agent. |
| Cognitive rigidity | Some people do not see the need for change; others see the old system as the best. |

The national Department of Health has developed guidelines for provinces and municipalities on how to implement functional integration (National Department of Health, 2003). The NDoH further anticipated some challenges in the implementation

of the integration process (National Department of Health, 2003:13-14). Amongst other challenging issues, the NDoH foresaw communication challenges, differences in conditions of service, emphasis on the role of local government councillors and governance structures.

Problems were encountered during the integration process, particularly the inability of nurses and provincial and local authorities to work together, although a greater sharing of ideas and willingness to listen to one another has developed (Toomey [sa]: 20; HST 1999:9).

Harigopal (2006:335-338) suggests a number of strategies to cope with change, which include conceptualisation with regards to change, leadership style, communicating changes and overcoming resistance to change. In the context of the research, a conceptualisation of the need for change is considered critical in order to initiate the necessary support for such change processes. Harigopal (2006:335-338) states that organisations need to have compelling reasons for change, for example, in the private sector, external competitiveness, loss of market share and union-management conflicts.

Harigopal (2006:294) regards a participative management style as key to managing change in the organisation. In order to allay fears, misgivings and misinterpretations with regards to change, leaders need to involve their followers or employees in the change process. The participation of other role players carries with it some benefit for both the organisation and the individuals confronted with change. Employee participation can lead to self-discovery of the need for change and thus provides opportunities to learn by their own activities and to exercise control over the outcome. It can also prompt one to move in the direction of group support and lead to the acceptance of change. In addition, participation helps one to relate one's ideas to those of others and thus generate a new perspective. However, Harigopal (2006:294-295) cautions that participation needs to be managed carefully. A climate of interpersonal trust and open communication should exist within the organisation, otherwise participation may create new problems while solving others.

5.5.4.5 Need for Communication

The research further revealed that communication during change is as critical as understanding the need for change. The emphasis on the participation of district participants further strengthens the need for communication during change. One participant described how the provincial health managers would attend monthly meetings the district municipality:

“The manager who is the manager at the department will come to our municipality and maybe on the portfolio committee which is held on monthly basis, discuss and then the issues around portfolio committee discuss matters dealing with health .advice us on matters dealing with health so that is why, example that I gave, it means that there was a memorandum of understanding between department and us...”

The ability to communicate effectively is a requirement for any change process. According to Hughes (2006:158) and Hayes (2007:177), the management of change is a top-down process and therefore the top leadership should initiate communication regarding the change process. He emphasises that employees should occupy a centre-stage in the communication process, being vertical or lateral. Hughes (2006:158) stresses that employees have a strong preference for leaders who communicate change and emphasises the importance of communication as follows:

- Employees prefer hearing about change from management rather than as a rumour
- Early communications allow employees time to understand and adjust
- Employees prefer honest and even incomplete announcements to cover-ups
- Employees learn about changes despite policies of silence.

Hughes (2006:158) further advises that vertical communication occurs through several channels, such as written, communication via hard copy, electronic communication via e-mail, video conferencing, telephone and face-to-face communication on a one-to-one, one-to-group or group-to-group basis. Hughes (2006:162) and Hayes (2007:177) strongly advise top leadership to avoid engendering organisational silence during the change process. The essence of organisational silence is contained in the apparent paradox in organisations that

“most employees know the truth about certain issues and problems within the organisations yet dare not speak that truth”. Organisational silence is characterised by:

- senior managers fearing negative feedback from subordinates and trying to avoid or, if this is not possible, dismiss it as inaccurate or an attack on the credibility of the source
- senior managers holding a particular set of implicit beliefs about employees and the nature of management that makes it easy for them to ignore or dismiss feedback. These beliefs are that:
 - employees are self-interested (centred on the economic model of behaviour, untrustworthy and averse to effort)
 - management knows best and therefore subordinates should be unquestioning followers
 - dissent is unhealthy and should be avoided while unity, agreement and consensus are the indicators of organisational health.

Hughes (2006:163) underscores the importance of dealing with organisational silence by saying that it is important to create effective systems that encourage voice. However, that system requires an understanding of the complex dynamics within organisational systems that maintain and reinforce silence.

Hayes (2007:187) reinforces the view that organisational silence is not good for any organisation undergoing change and it must therefore be avoided because it deprives decision-makers of the opportunity to consider alternative perspectives and conflicting viewpoints on the need for change. It has been found that blocking negative feedback can inhibit organisational learning, because it affects the ability of the managers to detect and correct the causes of poor performance.

The NDoH acknowledged that there were bound to be challenges and advanced ideas on moving integration forward, prioritising political leadership and senior executives to drive the implementation process. It also argued for the establishment of joint management structures and communication across the levels and spheres (National Department of Health, 2003:6).

Wasserman, Gallegos and Ferdman (in Thomas, 2008:187) write about the importance of dancing with resistance in the context of diversity management. Generally, resistance is regarded with trepidation and therefore every attempt is made to conquer it, no matter its form. Wasserman et al. (in Thomas, 2008:186) offer an approach to dealing with resistance, suggesting that it be viewed as an expression that requires an engagement or as a form of data to be understood. In this manner, it can provide important insights for fostering shared meaning. They suggest very strongly that resistance communicates a message of complaints that in turn can yield an invitation to responsibility.

Wasserman et al. (in Thomas, 2008:184) recognise that much of the literature emphasises cultural competence, that is focussing on building the skills of a person. In contrast, they suggest relational eloquence, which is the competence whereby managers continuously engage others in the process of change so as to make sense and generate meaning. This is more critical in a relationship where people hold different views of an experience of the change process. they argue that another way of perceiving resistance is by turning to relational responsibility, and contend that relational responsibility focuses attention on the relationship and the relational, not on the self and the personal. Writing from a social-constructivist perspective, they suggest that thought, values, judgements and conclusions do not spring from one's mind, but are constructed by the "we". In a relationship, an individual's expression of self creates, limits or judges other people's assertions of identity. The self makes space for the coordination of different perspectives or cosmopolitan communications by another name.

5.5.4.6 Participants' positive emotional responses

While municipality staff members displayed negative emotional responses to the processing of the integration of PHCs and functions into the provincial health services, it emerged from this study that leaders at district level expressed positive emotional responses. These participants described their experiences in the following manner:

“I felt it has also has a **great** impact, because as a community representative.”

“So I in the process one would say that **you’ve learned** to take the responsibility, you’ve learned to test new ideas - allowed to test new ideas...”

Ziegenfuss (2006:35-36) emphasises that excitement must be a characteristic of the planning experience, but does not provide a clear definition of what constitutes it. However, he does describe that which characterises it, namely the generation of new ideas, showing up early for assignments, working more hours, working late and talking enthusiastically about new possibilities. Conversely, he observes that individuals with low excitement tend to arrive late for planning sessions, frequently ask what time the meeting will end, and request more coffee to stay awake when the company’s future and vision are discussed. Past relationships between senior executives and general members contribute to the level of excitement in the performance of a task, and if the executives did not regard the ideas and actions of the members as important, the probability exists that the members would display low degrees of excitement.

In her book *Joy, Inspiration and Hope*, Kast (1991) describes joy as a feeling of floating upward, and likens it to a lit lantern and a shimmering of syllables. She confirms that joy is also an emotion that opens up and calls for a public display of excitement, further describing this emotion as feelings of ecstasy towards others, and arguing that the presence of joyous moments in one’s present life displaces backbiting and causes the disappearance of paranoia. Although joy moves individuals upward and outward, it has the inward aspect of helping individuals to experience themselves. It is during the transcendental moment that the need to say bad things about those who think differently subsides.

Some participants expressed a sense of excitement and elation in the unfolding process of integration at Bophirima District. Excitement brings about new ideas and the development of new strategies to handle the emotional well-being of those affected by change. It is during moments of uncertainty and feelings of losing control that a leader needs to display reticence and resilience to followers, so as to bring calmness and thoughtfulness to the need for change.

Kast (1991:44) further characterises a joyous individual as one who develops the capacity to trust him or herself. The trust feeling is accompanied by a sense of self-confidence, self-acceptance and self-esteem. There is a strong relationship between joy and fantasy, the latter giving rise to imaginative feelings. Individuals who are imaginative tend to possess new ideas. Ziegenfuss (2006:35-36) confirms that individuals who possess the feeling of excitement generate new ideas, show up early for assignments, work more hours, work late and talk enthusiastically about new possibilities.

Leading a change processes requires that leaders learn to experience fellowship with their true selves and allow leaders to be lost in the excitement and joy of the present; for they are inclined toward transcendence and the transcendence of present relationships and the world's resistance. Every movement connected with joy, even a quiet joy, is an elevating movement, relieving one of the normal weightiness, causing one to rise and see matters from another perspective (Kast, 1992:.46-48). Followers and ordinary employees in an organisation undergoing change, though it may sometimes be threatening, can perform better by role-modelling leaders who instil confidence and trust in their followers.

It had been established that integration was a policy decision of MinMEC in 2002, in order to strengthen the constitutional imperative of co-operative governance and to further consolidate the DHS. The fragmentation and duplication of the organisation, structure and delivery of health services has been one of the major policy concerns since the introduction of universal suffrage in South Africa. It was against the backdrop of the history of fragmentation and duplication that the MinMEC took a national decision on functional integration of primary health care services in 2002, to reduce the inefficiency of managing a health service by both provincial and local government authorities (NDoH 1995:8; 1997:7).

Despite the need for maximising the benefits of integration of PHCs, the research observed that the integration process was experienced as problematic. Generally, participants were concerned with their conditions of service at provincial level. They were also anxious about how the provincial health department would perceive and address their remuneration packages, such as salaries and future livelihood in the

form of pensions. The guidelines developed by the National Department of Health acknowledged these concerns and suggested that management structures and systems be set up to manage them. Literature sources cited above demonstrate that it is important to set up appropriate structures, systems and process to communicate change. It is through communication of the change process as experienced during the integration of PHC that an improved understanding of the need for change and how change would unfold is achieved.

Although there were challenges, problems and concerns regarding integration, there were psychological and emotional responses. The research indicated feelings of excitement and joy that participants expressed, feelings that showed the participants were more welcoming of the integration process. This change of attitude was an important indicator for the support that the process would receive from participants and their subordinates, and showed that the success of integration of PHC would be maximised if the psychological and emotional contexts appreciated the dynamics of national policy and decision-making.

Resistance to change processes has been variously described by Wasserman et al. (in Thomas, 2008:184, who argue that human beings are rational. This rationality requires that the change processes need to be understood and that the meanings these processes generate must also be appreciated. They emphasise the need for managers to continuously engage others in the process of change so as to make sense and generate meaning. It is the meanings of change that present an experience of change. The experience of change engenders the social reality of the change process.

Mindful engagement is another way of looking at resistance to change. Wasserman et al. (in Thomas, 2008:184) add that groups move through conversational fields such as generative dialogue as individuals engage with change and resistance. Generative dialogue occurs when there are practices of suspension and presenting. Generative dialogue emphasises the need to avoid making hasty judgements about phenomena of change. They state that individuals begin to learn to have their own thoughts rather than zooming in on other people's thoughts. It is through level of

intra-personal engagement that greater understanding of change is appreciated and experienced.

5.6 PARTICIPANTS' EXPERIENCE OF LEADERSHIP

This category refers to data obtained from participants with regards to their collective and individual experiences of leadership across the three spheres of government, namely, district, provincial and national. Participants further described how different behaviours of leadership had influenced and contributed to their sense of mastery, control and competence.

This study showed that research participants experienced leadership at three levels, namely, district, provincial and national. The results further indicated the importance that participants attach to the levels of leadership:

“...Firstly is that once the mayor is an ANC mayor and the ANC supported the process in some localities – typically in Bophirima...”.

“...having worked with him for a few years ... he came out to me as a person who was on the ground so when he talked Bophirima or he talked in general. He knew the terrain, he understood the possibilities in as much as he understood the challenges. And he believed that’s one way we are going to strengthen the public health system in the country. So, for me that probably largely formed his determination to go through...”

“...Well I don’t want to raise issues; maybe contextualise my comment. The issue about **national driving** forces, I’m only raising this in reference to one specific issue...”

“...The other important issue is the **kind of political head** that we had. His ability to comprehend, his ability to engage and allow people to engage him and his understanding of concepts, his understanding of primary health care and district health services, I think enabled the province to move a little bit further than any other province”.

“...It’s a **rare kind of leadership** that’s not easily obtainable and not easily duplicated. Its leadership that makes you to be confident, that makes you think that you are great yourself, that creates that confidence that you can do things...”

The state of leadership is the dominant theme of every institution in business, government and politics. The relationship amongst these institutions is ever-evolving. The notion of leadership has been the centre of many but varied change processes.

Various authors state that leadership is an elusive concept to define (Barr & Dowding, 2008:6; Elcock, 2001:3; Jackson & Parry, 2008:9;). and there are many theories and perspectives on it, ranging from trait theory, a functional approach, psycho-analytic theory, social identity theory, culture, to critical theory (Barr & Dowding, 2008:7; Jackson & Parry, 2008:9).

Owen (in Barr & Downing, 2008:4) postulates that one barrier to the definition of leadership is the belief that leadership is associated with seniority or the position that one holds in any organisation. Owen argues that leadership is a question of behaviour (Barr & Dowding, 2008:4), while Howell and Costley (2006:4) define it as “a process used by an individual to influence group members toward the achievement of group goals in which the group members view the influence as legitimate”.

Leadership is also characterised by diverse styles. For Barr and Howding (2008:16-20) core leadership styles are laissez-faire, directive/autocratic and participative/democratic, while Howell and Costley (2008:62-68) concur that there are various leadership behaviours exhibited and displayed by leaders, notably supportive, directive, participative and charismatic.

Following the above discussion, leadership is a critical element of any group of people or organisation. Every organisation of people requires some type of leadership. It is also indicated that the leadership means that there is a relationship between the leader and the followers, which is noted for its reciprocal influence. Since leadership is a process of influence, the leaders must also expect to be engaged and therefore be influenced in a particular way by their followers.

The discussion further showed that leadership is not only about the senior position that one exercises in an organisation. This thesis holds the view that the behaviour of a leader is as critical as the position that he or she commands in the hierarchy of the organisation. The behaviour that the leadership displays communicates various messages that followers and employees would accept, interpret and internalise. These processes of interpretation and internalisation in turn have an influence on the behaviour of followers and employees. There is a tendency to accept what the leader

says or displays as the “truth” of the organisation. Leadership in this sense is the approximation and representation of the “social reality” of the organisation.

5.6.1 Participants’ Experience of Leadership at District Level

5.6.1.1 Positive attitude

Participants described the style and nature of the leadership of the district, stating that at this level it demonstrated certain behaviours, identified as a positive attitude, passion and commitment. These made it easier for provincial role players, such as the Member of the Executive Council (MEC) for Health and senior managers of the provincial department of health, to interact and engage with leadership at the district level during the decentralisation and integration processes of PHCs.

One participant emphasised the importance of a positive attitude as a behaviour displayed by the leadership of the district, particularly the Executive Mayor of the district council, calling it the “distinguishing feature with Bophirima”.

“...But I also...one of the things I found exciting about the process was a realisation that sometimes it’s not just about technical competence when dealing with a process of this nature; it’s about the attitude to the process...”

“...Ja. Actually in my dealings with Bophirima I came to realise that they have a positive attitude about many issues...”

“...You see Bophirima is a poorly resourced city but over the years I was involved in the process and other health processes. They never allowed their context as a poorly resourced city to impede them to the best of their ability from rendering services...”

“...So I say attitude because they did not appear overwhelmed by this prospect, you know. And the experience I had with Bophirima even before this was assigned, and Bophirima in this process let me also explain that I will be really be referring to the district municipality and our own health district...”

“...I’ve always found that they have what you could refer to as “I can” attitude despite all the odds. If you are positively inclined towards doing something it will be done. And I also found that their attitude towards some of our policy issues like community involvement was quite solid...”

“...And I think it was because of this positive attitude towards doing things. I’ve also found that it is at least ... in my view it is at least because of this

attitude that you had such a strong presence of active governing structures in that area...”.

“...The other experience maybe the other issue is the attitudeof management and the community representatives I’ve worked with...”

Human beings live in the universe and occupy social spaces in the social world, therefore There is a constant interaction with everything that is social. In this context, people attach great significance to everything around them and thus have an attitude towards the social world and its realities.

According to Feldman (1999:609), the concept of attitudes refers to *learned* predispositions to respond in favourable or unfavourable manner to a particular person, behaviour, belief, or even a thing. Attitudes are a person’s predisposition to think, feel, and behave in certain ways towards defined targets such as people, behaviour, beliefs and rituals, including symbolic representations of subjects and objects. Attitudes consist of affective, cognitive and behavioural components (Arnold, 2005:241; Goldstein, 1994:733).

Social psychologists regard the term *attitude* as referring to an individual’s capacity to evaluate everything in the social world (Baron, Byrne, Branscombe 2007:92). Chapman (1992:5) stated that an attitude is the manner in which a person views his or her environment and future. Goldstein (1994:733-734) wrote that attitudes do not occur in a vacuum, but can be learned, acquired and developed through different but related processes of social learning. The commonest processes are classical conditioning, instrumental conditioning, observational learning and experience (Baron et al., 2007:96; Goldstein, 1994:736-737; Malim & Birch, 1998:649-653). Table 5.3 (below) provides descriptions of each process of social learning.

Table 5.3:
Types of social learning processes

| Type of social learning | Descriptions of examples and meaning |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Classical conditioning | <ul style="list-style-type: none"> • People develop associations between various objects and the emotional reactions that accompany them. • People may come to hold a positive attitude toward a particular perfume because a favourite person, like an aunt, wears it. • Advertisers link the product they want consumers to purchase with a positive feeling or event. For example, in order to create a classical conditioned response, companies will link an advert of young, healthy men and women with uninteresting object such toothpaste. |
| Instrumental conditioning | <ul style="list-style-type: none"> • Attitudes that are reinforced (followed by a favourable outcome) verbally or nonverbally tend to be maintained. • Behaviours that are followed by positive outcomes are strengthened and tend to be repeated verbally or non-verbally. • Individuals learn attitude vicariously through television, films and other media. Children learn to pick up the prejudices of their parents, particularly when the person has no direct experience with the object. It is important to emphasise that such behaviours are rewarded only if the rewarded regard them as 'right'. |
| Observational learning | <ul style="list-style-type: none"> • In the modelling, the learner observes and repeats the behaviours of others, i.e. those they perceive in others, such as their parents, and in the media. |
| Direct exposure | <ul style="list-style-type: none"> • The most effective ways of attitude formation is through personal experience. People tend to evaluate their own experiences and then make judgements on the object/subject of their reconstruction and perception. |

Human beings are therefore capable of passing judgement on anything that they encounter in their dreams of transcendental and self-actualising life. These judgements can either be regarded as positive or negative toward the object of the

predisposition. The other important aspect of the attitude is that no human being is born with an attitude. In the course of lived life and the general development of an individual, these attitudes are formed.

Positive psychology is a study of optimal human functioning, with the aim of changing the focus of theory and practice in some fields of psychology from preoccupation primarily with disease and healing, to well-being and the enhancement or fostering of strengths and virtues (May, in Miller, 2006:394). Rettew and Lopez (in Lopez, 2008:2) refer to the study of positive psychology as what is right and the best in people. This fosters the belief that people are not only diseased and malfunctioning, but a greater number are functioning at optimum levels, and their sense of psychological well-being is translated into better health outcomes. It is therefore critical to study, explain and understand what then makes these “positive” people “positive” and, then, in the words of Chopra (1996:103), share these lessons “in service of humanity”.

Person (2006:3-5) suggests that, against the backdrop of the pervasive assumptions of the disease model, it is critical to consider the role of psychology in contributing towards well-being and wellness. The main focus of psychology since World War II has been on human problems and strategies to remedy them. May (in Miller, 2006:394) argues that it is important to consider what psychology can offer to maintain and sustain well-being. She identified that psychological well-being is made up of six facets, namely:

- Self-acceptance
- Personal growth
- Purpose in life
- Environmental mastery
- Autonomy
- Positive relations with others.

Positive attitudes are thoughts, feelings and behaviours that embody a sense of self-worth, self-acceptance and personal growth, and seek the best in other people. In the most extreme case, the cultivation and enhancement of positive attitudes should

mirror what Frankl (1969, in Miller, 2006:159-160) wrote about self-actualisation, namely that humans' primary striving has to do with the will-to-meaning, which is realised when an "individual perceives meaning in something which appears meaningless such as unavoidable suffering".

5.6.1.2 Finding passion and enthusiasm

This study also found out that the leadership of the district showed passion toward their work in partnership with the provincial department of health.

"...What I liked from observing the process from a distance was the passion of the management team in that area. The district manager or the district director of Bophirima clearly had a passion for the process and in him I felt that the process was in the right hands..."

"...And I think what it also shows that – which is a point I made earlier on – that technical and managerial competence is important, but attitude and passion for the health environment is a key ingredient as well in making health interventions succeed. So for me it was for me therefore a very meaningful process to partake in..."

The concept of passion has both theological and psychological underpinnings. According to Grummet's (2005:73-75) theological perspective, passion is described as an experience of the human soul and in psychology its frequent use conveys a range of meanings which include emotions, enjoyment, love and sexuality. In addition, he states that passion refers to a strong and uncontrollable emotion originating in the soul that is expressed in the performance of a certain act. The inherent meaning of the concept of passion is the idea of a release of tremendous energy that propels people forward to their purpose. Passion carries with it a sense of wonder, the stimulation of pleasant bodily sensations and sense of caring, which defines the meaning of life for the individual (Kay, 2006:79; Szcurek, 2005:68).

Tauber and Mester (2007:3-7) write that enthusiasm has been identified in the teaching profession as a key controllable factor in increased student attentiveness and achievement. It is regarded as a catalyst in holding student attention, generating student interest and developing positive student attitudes towards learning.

Spiritual leader, Sri Chinmoy⁵ explicated the importance of enthusiasm, writing that it is a great quality that inspires others to transcend their limitations and make a real difference. He adds that an absence of enthusiasm results in life becoming insipid and boring, and that change is created by inspired people rather than by people who are half-hearted about life. He encourages people to appreciate and cultivate enthusiasm in their lives.

In this context, passion is a strong emotion or a feeling that is very intense, overmastering and can be regarded as conviction. The idea of conviction resonates with the view expressed by Theobald and Cooper (2005:35), that there is strong link between passion and belief and that people cannot be passionate about something for which they do not have wholehearted commitment. The concepts of passion and enthusiasm invoke intense feelings or strong emotions directed towards a particular object. These feelings embody firm commitment and belief in the pursuit of purposeful action. Passion or enthusiasm is important in the life of every person, be it in business, theology or politics. Conversely, the absence of passion is equated with absence of life itself.

Kofi Etsia⁶, a political science professor at Fort Hare University, joined Sri Chinmoy and others in raising the significance of leadership in generating enthusiasm in politics and elaborating on the possible impact of South African and provincial elections on the quest for African Renaissance:

“Mbeki’s idea was that South Africa would champion an African rebirth, but we must not expect the same level of enthusiasm for the pursuit of things African... it is a phenomenon in African politics that the new group will try to erase the what the previous group started to do. There seems to be a general expectations that one group should do things differently to the next”.

The conclusion of Etsia is startling and frightening, while at the same time, he writes “... So don’t expect the same level of enthusiasm for Africa affairs...”.

Tauber and Mester (2007:173-175) state that enthusiastic and passionate people inspire others to pursue and share in the task at hand. Inspirational leadership

⁵ <http://www.srichinmoybio.com.uk>

⁶ <http://www.wmg.co.za/article>

provides people with new opportunities and possibilities, and individuals with the platform to transform themselves. It gives them new ways of learning and contributing to inspired living, and a sense of self-esteem.

Passionate leaders are not complacent about the current status of the moment. They remain self-critical about their own behaviour, actions and influence on people. This constant need for self-reflection is experienced in showing concerns with performance, direction and whether people remain focussed on the task at hand and with its challenges. The greatest challenge for passionate leaders is that they need to ensure that their followers continue to believe in the vision and mission of the leaders. These leaders are knowledgeable and demonstrate deeper understanding of leadership by showing insight, sensitivity and appreciation for dealing with complex issues facing their organisations.

Theobald and Cooper (2005) wrote about passion in football, comparing it to passion in business and regarding coaches as leaders in their own right. There are moments in the game of soccer that concern coaches, players and general spectators, such as the performance of the team in the first half, the role of half time and the second half of play. In the sporting sector, coaches are always observing movements in the other teams, such as the purchasing of new players, appointment of new coaches, changes in training methods, introduction of a new physiotherapist, and employment of a sport psychologist.

The importance of constant surveillance of the environment of business is a critical requirement for strategic planning and repositioning. Strategic planning requires that leaders ensure they understand fully the strengths of their people as well as their weaknesses. In addition, leaders need to ensure that they are aware of the opportunities and challenges that might be presented to their own organisations. These qualities are critical for the survival of organisations, businesses and life in general.

Passionate leaders inspire people to believe and develop the “*we can do or we will show them*” attitude (Theobald & Cooper. 2005:41). It is not only the beauty of the game, but those who face adversity who appear to be passionate about the desire to

succeed, regardless of the challenges. Such an attitude has been regarded as showing resilience. The rural nature and general resource constraint profile of the district of Bophirima did not deter the leadership from pursuing the goals of decentralisation and the integration of PHCs.

5.6.1.3 Serving with Humility

This study also found that the leadership of the district revealed and demonstrated humility toward the officials of the provincial department of health:

“I think it’s something that was worth noting especially at Bophirima. The humility of the mayor and his team.”

Organisations are made up of different people with different orientations, values and beliefs, and occupying various levels of responsibility within their organisations. The differences in levels of responsibility signify the differences in levels of power and influence, and the manner in which political power is distributed in society indicates that there are those who wield more than others. Hellwing (2005:24-26) posited that the safest people on earth to be entrusted with power and authority were those who had no hunger for it, yet it was they who also tended to escape it, while the power-hungry at hand tended to grab the power when a vacuum occurred. Power implies success, achievement and certain liberties that are not accessible to others, but Hellwing (2005:30) admitted that the practice of power-grabbing for the sake of it, “is very horribly seductive”. The notion of unbridled access to power generates the idea of the dangers that absolute power presents to situations in which the systems of accountability are weak. This characterisation of power and its reckless seductive influence requires a measure of humility on the part of the benefactor. Hellwing (2005:26) stated that humility calls for careful reflection on how to cope with the excitement and seduction of power.

Roberts (2007:83) identified various views on the constitution of humility, Nietzschean and Humility-as-Sickness. The Nietzschean view states that human nature dictates that humility is always aimed at deceitfulness and self-exultation. In its extreme form, humility involves self-deception. According to Nietzsche, those that are

regarded as “humble” are motivated by the desire to topple people who are stronger, or more intelligent, or higher in rank than themselves. The other view treats humility as sickness (Roberts 2007:81), that humility is a disposition towards failure and lack of confidence in one’s abilities and judgements. Accordingly, a humble person does not have initiative either for creating new projects or even cultivating new human relationships.

These two views suggest that humility is understood in negative and pessimistic terms. The appearance of humility by Nietzsche means that the humble person projects him or herself into such a “humble” position to deflect attention away from him and so plan to topple those who have more power. Due to the seductiveness of power, the possibility exists for somebody to attempt to occupy an “exalted” position like that of the power-holder. The “Humility-as-Sickness” view is also negative in the sense that a person of “humility” is perceived as a failure and has a poor sense of self-worth. The “humble” person is neither creative nor imaginative. In short, a humble person utilises “humility” as a tool to cover up his or her failure to progress in life and in society.

In another balanced view on humility, several authors project a more enriching experience of humility. According to Gill (2006:180), humility, as a moral term, involves the proper recognition of both personal frailty (and thus of the need for personal temperance and restraint), and of the role of others in achieving something. Roberts (2007:83) traces the origin of the concept of humility to its Latin roots, noting that it comes from the *Latin* word “*humus*” meaning ‘earth’. He indicates that just because humility is being “down to earth” does not mean that to be humble one has to grovel in the dirt while others are standing erect and dignified.

Different religions and philosophies acknowledge the importance of humility in society. Hellwing (2005:28-30) states that Christian theology and philosophy teach that humility is the recognition and acknowledgment of one’s true relationship with God, with other people and with all creation. In addition, true humility before God, is necessarily to get oneself in trouble with those committed to the existing arrangements of human society that are not in line with the ‘Reign of God’. Gill (2006:180) agrees with Hellwing (2005:28-30) that religion plays an important role in

the governance of relationships. The Buddhist philosophy encourages individuals to detach themselves from excessive and unrealistic desires while the Islamic faith expresses the view that a human being should be humble, temperate and restrained.

Roberts (2007:83) further notes that there is a humility-as-a-virtue perspective, which regards humility as not incompatible with assertiveness, self-confidence, self-esteem and a high view of one's own abilities. It is a transcendent form of self-confidence. In addition, humility is a psychological principle of independence from others and a necessary ground for genuine fellowship with them, an emotional independence of one's judgements concerning how one ranks with regard to other human beings.

The above discussion indicates that humility is not about being hopeless. The person with humility recognises that he or she has a relationship with other human beings and nature as whole. Within this relationship, there is a responsibility that one person has towards the other people. A humble person is a powerful person who utilises humility as tool to subject relationships to social justice and fairness. According to Hellwing (2005:28-30), such persons get themselves "in trouble with those committed to existing arrangements of human society that are not in line with the Reign of God."

Different religions stress the importance of restraint in the conduct of public service and the execution of political power. They further state that those who hold political power must ensure that they detach themselves from excessive and unrealistic desires. Power-holders are required to think in terms of service rather than use their access to power as means to dominate and undermine others. This level of thinking demonstrates a sense of maturity and an attitude of service. This level of thinking further requires a deeper understanding of the social sensibilities in which this leadership can develop and flourish.

Hellwing (2005:30) warns about the dangers of untrammelled and unrestrained behaviour toward the exercising of power:

...If transformations of social structures are important and if such transformations depend on the use of power, then there must in the divine dispensation be the possibility of wielding power without being spiritually and psychologically destroyed by it.

Hellwing (2005:32) notes that there were leaders, such as Hitler and Mussolini, who demonstrated abuse and the misuse of power. However, leaders such as Mahatma Gandhi showed the importance of humility, as he wished to relate to people who had trained themselves by a long period of asceticism of non-violence, reflection, simplicity of lifestyle, manual labour and consequent modest economic independence. Mahatma Gandhi wanted people to act out of their own deeply held convictions, not out of dependence on his convictions.

For Seepe (2004:105) also, there is significance in having humble leaders amongst the ordinary people and citizenry alike:

“As the challenge of office becomes unbearable, and past achievements recede from national consciousness, the leaders typically start to treat their people with contempt...Mandela’s “greatness allows him to be comfortable in the presence of peasants, workers, royalty and world leaders”.

People without humility are domineering and greedy and are characterised by pushiness, grudge-bearing, rejoicing in the downfall of others, ruthless ambition, haughtiness, shame at failure or one’s prosperity (Roberts 2007:83). On the other hand, people of humility, in the stature of Mahatma Gandhi, have compassion and care. Such individuals are persuaded to consider the needs of other people beyond themselves (Gill, 2006:188). In addition, people with humility understand that the use of power requires the capacity to have self-knowledge and self-discipline (Hellwing, 2005:32).

Mangcu (2008:137-139) makes three important points about humility, since it speaks to leadership. However, it is the lessons that are drawn from these experiences that merit attention. The first point relates to Julius Nyerere’s words on strengthening government bureaucracy, as the founding President of Tanzania once admitted that during the process of national building they, as a nation-building leadership, had committed two mistakes in the build-up towards centralised bureaucracy. One of the mistakes was the abolishment of local government, the other the abandonment of the progressive co-operative movement that served as an economic base for local people.

The second point addresses the question of moral leadership. Mangcu (2008:137-139) noted that morality as an ideal is that which individuals owe each other. The third and last point concerns what the former President of India, Nehru, asked in a public meeting in the company of the Great Mahatma Gandhi: “What do I have in common with these people?” Mangcu (2008:137) records that Nehru raised this question because he was faced with an historic responsibility leading India to democracy. In the Julius Nyerere case, the great statesman recognised and acknowledged that fundamental mistakes were committed by the national leadership of that time. This recognition of weakness on the part of a leader is a critical sign of the magnitude of what constitutes humble leadership.

The second scenario deals with the notion of a relationship between people. The moral ideal emphasises the view that individuals in a relationship owe one another something. This something is subject to the dictates of the logic of the relationship, that is, the meaning of this relationship between parties. The Nehru question, “What do I have in common with these people?” is not far off the moral ideal perspective. Nehru could have fundamentally asked the question in the moral ideal perspective. In this context, the question could have been “What do I owe these people or what responsibilities do I have towards these people?”

The answer to these questions are found in Hellwing’s (2005:28-30) exposition of the existence of a responsible relationship between the leader and the people. This relationship requires responding to the deep-felt needs of people. According to Hellwing (2005:28-30), humility is the recognition and acknowledgment of one’s true relationship with God, with other people and with all creation. It is a relationship of humility that warrants that the leader should be sensible towards others like him, even if they are not at the same level of responsible and rank. Humble leaders remember that they owe people a responsibility and trust.

Jimmy Collins⁷ conducted a study entitled *Good to Great: Why Some Companies Make the Leap...and Others Don't*. This showed how some companies sustained 15-

⁷ Bruna Martinuzzi wrote this article entitle Humility-the Most Beautiful Word in the English Language. <http://www.mindtools.com> (accessed 04.01.2010).

year cumulative stock returns. The main distinguishing characteristic of these companies was that they had what is regarded as Level 5 leaders. These leaders direct their ego away from themselves to the larger goal of leading their companies to greatness. They were described as a complex, paradoxical mix of professional will and extreme personal humility. They create super results but they shun public adulation and they are never boastful. The words of founder Hewlett-Packard, David Packard and Patrick Daniel, CEO of Enbridge, a North American energy and pipeline company, are very instructive on humility, respectively:

“...You shouldn’t gloat about anything you’ve done; you ought to keep going and finding something better to do.

I have learned through the lives of great leaders...that greatness comes from humility and being at times, self-effacing.”

Komisarjevsky and Komisarjevsky (2000:104-107) wrote that successful organisations are noted for their pride and passion, which are about being humble in what one does. Successful organisations thrive where people share knowledge. It is characteristic of people with humility to share knowledge. People with humility have the ability to ask others for help and it is those who are humble enough to recognise that sometimes others might just have a better response than the leader.

The tendency to “treat people with contempt” is synonymous with leaders who do not show humility but feel that they are more important than the people they should be serving. Great leaders such as Mahatma Ghandi and Nelson Mandela symbolise their eagerness to be at peace with everybody, regardless of their positions in organisations and in society in general.

Humility therefore recognises that leaders have relationships with their followers and people in general. Humility counsels that the acceptance of position in society does not mean the end of an ethical relationship with people. Humility in leadership means that the leader must be mindful of the responsibilities he or she has. It also means that the leader must be approachable, accessible and must listen to the voice of followers and people. The humble leader is the one who respects his people and is accountable to them. Great leaders are known for seeking the best interests of those they lead. It is not a sign of weakness, for a leader to ask the opinions of others and

to engage with them. In summary, humble leaders are in tune with the social sensibilities of those they lead.

5.6.2 Participants' Experience of Leadership at Provincial Level

5.6.2.1 Commitment

This research also found that the participants described the role of the political leadership at provincial level as critical and inspirational in instilling commitment, trust, self-confidence, and self-esteem within individuals.

“...It's a rare kind of leadership that's not easily obtainable and not easily duplicated. Its leadership that makes you to be confident, that makes you think that you are great yourself, that creates that confidence that you can do things.

...my sense was that the then MEC for health was totally committed to assuring that primary health care in the North West Province is decentralised and that Bophirima be a test case for a particular policy process...”

Commitment plays an important role in the building of relationships across the spectrum with individuals, communities, organisations and societies. In organisations such as private companies, not-for-profit enterprises and government institutions, the degree of commitment to organisational goals has been defined by the economic logic of what one gets out of the supply of one's labour.

There are reasons why people are not committed in their organisations. Boyd (1992:38-41) identifies that there are gaps that account for lack of commitment in the workplace, such as in compensation, expectation-reality and goal-achievement. Firstly, he states that the levels of commitment are insufficient in the workplace due to the existing compensation gap or income inequality amongst different categories of employees. Secondly, the expectation-reality gap is another cause for lack of commitment in organisations. This expectation-reality gap has two forms. The first concern is the tendency for people to want more in the future because they did not have much in the past. The second form deals with employees who do not fully understand the expectations of their managers. This seems to be the case when managers do not clarify the roles, goals and expectations of their subordinates.

The modern capitalist societies have contributed to a turn towards extreme inwardness that emphasises the self at the exclusion of the common good. This commitment to self has resulted in excessive competition among employees in organisations, instead of the cultivation of cooperation. Alfred Adler believed that a human being possesses a need for self and an innate drive for superiority, while Maslow's description of a self-actualising person contributed to this extreme "great upward drive" or "will to power" (Boyd, 1992:21).

Furthermore, Boyd (1992:53) states there is also the goal-achievement gap. This is characterised by the goals for which people strive and the results they attain. The desire, drive and motivation to experience upward mobility are frustrated by the fact that fewer job opportunities are available in the organisation. Corporate restructuring and downsizing were common processes that characterised business engineering in the 1980s. Boyd (1992:54) argued that the role of managers and leaders in organisations was to support employees in maintaining their motivational drive and commitment to the organisation's goals by addressing these gaps.

Cohen (2000:18) identified two approaches to commitment within and to organisations. The first approach is associated with the name of Howard Becker and is referred to as 'side-best theory', which postulates that individuals are bound to organisations by extraneous factors such as income, hierarchical positions and internal factors such as experience, institutional memory and interpersonal relations. This means that disengagement from the organisation is constituted on costs associated with leaving it. Thus the commitment is attached to economic survival and the continuation of human relations.

The second approach to commitment is based on organisational behaviour and perceives it as attitudinal or affective. An individual in the organisational context identifies with the organisation to pursue his or her life goals, thus the retention of membership to the organisation. The dimension associated with this approach is that the individual bases his or her relationship to the organisation on a belief and acceptance of values in the organisation. There is further willingness to exert more effort to ensure that the organisation succeeds in its strategic mission (Cohen,

2000:19). The individual has positive feelings for the organisation, such as an obligation to remain with the organisation and maintain devotion. In this sense, commitment is regarded as a force that binds an individual to a course of action.

Cohen (2000:xi) pointed to the significance of and necessity to have commitment as a person in an organisation. Lack of commitment has been associated with employee absenteeism, staff turnover, the theft of company property, job dissatisfaction and unwillingness to be relocated to another company site outside one's immediate geographical space. Employees who experienced positive exchanges with organisations reciprocated with higher levels of commitment. Cohen (2000:165) further stated that research had found that employees engaging in a hierarchically ordered sequence of withdrawal showed that declining attitudes (commitment, turnover intentions) preceded temporary withdrawal, and these episodes foreshadowed permanent withdrawal. This means that turnover intentions mediate the relation between commitment and turnover. Where individuals have stated their intentions of leaving a job or occupational field, it was found that these intentions were an expression of an emotional response to work or professional concerns.

Frazier (1997:57) wrote about the importance of commitment at the top executive level and regarded it as "having fire in the belly" to pursue organisational change. He further noted that reform processes that exclude the involvement and support of other people and management systems as components in the organisation are less likely to succeed in the long term. Successful transformation requires that entire systems share a common vision and that it is important to develop very specific strategies to coordinate the alignment of horizontal and vertical relationships. Frazier (1997:58) added that the successful implementation of organisational strategies requires full-time leadership by someone 'at the helm' managing the system on day-to-day basis. He stressed that leaders should be able to demonstrate their commitment with religious zeal to 'walk the talk' and "even teach people in an organisation on every given opportunity".

Frazier (1997:58-60) warned leaders that they should not expect anyone else in the organisation to take a leap of faith into the unknown, if the leader is not willing to personally champion the cause and set an example. The absence of the commitment

of leaders may influence the behaviour of followers not to commit to an ideal, process or cause. People may therefore accord the ideal only passive acceptance because of their past experiences and knowledge. It is therefore critical for leaders to ensure that high levels of commitment remain constant, since people have the tendency to backslide if the leader's focus begins to stray.

Ford and Ford (in Holman & Thorpe, 2003:142) write about the power of conversations and defined conversations as "what is said" and "listened to" between and amongst people in organisations. They argue that "it is this intersexuality of conversations as well as an accumulated mass of continuity and consistency that maintains and objectifies our reality". They define commitment, in the domain of communication, as an intention to be engaged in certain ways in the future and point out two approaches in dealing with change through committed conversations, namely the structural-functionalist and constructivist perspectives. By making a statement a speaker is entering into a specific engagement on which the hearer can rely.

The language that top executives or leaders speak carries a lot of weight regarding values, missioning, visioning and the culture of the organisation (Holman & Thorpe, 2003). The constant and consistent churning out of a non-material culture of the organisation has tremendous influence on the attitude and commitment of employees and followers on production/bottom lines, as well as on the strategic goals of organisation.

According to Ford and Ford (in Holman & Thorpe 2003:142) a structural-functionalist perspective holds a monolithic view of changes. It regards change as an object, thus the role of change managers is to remove and replace one object with another. This view negates the subjective realities of individuals embedded in the change process. In the constructivist context, the authors argue that change managers use interventions not to bring about a greater alignment with true reality but to construct, deconstruct and reconstruct organisational realities, which is their role. In this sense, managers author new realities. These constructed realities provide important contexts in which people act and interact. The shifts in these constructed realities open new possibilities for action and the realisation of new orders of results. Table 5.4 (below) summarises types of committed conversations in organisations.

Table 5.4:

Types of committed conversations

| Initiative | Understanding | Performance | Closure |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Someone communicates an opportunity for change. • <u>As an assertion</u>: e.g. we need to do something about the deteriorating situation in the East. • <u>As a request</u>: Will you approve our undertaking a new programme to restructure the department? | <ul style="list-style-type: none"> • Seek to understand the “initiative” and results in conditions of satisfaction. • Degree of <u>involvement</u>, <u>participation</u> and <u>support</u> for those engaged in the change process. | <ul style="list-style-type: none"> • Calls for a commitment to produce a specific action (promise, request). • Requests another to take action or produce <u>a result by a certain deadline. For example:</u> “<u>Will you call my boss and tell him that I will not be at the meeting today?</u>” | <ul style="list-style-type: none"> • Use of assertions, expressives and declarations to bring about an end to a happening. • Where there is incompleteness and dissatisfaction, people are not free to move on until closure has been brought to the past. • This type of conversation acknowledges accomplishment, failure and a need to pursue new possibilities for change. • Brings harmony and balance. |

The change process, just like the organisation in which it occurs, is not discursive or monolithic. Rather, it is important to see change as a polyphonic phenomenon in which many conversations are introduced, maintained and deleted. When organisations are networks of conversations, authoring change becomes a matter of shifting (changing the content, type and focus of the conversations). Shifting conversations are achieved by abandoning the utterance of certain conversations such as “Why can’t we?” and deliberately introducing and repeating new conversations in which the possibilities and opportunities are markers of committed conversations (Holman & Thorpe, 2003:152).

The authoring of change occurs in committed conversations. The ability of managers to engage in conversations daily provides the opportunity in every conversation to choose between having a committed or uncommitted conversation. Change managers have choices to make if they are to instil commitment and motivation in other people. They can choose to be reactive, that is, complaining about what they see as wrong, perceiving obstacles and negativities, or proactive, asking themselves what has to be accomplished, what factors will bring about the possibility of change and what strategic roadmaps are available in order to achieve the desired change (Holman & Thorpe, 2003:153).

Kunde (2000) agrees that commitment is important in the life of any organisation, and that commitment can be created in a number of ways, amongst others, but not limited to i) big visions; ii) enthusiasm; iii) education; iv) beliefs, and v) public relations. Kunde (2000) argues that top management must lead the way and show everyone that they really mean what they have said. There must be a certain element of faith involved in being part of a company, because faith breeds motivation. He further states that education of employees is important in building and fostering commitment in the organisation. He adds that people have needs and desires to learn new things so that their performance can improve. Strong commitment to the company’s mission can be created with the aid of targeted descriptions of everything aimed at the product, the customers’ interface with the company and the education of the employees.

The works of Boyd (1992) and Cohen (2000) address the notion of employee or follower commitment to the organisation's visions, mission, values and goals as well as programmes that are undertaken at different levels of the organisations and within communities that are served by these organisations. There is a strong convergence to their views regarding employee or follower commitment: employees would remain committed to the organisations if certain conditions were met by senior executives. This commitment requires managers to change and recreate the environment of work and followership.

The existence of gaps should afford managers an opportunity for reflection. These gaps present strategic challenges for leaders across the board and measures need to be stepped up to deal with these challenges. Unresolved challenges tend to gnaw at, and sap the energies of employees, thereby reducing their levels of commitment, focus and productivity. In those societies where the practice of discrimination was a dominant discourse at workplaces, there are expectations that the sooner the context in which these practices were prevalent is changed, the better for such organisations to develop measures to reconstruct such realities.

In the above discussion, Boyd (1992) and Cohen (2000) emphasised that employee or follower commitment was critical to the success of their organisations. Frazier (1997) and Kunde (2000) stated that leaders must also demonstrate commitment. The notion of "having fire in the belly" should be the quality of everyone in the organisation. The strong emotions of being bonded to the organisation should necessarily be embodied by everyone in the organisation from the top to the lower rungs. The general threads that runs through the social constructivist perspective of Ford and Ford (in Holman & Thorpe, 2003:142) suggests that conversations that are conducted in organisations are generally the product of what senior managers and leaders have determined as discourses of practice, language and behaviour, thus authoring change.

In the various political and budget speeches the former MEC has demonstrated this important quality of leadership. The research participants confirmed that in his own right the MEC was also passionate about the decentralisation of PHC in the Bophirima District. He was strongly consistent in his articulation for the

decentralisation of PHCs in the province to the Bophirima District. It was also the positive attitude and passion of the Executive Mayor of the district council, that served as “fire in the belly” of the MEC to remain committed to the ideal of the decentralisation of the PHCs. The words of Cohen (2000:19) are instructive that, when a leader stays on course, followers become loyal to that course, and “the individual has positive feelings for the organisation. There are feelings of obligations to remain with the organisation and there is presence of devotion”. It is in this sense of commitment that the individual employees or followers bind themselves to the course of action as pursued by their respective leaders.

5.6.2.2 *Significance of trust*

The political leadership of the provincial department of health instilled and engendered the importance of trust among employees and colleagues within the institution and across the two spheres of province and local government.

“...The way we trusted each other ...”.

Harrison, Innes and Zwanenberg (2003:15) record that in recent times the world and societies have experienced high profile scandals that bear witness to the betrayal and crisis of trust in theology, business and politics. Child abuse cases in the Catholic Church, fraudulent practices of the directors of *Enron* and John Major’s moral indiscretions in political life in Britain are some of the cases that have rattled public conscience.

Mollering (2006:14) describes different approaches toward trust, namely rationalist, rational choice and economic. The rationalist perspective expresses the selective nature of trust and posits that a person can only trust certain people within reason. This view is based on the probability that a person will perform an action that is beneficial or at least not detrimental to another whom he or she trusts enough to consider engaging in some form of cooperation. According to Mitsztal (1996:77), the most important aspect of trust in a rational choice setting is that participation in collective action depends on the satisfaction of individual preferences and consists of choosing that action that is most likely to produce the highest “utility” for the actor. At

the general level, economic theories regard trust as reasonable when the trustee is trustworthy, which means that the trustee will not act opportunistically. It encompasses the “type of expectations that alleviate fear that one’s exchange partner will act opportunistically” (Mollering 2006:25).

Trust is a relational concept, consisting of a relationship between a trustor and a trustee, with the former expecting favourable intentions and actions on the part of the latter. In the works of Mollering (2006:7), a trustor has positive expectations of the intention or behaviour of a trustee in that the trustee will not undermine the interest. There is therefore, “openness towards each other”. The suspension of vulnerability and uncertainty occupies a central place in the understanding of trust. This suspension enables actors to have positive expectations of others. Trustor and trustee need to be seen embedded in systems and structures consisting of social relationships, rules and resources that have a strong constraining and empowering influence (Mollering, 2006:50).

Empirical studies by Markova and Gillespie (2008:106) in Brazil argue that there is an excess of mistrust in the Brazilian public life. Brazilian citizens do not trust their political systems, yet they show remarkable levels of social solidarity, cohesion and social capital amongst individuals, neighbours, friends, family, and co-activists. They have equated politics to the practice of furthering one’s private interests. As a result, corruption, patronage and clientilism are the necessary consequences of this political view. In order to counteract the effects of these political systems, Brazilians tend to trust social movements.

In the Cambridge study, Mollering (2006:147-165) points out the importance of trust in business relations. The study was conducted in Germany, Britain and Italy; and its unit of analysis was the level of trust between firms of buyers and suppliers. The following were identified as bases for trust between companies:

- Italians regarded reputation for fair trading as more important for developing trust than long term relationships
- British and Germans were more likely to have faith in companies with which they have enjoyed long-term relationships

- Quality assurance procedures to report any unhappiness about product quality, delivery and service were seen as central to maintaining trust in business
- Consistent and transparent institutional systems like those in Germany have been found to be critical in promoting stability and predictability, and therefore reduce uncertainty and risk in vertical relations
- Trust in experience is deeper than the initial trust in a new supplier.

This empirical study further indicates that the termination of a contract was perceived as the dominant response to untrustworthy behaviour on the part of another firm. Due to the conceptual understanding of trust, German companies make contractual provisions to cover risk, while 25% of British firms will try to sort out the differences. Mollering (2006:147) further shows that in the kind of the strategies firms used to establish themselves as trustworthy, there were the following variations between the countries:

- The primary strategy was the creation of a “reputation for competence, reliability and straight dealing;
- Cooperating and quick responses is common strategy
- The establishment of personal contacts was much more important in Britain than the other two countries as a means of trustworthiness
- Long-term experience, satisfaction with performance, apt results for inquiries and the existence of personal contacts are given as the main bases for trust
- Consistent and transparent institutional systems like those in Germany have been found to be critical in promoting stability and predictability, and therefore reduce uncertainty and risk in vertical relations.

The other studies indicate the temporality of trust. According to Markova and Gillespie (2008:124), trust is not an eternal phenomenon in people and individuals. The political changes in Communist China affected the levels of trust people had towards state institutions. China undertook to make a transition from communist rule to market reforms and further instituted its one-child-family policy, changes that impacted on the level of trust of people. The transition from Communist rule to market

liberalisation in China drove people to show more reliance on money than on the state, leaving loyalty to the state no longer the dominant emotion.

Similar attitudes were displayed by the South Korean public, where the state had previously engineered trust through economics and propaganda. The Communist Party did not trust people and as a result it kept intelligence on the people. Markova and Gillespie (2008:125) claim that, due to these experiences, people changed their attitudes towards the South Korean government and its institutions. Trust behaviours were high at an interpersonal level, but low toward institutions.

The importance of reputations is further emphasised by Mitsztal (1996:121) who regards reputation as the basis for trust because it allows the possibility for one person to trust another by providing some information about the character of that person (the sort of person we are dealing with).

In addition, reputation is esteemed as it facilitates the reliability of social surroundings by helping people to decide who they can empower to act in their interest and also promotes cooperation by enhancing the probability of carrying out promises. Although it is open to manipulation and stereotyping, trust and reputation are viewed as a means of reducing the complexity and ambiguity of social reality (Mitsztal, 1996:121).

5.6.2.3 Building the team

One participant described the significance of teamwork building and the eagerness to learn and perform as a team. He further described how the leadership of that time created a sense of belonging and acceptance by being part of the team of the provincial department of health in collaboration and partnership with the Bophirima District.

“I think they’ve displayed team spirit, they displayed eagerness to learn, eagerness to do things together as a team and I think that spirit...”

“...Through him we also became part of the family. I mean his ability to make people want to belong, you know. “

Literature emphasises the importance of the team and team building as a leadership strategy and good leadership (Brody, 2005:385; Reece & Brandt 1987:291; Thomas, 1998:144). The bringing together of different people with different ideas and views on issues has been found to be one of the most effective methods of developing staff commitment and the combined contributions of members equal to more than the sum of the individual efforts (Brody, 2005:384). According to Polzer (2004:2), the concept of a team implies unity of purpose, collaboration and, to some people, a measure of equality.

From the above it can be argued that team effort plays an important role in the effectiveness and productivity of organisations and companies, and it further instils commitment in individual members. However, the success of teamwork and team building depends on the role of the leaders and the qualities they bring to the team.

Reece and Brandt (1987:291) provided evidence to suggest that team building can exert a positive influence on the physical and psychological well-being of supervisory-management personnel. They further noted that teamwork results in the reduction of medical symptoms in managers. In addition, increased levels of synergy have been reported as another positive outcome of team work.

According to Thomas (1998:119), a leader must be able to give direction, inspire, build teams, be exemplary and be accepted. The type of leadership that is critical in team building is that of encourager, harmoniser, compromiser, gatekeeper, standard setter, group observer and follower. These qualities are important to overcome some barriers to the formation of winning and productive teams. Brody (2005:387) identifies barriers to winning and also highly effective teams:

- the need to work independently to demonstrate individual effort and therefore obtain individual credit;
- the domination of teams by others; and
- the tendency by some team members to disengage.

For Brody (2005:387), an effective approach to team building is to ensure that the group develops its own rules of engagement and this approach has been found to have the effect of empowering team members. It is also important for the leader to

create a sense of belonging, acceptance and friendship by making sure that there are no “prima donnas” who dominate the discussions in the teams (Thomas, 1998:158; Boyd 2005:387).

Brody (2005:385) identifies a number of characteristics that constitute effective teams. The following characteristics are regarded as important but not exhaustive:

- They develop and communicate a shared vision and work toward common goals.
- The selection of the team members is based on their credibility, expertise and the ability to connect to important constituencies with the organisation.
- They establish clear rules and behaviour, such as attendance requirements, confidentiality and respect for each other, constructive confrontation, and full participation. The rules promote focus, openness, commitment and trust.
- They encourage open communication.
- Depending on the team assignment, members take responsibility for areas outside their immediate sphere/s.

5.6.2.4 Engaging Leadership

Participants described the leadership style of the former MEC as characterised by articulation, the creation of a sense of social being and an engaging approach to discussion and debate.

“... because he was a natural leader, very articulate. Very articulate in terms of health service transformation agenda. Very resolved if he makes a decision, when he decides on a course of action, he follows it up till the end. And also very engaging; I mean you felt like you were part of the same family..”.

The concept of engagement is regarded by different authors as a key component of any change process (Hung, Tan & Koh, 2006:30; Marlier & Parker, 2009:89) and it emphasises the difference between engagement and consultation.

According to Hung, Tan and Koh (2006:30), in the context of learning pedagogies, engagement involves a number of activities such as the active development of thinking, constant formulation of ideas and the refining these through conversational exchanges with others. Hung, Tan and Koh (2006:30) explain that active engagement occurs when learners construct knowledge from experience through interactions with others. Furthermore, they state that knowledge evolves as the construction of meaning and a process of interpretation where people negotiate with one another in relation to their multiple perceptions of reality.

People undergo “lived experiences” in their moments of existence, thus they are engaged. The engagement process propels people to interact, negotiate and in the process, construct meaning that makes sense to them. What makes sense to one individual may make no sense to another individual who is also involved. Engaging people requires an appreciation of the complexity, dynamism and fluidity of the social world that people influence by means of different contexts and circumstances.

Marlier and Parker (2009:17-21;89) argue that engagement works through three agendas, namely the intellectual (“*logos*”), behavioural (“*ethos*”) and emotional (“*pathos*”). The purpose of working in the first agenda is for leaders to co-create clarity, meaning and purpose. The behavioural aspect concerns the ethics of a leader who ensures that his/her leadership style, that is, displayed behaviour supports the declared intention or stated *logos*. The third agenda explains emotions and states that engaging leaders understand how to create an environment conducive to unleashing their people’s passion and full potential. They emphasise the importance of working on three agendas simultaneously for creating strong arguments. During engagement people want and look for coherence in the three agendas.

The three agendas offer leaders opportunities, possibilities and powerful imaginations that would count as important in their interactions with people and the way in which people would react to the leaders’ representations. The fact that reality is complex and fluid requires constant reflection and reconstruction of the present reality, which is constituted as knowledge. The underlying structures of transformation and its effect on people (who are mainly its co-creators) must be appreciated in order to have potential effects on its co-creators.

The postmodernist perspective suggests that there are levels of engagement with leadership in education and other social sectors. Lingard, Hayes, Mills and Christie (2003:126) write about the importance of leadership in the education sector and emphasise the view that leadership matters. From a perspective of postmodern critique, which introduces constant instability into assumptions about conducting research and formulating theories on leadership, individual traits of leadership should not be taken for granted. This critique is concerned about how leadership is constituted and challenges its formations. In order to achieve this, the analysis based on Foucault's analysis of discourse is suggested. In the context of leadership, a Foucaultian analysis is interested in questions on how discourses of leadership intersect with individuals and their identities, and what and how the effects of power are produced. The manner in which leadership discourses are produced is a critical factor in the development of an engaging leadership. To provide an appropriate response to a postmodern critique, two analytical devices are used to underscore engagement as a discourse. These are dis/solving and disembedding leadership and its dispersal. The research is interested mainly in the first two, dis/solving and dis/embedding, and thus engagement requires the contribution of dis/solving and dis/embedding.

The technique of dis/solving involves questioning that which is not accounted for by solutions to problems in schools. The technique marks out discourses and traces their transformation. It further pursues tension and unsettling observations that do not quite fit, or that challenge common assumptions. The notion of dismissing issues as exceptions to the norm, which should therefore be left aside, is an important discursive element for engaging in discourse.

The other technique of disembedding is concerned with dissecting questions of how leadership is constituted and it also questions the legitimacy of terms that constitute leadership. The research integrates this technique in the explication of engaging leadership. Disembeddness is characterised by thinking in a discursive manner. This manner of thinking looses the certainties that hold more structured ways of thinking in place and thus it prises apart and destabilises modernistic ways of thinking. In short, disembedding identifies fault lines and asks questions on what might be wrong with

the proposal. Disembedding disrupts claims that are taken for granted by participants in the discussion of leadership. Lingard et al. (2003:140) argued that disembedding regards schools as sites for a struggle for meaning, knowledge and identity. In the school system, the technique focuses on how schools function and how they are represented so that those representations may be disrupted and their constitutive effects exposed.

From the above discussion, it is important to note that while leadership is not only critical in developing self worth and importance of individuals, it is also crucial in generating discussions on important issues that affect the organisation and its internal and external stakeholders. Engaging leadership means not being afraid to be challenged by subordinates or society in general. The challenge posed by subordinates is not misinterpreted or misconstrued as undermining authority. The engagement of leadership in a democratic society, in policy designs, underscores an essential quality of democratic and participative organisation.

5.6.3 Participants' Experience of Leadership at National Level

The role of the national department is a critical one in policy formulation and in providing clear guidelines in the implementation phase. This role was clearly fulfilled in the early stages of the transformation of the National Health System. The formulation of the DHS policy to advance the development of the district health system, the development of monitoring and evaluation systems and the development of a handbook for district managers, were clear milestones in the DHS development during the deconcentration phase. However, in the delegation area, the role of national leadership was not inspirational. Little guidance was obtained for provinces and districts to understand the discourses on the implementation of decentralisation in particular.

5.6.3.1 Considering flexibility

Participants also described the importance of the role of national level towards the provinces and districts. They emphasised the need for the authorities at national level

to provide tools to support processes such as decentralisation. In addition, one participant said that it was as important for the leadership at national level to recognise advances in the province as to show flexibility. The investigation further found that the framework to implement the decentralisation policy was not flexible enough to accommodate the capacity that existed at sub-district levels in the North West Province, and it negated the achievement of the consolidation of management and leadership structures in the Bophirima District.

“...Ja, you know, I would really like to say one experience that for me needs to be taken through as we engage nationally, is there should be more flexibility. A lot more. I know it's become better over the years but there needs to be a lot more flexibility given to provinces...”

Gamage⁸ (2006:103) writes that flexibility is the key to providing effective leadership and that successful leadership needs to adapt the leadership behaviour to meet the needs of the moment. The most successful and flexible leaders possess three important abilities:

- Situational sensitivity: enabling them the ability to diagnose situations;
- Style flexibility: allowing them to match their style to the given situations; and
- Situational management style: helping them to change the situation to fit their style.

Gamage (2006:104) cited Blanchard and his colleagues' development of a model on flexibility in 1987, which provided for the greatest flexibility of leadership styles. They found that a leader should vary his/her style according to the competency and confidence levels of the staff. In the assignment of a task, Gamage (2006:104) argued that leaders must choose between directing, coaching, delegating and supporting styles. Amongst other issues, leaders should consider the willingness and ability to take responsibility, as well as the level of education and experience of those in charge of the processes in the organisation. Leadership for Gamage is about working with and through people to achieve organisational goals. As a key person

⁸ Gamage (2006) writes on decentralisation in the self-governing schools.

who influences the organisational culture, the leaders become part of the equation of organisational behaviour.

Nicoll⁹ (2006:17) concurs with Gamage (2006) in the discourse on flexibility in the policy decision-making environment and notes that since the 1980s market reforms in Australia and the United Kingdom have been driven primarily by a policy requirement for the “flexible worker”. This requirement signalled a change in the labour relations environment. Nicoll (2006:18) noted that the lack of responsiveness and flexibility in the vocational education and training sector and its inability to satisfy the needs of the industry, instituted a call to the higher education sector in Australia to review its curriculum design to accommodate the “flexible worker”. The notion of increasing and widening educational opportunities through open and distance learning is an integral part of creating more space for innovation and the advancement of the education sector.

The advancement of women in the labour market has created immense challenges to the industry. While the promotion of the advancement of women is an important development in modern capitalism, working women are faced with the difficulties of adjusting to a timed working regime, given their continued care responsibilities along the home front. Owing to a lack of flexibility in the working time regime, the police force in Britain dismissed two women police clerks for refusing to accept changes in their working hours. The Court of Appeal overturned the dismissal and the women were summarily reinstated. The court decision effected a fundamental change in the relationship between work and family life in that it called for labour market restructuring and further exploration of the possibility of disrupting and reshaping that relationship between work and time (Conaghan¹⁰ in Fudge & Owens, 2006:106).

The writings of Gamage (2006), Nicol (2006) and Conaghan (in Fudge & Owens, 2006) suggest that, when new circumstances/situations are encountered, it is critical that those in positions of power should consider a new paradigm to set in motion new

⁹ The contribution of Nicoll (2006) in the flexibility debate was mostly felt in the higher education sector in Australia and the United Kingdom.

¹⁰ Conaghan (Fudge & Owens 2006) writes about the importance of engenderedness in the work place.

ideas about performance and practice. The former MEC for Health took a view that resonates with that of Gamage (2006). He has been consistent in the articulation of the view that, given the experience and management systems that were in place at the time at sub-district level, the decentralisation of PHC to local government, should take place at local municipality level (category “B”). It should be recalled that both the National Health Act and the Constitution prescribe matters of the delegation and devolution of power, responsibility and accountability, which can only be dealt with effectively at District Municipality level (Category “C”). Furthermore, the former MEC held a different view from that of the national Department of Health. With due regard to the sub-district level capacity, the form of decentralisation that was appropriate was devolution as opposed to delegation.

It would appear that the contestation of the decentralisation of PHCs in North West Province was a constitutional challenge for co-operative governance. The partnership between the district council and provincial department of health was a strategic response to co-operative governance. The national view neglected the position of the Bophirima District. During the formative years of the development of the DHS, the MEC for Health understood the advice of Gamage (2006:105): “(L)eadership is about working with and through people to achieve organisational goals”. The MEC demonstrated effective leadership by engaging the political leadership of the Bophirima District Council on the provision of health services through the following guidelines and demonstrating competencies (Yukl & Lepsinger 2004:218- 237):

- Building commitment to a core ideology
- Building capable leadership across levels
- Involving and empowering people at all levels
- Keeping lines of communication open
- Using rewards to support multiple objectives
- Encouraging and exemplifying leadership by example
- Maintaining situational awareness
- Embracing systems thinking
- Focusing on what is really important
- Maintaining self-awareness
- Preserving personal integrity.

Through these guidelines, “working with the political leadership” of the Bophirima District Council, agreement was reached that, in the interest of a single management authority for health services, both parties (i.e. the Bophirima District Council and the Provincial Department of Health, Northwest), would co-appoint a single District Manager who would report to both the district council and the provincial department of health. The role and responsibility of the District Manager was critical for personal primary health care services PHCs, municipal health services and district hospital services.

The role of the national department is a critical one in policy formulation and the provision of clear guidelines in the implementation phase. This role was clearly fulfilled in the early years (1995-2000) of the transformation of the National Health System. The formulation of the DHS policy to advance the development of the district health system, the development of monitoring and evaluation systems and the development of a handbook for district managers, were clear milestones in the DHS development during the deconcentration phase.

However, in the delegation arena, the role of the NDoH was not inspirational. Not much guidance was obtained for provinces and districts to understand the discourses on implementation.

5.7 PARTICIPANTS’ EXPERIENCE OF COMMUNITY PARTICIPATION

This category refers to data obtained from the participants about their experiences of community participation with regard to the decentralisation and integration of PHCs.

5.7.1 Community participation

Participants described how they experienced the importance of community participation (CP) during the integration and decentralisation processes. Their composition and governance structures include local government councillors. The relationship between the department of health at district level and the district municipality was regarded as a critical partnership for the provision of health care.

“...that you had such a strong presence of active governance structures in that area. And my view is that whether you are rendering services through the province or the district municipality, this partnership with government structures would remain critical...”

“...In this case I'm talking about governing structures in a very limited sense. I'm talking here about health structures that are aimed at insuring that communities and other structures of civil society have got a role to play in the provision of health care and therefore I am referring here to hospital boards, to ... you know ... health forums and such committees... When we say involvement of stakeholders we look at the provision of primary health care and also foundation in the fundamental principles of district health services – community participation. So it's critical that governing structures are part of the initiative.”

“...Governance structures will be the clinic committees and community health care committees; it will be the district health system committees at a district level. As our district hospitals are involved – hospital boards become part of that, they are critical. But also they are critical in terms of - what is critical is the ward committees. They are also critical in that respect, so that the local councillors are in the governing structures. They become important pillars of the governing structures with the ordinary communities and what will be very important is to train them, for them to understand the critical nature of their roles...”

The exact nature and meaning of the notion of CP remains misconceived and hyped in the development discourse (Kumar De & Ghosh, 2004:65). Plummer (2000:3) adds that during the previous 30 years there had been no universal consensus on the meaning of CP. This difficulty arises as a result of the fact that the definition of community, an integral part of CP, is not a homogenous one.

Despite challenges in conceptual clarification, attempts have been made to distil the importance of the CP from available literature. Helvie (1999:69-81) defines CP as non-professional involvement in health care delivery, policy decisions, programme development and the social process of taking part voluntarily in formal and informal activities, programmes and/or discussions to bring about planned change or improvement in community life, services and resources. On the other hand, Govinda and Duran (2003:14) perceive CP as context-specific expression based on the degree of involvement of people by bringing about certain systematic changes with the basic objective of ushering in development and improvement in the quality of life of the participants.

The following discussion focuses on CP countries such as Nicaragua, Costa Rica and the Indian state of Mandhya. In Nicaragua, CP was perceived as a political necessity, as an outcome of a revolutionary breakthrough in the late 1970s. Against the backdrop of repression, CP was regarded as involving more than labour for “Health Days”. Garfield and Williams (1992:46) state that in Nicaragua, CP means that ordinary members have a say in what sort of health care is available to them. The fundamentals for effective CP in Nicaragua were laid during the revolutionary insurrections of 1978 and 1979. The Civil Defence Committees took responsibility for health administration in some areas under insurrection. The establishment of these committees was the initiative of the coming into political power by the Sandinistas (Garfield & Williams 1989:37; 1992:35).

The importance of CP and partnership was captured by Rosa Carcia, a health volunteer, who said (Garfield & Williams, 1989:37):

“I don’t know much about science, but a doctor doesn’t know this neighbourhood like I do. When we work together, the doctor and I can make democracy a reality in health. But democracy isn’t always easy.”

The experience of CP is regarded as involving more than labour for “Health Days”. These structures were composed of neighbourhood associations such as Sandinista Defence Committees, national women’s organisations, farm labourer’s unions, workers’ unions, teachers’ unions, the youth movement, the children’s association and the health workers’ union. These councils were established at local, regional and national levels (Garfield & Williams, 1992:41).

According to Plummer (2000:3-5), parameters underlying CP comprise meaningful participation which involves decision-making, the degrees of participation form a continuum and this continuum moves from the most exploitative and disempowered to the most controlling and empowered. CP is also understood to have empowering effects. The importance of this parameter is that CP brings about a shift in power relations within the community by encouraging marginalised groups such as women, the youth and communities of people with disabilities to become involved in the decision-making. The other consideration is that the objectives of CP can be diverse, multi-layered and complex. The manner in which objectives are conceptualised by

individuals, community structures and other stakeholders can affect the degree to which the participatory process will unfold.

In order to ensure the success of the participatory process, there is a critical need for the greater concurrence of the objectives of actors in the process. King (1999:99) agrees and suggests several pre-requisites to facilitate effective community participation. Amongst a list of vital pre-requisites, the following are listed:

- A clear, stable and supportive national policy and political framework characterised by political accountability and control as well as effective management approaches
- Community cohesion and commitment
- Mutual support between the government and the community, reinforced by mutual information feedback
- The effective integration of health into overall community development
- The recognition of socio-economic contradictions.

The messiness of policy has been articulated by Morgan (1993:83) in the Costa Rican experience, where: no policy enjoys the support of everybody, even at the highest office at state level. In 1978 President Cazaró's inauguration speech was peppered with words such as "human promotion" and "popular participation", as opposed to CP. He viewed popular participation as a permanent feature of democracy, investing in every citizen both the right and the obligation to participate in the government's work (Morgan 1993:83-102). His broader view invoked concerns over issues of social development and the creation of opportunity for the involvement of people in the political, economic and social life. CP connotes the direct involvement of ordinary people in local affairs. President Cazaró elevated the CP programme to a higher level in the ministry of health to be headed by a deputy minister (Morgan 1993:83-102). Despite political and administrative fears in countries like Costa Rica and Nicaragua on community participation, literature shows considerable support for the notion and practice of CP.

Closer to home, in South Africa, CP is a process of interaction between people to achieve specific goals. CP gives people the right and opportunity to be involved in decisions that affect their future existence (King, in King, Dennill & Swanepoel, 1999:85-87). In addition, the policy framework¹¹ prescribes that communities should be involved “in the various aspects of the planning and provision of health services” (Department of Health, 1997:15).

Furthermore, in 1997, the North West provincial legislature¹² passed legislation providing for the establishment of governance structures to legitimise CP. In terms of the relevant legislation,¹³ the provincial DoH,¹⁴ as an implementing agency, was directed to establish governance structures in the form of district health forums, committees and hospital boards. The legislative describes the role, function, composition and term of office for these governance structures. The broad powers, roles and duties of the governance structures are described in *section 4* of the Act as follows:

- When directed by the responsible member, to investigate and consider any matter referred to it in terms of the Act, and make recommendations with regard thereto.
- To investigate administrative queries in respect of hospitals, clinics and other health centres within its territorial jurisdiction and make recommendations to the responsible Member.
- To investigate service delivery problems in respect of hospitals, clinics, and other health centres within its territorial jurisdiction and make recommendations to the responsible Member.

¹¹ The policy framework is enshrined in the White Paper for the Transformation of the Health System in South Africa as assented to by the then Minister of Health, Dr Nkosazana C. Dlamini Zuma in 1997.

¹² North West provincial legislature is one of the nine legislatures in South Africa, established in terms of the Constitution 1996 of the Republic of South Africa. There are other provincial legislatures in the Eastern Cape, Free State, Gauteng, KwaZulu Natal, Limpopo, Mpumalanga, Northern Cape and Western Cape provinces.

¹³ North West Health, Development Social Welfare and Hospital Governance Institutions Act No. 2 of 1997.

¹⁴ The Department of Health and Developmental Social Welfare, since 2001, has been divided into two departments of health and social development respectively. In this thesis, the department of health will be used in favour of the Department of Health and Developmental Social Welfare.

- To nominate representatives to the District Health and developmental Social Welfare Board and to the Hospital Boards.

The Act further prescribes the broad powers, roles and duties of a district health and social welfare committee in *section 6 (1)* as follows:

- (a) To investigate, make recommendations and advise the District Health Manager or District Developmental Social Welfare Manager as the case may be concerning:
 - (i) the coordinate Management of all primary health care and social development service programmes and institutions in the province;
 - (ii) the preparations, development and presentations of the budget for recurrent expenditure to the province;
 - (iii) the financial requirements of the district with regard to the recurrent and capital expenditure;
 - (iv) the procurement of pharmaceutical and surgical supplies through the provincial tender systems;
 - (v) the appointment, evaluation, discipline and promotion of staff at district level; and
 - (vi) the purchasing of services from independent providers within the district.
- (b) To investigate, report and make recommendations to the province on any dispute or grievance by an individual or groups concerning access to health and social development services.
- (c) To perform and exercise all other such functions, duties and powers as the responsible Member may from time to time entrust to it.

The legislative decree in North West Province gave impetus to the policy framework. Participants showed that the involvement of communities was important in policies such as the decentralisation of PHCs. The implementation of policies has been demonstrated to have both intended and unintended consequences for individual and community life. It is for these reasons that beneficiaries of these policies should be involved in these processes. In a society such as South Africa, that strives for equality, openness and transparency, state institutions derive their legitimacy and

wider social acceptance by involving people “in the various aspects of the planning and provision of health services” (Department of Health, 1997:15).

Prior to the enactment of the National Health Act (2003), the District Health System Policy set up a framework for the establishment of governance structures to give effect to community participation across the country. Similarly, in the Bophirima District, there were governance structures established at district, sub-district and institutional levels. Thus participants remarked on the district health committees, hospital boards and clinic committees (NW Governance Structures Act, 1997).

There is evidence that if structures of community participation are properly constituted and constructed they can play an effective role in societies and communities. The PHCs were able to present important health campaigns that benefited communities. For example, the campaign on polio, measles, dengue and environmental sanitation attracted an estimated 30,000 volunteers. These volunteers attended weekend training sessions and conducted door-to-door visits to explain the purpose of “Health Days”. The most spectacular health effort was the anti-malaria campaign, which attracted about 200,000 voluntary workers (Garfield & Williams, 1989a:42).

Noronha (in Govinda & Duran, 2003:99-110) found that although the role of parents and communities is quite nebulous in the education sector in the Indian state of Madhya Pradesh, varying degrees of community involvement have been noted. Parents and communities have taken an interest and participated in various activities in the schools. The activities ranged from helping in the construction of schools to repair work. The parents and communities further participated by providing money and labour for school projects. They were also involved in controlling cheating, the supervision of meals and collecting resources for the schools in the education system of the Indian state of Madhya Pradesh. Participation was especially high where the headmaster/senior teachers were active.

According to Mohan, Dutt and Antony (in Govinda & Duran, 2003:165-166), village education committees are active in the Indian state of Karnataka. The role of communities in the curriculum is evident in this state, where children were taught

without textbooks. Communities are involved in new methods of teaching subjects such as mathematics, computations and environmental sciences, by allowing teachers to take children out of the school on household surveys in order to learn these concepts by observation and interaction with community members. For instance, information on domestic animals and their food habits are obtained from the heads of the households. The Karnataka experience shows that improvements were recorded in the performance and behaviour of children with regards to their confidence and life skills at both school and home. The experience further shows that teachers felt empowered and their relationship with communities had been enhanced.

CP is as important in developing countries as in developed society (Jamal & Getz, in Bramwell & Lane, 2000:174; Pearson & Graig, in Pierson & Smith, 2001:118). CP has also been experienced in the tourism sector, as in Canada, a developed country. Jamal and Getz (in Bramwell & Lane, 2000:174) describe a situation where there was conflict at a large-scale resort development in Canmore, Canada. The mayor and his council initiated a conflict resolution process by appointing facilitators. In turn, the facilitators engaged over 19 community groups, which represented 40 participants. The authors report that this was a largely political and intense process, characterised by some participants intimidating and yelling at other participants. More than 25,000 hours were spent on discussion and debate, with popular wishes to give input. In the final analysis there were winners and losers (Jamal & Getz, in Bramwell & Lane, 2000:164,173), but the most important outcome of the Canmore Growth Management Committee was that the individual and community capacity to address local level conflict over community direction and planning was enhanced. The capacity was displayed in the form of improved relationships between formerly warring stakeholders, healing the tensions and recovering from their historic strife, as well as obtaining better individual and group knowledge including decision-making and communication skills (Jamal & Getz, in Bramwell & Lane, 2000:174).

In Costa Rica, certain bureaucrats under the Cazaró administration were not in favour of CP. They feared that direct dialogue between local communities and state institutions would eliminate their public sector jobs. Other opposing views indicated that CP could be manipulated for electoral ends, and there were fears that

communities would seize power, or that CP was an opportunity for communities to rise against the state, undermine the politicians' power and take the country towards socialism (Morgan 1993:105).

In 1982, the new guard, President Monge, fiercely opposed the CP and refused to recognize the CP infrastructure and institutions that had been set up by President Cazaro. The Costa Rican experience indicated that there was political support for CP during the life and time of one president in one country and that the same issue was vigorously undermined by another president in the same country. It is important to note that, given the history of social, economic and political exclusion and apartheid, there was also considerable and imaginative political support for CP in South Africa.

The efforts by PHCs in Nicaragua attracted much attention and criticism from both conservatives and radicals in the Ministry of Health. The conservatives experienced mistrust in the *brigadista* programme, because they perceived the replacement of professional medicine at the heart of the health system as a threat. The radicals, on the other hand, were concerned that the volunteer activities would frustrate efforts to reorient medicine towards the poor majority. If this were to occur, doctors might continue to focus on their urban, middle class clientele, when the original plan was to attract them to work in rural and poor communities (Garfield & Williams, 1989a:42). However, the inclusion of health professionals caused palpable discouragement and undermined autonomous community initiatives. Communities perceived this development as an attempt by the Ministry of Health to dominate community structures (Garfield & Williams, 1992:46).

5.8 PARTICIPANTS' EXPERIENCE OF EMPOWERMENT

This category refers to data obtained from participants about the way in which their collective experience of the decentralisation and integration of PHCs had contributed to their individual empowerment.

5.8.1 Experience of individual empowerment

The findings of this study showed that psychological empowerment was an important aspect of individual development and personal growth.

“I say it has made me feel great, because when I compare what is happening now and what happened in the past we were unable to meet the department anywhere. At some stages we were saying the department people had an attitude towards us, not taking into account the fact that they might think the same when we visit them at EMS....so that is why I am saying I feel great because up to so far, we have a good relationship with the department.”

“It helped me because most of the cases, sometimes if you know nothing about certain things, for example, if reference is made about PHC or systems in the department after being trained we were then able to go, like when in meeting reference will be made about, let me give you an example of a doctor, I will be knowing abbreviations dealing with medical terms and what what, Then it helped in the process of understanding health language, I can understand systems of ---- something to do with TB.”

“There are errors that one does in the process and you learn from them. There are good things that you learn out of the process and you are able to replicate to others – to other sections within the district. Also, it helped us to document what we were doing. For instance we found ourselves being able to produce our monthly reports, we found that we were able to produce our own annual report, not saying you will see the annual report when it is the provincial annual report, we’ve produced annual reports, we’ve produced operational plans, we’ve evaluated our own plans. You know we have achieved so much and we could see that we have moved from this one to this one. We have a profile that we can say: “This is our profile as a district”. It meant growth also. One has grown in this...”

“Decentralisation also helped us in a way that we learned to cost the services that we were providing and this is something that we learned that you will have plans and these plans will be costed and you would know that; for you to be able to run a service from seven till seven in the evening it will cost you so much man hours. For you to be able to run a service from seven you will need how many professional nurses, how many cleaners and so on. We learned a lot in that so we could match the resources to what we need. That was a learning experience that one has to work with decentralisation”.

“I think personally it was a learning experience. Before I was involved in those activities I did not have much understanding of the nitty-gritty’s, particularly when it comes to community needs and now as a new government or as a participant in the new government I will be able to meet the rest of the communities and clients.”

Zimmerman and Rappaport (1988:726) report that empowerment is a construct that links individual strengths and competencies, natural helping systems, and proactive behaviours to matters of social policy and social change.

It appears that the findings of Zimmerman and Rappaport (1988:726) did not contribute a more satisfying conceptualisation to Thomas and Velthouse (Spreitzer, 1995:1443). However, Spreitzer (1995:1443) finds that in 1990 the work of Thomas and Velthouse showed some progress on the conceptualisation of empowerment. Their contribution captures empowerment as consisting of increased intrinsic task motivation manifested in a set of four cognitions reflecting an individual's orientation to his or her work role, namely meaning, competence, self-determination and impact.

Against the backdrop of the criticism by Thomas and Velthouse (Spreitzer, 1995:1443), Perkins and Zimmerman (1995:570) wrote that after years of deep concern over clarity on the concept of empowerment, there were several definitions and measurements of construct. Initial developments approached empowerment from the point of view of psychological empowerment, which suggests that the following elements constitute empowerment. These are self-esteem, self-efficacy, competency and locus of control. Despite the initial clarity about the concept, Perkins and Zimmerman (1995:570) advise that the growth of knowledge postulates a shift beyond the psychological empowerment, with a greater focus on empowerment as “an intentional ongoing process centred in local community, involving mutual respect, critical reflection, caring and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources”.

Wallerstein (1992:197) located empowerment in the context of powerlessness as learned helplessness and internalised oppression. Perceived as a subjective and objective phenomenon, powerlessness suggests that the individual cannot determine the occurrence of an outcome. The process of giving power to the people, and therefore, *empowering* them implies an understanding of what *disempowers* people and alters the social structures that constitute disempowerment. In its broadest sense, empowerment is a multi-level construct that involves people assuming control and mastery over their lives in the context of the social and political environment. In this sense, empowerment implies a transition from lack of power to having power to determine and make decisions that affect one's life and participation in the affairs of one's community. According to Perkins and Zimmerman (1995:570) theories of empowerment encompass both process and outcome, meaning that actions,

activities or structures may be empowering, and that the outcome of such processes translate into a level of being empowered.

It has been noted that the conceptualisation of the construct empowerment has been an intellectual challenge. Merging from the perspectives of psychological empowerment and powerlessness, individual empowerment is an ongoing process of self-reflection and action to develop certain competencies in order to be engaged in a critical manner with the immediate structures of social reality. An empowered individual is characterised by four cognitions, namely, self-esteem, self-efficacy, competency and locus of control. An individual with power to determine his or her life is expected to include a combination of self-acceptance, self-esteem, social and political understanding, and the ability to play an assertive role in controlling resources and decisions in one's community.

Empirical research has been conducted on the operationalisation of empowerment. Spreitzer (1995:1446) showed that individuals who hold themselves in high esteem are likely to extend their feelings of self-worth to a work-specific sense of competence and individuals perceiving themselves as valued resources having talents worth contributing. The individuals are more likely to assume active orientation with regard to their work and work units.

With regard to a locus of control, empirical research by Spreitzer (1995:1446) indicated that individuals with internal control feel they are capable of shaping their work and work environment and hence have a feeling of empowerment.

5.8.1.1 Feelings of Self-actualisation

One participant described how the decentralisation process had contributed to his personal growth and development. Others described how the community participation through clinic committees and district health council had generated positive feelings about himself/herself. The experience of self-actualisation was described as follows:

“...All right. Ja, the decentralisation is a process for me. It actually made self actualisation a reality”.

“Self actualisation is a reality in a way that you are given the responsibility, you are delegated to do something and you need to act. In that you are able to test the idea like I was saying to you”.

Human beings are in a state of perpetual movement from one level to the next. The primary purpose of this movement is to discover their essential nature and to come to terms with their true character. Chopra (1994:10) stated that it in order to become an eternal possibility, the immeasurable potential of “all that was, is, and will be”. It is important to continue to dream and desire to fulfil that dream of “all that was, is and will be”.

The name of Abram Maslow, a son of Russian Jewish immigrants, is synonymous with the concept of self-actualisation characterised by a hierarchy or pyramid of human needs. Haslam (2004:62) agrees that Maslow argued that human beings have their needs arranged in a hierarchical order ranging from the low level and basic (the need to eat and sleep) to the high level and complex (i.e. need for self-fulfilment). These human needs are described as physiological, safety, belongingness and love, esteem and the need for self-actualisation.

According to Haslam (2004:62), Maslow proposed that the most important motivator for people’s behaviour in any context is their lowest level of unsatisfied need. Accordingly, a person whose basic needs remain unsatisfied, will be driven more by the need to have these needs met than to have his/her high-order needs realised.

Miller (2006:29) agrees with Haslam (2004:62) that these needs are arranged in a *hierarchy of prepotency* so that the lower-order needs must be satisfied before an individual can pursue needs of a high-level order. In an organisational setting, individuals will be more inspired to ensure that adequate wages and conditions of service are satisfied than for their social relationships to find more expression.

According to Leonetti (1980:27), human beings are constantly yearning to reach the apex of the pyramid to fulfil the dream of “all that was, is, and will be”. Leonetti (1980:27) continues to emphasise the view that despite these musings the possibility

to become complete and perfect is in a perpetual motion. Given the nature of the human condition, people may fall anywhere along the pyramid depending on the circumstance and situations. Some people may at times feel complete and productive; while at other times, there is a need to fulfil others (Ibid.).

Daniels (2005:116) states that Maslow did not originate the concept of self-actualisation, but introduced it as part of a broad-based theory of motivation. He provides a critique of the concept of self-actualisation in which he states that there are conceptual problems regarding the description of the concept. He declares that Maslow did not clarify whether the concept of self-actualisation was about an end-stage, or a process of achieving ultimate satisfaction. However, according to Maslow, self-actualisation is about “what a man can be; he must be”. Miller (2006:30) recognises that, despite conceptual misgivings on Maslow’s thinking, this need was characterised by a desire to “become more and more of what one is, to become everything that one is capable of becoming”.

According to Shostrom (1976, in Miller, 2006:159-160), the need for self-actualisation is an unending process, for it is not an end that the individual achieves, but a process of becoming and finding inner balance. This inner balance is attained when individuals integrate opposing polarities, such as strength/weakness and love/fury, into complementary wholes. In this manner, individuals actualise themselves according to their inner orientation, through which they express what they really feel, want and prefer, that is, to achieve a state of what they really are”.

Daniels (2005:119) points out the commitment of Maslow to conduct an empirical research to identify self-actualised individuals. He used a criterion that encompasses both positive and negative aspects for selection. The positive criterion was that there must be “positive evidence of self actualisation, loosely described as the full use and the exploitation of talents, capacities, potentialities etc. The requirement for the negative criterion was that there was to be an absence of neurosis, psychopathic personality, psychosis or strong tendencies in these directions...” Maslow held that self-actualising people are characterised by self-acceptance, lack of defensiveness, autonomy, spontaneity and profound interpersonal relations.

Miller (2006:159-160) acknowledges that Maslow's initial research findings on his theory did not find much support. However, a study of research scientists, Kamalanabhan, Uma and Vasanthi, in 1999, found that the potential for self-actualisation was frustrated by non-fulfilment or partial fulfilment of the lower-order needs. In addition, Kriel supports the opening up of Maslow's pyramid in 1999 and argues for a concept of "never ending self-actualisation" in which "individuals can engender life-long learning, change management and boundlessness". On the other hand, Theron (in Bergh & Theron, 2006:158-159) writes about self-actualisation as the internal activator within individuals that determines or influences their motivation. According to her, self-actualisation is an inner-directed process, through which an individual expresses and fulfils his inner self.

According to Frankl (1969) (in Miller, 2006:159-160), human primary striving has to do with the will-to-meaning. He argues that the fulfilment of the will-to-meaning leads to self-actualisation. This "will-to-meaning" is very personal and unique to every individual. Finding meaning can be facilitated by actualising three types of values. These values are creative, experiential and attitudinal:

- Creative values are realised when an individual creates something.
- Experiential values are realised by experiencing the good, real and the beautiful.
- Attitudinal values are realised when an individual perceives meaning in something that appears meaningless, such as unavoidable suffering.

In 1970, Maslow found that a selected group of eminent public and historical figures, whom he regarded as self-actualising individuals, shared the following features, amongst others (Miller 2006:160-161):

- Autonomy, in the sense of being relatively independent of the physical and social environment
- Democratic orientation
- A feeling of connectedness with people
- Human "weaknesses" such as pride, selfishness and conflict

- Resistance to acculturation and high conventionality
- Feeling peak experiences, that is being high on consciousness in certain situations
- The ability for fresh appreciation and wonderment
- A naïve, childlike type of creativity
- An orientation that does not evaluate truth in terms of order and certainty.

In 1991 Mittleman held that the characteristics of self-actualising individuals can be reduced to a single characteristic, namely *openness to experience*, that is, existential openness that is good for the individual in that it involves the authenticity of that the individual (Miller, 2006:160).

Self-actualisation is a process oriented to what is accumulated in stages. Self-actualisation remains the desire and dream of becoming and yearning for optimum development. As a dream it will continue to transcend human endeavours to become an essential possibility.

5.8.1.2 *Contributing to self-confidence*

The findings of this study showed also revealed that several participants had developed the capacity to believe in themselves. As participants they were to pursue the decentralisation up to the point where they would be able to work in other sectors.

“...Oh ---- It makes (laughs) for me to say that it makes me feel great, it is because now, I am – I can also say the department has contributed at this level. I am now able to handle some issues on behalf of the MEC or on behalf of the department, I have also the capacity to attend to other things.”
 “Although I have not really worked within local government structures, but my participation in this policy initiative enriched my knowledge and experience in terms of understanding of the realities within the local municipality administration. First off I was exposed to the legislation part – the municipalities’ structures, act, systems – because then I became an expert in terms of those acts and what is needed. The IDP provisions in terms of why it is important to involve communities in discussing developmental projects and in actually setting up a plan in terms of the IDPs. So it basically broadened my understanding of the role of a municipality in the developmental processes. *It made me confident that I can actually run a municipality*, maybe as a municipal manager or part of the municipal

management team. Understanding the financial systems within the municipality and the accountability basis in terms of municipality rules and legislation. So it exposed me and introduced factors. Actually I attended one interview for a post as a service manager and I was successful. It's only that I did not take it up, but I think it assisted me to understand and have skills in that regard."

Society and organisations expect individual members to execute certain tasks in order to ensure survival and optimal success. There is a general expectation that, due to intentions to progress towards a better future, the sense of self-worth/image should remain poised for that ultimate goal of success. Self-confidence is one component of self-image. To achieve success requires belief in one's ability to accomplish tasks and to attain personal goals and objectives. This belief in one's ability to perform is defined as self-confidence. These feelings are instilled within the self through countless interactions with significant others or events in the environment (Leonetti 1980:16-20). Regarding self-confidence, individual persons can either possess high or low self-confidence, while self-esteem can be negative or positive.

The work of Bandura on self-confidence has been cited for its significance to the situation-specificity of the task. Bandura developed the theory of self-efficacy in the 1970s within the context of the social cognitive approach, which argues that behaviour, cognitive and physiological factors and environmental influences operate as interacting determinants of each other (Hardy, Jones & Gould, 1996:46). Simply put, self-efficacy is the belief in one's capabilities to organise and execute the courses of action required to produce given attainments (Feltz, Short & Sullivan 2008:5-6). Efficacy beliefs are about the judgement or perception of individual competence to succeed in a given task at a given time (Hardy, Jones & Gould, 1996:46). Crozier (1997:168) adds that efficacy beliefs are not about the skills an individual has but are concerned with the judgements of what one can do with whatever skills an individual possesses. According to Bandura, efficacy beliefs can be assessed in terms of three dimensions: level or magnitude, strength and generality (Crozier 1997:168; Feltz, Short & Sullivan 2008:6; Hardy, Jones & Gould 1996:47). These dimensions are presented in table 5:

Table 5.5:
Bandura's three dimensions of efficacy

| Efficacy dimension | Explanation of the dimension | Practical example |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Magnitude | Peoples expected performance attainments at different levels of difficulty. | Soccer players with different levels of efficacy for penalty kicks would judge how many successful goals they could kick consecutively, e.g 1 out of 10 or 10 out of 10. |
| Strength | The certainty of people's beliefs that they can attain these different levels of performance from complete uncertainty to complete certainty. | Two soccer players may believe that they can make 6 out of 10 penalty kicks, but one of them may have more certainty in this belief than the other. |
| Generality | Number of domains of functioning in which people judge themselves to be efficacious and the transferability of their efficacy judgements across different tasks/activities such as across different sports. | |

Hardy et al. (1996:46) and Feltz et al. (2008:7) noted that in 1997 Bandura theorised that the formation of efficacy beliefs is mediated by a complex process of self-appraisal and self-persuasion that depends on the cognitive processing (i.e. selection, interpretation and integration of different sources of efficacy information). The main sources of information/efficacy expectations were categorised as past performance accomplishments, vicarious experiences and verbal persuasion. Table 5.7 below describes the main element of each of the efficacy expectations.

Table 5.6:
Source of efficacy information

| Performance accomplishments | Vicarious experiences | Verbal persuasion/effective communication |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ These have the most powerful effects upon self-efficacy since they are based on personal mastery experiences. ▪ The achievement of success over a difficult task independently early in learning will result in greater self-efficacy than success over a simple task. | <ul style="list-style-type: none"> ▪ Information derived from seeing others perform a particular skill that an individual is contemplating learning, e.g. effective use of former and high status performers as confidence role models. ▪ Vicarious sources have been shown to be generally weaker than performance accomplishments. | <ul style="list-style-type: none"> ▪ Persuasive techniques used by self and others in order to manipulate behaviour such as using positive self-affirmations, e.g. 'I can do it!' ▪ However, the strength of persuasive influence has been hypothesised to depend on the prestige, credibility, expertise and trustworthiness of the persuader. |

Sources: Hardy et al. (1996:46) and Feltz et al. (2008:7)

Research on self efficacy indicates that being efficacious was a major determinant in sports performance (Hardy et al., 1996:46). Studies further support the idea that people will choose to undertake physical challenges and set goals that they believe they can master, and will avoid challenges that are perceived to exceed their capabilities (Feltz et al., 2008:15).

Self-confidence is important because it influences one's performance in situations where one is physically capable of performing a task, but uncertain about one's

capabilities (Hodge 1994:73). The importance of confidence, amongst other factors, has been shown to be a factor between successful and less successful performers. Various studies have been conducted to describe the psychological characteristics of groups of sport persons, and have showed a positive relationship between confidence and performance (Hardy et al., 1996:51-52). The study of 13 gymnasts involved in the final trial for the 1976 US Olympic team shows that the qualifiers were more self-confident than the less successful qualifiers. Furthermore, in a study of 713 athletes drawn from 23 sporting codes, divided into elite, pre-elite and non-elite performers, 126 elite performers were shown to have had higher and more stable levels of self-confidence than non-elite performers.

The sources of self-efficacy suggest that self-confidence can be enhanced. Leonetti (1980:46) recognises that allowing students to assume responsibility enhances their self-confidence to undertake challenging tasks and they are therefore expected to perform much better. This can be achieved by creating opportunities for the development of self-responsibility. The involvement of individuals in decision-making processes has also been cited as an important self-confidence enhancer. The role of coaches in sport has been found to be a critical enhancer in the vicarious encounter. The significance of verbal persuasions is also a powerful enhancer of self-confidence (Hardy et al., 1996:69-70).

5.8.1.3 Experience of positive self-esteem

The feeling of helplessness was described when the decentralisation of PHCs to local government was disrupted. However, some participants said that by participating in the process, sense of feeling great was experienced. It was said they felt positive about themselves. The experience of positive self-esteem was captured in the following personal account:

“...I say it has made me feel great, because when I compare what is happening now and what happened in the past we were unable to meet the department anywhere. At some stages we were saying the department people had an attitude towards us, not taking into account the fact that they might think the same when we visit them at EMS....so that is why I am saying I feel great because up to so far, we have a good relationship with the department”

The title of the book, "*Self Concept and the School Child*", authored by Leonetti (1980) is self-explanatory. Its focus is on the child and the role of teachers in the school environment, showing emotional responses to the immediate environment transcend age. The subject matter discussed by Lawrence (1996) is similar to that of Leonetti (1980), who writes about the importance of self-esteem for children in the classroom. From birth to death, self-concept will remain a transcendental phenomenon to all human beings. It can therefore be argued that human beings, whether children or adults, have the capacity to evaluate themselves in relation to others. That being the case, self-esteem is important for adults as well (Crozier, 1997:173).

Self-esteem is another integral part of self-image, which in turn is related to the feelings that individuals have about themselves. According to Feltz et al. (2008:31), self-esteem is regarded as one's personal perception of worthiness and a sense of psychological well-being. The role of self-esteem in education has been identified by Crozier (1997:171). There is agreement that the child's self-perception of the feelings of significant others has an important role in how he or she feels about him or herself when undertaking to compete a task (Leonetti, 1980:32).

The relationship between self-confidence and self-esteem has been established as being both the constituent parts of the self-concept. This means that individuals need to be able to do the tasks that are at hand and further be able to derive joy and satisfaction from performing them. It has been indicated that feelings are instilled within the self through countless interactions with significant others or events in the environment (Leonetti, 1980:16-20). Since the individuals relate to one another, their self-esteem can either be enhanced or affected negatively. It is possible to have positive self-esteem and negative self-esteem.

For Lawrence (1996:29-35) there were various ways in which the self-esteem of individuals could be enhanced. Teachers with a high sense of self-esteem are more likely to produce students with high self-esteem. In addition, it has been established that people who have positive attitudes towards themselves are also likely to have positive attitudes towards other people. He further established that the relationship

between a teacher and student is an important aspect of a phenomenon called “the expectancy effect”. This is a phenomenon where a student intends to behave according to the teachers’ belief in their worth. Students who do not “fit” the ideal pupil model are usually evaluated unfavourably. Similarly, those students whose behaviours meet teacher’s expectations score favourably on assessment.

Hodge (1994:21) wrote that successful sports people have a general attribute called positive self-esteem and that such an attribute can be developed. Positive self-esteem is found to help people to be more analytical, rational, logical and less emotional in their assessment of self. Successful people are found to possess the following self-esteem characteristics: self-awareness and self-acceptance, being realistic and rational, self-responsibility and self-discipline, self-management and persistence.

5.8.2 Experience of community empowerment

The findings of this study revealed that community empowerment was experienced as a result of the integration and decentralisation of PHCs. Participants stated and emphasised that through their participation and engagement with communities, they had come to learn and appreciate that communities had developed a sense of responsibility towards themselves and their affairs, such as service delivery. They further remarked that they had learnt about the importance of accountability and how relationships between leadership and communities could be strengthened. The following narratives provide a general description of how participants experience decentralisation as part of community participation and involvement:

“...Towards a situation where communities will be able to take charge of their own destiny in terms of health services.”

“...Because the committees are not only involved in monitoring on policy – what work nurses or medical staff is doing or health staff is doing – but they also assist in developing new ways of rendering this particular service. And I think to me it has gone a long way, even in conscientising people about their responsibilities within their communities and that they indeed have to take charge of the services rendered in their communities.”

“...the good thing is that there is sort of uniformity in government as a whole – in various departments – as to what the roles of such community forums in

relation to their department will have to do. First of all is to promote the sense of responsibility. Because it tries to promote accountability. You know people always say that with freedom there are obligations and that is what happens with all development. There are obligations that people will have to meet and ensure that they keep to that. It is out of the sense of ownership as well...”

“...We are also implementing some of the policies like Batho Pele, like patient right to community, and community is being made aware that even though they have rights that does not mean that they must be disrespectful because also if you have rights, you must also be able to know that they also carries responsibilities.

“...while representing the community at the level of the municipality, we were then able to raise some of the things that comes directly from the community to the department., We were also able to come with the brief/report back also to the community and this thing through this thing of participating in the department, ended the trend that the community are cry babies every now and then when the department visits they will be complaining about this and that in our presence as their representatives, we take the complain from the community and also get the feedback to the community. This has brought an end to the trend that now and then community will always complain to the department. This issue has ensured that, you know, at some stages we had structures where the community also they are part of other structures , the government structures, district health council, so they are so doing we are also to , so that the community must be part of the everything that is taking part.”

“...Ja. And then the other role that is important is the issue of budget; the financial management approach and then the understanding in terms of how budget is allocated. Because if people understand the nitty-gritty's in terms of budget allocation, financial management then they are able to understand where there are shortcomings, where they are not able to deliver particular services at that particular moment when they need it. But it takes maybe a kind of long term planning to be able to get these necessary services...”

A paper by Brikenhoff and Azfar (2006:5) explored the concept community empowerment in relation to democratic local governance. Community empowerment embodies elements of citizen participation and is more usefully viewed as instrumental in terms of contributing to achieving particular objectives. They argued that the combination of community and empowerment stresses the essentiality of the collective action to the concept. In this regard, community empowerment is concerned about how members of a group are able to act collectively in ways that enhance their influence on, or control over decisions that affect their interest. According to Brikenhoff and Azfar (2006:6), communities are empowered when they show the following characteristics:

- They have access to information

- They are included and participate in forums where issues are discussed and decisions are made
- They can hold decision-makers accountable for their choices and action.
- They have the capacity and resources to organise to aggregate and express their interest
- They take on roles as partners with public service delivery agencies.

Wallerstein (1992:198) locates empowerment in the context of powerlessness as learned helplessness and internalised oppression. She defines community empowerment as “a social-action process that promotes the participation of people, organisations and communities towards the goals of increased community control, political efficacy, improved quality of community life, and social justice.”

Community empowerment is a multi-dimensional ongoing process that considers the actions and experiences of individuals, organisations, groups of people in the environment of social and political settings. Through empowerment, communities are able to develop their skills in areas that challenge their positions in society. Through the interaction between communities and the environment, communities are able to generate their knowledge, awareness and develop a deep sense of consciousness about actions to be taken to determine, change and control their lives.

The report by Okidi and Guloba (2006:5-6) indicates that Uganda is regarded as the forerunner in Africa with respect to decentralisation. The experience of decentralisation reveals that citizens have been empowered and their awareness of the different custodians of responsibilities has been heightened. Some other experience suggests that the delivery of coordinated services had been brought closer to the people and the promotion of creative local resource mobilisation has been remarkable. Other experience shows that there has been increased responsiveness of public investment to local popular demand.

5.8.2.1 Sense of responsibility

The research found that participants stated and emphasised that through their participation and engagement with communities, they had come to learn and

appreciate that communities had developed a sense of responsibility towards themselves and their affairs, such as service delivery.

“...Towards a situation where communities will be able to take charge of their own destiny in terms of health services.”

“...Because the committees are not only involved in monitoring on policy – what work nurses or medical staff is doing or health staff is doing – but they also assist in developing new ways of rendering this particular service. And I think to me it has gone a long way, even in conscientising people about their responsibilities within their communities and that they indeed have to take charge of the services rendered in their communities.”

“...the good thing is that there is sort of uniformity in government as a whole – in various departments – as to what the roles of such community forums in relation to their department will have to do. First of all is to promote the sense of responsibility”.

The Judeo-Christian framework has exerted a great influence on the role of moral agents in theory and practice (Daugherty, 1996:125). This framework stresses the responsibility of an individual towards God. According to Daugherty (1996:125), this notion of responsibility has since been challenged in the twentieth century by several movements such as idealism, naturalism, positivism, pragmatism and Marxism. These movements hold a general rejection of the supernatural and specific rejection of the notion of an agent's responsibility to God, and focus on species, history, nation, science, class and nature and oneself as contributors to a sense of responsibility. Instead, these movements stress responsibility towards others.

Despite increased secularisation in society, the need for responsibility has not waned. Society has found alternative ways to secure responsibility from the individual as moral agents. The practise of law and the role of ethics in society require moral agents to face up to personal, moral and organisational indiscretions. For example, it is common to observe medical malpractice law and litigation in most countries and societies (Daugherty, 1996:125).

There are several ways in which the concept of responsibility is understood. According to Hendrick (2004:79), responsibility can be categorised as both moral and professional responsibility. In the first category, it is understood as a person having a free will and freedom to use his/her judgment as he/she deems appropriate. In the

second category, responsibility is regarded as having special skills and expertise that an individual has acquired as a member of a profession and thus has reached a level of competence and trustworthiness.

Hindriks (2009:166) states that moral responsibility can be described only to moral agents, agents who can recognise normative considerations, and who guide their behaviour by the light of an appreciation for their force. Normative considerations encompass a sense of blame and praise. There are reasons for accounting behaviour that warrants blameworthiness and praiseworthiness. Moral responsibility requires the freedom and power to do the right thing for the right reasons. In addition, the notion of responsibility encompasses values such as respect for dignity, service to the common good and concern for the vulnerable and a commitment to these values is difficult without a robust sense of responsibility (Daugherty, 1996:125).

Fischer and Ravizza (1998:5-7) write about the Strawsonian view of moral responsibility, a view that recognises the existence of a relationship between members of society, organisations and institutions. In the context of this relationship, individuals are regarded as moral agents, therefore the relationship between people in different organisations raises certain expectations. When one regards someone as a responsible agent one reacts to the person with a unique set of feelings and attitudes, such as gratitude, indignation, resentment, love, respect and forgiveness. These attitudes characterise and help to constitute a human relationship and point to something unique about people. In this instance one is engaged with persons.

In democratic societies, citizens elect their representatives through a voting process, through which citizens enter into a relationship with their representatives. According to Fischer and Ravizza (1998:5-7), in this relationship citizens expect their representatives to meet certain expectations and obligations. It is expected that representatives will use their new-found power to ensure “service to the common good” and to show “concern for the vulnerable”. However, Winter (in Rhode, 2006:192-194) declares that there is the tendency of power to produce self-interested behaviour in individuals, which unchecked, has the likelihood of leading to impulses and at times, anti-social, self-interested action. In this regard, this tendency needs to be tamed or tempered with a sense of responsibility. In other words, the negative

effects of power can be curbed by a concern with responsibility. For Winter, responsibility is characterised by having a concern for others or about the consequences of actions and there is a feeling of a sense of obligation.

Research by Winter (in Rhode, 2006:193-194) has indicated that a measure of responsibility can channel people's power motivation. In his research, he noted that certain levels of responsibility were correlated with the distribution of power. In an environment of a high level of responsibility, men and women in leadership are motivated to act in socially useful ways and as such they have become effective leaders. However, in situations of low responsibility, their power drives those in leadership positions to assume profligate, impulsive and aggressive forms.

5.8.2.2 Sense of accountability

They further remarked that they had learnt about the importance of accountability and how relationships between leadership and communities could be strengthened. The following narratives indicate how conscious participants were with regard to accountability:

“...Because it tries to promote accountability. You know people always say that with freedom there are obligations and that is what happens with all development. There are obligations that people will have to meet and ensure that they keep to that. It is out of the sense of ownership as well.”

The explication of accountability is regarded as an important matter of governance and its postulate, that there is a relationship between two concepts (Dellaportos et al., 2005:94).

Vickers (1995:169) refers to accountability as a relationship between moral agents, i.e. those who hold power and those who have formal power to displace power-holders. This infers that the content of accountability consists of everything that those who hold power-holders to account find relevant to their decision of whether to continue or withdraw confidence. Winter (in Rhode, 2006:165-193) regards accountability as invoking the sense that the actions of an individual are personally identifiable and subject to the evaluation of others while it often accompanies

structural power and acts as a constraint on power. Berg and Rao (2005:4) describe accountability as the ability of citizens to call policy-makers to account. For policy-makers to call bureaucrats to account is a critical premise in a democratic government. They further note that although accountability is a universal tenet for democracy, there is little agreement on how it can be achieved. However, theories of accountability emphasise mechanisms for providing information and communication and for imposing sanctions when there is a breakdown in accountability regimes.

Smith (2007:18) agrees with Berg and Rao (2005) that accountability requires a public that enjoys the freedom and the institutional means to scrutinise the conduct and policy choices of political leaders between elections. Writing from constitutional and sociological institutionalist perspectives, Berg and Rao (2005:1) define institutions as composing formal structures in organisations. These include rules and regulations that are reflected in the legislative framework and, in turn, the regulatory framework provides the frames for the behaviour of individuals operating within these structures.

Smith (2007:18) argues that strength of accountability depends on the effectiveness of sanctions and of the institutions for monitoring decision-making. It is important to recognise that individuals in a democratic society enjoy freedoms as well as responsibilities. One of these freedoms is to vote for representatives in an election. This political act establishes a relationship of trust and confidence between voters and political-office bearers, therefore both agents bear a moral responsibility towards each other. However, it is in the context of accountability that the power-holder is accountable for his or her actions and the decisions that he or she takes in the position of power.

Daugherty (1996:94) explains that a power-holder, whom society or an organization has accorded authority or certain rights, needs to expect that those who hold formal power to place or displace him or her, would do so to ensure that he or she exercises that authority in an accountable and responsible manner. Power-holders need to appreciate that they are subject to the evaluation, judgement and, particularly, the opinions of others. This level of appreciation is an important constraint on the power that the office-bearers command at their disposal. The execution of power is

measured by the extent to which the decisions and actions of the power-holder contribute to “service to the common good”. In conditions where standards of “service to the common good” are not met, office-bearers should explain their behaviour, actions and decisions. Hendrick (2004:79) suggests that the office-bearers need to justify their actions or omissions and the need to establish whether these are good reason for acting or behaving in the manner in which one has.

Harmon (1995:25) stated that accountability assumes that the agent who must answer for his actions is both self-aware and in possession of the necessary means to cause an event or action to occur in the service of others. Self-awareness is important for understanding that the nature of action can be evaluated in a manner that engenders either praise or punishment by others. In addition, Harmon (1995:25) explains that accountability assumes the principle of alternative possibilities, which states that the agent can act otherwise. This means that in the justification of one’s actions the accountable should be aware that there could have been choices other than those that the accountable person has made. An accountable person is deeply obliged to act in a manner that ensures that the other agent does not consider his or her actions profligate, impulsive and aggressive.

Adam Smith wrote that social appropriation and disappropriation are critical to sustaining honourable behaviour in commerce. He stated that this was the essence of reputation. Once reputation is damaged, it results in loss of trust, which leads to exclusion from the benefits of social exchange. This suggests that those who have formalised their relationship with power-holders through democratic mechanisms, would reserve the right to reconsider such relationship in future engagements. Like reputation and responsibility, accountability is a factor that reduces the likelihood of power leading to impulsive and at times, anti-social, self-interested action (Winter, in Rhode, 2006:194).

This research has revealed that the involvement of individuals in the policy process, such as the decentralisation and integration of PHCs, has resulted in experiences of the empowerment of self (i.e. individuals) and communities in general. The experience of observing the positive behaviours of leaders was found to have

empowering effects. The involvement of research participants with communities has also shown the effects of empowerment on self and communities themselves.

Empowerment has been described as an on-going process of self-reflection and action to develop certain competencies to engage the immediate social reality or life worlds of individuals and their communities. Different forms of empowerment were discussed. These were self-actualisation, self-confidence, self-esteem, sense of responsibility and accountability. Generally, empowered individuals and communities take part in the affairs of their communities with confidence. Empowered individuals have been found to have a more positive outlook on their life and were more motivated to develop themselves and their communities.

5.9 CONCLUSION

This study describes the experiences of participants drawn from different leadership backgrounds regarding their own perceptions of how they experienced the decentralisation of PHCs in the Bophirima District. In this chapter, participants told stories in their own words about the evolution and legitimacy of the decentralisation policies in South Africa; their implementation in the Bophirima District and the missing opportunities in fully decentralising PHCs to local government (district municipality). They also described their experiences of the integration of PHCs in the Bophirima District and told narratives of how challenging the integration process was and the said leaders need to try harder to communicate the change processes.

This chapter acknowledged the role of leaders across the three spheres of government, from district, to provincial and national level. They stated how they experienced positive growth and development from being led by those individual leaders. They also accepted that some disappointment existed with regard to the national level of leadership. The failure of national leadership to provide technical support in the form of guidelines to provinces and districts was experienced as sad and disappointing.

In this chapter, participants described their individual and collective experiences of working with communities. They related that through their involvement with

communities they have learnt to be responsible and accountable. Through this experience they have learnt to be better human beings.

CHAPTER SIX

FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

6.1 INTRODUCTION

The previous chapters described the research design, method and findings, and discussed the research project. Furthermore, narrative statements by the participants were contextualised and the research findings compared with the literature. Based on the research findings of the participants' experiences of decentralisation of Primary Health Care services, this chapter also suggests how the decentralisation of PHCs can be further improved to address some of the challenges that affect the districts. This research project set out to investigate and describe what the experiences of the participants were with regard to decentralisation in the Bophirima District and how these experiences were manifested. Furthermore, it assessed the extent to which these experiences could be used to contribute towards the improvement of the decentralisation of PHCs. This chapter presents the research findings, limitations of the research project and concluding remarks. The chapter also makes practical recommendations and concludes with considerations for further research.

6.2 LIMITATIONS OF THE STUDY

The study had a number of limitations.

6.2.1 Transferability

The research study was phenomenological and qualitative in orientation. The nature of the study of the study does not claim to be generalisable and representative. This means that the results and conclusions can only be applied to the research setting in which it was conducted. It did not include other staff members, such as mid-level professionals.

6.2.2 Research method

The research method in Chapter Four indicated that the ability to recall past events and experiences is an important part of scientific investigation, particularly in retrospective studies. Although the literature suggests strategies for tackling and minimising recall bias, through triangulation of data collection method (document review and analysis), the research was not able to completely eradicate participants' recall bias.

6.3 MAIN FINDINGS OF THE STUDY

During the analytic process, the researcher made findings on decentralisation, integration, leadership, community participation and empowerment.

6.3.1 Participants' Experience of Decentralisation of PHCs

The study mentioned three forms of decentralisation, as well as a particular form of it. First and foremost, the researcher identified that deconcentration had taken place and continued to be the axis of the current phase of health service delivery. It was further established that delegation was a mandated approach according to the political decisions of that time. Although the devolution of primary health care was not a mandated stream, the research indicated that it was the option preferred by the provincial leadership. Generally, the decentralisation project was well received in the Bophirima District. The political leadership of the district and managers were in support of the decentralisation of PHCs. The experience of the mid 1990s and early 2000s decentralisation was described as enjoyable and exciting for participants, but the lack of a fulfilment of the devolution dream was a setback for the North West Province. The lack of fulfilment created feelings of sadness and helplessness, as elucidated by the experience of decentralisation in 2000s. It is therefore important to accept situations that cannot be altered and move on towards other potential experiences.

6.3.2 Participants' experience of the integration of services

In addition, the researcher discovered that the integration of PHCs was another policy and process that triggered excitement amongst participants. Some mentioned that professional nurses did not seem well-disposed towards the integration of PHCs into the broader provincial health service delivery system and structures. The integration of PHCs into such structures created emotional and psychological challenges for professional nurses. The management of change, an understanding of the change process and the need to communicate the said process were cited as critical factors in such a process. Leadership was further identified as a key factor in the management of these processes.

6.3.3 Participants' experience of leadership

The phenomenon of leadership in a change process such as decentralisation and the integration of the PHCs was identified as an essential factor. The role of leadership at district, provincial and national levels was described as crucial for the management of processes. It was particularly revealing that leadership at district and provincial levels was regarded as an empowering factor in the lives of the participants.

The Executive Mayor of the Bophirima District was described as the embodiment of leadership at district level. His leadership was characterised by passion and enthusiasm, humility and a positive attitude, geared towards partnership with regard to provincial health policy processes. These attributes were described as both enabling and empowering for the provincial leadership.

The leadership of the province, represented by the former MEC, was also described as empowering, thereby creating conditions for personal growth and development for some participants. The notions of trust, consultation and engagement, team-building and instilling a sense of self-confidence and belonging were attributed to the style of leadership of the province at the time. Participants expressed a deep sense of loss and sadness about inauthentic leadership styles.

The importance of the role of leadership at national level was cited as a factor in supporting provincial and municipal policy processes. However, the rigidity of the mandated position on the transfer (i.e. delegation) of PHCs was cited as an issue for policy management. Participants indicated that whereas the North West Province, under the leadership of the former MEC for Health, preferred to devolve PHCs to local municipalities, the MinMEC decision of 2001 prevented this potentiality from being realised. According to the participants, the preference for devolution was based on the fact that during the development of the DHS, the province had developed sufficient capacity at sub-district/local municipal levels. In this regard, the study found that flexibility was an important factor in the ensuing declaration of the MinMEC 2001 decision.

6.3.4 Participants' experience of community participation

Community participation (CP) was experienced as a critical factor in the deepening of local democracy and a legitimising element in the reconstruction of state and society relations. The study further indicated that the relationship between the different layers of leadership and the communities was enhanced by the establishment of governance structures in the district. These structures took the form of clinic committees, ward committees, hospital boards and district health councils. Through these structures, communities were able to provide input into health service delivery issues such as ensuring that there were sufficient stock levels of essential medicines in the health facilities in the district, as well as overseeing the construction and management of health facilities. The research also indicated that CP was regarded as important in the district.

6.3.5 Participants' experience of empowerment

Phenomena of self- and community empowerment were experienced by participants. Empowerment was described as a process of enjoying access to information, feeling a sense of efficacy and the development of skills to undertake and make decisions on matters affecting individuals and their communities. Participants stated that, by taking part in the decentralisation and integration processes, they were able to learn new ways of doing things and how to manage very difficult processes. They added

that the leadership of the province and the district were inspirational and that they had developed self-esteem, self-confidence and a strong belief that they could handle similar processes under different settings.

In addition, the investigation revealed that over the years a certain sense of ethics had developed. This was embodied in a growing sense of accountability and responsibility towards leaders and the needs of their communities. Their roles in the development of the DHS in the province and their relationship with communities in the Bophirima District had been a humbling experience for them. While communities had learnt the importance of participation in the planning and budgeting process, of performance reviews, and of equity in the mobilisation of resources, the participants had also learnt the significance of understanding their needs and taking such needs into consideration during the planning of health services. These processes had lent themselves to being regarded as empowering.

6.4 SIGNIFICANCE OF THE STUDY

This section of the research spells out the immediate and longer-term benefits that the results of the study may bring to various groups of beneficiaries (de Vos, Strydom, Fouche & Delpont, 2002:118). Marshall and Rossman (1989:30-32) write that a research study cannot be undertaken in isolation, and that it must fulfil certain criteria in order to demonstrate usefulness. The findings of this research will be useful in enabling policymakers and practitioners to appreciate the dynamics of policymaking and policy implementation, in particular across the three spheres of government.

The significance of this research is that it shares the lived experiences of people at the forefront of policy implementation. The government is supposedly concerned with the people who receive the services, but it is also necessary to consider those who provide them and those who implement policies. The study has highlighted important areas that need to be considered in future when policies are introduced, to be able to deliver PHC services to the people at this first point of contact with the healthcare system. It is important to ensure that a decentralised PHC system is more functional so that all other levels of the healthcare system will not be able to function efficiently,

for example, district hospitals and emergency medical care services. The findings are significant in that the government at national and provincial level needs to consider consultation, participation and engagement of key people within the existing DHS when drawing up future plans and policies for provision of PHC services.

The implementation of the DHS policy in the early 1990s and the MinMec decision in favour of decentralisation were intended to consolidate cohesion and stability in the delivery of PHC. However, the study found that the current system has remained fragmented and duplicated, despite the avowed intentions and efforts of DHS policymakers since apartheid. Of greater concern, the phenomenology of decentralisation as narrated by participants showed emotional and psychological discomfort in relation to isolationism in the management of decentralisation and integration of PHCs. Drawing from these experiences, it has been recommended that policy revision and alignment be considered where there are isolated and parallel policy processes. The intention of the Northwest to devolve PHC to local government, particularly category “B” municipalities, has been noted in the study. This would contribute to a more coherent, stable and stronger district health system and drive a more effective PHC delivery system by one level of sphere of government.

The leadership of a rural district of Bophirima and province of the Northwest demonstrated that policy flexibility in this regard would have contributed uniquely toward consolidation and efficiency at local government. It is thus crucial for policymakers to consider that in future policymaking needs to offer sufficient clarity on conceptualisation of decentralisation (i.e, de-concentration, delegation and devolution). This clarity has serious implications for the current formulation of PHC in the Constitution and the National Health Act, both of which would require amendment following clarified conceptualisation.

Through phenomenological research it was envisaged that the experiences of participants would contribute towards a better understanding of people involved in policy dialogue, design and implementation. The study found policymaking to be a complex process that requires the participation of several role players in the setting, design, articulation, formulation and implementation of stated policy intentions. The current investigation, through the voices and descriptions of research participants’

experiences, showed that policy cannot be driven mechanistically, but that human beings are an integral part of this complex process. In their own narratives, participants, as embodied in the decentralisation experience, evoked memories of sadness, fear, anxiety and helplessness as they shared their experiences. They also narrated how they experienced personal growth, and transcendent boundedness and releasedness as they learned new ways of doing things. Experiences of negative and positive emotions explained that human beings are central to policy design and implementation. The scientific investigation established that the participation of human subjects should be taken into account during the policy design to ensure that such processes maximise individual self-growth and contribute towards empowering and deepening human consciousness.

Policy design and implementation is about people and their development and not their disempowerment. It is therefore important that during the process of change and policy design, people who are most likely to be affected by such process are emotionally and psychologically prepared to understand the implications for policy, change, design and action. These levels of preparedness and appreciation would enhance the involvement in policy process, particularly when it would be perceived as empowering for the future of participants, and so contribute towards maximisation and optimisation of policy implementation. This is the essence of *Ubuntu*. In a small way, the study has challenged policy processes to invoke the philosophy and notion of *botho/ubuntu*, which is regarded as 'humanness', a pervasive spirit of caring, community, harmony, hospitability, respect and responsiveness that an individual or groups display for one another (Karsten in van Heuvel, Mangaliso & van de Bunt,2006:53). *Botho/Ubuntu* is also viewed as possessing a strong sense of community, collective morality and unconditional solidarity, cooperation and reciprocity.

In the *Ubuntu* perspective, leaders play an important role in assisting individual employees to find their ontological essence. It is not enough to display the denominator management disposition, where the most important drive is to achieve organisational objectives at any expense. According to Karsten (in van Heuvel, Mangaliso & van de Bunt,2006:53-57) Marx warned against elevating the denominator disposition, where people are dehumanised and become alienated from

their self (i.e. rational, social and spiritual beings). As social and spiritual beings, people experience anxiety, hope, fear, anger and excitement, in which instance it is not possible to separate organisational process from human existence. Studies had reported that where the essence of *Ubuntu* is part of management philosophy, relationships with ordinary employees have proved to be the source of competitive advantage. Further, decisions were perceived as stronger when they were inclusive and characterised by circular and poly-ocular views. Leaders need to be prepared to be engaged, and to appreciate that they are interacting with multiple realities. Essentially, leading organisation in an African context requires treating others with respect and dignity. Since reciprocity is one of the tenets of *Ubuntu*, the followers will return same measure of respect to their leaders.

This research project sought to identify decentralisation advances and shortcomings so as to improve current efficiencies and intervene to address efficacy concerns of the existing programme. Hopefully, it will consolidate co-operation among primary health care practitioners and policymakers, and bring novel insight into the decentralised PHC system. In particular; it should address the dearth in areas such as integration of supportive structures as well as the monitoring and evaluation systems. It is envisaged that roles will eventually be clarified and resources equitably distributed to deal with challenges in the current decentralised programmes.

Phenomenological-qualitative studies, by their nature, are inductive, organismic and discovery in character. The value of this phenomenological investigation lies not in the rich texts produced but also in the comprehensive narrative that facilitated thematic and structural understanding of the human experience of the phenomenon. Furthermore, the worth of this research would be determined by the degree to which it generates theory and better description of experiences, and improves understanding of policy change, its challenges and innovative approaches to improve design.

6.5 RECOMMENDATIONS

In view of the key findings, this study makes the following recommendations with specific reference to the following:

6.5.1 Recommendation One: Policy Revision and Alignment

It has emerged from this study that two policies were devised in the space of two years. The decentralisation of PHCs was carried out in 2001, while the integration of PHCs was formulated in 2002 by the same political structure, MinMEC. On the one hand, the decentralisation entailed moving PHCs to the local government sphere. On the other hand, the integration process was intended to transfer PHCs to provincial government. Furthermore, the decentralisation of PHCs occurred simultaneously with the integration of PHCs between the province and the district. These contradictory policies can have adverse consequences for service delivery. The production of numerous policies within and across ministries and departments tends to overload the systems with goals and objectives. This type of isolationism not only undermines formulation and implementation of broader policies, but also impairs the ability to design well-informed monitoring and evaluation systems and frameworks. This clearly calls for a need to revise and align the policies in order to ensure that a more unified and comprehensive delivery system.

6.5.2 Recommendation Two: Monitoring and Evaluation of Policy Implementation

It is clear from the participants' views that the decentralisation of PHC, in the mode of delegation, was not followed through after 2003, even though service level agreements were signed with all the municipalities in the Bophirima District. This period was significant because during 2003 the new National Health Act 61 of 2003 was promulgated.

The legislation implicitly and summarily withdrew decentralisation ('delegation') of PHCs to the district municipality. This legislation stated that elements of environmental health constituted MHS with the exception of port health, malaria and

control of hazardous substances, which were more appropriate to local government. It is this definition of MHS that brought greater clarity to the health responsibilities of the provincial and local spheres of government. As a consequence of this clarity, all other services became a provincial responsibility. It is this definition of MHS that characterised policy failure. It is thus the important to strengthen co-ordination, communication, monitoring and evaluation of public policy activities.

6.5.3 Recommendation Three: Development of Capacity Assessment Guidelines and Tools

Policy implementation is a dynamic and complex process and is influenced by multiple actors and multiple levels such as national, provincial and local governments. Other factors or resources which are important to policy implementation and management include material, human, finance, technological and logistical. The experience of participants suggested that evolution of decentralisation of PHCs in Bophirima District needed to consider the existing capacity at health district. In addition, the experience suggested if the national leadership was in doubt about the level of capacity in the district, capacity assessments would be necessary. The Bophirima experience suggested these assessments were not considered to determine policy readiness and implementation. This was also not possible to assess mainly due to unavailability of appropriate guidelines and tools. Hence, there is a need to design capacity assessment guidelines and tools to determine the precise nature of the absorptive capacity of the decentralised unit.

6.5.4 Recommendation Four: Support from National Leadership

The importance of leadership across the spheres of government was found to be critical in the decentralisation of primary health care services in the district. In addition, the study revealed that previously the National Department of Health provided technical support during the initial phases of decentralisation, that is, during the development of DHS. However, during the decentralisation of PHCs after 2001, the national level of leadership did not develop guidelines for a robust capacity assessment of district municipalities to ensure appropriate capacity to carry new

responsibilities. It is the role of national leadership to provide support to provinces and districts. It was revealed that leadership of the provinces was more committed to devolve PHC to district municipality, but the rigidity of the MinMEC decision prevented this process from taking place. It is therefore important that national policy structures should consider some of degree of policy flexibility where appropriate.

6.5.5 Recommendation Five: Further Research

The current study was conducted in Bophirima District out of the 4 districts of NW and not in other South African provinces. It has generated questions which can be answered by conducting further research in which both quantitative and qualitative methods can be explored:

- If the experience of participants in Bophirima District was characterised by a sense of excitement and empowerment, what are the experiences of people in the remaining districts in the North West Province or South Africa?
- What proportion of North-West province and local government in South Africa has similar experiences to those of participants in Bophirima District?
- What other methodological approaches could be explored to capture similar experiences?

It is therefore recommended that in order to be able to answer the above and many other questions which can be raised by this study, future research be conducted. This would be in line with the NHA which provides for the establishment of research committees at national, provincial and district levels.

6.6 CONCLUDING STATEMENTS

In this final chapter the research is concluded. Limitations were highlighted and strategies to control them were also identified. Key findings were presented. Lessons learnt and recommendations were formulated based on experiences of participants as emerged from the study. Different areas of research were identified for further investigation.

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LIST OF ANNEXURES

ANNEXURE A: AMENDMENT OF THE TITLE

The previous title of Thesis was **“FACTORS INFLUENCING THE IMPLEMENTATION OF THE DECENTRALISATION OF PRIMARY HEALTH CARE SERVICES”** has since been amended to new title **“PHENOMENOLOGICAL INVESTIGATION INTO THE DECENTRALISATION OF PRIMARY HEALTH CARE SERVICES IN BOPHIRIMA DISTRICT, NORTHWEST PROVINCE”**.

The present study follows a more phenomenological qualitative approach as opposed to quantitative epistemology.

This change in the title has been approved by the relevant structures of the **UNIVERSITY OF SOUTH AFRICA**.

ANNEXURE B: INTERVIEW GUIDE on “Factors influencing implementation of decentralisation of Primary Health Care Services”

Directions before the interview:

1. *Appreciation the time grant for the interview*
2. *Brief the participant about ethical issues*
 - i. *Confidentiality*
 - ii. *Anonymity*
3. *Explain the role of the tape recorder(s)*

After end of interview, thank the participant

2. Interview guide question
Please describe in your own words how did you experience the decentralisation of Primary Health Care services in Bophirima District Council?

Is there anything that you want to say in addition to what you shared with me so far?

**ANNEXURE C: REQUEST TO CONDUCT A RESEARCH ON “FACTORS
INFLUENCING IMPLEMENTATION OF DECENTRALIZATION OF PRIMARY
HEALTH CARE SERVICES”**

5867 Unit 14
Mmabatho
2735

Attention: Chairperson
Head of the Department
Departmental Research Committee
Department of Health
North-West Province

Dear Sir/Madam:

REQUEST TO CONDUCT A RESEARCH STUDY IN TH PROVINCE

I am a doctoral student at the University of South Africa (student no 41646657) intending to research decentralisation of primary health care services in Bophirima District, Northwest Province.

The study will benefit participants in the policy making and implementation process and will further contribute towards a greater understanding of the context for policy implementation of national policies in a local context.

Participation in the study involves no personal risks and confidentiality of informants will be protected. Acknowledgement of informants will be done with the express permission of such informants. I therefore request permission to conduct the study for completion of my studies.

Please find ethical approval of my study from the UNISA.

Kind regards.



Khethisa Taole

Date: 23 August 2006

ANNEXURE D: LETTER OF APPROVAL.



HEALTH

**DEPARTMENT:
HEALTH
NORTH WEST PROVINCE**

2nd Floor Tsefelo Building
Dr Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2068
MMABATHO, 2735

**Directorate: Policy,
Planning & Research**

Eng: S.Malakane
Tel: (018) 387 5747/6
Tel: (018) 387 5780
Fax: (018) 387 5817
smalakane@nwod.gov.za

To: Mr E.K Taole
District Health Development
North West Province

From: Mr K .Rabanye
Director: Policy, Planning & Research

Date: 30 January 2007

Subject: Approval for Research Project: **Re-Factors influencing decentralization of
Primary Health Care Services**

Approval is granted to conduct the above study in the North West Province, kindly make relevant arrangements with the management for suitable dates and times. The NWDoH will be furnished with final research report before publication by

Mr E.K Taole

30 November 2007

Submission date for the final report

Regards

K.Rabanye (Mr)
Director: Policy, Planning & Research
North West Dept of Health



**ANNEXURE E: UNIVERSITY OF SOUTH AFRICA HEALTH STUDIES
RESEARCH AND ETHICS COMMITTEE CLEARANCE CERTIFICATE.**



UNIVERSITY OF SOUTH AFRICA
Health Studies Research & Ethics Committee
(HSREC)
College of Human Sciences
CLEARANCE CERTIFICATE

11 October 2006

4164-665-7

Date of meeting:

Project No:

Project Title: Factors influencing implementation of decentralization of Primary Health Care Services".

Researcher:nn Mr EK Taole

Supervisor/Promoter: Prof TR Mavundla

Joint Supervisor/Joint Promoter: Dr BL Dolamo

Department: Health Studies

Degree: D Litt et Phil

DECISION OF COMMITTEE

Approved



Conditionally Approved



11 October 2006

Handwritten signature of Prof TR Mavundla.

Date:

Prof TR Mavundla

RESEARCH COORDINATOR: DEPARTMENT OF HEALTH STUDIES

Handwritten signature of Prof SM Mogotlane.

Prof SM Mogotlane

ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE F: INVITATION TO PARTICIPATE IN RESEARCH PROJECT.

250 Basia Street
Zone 13
Sebokeng
1983

INVITATION TO PARTICIPATE IN RESEARCH

My name is Khethisa Taole and I am planning to conduct research with a working title: Factors Influencing the decentralisation of Primary health Care services in Bophirima District. This research forms part of my doctorate in health studies and has been approved by the University of South Africa's Ethics Committee (no 41646657) as well as provincial Department of Health, Northwest province.

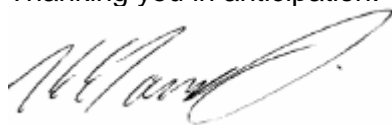
I would like to invite you as a key research informant who participated in this process during 2004. The research project will primarily focus on your experience of participating in this process.

Data for this project will be gathered through face to face interview with key research informants. The interview will be recorded using a tape recorder or video recorder.

The study will benefit participants in as far as the policy making and implementation process are constituted and will further contribute towards a greater understanding of the context for policy implementation of national policies in a local context.

Participation in the study involves no personal risks and confidentiality of informants will be protected. Acknowledgement of informants will be done with the express permission of such informants. The data collection will take place at your local offices or a location of your choosing and at your convenience. For the sake of time and logistical arrangements, I would like to already extend the invitation in the instant.

If you decide to participate, I would appreciate it if you could complete the attached informed consent form. Please send the signed informed content to fax number 0865151603. Thanking you in anticipation.



Mr Khethisa Taole

D. Lit et Phil. Student
25 June 2008
082n 873 0105
Khethisat@msh.co.za

ANNEXURE G: INFORMED CONSENT.

Informed Consent Form

I give my consent to participate in this research project: **“Factors influencing Implementation of decentralization of Primary Health Care Services”**

I am aware that the participation is voluntary and that I may withdraw from the study at any time.

Signature of participant

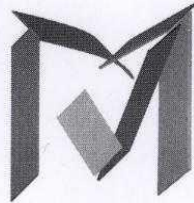
Date

Signature of witness

Date

ANNEXURE H: CONFIDENTIALITY AGREEMENT WITH TRANSCRIBER.

Leatitia Pelsler
083 236 4536
leatitia@ananzi.co.za



PO Box 8431
Halfway House
1685

Mirage Visions

Capturing moments - Making memories

CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT WITH REGARDS TO THE TRANSCRIPTION OF AUDIO RECORDINGS

1. I understand that all material received for the purposes of the transcribing audio taped records of the interviews with participants in the study are personal and confidential.
2. I understand that the identity of participants as well as the content of the interviews must be kept confidential and may not be revealed unless according to the protocol for the study.
3. I undertake herewith to treat all material received and content to which I have access with appropriate professional confidentiality, ensuring this by storing all copied material securely and by returning all copies back to the investigator after completion of the transcription.

NAME: LEATITIA PELSER

SIGNATURE: [Handwritten Signature]

DATE: 05.08.2008

PLACE: CENTURION

WITNESS: _____