Rapid Appraisal of the Health Content of Selected Municipal Integrated Development Plans

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1. Executive summary

The Health Systems Trust commissioned a study to review the Integrated Development Plans (IDPs) from selected municipalities in South Africa's nine provinces. The study assessed the quantity and content of health-related information in the IDPs and the involvement of the provincial and local health officials in the IDP process.

The study looked at the first generation of IDPs which were to be completed in March 2002. The first round of IDP Reviews were due for completion in June 2003.

This report provides a background to the study, a summary of the results, a brief discussion of the findings, followed by conclusions and recommendations. Appendices, with six tables containing the detailed findings, follow. The latter are provided as a baseline for any subsequent review process, but are not essential reading.

The IDP documents were the primary source of information. Information was also gathered from reports and publications from government departments and health development agencies. A small number of key informants were interviewed.

Predictably, budgeted amounts for health-related development projects as a percentage of the total IDP budget varied considerably (from 47% to below 1%) in eight sites which provided suitable information. This could be a reflection of the varying importance assigned to health issues by the municipality, but could also reflect historic need or other more pressing needs in the municipal area.

Lack of information precluded a reliable assessment of the health officials' participation in the IDP processes. Generally indications point towards inadequate participation, although many IDPs nevertheless appeared to have good health information.

The nature of health projects undertaken by different municipalities varied greatly. Categorisation into infrastructural, curative and preventative type projects suggests that most projects fall into the first two categories. HIV/AIDS related projects, the main component of the third category, were given high priority, presumably as a result of corresponding emphasis in the DPLG (Department of Provincial and Local Government) IDP guidelines, but these projects are frequently presented in isolation and do not link holistically with other health activities.

Note was taken of IDPs reflecting instances of good practice on the ground, such as meaningful community participation, vertical and horizontal coordination and alignment, good information exchange, effective communication channels and logical flow in the identification of projects.

Recommendations include: -

- Ensuring a better understanding of the process amongst the health workers to encourage greater health sector participation;
- Developing a standard version of a Health Care Plan to encourage its inclusion in the IDPs;
- Increasing meaningful participation of the communities in the IDP process;
- Ensuring vertical and horizontal alignment;
- Enhancing communication.

2. Introduction

2.1. Background

Integrated Development Planning is the process whereby municipalities develop a five-year a strategic development plan, the Integrated Development Plan (IDP). The IDP is the principal strategic planning instrument which guides and informs all planning, budgeting, management and decision-making in a municipality, thereby enabling the municipality to fulfil it's transformative and developmental responsibilities.

IDPs are intended to inform the municipal management as well as guide the activities of any agency from other spheres of government, corporate service providers, NGOs and the private sector within the municipal area. Since the Municipal Systems Act of 2000 stipulates that all municipalities (i.e. Metropolitan Municipalities, District Municipalities and Local Municipalities) must undertake an integrated development planning process, the resultant plan has legal status and supersedes all other plans that guide development at local government level.

Integrated Development Planning is about the municipality identifying its priority issues/problems that in turn inform its operational strategies, from which flow projects to address the issues. Linking the plans to the municipal budget (i.e. internal or external funding), ensures that implementation of projects, and hence development, is directed by the IDP.

Although the responsibility for preparing and adopting IDPs lies with municipalities, integrated development planning is an inter-governmental planning system which requires involvement of all three spheres of government. Sector departments should, therefore, participate in the integrated development planning process to promote alignment between their own programmes and those of the municipality. The IDP provides a tool through which to ensure that the sector departments' resources are used in a focused and coordinated way.

It stands to reason then that the national and provincial Departments of Health have a fundamental role to play in the formulation of IDPs throughout the country. In essence, all health care plans, health budgets and, in fact, all health related planning, programmes and policies should be informed by the IDPs of the respective local municipalities.

This study, funded by Health System's Trust as part of the Local Government and Health (LGH) project, looks at how health has been included in the IDPs. In particular, it explores, through an appraisal, the health content of the nine LGH tracer municipalities located throughout South Africa. These tracer sites are listed in Table 1 below.

It is important to note that this study looked at the first generation of IDPs produced by the municipalities. These were to have been adopted in April 2002. The study was also conducted at a time when there was little clarity as to where responsibility for health service delivery would lie. The constitutionally assigned responsibility for Municipal Health Services (MHS) was yet to be defined, with choices ranging

between the entire range of primary level services (including level one hospitals) being a local government responsibility, through to the minimalist definition of only environmental health services (or parts thereof) comprising MHS. The national vision remains, nevertheless, a municipality based district health system – whether the responsibilities for health delivery are delegated or assigned.

Of further importance is the envisaged generic structure of an IDP whereby the basic IDP document should be accompanied by sector-specific plans. Typically therefore, the IDP would have a health plan compiled by the role-players in the health sector and which would inform the IDP itself. Other sector-related plans, linked to the existing national departments, would include Housing, Water and Sanitation, Transport and Education.

2.2. Aim

The aim of this study was

- to review the health-related information contained in the IDPs of nine selected tracer municipalities and
- to review the manner and extent to which provincial and local government health officials were involved in the integrated development planning process.

2.3. Research Questions

The primary research question was
"What is the quantity and content of health related information contained in the Integrated Development Plans of the selected municipalities."

The secondary research questions, listed below, further informed the primary question:

- What process was used to develop an IDP?
- How long did the municipality take to complete its IDP?
- Is there a budget section and what comments can be made on this?
- What funds were allocated for health related activities?
- Who was involved in compiling the IDP and who drove the process?
- How much were Health Officials involved?
- How much did the DoH participate in developing the respective IDP?
- How much consultation took place with local communities?
- Where does health fit, in terms of development priorities?
- What is the nature of the different health related projects in the IDPs?
- Is there any mention of environmental health / clinic activities / hospitals / HIV/AIDS and/or MCH (Maternal and Child Health)? If yes, what is said?
- What evidence is there of intersectoral collaboration?
- How do the municipality's health care plans (provincial or local government) relate to the health information contained in the IDP?

2.4. Research Design

Literature Review

Policy documents, legislation and other project-related literature were reviewed. The Department of Provincial and Local Government (DPLG) IDP Guide-pack[1], in particular, was used as a basis for comparison of the IDP planning processes in the different study sites.

Methodology

In the absence of either comparative studies against which to "benchmark" the findings or clear indications of what would constitute normal or acceptable levels of health content and involvement in the IDPs, the information available from this study provides a first indication on these issues.

IDP assessments were conducted on the existing nine LGH "tracer" sites, one per province. The sites were originally selected to cover the broad range of health systems and local government contexts and scenario's in the country (metro, urban, peri-urban, rural, previously "home land" administered, previously RSA administered, variations in the number of local municipalities in the district municipalities and cross-boundary). Two local municipalities were selected within most of the "tracer" municipalities – generally aimed at representing the best resourced and the least resourced scenarios. The District and Local Municipalities selected for assessment are presented in Table 1.

Table 1: Tracer district municipalities with their selected local municipalities

Demarcation number	Name	Most / least resourced	Comments
EC DC44 - EC05b2	Alfred Nzo DM - Umzimkhulu LM	 One of two local municipalities, both similarly resourced	
FS DC19 - FS094 - FS095	Thabo Mofutsanyana DM - Maluti a Phofung LM - Phumelela LM	 most least	 IDP never obtained* IDP never obtained*
GT MM	Tshwane MM		
KZN DC22 - KZ224 - KZ225	Umgungundlovu DM - Impendle LM - Msunduzi LM	 least most	
LP DC33 - NP331 - NP333	Mopani DM - Greater Giyani LM - Greater Tzaneen LM	 least most	
MP DC32 - MP332 - MP334	Ehlanzeni DM - Mbombela LM - Nkomazi LM	 most least	
NC DC09 - NC091 - NC092	Francis Baard DM - Sol Plaatjies LM - Dikgatlong LM	 most least	 IDP never obtained*
NW DC39 - NW392 - NW395	Bophirima DM - Naledi LM - Molopo LM	 most least	
WC MM	City of Cape Town MM		

* Despite concerted efforts, IDPs were not accessed from three of the selected Local Municipalities. These three are not reflected in the data tables hereafter.

The primary sources of data for this study were the actual IDP documents. Information was also gathered from other documentation, texts and reports from government departments and health development agencies. Key informants were interviewed, as per table 2.

Table 2: Key Informants

Rank / Designation / Position	Date Interviewed
Business Unit Manager: Health, Nelson Mandela Metropolitan Municipality	5 February 2003
Director Health, Cacadu District Municipality (and Acting Director, Eastern Cape PDoH)	30 January 2003
Assistant Town Secretary, Nelson Mandela Metropolitan Municipality (Health Committee's Health Care Plan project team member)	15 January 2003
Consultant - Policy and Research	7 January 2003
Consultant – Human Resource Management	December 2002
Researcher at HST	December 2002

Interviews were conducted with a number of health-related role-players, mainly from the Eastern Cape and in local government, to gauge their specific interests in the IDP and to elicit their viewpoints on the research questions. Their responses were varied and sometimes extended beyond the scope of this project.

3. Results

A prevailing sentiment among those interviewed was the need for greater involvement of health role-players, as shown by the following two quotes: -

> "It 's high time we did something like this, because Health has been so inwardly focused trying to just get Decentralisation and the new District Health System in place, that we all tend to lose sight of the bigger picture, and what's really happening on the ground."

> "The bus is moving along without Health being on board, because we are just too busy with many other things!"

Although the DPLG IDP Guidelines (undated) encourage the inclusion of sector-specific plans, the Municipal Systems Act does not legislate for a health plan as a separate output of the IDP process. Inclusion of these issues in the IDP process is essentially dependent on health-related issues emerging as local priorities. As a consequence, it was found that the role of health planning in the integrated development planning process varied depending on the type of municipality and the role of health in the local context. From a health perspective, however, section 38 of the National Health Bill (B32b-2003), likely to be promulgated in the near future, requires District health Plans to be integrated into the respective IDP.

According to the Municipal Systems Act, every new council that comes into office after the local government elections has to prepare its own IDP which will guide them for the five years that they are in office. The IDP is thus linked to the term of office of councillors. Because of its participatory nature it takes a municipality approximately 6 to 9 months to complete an IDP and this timing is closely related to the municipal budgeting cycle. It was interesting to note that completion time in the tracer sites varied considerably. From the chart in appendix A it can be seen that **Nkomazi LM** took seven months to complete their IDP whilst the **City of Cape Town MM** was, at the time of this study (March 2003), still busy with their IDP after 22 months.

Throughout this report and its supporting appendices, Metropolitan and District Municipalities' names are in the tables in bold while the names of Local Municipalities are not.

3.1 Budget allocated for health related activities

Eight of the municipalities were selected to illustrate trends in the health-related allocations in the IDPs. The figures apply to the five-year financial period. Because IDP budgets are reviewed annually, the actual figures can be expected to change from year to year. The allocations in Table 3 include both external funding and the individual municipal budgets, but do not provide details of each category. The last column in Table 3 shows the wide variation in the municipalities' funds allocated to the health sector in relation to the rest of the municipal budget.

Table 3: Health Allocations of Selected Municipalities (2000 – 2005)

Municipality		Total IDP Budget (Rands+000)	Total Health Allocation (Rands + 000)	%
EC05b2	**Umzimkhulu LM** Project funds to be used for Building Clinics, Renovating Hospitals, HIV/AIDS Awareness, Home Based Care, Partnership Building and Nutrition Project.	70 032	32 700	46.70
KZN DC222	**Umgungundlovu DM** Project funds to be used to establish a District Health Forum, Link Health Strategies to Infrasture Strategies, Provide Mobile Clinics, Build Clinics, Health Awareness, Traditional Leaders Project, Voluteers Project, HIV/AIDS Project, Home Based Care, Community Health Workers Project.	209 126	26 550	12.70
KZ224	**Impendele LM** Projects funds to be used to Develop AIDS Policy; AIDS Awareness and Education Campaign; HIV/AIDS Support Centre; Expansion of Impendle, Compensation and Ukukhanya Cemeteries; and Improve Mobile Clinic Services	321 056	3 645	1.34
KZ225	**Msunduzi LM** Project funds to be used for Voluntary Counselling and Testing; Implementing Msunduzi Referral Network; Food and Nutrition; Child Support; Establishment of Clinics; DOTs TB Programme; Community Health Education; Home Based and Hospice Care; Environmental Health; and Pollution Monitoring and Control.	355 500	29 162	8.20
LP DC33	**Mopani DM** Project funds to be used to Acquire Land; Awareness Campaigns; Coordinate, Support/Coach the Implementation of Quality Primary Health Care Services in the District	639 870	23 817	3.72
MP324	**Nkomazi LM** Project funds to be used for HIV/AIDS Centre; Old Age Homes; Clinics; Home Based Care; Mobile Clinics ; and Prevention Project.	81 147	2 355	2.90
MP332	**Mbombela LM** Project funds to be used for Clinic Alterations; Provision of New Clinics; and Health Education Facilities.	1 316 838	27 560	2.09
NC091	**Sol Plaatjies LM**	240 025	263	0.11

3.2 Participation of the Health Sector in formulation of the IDPs

The integrated development planning process stipulates the involvement of an IDP manager, an IDP steering committee and an IDP representative forum. Being participatory in nature, the process also requires input from various role-players, including the officials, councillors, municipal stakeholders, and provincial and national sector departments. The research questions aimed at identifying who was involved in the IDP process and the health sector's level of involvement in compiling the IDP.

Generally, the IDPs did not provide sufficient information to be able to meaningfully gauge the health officials' participation in the process. The IDPs do however contain health service information, to a greater or lesser extent, and a direct relationship between the amount of health information and the degree of participation can be assumed.

Indications are that, overall, there was limited participation from the health sector. Contributory factors were reported as the current climate of uncertainty regarding actual responsibility for health delivery (between provincial and local government structures) and the increasing demands on the health workers arising from the increasing numbers of clients accessing the services, resulting in little time and energy for officials to attend all IDP meetings. In several municipalities, however, mention was made of the involvement of sector departments. From details recorded in Appendix B it can be seen that in two District Municipalities, **Thabo Mofutsanyana DM** (FS) and **Ehlanzeni DM** (MP), and in three Local Municipalities, **Mbombela LM** and **Nkomazi LM** (both MP) and **Greater Tzaneen LM** (LP), specific mention was made of the involvement of the Department of Health (DoH).

In **Ehlanzeni DM** presentations concerning localised strategy guidelines were presented by the DoH. Vertical and horizontal alignment[1] were emphasized in the document.

Of note is that neither of the two metropolitan municipalities (**City of Cape Town** and **Tshwane**) mention any involvement of sector department officials, DoH or otherwise, in the IDP processes.

3.3. Community Participation in formulation of the IDPs

The **Municipal Systems Act** requires that municipalities develop a culture of participatory governance and, through creating conducive conditions, promote the local community's participation in the affairs of the municipality, including the IDPs performance management systems, performance monitoring, budget preparation and strategic decisions. The study revealed (see Appendix B) a strong level of community participation – usually through the ward councillor, the ward committee or IDP Representative Forum. The best documented example of participation by the local communities was in **Mbombela LM** where communities are said to have participated in all phases. The report also notes **Mbombela LM's** viewpoint that community participation as very important in the planning and development process. The participation of under-represented social groupings such as organisations of disabled people, youth groups, women's organisations, organisations working in the field of children's rights and the rights of elderly people as well as the informal sector in sector specific forums, was noted in the report.

[1] Horizontal alignment between municipality and district ensures that planning processes and issues are co-ordinated and addressed jointly. Vertical alignment between local government (municipalities and district), other spheres of government (provincial / national sector departments, and other stakeholders, e.g. Eskom, Telkom) ensures that the IDP is in line with national and provincial policies and strategies so that it is considered for the allocation of departmental budgets and conditional grants.

3.4. Relationship Between the IDPs and the Health Sector

3.4.1 Health in Relation to Development Priorities per Municipality

In general, the study revealed that health is not viewed as a significant priority issue throughout the municipalities. It is generally viewed in isolation – neither related to nor integrated into the other developmental issues. It appears that local governments still perceive their role to be concerned only with the delivery of services such as water and electricity. Where health is incorporated in the IDP, it is usually in the more historic context of municipal health delivery linked to preventative health care, and here once again in building clinics and distributing condoms. Appendix C reflects this.

The Department of Provincial and Local Government's Guide Pack (Guide V) for Integrated Development Planning (undated) differentiates between, firstly, Dimensions & Cross-cutting Issues (in which it includes HIV/AIDS) and, secondly, Sectors (in which it includes Health). As a consequence of this, almost all municipalities have focused strongly on HIV/AIDS independently in their projects, often seemingly at the cost of a health services strategy. This is borne out by further analyses below.

From an organisational perspective, municipalities have generally adopted the cluster approach to governance and management of their responsibilities. Health is therefore often grouped with services like education, sports, arts and culture, and safety and security in a Social Services Cluster.

Detailed findings from the different IDP documents regarding the position of health in relation to municipalities' other development priorities are captured in Appendix C. The main points from the appendix are discussed below.

The **Umzimkhulu LM** (EC) IDP lacks clarity on health's position in terms of development priorities. Health is depicted as a single, isolated main issue of concern but does not feature in the strategic guidelines and vision. The IDP identifies community needs where various issues were raised, but health does not appear to be viewed as a priority among the community members. In the report, health is listed under social infrastructure issues (along with sports fields, education and safety and security) and is dealt with under the subheadings of HIV/AIDS and clinics.

In other municipalities health is identified as a secondary developmental issue and seems to get lost amongst other unrelated developmental issues, as in the following two cases. **Greater Giyani LM** (LP), for example, packages health along with education, sports, arts and culture and safety and security under the heading of social development issues. **Mbombela LM** (MP) categorises health as a development priority under the broad development goal of Social Transformation along with Environmental Management (including sport facilities, outdoor recreational facilities and play parks, multi purpose community centres, cemeteries, land use management, land tenure, housing, food security, emergency services and education).

Many municipalities include health activities, such as the HIV/AIDS and TB programmes, in their IDPs but do not group these under one heading of health. For example, **Impendle LM** (KZN) identified separately access to food security, public facilities, primary health care and increasing rate of HIV/AIDS infection as priority areas for intervention, but did not group them under a single heading of health.

The **City of Cape Town MM** (WP) appears to single out health as an isolated yet interrelated priority. The city has pledged to secure a healthy city for its community. The management of HIV/AIDS is identified as one of the main development priorities; another is making the city's clinics more accessible.

3.4.2 Specific Health Content Per Municipal IDP

In the vast majority of IDPs, the specific health content makes repeated mention of HIV/AIDS and many strategies, objectives and projects, presented site by site in appendix D, are specifically geared towards dealing with this issue. Examples of strategies and proposed projects include a wide variety such as HIV/AIDS awareness and education campaigns, the training of health professionals, instituting workplace HIV/AIDS policies, VCT centres, establishing an HIV/AIDS strategy and HIV/AIDS forum. Of note is the training, promotion and establishment of Home Based Care mentioned by several municipalities, for HIV/AIDS as well as others with chronic ailments.

An analysis of the individual municipalities' health projects (as reflected in appendix D) suggests that the projects can be grouped into three categories – infrastructural, curative and preventative projects - as per appendix E. The bulk of the municipal health activities seem to be located in the 'infrastructure projects' and 'curative projects' categories, although a number do fall into the 'preventative projects' group as well. One interviewee suggested that as municipalities understand their developmental role more fully, so the proportion of 'preventative projects' is likely to increase.

The tables in appendices D,E and F, although very detailed and consequently of some length, are included to serve as a baseline for any follow-up comparison that might be conducted in the future.

3.4.3 Selected Health Activities by Municipal IDP

Appendix F lists the projects in the respective IDPs according to specific types of health facilities or health programmes, as a contribution to better understanding the way in which and degree to which municipalities have incorporated health issues in their IDP processes. These groupings include clinic and hospital facilities and three topical programmes - environmental health, HIV/AIDS and Maternal, Child and Women's Health (MCWH). A discussion on each group follows.

a) Focus on Environmental Health

The focus on Environmental Health varies considerably between municipalities. Some give it substantial focus or it forms part of a Health or Environmental Management Programme such as **Thabo Mofutsanyana DM** (FS) which documents:

- support to Department of Health and Local Municipalities to provide effective Environmental Health Services and provide a safe and healthy environment for all residents,
- reducing the use of wood and coal as an energy source and encourage people to make use of alternative sources of energy,
- promote implementation of alternative sanitation systems that are cost effective,
- encourage municipalities to ensure that all communities are educated in terms of the prevention of all forms of pollution,
- ensure that the sanitation infrastructure of the entire region has sufficient capacity and functions properly,
- advise municipalities on appropriate measures to control health risks at solid waste dumping sites, and
- assist local municipalities to control health and environmental risks in the management of solid waste.

In contrast, some municipalities such as **Alfred Nzo DM** (EC), **Ehlanzeni DM** (MP), **Impendele LM** (KZN) and **Greater Giyani LM** (LP) make no specific mention of Environmental Health, nor do they deal with it as part of a waste management strategy. Of greatest concern across most of the municipalities is waste disposal, sewage management and water and air pollution.

b) Focus on Clinic Activity

Clinics are mentioned more by municipalities that cover the rural areas than those comprising urban or metropolitan areas. The focus is mainly on poor infrastructure, the need for upgrading and construction of clinics, shortage of doctors, nurses, medicine and equipment, the need for mobile clinics and a 24-hour service.

c) Focus on Hospitals

The building or upgrading of infrastructure and equipment for hospitals is mentioned in the **Alfred Nzo DM** and **Umzimkhulu LM** (EC), **Mopani DM** and **Greater Giyani LM** (LP) and **Francis Baard DM** (NC) IDPs. **Bophirima DM** and **Molopo LM** (NW), on the other hand, describe human resources as their need when it comes to hospitals. No mention is made of hospitals in the remainder of the IDPs.

d) Focus on HIV/AIDS

The major activities described in the IDPs seem to centre on understanding the dynamics of HIV/AIDS and who in the respective communities are affected and infected. This has resulted in those municipalities not only gaining a new insight, but also developing different ways of dealing with the epidemic in their respective local circumstances. For example the **Umgungundlovu DM** (KZN) has identified 'the migrant labour system, extreme levels of poverty, the stigma associated with HIV/AIDS, the approach to relationships, promiscuity, unprotected and unsafe sex, and gender issues' as the predisposing factors to the high levels of HIV/AIDS. The report suggests that the resultant increase in the rate of infection in turn leads to 'overburdening of the formal health care facilities, the established support systems, cemeteries and human capacity within the service sectors'. Note was also made of the high number of AIDS orphans. Noting that HIV/AIDS is not only a health issue,

but impacts on all development sectors, the IDP then goes on to mention what the municipality intends doing, i.e. initiating awareness programmes for all, integrating people with AIDS into the general society, developing facilities for orphans and sufferers, and playing a greater co-ordination role for all stakeholders and role-players.

e) Focus on MCWH (Maternal, Child and Women's Health) Services

Although a national priority health programme, no specific mention is made by any of the municipalities about MCWH services. From the way the IDPs have been documented it is not certain whether MCWH services are considered to be adequate or if they have been overlooked.

This apparent omission reinforces the impression that the health sector had limited involvement in compiling the IDPs. Furthermore it emphasizes the suggestion that health is seen more in terms of the dimensions and cross-cutting issues (such as HIV/AIDS) and less in terms of a sectoral issue.

3.5. Extent to which IDPs Guide Implementation of Health Delivery per Municipality

Ideally, needs within the municipal area, as captured in the IDP, should guide the implementation of health delivery in a municipality – and this from a cross-sector perspective. There is, however, little or no evidence of this in this first round of IDPs. Since the IDPs were only completed in 2001/02 and are currently being reviewed, it might actually be too early to tell. Most of the implementation will only take place after the current IDP Review Process, which was scheduled to be completed in June 2003.

Although the actual IDPs content (as summarised in table 4 below) suggests that health services delivery in the municipal areas is guided by the IDPs, the view from the ground does not support this suggestion. The absence of supporting health plans in the IDP further strengthens this viewpoint. An interviewee was adamant that IDPs are currently not used in health sector planning; the latter is happening independently of IDP processes.

Table 4: Extent to which IDPs Guide Implementation of Health Delivery per Municipality

Municipality	Comment
• **Alfred Nzo DM (EC DC44)**	Development issues identified after conducting a situation analysis, thereafter devising alternative strategies. Projects are identified and prioritised into a five-year development plan, which guides health delivery to the realisation of the vision as determined. An HIV/AIDS and Health Services Sector Plan has also been developed to guide health delivery.
• Impendele LM (KZ224) • Msunduzi LM (KZ225) • **Mopani DM (LP DC33)** • Grtr Giyani LM (LP NP331) • Grtr Tzaneen LM (LP NP333) • **Ehlanzeni DM (MP DC32)** • Nkomazi LM (MP324**)** • **Bophirima DM (NW DC39)** • Naledi LM (NW392) • Molopo LM (NW395)	The objectives, strategies and projects identified for health are prioritised into a five year plan and budgeted for in order to implement the projects identified. The IDP therefore appears to guide health delivery, through indicators for the achievement of the objectives as identified. The targets / target groups are mentioned and the responsible agencies are listed.
• **City of Cape Town MM**	Objectives, strategies and projects are well planned. The IDP however does not contain a budget as yet. HIV/AIDS is the only issue identified under health which has been prioritised for implementation.
• Mbombela LM (MP332) • **Francis Baard DM (NC DC09)**	Issues were identified after completion of a situation analysis. Developmental objectives and alternative strategies have been developed. Projects are identified and prioritised into a five year development plan which guides health delivery to realisation of the vision as determined.
• **Thabo Mofutsanyana DM (FS DC19)**	The objectives, strategies and projects identified for health are prioritised into a 5-year plan and budgeted for in order to implement the projects identified. A study of the situation analysis (current reality) clearly indicates the shortfalls experienced and serves as a guide for health delivery.
• **Tshwane MM**	A list indicating projects, strategies and objectives clearly guides the implementation of health delivery. The budget process however requires further development to include five years of planning. The situational analysis gives a clear indication of the current situation and the priority issues identified.
• **Umgungundlovu DM (KZN DC22)**	Issues were identified after conducting a situation analysis. Development objectives and alternative strategies were developed. Projects are identified and prioritised into a five year development plan which should guide health delivery to the realisation of the vision as determined.
• Umzimkhulu LM (EC05b2)	The situation analysis describes the existing situation. Development issues were prioritised and objectives, strategies and projects were selected for a 5-year health plan. Project lists indicate the funding allocated for implementation and the responsible agency involved in the process. It should therefore guide health delivery. More information concerning health statistics should have been provided in the situational analysis to determine the extent to which the IDPs are able to guide health delivery.

3.5.1 The Health Care Plan (HCP)

Integrated health services' planning is meant to be done within the health care plan, the latter representing only one sector of the IDP. The IDP on the other hand should include a number of sector plans such as Water Services Development Plan, Housing Plan, Transport Plan, Waste Management Plan, Disaster Management Plan and Spatial Development Plans.

Investigations suggest that there is no standardised format for compiling health care plans. Currently, the various local government health departments are using their own initiative in the formulation of their respective HCPs. Although health budgets were included in some IDPs, health statistics were seldom provided in any detail. None of the IDPs reviewed contained Health Care Plans and, where included, only certain aspects of health care were discussed.

4. Provincial Highlights

This study assessed the first generation of IDPs. Although the study had limited success in establishing the exact priority or status of health in the respective IDPs, it did provide valuable insights into how municipalities view the health services and the degree to which health officials participated in the IDP processes. The findings also provide a good baseline for further comparisons. The Integrated Development Plans alone proved insufficient to ascertain the bigger picture, primarily due to the way in which nearly all of the IDPs were documented. It was difficult to ascertain whether inadequate health content in an IDP was the result of low prioritization, neglect of health issues or poor documentation.

An encouraging aspect was that the IDPs did not appear to be the product of desk-top exercises conducted by consultants. They reflected actual involvement of the governance structures (IDP Steering Committees, IDP Representative Forums and the IDP Manager) in the process. Assessment of the content indicated actual government involvement in the development of the IDPs, especially through the assistance of the PIMSS (Planning and Implementation Management Support System) centers. The role of consultants was to ensure that the technical specifications of the IDPs were adhered to. This role should in future be subsumed by the IDP Manager of respective municipalities, with strategic guidance from the PIMSS Centre Managers.

A province-by-province reflection on the particular findings, or highlights, from the IDP reviews' follows.

4.1 Eastern Cape

In the **Alfred Nzo DM** and **Umzimkhulu LM** workshops, ward meetings and community meetings were arranged to give community stakeholders and representatives the opportunity to input into the IDP development process. In both of these particular municipalities women and communities residing in rural areas, villages and in the towns were consulted. **Alfred Nzo DM** had an IDP Steering Committee as well as an IDP Representative Forum. At a local municipality level, the **Umzimkhulu LM** had these structures as well as having traditional leaders and sector departments interact with them. Specific mention was also made of ordinary community members participating in the IDP processes.

4.2 Free State

The **Thabo Mafutsanyana DM** IDP illuminates their efforts at delivering health services in a more holistic way, i.e. to initiate projects aimed at prevention and curing. They also look at health from the traditional municipal perspective of providing infrastructure.

The districts efforts at curative programmes include:

- Improving care of chronically ill patients.
- Establishing home-based care in all local municipalities.
- Facilitating adoption of orphans of HIV/AIDS patients.

- Encouraging Department of Health to increase care rates of TB.
- Providing effective Environmental Health Services.

On the preventative side, their programmes aim at: -

- Establishing a database for health services and resources.
- Providing information on clinic expenditure to the Department of Health
- Establishing a district HIV/AIDS consortium.
- Training traditional healers and leaders on HIV/AIDS

4.3. Gauteng and the Western Cape metro municipalities.

The **City of Cape Town MM's** mission is that every person takes responsibility for the good order, high standards and upkeep of the City and its environment. The City also seeks to create safer physical environments and urban renewal programmes. Pollution will be prevented through clean-ups and awareness campaigns. Similarly, in **Tshwane MM's** IDP water, land and air pollution is of key concern in terms of environmental health. The emphasis here (as with the **Thabo Mafutsanyana DM**) is on the prevention of ill health and sickness through implementing environmental health programmes and projects. The intention is that, by dealing now with preventive health issues, long term benefits will result for the people living in these communities.

4.4. KwaZulu Natal

Few IDPs in this study demonstrated a logical flow in the identification of projects, although this could be as a result of inadequate documentation. Strategically speaking, once the health issues have been identified, objectives are developed and implementation strategies formulated based on those objectives. Projects are then proposed and funding allocated for a particular project. The IDPs of **Umgungundlovo DM**, **Impendele LM** and **Msunduzi LM** in KwaZulu Natal show us how their projects were derived using a logical flow as described above. For example, **Umgungundlovo DM** identified two health <u>issues</u>, i.e.

- the presence negative factors impacting on general health conditions (including poor sanitation, lack of access to water, epidemics such as AIDS & Cholera) and
- too few health facilities.

The <u>objectives</u> formulated for these specific issues were

a) that the DM acquire status of a District Health Authority by the end of 2003 and develop an integrated health service, and
b) that all residents of the district to have access to primary health care facilities within 5 km walking distance by 2004/5 financial year.

These objectives then gave rise to <u>strategies</u> for establishing a District Health Authority, providing basic services, co-ordinating and facilitating the provision of health services and establishing a programme of volunteerism. To put this into effect, the following <u>projects</u> were proposed and costed: -

- establish a task team to investigate and explore the establishment of a District Health Authority,
- undertake a capacity audit,
- initiate the establishment of health forums in the DM and LMs,

- link to existing strategies to access water, sanitation, electricity, roads, solid waste removal and cemetaries,
- provide mobile clinics to service remote areas,
- support the construction of clinics,
- initiate a health awareness programme,
- involve traditional healers,
- establish a volunteerism desk in District Health System,
- identify and secure funding for the programme,
- establish a database of volunteers,
- promote greater involvement of people living with HIV/AIDS in the management thereof,
- promote and manage homebased care, and
- enhance the community health workers programme.

4.5. Limpopo

Decentralisation refers to the process of moving the loci of power from the centre to regional and local areas. It is one of the key government strategies to bring about redistribution and equity within health. Decentralisation is seen as a method of building local infrastructure to enable accessible and appropriate services. Current budgets indicate that most expenditure is for capital costs (such as buildings or vehicles) as opposed to current running costs (such as salaries and maintenance). The municipalities appraised in Limpopo Province place great emphasis on the development of health infrastructure. They do not do this, however, in isolation of other health activities. **Mopani DM** plans to acquire land for development of health facilities such as clinics, health centres, hospitals and youth information centers. They also aim to establish community based care facilities and purchase and maintain health care services. In the **Greater Giyani LM** disabled people are targeted as beneficiaries. The IDP prioritised Social Worker Services for disabled people and the establishment of community based care facilities for the 2002/03 financial year. It also seeks to source R54m from the Department of Health and Welfare to complete the New Nkhensani Hospital and R2m for the erection of Ndengenza Clinic. These amounts include the employment of medical practitioners, staff and better medication. **Greater Tzaneen LM** aims to build 4 clinics. The project templates for the DM and the LM's indicate that finances for the development of the infrastructure will be sought from the Department of Health and Welfare. This augers well for women and men living in these communities, given the present shortage of clinics and other infrastructure and the difficulties and the opportunity cost (time and money) involved in traveling to existing services.

4.6. Mpumalanga

Mpumalanga Province provides a good example of the district municipality, local municipalities and sector departments talking to each other to develop the IDP. At the **Ehlanzeni DM** health officials were involved in the IDP process, even though the IDP does not state whether the same officials attended all the workshops. Presentations concerning localised strategic guidelines were presented by the Department of Health and vertical and horizontal alignment was emphasized in the IDP. Although no specific mention was made of the involvement of health officials in the two local

municipality IDP's (**Mbombela LM** and **Nkomazi LM)**, technical detail in the documents and their being identified as an implementing agent suggests that the Department of Health was involved.

4.7. Northern Cape

Sol Plaatjies LM is one of two municipalities which documented the number of people who regularly attended the IDP meetings, i.e. approximately 14 councillors, 29 community representatives and 19 officials. They also state that sector department officials for health, water, housing, local economic development (LED) strategy and environment participated in the various meetings. The **Francis Baard DM** IDP, while not giving a breakdown of who participated in the meetings, records participation from councillors, community representatives, municipal officials and sector departments. **Sol Plaatjies LM** shows us that the purpose of the general meetings is primarily to exchange information in regard to different projects and the problems encountered, enabling practical decisions to be taken. Examples include starting or ending projects, changes in the distribution of tasks, and allocation of resources, as against meetings that do not lead to action. Sector meetings on the other hand generally deal with the technical aspects of the project, exchanging technical information, discussing specific health problems and developing standardized guidelines.

4.8. North West

Very few municipalities have established initiatives which integrate health services with the community so as to assist in the struggles of people living with HIV/AIDS. The Department of Health has been investing money in distributing and popularizing condom and, more recently, femidom use. The **Bophirima DM** acknowledges this and sets forth to go a few steps further. To manage the HIV/AIDS pandemic, they target pregnant women infected with HIV/AIDS. In 1999 approximately 56 911 pregnant women in **Bophirima DM** were infected by HIV/AIDS, rising to 81 678 in 2000. To manage this, a joint effort is made between the **Bophirima DM, Naledi LM** and **Molopo LM.** All three municipalities concentrate their efforts on institutional transformation, counselling and testing of patients, determining the impact on cemeteries, education and social welfare programmes.

5. Conclusion

The health sector relies on all three spheres of government, NGO's and the private sector to realise it's aims. Within the three spheres of government, each is responsible for providing different services. This study re-emphasises the inter-connectedness of health and development. Improvements in health, environmental and socio-economic issues require inter-sectoral efforts. Such efforts, involving education, housing, public works and community groups, including businesses, schools and universities and religious, civic and cultural organizations, are aimed at promoting sustainable development in the communities.

As a first time study, no benchmarks were available for purposes of comparison. At the same time, this study deals with the first round of IDPs in the municipalities. The study does, however, provide a baseline for future studies. Future IDPs should reflect the impact of service level agreements between provincial health departments, district municipalities and local municipalities with joint planning activities between province and district concerning health service delivery. The extent of services provided will vary according to the capacity of specific municipalities and service agreements set up between provinces and municipalities.

The local government legislation (the Municipal Systems and Structures Acts) does not specify a health plan as a separate output in the IDP process. From this perspective health issues would therefore arise and be included in the IDP through emerging as local needs and priorities – from a consultative process or as direct responsibilities. This would result in the role of health planning in the IDP process varying depending on the type of municipality and the local context. From a health perspective, however, section 38 of the National Health Bill, likely to be promulgated in the near future, requires District Health Plans to be integrated into the respective IDP.

While assessing the health content of IDPs in selected municipalities it is important to remember the changing context of decentralising health to Local Government, and therefore its impact, over the past few years. For both municipal and health officials, developing the IDPs in question took place during a time of great uncertainty with little assurance of who would be responsible for what, together with varying approaches to the issue from province to province. The Constitution, without defining it, made Municipal Health Services (MHS) a Local Government responsibility. Expectations vacillated between the full basket of Primary Health Care Services to a selection of Environmental Health Services, but always in keeping with the national vision of a Municipality-based District Health System. The most recent indications now lean toward provincial control of all but MHS. Provisions in the National Health Bill define MHS as a list of environmental health services (excluding port health, control of hazardous substances and malaria control) and make MHS a district municipality responsibility, although with provision to appoint local municipalities as implementing agents.

Good participation in the Eastern Cape sites demonstrates the value of a municipality actively reaching out to its communities and not only to those citizens who have the means, influence and power to participate but to those who normally do not have a voice. The study further suggests that it was frequently members of the community

who had access to certain levels of information, or who have a particular interest in the affairs of the municipality, who actively participated in the IDP.

Generally speaking, there seems to have been instances where vertical and horizontal co-ordination and alignment has taken place in the development of the IDPs, to the advantage of the process. This would result in minimising duplication of services, maximising resource utilisation and aligning inputs.

Successful exchange of information is a basic condition for effective coordination. Decision makers require information in order to decide on priorities, select appropriate programmes and adapt them to changing needs. In fact all the stakeholders and role-players in the development of the IDP require information if they are to maintain a sense of involvement and motivation, and make their work more effective.

Communication channels should be established or strengthened and formalized, mainly by regular meetings and reports (as described by the municipalities appraised in the Eastern Cape). At a project level, general meetings with the community, traditional leaders, businesses and political organizations should be complimented by meetings at a sector department level. Properly organised meetings working to a prepared agenda and chaired by the person responsible for co-ordination produce the best results. Clear meeting minutes highlighting the decisions taken promote implementation of the decisions.

The study strengthens the notion that integrated development planning, despite the challenges of implementation, is a useful tool for promoting equity, inter-sectoral coordination and the optimal use of scarce resources. Although not particularly effective in assessing the exact role that the health sector played in development of the IDP's in the two metro municipalities and nine district municipalities, together with the sample of linked local municipalities, the study does provide circumstantial evidence of increased prioritisation of health needs linked to greater health sector involvement. This then supports the imperative for health officials to view the IDPs differently and support a sufficiently senior level of involvement. The provisions of the National Health Bill should provide the necessary leverage for those responsible for the IDP process, such as the Municipal Manager, to in future elicit adequate health sector participation should it not be naturally forthcoming.

6. RECOMMENDATIONS

6.1 Promote a greater understanding of the IDP processes and the health management structures

Health officials require a sound understanding of the role and functioning of the IDP, especially the IDP's role in sourcing municipal funds for development projects and its potential in aligning sectoral resources towards achieving mutual aims. Such mutual aims could include ensuring that a new clinic has a road, water supply and sanitation facilities, electricity, and access to agricultural and welfare inputs - all aimed at promoting the development of a healthier community.

Councillors and municipal officials require an understanding of the health management structures, including the emerging health legislation, and should press for the full involvement of health (and other sector-linked) officials in the IDP process.

6.2 Promote Health Care Plans as a tool for enhancing coordinated health services delivery.

Developing and sharing a standard version of a Health Care Plan will assist all involved in using this as a tool in planning the overall development process within the respective municipal area. Appendix G includes proposals for the content of a Health Care Plan.

6.3 Promote Community Participation

Municipalities should proactively reach out to all the members of their community so as to draw on their local knowledge and to promote acceptance and ownership of the IDP.

6.4 Ensure vertical and horizontal alignment

Inter-sectoral cooperation promotes vertical and horizontal alignment, thereby minimizing duplication and maximising effective use of resources.

6.5 Ensure effective communication

Effective communication through regular sharing of correct and relevant information along agreed communication channels promotes the development of appropriate IDPs and enhances achievement of the envisaged outcomes.

References

1. DPLG (undated). *IDP Guide Pack – Guide V: Sectors and Dimensions.* Department of Provincial and Local Government, Pretoria