

Health and Development in Tamboville, East Rand

Planact

In 1990, the community of Wattville organized by their civic, the Wattville Concerned Residents Committee (WCRC), occupied land owned by the Benoni Town Council and named it Tamboville. After subsequent negotiations, the town council committed R2m for the development of serviced sites. This was a gain for the community in their struggle for land, housing and community controlled development.

One of the demands of the community was for a clinic. The existing clinic combining limited services provided by the Benoni Town Council and the Transvaal Provincial Administration (TPA) in two separate parts of a building is situated in Actonville adjacent to Wattville. The services include basic preventative health care (immunization, family planning, ante natal care, TB and few pap smears) and even some basic curative health care (first aid and services for minor ailments). The closest provincial hospital providing a wider range of services is located in Boksburg, about 15 kilometres from Wattville, and is not readily accessible in terms of cost and location.

Wider Consultation

Through negotiations in the Joint Technical Committee, representing the WCRC, and the Benoni Town Council, the local authority undertook to provide basic services from a rudimentary clinic provided by the Rotary club in Tamboville. This service now provides minimal services to Wattville residents on one day a week. However, compared with the health service needs identified by the community at a workshop in 1990, the services provided by these facilities are unsatisfactory or inaccessible.

In 1992, various health authorities including the Benoni Town Council, and non-government organisations and networks associated with the democratic movement were approached to assist the community in their initiatives to have comprehensive, integrated health care provided for Wattville residents. The Aids Centre at the South African Institute for Medical Research (SAIMR) and the National Progressive Primary Health Care Network's (NPPHCN) Aids programme have both expressed keen interest in assisting the launching of the community based Aids programmes as a component of a comprehensive primary health care project.



Through negotiations the Benoni Town Council agreed to provide serviced sites for Tamboville. *Photo: Gizelle Wulfsohn*

A working group involving the civic, the Community Health Committee and the other interested parties have been meeting to plan a coordinated approach to the planning, implementation and operationalisation of the project.

The Benoni Town Council has expressed a willingness to work with the community driven initiative, as they are investigating the integration of curative services into their clinics, a policy the TPA is trying to encourage.

Workshopping Needs

At a workshop held in October 1992, which included inputs by the SAIMR's Aids Centre, Alexandra Clinic Development Office, Planact and various members of the NPPHCN and the WCRC, the health service needs specific to the community were identified.

Various issues were discussed to assist planning for the development of the health care centre. The issues include:

- the integration of presently separated health care services;
- community participation in the planning, implementation and management of health care programmes and centres;

- access to and sustainability of resources required including building finance and running costs;
- community education and skills training;
- suitable structures and mechanisms for community-based health centres;
- the reconstruction of the roles and responsibilities of the state, community organization and other parties.

The objective of the project, it has been agreed, is the development of a comprehensive, integrated primary health care service located in a community health centre. The community health care needs were discussed within the context of present government policy and administrative framework through which such needs are not being met.

The limitations of present government policies were discussed and it became clear that despite stated policy of increased focus on a path towards primary health care, it is not being implemented. There is an absence of actual commitment as only 10% of the total national health budget is spent on these services, and rather, private health services are being hugely subsidized through medical aid contributions by employers being tax-deductible. The present policy to privatise health and other services will limit people's access to affordable services.

The situation is worsened in that health service authorities are still practicing separate development.

Roles and Responsibilities

Questions regarding the delivery of services and where decision making is, or should be made, were raised: who decides what services are needed; what resources are required; who should provide these; what roles and responsibilities are appropriate for the state, local government and the community.

A presentation on the current policy and the unilateral restructuring initiatives being implemented by the present government assisted discussions about planning toward objectives where health services will be adequately resourced, affordable, accessible and locally controlled.

It became clear that even when communities make demands to have their needs addressed, and even if they are to make collective local choices about how these are to be met, the problem of maintaining and sustaining what they acquire out of their struggle is dependent on the role that each of the players identified above perform. In particular the local authority with its resource base has to be integrated into implementation of plans. This is a form of joint venture between the civic and the local authority whose role and responsibility has to be defined.

In the case of Alexandra, the Clinic has collaborated with the local civic but has received most of its support through donors and Wits University and a much



Tamboville. Civics have to demand that local authorities, with their greater resource and skill base, engage in joint ventures with the civic. *Photo: Gizelle Wulfsohn*

smaller proportion from the national department of health. Alexandra Clinic has been successful in developing with little support from its wealthy neighbouring local authority, Sandton. Wattville, on the other hand, is pursuing sustained comprehensive development - which includes the construction and running of a health facility. Not having access to an institution such as Wits University, the civic has to demand responsibility from the local authority. This includes the Benoni Town Council, and the TPA, both of whom have a range of resources. Ultimately, they have a far greater resource and skill base than the civic. While Alexandra Clinic has for so long not depended on the Sandton municipality for resources, there is a responsibility of such a local authority with a rich resource base to engage in a joint venture. This applies to future negotiations between civics and local authorities in general.

In order to sustain comprehensive development the civic has to engage the local authority, including the TPA and RSC with its greater resource and skill base in

joint ventures (bearing in mind the varying levels of administrative jurisdiction these local authorities have). For example, a community might successfully get the government, local authority or private sector organization to provide the capital costs for the health centre, but may find that the policy framework of these bodies does not allow them to provide any further support to the initiative. The capital costs for a health centre would equal three years of running costs. What this means is that while it may be relatively easy to build a clinic, delivery of actual services is not guaranteed. The Benoni Council might only provide selective PHC services which, for instance, would not include counselling or treatment for people who are HIV positive because it is not within its jurisdiction to treat sick people.

Community initiated projects such as that in Tamboville may have to bear heavier costs than is anticipated when choices regarding clinic facilities are made. One of the conclusions of the workshop was that given the limitations of current state policies, communities and non-government organisations can only fill very small gaps in the health care needs of communities. For example, it has been determined that a clinic that would service Tamboville would require approximately 120 - 150 brands of medicines. It needs to be determined whether the clinic would be able to buy those medicines using the government tender which is 10 - 20% of the cost of buying privately or whether the clinic would have to buy such resources at private rates.

Thoughts on the Future

Clearly, the state will have to play a much greater role in financing and maintaining services, and for this to occur efficiently the administrative structure would have to be drastically deracialised and reconstructed. This will not only mean ridding the country of present apartheid bureaucratic structures, but also clearly defining the role of democratic community institutions facilitating community participation and working with accountable management structures.

For the PHC project to be successful, it is clear that it must be based on community needs. To be effective it needs to be linked through democratic community control to reconstructing and institutionalizing relationships with the local authority. The project involves substantial investment in Wattville, and links via community structures to other needs and projects are regarded as essential. The community's strength and the advantages of integrating development planning and programmes should be built on wherever possible. This must include the strengths and skills of the community as a whole as well as integrating those resources and skills of the local authority into programmes. This will enable sectors such as education, environmental hygiene and other social sectors to take advantage of opportunities. Organizational development, management and skills training, and



The strengths and skills of the community must be utilised while avoiding uneven development. *Photo: Gizelle Wulfsohn*

other needed skills of community enterprise and institutions can also be gained.

Civic capacity must also be linked laterally between different development projects. It must be recognised that the "strengths and skills" within the community need to be addressed continuously to avoid uneven development serving some but not other community interest groups.

Projects such as the Tamboville one, have to be sure that under a future dispensation it does not allow community participation to become an excuse for the state to make communities bear the financial responsibility for under-resourced services, which the state should provide. The project must ensure that appropriate structures are set in place to facilitate community participation in management structures and policy decisions. Effective management in the transition process, at both the local and national levels, needs to be pursued.

Planact is an organisation working in the field of housing, local government and urban development.