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The right to social security and primary health care in Zandspruit informal settlement South Africa

Resident's experiences and evaluation of government services

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By Hannah Dawson, Khetho Lomahoza and Tshego Monnana

Monitoring the Progressive Realisation of Socio-Economic Rights Project

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31 Quinn Street, Newtown
Johannesburg
South Africa
2000
Phone: + 27 11 833 0161
Fax: + 27 11 832 3085

Twitter: spii1
Facebook: SPII
Email: advocacy@spii.org.za
www.spii.org.za

Introduction

There is increasing interest in South Africa in the development of methodologies and tools for measuring, monitoring and evaluating the progressive realisation of socio-economic rights (SERs). The Studies in Poverty and Inequality Institute (SPII), in partnership with the South African Human Rights Commission (SAHRC), has developed a methodology to achieve just this, based on a combination of policy and budget analysis and statistical indicators to advance evidence-based empirical debate on the implementation of SERs. To date, SPII has used this methodology to develop a set of indicators for social security and health which have been populated with data from 2010 and 2011. Over the next two years, indicators will also be developed for housing, education, food, water and sanitation, and the environment.

The project researchers are well aware that this work need to address the complex question of how to include and accommodate monitoring information from ordinary people and communities who seek to enforce their rights and ensure the methods and outcomes meaningfully reflect the concerns, priorities and needs of people on the ground. Premised on this, the project conducted qualitative research in June 2013 in Zandspruit, an informal settlement on the outskirts of Johannesburg, with 40 residents. The objective of this research was to provide a snap shot of the lived realities of ordinary people's experience accessing both social security and primary health care. This research was also an attempt to reflect and assess if the methodology and statistical indicators meaningfully reflect the concerns, priorities and needs of people on the ground. This research focused on people's experience of 1) **accessing**, primary health care at the local clinic and the child support grant (CSG)) and 2) the **quality** of service and 3) the **adequacy** of the service delivered. This research is not statistically representative nor conclusive but has highlighted important gaps and challenges based on resident's experiences as well as recommendations which will be passed on to local authorities and NGOs operating in Zandpsruit.

Zandspruit

Zandspruit is an informal settlement on the outskirts of Johannesburg. It was originally formed in 1994 when members relocated from other areas onto existing farmland. Zandspruit consists of an estimated 14 500 shacks and is home to an estimated 80 000 residents[1] many of whom have inadequate access to clean water, sewage and refuse removal. The settlement has been recognized by the government and is in the process of being formalised. There are 10 recognized sections in the community as well as basic infrastructure such as some tarred roads, a health clinic, primary school and basic water and sewerage for some RDP houses. There are large discrepancies in living conditions between certain sections in the community with the majority of residents living in informal areas with no infrastructure present.[2]

[1] There are no reliable statistics on the number of residents in Zandspruit. Available documentation ranges from an estimate of 14 500 dwellings with no indication of the average number of residents per dwelling (Schneeman, 2011) to a total of 38 204 households and an estimated population of 74 000 (Zandspruit Community Profile, 2011)

[2] Baseline survey report Zandspruit and Cosmo City, September 2012, project Hope and the University of Pretoria.

Social Security

Given the limited scope of the research, the project decided to focus on recipients of the Child Support Grant (CSG) exclusively. This was intentional as the CSG makes up the bulk of social assistance grants provided by the government, a total of 11.3 million recipients as of February 2013.

Twenty two recipients of the CSG in Zandspruit were interviewed. They were all women with an average age of 34 years. This supports research which indicates that 99% of CSG recipients are female with an average age of 34.[3] The interviews took place at two local crèches in Zandspruit where these women's children attend. All the respondents were South African and had moved to Zandspruit from Limpopo, Free State, the Eastern Cape and KwaZulu Natal and had been living in Zandspruit for an average of eleven years.

The respondent's lived in households with between one and six children, often a partner or husband and occasionally, a grandmother or additional family member. The household's sources of income included a combination of income sources including wages, remittances and grants, specifically the CSG. The respondent's received between one and three CSGs and on average 1.7 per household.

ACCESS to CSGs

The majority of respondent's believed the nearest South African Social Security Agency (SASSA) office was Krugersdorp, Roodepoort or Johannesburg CBD. For many respondents, these offices are far and the transport costs make it often impossible to go. Only 11 respondents (50%) knew that that there is a SASSA satellite office in Zandspruit once a week, currently on Thursdays.

Besides three cases, where a grandmother or auntie collects the grant(s), the mother of the children received the grant directly. All the mother recipients also controlled and decided how money is spent. This confirms other research which shows that accessing CSG is empowering for women and has positive measurable impacts on nutrition, poverty and school attendance.[4]

SASSA implemented a new service delivery and payment model which marks a shift from manual processes to automation. The benefits of this include beneficiaries accessing grants anywhere in country on same day, accessing electronic banking, having access to money at any time during the month and reducing corruption and fraud.[5] Respondent's highlighted that the main benefit of this new system was that money can be accessed at grocery stores at no expense by avoiding steep bank charges. This also encourages money to be spent on food and secondly, it limits automatic deductions, especially from micro-lenders. All the respondents accessed their money from the SASSA

[3] Dancey, K., 2013, The payment experience of Social Grant Beneficiaries, UCT workshop on social grants and technology, 27 May 2013.
[4] Hochfeld, T., 2013, Social Justice, Stigma and the social politics of the Child Support Grant, UCT workshop on social grants and technology, 27 May 2013.
[5] Beukman, R., 2013, Social Grant payment systems: deduction changes, UCT workshop on social grants and technology, 27 May 2013.

pay point, Bank ATMs or Shoprite or Pick n Pay grocery stories. However, the nearest grocery store is Shoprite at Northgate which is more than 5km away. However, a few respondents highlighted that some of the bank ATM's did not accept new SASSA card. Another concern was the lack of clarity of how to withdraw money and which was most cost effective.

ADEQUACY of CSG

All the respondent's had additional sources of income, however, these were often temporary or intermittent given a reliance on part-time or peace work. The grants (especially when more than one was accessed) made up a significant proportion of household income. The grants were spent mainly on the following four items: school fees, transport to school, uniforms and food. The grants were highlighted as having a positive effect on their children's attendance of school, providing school fees and transport money to attend better schools which are further away. The majority of respondents were very grateful for the grant and said it made a substantial difference.

> *"If it wasn't for grants life would be hard"*
>
> *"It has made a big difference, wouldn't be able to take kids to a good school"*
>
> *"Grant has made a huge difference in my life. Because of the grant, I have been able to use my own money (salary) to build myself a house"*

The general sense was that the grant money was not enough to cover the expenses mothers had for their children's nutritional and educational needs. However, they were very grateful for the CSG with one respondent noting that this additional money had enabled her to start a small business.

QUALITY of the Service

The respondents were overwhelmingly satisfied with the service they receive from SASSA. Beside two respondents, all beneficiaries had received their first grant within 3 months of having applied. A few respondents highlighted a concern regarding the cost involved in getting documentation together to first apply for grant.

The majority of respondents had received adequate and timely information on the new SASSA payment system. The most common way of hearing about new system was the radio and newspapers followed by information provided directly by SASSA officials at their offices or at a meeting called in Zandspruit. All the respondents had re-registered and besides having to wait in long queues, the process was largely described as "quick and simple."

Summary: key challenges and recommendations

A key finding and challenge was that 50% of respondents were unaware that there was a SASSA satellite office in the informal settlement once a week which they can use to update information, apply for a new grants and access money. Instead, many women travel more than 15km to their nearest SASSA office, losing precious time and money. Another key challenge related to problems of accessing money on new system and a lack of knowledge on the best method of accessing money. Both of these findings speak to the importance of access to information as a key factor in accessing social security.

Respondents believed SASSA could improve their service in three ways.

1. Having a permanent office in Zandspruit
2. Increased pay points because long queues are a problem at Shoprite (nearest grocery store)
3. Increasing the value of the CSG

Health Care

Given the limited scope of the research and our inability to get access to the local government clinic to interview patients waiting to use the clinic, the project interviewed 18 residents in Zandspruit about their experience of accessing primary health care at the government facility. Ten of the respondents were attending a private clinic run by Project Hope which operates three times a week in the community centre for patients with diabetes and hypertension. The majority of them had moved from the government facility to this private clinic for specialised care and treatment but were still required to use the government facility for other ailments and when their children and family members needed medical treatment. The other 8 respondents were spoken to at the old clinic, which is now a community centre about their experiences of the local health facility.

Of the 18 respondents, 14 were female and 4 male. The respondent's age ranged from 20 to 62 with an average age of 44. One of the respondents was from Lesotho, with the rest coming from provinces inside South Africa including the North West, Kwa Zulu Natal, the Free State, Eastern Cape and Limpopo and had been living in Zandspruit for an average of 10 years.

ACCESS to primary health care

Zandspruit in comparison to other informal settlements in Gauteng is relatively small but respondents walk between 5-20 minutes to reach local government clinic. Three respondents said they prefer to go to the Muldersdrift clinic which is about 30 minutes by taxi and costs about R18 (return).

The key challenges in terms of access respondent's raised were notably, that the clinic is not open on weekends when many serious causalities occur, nor is clinic open after 4pm which makes it very difficult for working people to access health services. Other key findings were that the clinic is overcrowded with patients waiting up to 8 hours outside the clinic to be seen. Respondents mentioned that there have been occasions when they are turned away after having waited for 5-6 hours without being seen, with the nurse "cutting the queue" and telling patients to come back the following day. This is often because there is only one or two nurses on duty. Respondent's also highlighted that the nurses on duty take long tea and lunch breaks leaving patients in the queue unattended to for hours.

> *"You can't just go and be seen quickly, you have to take day off work"*

> *"Go early at 6am to book place in line – open at 8am but only see patients at 9:30 – this is a big problem with work as your bosses only give you one day off and security guard doesn't give you letter that you can show your boss"*

" I have never been turned away because I am outspoken and I tell the nurses where to get off"

Another key challenge residents raised was the inadequate information medical staff provide about both the diagnosis of the problem and the treatment. This is partially because of the poor patient-medical practitioner ratio which results in staff being unable to spend time required with patients explaining conditions. However, others suggested they were ill qualified. Respondents noted that the posters at the clinic are very informative.

"The nurses are useless but when I want information I demand they provide me with proper information."

Another major challenge which emerged was language with nurses unable (or unwilling) to translate terms into vernacular languages. This perpetuated the inadequacy of information provided to patients on their condition and treatment.

The respondents were asked what hospital they go to when the clinic cannot help them. The hospitals most frequented were Helen Joseph, Peldakraal and the Joburg Gen which are up to 30km away. The respondents explained that they required a written recommendation from the Zandspruit clinic to be able to receive treatment at the hospital. This meant that sometime patients couldn't go to the nearest or their preferred hospital. Patients also highlighted that some people preferred to go to a hospital further away, where they would not know other patients and staff, because of the social stigma attached to certain conditions. These trips cost between R35 and R60 by taxi (return) and is an important impediment for people accessing health care.

Another persistent theme was the fragmented health system between local clinics, provincial clinics and provincial hospitals with patients unclear on where they are supposed to go.

ADEQUACY of primary health care

In terms of adequacy, the main challenge is a shortage of drugs and staff being overstretched with the nurse to patient ratio being too high. Respondent's stressed that often the only drugs which are available are panado and aspirin.

"Whatever problem you have you are given panado, tooth ache panado, HIV you get panado, for babies its panado, for gogos its panado"

One respondent stated that her medicine for high blood pressure was unavailable and she had to "fight to get them." After her medicines ran out after 2 months, she started going to the private clinic operated by Project Hope.

Surprisingly, the government clinic although small and overcrowded was viewed as clean and hygienic by the majority of respondents. The major challenge is the shortage of staff. There are apparently supposed to be 4 professional nurses on duty, two health promotion officers based at the

clinic and a doctor who is available one day a week for all the patients.[6] Some respondents said they had never seen a doctor and other said they had, however all were in agreement there was a shortage of staff which urgently needed to be addressed. One respondent said, "most of the time they say we are short of staff" and "always fully booked."

> *"Too many people complaining, they tell us there is complaints box, but they ignore complaints"*

Respondents also highlighted that there are other medical services they require which the clinic doesn't offer. The three services which were deemed most necessary were dentists, a facility for reproductive health and maternity ward and lastly, psychologists and psychiatrists.

> *"There is a great need for psychologists and psychiatrists in the clinic because a lot of people are stressed in these conditions which affects their mental state and therefore need special help"*

QUALITY of Service

The quality of the service provided at the Zandspruit clinic was an area of grave concern with the majority of respondents stating they were not satisfied with the service they receive. In particular, patients felt as if the nurses and doctor, and in particular admin staff, did not treat them with respect and dignity. One respondent said, "they don't greet you, no how are you." However, another woman stated that "they are forced to respect me because I tell them off when they are rude." Another respondent stated he was not satisfied because "slow moving queues, nurses spend a lot of time gossiping instead of tending to patients in the lines…they just don't care about the people in the queue."

One respondent believed that the reason why nurses are rude is that they work under "harsh conditions" - "the demand is just overwhelming for them. They just can't cope."

The respondents suggested that the service could be improved by further training for nurses who know the patients are not satisfied, to ensure they respect the patients and take the time to listen to them. It was suggested they needed to "pull their socks up." The same respondent highlighted that resident's need to have a voice and be able to complain to the people in charge who have power to effect change.

Summary: key challenges and recommendations

Key challenges in terms of **access** included the clinic not being open on weekends and closing before 4pm which makes it very difficult for working people to access health services. In terms of **adequacy**, the main challenge is a shortage of drugs and staff being overstretched with the nurse to patient ratio being too high. The Community Development Worker stressed that the reason for this was that the clinic was built for 6000 households but now has to provide for up to 20 000 households ensuring "government cannot cope with the demand." Other key challenges relate to patients

[6] Baseline survey report Zandspruit and Cosmo City, September 2012, project Hope and the University of Pretoria.

feeling disempowered because nurses do not give them sufficient information to understand condition or medication prescribed. This is aggravated by nurses unable (or unwilling) to translate terms into vernacular languages. Further key findings were the serious gaps in health provision including family planning and maternal health.

Respondents believed the service they are provided with could be improved by the following:

1. More nurses who are hired on a permanent basis and a doctor available 5 days a week
2. A shelter so patients don't have to wait outside
3. Additional medical services including dentists, a facility for reproductive health and maternity ward and lastly, psychologists and psychiatrists
4. Extended working hours from 7am-6pm to accommodate people who are working
5. Effective monitoring systems that will ensure that things get done efficiently

Conclusion

This research has provided evidence for the importance of acknowledging the indivisibility of socio-economic rights (SERs), for example the socio-economic determinants of health include nutrition and sanitation. The health challenges in Zandspruit can therefore not be separated from the broader development challenges. This has implications for the monitoring of SERs with various government departments at different levels (local, provincial and national) being responsible for service delivery. The research has also highlighted that access to information is a key factor in people accessing their rights and being able to hold government to account.

The research, in particular the different health needs for different age groups and sexes, has also highlighted the tough choices that need to be made in terms of prioritization given government resources are finite.

Reflecting on the findings of this qualitative research and key outcomes of the dissemination workshop held in May 2013, the project has prioritized investigating and assessing methods for more popular participation in the monitoring of access to SERs. The project is committed to ensuring that the monitoring tool meaningfully reflects the concerns, priorities and needs of people on the ground and is able to both accommodate monitoring information from ordinary people and empower people with information and evidence to not only hold government accountable but move all actors towards thinking about how and by when to achieve universal access for all citizens to SERs, as envisioned by the Constitution.

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