



DEMYSTIFYING 'RURAL' ALLOWANCES



Doctors from Madwaleni Hospital in the deep rural Eastern Cape tend to a 'drop in' patient during their weekend off at the community-owned Bulungula Lodge.

Picture: Chris Bateman

If you're a public service doctor or nurse in a rural hospital and have ever angrily wondered why a colleague in a more urban working environment gets a fatter 'rural allowance', then this story is for you.

Izindaba, mystified by the complaints of deep rural hospital managers that 'better-off' bigger town hospitals were luring away their staff, approached the national health department's Director: Workforce Management, Hennie Groenewald, for clarity.

It seemed an anomaly, bringing to mind the all-too-common phenomenon of 'unintended consequences' when well-meant policies are not thought through.

How could workers at hospitals in some towns where you can get pizza delivered, go to a movie, or shop in a decent supermarket (the rural health care worker 'test of convenience'), get better allowances than their more constrained country cousins?

Inverting the telescope

As it turns out you have to invert the telescope and look at it from the point of view of a government battling to address several alarming and disparate pockets of poverty and dismal health care.

Groenewald groans as he reaches down for several thick files behind his desk on the fifth floor of the national health department's Pretoria offices for listed rural allowance definitions. While sparing you the lengthy acronyms and explanations behind 'designated rural areas', in those files, *Izindaba* can tell you that the categories are based on a cabinet decision, the outcome of public service union negotiations and provincial discretion.

Some years ago national cabinet identified and listed several impoverished, under-developed districts, regardless of town or village size as 'rural development nodes' – and all policy since has been shaped by that decision. What that means is that if you're a doctor or professional nurse working in such a cabinet-designated 'development node' district you'll get a rural allowance of 22% or 12% (respectively) over and above your normal salary.

If you're working in an area designated as rural during extensive and lengthy bargaining between government and public service unions in early 2004 (the public service co-ordinated bargaining council) *or* in an area deemed 'inhospitable' by your local provincial human resource chief, you'll get 18% and 8% respectively (doctor and professional nurse).

Subjective frustration

If you turn the telescope back around again, it's easy to understand, for example, St Appolinaris District Hospital manager Ndombifikile Thekiso's frustration as she battles

bureaucracy near the tiny village of Creighton in KwaZulu-Natal. She has less than 50% of her fully funded professional nurse posts filled, and just three of her 18 doctor posts occupied (16%). Poverty in her area runs at 75%, the exact occupancy rate of her hospital's 155 beds.

She's losing professional nurses 'hand over fist' to Port Shepstone Hospital on the KwaZulu-Natal coastline (a rural development node), Edendale Hospital outside Pietermaritzburg and Prince Mashiyeni Hospital in Umlazi, Durban (both designated 'inhospitable' by the provinces' human resources chief). These more urban hospitals pay an extra 4% on their salaries.

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Complains Thekiso, frowning: 'In nearby Creighton we've got no banks, shops and no "real" supermarkets – staff all want to transfer out the minute they hear of the better pay options in more convenient environments. The road here eats your tyres. Doctors tell us that the 4% makes a difference in paying off a bond. We're getting punished for being in a rural area while those in town are being rewarded!'

Well Ms Thekiso, now we know. It's all part of the grand plan. A rural allowance does not follow the neat dictionary definition.

Groenewald listed the designated rural development nodes as being



Eastern Cape districts: Ukahlamba, Chris Hani, Alfred Nzo and Oliver Tambo, KwaZulu-Natal districts: Ugu (in which Port Shepstone falls), Umzinyathi, Zululand, and Umkhanyakhude, and the Limpopo (Eastern) region, plus the cross-border area of Sekhukune (between Mpumalanga and Limpopo Provinces).

Each provincial human resources chief also has the discretion to nominate an area as 'inhospitable' in order to attract staff there with higher salary packages, while the public service bargaining council 'rural allowance' areas were 'too long to list' here.

Groenewald said a theoretical example of an 'inhospitable' designation could be a crime-ridden area such as Hillbrow, 'but that's left up to the provinces to decide'.

The additional scarce skills allowance for public service health care professionals stands at 15% for doctors (and dentists, pharmacists and pharmacologists) and 10% for specialised professional nurses (theatre, critical care and oncology), and dental technicians, psychologists, dieticians and nutritionists, occupational therapists, physiotherapists, radiographers and speech therapists.

Dr Sibongile Zungu, chief health officer for Integrated Health Service Development in KwaZulu-Natal, said 'inhospitable' hospital allowances included Prince Mashiyeni (Umlazi) Edendale (in Edendale township outside Pietermaritzburg), Ngwelezana (Empangeni) and Madadeni (Newcastle). 'They're not rural but they have very few things to attract people to want to work and stay there,' she explained.

Now you can take your pick, knowing why things are the way they are! Good luck.

Chris Bateman

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