

# **TAKING LEGISLATURE TO THE PEOPLE (TLP) OVERSIGHT VISIT REPORT OF THE PORTFOLIO COMMITTEE ON HEALTH AND SOCIAL DEVELOPMENT CONDUCTED AT MANGWENI COMMUNITY HEALTH CENTRE (CHC) - DEPARTMENT OF HEALTH**

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## **1. INTRODUCTION**

The Legislature conducted its Taking Legislature to the People (TLP) at Nkomazi Local Municipality from 16-20 September 2019.

The Portfolio Committee on Health and Social Development (the Committee) visited Mangweni CHC during the TLP programme on 18 September 2019.

## **2. PURPOSE OF THE TLP OVERSIGHT VISIT**

The purpose of the TLP visit was to assess the health facility, infrastructure and performance against the National Core Standards (NCS).

## **3. METHOD OF WORK**

The Legislature notified all departments accordingly about the TLP oversight visits to be conducted and the purpose thereof. Invitations were then sent to the respective departments including the Department of Health, management of the Centre and the municipality requesting them to be part of the programme. The Nkomazi Local Municipality and Auditor-General's Office (AG) were also invited; and were part of the meetings.

- On 18 September 2019, the Portfolio Committee on Health and Social Development conducted the oversight visit to Mangweni CHC;
- On 19 September 2019, the Social Transformation Cluster jointly with the Economic Cluster conducted a public hearing at Kamhlushwa Stadium;
- And still on 19 September 2019, the Social Transformation Cluster held the stakeholder engagement on the Elderly and People with Disability at Kamhlushwa Stadium.

#### 4. OBSERVATIONS

The Committee observed the following:

- The Mangweni CHC infrastructure is very small, however serving a large and growing population;
- Most of the newly procured steel chairs at the casualty are already broken, and supported by bricks for balance;
- With regard to all the health facilities within Nkomazi Municipal Area-
  - A number of Operational Managers are on an acting capacity and have been for over 24 months consecutively;
  - The health facilities are not supported by doctors reportedly due to the lack of transportation;
  - Also ward based outreach teams are not working due to the lack of transportation;
  - There is a shortage of relevant medical equipment, those available are not fully functional at all times;
  - The health facilities are not visited by clinic supervisor for internal oversight due to lack of transport;
  - Ambulance services are completely not accessible at Nkomazi municipal area;
  - The management of the health facilities do not have good working relations with the South African Police Services, particularly for the mental health care patients;
  - Operational Managers do not have control over their facility budget.

#### 5. INTERACTION WITH THE MANAGEMENT OF THE CHC, THE DEPARTMENT OF HEALTH AND INVITED STAKEHOLDERS

The Head of Department, Dr. S Mohangi welcomed the oversight visit by the committee and requested the District Director: Primary Health Care, Mr. Mtungwa to make a presentation on the CHC's compliance with the National Core Standards and infrastructure. The following was noted from the presentation by Mr. Mtungwa, supported by the Clinic Committee chairperson, Pastor Mkasi:

- The facility does not render dental care services in the absence of a dental room, dental care patients are referred to Tonga Hospital;

- There is no medical storage room at the facility, a service provider has however been reportedly appointed to resume work on 19 September 2019;
- There is no proper fencing at the facility, safety and security is compromised;
- The generator was not working on the day of the oversight visit, a contractor was reportedly notified to address the matter;
- The facility has not been assisted by a doctor for over 12 months, however arrangement is reportedly made by the department for a doctor from Tonga Hospital to assist the facility as of 01 October 2019;
- The facility is not doing well on the treatment of TB;
- There is a shortage of personnel, and the organogram is reportedly being reviewed to address the challenge;
- The ablution facilities are very limited, there is a need for additional toilets, a septic tank is reportedly installed in this regard;
- There is a shortage of necessary daily resources such as stationery, cleaning material to mention but a few;
- There is a shortage of medicine; and stock taking is not done;
- There is also a shortage of water;
- There are no youth friendly services;
- The clinic committee of thirteen (13) members, was appointed in December 2018, and yet to be inducted;
- Six Priority Areas:

Priority Areas	Scoring %
Availability of Medicine	76
Cleanliness	74
Patient Safety and Security	64
Infection Control and Prevention	81
Staff Attitude	90
Average Waiting Time	90

### Infrastructure

The facility is very small and reportedly serving a large and ever growing population. The department has reportedly planned extension of the health facility during the 2012/2022 financial period. The toilets at the clinic are not adequate. The committee noted that the

department reportedly plans to provide the enviro-loos in-line with government's directive to eradicate pit toilets due to safety issues.

### **Financial Delegations**

The level of HR and Supply Chain Management delegations to the District, Hospital CEOs and Operational Managers of Health Facilities is still of great concern for the committee, the health facilities mostly run-out of cleaning material, stationery and other daily essentials with not capability of procurement as a result of the limited financial delegations. The department has reportedly issued financial delegations to District Managers and hospital CEO's up to a limit of R 500 000.00 per transaction. To improve procurement turnaround, the department is reported to implement a cluster model where a hospital adopts surrounding clinics, the hospital will serve as the cost center, this model has been tested at Evander Hospital and it has reportedly been efficient.

### **Visit by a Doctor**

With regard to the clinic's regular visits by a doctor, the department reportedly that a Doctor will be allocated to support the facility once a week using his own car and claim back the kilometers travelled starting on 01 October 2019.

### **Staff Compliment**

The department clarified to the committee that the CHC has 22 appointed professional nurses (18 Professional Nurses with Midwifery and four (4) without midwifery) and that the two (2) extra cleaners reflected in the organogram are being paid from the budget of the sub-district; the plan is to use them as relievers in clinics where there are challenges.

### **Stock Taking**

The committee raised their concern as to how the department was managing availability of medicine if stock taking was not being conducted at the facility. The department reported that it acknowledges that during National Core Standards Assessment in 2018/19 financial year, the stock take in the pharmacy was not done, however, this has since been corrected during 2019/20 financial year (FY). Drug availability is monitored weekly through the Stock Visibility system (SVS).

## **Cleaning Material**

The committee noted that cleaning material are procured at a district level and distribution is then done also at that level, the committee requested that monitoring and evaluation must be strengthened and that distribution must be done as per utilization of the resources per health facility. The department reported that it will review and change the ordering and distribution process, as part of the new proposed district model, whereby facilities will place orders based on their needs on a monthly basis.

## **HIV/AIDS**

Aware that the HIV prevalence is high, the committee wanted to know the programmes implemented by the department to reduce HIV prevalence and teenage pregnancy amongst 15 – 24 years. The department reported that it has prioritized the prevention of HIV transmission and Teenage pregnancy amongst 15-24 by implementing several initiatives that are aimed at raising awareness amongst the 15 – 24 Year olds:

- **Mayihlasele Izazi Boys and Girls Project** – that is implemented in schools where girls and boys aged from 10 years are taken to camps to be taught on the importance of prevention of teenage pregnancies and HIV transmission;
- **She Conquers** - it is the project that is targeting youth in school and out of school to raise awareness on healthy lifestyle for young people;
- **School Health Services** – the department is providing healthcare awareness in schools targeting grade 8, to teach them about the prevention of teenage pregnancy and HIV;
- **Youth Friendly Services** – The department is further making PHC facilities youth-friendly to attract young people to come and access Sexual Reproductive Services like contraception.

The department has reportedly also appointed a Provincial Youth and School Health Manager effective from 01 August 2019, responsible amongst others to coordinate the youth and school health services in the province.

## **Health Ward-based Outreach Teams**

The committee noted that ward-based outreach teams were reportedly not working in the absence of transportation and wanted to know what the department was doing to address the

challenge. The department reportedly procured 14 Bakkies for School Health Services, distributed in May 2019. One bakkie was allocated to Nkomazi Sub-District. The departmental plan is reportedly to have all outreach services like the Ward based PHC Outreach Teams and School Health Services coordinating their activities and to use the same transport efficiently.

### **Operational Managers on Acting Capacity**

The department confirmed that five (5) of the 32 facilities in Nkomazi do not have permanently appointed Operational Managers, however, the posts have reportedly been advertised and recruitment process is underway.

### **Emergency Medical Services (EMS)**

The committee noted the report that clinics no longer call ambulances because calls are allegedly not answered, and urged that the EMS management must appear before the committee for accountability on EMS. The department acknowledged the concerns around EMS, however, envisaged that this will improve following that new appointment of a Senior Manager EMS. The committee further emphasized the need to engage with the EMS management to enable cohesive resolution efforts in addressing the identified challenges.

### **Clinic Supervision**

With regards to internal oversight through visits by clinic supervisors, the department reported that it will ensure that at least one supervisory visit is conducted per month in all PHC facilities with monitoring and evaluation.

## **5.1 FINDINGS MADE BY THE COMMITTEE**

After the interaction with the department and hospital management, the Committee found that:

- a. The hospital is not compliant with the National Core Standards;
- b. There is no medical storage room at the facility, a service provider was reportedly appointed to resume with the construction work on 19 September 2019 ;
- c. Most of the newly procured steel chairs at the casualty are broken, and supported by bricks for balance;

- d. There is no proper fencing at the facility, safety and security is compromised;
- e. The generator was not working on the day of the oversight visit, a contractor was reportedly notified to address the matter;
- f. The department committed that a Doctor will be allocated to support the facility once a week using his own car and claim back the kilometers travelled, starting from 01 October 2019;
- g. There is a need for additional toilets at the facility;
- h. There is a frequent shortage of necessary daily resources such as stationery and cleaning material to mention but a few;
- i. There is a shortage of medicine and stock taking is not done;
- j. There is also a shortage of water;
- k. The clinic committee of thirteen (13) members, was appointed in December 2018, and yet to be inducted;
- l. Five health facilities do not have appointed Operational Managers, the posts have reportedly been advertised and the recruitment process is underway;
- m. With regard to all the health facilities within Nkomazi Municipal Area-
  - m.1. Ward based outreach teams are not working due to the lack of transportation;
  - m.2. There is a shortage of relevant medical equipment, those available are not fully functional at all times;
  - m.3. The health facilities are not visited by clinic supervisor for internal oversight;
  - m.4. Ambulance services are completely not accessible throughout Nkomazi municipal area;
  - m.5. The management of the health facilities do not have good working relations with the South African Police Services, particularly for the mental health care patients.

## 5.2 RECOMMENDATIONS MADE BY THE COMMITTEE

Based on the findings, the Committee recommended that the department must

- a. Ensure effective implementation of the quality improvement plans with continuous monitoring and evaluation inclusive of consequence management where necessary;
- b. Provide progress report on the construction of the medical waste storage room;
- c. Ensure that the broken chairs at the casualty area are replaced;
- d. Ensure that proper fencing is installed at Mangweni CHC;
- e. Ensure that the standby generator is functional at all times with regular testing and maintenance when necessary;
- f. Provide progress report on the allocation of a Doctor to support Mangweni CHC;
- g. Provide progress report on the installation of the enviro-loo toilets at Mangweni CHC;
- h. Strengthen monitoring and evaluation on the distribution of resources (cleaning material and stationery to mention just a few) as per the needs of the health facilities;
- i. Strengthen monitoring and evaluation on the management of the pharmacy at Mangweni CHC for improved availability of medicine;
- j. Ensure continuous water supply at Mangweni CHC through Nkomazi Local Municipality;
- k. Ensure that the clinic committee is inducted for improved governance;
- l. Provide a detailed progress report on the filling of the five vacant Operational Manager posts, inclusive of the affected health facilities;
- m. Ensure that all the challenges as listed above are attended to accordingly and also provide a detailed progress report in this regard.

**A detailed progress report must be submitted by 30 November 2019.**



## 6. PUBLIC HEARING

A public hearing was conducted on 19 September 2019 at Kamhlushwa Stadium to allow the public to raise their inputs on the level of service delivery afforded to them by the government. The following health care issues were raised by the public and noted by the committee:

- Kamhlushwa Clinic is very small, serving a large population – the facility is always over-crowded. There was a request to temporary structure in the interim, whilst considering the construction of additional or a bigger structure. Nurses allegedly take lunch break same time (all together), contributing to the long waiting time and staff attitude. The clinic is not compliant with the National Core Standards, cleanliness is nonexistent;
- Langeloop Clinic operates 24 hours but there is a challenge of shortage of personnel. This clinic serves the community of Tembisa and Skopen, a request was made for a mobile clinic to visit these areas;
- Requests for a clinic in the following areas was made - Mjejane, Block A, Ngwenyeni and Magudu;
- Schoemansdal Clinic is small with a shortage of staff and medicine;
- Mbangwane Clinic has been without electricity since March 2019, this contributes to the expiry of medicine;
- Ambulance services are not available within the Nkomazi area.

### 6.1 Commitments by the Department of Health

- The department will review the norms for the establishment of a new clinic as per the population of the identified areas, however emphasized that not every area qualifies for a clinic;
- All Community Health Care Workers will be captured in the department's Human Resource Management persal system as of 01 April 2020 on a stipend of R 3000.00;
- The department noted the inputs made and committed that it will address all the requests made by the public.

## 6.2 Recommendation

Attend to all the issues raised by the public accordingly and also provide a detailed progress report by **30 November 2019**.

## 7. ELDERLY PERSONS AND PEOPLE WITH DISABILITY STAKEHOLDER ENGAGEMENT

The sectors of the elderly and people with disability (PWDs) within the Nkomazi Local Municipality gathered at Kamhlushwa Stadium on Thursday, 19 September 2019 at 14h00 to engage with the invited stakeholders on how to better service them. The following were issues raised by the sectors:

- Vulamehlo Centre for PWDs in Steenbok: the RDP houses and toilets provided to the beneficiaries are not user friendly for their disability;
- Zamani Centre for PWDs at kaHoyi has an allocated stand, however, needs assistance with the construction of a structure;
- Kuhlekwehu Centre for PWDs at Block B also has a stand but no physical structure, requests for assistance with the construction of the structure and the installation of water tank;
- Langeloop Centre for PWDs has a dilapidated temporary structure in their own land, request for assistance with the construction of a new permanent structure;
- There is a need for wheelchairs at Tonga Hospital as an aid for patients with disability and there is also a shortage of hearing aids at Tonga Hospital;
- People with disability within Nkomazi area are victimized by the corrupt community members – used to gain RDP houses fraudulently;
- Wheelchair basketball is a favored sport by the people with disability in Nkomazi, a request for sponsorship of wheelchairs was made;
- People with disability and the elderly are not prioritized in the health care facilities;
- A majority of the elderly persons are opposed to the new way of receiving social grants through the Post Office and Retail Shops in preference to the old way of receiving social grants at community halls through the South African Social Services Agency trucks.

## 7.1 Commitments by the Department of Health

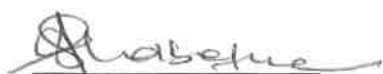
- To liaise with the local municipality for the installation of water tankers in the identified and registered centers;
- To partner with the community development workers and councilors in the local municipality in the allocation of RDP houses for PWDs, for accessibility;
- There is a new programme being rolled out in the health care facilities for chronic patients – patients on chronic medication will be registered in a database, medication will be pre-packed and delivered to their place of residence or collected at a specified counter on identified days, in efforts to improving health care services to the vulnerable groups;
- The department noted the inputs made and committed that it will address all the requests made by the stakeholders.

## 7.2 Recommendation

Attend to all the issues raised by the stakeholders accordingly and also provide a detailed progress report by **30 November 2019**.

## 8. CONCLUSION

The Chairperson would like to express her heartfelt gratitude to all the Honourable Members of the Portfolio Committee on Health and Social Development for their attendance and active participation during the TLP Programme. She further wishes to thank the Department, the municipality, AG's Office and the management of the health facilities for the services rendered and the Legislature staff for providing support to the Committee.



**HON. J.L. THABETHE**  
**CHAIRPERSON: PORTFOLIO COMMITTEE ON**  
**HEALTH AND SOCIAL DEVELOPMENT**

09/10/19  
DATE