



Consolidated Report on Inspections of Primary Health Care Delivery Sites: Department of Health



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Foreword

Quality health care is key to the development of any nation in the world. This is because quality care contributes significantly to the productivity of a nation and the life span of its citizens. Therefore, health care services should be available and accessible to all who need them regardless of their socio-economic and geographical location. In a country like South Africa with health challenges such as HIV/AIDS and Tuberculosis (TB), it is important that quality health services are affordable to citizens. In this regard, section 27 of the Constitution of Republic of South Africa states that "*everyone has the right to have access to health care services*"¹. Due to poverty levels in the country, there are many people who do not have health insurance and cannot access the sophisticated and expensive private health care systems. As a result, most people rely on public health facilities to access health services. One of the key institutions utilised for the delivery of services by the Departments of Health is clinics. Ideally, clinics should be located within reach of the communities whether in rural, semi-rural or urban areas.



In South Africa, clinics have become the cornerstone of the public health system. They are mainly the first point of entry to the health system because they are located closer to the communities. As service delivery institutions with a focus on Primary Health Care (PHC), clinics are expected to provide comprehensive and integrated basic health programmes such as safe motherhood, child health and nutrition, expanded immunisation, management of communicable diseases and the treatment of chronic ailments. It is, therefore, necessary for the clinics to have proper infrastructure, equipment, medicines and relevant resources so that they can provide comprehensive and quality basic health care to the public. In addition, clinics should be institutions where members of the public are treated with respect and compassion by the health professionals.

Given the critical role of clinics in the provision of health care services, in 2009, the Public Service Commission (PSC) decided to conduct service delivery inspections in the Departments of Health focusing on primary health care delivery sites (clinics). The purpose of the inspections was to assess the adherence of clinics to the service delivery principles of *Batho Pele* as a key strategy for the transformation of Public Service delivery, and to determine the availability and adequacy of resources at clinics to provide citizens with quality health services.

It gives me great pleasure to present the consolidated report on inspections of primary health care delivery sites conducted in the Departments of Health. Individual reports were sent to the Executive Authorities and Accounting Officers of the Departments of Health. This consolidated report is for a broader audience of stakeholders, including Parliament and the public. I believe that inspections remain a valuable monitoring mechanism whose findings could contribute towards service delivery improvement.

A handwritten signature in black ink, appearing to read 'R MGIJIMA', with a horizontal line extending to the right.

DR R MGIJIMA
CHAIRPERSON: PUBLIC SERVICE COMMISSION

¹ Republic of South Africa. The Constitution. Act 108 of 1996.

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Glossary of Terms

AC	Administrative Clerk
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Clinic
ARV	Anti-Retro Viral
BP	Blood Pressure
CBD	Central Business District
CCC	City Central Clinic
CCHS	Comprehensive Community Health Service
CHC	Community Health Centre
CHW	Community Health Worker
DG	Director-General
DPSA	Department of Public Service and Administration
EA	Executive Authority
EDL	Essential Drug List
ENT	Ear, Nose and Throat
GDH	Galeshewe Day Hospital
GSSC	Gauteng Shared Services Centre
HIV	Human Immunodeficiency Virus
HoD	Head of Department
IDP	Integrated Development Plan
IMCI	Integrated Management of Childhood Illnesses
IT	Information Technology
MEC	Member of the Executive Council
MO	Medical Officer
MTC	Mother to Child Transmission
NGO	Non Government Organisation
NHC	National Health Council
OPSC	Office of the Public Service Commission
OSD	Occupation Specific Dispensation
PERSAL	Personnel and Salary Administration System
PFMA	Public Finance Management Act
PGWC	Provincial Government Western Cape
PHC	Primary Health Care
PSC	Public Service Commission
PMTC	Prevention of Mother to Child Transmission
SALGA	South African Local Government Association
SASO	Senior Auxiliary Services Officer
SMS	Senior Management Service
STI	Sexually Transmitted Infection
RC	Resident Commissioner
TB	Tuberculosis
TOP	Termination of Pregnancy
VCT	Voluntary Counselling and Testing





Executive Summary

1. BACKGROUND

Conducting on-site inspections of service delivery institutions is an integral part of the work of the Public Service Commission (PSC). Service delivery inspections serve as a mechanism for reinforcing accountability in the Public Service. The PSC has since 2006/07 conducted unannounced and/or announced visits/inspections of service delivery sites. The purpose of inspections is to entrench a citizen and service-centric culture across the Public Service. In 2009/10, the PSC conducted inspections of primary health care delivery sites in the Departments of Health focusing on selected clinics in all provinces. The inspections sought to assess the adherence of the clinics to the *Batho Pele* framework, and to also determine the availability of health care resources in clinics in order to deliver quality health care services. Inspections were also conducted at selected District Health Offices, Provincial and the National Head Office of the Departments of Health to determine if these Offices are implementing and complying with the set norms and standards concerning the *Batho Pele* framework.

2. METHODOLOGY



To initiate the inspection process, letters were sent to the Executive Authorities (EAs) and Accounting Officers (AOs) of Departments of Health informing them about the PSC's intention to conduct the inspections. Only unannounced inspections were conducted at the clinics and no prior notification was provided to the Departments about the inspections. This was meant to afford the inspection team an opportunity to observe actual practices at the service delivery sites. Sixty (60) clinics and 14 District Offices were visited by the inspection teams. The inspection teams comprised the Public Service Commissioners and officials from the Office of the Public Service Commission (OPSC). The PSC Commissioners played a leading role during the inspections.

3. KEY FINDINGS

The following are the overall findings on the unannounced inspections of the primary health care delivery sites. The findings are presented according to the objectives of the study, namely, the adherence of the service delivery sites to the *Batho Pele* framework and the availability of resources to provide quality health care services.

3.1 Adherence of the Service Delivery Sites to the *Batho Pele* Framework

- The inspection teams observed that 63% of the clinics and 50% of the District Offices visited did not have outside signage. One of the two National Head Office buildings also did not have an outside signage. The availability of outside signage is important as it enables citizens to locate service delivery points with ease.
- It was established that inside signage was generally available at most of the clinics visited, with only 23% of them not complying with this requirement. However, at the District Office level, 57% did not have inside signage. Both National Head Office buildings had inside signage. Clear and visible inside signage is important for guiding citizens to the various service points and it improves access to services.
- The inspection teams observed that business hours were displayed at most of the clinics, whilst 22% of them did not display their business hours. In terms of the District Offices, the situation was not favourable, with 49% of those visited and both buildings of the National Head Office operating without the display of their business hours. The display of business hours ensures that citizens are aware of the time to access services and can therefore avail themselves accordingly.

- Although most clinics visited were in good condition, it was observed that 25% of them were dilapidated. Some had cracked walls and others had electricity cables hanging loosely from the walls. In some instances clinics were too small thus, resulting in overcrowding. It was further observed that some clinics and District Offices were not in a clean state at the time of the inspections.
- Twenty-three (23%) of the clinics visited and 71% of the District Offices visited also did not display Service Charters. Of the 77% of the clinics that displayed Service Charters, only 17% of the Charters were written in the dominant languages spoken in the area of location of the clinics. Service Charters provides citizens with information on the level and quality of services to expect and it empowers citizens to hold government officials accountable where service standards are not met.
- It was observed that 97% of the clinics visited had complaint/ suggestion boxes on site. However, 57% of the District Offices visited did not have complaint/ suggestion boxes. The two buildings of the National Head Office were also found to be without complaint/ suggestion boxes. It was noted that only 22% of the clinics displayed a complaint handling procedure. Complaint/ suggestion boxes provide citizens with an opportunity to lodge their complaints or to suggest improvement to service delivery, whilst complaints handling system informs citizens on how their complaints are being dealt with by government departments.
- The inspection teams observed that in 55% of the clinics visited and 71% of the District Offices, staff did not wear name tags. In order to promote accountability, openness and transparency, staff should always wear name tags whilst at work so that citizens are able to identify officials that provide a service.
- The inspection teams noted that staff members at all sites visited appeared friendly and demonstrated professionalism and knowledge with regard to their work. The policy of *Batho Pele* requires citizens to be treated with courtesy and consideration.
- Discussions with randomly selected citizens revealed that in 71% of the clinics visited, citizens found their way easily around the buildings. However, they mentioned that they had to wait for too long before they were attended to. Some citizens also mentioned that they travel long distances before they can reach a clinic.
- Citizens complained to the inspection teams that there was a lack of confidentiality around the patients' medical records, as they reported that they would often overhear nurses gossiping about patients' illnesses and conditions. Such practice contravenes the provisions of the National Health Act which states that "*all information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment is confidential*"¹.

3.2 Availability of Resources to Render Quality Health Care Services

- Officials in most clinics visited informed the inspection teams that there was shortage of medicines, with only 36% of the clinics visited found to have sufficient medication.
- It was established that 82% of the clinics visited were without sufficient medical equipment. For example, there were insufficient stethoscopes, suction machines, resuscitation tables and linen savers in the clinics.
- In only 18% of the clinics visited officials could confirm the availability of computers.
- Officials in 81% of the clinics visited informed the inspection teams that they did not have enough staff to handle the number of patients they receive.
- The inspection teams established that in cases where patients required referral to hospitals due to the lack of clinic capacity to address their needs, turn-around time for emergency vehicles to take patients to hospitals was longer and frustrating.
- In general the inspection teams observed that 48% of the clinics visited had air conditioners. Only 14% of District Offices did not have air conditioners, whilst at both National Office buildings, air conditioners were available and in good working condition.
- It was established that 53% of the clinics visited had access to drinking water, with toilet facilities being available at all sites visited. However, it was observed that some toilets in clinics were not in good condition.

¹ Republic of South Africa. National Department of Health. *The National Health Act. 2004.*

4. RECOMMENDATIONS

4.1 Recommendations on the Adherence with the *Batho Pele* Framework

- All clinics, Districts and National Offices should have both outside and inside signage.
- All clinics, Districts and National Offices should display the business hours to alert citizens of the hours of operation at service delivery sites.
- The clinic buildings should be repaired and electricity cables should be fixed to avoid fire hazard. Where possible, extension or upgrading of clinics should be considered to avoid overcrowding.
- Facility managers should ensure that all clinics and District Offices are kept clean at all times.
- Service Charters should be displayed in all clinics, Districts and National Office and they should be translated into the dominant language of the area.
- Service Charters containing specific service standards for each of the services offered must be drawn up and be displayed prominently at the relevant service delivery locations within the clinics.
- Complaint/ suggestion boxes should be made available at all the clinics, District and National Offices. In addition, a complaint handling procedure should also be displayed to inform citizens of how complaints are dealt with.
- Officials at all clinics and District Offices should wear name tags in line with the *Batho Pele* principle of Transparency and Openness.
- Service delivery processes should be improved at clinics so that waiting time can be reduced.
- All clinic officials should be required to keep the information of patients confidential in line with the provisions of the National Health Act which states that "*all information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment is confidential*"².

4.2 Recommendations on the Availability of Resources to Render Quality Health Care Services

- Support services of the Departments of Health should be improved in order to ensure that medication can be procured timeously.
- All clinics should be supplied with essential medical equipment such as sterilisation machines, stitch scissors, suction machines and resuscitation tables to enable them to render quality health care services.
- Computers should be supplied to clinics and staff should be trained on how to use them in order to manage patient files and records effectively.
- The Departments of Health should fill all the vacant positions at clinics, particularly the technical and supervisory posts.
- The Departments of Health should ensure that Emergency Medical Services are responsive to clinics, particularly when patients need to be urgently transferred to a hospital.
- Air conditioners should be made available in all clinics. In instances where they are not working, they should be repaired.
- All clinics should have clean water for public consumption.

5. CONCLUSION

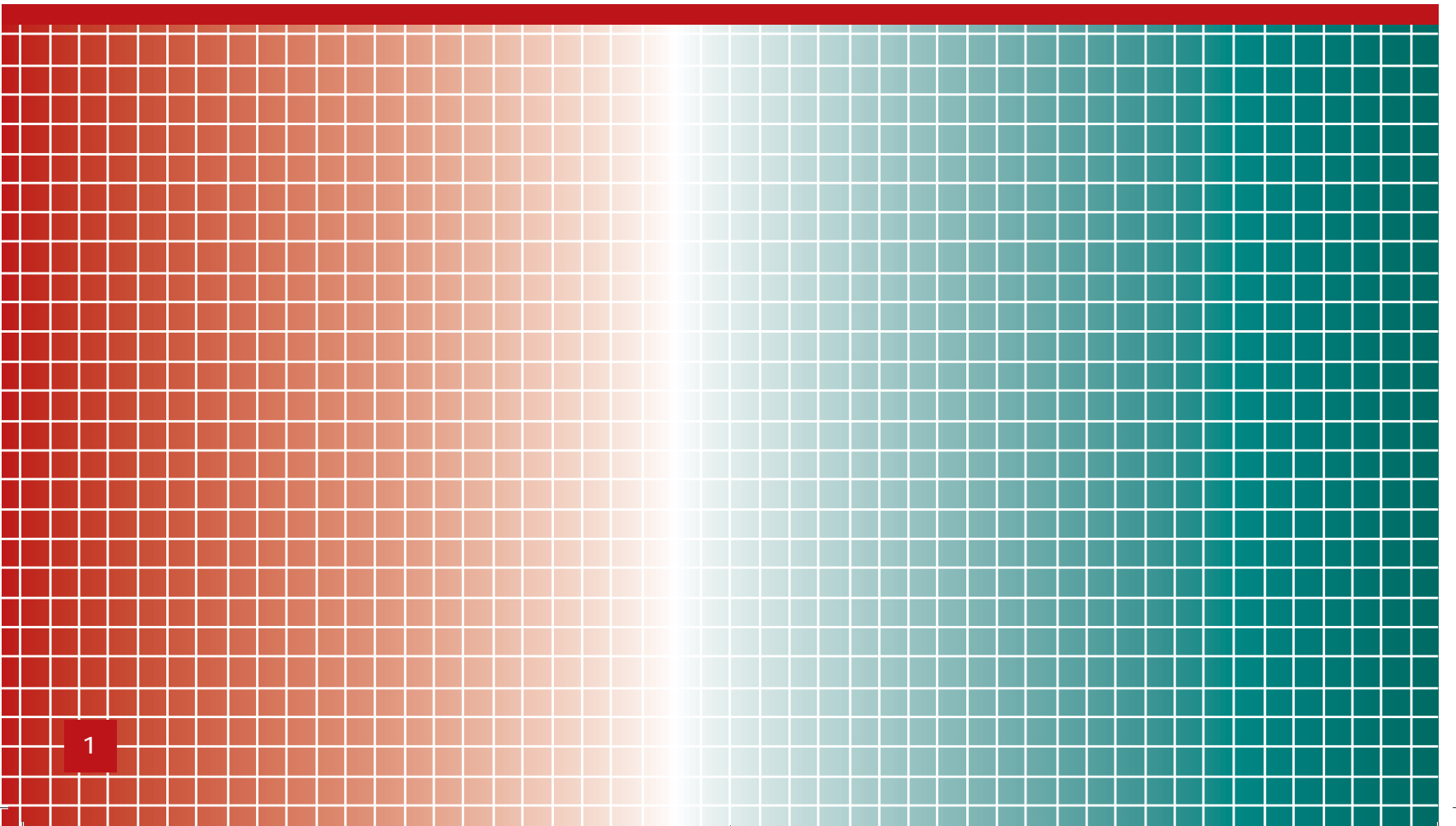
The inspections conducted at the primary health care delivery sites have provided useful insights with regard to the adherence of these sites to the *Batho Pele* principles. The findings of the inspections have also shown the level and quality of services rendered to the public, the state of the health care facilities, conditions at the service sites as well as the challenges experienced by the primary health care delivery sites in providing quality health care service. It is the PSC's view that the findings of this report will provide the Departments of Health with an opportunity to reflect on the challenges encountered at the primary health care delivery sites and take immediate and corrective action, to improve the quality of this essential service to the citizens of the country.

² Republic of South Africa. National Department of Health. *The National Health Act. 2004.*



Chapter One

Introduction



1.1 INTRODUCTION AND BACKGROUND

The Public Service, as an implementing arm of government, plays an important role in achieving the Constitutional imperative of improving the quality of life of all citizens³. This Constitutional imperative requires the Public Service to urgently put systems and processes in place to ensure improved service delivery. The Public Service Commission (PSC), in its role as an oversight body, has put in place a range of monitoring mechanisms that can be used to establish the progress that is being made in improving service delivery in the Public Service. One such mechanism involves the inspections of service delivery sites.

The PSC is mandated by section 9 of the Public Service Commission Act (1997) which provides that "*the Commission may inspect departments and other organisational components in the Public Service, and has access to such official documents or may obtain such information from Heads of those departments or organisational components or from other officers in the service of those departments or organisational components as may be necessary for the performance of the functions of the Commission under the Constitution or the Public Service Act*"⁴.

In line with the above-mentioned mandate, the PSC developed a Protocol on Inspections⁵. The purpose of the Protocol on Inspections is to assist the PSC to conduct inspections in a meaningful and objective manner, which is important for both the integrity of the inspection process and the quality of the reports that are subsequently generated.

Guided by the Protocol, the PSC has since 2006/2007 conducted inspections of service delivery sites in various Departments. The following Departments have since been inspected:

- National Departments of Home Affairs and Labour, Housing (Gauteng) and Social Development (Free State) in 2006/2007.
- Departments of Education in eight (8) Provinces and National Head Office in 2007/2008.
- South African Police Service (SAPS) in 2008/09.

In 2009/10 the PSC decided to conduct inspections of primary health care delivery sites in the Departments of Health focusing on clinics. Inspections were also conducted at the District, Provincial and National Head Offices to assess the application of norms and standards that are set at Head offices and implemented at service delivery sites. These inspections sought to assess adherence of clinics to the *Batho Pele* framework as a key strategy for the transformation of the Public Service. The *Batho Pele* framework was introduced in 1997 to fast-track both the transformation of the Public Service and actual service delivery⁶. The inspections also sought to determine the availability of health care resources in clinics to enable them to deliver quality health care services.

The purpose of this consolidated report is to present the findings and recommendations of the service delivery inspections conducted at the service delivery sites of the Departments of Health in the Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, Northern Cape, North West, Western Cape and the National Department of Health.

1.2 AIM AND OBJECTIVES OF THE INSPECTIONS

The broad aim of the inspections is to assess the quality of services rendered to the public, the state of the facilities and the conditions at the service delivery sites. It was also the objective of inspections to determine if the Departments of Health are achieving the required service standards, intended to meet the needs of the

³ Republic of South Africa. The Constitution. Act 108 of 1996.

⁴ Republic of South Africa. The Constitution. Act 108 of 1996.

⁵ Republic of South Africa. Public Service Commission. Protocol on Announced and Unannounced Inspections, 2007.

⁶ Republic of South Africa. Department of Public Service and Administration. The Batho Pele White Paper on the Transformation of Public Service Delivery. 1997.

people of South Africa. The following table shows the broad objectives of inspections as provided by the PSC Protocol on inspections, as well as specific objectives of inspections at the clinics as service delivery sites of the Departments of Health:

Table 1: Objectives of Inspections

Broad objectives of inspections as provided for in the Protocol on inspections	Specific objectives of the inspections conducted in the Departments of Health
<ul style="list-style-type: none"> a. To afford the PSC an opportunity to observe the extent to which services are rendered to citizens and to get a sense of what kind of service delivery challenges are facing the Departments. b. To engender a sense of urgency and seriousness among officials regarding service delivery. c. To introduce objective mechanisms of identifying both weaknesses and strengths in improving service delivery. d. To report serious concerns about the quality of service delivery and compliance with <i>Batho Pele</i> requirements. e. To carry out investigations of serious failures as pointed out by inspections. f. To improve service user care relations in order to improve a user-oriented Public Service. 	<ul style="list-style-type: none"> a. To gather first hand information on the functioning of clinics in the provision of health services. b. To determine whether the clinics comply with the implementation of the <i>Batho Pele</i> Framework. c. To assess the availability of Health care resources needed to ensure that clinics operate effectively.

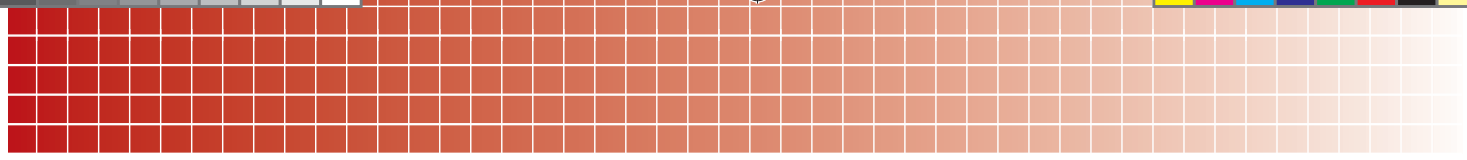
1.3 SCOPE AND METHODOLOGY

1.3.1 Scope of the Inspections

The inspections focused on the adherence of clinics to the service delivery principles of *Batho Pele* as well as to determine the availability and adequacy of health care resources in clinics to enable them to deliver quality health care services. A sample of clinics was drawn from the population of Provincial and Local Government clinics in both rural and urban areas. In addition, certain District Offices as well as Provincial and National Head Offices were also visited. **Table 2** on the next page shows the list of sites and dates on which they were visited.

Table 2: List of provinces, sites visited, spheres of government and dates of the inspections

Province	Inspection Sites	Sphere of Government	Date of Inspection
Eastern Cape	Mnceba Clinic	Provincial Government	04-08-2009
	Zingcuka Clinic	Provincial Government	04-08-2009
	King Sabata Dalinyebo Sub-District Office	Provincial Government	05-08-2009
	Kruisfontein Clinic	Local Government (Kouga Municipality)	12-08-2009
	Isolomzi Clinic	Local Government (Nelson Mandela Metropolitan Municipality)	12-08-2009
	Virginia Shumane Clinic	Local Government (Makana Municipality)	13-08-2009
Free State	Phuthaditjhaba Clinic	Provincial Government	03-08-2009
	Bluegum Busch Clinic	Provincial Government	03-08-2009
	Matjhabeng Clinic	Provincial Government	03-08-2009
	Bronville Clinic	Provincial Government	03-08-2009
	Thusanong Clinic	Provincial Government	03-08-2009
	Thabo Mofutsanyane District Office	Provincial Government	04-08-2009
	Seeisoville Clinic	Provincial Government	04-08-2009
	Lusaka Clinic	Provincial Government	05-08-2009
	Batho Clinic	Provincial Government	05-08-2009
	Thusong Clinic (BFN-Rocklands)	Provincial Government	05-08-2009
	Heidedal Clinic	Provincial Government	05-08-2009
	Mmabana Clinic	Provincial Government	05-08-2009
	Winnie Mandela Clinic	Provincial Government	06-08-2009
	Mafane Clinic	Provincial Government	06-08-2009
Motheo District Office	Provincial Government	07-08-2009	
Gauteng	Tshwane District Office	Provincial Government	04-09-2009
	Winterveldt Clinic	Provincial Government	04-09-2009
	Laudium Clinic	Local Government (Tshwane Municipality)	04-09-2009
	Diloppe Clinic	Provincial Government	04-09-2009
	Provincial Head Office	Provincial Government	07-09-2009
	Johannesburg District Office	Provincial Government	07-09-2009
	Mandela Sisulu Clinic	Provincial Government	07-09-2009
	Orange Farm Extension 7A	Provincial Government	07-09-2009
	Ekurhuleni District Office	Provincial Government	08-09-2009
	Moleleki Clinic	Local Government (Ekurhuleni Municipality)	08-09-2009
Magagula Clinic	Provincial Government	08-09-2009	



KwaZulu-Natal	Mpofana Clinic	Local Government (Mpofana Municipality)	18-08-2009
	Taylor's Clinic	Provincial Government	21-08-2009
	Gateway Clinic	Provincial Government	21-08-2009
	Qadi Clinic	Provincial Government	28-08-2009
	Umkhumbane Clinic	Local Government (Ethekwini Municipality)	28-08-2009
	City Central Clinic	Local Government (Mngugundlovu Municipality)	31-08-2009
Limpopo	Kremetart Clinic	Provincial Government	08-09-2009
	Tshakhuma Clinic	Local Government (Makhado Municipality)	08-09-2009
	Louis Trichardt Clinic	Provincial Government	08-09-2009
	Basani Clinic	Local Government (Greater Giyani Municipality)	08-09-2009
	Sebayeng Clinic	Provincial Government	08-09-2009
	Magalies Clinic	Local Government (Makhudu Thamaga Municipality)	09-09-2009
	Marishane Clinic	Local Government (Makhudu Thamaga Municipality)	09-09-2009
	Modimolle Clinic	Local Government (Modimolle Municipality)	10-09-2009
	Bela Bela Clinic	Provincial Government	10-08-2009
	Mpumalanga	Gert Sibande District	Provincial Government
Hartebeeskop Clinic		Provincial Government	16-07-2009
Cindi Clinic		Local Government (Msukaligwa Municipality)	16-07-2009
Nkangala District		Provincial Government	22-07-2009
Beaty Clinic		Local Government (Emalahleni Municipality)	22-07-2009
Fernie Clinic		Provincial Government	23-07-2009
Dundonald Clinic		Provincial Government	23-07-2009
KaNyamazane Clinic		Provincial Government	12-08-2009
Ehlanzeni District Office		Provincial Government	17-08-2009
Northern Cape	City Clinic	Local Government (Sol Plaatje Municipality)	06-08-2009
	Florianville Clinic	Local Government Sol Plaatje Municipality)	06-08-2009
	Platfontein Clinic	Provincial Government	06-08-2009
	Greenpoint Clinic	Provincial Government	12-08-2009
	Galeshewe Day Hospital	Provincial Government	12-08-2009
	Frances Baard District Office	Provincial Government	12-08-2009



North West	Ngaka Modiri Molema District Office	Provincial Government	11-08-2009
	Maureen Roberts Memorial(Danville) Clinic	Provincial Government	11-08-2009
	Montshioa Town Clinic	Provincial Government	11-08-2009
	Dr Ruth Segomotsi Mompoti District Office	Provincial Government	12-08-2009
	Dryharts Clinic	Provincial Government	12-08-2009
	Colridge Clinic	Provincial Government	12-08-2009
	Tlapeng Clinic	Provincial Government	13-08-2009
	Borolelo Clinic	Provincial Government	13-08-2009
Western Cape	Scottsdene Clinic	Provincial Government	20-08-2009
	Phola Park Clinic	Provincial Government	20-08-2009
	Drakenstein sub-District Office	Provincial Government	20-08-2009
	Gugulethu Clinic	Local Government (City of Cape Town)	21-08-2009
	Klipfontein District Office	Provincial Government	01-09-2009

1.3.2 Methodology

To initiate the inspection process, letters were sent to the Executive Authorities (EA) and the Accounting Officers (AO) informing them about the PSC's intention to conduct inspections in the Departments of Health. Only unannounced inspections were conducted. In this regard, prior notification was not provided to the Departments about the inspections. This was done to afford the inspection teams an opportunity to observe actual practices at the service delivery sites. The inspection teams comprised the PSC Commissioners and officials from the Office of the Public Service Commission (OPSC). The PSC commissioners played a leading role during the inspection process. The inspections were guided by a PSC checklist, which contained issues pertaining to the *Batho Pele* principles as well as information on the required resources at the service delivery sites.

1.3.3 Limitations of the Study

The following limitations were experienced during the inspections:

- In some provinces, inspections could not be conducted at District and Provincial Offices, due to time constraint. As such the views of officials at these Offices could not be obtained with regard to the functioning of the clinics in the provinces.
- In most District Offices, the inspection teams could not interact and solicit the views of citizens. This was as a result of the unavailability of citizens at the Offices at the time of the inspections.
- The necessary documents to verify inputs from clinic officials were often not available at the time of the inspections in certain clinics.



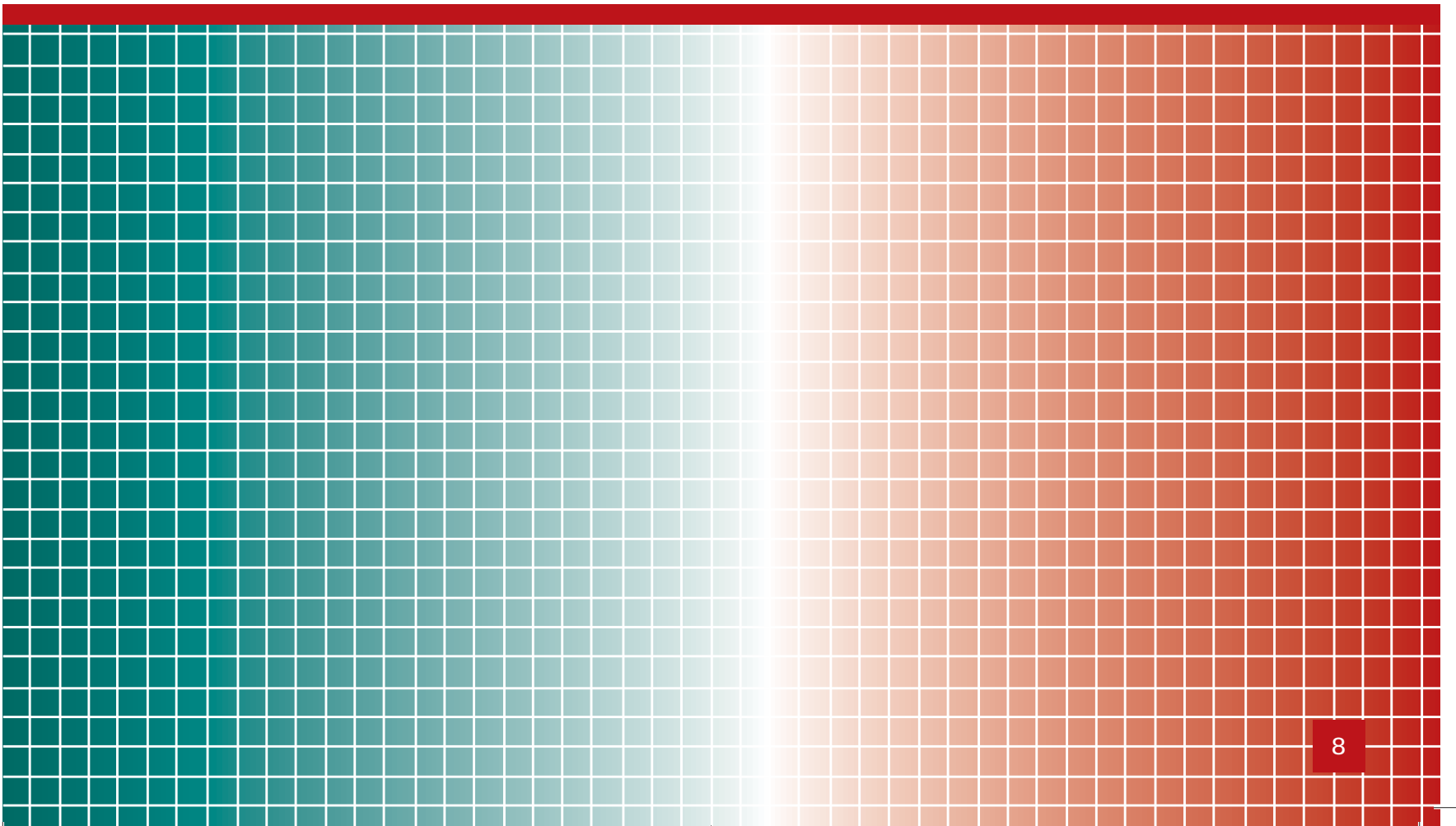
1.3.4 Structure of the Report

- Chapter 2** presents an overview of the findings of the study
- Chapter 3** presents the findings from the Department of Health: Eastern Cape
- Chapter 4** presents the findings from the Department of Health: Free State
- Chapter 5** presents the findings from the Department of Health: Gauteng
- Chapter 6** presents the findings from the Department of Health: KwaZulu-Natal
- Chapter 7** presents the findings from the Department of Health: Limpopo
- Chapter 8** presents the findings from the Department of Health: Mpumalanga
- Chapter 9** presents the findings from the Department of Health: North West
- Chapter 10** presents the findings from the Department of Health: Western Cape
- Chapter 11** presents the findings from the Department of Health: National Head Office
- Chapter 12** presents the conclusion and overall recommendations.



Chapter Two

Overview of the Findings



2.1 INTRODUCTION


This chapter presents an overview of the findings of the unannounced inspections conducted at the selected primary health care delivery sites (clinics) of the Departments of Health. The findings are in relation to the adherence of the clinics to the *Batho Pele* framework, which is a key strategy for the transformation of the Public Service. In addition, the chapter describes the quality of services rendered to the public, the state of the health facilities and conditions experienced at the service sites. It also highlights the challenges experienced by the primary health care delivery sites in providing quality health care services to the citizens. Findings emanating from selected District Health Offices, Provincial and the National Department of Health are also incorporated to provide for a comparison of the implementation of the *Batho Pele* framework at this level. This overview is presented according to the key thematic areas of the inspections which include the inspection teams' observation of the facilities, the promotion of access to information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites.

2.2 OBSERVING FACILITIES

Facilities of Public Service institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility to these institutions is to adapt and improve their physical conditions and ensure that buildings are clearly visible to the citizens. It was observed that 63% of the clinics visited did not have outside signage. Outside signage is a mark displayed on the outside of the building, and it is important in assisting citizens to locate public service delivery points. The same trend was also observed at the District Offices visited, where 50% of them did not have outside signage. It was further observed that of the two National Head Office buildings visited, one did not have outside signage. The finding suggests that there is a general lack of adherence to the display of outside signage in the Departments of Health and this makes it difficult for citizens to locate Public Service institutions.

Whilst the display of outside signage was in most cases poor, the inspection teams found that inside signage was generally available at most clinics visited, with only 23% of the clinics not complying with the display of inside signage. However, the inspection teams found that at District level, 57% of the District Offices did not have inside signage, whilst both National Head Office buildings had inside signage. Clear and visible inside signage is important for guiding citizens to the various service points, and it improves access to services. It was found that business hours were displayed at most of the clinics, with only 22% of clinics not displaying them. One of the reasons for the non-display of business hours was that some clinics operate on a 24 hours basis, and therefore there was no need to display hours of operation. However, the inspection teams found that 49% of the District Offices visited and both buildings of the National Head Office were without the display of business hours. Thus, citizens who intend to visit such sites were not guided in terms of the hours of operation.

Most of the clinics visited were found to be in a good condition. For instance the Marishane clinic in Limpopo was newly built, and further construction work was still underway at the time of the inspection. This is an indication that more work is being done to facilitate access to health services for the community. However, it was found that 25% of the clinics visited were dilapidated and required urgent attention. For instance, the Tshakhuma clinic in Limpopo had cracked walls, electricity cables were hanging loosely from the walls which posed a fire hazard, and no fire extinguisher was observed on site. Furthermore, at the Tlapeng clinic in the North West province, the roof was in a state of collapse. The finding suggests that the safety of officials and patients during consultation was at risk. This further undermines compliance with the occupational health and safety requirements. However, in general, the inspection teams observed that the District Offices visited were in good condition.



It was also found that there were clinics that were generally very small and tended to be overcrowded. Such cases were observed at the City clinic in the Northern Cape, the Diloppe, Orange Farm and Magagula clinics in Gauteng, as well as the Maureen Roberts Memorial clinic in the North West province. In these clinics, patients were observed waiting outside, often without proper seating arrangements and being exposed to the harsh weather conditions. In the North West province, the Tlapeng and Borolelo clinics lacked space with no offices to conduct administrative duties, resulting in these duties being conducted in the consultation room whilst patients were being attended to. This infringes on a patient's dignity and right to privacy. Fifteen percent (15%) of the clinics visited and 14% of the District Offices visited were also not in a clean state at the time of the inspections. Given that clinics are health institutions, it is critical that they remain clean and hygienic at all times as they may pose a health risk to patients whose state of health is already compromised. In the Free State province, the inspection team observed that the Heidedal clinic had an overflow of medical waste. Such a situation constitutes a health risk as it could easily spread infections.

It was found that 27% of the clinics visited and 36% of the District Offices did not have ramps to allow access to people with disabilities. People with disabilities, particularly those on wheelchairs, would thus find it difficult to access the service sites without help.

2.3 OBSERVING ACCESS TO INFORMATION

The *Batho Pele* principles of Access and Information require information to be readily available to citizens in order to empower them and to address their needs. Unless information is made readily available to citizens on the services provided, they may not be empowered to know the level and quality of services to expect, and the promptness with which these should be delivered. It was observed that 23% of the clinics and 71% of the District Offices visited did not display Service Charters. In the absence of Service Charters, citizens are not able to hold government officials accountable, particularly where service standards are not met. Of the 77% of the clinics that displayed Service Charters, only 17% of the Service Charters were written in the dominant languages spoken in the area of location of the clinics. Whilst the display of Service Charters provides citizens with information on the level and quality of service to expect, not displaying such information in the dominant language in the area may compromise their potential impact.

In order to elicit feedback from citizens on the services they receive, Departments are expected to have complaint boxes. It was encouraging to observe that 97% of the clinics visited had complaint/suggestion boxes on site. However, 57% of the District Offices visited did not have complaint/suggestion boxes. The inspection team that visited the National Head Office learnt that the National Department of Health has a component called Quality Assurance that handles all forms of complaints related to health matters at all health institutions in the country. Thus, citizens can either lodge their complaint by phone, in writing or even by making a physical visit to the Quality Assurance office at the House of Trade and Industry building. However, information relating to such service and the processes involved was not displayed anywhere in both buildings of the National Head Office.

Whilst clinics were found to be generally complying with the display of complaint/suggestion boxes, it was discouraging to note that of the 97% of clinics with complaint boxes, only 22% displayed a complaint handling procedure. Similarly, there was no complaint handling mechanism displayed at any of the District Offices visited. The absence of a complaint handling system denies citizens information on how to complain and they would not be aware of how their complaints are dealt with by the clinics. In this regard, the necessary inputs from the citizens that can improve service delivery may not be optimally obtained or used.

2.4 OBSERVING STAFF

In order to promote accountability, openness and transparency, staff should always wear name tags whilst at work so that citizens are able to identify officials that provide a service. The inspection teams observed that in 45% of the clinics visited, staff wore name tags; whilst at 71% of the District Offices visited staff did not wear name tags. It was further observed that at both the buildings of the National Head Office, staff were not wearing name tags at the time of the inspections. The non-wearing of name tags by staff at clinics contradicts the norms and standards contained in the Primary Health Care Package of South Africa, which states, amongst others, that patients have the right to be treated by a named health care provider⁷. In addition, the National and Provincial departments of Health should lead by example in implementing the *Batho Pele* framework. It is, therefore, critical that staff at these levels is exemplary in their compliance with the *Batho Pele* requirements such as the wearing of nametags. This can in turn encourage officials in the other levels of health care to follow suit.

In general, staff members at all sites visited appeared friendly and demonstrated professionalism and knowledge with regard to their work.

2.5 TALKING TO CITIZENS

Citizens as consumers of the services provided by public institutions are in a better position to give feedback on the state of service delivery. Their views and comments are important in efforts to improve service delivery. Discussions with randomly selected citizens showed that in 71% of the clinics visited, citizens found their way around the buildings easy. However, they mentioned that they waited for too long before they were attended to. Most citizens mentioned that the waiting period was an average of 3 hours. In addition, it was found that although in most cases clinics are located within a radius of 5km from residential areas as required by the norms and standards for health clinics⁸, there were instances in the Free State and Limpopo provinces where citizens travelled between 20km to 40km to access a clinic.

The inspection teams were further informed of instances where due to long queues, patients were turned away and told to return the following day. This was reported in the Eastern Cape and Free State provinces. In Mpumalanga, Free State and North West provinces, patients were at times informed to return on specific days due to the unavailability of medication. In some instances they were referred to the nearest hospital to fetch their medication. Turning away patients due to long queues or the unavailability of medication is tantamount to denying them access to health care.

Citizens in the Free State, North West and Western Cape provinces further informed the inspection teams that there was a lack of confidentiality on the patients' medical records, as citizens reported that they would often overhear nurses gossiping about patients' illnesses and conditions. Such a practice contravenes the provisions of the National Health Act which states that "*all information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment is confidential*"⁹.

At one of the clinics in KwaZulu-Natal, some citizens informed the inspection team that talking to a sister or doctor (who in this case was non-isiZulu speaking) through an interpreter compromised confidentiality. They viewed this mode of consultation as a breach of confidentiality because it forces the patient to disclose sensitive information through a third party (isiZulu speaking interpreter), who otherwise ought not to know about their state of health. Patients felt that the likelihood of their personal and sensitive information going outside the consultation room was thus increased.

7 Republic of South Africa. National Department of Health. *The Primary Health Care Package for South Africa: A Set of Norms and Standards. 2000.*

8 Republic of South Africa. National Department of Health. *The Primary Health Care Package for South Africa: A Set of Norms and Standards. 2000.*

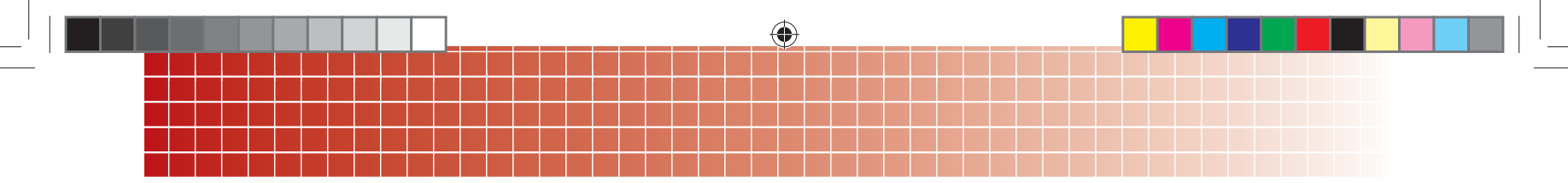
9 Republic of South Africa. National Department of Health. *The National Health Act. 2004.*

2.6 TALKING TO STAFF

The morale of personnel plays an important role in effective service delivery. To ensure that the morale of personnel is high and conducive to quality service delivery, personnel concerns should be listened to by those officials in management, and effective measures should be taken to address them. When asked about the clinics' compliance with the stipulated norms and standards for the provision of primary health care, some officials at clinics visited informed the inspection teams that their clinics were to a great extent complying with the said norms and standards. However, there were a number of challenges that made it difficult for them to render a full package as required by the set norms and standards¹⁰. Some of the challenges are:

- Health officials were concerned with the lack of medical supplies which retards their performance at the clinics. It was only in 36% of the clinics visited that staff said there was sufficient medication. In some instances, due to the lack of dedicated officials, medication was not ordered timeously, resulting in clinics running out of medication. In other instances, depots did not always inform clinics about newly available stock, stock that is in short supply and the reasons thereof, or the discontinuation of certain medicines. In the Northern Cape province, the inspection team was informed that it was a common practice for patients to immediately visit another clinic, once they have been informed of the shortage of the required medication at the clinic they normally go to. This behavior is called "clinic hopping" and the sole purpose is to obtain as much medication as possible for purposes of possibly selling it on the illegal market. Practices of this nature are the direct result of the lack of information technology and networking facilities, wherein the databases of clinics would be linked to each other, thus preventing this abuse. Such behavior inevitably leads to increased pressure on the available resources (medication) at such a clinic.
- It was further found that in 82% of the clinics visited, staff believed that there was not sufficient medical equipment. For example, there were insufficient stethoscopes, suction machines, resuscitation tables and linen savers in most of the clinics visited. At the Dryharts clinic in the North West province, it was indicated that instruments such as stitch scissors and needle holders were not continuously sterilised in the manner required, due to the unavailability of a sterilisation machine. Instead, these were sterilised with hot water, a practice which staff argued tends to compromise the health of patients. In the Northern Cape province at the Galeshewe Day Hospital and City clinic, medical instruments such as baumanometer (hypertension apparatus), foot and baby scales, doptones, haemoglobin meters, glucometers and stethoscopes were said to require maintenance and/or upgrading. In certain instances some of the said medical equipment had never been serviced or calibrated, resulting in unreliable readings and the making of questionable diagnoses. The lack of facilities such as beds was also observed in some clinics. The labour ward at Tshakhuma clinic in Limpopo had one functional bed and the post-natal ward had three beds of which one was damaged. This severely limits the number of patients that can be accommodated at a time.
- The inspection teams further found that in only 18% of the clinics visited, officials confirmed the availability of computers. At the Mnceba clinic in the Eastern Cape province, a computer was found to have never been used due to lack of the necessary skill. The same was found in KwaZulu-Natal province at Mpofana clinic, where a computer was found still lying in its box as staff had not been trained on computer literacy. The finding may suggest that critical processes such as patients' registration get done manually, which is time consuming. The absence of computers also suggests that should a patient visit another clinic in the province, a new registration form would have to be opened which is time consuming, and due to the unknown patients' medical history, time may be wasted on diagnoses afresh. However, if the information was stored in a central system, it could easily be shared by all health institutions in the country, and upon arrival of a patient at any health care institution, treatment could immediately be provided.

10 Republic of South Africa. National Department of Health. *The Primary Health Care Package for South Africa: A Set of Norms and Standards*. 2000.



For this reason, the importance of using computers and information technology to improve the provision of an effective and efficient health care service cannot be over-emphasised.

- Officials in 81% of the clinics visited informed the inspection teams that they often did not have enough staff on duty to handle the number of patients. This was confirmed by the officials in the National Head Office. For instance, the inspection team that visited that National Head Office was informed that there were no dedicated supervisor posts in some clinics, and as such, the supervision of facilities does not take place adequately. In all the clinics that were visited in Gauteng, except for the Winterveldt clinic, which has a pharmacy and pharmacist, staff had to diagnose patients and also dispense medication as there were no pharmacists at the clinics. This arrangement further made the waiting period to be longer. In addition, officials in some District Offices attributed the shortage of staff at clinics to the poor and slow recruitment processes.

It was found that most clinics had a system in place to deal with emergency cases. However, in the cases of patients who required referral to hospitals, turn-around time for emergency vehicles to take patients to hospitals was found to be long. In the Eastern Cape province, it was mentioned that in most instances, emergency services were offered at an average response time of 2 hours instead of the required 10 minutes in urban areas and 40 minutes in the rural areas. It was further mentioned that the problem was more prevalent in the rural areas where the late arrival or non-arrival of ambulances ended up in the loss of lives of some of the members of the community.

In most of the clinics visited, officials informed the inspection teams that they take tea and lunch breaks in a staggered manner to avoid disrupting services. This means that officials take tea and lunch breaks at different times instead of taking breaks all at the same time. It was hoped that such an approach would allow officials to take necessary breaks without disrupting the delivery of services. However, this claim by officials was disputed by many services users interviewed at the service delivery points. In this regard, many service users were of the view that the long queues were as a result of officials' taking their tea and lunch breaks at the same time leaving them in queues waiting to be attended to. Citizens further mentioned that often officials took prolonged tea and lunch time breaks.

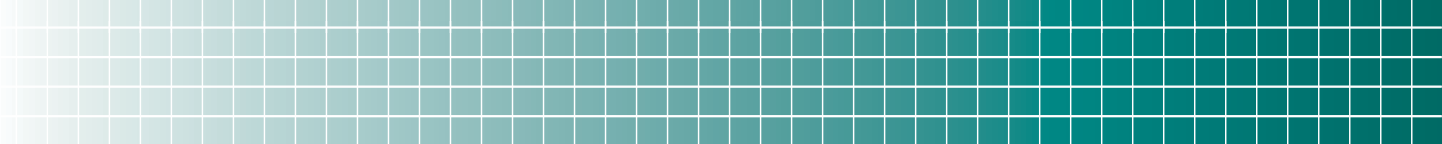



With regards to the monitoring of services and ensuring quality in the functioning of clinics, the inspection team was informed by officials at the National Head Office that a Clinic Supervisors' Manual had been put in place to assist managers at clinics with their duties¹¹. In addition, the team learnt that regular review meetings were taking place at the clinic level, with reports being forwarded to the District Offices on a monthly basis. It was further mentioned that District Offices were compiling quarterly review reports which were sent to the Provincial and National Departments. The inspection teams did not see examples of such reports. However, the inspection teams were of the view that the findings corroborated what officials mentioned at District level, where the inspection teams were informed by officials at the District Offices of Gauteng, North West, Northern Cape and Western Cape provinces that the Clinic Supervisor Manual was utilised and monthly meetings were conducted to monitor the performance of clinics. In the Western Cape, it was further mentioned that as part of monitoring and evaluation, the clinic files were also audited on a regular basis to ensure compliance with the applicable primary health care requirements.

2.7 GENERAL OBSERVATIONS

The quality of the working conditions play an important role in both increasing the productivity of the officials as well as providing a welcoming environment for the clients. As a result, good ventilation, availability of ablution facilities and access to drinking water are necessary in all the institutions that provide public services.

In general the inspection teams observed that 48% of the clinics visited had air conditioners and only 14% of the District Offices did not have air conditioners. At both National Office buildings, air conditioners were available and

¹¹ Republic of South Africa. National Department of Health. Clinic Supervisors' Manual. 2006.



in good working condition. At some of those clinics where air conditioners were not available, officials informed the inspection team that they relied on open windows to access fresh air. Proper ventilation systems are important in health facilities as they provide air virtually free of dust, dirt, odour, chemicals and radioactive pollutants.

At the Zingcuka clinic in the Eastern Cape Province, the inspection team found that in the labour/maternity wards, heating was generated from the use of paraffin heaters. The use of hazardous substance such as paraffin can be dangerous if not properly supervised, as it was the case in the clinic.

It was found that only 53% of the clinics visited had proper facilities for drinking water such as water coolant and disposable glasses, with toilet facilities being available at all sites visited. However, it was observed that some toilets at clinics were not in a good condition. For instance, in the Free State and North West provinces, toilets at the Winnie Mandela and Borolelo clinics, respectively, were found to lack general cleanliness and were blocked either due to unavailability of flushing water or lack of regular maintenance. This situation poses a health hazard and the increased likelihood of patients acquiring infections.

Whilst parking was generally found to be available in all sites visited, of the six clinics that were visited in Kwazulu-Natal province only 2 had sufficient parking. In Mpumalanga province parking was not sufficient. At Louis Trichardt clinic in Limpopo province, parking for emergency cases was not clearly marked to prevent citizens from using it. This might pose a problem for the patient as each emergency case should be attended to with the speed that it deserves without any hindrances.





Chapter Three

Key Findings: Provincial Department of Health: Eastern Cape



3.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in the Eastern Cape Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

3.2 SITES VISITED

The inspections in the Eastern Cape were conducted on 04, 05, 12 and 13 August 2009. Table 3 below shows the names of service delivery sites as well as dates on which they were visited by the inspection team.

Table 3: Eastern Cape Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
Mnceba Clinic	Provincial Government	04 August 2009
Zingcuka Clinic	Provincial Government	04 August 2009
King Sabata Dalinyebo Sub-District Office	Provincial Government	05 August 2009
Kruisfontein Clinic	Local Government (Kouga Municipality)	12 August 2009
Isolomzi Clinic	Local Government (Nelson Mandela Metropolitan Municipality)	12 August 2009
Virginia Shumane Clinic	Local Government (Makana Municipality)	13 August 2009

3.3 KEY FINDINGS


The key findings of the inspections are presented below. The findings from the unannounced inspections at the five clinics are presented first, followed by the findings from the unannounced inspections at the District and sub-District Offices of the Department of Health.

3.3.1 Unannounced Inspections at the Clinics

(a) Observing Facilities

Facilities of Public Service institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility to the institutions is to improve the physical conditions and ensure that buildings are clearly visible. The inspection team found that in three of the five clinics visited, namely, Mnceba, Kruisfontein and Virginia Shumane, both inside and outside signages were reflected. The display of clear and visible signage makes it easier for citizens to locate clinics. However, at the Isolomzi and the Zingcuka clinics, the inspection team found that no outside and inside signage was displayed. In one of the clinics, the reason provided for the non-display of signage was that the clinic manager was awaiting approval from procurement for the purchase of the display boards. The inspection team also found that the buildings of all clinics visited were in good condition and highly secured with either brick or concrete walls.

The inspection team was informed that costs of services were not displayed because all services rendered at clinics were free and citizens were aware of this arrangement. With regard to ramps for people with disabilities, the inspection team observed that three of the five clinics, namely, Zingcuka, Mnceba and Virginia Shumane did



not have ramps for people with disabilities. This finding suggests that people with disabilities, particularly those on wheelchairs found it difficult to access the clinics without help. The inspection team observed that the Kruisfontein and the Isolomzi clinics have ramps for people with disabilities which made it easier for them to access the clinics.

The inspection team observed that all the five clinics visited were in a reasonably good condition. It was also found that all clinics visited were in a clean and welcoming condition with chairs or benches for patients to sit on whilst waiting to be assisted.

(b) Observing Access to Information

The *Batho Pele* principles of Access and Information require that information be readily available to citizens in order to empower them and address their needs. The inspection team found that at all clinics visited, service charters were displayed for patients to see what level of service they can expect from the officials at the clinics. However, in two of the five clinics visited namely, Zingcuka and Virginia Shumane, the inspection team observed that the *Batho Pele* principles and the service charters were written only in English which made it difficult for the majority of the patients who use the services of these clinics to understand the much needed information. The team further observed that in three clinics, namely, Mnceba, Kruisfontein and Isolomzi information on the *Batho Pele* principles and the service charters were displayed in isiXhosa and Afrikaans which are the most dominant languages of the areas, thus promoting wide readership and understanding by service users. In terms of the Eastern Cape Provincial Administration, there are three languages that are recognised as official languages. These are English, isiXhosa and Afrikaans, and therefore it is critical that information is provided in all these languages to accommodate residents of the Province.

Suggestion boxes and complaint registers are important in engendering a participatory approach in service delivery and to encourage openness and transparency on the part of clinics. The inspection team observed that all of the five clinics visited had suggestion boxes, however, it was noted that in some clinics, these boxes were not placed at visible places to encourage easy usage by patients and citizens. Whilst it was pleasing to note that all clinics visited had suggestion/complaints boxes, the non-visibility of these suggestion boxes at the clinics compromises the optimum usage of the facility by members of the public.

(c) Observing staff

In order to promote transparency, openness and accountability, staff should always wear name tags so that the citizens and patients are able to identify officials that provide a service. The wearing of name tags further enables patients to know with whom to make a follow-up should a need arise. The inspection team observed that in three clinics, namely, Mnceba, Kruisfontein and Isolomzi, most staff members had name tags on their uniforms, whilst staff members in the other two clinics did not have name tags. Although the visits were unannounced, the team observed that staff at the visited clinics welcomed the inspection team and was very co-operative. Furthermore, they were friendly and appeared professional and knowledgeable on their work.

(d) Talking to citizens

Citizens are the primary users of the services of government and are therefore a reliable source of information to provide feedback on the performance of the Departments in relation to service delivery. Discussions with randomly selected citizens revealed that they were, in general, satisfied with issues such as finding their way to specific service points at the clinics, and the distances travelled to the clinics. This can be attributed to the proximity and the geographic location of the clinics to the residential areas. The inspection team found that there was confidentiality with the handling of the patients' files, and citizens were treated with courtesy and respect. There was also a generally understood process that most of these clinics officially close after hours and had a referral system to health institutions that offer 24 hours service within the surrounding areas.

(e) *Talking to staff*

During interaction with clinic managers at all clinics visited, the inspection team was informed that the clinics had sufficient medicinal stock and equipment to offer efficient and effective service to the patients that visited the clinics. This finding was attributed to the centralisation of medical depots and proper co-ordination by the authorities. The team found that the clinics that are managed by the municipalities also obtained their medicinal stock from the Eastern Cape Provincial Depots. The finding shows that there is a good relationship between the Provincial and Local Governments in providing quality service to the community.

The importance of information technology in providing effective and efficient service cannot be over-emphasised. The team found that in four clinics, namely, Isolomzi, Zingcuka, Kruisfontein and Virginia Shumane computers were not available. Mnceba clinic was found to have a computer but it was never used since around March 2008. The team was informed that this was as a result of incapacity to use the computer equipment by staff. The staff members were not trained in computer literacy. The finding suggests that critical processes such as registration and filing of patients' records were done manually, which is time consuming.

The inspection team was also informed of the strict application of the ratio of nurses to patients which was 1:35 per day at the municipal clinic of Kruisfontein in Humansdorp. The clinic covers a population of about 12 000 people. The 1:35 ratio was strictly monitored by the staff of the clinic to such an extent that a 36th patient in the count would be turned away and referred to a nearby hospital. The implication of this arrangement is that if there are 3 nurses on duty per day, only 105 patients would be seen. However, at the time of the inspections, there were 2 Professional Nurses, 1 Assistant Nurse and other workers. This essentially meant that only 70 patients could be seen in a day, and yet the number of patients found at the clinic on the date of the inspections was more than 70. Turning away of patients contradicts the citizens' rights to have access to health care services as contained in chapter two of the Constitution¹².

The inspection team was informed that another area which was a challenge was the turnaround time for emergency medical and rescue services (EMRS) at clinics. The majority of clinics stated that this service was offered at an average response time of 2 hours. The problem was more prevalent in the deep rural areas, where the late or non-arrival of ambulances ended up in the loss of lives of some members of the community.

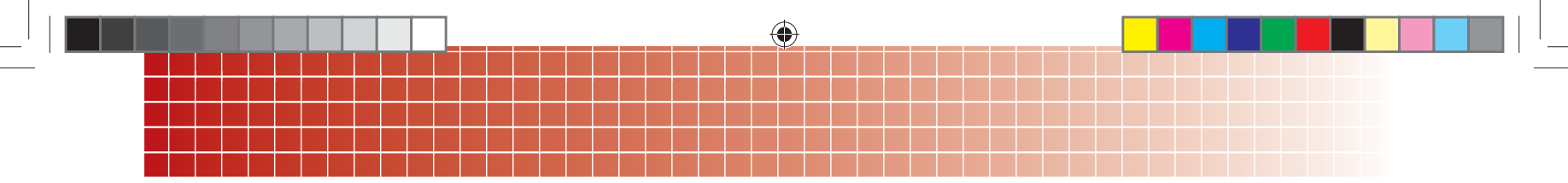
(f) *General Observations*

Resources such as air conditioners were only found in three clinics namely, Kruisfontein, Virginia Shumane and Isolomzi, whilst the rest of the clinics did not have. The inspection team found that in labour wards/rooms heating was generated from the use of paraffin heaters. The use of hazardous substances such as paraffin is unsafe and poses a health risk in terms of the fumes emanating from the flames to the unborn baby or newly born as well as to the mothers. This dangerous practice must be stopped.

The inspection team also found that there was inadequate water supply for public consumption. It was further found that citizens rely on water from taps outside the buildings/yards or even from the toilets. The consumption of water from taps in toilets cannot be reconciled with hygiene standards since taps can easily be contaminated. Clinics are health institutions where citizens come for health care and therefore exposing them to unhealthy standards may further complicate their already existing ailments.

Generally, all clinics visited were found to have adequate toilet facilities; sufficient parking and provided safe service delivery points. The parking facilities differed from one clinic to the other where some had demarcated and marked/ paved parking, particularly those that are situated in town compared to just open spaces/ under the tree type of parking found in the rural clinics. This disparity was also found in toilet facilities where flushing toilets were

¹² Republic of South Africa. *The Constitution. Act 108 of 1996.*



found in urban clinics and pit latrine ones in the rural areas. However, in all of them, safety and hygienic practices were maintained.

3.3.2 Unannounced Inspection at the District Offices

(a) *Observing Facilities*

The physical conditions of service delivery sites should always offer easy access to citizens as service users of public services. The inspection team found that the building where the sub-District Office was located was in good condition and clean. The reception area was clearly identified, the outside signage was erected and business hours reflected on the outside signage. However, there was no inside signage, and the inspection team was informed that the lack of such signage was due to the fact that the services offered by the sub-District Office were for internal clients such as clinics. The team found that the cost of services was not displayed. The sub-District Office did not have a ramp for people with disabilities.

(b) *Observing Access to Information*

The *Batho Pele* principles of Access and Information require that information be readily available to citizens in order to empower them and address their needs. The inspection team observed that the sub-District Office had a staff member who guides and directs people to the right service point on arrival. The inspection team also observed that a Service Charter was visibly displayed making it easy for the Office's service users to know what level and quality of service they could expect from the Office. A suggestions/complaint box was also available. However, the complaints procedure was not clearly indicated to citizens who visit the sub-District Office. The inability of the Office to inform their service users of the complaints handling procedure makes it difficult for the users of the office's service to express their concerns as they would not know the process to follow or how their complaints are being handled.

(c) *Observing Staff*

In order to promote accountability, openness and transparency, staff should always wear their name tags whilst at work so that clients are able to identify officials that provide a service. The inspection team observed that not all staff members that were interacted with at the sub-District Office had their name tags/badges on. The wearing of name tags enhances transparency since citizens can easily lodge complaints about the staff or give praise regarding a good service without difficulty. The inspection team also observed that all staff appeared friendly, professional and knowledgeable about their work.

(d) *Talking to Citizens*

Citizens are the primary users of the services of government and are therefore a reliable source of information to provide feedback on the performance of the service delivery institutions. Soliciting the views of the service users ensures that service delivery institutions are in a better position to get feedback on the state of service delivery and is therefore important in any effort to improve service delivery. However, during the inspection, it was not possible for the inspection team to interact with any service users at the sub-District Office. There were no citizens at the sub-District Office at the time of the inspections.

(e) *Talking to Staff*

The inspection team was informed that in terms of the norms for staffing clinics in the Eastern Cape Provincial Department of Health, the Executive Authority had, in a memorandum, approved that seventeen (17) posts should be created to service an 8 hours shift/day clinic on the establishment of each clinic. The following highlights the category and number of professionals required for each clinic in the Province:

- 1 Clinic Manager
- 2 Chief Professional Nurse
- 4 Senior Professional Nurse
- 4 Professional Nurse
- 2 Enrolled Nursing Assistant
- 1 Auxiliary Services Worker (Pharmacy)
- 1 Administration Clerk
- 2 Property Caretaker

The visits to the clinics revealed that the above norms were far from being attained because there was still a serious shortage of staff. In addition, there was no plan available to indicate future intervention in this regard. The inspection team was informed that the rate of filling vacant posts was slow with between 29% and 47% of vacancies posts being filled. The challenge identified by staff at the sub-District Office was budgetary constraints as well as scarcity of professional nurses in the country.

During the interaction with the officials at the sub-District Office the inspection team was informed that the Provincial Department of Health is reviewing the integration of the municipal clinics into the Provincial Administration. However, the team was informed that there were challenges experienced with the process, and at times such challenges were to the detriment of the provision of efficient and effective health services.

With regard to the municipal clinics, the inspection team found that certain clinic buildings, salaries of staff and the payment of services such as water and electricity was the responsibility of the municipalities, whilst the provision of medication and medical equipment was the responsibility of the Provincial Administration.

(f) General Observation


The inspection team observed that air conditioning/ heating system were not available at the District Office. Whilst toilet facilities were in place, parking was not provided for members of the public.

3.4 RECOMMENDATIONS

3.4.1 Recommendations for the Clinics

It is recommended that:

- Inside and Outside signage should be displayed at Zingcuka clinic. (In this regard a plan of action should be put in place by December 2009).
- Ramps for people with disabilities should be erected at Zingcuka, Kruisfontein and Mnceba clinics to allow easy access for the disabled. (In this regard a plan of action should be put in place by December 2009).
- The display of information should also be in the dominant languages spoken in the province to allow access to information by the all citizens. (Translation should be done by December 2009).
- Suggestion/complaint boxes should be displayed at all clinics and emphasis should be on the visibility of these boxes to the members of the public. In addition procedures for handling complaints should also be displayed. (In this regard a plan of action should be put in place by December 2009).
- Staff that has name tags should be encouraged to wear them immediately and those who do not should be provided with name tags. (In this regard a plan of action should be put in place by December 2009).
- Clinics should be provided with computers to enhance service delivery, making them more efficient and effective. In addition, staff should be trained in the use of these computers. (In this regard a plan of action should be put in place by April 2010).

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- Clinic managers should ensure that no patients are turned away at the clinics. This recommendation should be carried out immediately.
 - Air conditioning systems should be installed in all clinics. (In this regard a plan of action should be put in place by April 2010).

3.4.2 Recommendations for the sub-District and District Offices

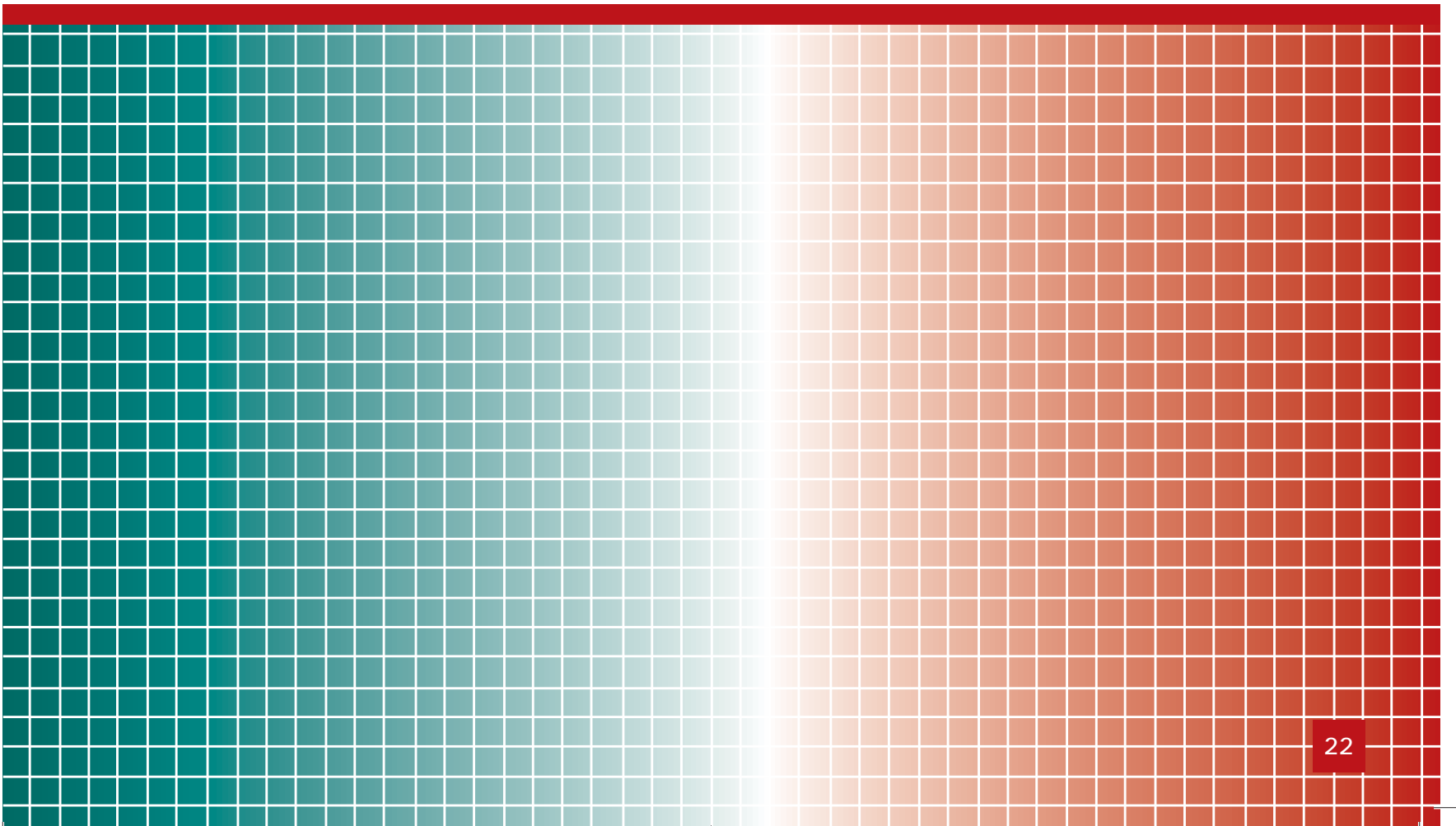
It is recommended that:

- Ramps for people with disabilities should be erected at the Office. (In this regard a plan of action should be put in place by December 2009).
- Complaint handling mechanisms should be displayed at the Office by December 2009.
- Staff should be encouraged to wear name tags, and those who do not have such name tags should be provided with name tags by December 2009.
- The sub-District Office should develop a plan to address the staffing requirements of clinics. (In this regard a plan of action should be put in place by April 2010).
- The sub-District Office should develop a plan to address the availability of ambulances in the clinics. For instance, one ambulance could be designated for use by a certain number of clinics. (In this regard a plan of action should be put in place by April 2010).



Chapter Four

Key Findings: Provincial Department of Health: Free State



4.1 INTRODUCTION

Chapter four presents the findings of the inspections conducted in the Free State Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

4.2 SITES VISITED

The inspections in the Free State Provincial Department of Health were conducted between 03, 04, 05, 06 and 07 August 2009. **Table 4** below shows dates, clinics and District Offices that were visited by the inspection team.

Table 4: Free State Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
Phuthaditjhaba Clinic	Provincial Government	03 August 2009
Bluegum Busch Clinic	Provincial Government	03 August 2009
Matjhabeng Clinic	Provincial Government	03 August 2009
Bronville Clinic	Provincial Government	03 August 2009
Thusanong Clinic	Provincial Government	03 August 2009
Thabo Mofutsanyane District Office	Provincial Government	04 August 2009
Seeisoville Clinic	Provincial Government	04 August 2009
Lusaka Clinic	Provincial Government	05 August 2009
Batho Clinic	Provincial Government	05 August 2009
Thusong Clinic (BFN-Rocklands)	Provincial Government	05 August 2009
Heidedal Clinic	Provincial Government	05 August 2009
Mmabana Clinic	Provincial Government	05 August 2009
Winnie Mandela Clinic	Provincial Government	06 August 2009
Mafane Clinic	Provincial Government	06 August 2009
Motheo District Office	Provincial Government	07 August 2009

4.3 KEY FINDINGS

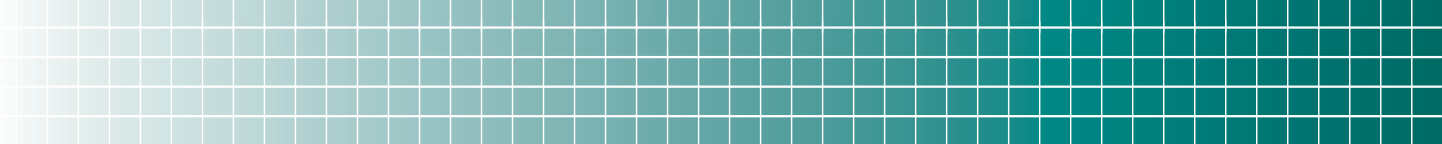


The key findings on the unannounced inspections from the thirteen clinics and the two District Offices of the Department of Health are presented below:

(a) Observing Facilities

Facilities of Public Service delivery institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility is to improve the physical condition and ensure that buildings are clearly visible to the citizens.

The inspection team observed that in some of the clinics visited, namely, Seeisoville, Bronville, Matjhabeng, Lusaka and Bluegumbusch, the reception areas were not identified, and that there were no staff members to guide and direct citizens on arrival.



The absence of a staff member to guide and direct citizens on arrival at clinics might lead to citizens waiting in wrong queues and, therefore, spending a long time before accessing services.



The inspection team further observed that the Puthaditjhaba, Bluegumbusch, Matjhabeng, Bronville, Seeisoville, Lusaka, Heidedal clinics and Motheo District Office did not have inside and outside signage. The lack of outside signage makes it difficult for citizens to recognise and locate Public Service buildings. However, the Batho, Thusong, Mmabana, Winnie Mandela, Mafane, Thusanong and Thabo Mofutsanyane District Office had both inside and outside signage. The above-mentioned sites also had business hours reflected. Their buildings were in good condition and ramps for people with disabilities were provided, except for Thabo Mofutsanyane District Office which did not have ramps for people with disabilities. The inspection team also found that the buildings of clinics such as Puthaditjhaba, Bluegumbusch, Matjhabeng, Seeisoville, Lusaka, Heidedal, Batho, Mmabana, Winnie Mandela, and Motheo and Thabo Mofutsanyane District Offices were in a clean condition, whilst the buildings of the Mafane, Thusong, Thusanong and Bronville clinics were not in a clean condition. Given that clinics are health institutions aimed at preventing and providing treatment for ailments, it is critical that they remain clean and hygienic at all times.

It was further found that the buildings of some of the clinics, namely, Batho, Bronville, Phuthaditjhaba and Thusanong were old and dilapidated. The latter was originally a residential property and did not have the specifications of a clinic. Providing health services in an environment that does not have the required structural specifications might compromise effective service delivery. The team also found that the Mafane, Winnie Mandela, Thusong and Mmabana clinics were well maintained and located in suitable buildings. The Matjhabeng clinic was located in a relatively new building, was in an immaculate condition and had food gardens. The inspection team observed that at the Heidedal clinic, the medical waste dustbins were overflowing. Such a situation constitutes a health risk as it could easily spread infections. The Bronville clinic was not properly fenced, with about a quarter of the building being unfenced. The situation compromised security at the clinic.

(b) Observing Access to Information



The *Batho Pele* principles of Access and Information require information to be readily available to empower citizens and to address their needs. During the inspections, it was noted that help desks were non-existent in clinics such as Bronville, Matjhabeng, Seeisoville, Thusanong, Lusaka, Mmabana and Thusong. The absence of help desks make it difficult for citizens to obtain or ask for information at the clinics. The team observed that the Seeisoville clinic did not have sufficient space to display information. However, staff was innovative as they, through artwork, used the inside walls to display information. The inspection team found that service charters were displayed at all the clinics visited. However, these charters were only written in English. The display of information in only one language deprives other language groups of the much needed information.

The team found that complaint/suggestion boxes were displayed in all clinics visited. The team also learnt that at Winnie Mandela clinic, the suggestion/complaint box was managed by the clinic committee which comprised community members who volunteered to sort out problems at the clinic in collaboration with the clinic management. The chairperson of the committee was responsible for opening and locking the box. The inspection team was informed that the system yields positive results which have since improved service delivery in the area. The involvement of community members in matters of the clinics is critical as it enhances public participation at this level. It further reinforces community ownership of these clinics within their areas.

(c) Observing Staff

In order to promote transparency, openness and accountability, staff should wear name tags so that the clients are able to identify officials that provide services. The inspection team found that with the exception of Mafane and Winnie Mandela clinics, in all other sites visited, staff members did not wear name tags. The wearing of name tags enhances transparency since citizens can easily lodge complaints about the staff or give praise where good service was offered. Despite this omission, staff members appeared to be friendly, professional and knowledgeable in all clinics and District Offices.



(d) *Talking to Citizens*

Citizens are the primary users of the services of government and are therefore a reliable source of information to provide feedback on the performance of the Departments in relation to service delivery. During interaction with citizens, the inspection team was informed that there was a lack of confidentiality on the patients' medical records, as citizens reported that they would often overhear nurses gossiping about patients' illnesses. Such a practice contravenes the provisions of the National Health Act which states that "*all information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment, is confidential*¹³". Citizens further mentioned that the distance travelled to access health services, especially in Botshabelo, was long and tedious.

The inspection team was also informed that due to the shortage of nurses and doctors, patients stood in long queues and this resulted in them sitting for hours before being attended to. Since the clinics closed at 17h00, some patients were forced to return the following day as they could not be assisted on their first visit to the clinics. In addition, citizens complained about the lack of respect and unfriendly manner in which nurses conducted themselves. The *Batho Pele* principle of Courtesy requires that citizens should be treated with courtesy and consideration. It is, therefore, critical that staff at clinics adhere and comply with the said principle.

(e) *Talking to Staff*

During interaction with staff, the inspection team was informed that there was a lack of medical equipment, medication and general staff shortages in the clerical, professional and pharmaceutical field in all clinics visited. The lack of sufficient medication, medical equipment and human resources at clinics encroaches on the quality of health services rendered to communities. Officials informed the team that due to lack of official transport, they use their own transport to do work related errands. There was also a shortage of computers at all clinics visited. The team established that staff morale was low and burn out was creeping in as a result of being overworked.

In Mafane clinic, the team was informed that the nursing staff experienced increased workload due to patients from Thabaphatsoa and Tweespruit needing to be absorbed in Mafane clinic. Patients from the above-mentioned areas did not have a clinic in their areas hence they travelled to Mafane clinic. In the Thabo Mofutsanyane District Office, the team was informed that there were problems relating to the procurement processes which took too long. As a result, requirements of both the District Office and the clinics falling under the said District were not met timeously due to the prolonged procurement processes. In addition, there was also not enough transport to visit clinics and bad road conditions were exacerbating the situation. The team was further informed by officials at the District Office that there was limited space for storage and that they were experiencing constant breakdown of electricity supply.

(f) *General Observations*

There was no air-conditioning/heating system at any of the clinics visited. Patients' toilets were found in an unhygienic state in all clinics visited, and as a result, some toilets had to be locked due to blockages or unavailability of water. At the Winnie Mandela clinic there were blockages of pipes. Lack of full-time maintenance personnel at the clinic level resulted in maintenance problems which took a long time to be addressed. The Matjhabeng clinic did not have facilities for washing linen, and the clinic manager had to wash the clinic's soiled linen at her home. In all clinics visited, there was no security or alarm system for the safety of people and assets. All above-mentioned issues pose a serious challenge to the effective functioning of clinics.

13 *Republic of South Africa. National Department of Health. National Health Act. 2004.*

4.4 RECOMMENDATIONS

4.4.1 Recommendations for the Clinics and District Offices

It is recommended that:

- The Bronville, Bluegumbusch, Matjabeng, Phutaditjaba Seeisoville, Lusaka Heidedal and Thusanong clinics should display outside and inside signage at their buildings by April 2010.
- The buildings of Batho, Bronville, Phutaditjaba and Thusanong clinics should be renovated. In this regard a plan of action should be put in place by April 2010.
- Clinics should be provided with medical equipment and medication immediately.
- Vacant posts are to be filled to address staff shortage at the clinics. (In this regard a plan of action should be put in place by April 2010).
- Clinics should be provided with equipments such as, faxes, photo copiers and computers by April 2010.
- Clinic managers should ensure that all service users who are in the queues are attended to instead of being sent home because it is knock off time. This should be done immediately.
- Reception areas and help desks should be clearly identified in the Seeisoville, Bronville, Matjhabeng, Lusaka and Bluegumbusch clinics by April 2010.
- The Heidedal clinic should arrange for the proper disposal of medical waste, immediately.
- A staff member should be assigned to guide and direct citizens upon arrival at Seeisoville, Bronville, Matjhabeng, Lusaka and Bluegumbusch clinics. (In this regard a plan of action should be put in place by April 2010).
- Service Charters should be translated into the languages spoken within the jurisdiction of clinics and not just in English. (In this regard a plan of action should be put in place by April 2010).
- Staff members at Batho, Mmabana, Thusong, Heidedal, Bluegumbusch, Phuthaditjaba, Seeisoville, Thusanong, Lusaka, Matjhabeng and Bronville should be provided with name tags by April 2010, and must wear them.
- Staff should be trained on *Batho Pele* principles to engender a sense of professionalism, as staff were reported to be gossiping about patients' illnesses. (In this regard a plan of action should be put in place by April 2010).
- The Motheo District Office should display outside and inside signage at their buildings by April 2010.
- Ramps for people with disabilities should be erected at the Thabo Mofutsanyane District Office. (In this regard, a plan of action should be put in place by April 2010).
- Procurement processes should be improved at the Thabo Mofutsanyane District Office, as this impact negatively on the functioning of clinics. (In this regard a plan of action should be put in place by April 2010).
- District Offices should have vehicles available to visit clinics. (In this regard a plan of action should be put in place by April 2010).



Chapter Five

Key Findings: Provincial Department of Health: Gauteng

5.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in Gauteng Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

5.2 SITES VISITED

The inspections in the Gauteng Provincial Department of Health were conducted on 04, 07 and 08 September 2009. **Table 5** below shows the names of the service delivery sites as well as dates on which they were visited by the inspection team.

Table 5: Gauteng Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
Tshwane District Office	Provincial Government	04 September 2009
Winterveldt Clinic	Provincial Government	04 September 2009
Laudium Clinic	Local Government (Tshwane Municipality)	04 September 2009
Dilopye Clinic	Provincial Government	04 September 2009
Provincial Head Office	Provincial Government	07 September 2009
Johannesburg District Office	Provincial Government	07 September 2009
Mandela Sisulu Clinic	Provincial Government	07 September 2009
Orange Farm Extension 7A clinic	Provincial Government	07 September 2009
Ekurhuleni District Office	Provincial Government	08 September 2009
Moleleki Clinic	Local Government (Ekurhuleni Municipality)	08 September 2009
Magagula Clinic	Provincial Government	08 September 2009

5.3 KEY FINDINGS

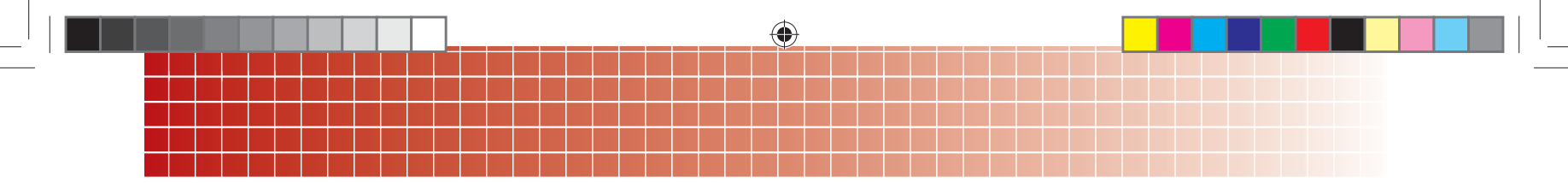
The key findings of the inspections are presented below. The findings from the unannounced inspections at the seven clinics are presented first, followed by the findings from the unannounced inspections at the three District and the Provincial Office of the Department of Health.

5.3.1 Unannounced Inspections at the Clinics

(a) Observing Facilities

Facilities of Public Service institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility to these institutions is to improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team observed that reception areas were clearly identified at the Moleleki, Magagula, Mandela Sisulu, Dilopye and Laudium clinics, whilst these were not available at the Orange Farm Extension 7A and Winterveldt clinics. The lack of reception areas might cause confusion to citizens as they may not know where to report upon arrival at the clinics.

The inspection team observed that of all the seven clinics that were visited only one clinic, namely, Orange Farm Extension 7A did not have outside signage. The inspection team was informed that the clinic had requested the



Traffic Department to provide the outside signage. The lack of outside signage makes it difficult for citizens to locate Public Service institutions, particularly first time visitors and people who do not reside in the area. Inside signage which gives proper information to citizens on the relevant service points of the clinics was observed at all clinics visited except the Winterveldt and Orange Farm Extension 7A clinics.

The inspection team observed that business hours and list of services rendered by the clinics were displayed at the Moleleki, Magagula, Mandela Sisulu, Dilopye and Laudium clinics. However, these were not reflected at the Orange Farm Extension 7A and Winterveldt clinics. With regard to displaying the cost of services rendered and prior requirements for accessing those services, the team observed that this was not displayed at all clinics. The team established that this was as a result of the fact that clinics provide free services and that citizens were aware of such an arrangement.

The building structures of clinics managed by Local government, namely, Moleleki and Laudium clinics were found to be in a good condition as compared to those that are managed by the Provincial government. The only exception with regard to provincially managed clinics was the Mandela Sisulu clinic, which is fairly new. The inspection team further observed that the structures hosting the Dilopye, Magagula and Orange Farm Extension 7A clinics, which are managed by the Provincial government, do not seem to suit the purpose for which they have been built. The specific conditions of these structures are captured below:


Dilopye Clinic: The inspection team observed that the clinic was very small. The waiting area of the clinic only accommodates 35 people sitting on benches which do not have back rests. Other patients are expected to wait outside the clinic, which presents a bigger challenge, particularly during bad weather and rainy days. The clinic was found to have only one consulting room which did not even have a basin to wash hands.

Due to lack of privacy, the inspection team found that the clinic was not in a position to provide certain services such as Voluntary Counseling and Testing (VCT) and treatment for TB patients in a dignified manner. The Facility Manager informed the inspection team that she had requested the District Office to provide the clinic with containers to accommodate TB patients, because the extension of the clinic structure would take too long to complete. According to the Facility Manager, the problems relating to the structure of the clinic were also raised at the facility maintenance meeting with the Provincial Department of Infrastructure Development (formerly the Department of Public Works). Unfortunately, she was told that the extension of structures was not on the agenda. The inspection team further found that the ultra violet lights to capture germs have also not been installed at the clinic. In general, the findings show that the condition of the clinic is not conducive to render health services.

Magagula Clinic: The inspection team found that the clinic was very small with the waiting area accommodating most of the equipment such as the vaccine and medical fridges. The steel cabinets used for filing patients' records were also in the waiting room. The finding suggests that patient medical records were not safe as such cabinets were not locked and there could be a breach of confidentiality. The inspection team observed that there were no chairs for patients to sit on. Benches with no back rests were provided for this purpose. The inspection team further observed that the fire extinguisher had not been serviced by the due date of March 2009.

The inspection team observed that there were two consulting rooms. One consulting room was shared by the nurses, and it was also used by the doctor on his/her visiting days. The other consulting room houses an IT server as there was no space for it. The inspection team established that when the doctor was on duty, the nurses consult the patients in the waiting area.

The condition of the clinic structure was such that the clinic was unable to provide certain services such as VCT in a dignified manner. The inspection team established that due to lack of privacy, particularly for those patients infected by HIV, some of them were reluctant to visit the clinic for continuous treatment and medication, and as a result they defaulted on their treatment. The team observed that there was only one toilet shared by the staff members and the patients. There was no enough storage for medicines. The team observed that some of the drugs



were stored in a tin shack without an air conditioning system, which may affect the efficacy of drugs. In general, the findings suggest that the clinic is not in a conducive condition to render health care services.

Orange Farm Extension 7A Clinic: The inspection team observed that the clinic facility was too small to render the health services. In addition, a container that is used to render services such as family planning, VCT, social work and psychiatry was observed on site. However, the container was small to accommodate all services designated for it.

The inspection team observed that all the clinics visited, except the Dilopye, had ramps to allow access to the clinics for the people with disabilities. In addition, all clinics were in a clean condition except Orange Farm Extension 7A. This clinic was found in a very untidy state. The clinic did not even have a vacuum cleaner. In the absence of necessary equipment to clean the carpets, these could in turn be a health hazard to patients and staff, particularly those who suffer from sinus and asthma. The finding suggests that the clinic was not complying with the Patients Rights Charter contained in the Primary Health Care Package for South Africa which stipulates *inter alia* that every patient has a right to a healthy and safe environment¹⁴.

(b) Observing Access to Information

The *Batho Pele* principles of Access and Information require that information should be readily available to citizens to empower them and address their needs. The inspection team observed that at all clinics visited, except the Moleleki and Orange Farm, a staff member was available to direct and guide citizens on arrival to appropriate service points and provide assistance to citizens when necessary.

The team further observed that at the Moleleki, Magagula, Mandela Sisulu and Laudium clinics, Service Charters were visibly displayed in the dominant languages of the areas, whilst at Orange Farm Extension 7A, Winterveldt and Dilopye clinics Service Charters were not displayed. The finding suggests that the latter clinics were not complying with the *Batho Pele* principle of Service Standards which states that citizens should be told what level and quality of public services they will receive so that they are aware of what to expect.

The inspection team observed that all clinics visited had complaint/suggestion boxes in place. However, only two clinics, namely, Mandela Sisulu and Moleleki clinics also displayed the complaint handling system/procedure. In this case, citizens were better informed of how to complain and how their complaints were dealt with by the clinics.

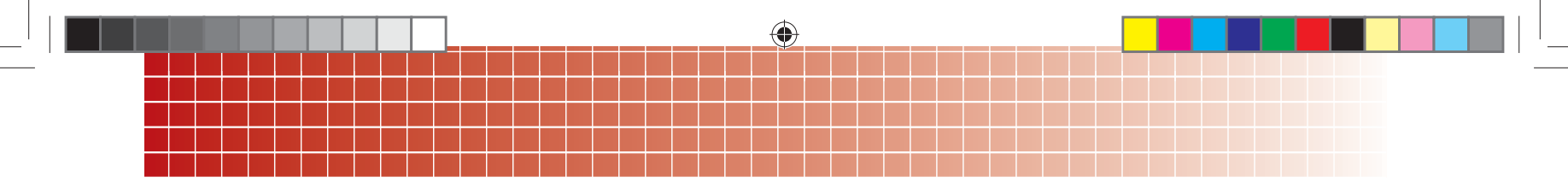
(c) Observing Staff

In order to promote accountability, openness and transparency, staff should always wear their name tags at work so that citizens are able to identify officials that provide a service. In addition, the Patients Rights Charter contained in the Primary Health Care package of South Africa states that a patient has the right to be treated by an identified health care provider. This suggests that health care workers should, amongst others, always wear their name badges conspicuously while on duty. The inspection team observed that at the Moleleki, Magagula, Mandela Sisulu, Dilopye, Laudium and Winterveldt clinics, all staff members wore their name tags, whilst at the Orange Farm Extension 7A clinics, staff members were not wearing their name tags. The team further observed that staff members at all clinics visited appeared friendly, professional and knowledgeable about their work.

(d) Talking to Citizens

Citizens as consumers of the services provided by the clinics are in a better position to give feedback on the state of service delivery. Their views and comments are important in any effort meant to improve service delivery. The

¹⁴ Republic of South Africa. National Department of Health. *The Primary Health Care Package for South Africa: A Set of Norms and Standards. 2000.*



citizens that were interviewed at all clinics indicated that it was easy for them to find the location of the clinics. They mentioned that the average travelling time to get to their respective clinics was 40 minutes.

The inspection team was informed that the waiting period before accessing services at the clinics ranged between seven minutes and six hours. The shortest waiting time was mentioned at the Magagula clinic, whereas the Moleleki clinic was not doing well in this regard. Some of the patients at the latter clinic mentioned that they often left the clinic without being attended to. In addition, they mentioned that they get turned away at knock-off time without being attended to because nurses want to go home, and they are not prepared to help citizens after hours. The inspection team established that there was no system at this clinic to record patients who have been turned away so that they could be the first to be seen the next morning. Patients that were interviewed were very angry as they expressed their dissatisfaction with services at the clinic.

The citizens who receive health services at the Winterveldt clinic were the happiest service users of all the facilities that were inspected. Some of the citizens interviewed were prepared to spend money on transport to access services at this clinic. They indicated that the clinic provided better services than those in their respective areas and the nurses treated them with respect. Although the waiting time was mentioned to be long (average of two hours), patients did not mind because they were satisfied with the services rendered at this clinic.

(e) *Talking to staff*

The morale of personnel plays an important role in effective service delivery and staff concerns should be listened to and effective measures employed to address their concerns. Equally important are inputs from staff to bring about innovations and improve service delivery. Generally, the staff at all the sites that were visited indicated that they know, understand and practice the *Batho Pele* principles.

The inspection team was informed by officials at all clinics visited, except Winterveldt clinic, that there was sufficient medication on site to treat patients. The lack of sufficient medication at the Winterveldt clinic was caused by people coming from other areas to access services there.

The inspection team found that computers and medical equipment were available at all clinics, except at the Orange Farm Extension 7A clinic. The Deputy facility manager at this clinic indicated that a computer will be purchased as soon as the security system in the premises has been improved.

The major problem highlighted by officials at all clinics visited was the shortage of staff. The facility heads at all clinics informed the inspection team that they do not have enough staff members on duty to handle the number of citizens visiting their clinics. As a result, nursing staff were being overworked in that in most instances they had to diagnose patients and also dispense medication as there were no pharmacists at the clinics. This arrangement further made the waiting period to be longer. The only clinic that had a pharmacy and pharmacist was the Winterveldt clinic. Despite the staff shortages, lunch breaks were taken in a staggered manner without the disruption of services.

The inspection team observed the dedication shown by staff at the Winterveldt, Diloppe and Magagula clinics. It was noted that there were no patients who got turned away without being attended to at these clinics. The staff members at the Winterveldt clinic work flexi-hours so as to extend operating hours to 18h00. In circumstances where staff has worked overtime, this was compensated with time off. Officials mentioned that this was the best way to provide an efficient service.

The inspection team was informed at the Moleleki clinic that there was no strategy in place to improve access to services, especially to previously disadvantaged people. Clinics vary in approaches with regard to the improvement of access to services as shown in **Table 6** on the next page:



Table 6: Approaches to improve access to services

Clinic	Approach
Magagula Clinic	<ul style="list-style-type: none"> The health promoters went out to the farms to inform people about the services of the clinic and the availability of a doctor who came to the clinic once a week. The NGOs and the Community Health Workers (CHWs) also assist with transportation of the elderly to the clinic.
Laudium Clinic	<ul style="list-style-type: none"> After closing time patients are encouraged to go to the nearby Community Health Centre (CHC) which operates on a 24 hours basis. There is a mobile clinic that operates on the outskirts of the area. This is, however operated by the CHC.
Mandela Sisulu Clinic	<ul style="list-style-type: none"> The elderly and the disabled people do not have to wait in queues. They are given first preference in terms of treatment.
Winterveldt Clinic	<ul style="list-style-type: none"> The clinic is looking for volunteers who would provide outreach services or home-based care to patients who are very sick.
Orange Farm Extension 7A Clinic	<ul style="list-style-type: none"> There is a bus used to transport patients free of charge to Chris Hani Baragwanath, Lenasia or St. John Hospitals.
Dilopye Clinic	<ul style="list-style-type: none"> Health education is conducted to enlighten people on how to access health services. They also use health promoters from NGOs for outreach programmes.

The table above shows that clinics have different ways in which they strive to improve access to services especially to the disabled, elderly and the very sick patients.


Of all the clinics that were visited, only Orange Farm Extension 7A indicated that there were no constraints that impede the implementation of *Batho Pele* principles. The following are the constraints that were identified by the rest of the clinics:

- Shortage of staff and overcrowding at clinics.
- Lack of privacy due to shortage of consulting rooms.
- The use of pre-paid electricity which requires petty cash to purchase tokens. The inspection team was informed that clinics do not keep sufficient petty cash on site for this purpose.

Officials at all clinics, except for the Magagula clinic, indicated that their back office processes were conducive to providing support to the front office. The Magagula clinic had a challenge with regard to the filing of patients' records as there was insufficient filing cabinets and space to store these records.

The inspection team found that whilst the Dilopye clinic did not provide maternity services, all other clinics visited provided all Primary Health Care (PHC) services on a daily basis. However, it was established that there were days that were specially dedicated to certain types of services, such as maternity and children immunisation services. On such days preference would only be given to the relevant patients, and thereafter, all other patients would be attended to.

The inspection team established that the manner in which clinics identified and attended to emergency cases, varied from one clinic to another. For example, at Mandela Sisulu clinic there is a triage room (emergency assessment room) situated next to the waiting area. The triage room is used to attend to emergency cases. At Magagula, Winterveldt, Moleleki, and Laudium clinics, the cleaners and clerks were trained on how to identify emergency cases. Patients were also encouraged at these clinics to alert the nurses when they suspect an emergency case. At Dilopye clinic, the inspection team was informed that emergency cases were detected by mere observation,



while Orange Farm Extension 7A clinic relies on nurses going to the waiting area to assess patients in order to detect emergencies. The approach at the latter clinic is worrying as nurses are supposed to spend most of the time attending to patients in the consulting rooms. If they do not train other staff members on how to detect emergencies and encourage other patients to report emergencies, some of the emergencies may take long to be identified.

(f) *General Observations*

The inspection team observed that only the Laudium and Mandela Sisulu clinics had air-conditioning. At all clinics visited, there was access to water for members of the public. Toilet facilities were found to be insufficient only at the Dilopye and Magagula clinics. At these clinics, staff members share one toilet with members of the public. At Dilopye clinic, members of the public use a pit toilet. Staff members were also forced to use the same pit toilet because the staff toilet is located in the consulting room. The team further observed that only the Magagula and Orange Farm Extension 7A clinics did not have sufficient parking.

5.3.2 Unannounced Inspections at District Offices and Provincial Head Office

(a) *Observing Facilities*




Facilities of Public Service institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility is to improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team observed that whilst the Provincial Office had outside signage, all the District Offices did not have outside signage. In the absence of outside signage, citizens find it difficult to locate Public Service institutions. The inspection team also observed that the Tshwane District Office had inside signage which gives proper information to clients regarding directions to places where they can access relevant services. The other two District Offices, namely Ekurhuleni and Johannesburg, as well as the Provincial Head Office, did not have inside signage. This makes it difficult for clients, while already inside the building, to know exactly where the appropriate/specific services are without having to ask somebody.

Reflection of business hours assists the clients in knowing the right time to visit the facilities. The inspection team found that business hours were not reflected at all District Offices visited as well as the Provincial Head Office. The inspection team also found that the buildings of the Ekurhuleni and Johannesburg District Offices, as well as the Provincial Head Office were in good condition. The condition of the building occupied by the Tshwane District Office was not in an acceptable state, and not fit for human habitation. For instance, the lighting was insufficient, the carpets were dirty and had allegedly contributed to health problems of staff members. The management at this District Office also informed the inspection team that the Department of Public Works has declared the building unsuitable, and that staff would be temporarily relocated elsewhere to enable the Department of Public Works to renovate the building.

With regard to ramps for people with disabilities, the inspection team found that all offices visited had ramps making access to those Offices easier for people with disabilities. All the sites visited were found to be clean except for the Tshwane District Office.

(b) *Observing Access to Information*

The *Batho Pele* principles of Access and Information require information to be readily available to citizens to empower them and address their needs. The inspection team found that at all District Offices visited, there was no staff member who guides and directs people on arrival to the appropriate offices, resulting in citizens taking



longer to locate offices of officials visited. The inspection team found that the District Offices made use of security personnel for this purpose. However, none of the security officers were able to give proper directions to the inspection team on arrival. At the Provincial Head Office, the inspection team did find a staff member who guides and directs people on arrival to the appropriate service points.

The inspection team observed that there were no Service Charters displayed at any of the sites that were visited. This means that the District Offices and the Provincial Department of Health were not complying with the *Batho Pele* principle of Service Standards which states that citizens should be told what level and quality of public services they will receive so that they are aware of what to expect.

Although a suggestion/ complaints box was found at the Tshwane District Office, the other two District Offices, namely, Ekurhuleni and Johannesburg and the Provincial Head Office did not have a complaints register in place. The finding suggests that citizens are being denied an opportunity to raise concerns regarding poor service delivery or to make suggestions which may contribute to improved service delivery.

(c) *Observing Staff*

In order to promote accountability, openness and transparency, staff should always wear name tags whilst at work so that citizens are able to identify officials that provide a service. The inspection team observed that staff members at the Tshwane and Johannesburg District Offices, as well as the Provincial Head Office were not wearing name tags. It was only at Ekurhuleni District Office where staff members were wearing name tags. The inspection team observed that staff members at all sites visited appeared friendly and professional. The finding suggests that citizens could approach them with ease whenever they needed help.

(d) *Talking to Citizens*

Citizens as consumers of the services provided by the institutions are in a better position to give feedback on the state of service delivery. Their views and comments are important in an effort to improve service delivery. The inspection team could not interact with citizens at all sites visited due to their unavailability at the time of the inspections.

(e) *Talking to Staff*

- *Management of clinics*

The inspection team was informed that all Districts visited have clinics that belong to municipalities and those belonging to the Provincial Department of Health. While officials at all the District Offices mentioned that all clinics do comply with the stipulated norms and standards for the provision of Primary Health Care (PHC), the Provincial Head Office indicated that not all clinics do comply with the norms and standards. According to Mr M Pitsi, Director of District Services at the Provincial Head Office, local government clinics were built to provide preventative health care such as family planning and child immunisation. However, with the advent of the PHC, these clinics are now supposed to provide comprehensive health service in line with the requirements of PHC. Due to the lack of infrastructure, the municipal clinics were not able to provide the services as required.

- *Mechanisms to monitor services*

All officials that interacted with the inspection team indicated that the clinic Supervisors' Manual was utilised to monitor services and ensure quality in the functioning of clinics. In addition to this, the Provincial Head Office



indicated that the sub-District supervisors visit clinics on a monthly basis to monitor performance of the clinics. In addition, Provincial Head Office staff also visit clinics on a regular basis, to check compliance with the stipulated norms and standards for PHC. The inspection team was informed that the District Offices submit quarterly report to Provincial Head Office in terms of the commitments in the Annual Performance Plans. Copies of the reports emanating from the visits were sent to Provincial Head Office to be discussed at management meetings. Gaps that were identified during these visits are addressed in the appropriate manner.

- *Best practices regarding Batho Pele*

The information gathered from the Provincial Head Office revealed that the Department has appointed 2000 Community Health Workers (CHWs) to deliver chronic medication to patients who are unable to go to the clinics. This helps to improve waiting time and queue management at clinics. It was mentioned that although most clinics close at 16h00, some have extended their hours of operation, following a directive from the Member of Executive Council (MEC). The inspection team was further informed of the "*Kuya Sheshwa*" (Hurry up) Project which had been introduced to improve service delivery through the provision of all the necessary equipment in all facilities.

Another initiative to improve services was introduced at the Ekurhuleni District where the Office has introduced a toll free number to enable citizens to lodge complaints directly with the District Office.

The inspection team was informed that the Tshwane District Office conducts patient satisfaction survey on a regular basis. This helps the District Office to detect areas that needs improvement with regard to service delivery.

(f) General Observations

The inspection team observed that only the Ekurhuleni District Office had an air conditioning which was functioning properly. Parking at Ekurhuleni District Office was found to be insufficient. However the toilet facilities at all sites were in good condition.

5.4 RECOMMENDATIONS

5.4.1 Recommendations for the Clinics

It is recommended that:

- The Provincial Department should make a budget available for the improvement of clinic buildings to facilitate effective service delivery. In particular, the rural clinics, such as Diloppe, Magagula and Orange Farm Extension 7A should be given priority in terms of structural improvement. (In this regard, a plan of action should be put in place by April 2010).
- The Provincial Department should devise a strategy to recruit and train nurses in an attempt to address shortage of staff in the nursing profession. (In this regard, a plan of action should be put in place by April 2010).
- The Provincial Department should devise a strategy to recruit and train pharmacists so that nurses should only focus on the treatment of patients. (In this regard, a plan of action should be put in place by April 2010).
- Reception areas should be created at both the Orange Farm Extension 7A and Winterveldt clinics by April 2010.
- The Orange Farm Extension 7A clinic should be provided with proper outside signage by April 2010.
- Business hours should be displayed at the Winterveldt and Orange Farm Extension 7A clinics by April 2010.
- Complaint handling systems should be visibly displayed at the Winterveldt, Laudium, Diloppe, Orange Farm Extension 7A and Magagula clinics by April 2010.

- A ramp should be erected at the Dilopye clinic to allow access to people with disabilities. (In this regard, a plan of action should be in place by April 2010).
- Staff members at the Orange Farm Extension 7A clinic should be provided with name tags by April 2010 and they must wear them during working hours.
- An air-conditioning system should be installed at the Winterveldt, Dilopye, Orange Farm Extension 7A, Moleleki and Magagula clinics. (In this regard, a plan of action should be put in place by April 2010).
- Parking facilities should be provided at the Orange Farm and the Magagula clinics. (In this regard, a plan of action should be put in place by April 2010).
- The number of toilets at the Dilopye and Magagula clinics should be increased. (In this regard, a plan of action should be put in place by April 2010).
- Service Charter/Standards should be visibly displayed at Orange Farm Extension 7A, Winterveldt and Dilopye clinics by April 2010. In addition, these should be also written in the dominant languages spoken within the location of the clinics.
- Clinic managers should develop a strategy to deal with the long waiting times at clinics. (In this regard, a plan of action should be put in place by April 2010).

5.4.2 Recommendations for the District and Provincial Head Offices

It is recommended that:

- Outside signage should be displayed at all District Offices visited by April 2010.
- Inside signage should be displayed at Ekurhuleni and Johannesburg District Offices as well as at the Provincial Office by April 2010.
- Business hours be displayed at all District and Provincial Offices visited by December 2009.
- Renovations should be done at the Tshwane District Office. (In this regard a plan of action should be put in place by April 2010).
- The Tshwane District Office should be kept clean at all times.
- Service Charters should be displayed at all District and Provincial Offices by December 2009.
- A suggestion/complaint box should be displayed at Ekurhuleni and Johannesburg District Offices as well as the Provincial Offices by December 2009.
- Staff at Tshwane, Johannesburg and Provincial Head Office should be provided with name tags by December 2009. In addition staff must wear them at all times during working hours.



Chapter Six

Key Findings: Provincial Department of Health: KwaZulu-Natal

6.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in KwaZulu-Natal Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

6.2 SITES VISITED

Inspections in KwaZulu-Natal Provincial Department of Health were conducted on 18, 21, 28 and 31 August 2009. **Table 6** below shows the name of the clinics and dates on which they were visited by the inspection team.

Table 6: KwaZulu-Natal Inspection Sites

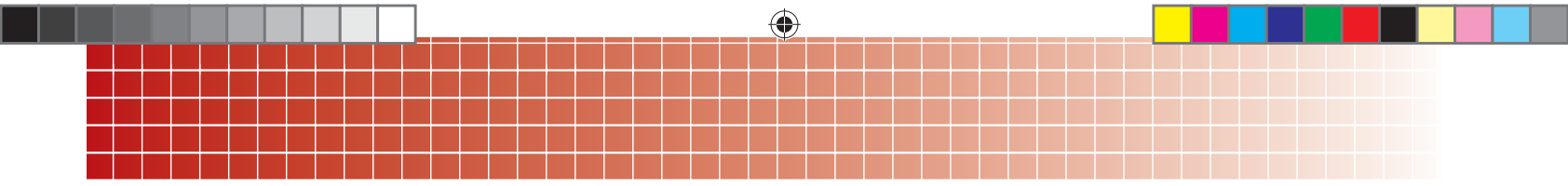
Inspection Sites	Sphere of Government	Dates of Inspections
Mpofana Clinic	Local Government (Mpofana Municipality)	18 August 2009
Taylor's Clinic	Provincial Government	21 August 2009
Gateway Clinic	Provincial Government	21 August 2009
Qadi Clinic	Provincial Government	28 August 2009
Umkhumbane Clinic	Local Government (Ethekewini Municipality)	28 August 2009
City Central Clinic	Local Government (Mngugundlovu Municipality)	31 August 2009

6.3 KEY FINDINGS

The key findings of the inspections conducted at the six clinics are presented below.

(a) Observing Facilities

Citizens should have equal access to the services to which they are entitled. One measure of ensuring access to services is to adapt and improve the physical conditions of service delivery sites for easier accessibility. The inspection team observed that reception areas were clearly identified in all clinics visited. The team observed that the Mpofana clinic had two doors, one for entry and the other for exit. However, due to a lack of signage at the doors, it was not possible to tell from the outside which door was for what purpose. As a result, first time visitors only learnt as they entered the first door which seems more accessible, that it was an exit door, and that they should use the other door for entry. The lack of signage to differentiate between the two doors was confusing to members of the public, particularly first time visitors, including the inspection team. The inspection team further observed that outside signage that bears the name of the clinics was clearly and visibly displayed in all the clinics that were visited. Conversely, inside signage that guides patients with directions of where to proceed to after completion of the registration process was lacking at Mpofana and City Central clinics. In the process of receiving attention, patients are expected to move from one point to another at clinics and therefore proper signage helps to minimise confusion. At the Gateway clinic, it was found that once a patient had been registered he/she was provided with a card bearing a number of the consulting room to which he or she should go. Such an initiative is helpful to patients as it prevents them from being confused about where to proceed after the registration process.



Business hours were found to be displayed in all the clinics visited. In addition, the team found that in all the clinics visited, information on the list of the primary health care services rendered had been displayed. At Taylors clinic, it was found that the name and number of a contact person for emergency services at night was also clearly displayed on the signboard. However, on further enquiry it was established that the telephone number provided (033-5050043) was the clinic's telephone number, yet the clinic was not in a position to assist patients that called the clinic in case of emergencies. For instance, the clinic could not arrange for an ambulance to fetch a patient. Given this finding, a conclusion was made that the provision of the telephone number for emergency services had no significance in the ability of the clinic to assist community members who called in to request emergency assistance. The patient would still be requested to go to the clinic to receive help.

The Umkhumbane and Taylors clinics were found to provide emergency services at night only. However, whilst the main focus of the emergency services at both clinics was meant for pregnant mothers who were about to deliver, at the Taylors clinic, all urgent cases such as stab wounds, were attended to as well. Depending on the complexity of each case, patients were stabilised and treated, and if they responded to the treatment they were discharged. In circumstances where they did not respond to the treatment, they were referred to the nearest hospital for further attention. The team established that at the uMkhumbane clinic, baby deliveries were only allowed after hours. It was further established that the security guards manning the gate at the clinic turned away all other emergency cases at night, and re-directed them to either King Edward VIII or Addington hospitals. The finding contradicts the citizens rights to have access to health care services as contained in chapter two (Bill of Rights) of the Constitution which states that "no one may be refused emergency medical treatment"¹⁵. The inspection team observed that none of the clinics visited had prior requirements to accessing services displayed. It was explained to the team that clinics by their nature do not require patients to fulfill any requirements before accessing services because they are meant to welcome all who are or feel sick in whatever way and provide assistance.

Information regarding costs of services was also not displayed. The team learnt that since the introduction of free medical care at clinics, there are no costs to patients for any of the services provided. It would therefore not be necessary to indicate that primary health care services were free as this was common knowledge amongst patients.

Generally, the buildings of all the clinics visited were found to be in a good condition, clean and neat both inside and outside. The same was observed in the maternity block at Qadi clinic, which had been recently renovated. With regard to accessibility of the clinics by people with disabilities, Mpofana clinic was found to pose a serious challenge and required immediate attention. For example, there were steps between the reception area and the consulting room where the sister in charge operates from. Such an arrangement makes it difficult for patients with disabilities to move from the reception areas to the consulting rooms without help.

The team found that while clinics in general provided health care services such as family planning, immunisation, minor ailments, sexually transmitted diseases, and antenatal services, the uMkhumbane clinic's list of services provided also included psychiatric services. Psychiatric services were not provided at the other clinics. Furthermore, the psychiatric department in this clinic had its own area of operation within the clinic with specific consulting rooms for this category of patients. The finding shows that clinics were not on the same level of providing services as required by the set norms and standards contained in the Primary Health Care package for South Africa¹⁶.

¹⁵ Republic of South Africa. *The Constitution. Act 108 of 1996.*

¹⁶ Republic of South Africa. National Department of Health. *The Primary Health Care Package for South Africa: A Set of Norms and Standards. 2000.*

(b) *Observing Access to Information*

The *Batho Pele* principles of Access and Information require information to be readily available to citizens in order to empower them and address their needs. The inspection team found that generally, there was no person dedicated to guide and direct patients on arrival to appropriate service points and to ensure that emergency cases are given priority at Mpofana, Gateway and City Central clinics. The finding suggests that at these clinics, patients who require urgent attention are likely to wait in the long queues before being recognised and given the necessary attention. However, the team further found that at Umkhumbane clinic, there was a dedicated staff member who performed this function whilst it was found that at the Qadi and Taylors clinics, the security official partly performed this function only when there was no security threat at the gate. The security guard at the Central City clinic was also expected to perform such duties. However, the team found that it was not mandatory as some of these security guards came from private firms, and were not obliged to perform such duties.

The inspection team found that Departmental service charters were displayed in all clinics visited, however, these were written only in English. The finding suggests that non-English speaking citizens, who were found to be in the majority in all clinics visited, were unaware of the information contained in these charters. In addition, it was found that information in the charters was general in nature and did not provide information on service standards such as the amount of time a patient should expect to wait to receive a health care service and at what degree of quality in the clinics. The kind of charters that the clinics have in place makes it difficult for clinics to assess themselves against a particular standard.

Help desks at Gateway and uMkhumbane clinics were found to be well stocked with general information pertaining to health issues. However, no forms were accessible to the public since in the main, these were filled by either the administrative support at the point of entry or the nurses during consultation, thus removing the burden from patients, particularly the illiterate who did not need to perform such a function.

The inspection team established that the uMkhumbane clinic had an admission system that sorts the patients at the entrance hall's help desk and separates the patients according to their ailments. It is at this point where patients of different ailments and sicknesses are directed to appropriate administration clerks that deal with that area of the patients' needs. Such an arrangement assists in avoiding congestion of patients and directs them to the correct places.

The inspection team found that the complaint/suggestion boxes were in place in all clinics visited. However, it was found that the complaints handling system and procedures were not in place, and in general, there was poor usage of these boxes by members of the public. The team observed that complaint handling facilities were used optimally at Qadi and Gateway clinics, where there was an attempt to put a system of managing the complaints in place. In this regard, management dealt with such complaints and follow-ups were made with those that indicated their contact details. There were management committee meetings which also serve as advisory committees for the improvement of service provision at clinics. The weakness of these advisory committees was that they excluded stakeholders such as councillors and the majority of the community members, thus minimising community involvement and participation in the matters of the clinics. This is not a good practice and prevents vigilance and oversight from citizens. It was also found that at Qadi clinic, some citizens use the suggestion/complaints box to insult professional nurses. It is in instances like these where community involvement in the operations of the clinics becomes vital as community leaders would have to report such incidents to the community using different community structures. This will help to prevent such abuse of the system.

(c) *Observing Staff*

The wearing of name tags or badges fosters the spirit of transparency, openness, accountability and accessibility. It was found that in four clinics, namely, uMkhumbane, Qadi, Taylors, and Gateway clinics, staff was wearing their name tags. However, at Mpofana clinic, all staff members did not wear name tags and the explanation given was that their name tags were worn out and that they had ordered new ones. At the City Central clinic, the team observed that all administrative staff, including some nurses were not wearing name tags. Responses as to why some staff members were not wearing name tags ranged from having forgotten them at home, lost them and to new ones having been applied for.

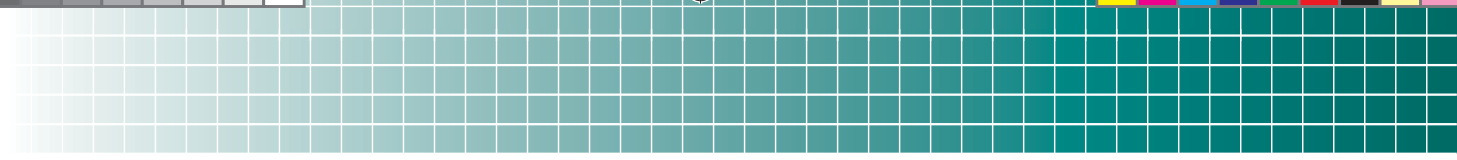


Generally, staff appeared friendly, professional and displayed efficiency and knowledge about their job. They also displayed a sense of urgency in the execution of their duties. This was observed specifically at Taylors clinic where the reception hall was full to capacity with patients queuing outside the clinic building. The team observed that at this clinic, there was a serious shortage of nurses, which coupled with a non-existent administrative support, resulted in each nurse being involved in various duties such as conducting registration, testing patients for blood pressure, and conducting consultations. This situation is not satisfactory.

(d) *Talking to Citizens*

Citizens as consumers of the services provided by the institutions are in a better position to give feedback on the state of service delivery. Their views and comments are important in any effort aimed at improving service delivery. The inspection team was informed that clinics were generally known to the citizens in all the areas visited. Citizens could thus find their way to any of the visited clinics with ease. The team was informed that the waiting times varied from 40 minutes to half a day. While reasons for waiting long were to a great extent attributable to a shortage of professional nursing staff, some were due to the absence of administrative support at clinics. For example, at the Taylors clinic, the team found that although patients generally complained about the inordinate waiting period, they also commended the nurses for working hard under very trying circumstances. Patients informed the inspection team that they were prepared to be patient and wait because they witnessed the commitment of nurses and the urgency with which they conducted themselves in the execution of their duties.

While the security official at the City Central clinic also assisted in marshaling patients the inspection team found that at one point the length of the waiting time gave rise to an altercation amongst patients in the waiting hall. On enquiry as to the reason for the altercation, patients informed the team that some of them arrived at 06:30 in the morning, and that they had not had opportunity to get to the registration clerks by 12:00 noon. However, certain patients had got in, jumped the queue, and received medical attention before those that had been waiting since morning. On following the matter up with the clinic manager, sister Ngcobo, she explained that priority was given to Mother to Child Transmission (MTC) patients, pregnant mothers, babies and senior citizens. It was further mentioned that the delay occurred because consultation with each patient took time. In addition, patients at Taylors, City Central clinic and Gateway that came from peripheral areas mentioned that they visited these clinics because they felt that they would obtain the services they wanted. Furthermore, there was stronger relations between these clinics and the nearby Edendale hospital which is used in cases where patients were too sick and required continuous health care and therefore needed to be referred for hospitalisation. Citizens informed the inspection team that they were happy with the quality of services once they ultimately received attention from staff. This indicated that at the point of receiving service, patients were generally satisfied with the quality of services.

Whilst the majority of patients in all the clinics visited were of the opinion that patients' information was treated with confidence, there were pockets of dissatisfaction in this regard. At Mpofana clinic, some patients informed the





inspection team that talking to a sister or doctor (who in this case were non-isiZulu speaking) through an interpreter compromised confidentiality. They viewed this mode of consultation as a breach of confidentiality because it forces the patient to disclose sensitive information through a second person (isiZulu speaking interpreter) who otherwise ought not to know about their state of health. Patients felt that the likelihood of their personal and sensitive information going outside the consultation room was thus increased. One young female patient asserted the need for the health officials of other groups to learn the basics of the local languages that are spoken in the areas of their deployment as this would assist to eliminate the need for an interpreter and promote confidentiality.

(e) Talking to Staff

The inspection team was informed that all clinics visited, except Taylors, had sufficient medical supplies to treat patients. The team was further informed that at Taylors clinic, there was a continuous shortage of medication for patients with hypertension. Professional nurse Ngcobo indicated that the shortage of this medicine was not only detrimental to the patients that visit the clinic but affects negatively the ability of the clinic to deliver this service to its clients, especially the elderly.

The inspection team was informed by officials at five clinics, namely Mpofana, Gateway, Qadi, Umkhumbane and City Central clinic that they had adequate computers and medical equipment. However, at Mpofana clinic, the computer was kept in the box and had not been opened. Staff mentioned that the chances of it being used did not exist as no one had been trained in its usage. The presence of a computer that is not being used amounts to fruitless expenditure and wastage. It also means that the opportunity to store information in a quick and reliable manner is lost as the available computer is lying dormant and not used.



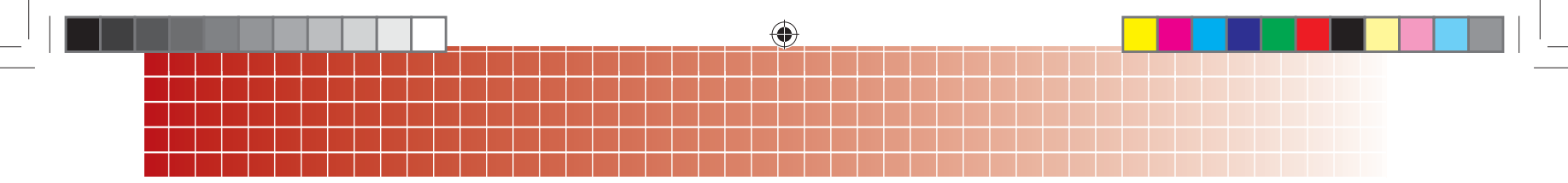
At the Taylors clinic the inspection team was informed of the alarming shortage of medical equipment. They team witnessed one stethoscope being shared amongst staff from one consulting room to another, because it was the only one available at the clinic. Equipment for testing blood pressure was found to be in short supply yet the clinic provides service to a large rural area with a large population of elderly and indigent people.

The inspection team was informed of the shortage of staff to handle the patients that visited the clinics. This was apart from staff that was either on study or sick leave. The staff shortage phenomenon expressed itself in varying degrees between the provincial and municipal controlled clinics. For example, at Taylors and Qadi clinics which served large rural based communities, it was found that staff sometimes worked into the early hours of the night in order to ensure that all patients for that particular day were attended to. This was reported to occur more often on the day the doctors visited the clinics, which is once in a week. Staff at uMkhumbane, Mpofane and Qadi clinics indicated that their lunch and other breaks were taken without disruption. In the rest of the clinics, staff indicated that it was difficult to take a lunch break due to the busy schedule. It is a generally accepted principle that long working hours in a pressured environment, without the necessary break affects the quality of service rendered negatively as staff will eventually not be attentive when dealing with patients due to fatigue.

Administrative support (back office staff) was found to be acutely lacking at Taylors and Qadi clinics. As a result the reception area was totally without staff at Taylors. The Qadi clinic had one administrative staff members who when absent caused a log-jam which impacted negatively on the ability of the clinic to operate efficiently. On the contrary, the Umkhumbane and Gateway clinics had strong back office support. In addition to this, Umkhumbane had an adequately staffed psychiatric services section with an effective back office support.

At uMkhumbane clinic, the inspection team was informed that there was tension between the provincial and municipal protocols regarding medical supplies. Budgets were controlled by the municipality. Municipal nurses did





not work night duty which poses a problem in human relations. Patients' handover from one nurse to another at closure time was usually a problem as municipal nurses left some of their day patients in the hands of night duty staff who were not supposed to attend to them unless they fell under the category of pregnant women. This became a burden and a potential legal challenge to the province as night duty staff may forget the patient who was possibly waiting for an ambulance at the time of closure. The finding suggests that should the patient die, the clinic may find that a litigation case is opened against it.

The inspection team also found that the introduction of Occupational Specific Dispensation (OSD) in government clinics has had an impact on the ability of municipally operated clinics to retain professional nursing staff because they do not qualify for this dispensation. As a result of this, nurses from a municipal clinic (Mpofana clinic) were leaving for public hospitals and clinics. In other clinics such as uMkhumbane, while the administrative staff falls under the municipality, the nursing staff falls under the Department of Health in the Province and therefore were accommodated within the OSD. In this way the impact of OSD on nurses at this clinic was averted. However, all staff members outside of the nursing category at this clinics expressed frustration at this disparity and most of them were leaving the employ of the municipal clinics for provincial health institutions.

Except for the doctor's days which were generally on Wednesday of each week in all clinics, all services were provided on a daily basis. With regard to how the clinics dealt with emergency cases, the team was informed that, in the main, the sister in charge and staff nurses were expected to be vigilant to determine if there were any such cases in the queues. In addition to this, clerks and the security guard who serve as marshals from time to time were also required to report any suspected emergency cases to the sister in charge. Thereafter, an emergency case would be appraised and the patient involved would be moved to the front of the queue.

Staff that was interviewed indicated that they treated patients with respect and courtesy. They also mentioned that shortage of human resources; especially at the entry level of the nursing profession was a constraint in the provision of effective service delivery.

(f) General Observations

The inspection team observed that air conditioners and fans were provided in all clinics visited to ensure coolness when temperatures are high. However, at Taylors these were found to be in short supply. As a result, some of the consulting rooms in this clinic had no air conditioners or fans at all. The team further observed that at Gateway, uMkhumbane, and City Central clinic clinics, in addition to fans, air conditioning equipment was also provided in the reception area.

Water springs were found to be commonly supplied in most of the clinics. It was however strange to find that the City Central clinic did not have these facilities. On further probing, the team was informed that water is provided to patients on request. On the contrary, patients that were interviewed on this issue felt humiliated by the absence of water springs. They mentioned that they were left to drink water from the toilets. Some patients expressed that this was a disgrace given that this was a health care facility that must uphold principles of cleanliness. One of the patients raised the question as to who could have the courage to drink water from a toilet tap.

The inspection team also found that there was a dehydration sign in a small passage adjacent to female toilets at City Central clinic. On enquiry about the sign and the services provided in this regard, the team was informed that only patients that had been identified as in need of dehydration intervention were kept at the identified corner and treated accordingly.

6.4 RECOMMENDATIONS

6.4.1 Recommendations for the Clinics

It is recommended that:

- A visible sign should be installed inside and outside the doors at Mpofana clinic differentiating entry and exit doors by December 2009.
- All clinics should have dedicated officials to act as marshals and direct patients to appropriate points for consultation purposes and to identify emergency cases. (In this regard a plan of action should be put in place by April 2010).
- Toilets for disabled persons should be kept opened at all times. If locked and the keys are kept somewhere else for security reasons, a clear notice to this effect must be provided at the entry point so that people with disabilities may know where to obtain the keys. This should be done immediately.
- Clinics without ramps should have them erected to maximise accessibility by people with disabilities. (In this regard a plan of action should be put in place by April 2010).
- Service standards that shows or display the specific services provided by the clinics should be developed and clearly displayed for all patients to read for themselves in simple local language. (In this regard a plan of action should be put in place by December 2009).
- Clinics should be provided with staff, particularly nurses and administrative staff to address the human resources constraints. (In this regard a plan of action should be put in place by April 2010).
- Clinic managers should establish advisory committees that include community members. This will, amongst other things, assist management to share some of the frustrations with the communities and improve public participation amongst community members on the functioning of their clinics. (In this regard a plan of action should be put in place by April 2010).
- The City Central clinic should improve patients' access to necessities such as water and toilet paper. (In this regard a plan of action should be put in place by December 2009).
- The Provincial Department of Health should take measures to teach non-Zulu speaking health Officials, particularly those deployed in the rural areas, the basics of the language as principles of confidentiality are compromised when a patient must speak to a staff member through an interpreter. (In this regard, a plan of action should be put in place by April 2010).
- Medication for prevalent diseases and conditions such as Hypertension should be made available at Taylors clinics by December 2009.
- Medical equipment must be provided in clinics such as Taylors clinic as there was an alarming shortage of such equipment. (In this regard, a plan of action should be put in place by April 2010).



Chapter Seven

Key Findings: Provincial Department of Health: Limpopo



7.1 INTRODUCTION

Chapter seven presents the findings of the inspections conducted in the Limpopo Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

7.2 SITES VISITED

The inspections in the Limpopo Provincial Department of Health were conducted on 08, 09, and 10 September 2009. **Table 7** below shows the names of clinics and the dates on which they were visited by the inspection team:

Table 7: Limpopo Inspection Sites


Inspection Sites	Sphere of Government	Dates of Inspections
Kremetart Clinic	Provincial Government	08 September 2009
Tshakhuma Clinic	Local Government (Makhado Municipality)	08 September 2009
Louis Trichardt Clinic	Provincial Government	08 September 2009
Basani Clinic	Local Government (Greater Giyani Municipality)	08 September 2009
Sebayeng Clinic	Provincial Government	08 September 2009
Magalies Clinic	Local Government (Makhudu Thamaga Municipality)	09 September 2009
Marishane Clinic	Local Government (Makhudu Thamaga Municipality)	09 September 2009
Modimolle Clinic	Local Government (Modimolle Municipality)	10 September 2009
Bela Bela Clinic	Provincial Government	10 September 2009

7.3 KEY FINDINGS

The key findings of the unannounced inspections conducted at the nine clinics are presented below.

(a) Observing Facilities

Facilities of Public Service institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility to these institutions is to adapt and improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team observed that only the Bela Bela, Modimolle, Magalies, Sebayeng, Basani and Louis Trichardt clinics had outside signage either located at the main gate or at the entrance to the clinics. The signage at the Sebayeng, Basani, and Magalies clinics were easily noticeable from the main roads as one approached the clinics which enabled citizens to find their locations with ease. The Tshakhuma, Kremetart and Marishane clinics did not have outside signage. The inspection team further observed that all clinics visited had clear inside signage which helped to guide citizens to the various service points and consulting rooms. In addition, it provided appropriate and accurate information about particular service points and offices for citizens to easily find their way around the clinics.



The inspection team observed that seven clinics, namely, Modimolle, Magalies, Sebayeng, Basani, Louis Trichardt, Tshakhuma and Kremetart had their business hours visibly reflected to the citizens to see. However, at the Marishane and Bela Bela clinics, business hours were not reflected. The inspection team established that the two clinics provide services on a 24 hours basis, and therefore did not see the need to indicate business hours as they were opened throughout the days of the week and weekends. The team further established that of the nine clinics visited, the Louis Trichardt, Kremetart and Modimolle clinics provide only daytime services. The inspection team also observed that in those clinics that had business hours reflected, with the exception of Magalies clinic, business hours were only written in English and Afrikaans, thus denying citizens who spoke the indigenous language of the area access to the information. At the Magalies clinic, the notice of business hours was displayed in Sepedi which is the predominant language in the area. The initiative is commendable as it enhances access to the clinic services to the citizens, particularly the majority and the previously disadvantaged community members who reside in the area where the clinic is located.

At all clinics visited, a list of services rendered was displayed and this included, for instance, treatment of minor ailments and injuries as well as ante and post-natal services. It was found that the clinics also conduct voluntary counseling and testing (VCT) services for the management of the HIV/AIDS pandemic. At the time of the inspections, all clinics visited were involved in a two-week children immunisation campaign against Measles which took place during the period 07 to 20 September 2009.

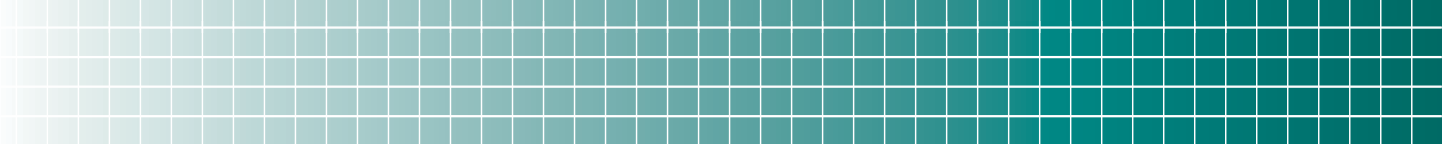


The inspection team observed that the condition of the building at Tshakhuma clinic raised serious concerns of safety as it showed signs of deterioration and dilapidation. For instance, the clinic's walls reflected cracks and in some areas paint was peeling off. Electricity cables were also seen loosely hanging from the walls which posed fire hazards. No fire extinguishers were observed on site. The clinic lacked office space and was in a state of disrepair. The inspection team also observed that the clinic did not have filing cabinets or shelves. As a result, patient files with crucial information were placed in trolleys. Medicines were not locked up and were therefore not protected from unauthorised access.

The condition of the road leading into the Tshakhuma clinic was not conducive for use by light duty vehicles and this posed a challenge for ambulances and people on wheel chairs. The clinic is rurally based and the area seemed to have challenges of service delivery in that, amongst others, the village's street are not tarred and have uneven surface with potholes. This indicated lack of regular maintenance of the streets by the local municipality. On inspection of the clinic's grounds, it was observed that the garden was not properly maintained and the grass was long and untidy.

The inspection team observed that the premises of Basani, Sebayeng and Marishane were found to be modern and sophisticated with clearly defined office structure. The premises in respect of Louis Trichardt, Kremetart, Magalies, Modimolle and Bela Bela were by and large in good condition. However, the condition of the Modimolle clinic's ceiling and carpet needed repairs to improve appearance.

The inspection team observed that the Modimolle clinic lacked office space and as a result nurses were compelled to examine patients in the reception area, which compromised patients' privacy. A further challenge of lack of office space was that the clinic's furniture was not properly placed and appeared cluttered. Obsolete items were not discarded and were kept in the offices which contributed to the cluttering.

The Louis Trichardt and Magalies clinics' walls appeared dirty and required to be urgently painted to improve their appearance. The premises at Bela Bela clinic was found to be a makeshift structure consisting of two freight containers. On probing, it was learned that the original building was evacuated due to serious structural defects.





Although the makeshift structure was adapted to suit clinic conditions, it was noted that the height of the steps at the entrance to the clinic was unsuitable for elderly people, children and people on crutches or wheelchairs. Furthermore, the steps did not have rails for support to prevent possible injury. The makeshift structure also presented challenges of office space, and as a result, the waiting area could not be provided. As an alternative, the clinic erected a tent which was received as a donation from the local community but the seating precinct was insufficient, such that patients would bring their own chairs along when visiting the clinic.

The inspection team found that the Marishane clinic was located in a newly built structure with minor construction work, such as the painting of walls and installation of cupboards, still in progress at the time of the inspections. In addition, building material could also be seen lying around which could result in injury, especially to children.

The inspection team observed that the Sebayeng and Modimolle clinics had well maintained gardens, which provided a welcoming environment where citizens could relax while they wait to receive services. Security measures were provided at all the clinics in the form of fencing around the premises as well as security check points at the main gate. However, the fence at the Tshakhuma clinic appeared worn out and needed to be repaired in some areas. Ramps for people with disabilities were not found at Tshakhuma and Kremetart clinics. However, all the clinics visited were found to be generally clean.

(b) Access to Information



The *Batho Pele* principles of Access and Information require information to be readily available to citizens in order to empower them and to address their needs. Unless information is made readily available to citizens on the services provided, they may not be empowered to know the level and quality of services to expect and the promptness with which they should be delivered. The inspection team observed that all clinics visited had a staff member to guide and direct citizens to the appropriate service points. The inspection team further observed that all clinics visited, except the Marishane clinic, had Service Charters visibly displayed for citizens to notice. However, it was observed that only in Magalies and Modimolle clinics that the Service Charters were displayed in the dominant languages of the areas. In the other clinics, Service Charters were displayed only in English. The display of information in one language deprives the other languages speakers access to the much needed information.

It was observed that three clinics, namely, Basani, Sebayeng and Marishane, had information desks with a designated staff to handle citizens' queries. The desks were stocked with the required material to be used to attend to the patients. Although the other clinics, namely, Tshakhuma, Louis Trichardt, Kremetart, Magalies, Modimolle and Bela Bela, did not have personnel designated for such a function, it was noted that nurses on duty were readily available to assist citizens on their arrival at the clinics. It was observed that mostly operational managers of the clinics took it upon themselves to discharge this responsibility. Although this may be mundane task to be discharged by senior staff members, their actions showed commitment and engendered confidence in citizens that they would receive professional attention and quality service.

The *Batho Pele* principle of Redress requires service institutions to ensure a swift and sympathetic response to citizens where Service Standards have not been adhered to. It is for this reason that suggestion/complaint boxes should be provided to enable citizens to raise their concerns and also to provide input on the desired quality of services. The inspection team observed that at all the clinics visited, suggestion/complaint boxes were in place with the relevant procedures clearly indicated to citizens. The Kremetart clinic had displayed a note next to the complaints box in Xitsonga indicating how to use the suggestion/complaint box. The clinic should be commended for this initiative as it encourages citizens particularly the illiterate to raise their concerns and also make suggestions which could contribute to the improved service delivery.



According to the officials at the clinics, the inspection team established that clinic committees comprising community members had been established to attend to the citizens' suggestions or complaints lodged. These committees usually convened their meetings to discuss suggestion and complaints once a month. At the time of the inspections, officials at the Louis Trichardt and Kremetart clinics, opened their suggestion/complaints boxes for the inspection team to observe if any complaints or suggestions had been registered. Upon opening the boxes, it was found that several complaints had been registered at the Louis Trichardt clinic. However, these complaints had not been attended to and no feedback had been provided back to the citizens. At the Kremetart clinic, the inspection team found that there was one anonymous and undated complaint about lack of service delivery. According to the complaint, the complainant arrived at the clinic at 06h00 but left the clinic at 16h30 without receiving any service. On probing, the staff indicated that the complaint might have been recently lodged since there was no indication whether the complaint had received attention. However, the staff at this clinic refuted the claim by the complainant that citizens were turned back home without receiving attention.

(c) Observing Staff

In order to promote accountability and openness and transparency, staff should always wear name tags whilst at work so that citizens are able to identify officials that provide a service. The inspection team observed that staff at Magalies, Bela Bela, Sebayeng, Modimolle, Kremetart and Basani clinics had their name tags worn, whilst staff at Tshakhuma, Louis Trichardt and Marishane clinics did not have their name tags on. The team further observed that at all clinics visited, the staff were polite and they conducted themselves in a professional manner as they went about their work. In addition, all staff members at the clinics cooperated fully during the inspections and were keen to show the inspection team around their clinics.

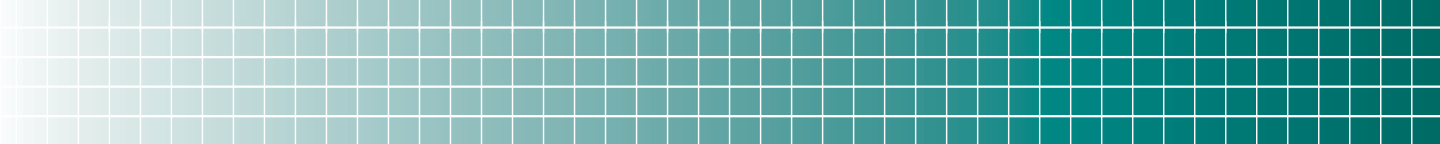



(d) Talking to Citizens

Citizens as consumers of the services provided by the institutions are in a better position to give feedback on the state of service delivery. Their views and comments are important in an effort to improve service delivery. Discussions with randomly selected citizens revealed that the majority of them were concerned about the waiting period before receiving any attention at the clinics. **Table 8** below indicates the responses of the citizens at the various clinics with regard to the average waiting period before being attended to:

Table 8: Average time spent by citizens before being attended at clinic

Name of Clinic	Average waiting period
Tshakhuma Clinic	3 hours
Louis Trichardt Clinic	5 hours
Kremetart Clinic	0*
Basani Clinic	1 hour
Sebayeng Clinic	1 hour
Marishane Clinic	7 hours
MagaliesClinic	2 hours
Modimolle Clinic	2 hours
Bela Bela Clinic	0*
* No specific time was given.	

The table above indicates that citizens wait between an hour to seven hours at clinics before accessing health services. The finding is worrisome given that the majority of the citizens who visit clinics are in pain, and they cannot



afford to access the sophisticated private health care. These citizens rely on the public institutions such as clinics. However, they have to wait longer periods before accessing such services which is unfortunate. Another complaint raised by one citizen was that she had to return the next day since the clinic closed before she could be attended to.

Most citizens interviewed at the rurally based clinics were satisfied that their clinics were accessible through various means of transport despite the challenging roads infrastructure which required improvement. However, in the case of Tshakhuma clinic, one citizen complained that she had to travel approximately ten (10) km to access the clinic services. The inspection team was informed by a patient in one of the urban based clinic, namely, Modimolle that although she resides in Phahameng township (outside the area of Modimolle clinic), she preferred the Modimolle clinic despite the fact that there was a clinic at Phahameng area. Her reasons for visiting the Modimolle clinic were that the staff was friendly and the service was quick. Although there were instances of dissatisfaction with the long waiting period at some of the clinics such as Louis Trichardt, Sebayeng, and Marishane, in most instances citizens were satisfied with the quality of services they received and the treatment by the nurses.

None of the citizens interviewed raised concerns about the handling of the patient's information by the nurses. Of great concern to the inspection team was the lack of proper cabinets with locking facilities to store patients' records, particularly at Tshakhuma and Bela Bela clinics. The patients' files at Tshakhuma were stored in trolleys and not locked away, whereas at Bela Bela these were stored in a garage with a door that did not close and lock properly.

The inspection team noted that citizens at all the clinics visited were aware of the existence of complaints boxes or registers as well as the procedure for lodging and handling of complaints. However, none of the citizens interviewed had previously lodged a complaint.

(e) Talking to Staff

The morale of personnel plays an important role in effective service delivery. To ensure that the morale of personnel is high and conducive for quality service delivery, personnel concerns should be listened to by those officials in management positions and effective measures should be taken to address them. The inspection team was informed by officials at the Louis Trichardt clinic that there was no shortage of medicines. At Kremetart, Basani and Sebayeng clinics, there was sometimes a shortage of medicines such as pain killers and cough mixtures. However, this was mainly attributed to the two-week immunisation campaign period.

The other clinics, namely, Tshakhuma, Marishane, Magalies, Modimolle and Bela Bela, ascribed the shortage of medicines to increased demand. The staff at Tshakhuma indicated that patients would sometimes be referred to the Tshildzini hospital, which is approximately 10 km, to collect their medicines after being treated at the clinic due to shortage of medication. It was also noted that requisition of medicines at the clinic was done through the Elim Hospital and that nurses would sometimes travel to the hospital using their own transport to obtain medicine supplies to ensure that patients receive quality medical care. Considering that Elim Hospital is approximately 40 km from Tshakhuma, the effort by the nurses becomes a selfless act which should be commended. Notwithstanding the foregoing, it is important that the requisition process is improved to avoid such measures by the nurses.

The staff at Modimolle clinic complained that the clinic experienced an influx of patients from neighboring areas, such as Phahameng, Bela Bela and as far afield as Tweefontein which falls under the Mpumalanga Province. Patients from these areas would visit the clinic in spite of the fact that the areas concerned have clinics of their own.

Other contributing factors were the “mushrooming” informal settlements in the area and the increased employment in the nearby farms.

The inspection team found that none of the clinics visited had computer equipment which is a critical tool in enhancing effective service delivery. The inspection team was further informed that all clinics were paper-based which was a challenge, particularly with regards to the managing of patients’ records. The finding suggests that should a patient visit another clinic, a new registration form will be opened which is time consuming, and due to the unknown medical records of the patients’ medical history, unnecessary time will be spent on diagnosis, whereas if the information was stored in a central system and shared by all health institutions in the Province, upon arrival of a patient, treatment would be immediately provided. In this regard, the importance of information technology in providing effective and efficient services cannot be over-emphasised.


The inspection team found that of all clinics visited, except Kremetart clinic, officials either complained of shortage of medical equipment or the poor quality of equipment. This equipment included weighing scales, BP machines, stethoscopes, sterilisation machines, incubators and oxygen apparatus. The inspection team found that the situation at Tshakhuma clinic was worrisome in that life-saving equipment such as incubators and sterilisation machine were broken and despite being reported over months they had not been fixed or replaced. The staff at the clinic often resorted to alternative methods such as covering premature babies in towels before summoning ambulances to transport them to the Elim Hospital, which is 40 km away from the clinic for further attention. Furthermore, the clinic had an outdated sterilisation machine which used boiling water that took considerable time and it could not be guaranteed that equipments were completely sterilised. This posed a serious health risk to patients with surgical needs. Another challenge at Tshakhuma clinic was that its maternity ward had only one bed. In the post-natal ward there were three beds of which one was damaged and the other two were worn-out. This ward did not have curtains or blinds on all the windows and did not provide privacy. Due to insufficient beds in the maternity ward, the clinic would use the post-natal ward for delivery purposes as well in spite of its privacy limitation. The finding shows that patients were not treated with dignity, respect or consideration of their health needs.

Officials at all clinics visited raised concerns about the staff shortage given the increased demand for services provided by the clinics. **Table 9** below shows the number of the staff found at the clinics (based on a rough headcount) and the average daily patient turn-out observed at the time of the inspections.

Table 9: Number of staff on duty in relation to patient turnout

Clinic	Staff on duty	Patient turn out	Nurse to patient ratio
Tshakhuma	3	170	1:57
LTT	5	120	1:24
Kremetart	6	150	1:25
Basani	7	200	1:29
Sebayeng	5	150	1:40
Marishane	3	120	1:40
Magalies	3	110	1:37
Modimolle	4	300	1:75
Bela Bela	7	200	1:29

The above table indicates inconsistencies with the staffing at the various clinics. The average patient turn-out at Tshakhuma is 170, but only three nurses were on duty. This meant that one nurse attended to 57 patients per day.



By contrast, the Louis Trichardt, Kremetart, Sebayeng clinics had less than the turn-out at Tshakhuma clinic and yet these clinics had more staffing levels.

Staff at all the clinics complained of fatigue. This was as a result of work overload and inadequate staffing, which had an impact on the quality of service provided. Sisters-in-charge at Tshakhuma, Sebayeng, Marishane and Modimolle clinics raised concerns that due to the staffing challenges, they often performed more clinical work than focusing on other operations of the clinics. As a result very little attention was given to ensuring sufficient medical supplies and improving the quality of services. It may therefore be inferred that concerns raised by citizens around the waiting time and sub-standard treatment by the nurses, could be ascribed to the inadequate staffing of the clinics. Despite the challenges of lack of staff, officials at all the clinics indicated that lunch breaks were taken in an alternating fashion to avoid disrupting services.

Regular monitoring of services is critical for improved service delivery and quality services. Officials at all the clinics visited indicated that clinic health committees, clinic management and officials (clinic supervisors) from the Department of Health and Social Development, scheduled visits on monthly basis to monitor services and interact with citizens. However, concerns were raised that challenges took longer to be addressed. The inspection team was informed that Clinic Health Committees have been established and these provide support to health practitioners with regard to capacity development on health or clinical issues.

Staff at all the clinics visited indicated that emergency cases were determined by observing patients for vital signs such as experiencing unbearable pain and those with open wounds. These patients would be given first preference to prevent complications. Serious cases such as patients requiring intensive surgical procedures would be referred to the local hospital without delay. Although interaction with patients at clinics showed that they had concerns around the lack of service delivery at some of the clinics, the majority of nurses held the view that they adhered to the code of their profession and treated patients with dignity and respect at all times.

(f) General Observation

In line with the spirit of *Batho Pele* to create an environment where citizens would feel welcomed and respected, at Basani clinic, the inspection team observed that there was a television (TV) set installed to entertain citizens whilst they waited to receive services. This creative gesture by the clinic ensured that patients were not anxious and impatient while they waited to be served.

The inspection team observed that all the clinics had air conditioning or heating systems installed. There were sufficient toilet facilities at most clinics visited although in clinics such as Louis Trichardt, Sebayeng and Magalies, the toilets needed repairs and maintenance. The Tshakhuma clinic had a pit toilet and did not have proper sanitation system. The toilet was not properly maintained and posed a serious hygiene or health risk. Nevertheless, clean water for drinking purposes was available at all the clinics. The team further observed that the Tshakhuma clinic did not have parking facilities designated for citizens.

7.4 RECOMMENDATIONS

7.4.1 Recommendations for the Clinics

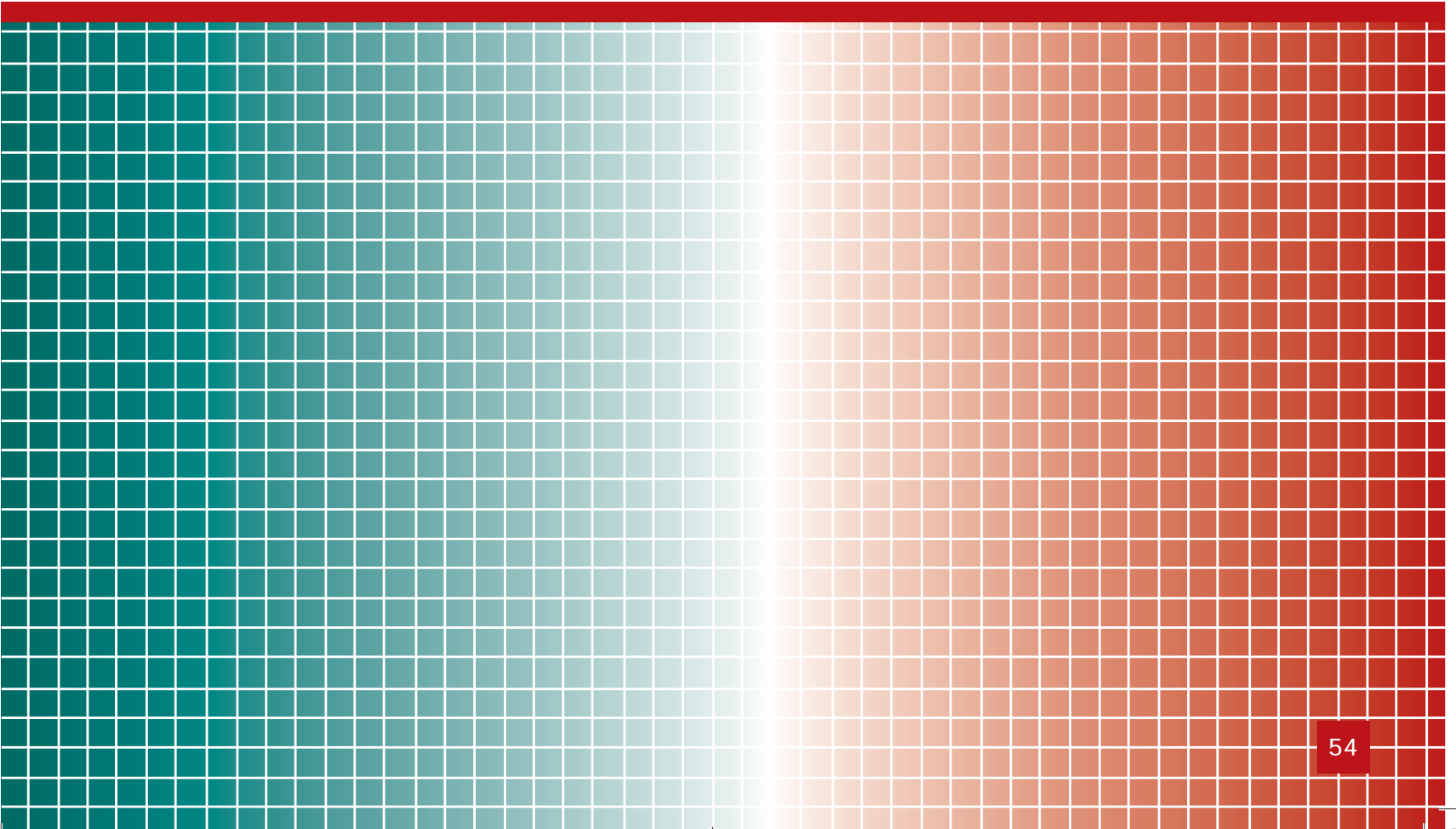
It is recommended that:

- A clearly designated reception area manned by suitably trained staff should be provided at Kremetart clinic by April 2010.
- Outside signage should be displayed at Tshakhuma, Kremetart and Bela Bela clinics by April 2010.
- Business hours should be reflected at Marishane and Bela Bela clinics by December 2009.
- The Provincial Department of Health, in consultation with the Makhado Municipality, should consider finding new premises for the Tshakhuma clinic due to the deteriorating condition of the current building. (In this regard, a plan of action should be in place by April 2010).
- Ramps to enable people with disabilities access to the facilities should be provided at Tshakhuma and Kremetart clinics by April 2010.
- Designated help-desks manned by suitably trained personnel and stocked with appropriate forms should be provided at Tshakhuma, Louis Trichard, Kremetart, Magalies, Modimolle and Bela Bela clinics. (In this regard, a plan of action should be in place by April 2010).
- Staff at Tshakhuma and Louis Trichardt clinics should be provided with name tags by December 2009.
- The Tshakhuma clinic should be provided with sufficient medication in order to render an effective and efficient health service by December 2009.
- Computers should also be provided at Tshakhuma, Louis Trichardt, Kremetart, Basani, Sebayeng, Marishane, Magalies, Modimolle and Bela Bela clinics by April 2010. Proper training should be provided to staff to enable them to effectively use the computers. (In this regard a plan of action should be in place by April 2010).
- The Department should ensure that there are fully functioning air-conditioning systems at Tshakhuma clinic by April 2010.
- Parking facilities should be provided at the Tshakhuma clinic by April 2010.
- Toilet facilities at the Louis Trichardt, Sebayeng, and Magalies should be refurbished by April 2010.



Chapter Eight

Key Findings: Provincial Department of Health: Mpumalanga



8.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in the Mpumalanga Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

8.2 SITES VISITED

The inspections in the Mpumalanga Provincial Department of Health were conducted on 16, 17, 22, 23 July as well as 12 and 17 August 2009. **Table 10** below shows the names of service delivery sites as well as dates on which they were visited by the inspection team.

Table 10: Mpumalanga Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
Gert Sibande District Office	Provincial Government	16 July 2009
Hartebeeskop Clinic	Provincial Government	16 July 2009
Cindi Clinic	Local Government (Msukaligwa Municipality)	16 July 2009
Nkangala District Office	Provincial Government	22 July 2009
Beaty Clinic	Local Government (Emalahleni Municipality)	22 July 2009
Fernie Clinic	Provincial Government	23 July 2009
Dundonald Clinic	Provincial Government	23 July 2009
Kanyamazane Clinic	Provincial Government	12 August 2009
Enhlanzeni District Office	Provincial Government	17 August 2009

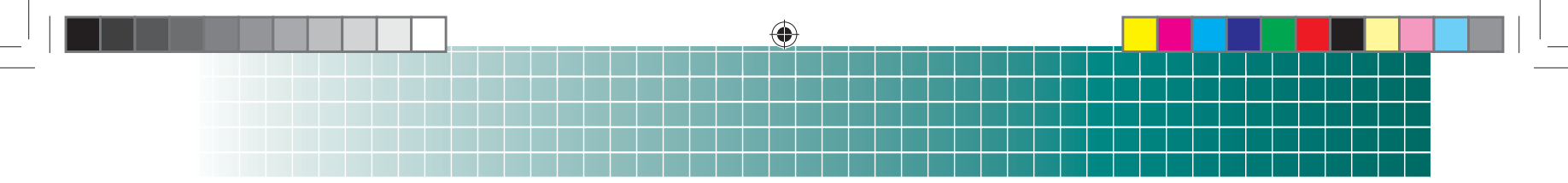
8.3 KEY FINDINGS

The key findings of the inspections are presented below. The findings from the unannounced inspections at the six clinics are presented first, followed by the findings from the unannounced inspections at the three District Offices of the Department of Health.

8.3.1 Unannounced Inspections at Clinics

(a) Observing Facilities

Citizens should have equal access to the services to which they are entitled. One measure of ensuring accessibility to Public Service institutions is to adapt and improve the physical conditions of delivery sites for easier accessibility. The inspection team observed that both inside and outside signage were displayed at Kanyamazane, Cindi and Beaty clinics. However, the Dundonald Large and Fernie clinics only had inside signage. The lack of outside signage makes it difficult for citizens to locate Public Service institutions.



The inspection team further observed that a list of services rendered was displayed at the KaNyamazane, Cindi, Beaty and Dundonald Large clinics, whilst the other clinics did not display the list of services rendered. In all the clinics that were visited there was no display of cost of services and prior requirements before one can access a service. This was as a result of the fact that clinic services were offered free of charge and the inspection team was informed that community members were aware of such an arrangement. However, first time visitors might not be aware of such arrangement. The team observed that the buildings of the Hartebeeskop, Beaty, Dundonald Large and Cindi clinics were in good condition. However, those of the Fernie and KaNyamazane clinics looked very dilapidated. Ramps for people with disabilities were found in all clinics visited, except for the Cindi clinic.

It was also observed that all the clinics were clean except for KaNyamazane and Cindi clinics. As health institutions, it is important that clinics are always kept clean and comply with required hygiene standards.

(b) Observing Access to Information

The *Batho Pele* principles of Access and Information require information to be readily available to citizens to empower them and address their needs. The inspection team observed that only two clinics, namely, the Dundonald Large and Beaty had service charters clearly displayed and visible to citizens. The remaining four clinics, namely, Fernie, Haartebeeskop, Cindi and KaNyamazane did not have any service charters displayed. The finding suggests that the above-mentioned four clinics were not complying with the *Batho Pele* principle of Service Standards which require that all citizens should be told what level and quality of public services they will receive so that they are aware of what to expect. In addition, in the absence of service charters, citizens are not able to hold government officials accountable, particularly where service standards are not met.

The inspection team observed that only two clinics, namely, Hartebeeskop and Dundonald Large had clearly identified reception areas whilst at the KaNyamazane, Cindi, Fernie and Beaty clinics, the reception areas were not clearly identified. The lack of reception areas implies that citizens at the four clinics, particularly first time visitors, are not provided with a specific point to ask for help when they arrive at the clinics. The inspection team also observed that only the Dundonald Large clinic had a well stocked information desk and a staff member at the desk to assist citizens with information, whilst the other clinics visited did not have a help desks nor a staff member to assist citizen in need of information.

All clinics visited had complaints/suggestion boxes. However, the complaint handling systems were not displayed at the clinics. Suggestion/complaint boxes are part of the important steps towards providing redress to citizens. However, it is critical that the complaint handling system is displayed in order to inform citizens of how their complaints are dealt with by the clinics.

(c) Observing Staff

In order to promote accountability, openness and transparency, staff should always wear name tags whilst at work so that citizens are able to identify officials that provide a service. The inspection team observed that only officials at the Dundonald Large and Fernie clinics were wearing their name tags and that officials at the other four clinics, namely, Haartebeeskop, KaNyamazane, Cindi and Beaty were not wearing name tags. Despite this omission, the inspection team observed that staff at all clinics visited appeared friendly, knowledgeable and very professional in carrying out their duties. The friendliness and professionalism displayed by staff is likely to go a long way in enhancing the image of the Public Service.

(d) *Talking to Citizens*

Citizens as consumers of the services provided by the institutions are in a better position to give feedback on the state of service delivery. Discussions with randomly selected citizens found at the clinics revealed that service users were generally satisfied with access to the services and the distance travelled to the clinics. They also mentioned that they were treated with courtesy, and in circumstances where the clinics were not able to assist them, they were referred to the nearest clinics. However, patients raised complaints about the waiting time. For instance, they mentioned that they normally arrive at clinics around 04h00 in the morning and only get assisted at around 11h00 or later in the afternoon.

Citizens further informed the inspection team that they were not aware of the existence of suggestion/complaint boxes at the clinics. They also indicated that they had never used the suggestion/complaint boxes to lodge service delivery complaints with the clinic managers. The finding suggests that despite the availability of the suggestion/complaint boxes at all the clinics visited, such boxes were not optimally used by citizens.

(e) *Talking to Staff*

The morale of personnel plays an important role in effective service delivery and staff concerns should be listened to and effective measures should be employed to address their concerns. Inputs from staff are important in improving service delivery. During interaction with staff, the inspection team was informed that the clinics were complying with the stipulated norms and standards for the provision of Primary Health Care¹⁷.

The officials at the Beaty, Hartebeeskop, KaNyamazane and Fernie clinics mentioned that their clinics always had sufficient medication on site to treat the patients, whilst officials at Cindi and Dundonald clinics mentioned that they often experience a shortage of medication to treat patients. The inspection team was further informed by staff at Hartebeeskop, KaNyamazane and Fernie clinics that they do have computers and medical equipment available at the clinics. However, the computers could sometimes not be used due to power failure.

With regard to the management of lunch hours and other breaks, officials at all clinics visited informed the inspection team that lunch hours and other breaks were taken in a staggered manner to avoid disruptions of service delivery. However, interviews with members of the public as service users at the clinics revealed that staff members did not alternate during lunch hours, but took their lunch break all at the same time, thus resulting in the long waiting periods for citizens. There is clearly a discrepancy between the experiences of the public and the views of staff on this matter. This is, therefore, a matter which management should look at closely in order to take corrective action.

The inspection team was informed that minor emergency cases were treated at the clinics while severe emergency cases were referred to the nearest hospitals. The team was further informed that all clinics in urban areas were operating on a 24 hours basis whilst the majority of clinics in rural areas were only providing an 8 hours service. In all clinics visited, there was a shortage of staff thus resulting in, for instance, one nurse attending to 75 patients per day instead of the recommended 35.

(f) *General Observations*

The inspection team observed that only the Fernie clinic had air conditioners. Most of the clinics visited also did

17 Republic of South Africa. National Department of Health. *Primary Health Care Package for South Africa: A Set of Norms and Standards. 2000.*




not have sufficient water needed for the daily activities of the clinics. Parking facilities were found to be sufficient in all clinics visited.

8.3.2 Unannounced Inspections at District Offices


(a) Observing Facilities

Citizens should have equal access to the services to which they are entitled. One measure of ensuring accessibility to Public Service institutions is to adapt and improve the physical conditions of delivery sites for easier accessibility. The inspection team observed that all three District Offices visited had clearly identified reception areas. Both the Gert Sibande and Nkangala District Offices had outside and inside signage which gave proper information including business hours. At the Ehlanzeni District Office the inspection team found that although outside signage and business hours were displayed, there were no inside signage which gave proper information on various service points of the District Office. The finding suggests that citizens would struggle to know and locate service points of District Office. The inspection team observed that the Gert Sibande and Nkangala District Offices had ramps for people with disabilities whilst the Ehlanzeni District Office did not have ramps for people with disabilities. The lack of ramps for people with disabilities at the Ehlanzeni District Office suggests that the needs of people with disabilities, particularly with accessing public services were not taken seriously. The inspection team also observed that the Gert Sibande and Nkangala District Offices were in clean condition, whilst the Ehlanzeni District Office was found to be in an unclean state.

(b) Observing Access to Information



The *Batho Pele* principles of Access and Information require information to be readily available to citizens to empower them and address their needs. The inspections at the District Offices revealed that the Nkangala and Ehlanzeni District Offices did not have a staff member who guides and direct people on arrival to the appropriate offices. The finding suggests that citizens who visit these offices, especially those who cannot read the inside signage, might waste time looking for the appropriate offices without any guidance.



The inspection team observed that of the three District Offices visited only the Nkangala District Office had a Service Charter which was visibly displayed to the citizens. However the Service Charter was written only in English. Whilst Service Charters provide citizens with information on the level and quality of services offered as well as what to expect at service delivery institutions, the display of information in one language deny other languages speakers access to the much needed information. The inspection team also found that none of the District Offices visited, had information or help desks. No staff member was allocated to provide information to members of the public at the District Office.

The team further observed that suggestion/complaints boxes were found at the Nkangala and Gert Sibande District Offices, whilst the Ehlanzeni District Office did not have suggestion/complaints boxes. The finding suggests that the Ehlanzeni District Office did not afford members of the public an opportunity to lodge complaints or to make suggestions which could contribute towards improved service delivery.

(c) Observing Staff

The wearing of name tags or badges fosters a spirit of transparency, openness, accountability and accessibility. The inspection team observed that officials at Ehlanzeni and Gert Sibande District Offices had their name tags on. The finding suggests that citizens who visited the two District Offices were able to identify the officials that provided



service to them. However, the inspection team found that at the Nkangala District Office, officials did not wear name tags.

(d) Talking to Citizens

Citizens or service users are in a better position to provide feedback on the state of service delivery. The views and comments of service users are important in any effort meant to improve service delivery. During the inspection, it was not possible to interview citizens/service users at the District Offices, due to their unavailability at the time of the inspections.

(e) Talking to Staff

The morale of personnel plays an important role in effective service delivery and staff concerns should be listened to and effective measures should be employed to address their concerns. During discussions with staff at District Offices, the inspection team was informed that all municipal clinics located within these District Offices were transferred to the Provincial Department of Health. In this regard, staff at the clinics has also been transferred to the Provincial Department of Health. However, it was mentioned that the Provincial Department was in the process of finalising the verification of facilities and assets with municipalities. The inspection team was further informed that the challenge faced by the District Offices regarding the matter was the reluctance of some of the staff members to be transferred to the Provincial government as well as the issue of facilities and assets which needed to be disposed off within the legal framework.

(f) General Observations

The inspection team found that in all three Districts Offices visited, only Gert Sibande and Nkangala Offices had air conditioners which were in a good working condition. All Districts Offices had clean toilets. However, parking for both staff and clients was found to be a problem at Ehlanzeni and Nkangala District Offices whilst Gert Sibande had sufficient parking facilities.

8.4 RECOMMENDATIONS

8.4.1 Recommendations for the Clinics

It is recommended that:

- Visible outside signage should be installed at Dundonald Large and Fernie clinics by April 2010.
- A list of services rendered should be displayed at Fernie and Haartebeeskop clinics by April 2010.
- Ramps to allow access to people with disabilities should be erected at Cindi clinic by April 2010.
- Service Charters should be displayed at Fernie and Haartebeeskop, Kanyamazane and Cindi clinics by April 2010.
- Complaint handling mechanisms should be displayed at all clinics by April 2010.
- Staff should be provided with name tags at Haartebeeskop, Kanyamazane, Cindi and Beaty clinics by April 2010. In addition all staff members must wear them during working hours.
- Clinic managers should devise a strategy to address the long waiting time citizens spend in queues at all clinics. (In this regard a plan of action should be in place by April 2010).
- The Cindi and the Dundonald Large clinics should be provided with sufficient medication to treat patients immediately.

- All clinics should be provided with staff to be able to carry out the functions of the clinics. (In this regard a plan of action should be in place by April 2010).
- All clinics should make available a staff member to guide and direct citizens on arrival to the appropriate service points at the clinics, and that includes well coordinated information desks in all five clinics. (In this regard a plan of action should be in place by April 2010).
- Clinics managers should ensure that the taking of lunch breaks is staggered to avoid a disruption of services.
- The Fernie and Kanyamazane clinics should be renovated to address the dilapidated conditions. (In this regard, a plan of action should be put in place by April 2010).
- The Kanyamazane and Cindi clinics should be kept clean at all times.
- Reception areas should be clearly identified by April 2010 at the Fernie, Kanyamazane, Cindi and Beaty clinics.
- Information desk and dedicated staff member to man the desk should be put in place at the Hartebeeskop, Cindi, Fernie, Beaty and Kanyamazane clinics. (In this regard, a plan of action should be put in place by April 2010).
- Clinic managers should ensure that there is sufficient drinking water for members of the public on site, and this should be done immediately.

8.4.2 Recommendations for the District Offices

It is recommended that:

- The Ehlanzeni District Office should be kept clean at all times.
- A staff member should be assigned to guide people to appropriate offices at Nkangala and Ehlanzeni District Offices. (In this regard, a plan of action should be put in place by April 2010).
- An air conditioner should be provided at Ehlanzeni District Office and sufficient parking space should be made available at Nkangala and Ehlanzeni District Offices. (In this regard, a plan of action should be put in place by April 2010).
- Ramps to allow people with disabilities access to services at Ehlanzeni District Office should be erected by April 2010.
- Service Charters should be displayed at Ehlanzeni and Gert Sibande District Offices by April 2010.
- A suggestion/complaint box should be displayed at the Ehlanzeni District Office by April 2010.
- Staff members should be provided with name tags at Ekangala District Office by April 2010. In addition staff must wear them during working hours.



Chapter Nine

Key Findings: Provincial Department of Health: Northern Cape



9.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in the Northern Cape Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

9.2 SITES VISITED

The inspections in the Northern Cape Provincial Department of Health were conducted on 06 and 12 August 2009. **Table 11** below shows the District Offices, clinics and dates on which they were visited by the inspection team:

Table 11: Northern Cape Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
City Clinic	Local Government (Sol Plaatjie municipality)	06 August 2009
Florianville Clinic	Local Government (Sol Plaatjie municipality)	06 August 2009
Platfontein	Provincial Government	06 August 2009
Greenpoint Clinic	Provincial Government	12 August 2009
Galeshewe Day Hospital	Provincial Government	12 August 2009
Frances Baard District Office	Provincial Government	12 August 2009

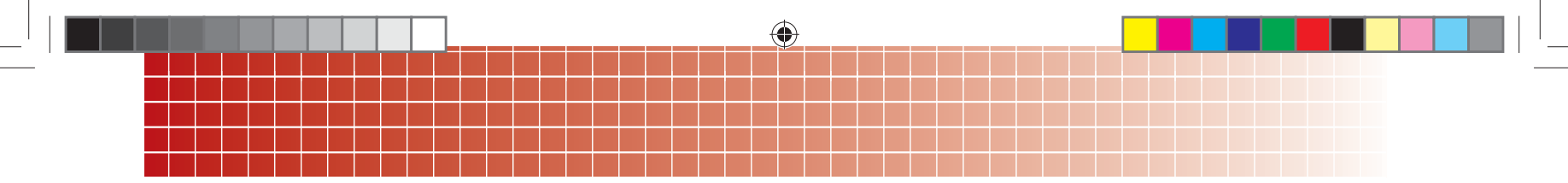
The Galeshewe Day Hospital used to be a fully fledged hospital until its services were scaled down to the provision of the Primary Health Care services only. Although it serves as a clinic, the name has not been changed. The City and Florianville clinics are municipal clinics which are in the process of being absorbed as provincial clinics. Whilst the process has not been finalised, the Provincial Department has already taken full responsibility of these clinics, particularly with regard to the provision of human and financial resources, except the employ of the clinic managers only, who are still paid by the Sol Plaatjie municipality.

9.3 KEY FINDINGS

The key findings of the inspections are presented below. The findings from the unannounced inspections at the five clinics are presented first, followed by the findings from the unannounced inspections at the District Offices of the Department of Health.

(a) Observing facilities

Facilities of Public Service delivery institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility is to improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team observed that all the clinics visited had outside signage clearly reflecting the names of the clinics. The availability of outside signage assists citizens to easily locate Public Service institutions. The team also found that clinics had proper inside signage directing patients to appropriate service points. Patients were furthermore directed to relevant service points by staff at the reception area where all patients report on arrival



at the clinics. The availability of inside signage and staff members to direct patients to relevant service points improves access to services at clinics. The team further observed that the Galeshewe Day Hospital, City and Florianville clinics had business hours reflected on the doors at the entrance, whereas the remaining clinics, namely, Greenpoint and Platfontein did not display business hours.

The inspection team observed that the City clinic had pamphlets reflecting the services rendered and contact numbers per service offered. Information such as the vision and mission of the clinic, details of the clinic Manager, the *Batho Pele* principles and a reminder for patients to always bring along their clinic cards to the clinics were displayed at the City clinic. A reminder for patients to bring their clinic cards to the clinic eliminates unnecessary administrative burden on the part of staff, thus ensuring speedy service delivery. The team also found that information on some of the services rendered was reflected in acronyms, namely, IMCI, ARV assessment and VCT. The use of acronyms is not helpful as they are not understood by all patients.

In general, the condition of the buildings was found to be satisfactory. However, at the time of the inspections, the Galeshewe Day Hospital (GDH) was urgently in need of maintenance and repairs. Down pipes, gutters and fascia boards required attention, whilst the surrounding gardens and grounds were in a dilapidated state of neglect. With the exception of the Galeshewe Day Hospital, the other clinics inspected were as far as structural size is concerned, too small. The reception areas of such buildings were totally overcrowded, resulting in patients having to sit outside. In this case, patients are exposed to harsh weather conditions. All the clinics had ramps for people with disabilities. It was found that four of the five clinics, namely, City, Florianville, Platfontein and Green point were in a clean and welcoming condition. Galeshewe Day Hospital had been without electric floor polishers for more than a year, as a result, the floors were not properly cleaned. It was established by the team that the toilet and ablution facility utilised by the public required special attention as they were often left in a vile and unhygienic state. Clinics are health institutions where citizens come for health care, therefore, it is critical that they remain clean at all times.

Although in general, services rendered in each of the clinics were displayed and communicated to the public in English, prior requirements for accessing such services were not indicated in any of the inspected clinics. Pertaining to the costs of services, the inspection team learnt that as all services were free, it was unnecessary to indicate costs.

(b) Observing Access to Information

The *Batho Pele* principles of Access and Information require information to be readily available to citizens in order to empower them and address their needs. The inspection team found that reception areas/help desks at the clinics were easily identifiable when entering the clinics. Such an arrangement is helpful to citizens as they do not struggle to find assistance. The help desks were also found to be well stocked with appropriate forms, stationary and other material especially the ones for registering new patients.

The team observed that there were no service charters or service standards displayed at any of the clinics visited. The lack of service charters on site deny citizens information on the level and quality of public services they may receive, making them aware of what to expect. The team found that the only posters displayed were on the *Batho Pele* principles and patient rights. These posters were all in English, thus making it difficult for the non-English speaking citizens to access information. The team also found that complaints and/or suggestion boxes were displayed in four of the five clinics inspected, namely, City, Florianville, Greenpoint and Galeshewe Day Hospital. However, complaints procedures as well as writing materials (pens and paper) were not made available to patients at these clinics. It is important that complaints procedures are made available to citizens so that they understand the procedure on how to lodge complaints, and how these are dealt with by the clinics.



(c) *Observing Staff*

In order to promote transparency, openness and accountability the staff should wear name tags so that patients are able to identify officials that provide services. The inspection team observed that some of the staff and managers at the clinics did not wear name tags. The inspection team learnt that although such name tags were provided, staff did not wear them. Despite this omission, staff appeared friendly, professional and knowledgeable about their work at all clinics visited. Frontline, as well as nursing staff represents an important element of the Public Service delivery chain as they interface directly with patients and the public. Perceptions and opinions about Public Service delivery are developed at this interface. It is, therefore, important that they remain friendly and professional at all times.

(d) *Talking to Citizens*

Citizens are the primary users of the services of government and are therefore a reliable source of information to provide feedback on the performance of the Departments in relation to service delivery. Discussions with randomly selected patients revealed that they were in general, satisfied with issues such as finding their way to specific service points in the clinics, distances travelled to the clinics, the quality of the services rendered, confidentiality of patients' medical information and that they were treated with courtesy and respect. Although the majority of patients were aware of the clinics' complaints handling mechanisms (complaints boxes), none of them had formally lodged complaints with any of the clinics as they were also not sure of the procedures to be followed.

Pertaining to how long they waited before being attended to, there was overwhelming consensus that they literally had to wait for hours at a time, and that it was extremely frustrating. At the time of the inspections, this gave rise to arguments amongst patients as well as poor behavior such as swearing, screaming and being rude to the nursing staff. Patients mentioned that despite their well-known dissatisfactions on the matter by the clinic Managers, nothing was being done to rectify or alleviate their plight in this regard.

The team found that another issue that gave rise to criticism, widespread dissatisfaction, extreme inconvenience and a general feeling of poor service delivery at the clinics visited was the non-availability of certain medicines from time to time. Medication for *inter alia* certain chronic conditions such as hypertension, diabetes, Tuberculosis (TB) and HIV and AIDS need to be consumed regularly by patients and for extended periods of time. The non-availability of such medicines inevitably leads to discontent among the patients. Though such shortages may not necessarily be through any fault of the clinics, the team learnt that patients became rude, outraged, destructive and even personal in their criticism of the clinics and the service they receive, when found with the non-availability of medicines.

The manual filing system in all the clinics was found to be a cause for concern especially with regard to the long waiting periods. For instance, in a manual filing system, patients have to obtain their medical files from the Registry before being attended to. However, limited back office staff and the high number of patients to be served, inevitably results in long waiting times, and this was a source of patients' frustration.

(e) *Talking to Staff*


The following issues were raised during interaction with staff at the clinics visited:

(i) Medication

During interaction with staff at the clinics, the team established that there were varied responses to the issue regarding the sufficiency of medication on site to treat patients. There appeared to be a marked difference between clinics that had pharmacies and pharmacists, namely, Galeshewe Day Hospital and the City clinic whilst Florianville, Platfontein and Greenpoint clinics only had medicine rooms. The availability of a Pharmacist and/or Assistant Pharmacist to *inter alia* order medication, interact with the depot, pre-pack medicine that is delivered in bulk, dispense medication and to ultimately manage all related administrative processes, impacts hugely on the standard of service delivery at any clinic. In the absence of a Pharmacist/Assistant, the above-mentioned activities become the primary responsibility of the nursing staff, which, under normal circumstances, is inundated with nursing responsibilities and patient health care tasks. Having to dispense medication also, becomes a challenge resulting in the following unacceptable processes, practices and procedures impacting negatively on service delivery:

- Not all nurses at the clinics that did not have pharmacists were trained in the basic principles underlying the dispensing of medication and were therefore not conversant with all the requirements that needed to be met. Staff shortages of pharmacist at the clinics necessitated and compelled nurses to dispense medication. Certain medication may only be dispensed by a Professional Nurse in possession of a dispensing license, however; this was not always the case. The finding suggests that in the absence of a Pharmacist/ Assistant and the dispensing of medication by non-professional nurses cannot be reconciled with some medical or health care practices.
- Medication received in bulk from depots could not be timeously pre-packed by the nursing staff resulting in such medication becoming "old" and reaching the expiry date before it could be dispensed. This results in unnecessary and wasteful expenditure on this scarce and critical medical provision.
- Medication was not ordered timeously resulting in the clinic running out of stock. The absence of medication at clinic level contributes to a high level of frustration amongst patients.
- As no-one in the clinics was available (or prepared) to do stock taking of the available medication, previous weekly/bi-monthly/monthly orders for medication were merely once again faxed to the depot often resulting in a total oversupply of some medication and/or the continuous non-availability of other medication.
- Depots were not informing clinics of issues such as newly available stock, areas of shortages and the reasons thereof, or the discontinuation of certain medicines. Communication of such information would greatly assist clinics to *inter alia* address shortages, plan and strategise to cope with an increased demand for medication (i.e. during winter), as well as to decide on alternative medication as a result of the non-availability of regular stock.
- Clinics were often invoiced for medication not supplied by the depot. Ordered medication was occasionally also reduced or merely not supplied without prior notification or warning to the clinic. It also appeared that clinics were provided with medication whose expiry date was imminent, thus rendering such medication useless soon after arrival.

The non-availability of medication at clinics is a serious indictment against the manner in which the clinics are managed. Dispensing medicine is, besides the actual treatment (medical examination) of a patient, the single most important service rendered by a clinic. It is often the main reason for a patient to visit a clinic. It is, therefore, imperative that everything possible be done to ensure that such a service is rendered efficiently, effectively and uninterrupted at all times. The inconvenience caused to patients who are not issued with the required medication is inexcusable, and leads to serious discontent and accusations of poor service delivery. The inspection team found



that it was a standard practice for patients to immediately visit another clinic once they have been informed of the non-availability of the required medication at the clinic they normally call upon. This behavior is called “clinic hopping.” The sole purpose of this so-called “clinic hopping” is to obtain as much medication as possible for purposes of possibly selling it on the black market. Practices of this nature are the direct result of the lack of information technology and networking facilities linking the databases of clinics to each other. Such behavior inevitably leads to increased pressure on the services as well as the available resources (medication) at such a clinic.

(ii) Equipment

Pertaining to the availability of computers and medical equipment at clinics, the responses once again varied considerably. Whilst Galeshewe Day Hospital and the City clinic had sufficient (or near sufficient) computer equipment, the other remaining clinics were coping with the bare minimum. Computers were in all instances being utilised as stand-alone units (not linked to any server) and with no networking or internet connection or capabilities. For purposes of rendering of a cost effective and efficient service to citizens, it is imperative that a reliable, updated and comprehensive client database be established and maintained. The manual filing system currently utilised by clinics has become totally inadequate. The phenomenon whereby patients who have been unable to obtain their medication from the clinics they normally visit, roam around and call upon neighboring or other clinics for this purpose, needs to be captured and appropriately recorded. However, without the necessary networking and information technology (IT) infrastructure, clinics will remain isolated entities prone to exploitation and abuse.

On the availability and standard of medical equipment it was found that although equipment such as baumano (hyper tension apparatus), foot and baby scales, doptones, haemoglobin meters, glucometers and stethoscopes were available in Galeshewe Day Hospital and City clinic, many of the said instruments urgently required maintenance and/or upgrading. In certain instances some of the medical equipment had never been serviced or calibrated resulting in unreliable readings and the making of questionable diagnoses.

As for the availability and condition of other support and office equipment such as photocopiers, facsimile machines and telephones, it was found to be either non-existent or in pressing need of upgrading or replacement. Whilst the City and Platfontein clinics had no photocopiers and fax machines, the Greenpoint clinic had no telephones. The Galeshewe Day Hospital (GDH) was making use of satellite telephones as the Telkom telephone cables were recently stolen. The rendering of an integrated, co-ordinated community health service without the necessary equipment and support systems becomes a lost cause and should be addressed as a matter of urgency.

(iii) Staff

The inspection team established that at all the clinics inspected, staff shortages included professional staff as well as support staff. Staff at the Galeshewe Day Hospital reported critical shortages of trained Professional Nurses in the Reproductive and Antenatal Units. The records division urgently required additional Clerks whilst maintenance staff and grounds man were also needed. Officials at the Florianville, Platfontein and City clinics indicated the need for a Pharmacist or Pharmacist Assistant. Additional data capturers are also required at the Florianville and City clinics whilst one Professional Nurse and/or one Assistant Nurse are needed at the Platfontein and Florianville clinics.

Regarding the sufficiency of staff at clinics to satisfactorily deal with the number of patients visiting such clinics, the inspection team learnt that there were severe and critical staff shortages being experienced at all the clinics inspected. To appropriately report on these alleged personnel shortages at clinics, it is necessary to verify the scope and range of the Primary Health Care (PHC) services rendered by clinics to communities. PHC provides

special emphasis to comprehensive and integrated basic programmes such as safe motherhood, child health and nutrition, expanded immunisation, management of communicable diseases and the treatment of chronic ailments. For purposes of giving effect to such programmes, all clinics (large and small) carry a statutory obligation to render certain basic services. **Table 12** below reflects the particulars basic PHC programmes and the services comprising such programmes.

Table 12: Primary Health Care Programmes and related services

Primary Health Care Services	
Basic Programmes	Services Rendered
1. Safe motherhood and child care	<ul style="list-style-type: none"> • Antenatal care and deliveries • Post-natal care • Family planning • Reproductive health • Pap smears • Intergrated Management of Childhood Illnesses (IMCI) • Prevention of mother to child transmission (PMT)
2. Nutrition	<ul style="list-style-type: none"> • Feeding schemes • Dietary services
3. Preventative Health Care	<p>Immunizations</p> <ul style="list-style-type: none"> • TB • Pertussis, Diphteria, Tetanus, Rota Virus • Polio • Hepatitis B • Measles • Hibtiter • Rubella
4. Curative Health Services	<ul style="list-style-type: none"> • Patient screening and treatment minor ailments • Routine deworming • Diagnostics and prescriptions according to protocols • Palliative care • Simple emergencies
5. Management of communicable diseases	<ul style="list-style-type: none"> • TB treatments • HIV and Aids • ARV assessment • VCT • STI
6. Treatment of chronic ailments	<ul style="list-style-type: none"> • Procedures for <i>inter alia</i> diabetes, hypertension epilepsy and asthma. • Rehabilitation services
7. Mental Health	<ul style="list-style-type: none"> • Screening and treatment of chronic psychiatric patients

On order to render a comprehensive and integrated Primary Health Care service package to the entire population as defined by the National Department of Health in appropriate policies¹⁸, it is imperative that from a human resources point of view, clinics are staffed with sufficient numbers of the following categories or type of employees:

- Professional Nurse
- Pharmacist/Pharmacist Assistant
- Enrolled Nurse or Assistant Nurse

¹⁸ Republic of South Africa. National Department of Health. *The primary health care package for South Africa. A set of norms and standards. September 2001.*

- Support staff – Sub-Auxiliary Specialised Officer, Administration Clerk, Cleaner, Grounds man, Housekeeper
- Visiting medical officer
- Visiting specialised services – social services, rehabilitation, environmental health, psychiatric services, dental services, physiotherapy, occupational therapy, ophthalmology, and dietary services.

The scope of services at clinics is defined not by the size of the facility, but by the level of skills of staff. This includes services that can be rendered by a professional nurse appropriately trained in delivering a comprehensive primary health care service. Additional specialised services were delivered by means of regular visits by medical officers and other specialists. However, their busy programme did not afford them an opportunity to conduct patient screening, examinations and administration of proper treatment, thus resulting in patients being referred to local hospitals. This practice defeats one of the main objectives of rendering PHC services *via* clinics, which is the easing of the pressures being exerted and placed on local hospitals.

It was reported by clinic Managers that despite numerous attempts to either have their funded vacancies advertised and appropriately filled or have additional posts created, “nothing ever materialised”. Despite the full and unconditional support of the District Office in this regard, feedback and responses were slow, discouraging or even non-existent. The rendering of a comprehensive and integrated Primary Health Care service to all citizens become impossible without appropriately qualified personnel.

With regards to the issue on how the taking of lunch and other breaks by staff impacts on service delivery, it was established by officials at the inspected clinics that all services were being rendered on a continuous basis. In addition the team was informed that all authorised breaks were covered as staff took staggered lunch and tea breaks, thus not impacting on the delivery of services to citizens.

The team learnt that emergency cases were all dealt with in similar fashion and in accordance with standard protocols. Following stabilisation procedures being applied at the clinic, such cases were then per emergency medical facilities (ambulances and distress vehicles) transferred to the nearest hospital.

Specific best practices regarding the implementation of the *Batho Pele* principles at the clinics could not be provided. However, it was mentioned that despite all the constraints alluded to and often challenging circumstances with which clinics had to contend with, the quality of the services rendered and the fashion in which patients were being treated, reflected that clinics were putting people first.


(f) General Observations

The majority of the clinics inspected had air conditioning or heating facilities. All newer clinics had air conditioning. However, not all the waiting areas at the Galeshewe Day Hospital were equipped with either cooling or heating facilities. At all the clinics, patients had access to water and to toilet facilities. However, at some clinics there was only one female and one male toilet. In terms of the number of patients, this was totally inadequate, especially when urine samples needed to be taken. Parking was found to be adequate at all the clinics inspected.

9.3.2 Unannounced Inspections at the District Office

(a) Observing Access to Facilities

Citizens should have equal access to the services to which they are entitled. One measure of ensuring access is to adapt and improve the physical conditions of service delivery sites for easier access. The inspection team found that the structure of the building currently occupied by the Frances Baard District Office did not lend itself to a



proper reception area. Visitors would normally report to the Secretary of the District Manager who will direct them appropriately. Neither the complex nor the offices had proper signage (in or outside) providing direction to service delivery points making the location of specific offices or officials cumbersome. Lack of outside signage makes it difficult for citizens to locate Public Service institutions. The team found that business hours were not displayed. Whilst the condition of the building appeared to be fair, the surrounding grounds required attention. The District Office appeared clean, neat and well attended to. A ramp for people with disabilities was non-existent at the main entrance. However, access was possible from another entrance.

(b) Observing Access to Information

The *Batho Pele* principle of Access and Information require information to be readily available to customers in order to empower them and address their needs. The inspection team found that none of the offices at the District Office displayed a service charter or service standards. The lack of service charters on site deny citizens information on the level and quality of public services they will receive so that they are aware of what to expect. It is imperative that citizens and clients are informed of the level and quality of the public services they will receive at a particular service point. This should also be done in a language predominantly used in the area.

It was observed that there was no complaints register at the District Office for addressing dissatisfactions, queries or complaints. The absence of such a facility not only makes it difficult for citizens to express their concerns, but it deprives the Department of suggestions that could lead to service improvement.

(c) Observing Staff

Wearing name tags or badges fosters a spirit of transparency, openness, accountability and accessibility. The inspection team observed that not all staff members wore name tags or badges. Names and/or designations did also not appear on the doors leading to the offices of staff, thus making it difficult for visitors to know the occupant of the offices.

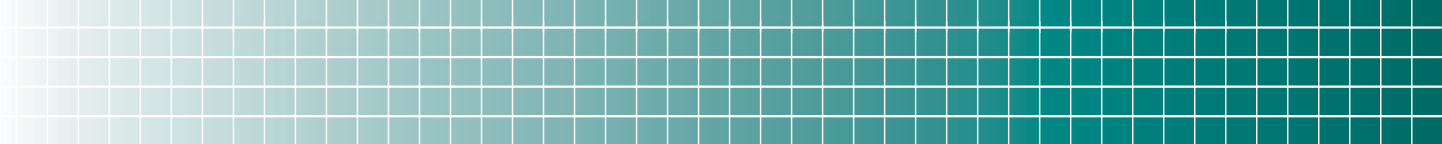


At the District Office, all staff appeared friendly, professional and knowledgeable. As in the case of clinics, front-line staff represents an important element of the public service delivery chain as they interface directly with clients. Perceptions and opinions about public service delivery are developed at this interface.

(d) Talking to Citizens/service users

Citizens or service users are in a better position to provide feedback on the state of service delivery. The views and comments of service users are important in any effort meant to improve service delivery. During the inspection it was not possible to interview citizens/service users. The inspection team was informed that although patients would occasionally visit the District Office, the majority of their clients were Clinic Managers and health officials. Interaction with office staff was preferably per appointment which eliminated waiting time and ensured immediate attention.

(e) Talking to Staff



With regard to the issue that the Provincial Department and more specifically the District Office, has to contend with clinics that are still a municipal competence, the inspection team learnt that whilst the majority of the clinics in the Frances Baard District (31) were currently a provincial competence, only five (5) clinics have remained a municipal competence. Although the provincialisation of PHC services in all non-metropolitan areas should have



been finalised by 30 June 2007 with the absorption of all municipal staff and services into the provincial services and that there should be no delegation of personal PHC services to municipalities for "... the next 10 years."¹⁹, the process has not yet been finalised. This despite the fact that the majority of the nursing staff at municipal clinics are in the fulltime employ of the Provincial Department of Health and have merely been seconded there to render services in such clinics.

The inspection team established that the provincialisation of PHC services has at National level not yet been carried through to its final conclusion and has (since August 2008) again not been discussed by the newly elected NHC. This inevitably places the Provincial Department of Health including the District Office, in an invidious position when attempting to take the process forward. Municipal support, co-operation and willingness, has thus far been minimal. Only once consensus has been reached at the highest level of authority, will the Department be in a position to fully manage the provincialisation process.

With regards to the clinics complying with the stipulated norms and standards for the rendering of a PHC services for South Africa contemplated in the policy document of the National Department of Health of September 2001, the inspection team established that the said document defines "... **what** services are required to best meet the health needs of the nation. It is for provinces and local government to decide, in the light of local circumstances, **how** these services are to be provided. Because of these different roles this national document is about **what** services at **what** standards are required. The standards do not specify **how** the services are to be provided and at **what** level the standards will be met." The document further states that it is for provinces and local government to harden up the standards with verifiable time limited measures based on existing performance and anticipated improvements. The team learnt that the different kinds of facilities will be required to provide the same services in different situations. For this reason national standards about facilities and staffing norms are not offered."²⁰



Considering the aforementioned (authorised) flexibility on how the PHC service package is to be rolled out in the Province, indications were that despite the numerous challenges faced by the District Office (as alluded to by the Clinic Managers interviewed), the norms and standards set for the programmes and services rendered by the individual clinics involved, were largely complied with. However, the non-finalisation of the provincialisation process holds certain implications for especially the remaining municipal nursing staff. The lack of proper career pathing prospects and exclusion from the Occupation Specific Dispensation (OSD) within the Public Service, are demoralising factors influencing staff morale. The interaction between the municipal and provincial health authorities should also be addressed as a lack of co-ordination of actions may impact negatively on service delivery.

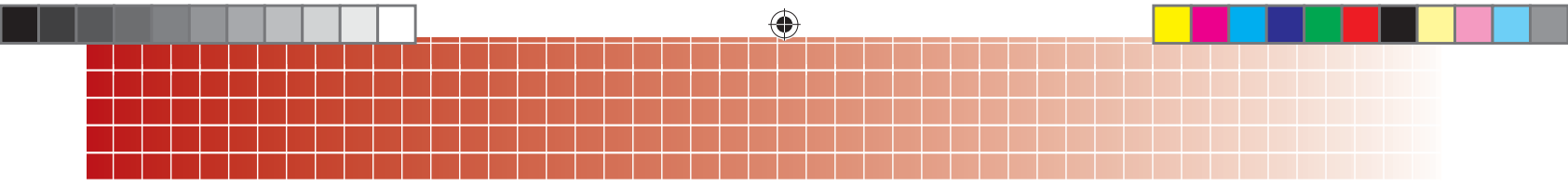
Pertaining to available mechanisms to monitor services and ensure quality in the functioning of clinics, the team found that the norms and standards and the PHC Supervision Manual, Version 6 of September 2007, are the two most important guiding policies. A provincial specific tool has, however, not yet been developed. Quarterly reports and regular District management meetings are additional mechanisms utilised by the Department to ensure a high standard of service delivery.

Best practices regarding the implementation of the *Batho Pele* principles included the following:

- **Access:** The wide scope and range of the services rendered by clinics as part of the basic PHC programmes, linked to the availability (i.t.o proximity) of such services as well as the suitable business hours observed by clinics, ensured that all patients had equal access to the basic health services they are entitled to. Although no

19 Letter A7/8/1/20 dated December 2005 to the Head of Department of Health in the Northern Cape Province, Mr D Madyo on Resolutions of the National Health Council taken on 24 November 2005.

20 Republic of South Africa. National Department of Health. *The primary health care package for South Africa. A set of norms and standards. September 2001.*



patients were ever turned away by clinics and may visit any clinic for health care purposes, it was necessary that the catchment area of each clinic be properly demarcated. This would *inter alia* lead to improved planning and patient management practices. Specific information on the estimated number of patients per clinic will result in and improved preparedness to deal with the needs for the surrounding communities.

- **Courtesy:** Occasional feedback from patients indicated that they were treated with courtesy and consideration. Although the nursing staff were in the majority of instances stretched to the utmost because of personnel shortages, there was considerable appreciation for the sympathetic and considerate manner in which patients were communicated with and informed of the diagnoses and treatment of their illnesses. The openness and transparency exerted in his regard created a solid basis for sound client relationships.

Regarding possible constraints that impede the implementation of the *Batho Pele* principles at clinics, the following concerns were raised by staff:

- **Staff shortages:** The sentiments held by the clinics in this regard were not merely confirmed but also strongly emphasised by the District Manager. Attempts by the District Office (with the full support of the Manager: Districts in the provincial office), to have certain vacant nursing as well as support staff posts in clinics filled, has had little success. Besides the entire recruitment and appointment process taking extremely long, it also happened that some vacancies were merely not filled without any feedback or explanations provided as to the reasons therefore. As indicated, a lack of funds was often cited as the underlying reason for the non-filling of vacant posts. However, this was often experienced as a mere excuse rather than a legitimate reason.
- **Vacancy rate:** At the time of the inspections, the France Baard District Office had 35 posts whilst the 36 clinics within the said District had 289 posts of Professional Nurse (160) and support staff (129). Of the 289 clinic posts, 84 were vacant (29%) and of the 35 posts on the establishment of the District Office, 11 were vacant (31%). This in total represents a vacancy rate of 29.3% in the Frances Baard District. It goes without saying that as far as the state of service delivery and the functioning of the above institutions as service delivery sites were concerned, the impact is incalculable.
- **Lack of delegations:** Many of the challenges experienced by clinics and the District Office as far as staff shortages, medication, equipment and facilities were concerned, were found to be locally manageable issues. However, the centralisation by the Provincial Department of Health of all powers and competencies related to the mentioned responsibilities was seen (and has been experienced) as a major stumbling block for optimising service delivery. The total lack of human resources, financial, procurement and asset management delegations to District Offices (and clinics) had not merely resulted in delayed and extended communication lines and channels of authority, but was also cited as the reason underlying the lack of a hands on approach by PHC managers. The inability to immediately address many of the day to day challenges faced by clinics and the District Office is directly related to the standard of service delivery rendered to citizens. The finding suggests that an officially approved set of delegations of authority to *inter alia* clinic Managers will drastically improve the overall standard of service delivery at all clinics.
- **Lack of policies:** The development of certain cross cutting or transversal directives by the National Department of Health on the rendering of a PHC service package for the entire country, inevitably only covers specific concerns. All policies of this nature normally leads to situations and raises questions about the management of circumstances unique to a province and not provided for in the above-mentioned national norms and standards. It is, therefore, left to the provincial authorities to develop appropriate local policies to address such unique matters. However, the lack of such operational specific policies and directives more than often leads to arbitrary, inconsistent and at times totally erroneous decisions and resolutions. The finding suggests that the development of such provincial specific policies to address issues not provided for in the national directives requires urgent attention.

Policies of this nature will not only provide for uniform actions and decision-making by clinics and other managers, but will also ensure consistent and fair actions.

- **Training and development of Professional Nurses:** Many of the standards provided for in the set of norms and standards contemplated in the PHC package for South Africa dated September 2001, are about staff competencies. Although some professional staff members have as yet not been appropriately trained, they remain responsible for providing all the specified services. It is *inter alia* stated that it "... is the responsibility of professional staff to seek to rectify the deficit in themselves by arranging appropriate training."²¹ For purposes of optimising PHC service delivery it is imperative that the Department facilitate (and preferably sponsor) the training of all professional staff at clinics by having them undergo the one (1) year PHC training course. Improved service delivery goes hand in hand with improved skills, competencies and abilities.
- **Assertive actions:** For purposes of improving the role and function of the District Office and increasing its impact on the overall management of clinics, there was consensus that the said Office should be empowered to act much more assertive and resolute. This increased control inevitably touches onto and implies the delegation of greater authority by the executive authority. The District Office should not merely play a "post office" role, but should be fully mandated to intervene, guide and even direct operational and other events at clinics.

(f) *General Observations*

The District Office had air conditioning and/or heating and cooling facilities, however, some of these were out of order. The toilet facilities were found to be adequate and there was parking area for personnel and citizens/patients.

9.4 RECOMMENDATIONS

9.4.1 Recommendations for the Clinics

It is recommended that:

- Immediate attention should be paid to the upgrading and repair of structural shortcomings such as gutters, fascia boards, and broken down pipes at the Galeshewe Day Hospital by December 2009.
- The surrounding gardens and grounds at the Galeshewe Day Hospital should be attended to as they are in a dilapidated state of neglect which cannot be reconciled with a healthy environment. The gardens should be attended by December 2009.
- In displaying the services rendered, clinics should attempt to use full explanation of the specific services instead of resorting to acronyms such as IMCI, VCT and ARV which are not understood by all patients. Full names of services rendered should be displayed by December 2009.
- The District Office and the Provincial Department of Health should assist clinics in developing service charters by December 2009. Once developed, these should be translated into the local languages and visibly displayed at the clinics by April 2010. Staff in all clinics should be encouraged to wear name tags to promote accountability, openness and transparency. Name tags should be worn immediately.
- Clinic managers should earnestly attempt to alleviate the plight of patients as far as their waiting time is concerned. With patients being attended to on a first come, first service basis, there is not much that can be done to speed up the process. However, issues such as internal seating arrangements, and re-organisation of services or service points should be considered immediately.

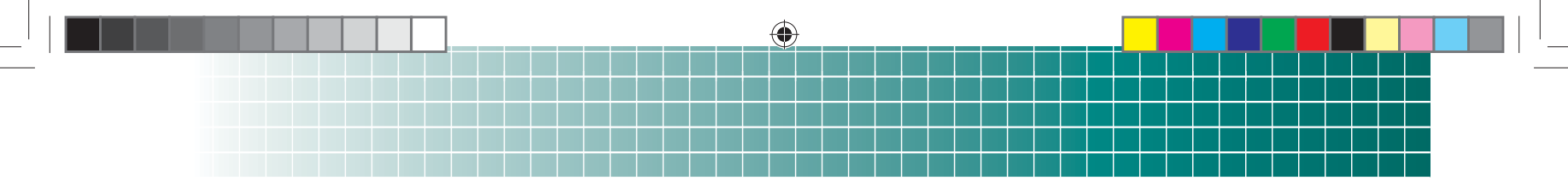
²¹ Republic of South Africa. National Department of Health. *The primary health care package for South Africa. A set of norms and standards. September 2001.*

- Clinic managers should ensure that there is sufficient medication on site at all times. Although a variety of extreme challenges in this regard are acknowledged (of which some fall outside the ambit of control of the clinic), dispensing medicine is one of the most important services rendered by any clinic. Concerted efforts should therefore be made to ensure that such a service is rendered efficiently, effectively and uninterrupted at all times. Existing processes and procedures exercised by the depots in supplying clinics with the necessary and sufficient quantity of medication should be revisited by December 2009 to ensure maximum output and support.
- All clinics should be equipped with proper networking systems and information technology (IT) infrastructure in order to render a cost effective and efficient service to citizens. This will also assist in developing and maintaining a comprehensive computerised client database which will prevent patients from getting medication from different clinics without being noticed. Procurement of the IT infrastructure and training of staff should be done by April 2010.
- Medical equipment and instruments at all clinics should be regularly serviced, maintained and upgraded where necessary by April 2010. The use of old medical equipments and instruments pose serious challenges for all medical staff in executing their duties.
- All clinics should be equipped with the necessary office equipment such as photocopiers, facsimile machines and telephones by April 2010 to enable them to render the integrated community health service effectively.
- The Provincial Department of Health should conduct an audit of the level of PHC training amongst nurses at clinics, and conduct training of such personnel where challenges are identified. (In this regard a plan of action should be put in place by April 2010).
- Visiting medical officers at clinics should spend more time at clinics so that they can be in a position to fully examine and treat patients. Their hectic programme does not afford them an opportunity to conduct patient screening, examinations and administration of proper treatment, thus resulting in patients being referred to local hospitals. This practice defeats one of the main objectives of rendering PHC services *via* clinics, which is the easing of the pressures being exerted and placed on local hospitals. (In this regard a plan of action should be put in place by December 2009).

9.4.2 Recommendations for the District Office

It is recommended that:

- The District Office should display its business hours, the service charter and service standards by December 2009.
- Proper signage in and outside the building should be put up by December 2009. A complaints box or register for addressing dissatisfactions, queries or complaints should also be made available to clients and the procedure they have to follow in raising such issues by December 2009.
- Personnel at the District Office should wear name tags or badges immediately as it fosters a spirit of transparency, openness, accountability and accessibility.
- The Provincial Department of Health should address the severe and serious staff shortages in the Frances Baard District Office as a matter of urgency. The overall vacancy rate is 31% with 11 of 35 posts being vacant, is unacceptable. Funded vacancies should be filled immediately to *inter alia* empower the said Office to ensure overall improved service delivery. (In this regard a plan of action should be put in place by December 2009).
- The Provincial Department of Health should consider developing a set of delegations of authority to District Managers which will drastically improve the overall standard of service delivery at all clinics. The total lack of any human resources, financial resources, procurement and asset management delegations to District Offices has been found to be the underlying reason for many of the challenges currently experienced in District Offices and clinics alike. The inability of the District Office to immediately address many of the day to day challenges faced by clinics is directly related to the centralisation of all powers and competencies within the Department. (In this regard a plan of action should be put in place by April 2010).

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- The Provincial Department of Health should consider developing operational specific policies and directives unique to health care in the Province to address issues not provided for in the transversal directives and policies of the National Department of Health. As the lack of such provincial specific policies often lead to arbitrary, inconsistent and at times totally erroneous decisions and resolutions, it is critical that the Department address the matter to provide for uniform actions and decisions-making by all managers. (In this regard a plan of action should be put in place by April 2010).



Chapter Ten

Key Findings: Provincial Department of Health: North West



10.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in the North West Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

10.2 SITES VISITED

The inspections in the North West Provincial Department of Health were conducted on 11, 12 and 13 August 2009. **Table 13** below shows the District Offices, clinics and dates on which they were visited by the inspection team:

Table 13: North West Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
Ngaka Modiri Molema District Office	District Office	11 August 2009
Maureen Roberts Memorial (Danville) Clinic	Provincial Government	11 August 2009
Montshioa Town Clinic	Provincial Government	11 August 2009
Dr Ruth Segomotsi Mompoti District Office	District Office	12 August 2009
Dryharts Clinic	Provincial Government	12 August 2009
Colridge Clinic	Provincial Government	12 August 2009
Tlapeng Clinic	Provincial Government	13 August 2009
Borolelo Clinic	Provincial Government	13 August 2009

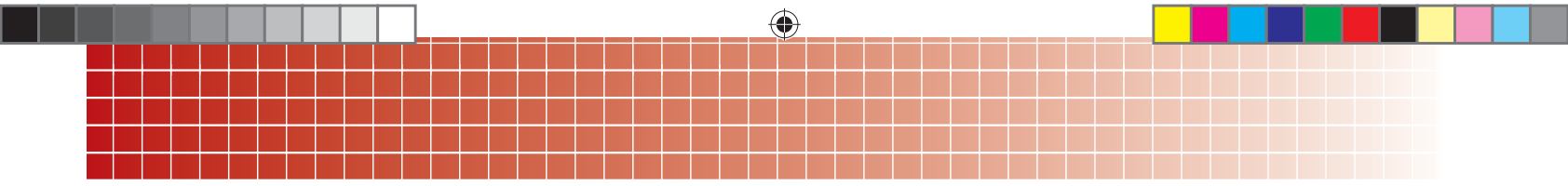
10.3 KEY FINDINGS

The key findings of the inspections are presented below. The findings from the unannounced inspections at the six clinics are presented first, followed by the findings from the unannounced inspections at the two District Offices of the Department of Health.

10.3.1 Unannounced inspections at the Clinics

(a) Observing Facilities

Facilities of Public Service delivery institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility to these institutions is to adapt and improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team observed that all six clinics visited had inside and outside signage that assisted citizens in easily identifying the location of the clinics and enabling them to find their way inside the clinic facilities. Outside signage displayed was large and clearly visible from the main roads. The inspection team further observed that inside the clinics, all rooms had labels which were clearly displayed on the doors. However, there was no display of prior requirements to access the services rendered and costs associated with such service. In this regard, the inspection team was informed that most citizens were aware that clinic services were free and only brought with them their identity documents, which is what is normally required to access services.



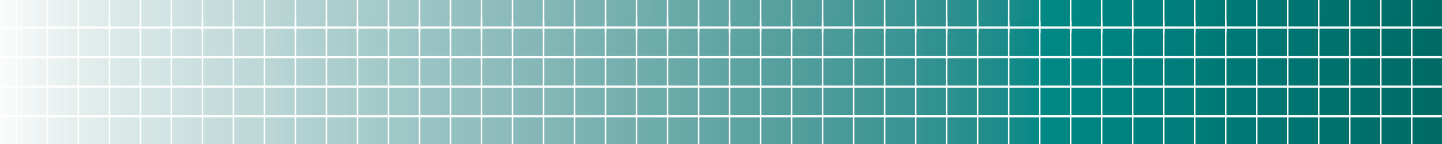


In addition, the team observed that most patients knew the basic procedure that on arrival at the clinic, they were required to register their names with the nurses at an assigned registration desk and then await their turn in the queue.

The inspection team observed that all the clinics visited had business hours visibly displayed at the gates, as well as the list of services rendered by the clinics. The clinics are commended for the display of such information as it promotes access to the clinics especially as different clinics operate at different times. Some clinics are opened for 8 hours a day, others 12 hours whilst there are those that operate 24 hours a day. The display of business hours is critical for citizens to know in order to avoid them visiting a clinic which operates for 8 hours a day after hours and only to be frustrated because the clinic is closed. In addition, the display of business hours assists in monitoring staff to ensure that they adhere to the working times.

The inspection team observed that ramps and special toilets were provided only at four clinics visited, namely, Maureen Roberts Memorial, Montshioa, Coldridge and Dryharts clinics to facilitate easier access for people with disabilities. However, at Borolelo and Tlapeng clinics, such provisions were not made. Adequate parking facilities were further provided at Maureen Roberts Memorial, Montshioa, Coldridge and Dryharts clinics whilst at Tlapeng clinic, there was no demarcated parking available for members of the public, except for an open area outside the clinic premises. The Borolelo clinic also did not have demarcated parking available for members of the public, even outside the clinic premises. The inspection team observed that there was a serious lack of space at all the clinics visited. As a result, patients' right to privacy was in some instances compromised. For instance, the Tlapeng clinic had two consulting rooms only. One room was used as a consulting room and also served as the nursing sisters' office, while the other consulting room was also used as the counsellor's office. At the Borolelo clinic, counseling was conducted in the kitchen where the health promoter also used the same kitchen to write reports. The finding suggests that the possibility of an extra person performing other duties in the same room where the nurse was attending to a patient was high, thus compromising the privacy of patients' health information. The importance of enough consulting rooms at any health care institution cannot be overemphasised as they provide space for privacy between patients and the health care worker.

Services need to be provided in a suitable environment, as unsuitable environment might compromise the quality of the service being rendered. For instance, the inspection team found that one of the services provided at the Colridge clinic was the maternity service, and for this reason, delivery and post-natal rooms were therefore erected within the plan of the building. However, with the changes that later took place, the clinic was no longer designated to handle maternity cases and therefore the maternity and post natal rooms were converted to consulting rooms. Due to community demands of the maternity services, the clinic found itself having to render emergency maternity services as patients continued to visit the clinic for this purpose. The maternity service was therefore being rendered without sufficient space and resources to do so. The finding suggests that in the absence of the necessary facilities at this clinic, the delivery of maternity services was being compromised. The same situation was found at the Maureen Roberts Memorial clinic, where the inspection team established that the HIV/AIDS counselling room had been converted into an office for the clinic manager. The team further learnt that the clinic was not designated to provide certain services such as maternity. However, due to community demands, the clinic was forced to render such service which requires special delivery/labour rooms that had not been accommodated in the plan of the building. It is also worrying that with the high mortality rate experienced in the country, maternity facilities are still not prioritised and resources made available to assist in curbing this challenge, especially at the clinics which are more accessible to most of the poor communities.



In general, the inspection team observed that the buildings of Maureen Roberts, Colridge, Dryharts clinics were clean and in a welcoming condition with chairs and benches for clients to sit on whilst waiting to be assisted. The Dryharts clinic's garden was maintained by a volunteer and according to staff, gardening services were sometimes provided by a prisoner from the local prison. However, at the Montshioa Town, Tlapeng and Borolelo clinics, whilst there were chairs and benches in the waiting rooms, the buildings were not in a good condition and were in need of maintenance and painting. At the Montshioa Town clinic for example, tiles were peeling off and



needed replacement, most walls needed to be repainted and the garden was generally not in a clean condition. At Tlapeng clinic, the roof was falling apart. The team was informed that this situation had long been reported but the response time to maintain items was very poor. The Borolelo clinic building looked old and was generally not in a good condition. The yard was not well maintained as the clinic did not have a gardener. The inspection team was informed that the clinic structure/building was owned by the municipality and therefore maintenance was the responsibility of the municipality. However, payment of staff and all other clinic operations were determined by the Provincial Department of Health.

(b) *Observing Access to Information*


The *Batho Pele* principles of Access and Information require information to be readily available to citizens to empower them and address their needs. The inspection team observed that there was a clearly identifiable reception area at both the Colridge and Montshioa Town clinics. However, there was no one attending to the reception areas at the time of the inspections. It was explained to the inspection team that due to staff shortage, the reception areas were managed by clerks who were also assigned other responsibilities in addition to managing reception areas. At the Maureen Roberts Memorial clinic, the reception area was not clearly identified as the labeling was small and therefore not visible. At the above-mentioned three clinics, the reception areas were also used for storing patient files, due to lack of space. Furthermore, at the Montshioa Town clinic, the reception area also served as the clerk's office. The inspection team observed that all other clinics, namely, Tlapeng, Dryharts and Borolelo clinics had no reception areas. This finding suggests that members of the public were not able to ask for help whenever they needed help as a result of the unavailability of a reception area.



The inspection team also observed that at all the clinics visited, there was no staff member specifically assigned to guide and direct citizens on arrival to the relevant service points and to ensure that emergency cases were given priority. However, due to staff shortages, such services were allocated to different staff members at the different clinics. For instance, at the Maureen Roberts Memorial, the Senior Auxiliary Services Officer (SASO) was also tasked with this responsibility and also managed the clinic queue. In the event of an emergency case, this would immediately be picked up by the SASO (or any of the staff members) and attended to accordingly. At the Borolelo clinic, the assistant nurse responsible for registering patients and taking their details also ensured that the queues were well controlled, especially because the area where she sits directly faced the waiting area. The assistant nurse was also assisted by the health promoter who visited the clinic twice a week. At the Montshioa Town, Dryharts and Tlapeng clinics, both these services were provided by all staff members whilst at the Colridge clinic, the clinic manager and her assistant took care of this responsibility. Over and above the arrangement explained above, all clinics reported that they also relied on the cooperation of the patients waiting in queues to alert them to any emergency cases.

The inspection team observed that Service Charter/Standards as well as the *Batho Pele* principles were found visibly displayed in the waiting rooms of all clinics visited, except the Borolelo clinic. However, despite the low level of literacy amongst citizens residing in the areas where the Dryharts and Tlapeng clinics are located, the Service Charters were displayed in English only. The display of information in only one language deprives the other language groups of the much needed information. At the Maureen Roberts Memorial and the Montshioa Town clinics, the Service Charter/Standards as well as the *Batho Pele* principles were displayed in English and Setswana whilst at the Colridge clinic these were displayed in both Afrikaans and English. This practice is commended as it accommodates citizens residing in areas where the clinics are located.

Suggestion/complaint boxes are important in engendering a participatory approach in service delivery and to encourage openness and transparency on the part of clinics. This practice is in line with the *Batho Pele* principle of Consultation. The inspection team found that all clinics visited had suggestion or complaint boxes placed either at a table or desk in the waiting rooms. According to staff at the Colridge clinic, clients do lodge complaints, and the box was opened at least once a month by the Assistant Director: Nursing and one member of the clinic governing body. The complaints were then brought to the attention of the clinic manager and were attended to within 25



days after the box had been opened. Issues that could not be handled by staff alone were referred to the ward councillor who in turn took up such matters with members of the community. The inspection team was further informed that the major problem experienced with some of the complaints received was their lack of specificity on issues raised, making it difficult or impossible to solve them. For example, a complaint received would just read "the nurse was rude to me", without a date, and at least the name of the nurse. Such complaints were said to be difficult to deal with. At the Dryharts clinic, the inspection team was informed that the box was opened by the health area manager together with a councillor, whilst at Borolelo clinic, the box was monitored and opened once a month by the clinic manager and the clinic committee, which had been in operation for one month at the time of the inspections. Staff at Montshioa Town, Tlapeng and Maureen Roberts Memorial clinics had no recollection of seeing the boxes being opened.

The inspection team observed that information on the complaints handling system or procedure was not displayed for the benefit of the citizens at all the clinics visited. However, it was indicated to the inspection team that the complaints system and procedure were normally explained to citizens during some of the health talks, which were held each morning. It should be mentioned that the absence of a complaints handling system denies citizens information on how to complain and how their complaints are dealt with by the clinics. In this regard, the necessary inputs from the citizens that can improve service delivery were not optimally obtained or used.

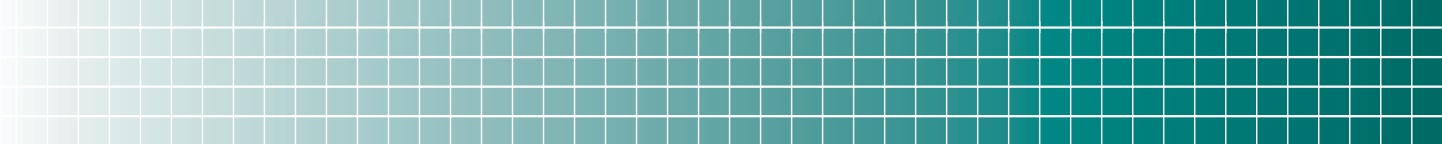


(c) Observing Staff

The wearing of name tags promotes accountability, openness and transparency. Staff should always wear their name tags at all times whilst at work so that citizens are able to identify officials that provide a service to them. The inspection team observed that it was only at the Dryharts clinic where all staff members wore their name tags whilst at all the other clinics, only some members of staff wore their name tags. At the Montshioa Town clinic, for instance, the inspection team was informed that staff who wore name tags had either made the name tags themselves or had received them while attending workshops or training courses. At the Tlapeng clinic, none of the staff members wore name tags even though these had been supplied to all staff members. The non-wearing of name tags shows the lack of commitment on the part of staff to comply with the *Batho Pele* principles of Openness and Transparency. Overall, the inspection team observed that staff demonstrated professionalism, appeared knowledgeable and friendly in their conduct.

(d) Talking to Citizens

Citizens as consumers of the services provided by the institutions are in the best position to give feedback on the state of service delivery. Their views and comments are important in an effort to improve service delivery. Discussions with randomly selected citizens at three of the six clinics visited revealed that they were generally not happy with the waiting time before they were assisted. Most of the patients informed the inspection team that they waited between two to six hours before they could be assisted, either because staff was taking extended lunch and tea breaks or there were too many citizens to serve and few staff members. At Borolelo clinic, for example, citizens reported to the inspection team that it was a known practice in the area that if one needed to be attended to quickly, they must arrive at the clinic around 05h00 (that is around the time the queue starts forming until the clinic opens at 07H30) and then such clients were likely to leave the clinic around 11H00.

However, at the Colridge clinic, citizens reported to be satisfied with the quality and quick service that they received. At the most, they mentioned that the waiting time was about one hour. One of the patients reported that she stayed in the Huhudi location (an area away from the clinic) but preferred the Colridge clinic because the queues were not long, the service was quick, and the clinic and toilet facilities were generally clean and well ventilated compared to the clinic at Huhudi area. At the Tlapeng and Dryharts clinics, citizens interviewed also reported that they were receiving prompt service.



With regards to the travelling distance to reach the clinics, citizens at the Dryharts clinic reported having transport problems and that they travelled between 30 minutes to 1 hour to get to the clinics. All interviewed citizens at other clinics mentioned that it did not take them long to get to their clinics as some informed the inspection team that they walked for a period of five to ten minutes to the clinics from their respective homes.

Other issues of dissatisfaction raised by the citizens which were unique to each clinic are as follows:

Maureen Roberts Memorial clinic: Citizens informed the inspection team that the clinic was located within the Coloured community and that the patients were predominantly Afrikaans speaking. However, they felt that some of the nurses were not willing to learn/speak Afrikaans, which was frustrating to them. Some of the Setswana speaking patients raised concerns about incidents of alleged discrimination at the clinic. These patients complained that the Coloured patients did not want to stand in queues as they claimed the clinic to be "theirs". Although there had not been any serious incident as a result of this matter, it was mentioned that sometimes it resulted in some tension between the Coloured and Tswana groups.

Tlapeng clinic: The clinic operates 8 hours a day and the community felt strongly that the clinic should be opened for 24 hours to allow more access to the service as some of them live far from the clinic. Due to lack of consulting rooms, patients felt that there was no sufficient privacy at the clinics.


Dryharts clinic: Due to shortage of medication, citizens mentioned that often they were sent home without their medication and were forced to return once the medication had arrived or in some instances they were referred to the hospital. They further mentioned that they were dissatisfied with this arrangement as the area has transport problems. Citizens also felt that they were not always treated with respect by the clinic staff. It was mentioned that some of the nurses were harsh, unfriendly and sometimes rude towards them especially when the citizens arrived at the clinic towards the closing time. Staff would then tell them to arrive early at the clinic as they also want to go home on time. Such behavior on the part of the staff demonstrates a lack of commitment to the *Batho Pele* principle of Courtesy which requires that citizens should be treated with courtesy and consideration. Some of the patients informed the inspection team that the clinic building did not provide for confidentiality as there were not enough private consulting rooms and also because there were no curtains or blinds in the clinic windows. This may result in patients feeling vulnerable and exposed which may impair their rights to privacy and dignity. The finding contravenes the provision of the National Health Act which states that "*all information concerning a user, including information in relation to his or her health status or stay in a health establishment is confidential*"²².

When asked about the complaints mechanisms, citizens at all the clinics visited, mentioned that they were aware of the complaints boxes, which were visibly placed either at a table or desk in the waiting room. However, some reported not being aware of the complaints handling system and procedures. This finding shows that clinics were not fully complying with the *Batho Pele* principle of Redress. As a result, due to the lack of information on the complaints handling system, most interviewed citizens reported not having lodged any complaint as they did not have much confidence in the system. One client indicated that they suspected that the clinic nurses would actually open the complaints box and destroy some of the complaints which were unfavorable to them. This is serious allegation and requires vigilance, and also means should be put in place to prevent tampering of these boxes by unauthorised people.

(e) *Talking to Staff*

The morale of personnel plays an important role in effective service delivery. To ensure that the morale of personnel is high and conducive for quality service delivery, personnel concerns should be listened to by those officials in management positions and effective measures should be taken to address them. Equally important are inputs from staff to bring about innovation and improved service delivery. The inspection team found that except for the

22 Republic of South Africa. National Department of Health. Health Act. 2004



Colridge clinic, all the other five clinics visited had no functional computers, fax, nor a photo copier machine, to enhance effective and efficient service delivery. It was reported to the inspection team that patient information was recorded manually. This poses a lot of challenges as the manual recording of patients' information takes long and result in slow service delivery. Furthermore, the inspection team established that management of patients' records was a challenge. For instance, at the Montshioa Town clinic, there were no lockable cupboards which can result in files being misplaced or easily lost. The absence of computers and the storing of patients files on line suggests that should a patient visit another clinic in the province, a new registration form will have to be opened which is time consuming, and due to the unknown patients' medical history, unnecessary time will be spent on diagnosis. However, if the information was stored in a central system, it could easily be shared by all health institutions in the Province, and upon arrival of a patient, treatment could immediately be provided. It is for this reason that the importance of using computers and information technology to improve the provision of an effective and efficient health care service cannot be over-emphasised.

A further finding by the inspection team was that at the Borolelo clinic, the phone could only receive but could not make outgoing calls. In the event when there is a need to make a phone call, the nurses used their mobile phones to request for a return call at the District Office or hospital. This is a problematic system and places an undue burden on nurses, who probably have to cover these costs personally.

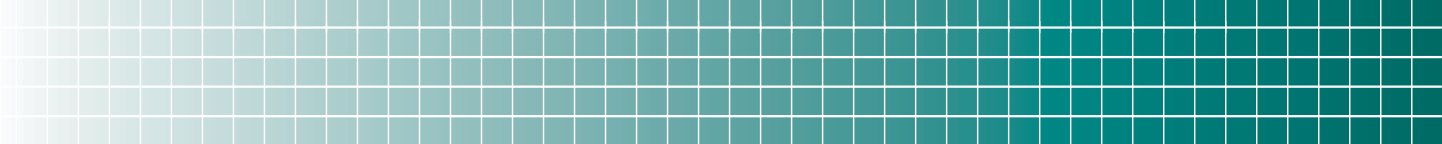


Officials at all clinics visited reported that they order their medicine stock from their nearest hospitals on a bi-weekly basis and that they were not experiencing any serious shortage of medicine. The inspection team was informed that in instances where there were shortages, it was either because such medication was out of stock at the hospital or it was not received from the main supplier. The inspection team was further informed that the drugs which were normally not in stock were for hypertension, TB and immunisation.

With regard to medical equipment, staff at the Montshioa Town clinic reported that there was a need to increase maternity beds whilst staff at Dryharts clinic reported a serious shortage of medical equipment to efficiently deal with maternity services, despite the fact that the clinic is designated to provide such service. According to staff, the clinic used old medical equipment and the nurses were required to be innovative in the process of delivering the service. For example, there were insufficient suction machines, resuscitation tables and linen savers. In addition, instruments such as stitch scissor and needle holders required continuous sterilisation, however, in the absence of a sterilisation machine, these were boiled with hot water. Such a situation seriously compromised the rendering of maternity services. Officials at the Tlapeng clinic also reported that they were experiencing serious shortage of medical equipment.

Officials at four of the six clinics visited, namely, Colridge, Maureen Roberts, Tlapeng and Montshioa Town clinics reported not having enough staff to fulfill their daily duties. For instance at Colridge clinic, the inspection team was informed that previously, when the clinic was operating from 07H00 to 16H00, staff was coping well with their work. However, there was a need to expand the hours of operation which have been increased from 8 to 12 hours and from 5 to 7 working days a week. It was mentioned that as a result, staff was constantly overstretched, especially when others had to go on leave. For example, the clinic manager was supposed to devote 80% of her time doing administrative work and only 20% attending to patients. However, due to staff shortage, she could only afford to spend 20% of her time on administrative work and 80% to attending to patients. This involvement in patient care negatively impacts on her administrative duties.

At the Maureen Roberts Memorial clinic, due to staff shortages, the inspection team found that a clerk, who also worked as a SASO was tasked with the management of the reception area as well as dispensing medicines. The Montshioa Town clinic had about 6 500 patient visits per month and needed to allocate more staff members as the current staff compliment was not coping well with the clinic duties, particularly during the night shift.

At the Tlapeng clinic, the inspection team was informed of minor staffing challenges. For example, the nurses who prescribed also did the dispensing of medicine themselves, which often diverted them away from their core duties.





At the Dryharts clinic, officials mentioned that they have enough staff to carry out their daily responsibilities. At this clinic, the only challenge mentioned was at night where there was only one professional nurse and assistant nurse on duty, whilst at the Borolelo clinic, the Counselor sometimes assisted with some clerical work such as filling of patients records and tracing of defaulters.

The inspection team was informed in all clinics visited that no fixed lunch breaks were provided for staff. Instead, they took turns in taking lunch and other breaks in order to avoid disrupting services. Such an arrangement on the part of staff should be commended as it shows that priority was given to citizens as service users. However, the finding did not corroborate with what citizens had earlier mentioned to the inspection team that they wait for long periods before being attended to, which they blamed on staff taking extended lunch and tea breaks. At some clinics such as Borolelo, it was reported that nurses took breaks all at once, leaving patients unattended. This is a matter requiring further investigation and resolution.

Based on the interaction with staff at the different clinics visited, the inspection team was informed of constraints which impede the implementation of the *Batho Pele* principles. The constraints vary from one clinic to the other and were as follows:

Maureen Roberts Memorial Clinic: The inspection team was informed of patients who did not adhere to the pre-booked appointments, and that this led to overlaps in schedules. As a result quality nursing duties were being compromised. The team was further informed that ARV patients (about 300 per month) demand exclusive treatment but due to shortage of consulting rooms and staff, they wait in the queue with all other patients. The clinic was not well equipped to handle maternity cases, however, due to community demands of this service it had been forced to attend to maternity cases. Drugs which were not kept at the clinic sometimes compromised the quality and prompt service as these could not be disbursed immediately.



Montshioa Town Clinic: The inspection team was informed that some patients with medical aid came to the clinic and demanded to be given special attention and were very impatient. It was also mentioned that patients moved from clinic to clinic to collect medication for the same ailment without a trace, thus resulting in shortage of medication at the clinics. The clinic was also required to provide food to patients, for instance, soft porridge for new mothers. However, in the absence of petty cash, staff members would often end up sharing their own lunch boxes with patients, as there was nothing to feed them. The team also established that the washing machines supplied to the clinic were for domestic use, and were therefore not coping with the amount of clinic linen that needed to be washed.

Colridge Clinic: The inspection team was informed that there were patients who did not want to wait in queues and demanded to be treated immediately. The team further noted that patients that were referred to the clinic by private doctors did not want to be further examined at the clinic

Tlapeng Clinic: The inspection team was informed that there was a short supply of water at the clinic since June 2008 (green tanks were used in the interim), however this was not sufficient. Nurses are required to wash their hands after handling each patient, after each procedure and even before leaving the clinic. The current situation was very unhygienic and exposed nurses to a high risk of infections. The inspection team was further informed that medical waste was not collected regularly, and that the nurses relied on good Samaritans to carry this in plastic bags to the hospital for incineration.

Dryharts Clinic: The inspection team was informed that new mothers were expected to bring their own food as the clinic was not providing food. In addition, they had to bring candles and matches as the clinic constantly experienced power failures. Although there was a generator, diesel was not supplied in order to operate the generator.

Borolelo Clinic: The inspection team was informed that there were difficult patients who were sometimes impatient and violent.

Overall, the inspection team was informed that despite the challenges explained above, there were initiatives that all the clinics implemented in an attempt to cope and therefore provide efficient service to the patients. These best practices include the following:

- Being multifunctional in their tasks
- Cooperation and good communication amongst staff members
- Having functional clinic committees
- Dedication and the love of their work
- The provision of health talks to clients every morning
- Continually encouraging clients to utilise the clinics' complaints systems or make suggestions on how to improve on service delivery
- Utilisation of staff's own time to do administrative work and to therefore dedicate more time to attending to patients during operating times

The inspection team was informed that although the clinics provided all PHC services on a daily basis, an attempt was made to give priority to certain services on specified days, with all other ailments attended to thereafter. However, at Montshioa Town clinic, patients who came with other ailments which were not prioritised on those days, started complaining that they were forced to wait for too long and not given the necessary and immediate attention. As a result, there is no prioritisation of certain ailments on certain days at this clinic.

At all clinics visited, the inspection team was informed that patients with emergency cases were stabilised at the clinics, and then referred to the nearest Community Health Care (CHCs) or day hospitals for further treatment. In addition, officials at the clinic would also arrange for an ambulance to transport these patients to the CHC or day hospitals, although the response time of ambulance was generally very slow or no show at all.

(f) General Observations

The inspection team found that all clinics visited were well-enclosed by fencing and gates. However, all other clinics, except Montshioa Town clinic, had no security personnel to manage the gate duties on a full time basis. For instance, at the Maureen Roberts Memorial clinic, the clinic gardener, has for two years volunteered to assist with the gate duties. The lack of a full time official to attend to the gate compromises security at the clinics. The inspection team further observed that all clinics appeared to have a relatively safe environment and there were no incidents of criminal activities reported in and around their premises at the time of the inspections.

The inspection team observed that only the Colridge clinic was found to be well-ventilated, whilst all other clinics visited had no air conditioning system. However, it was reported that that during summer, they always opened doors and windows to allow for enough air circulation. The inspection team found that members of the public had access to drinking water at all clinics visited, except at the Tlapeng clinic. However, at the Borolelo clinic the inspection team was informed that members of the public were expected to drink from the toilets as the water coolant was not functioning. The finding is unacceptable because clinics are health institutions and are expected to uphold the principles of cleanliness.

Clinics are health institutions and it is therefore imperative that they remain clean at all times. Even though the inspection team found that toilet facilities were available for the members of public at all the clinics visited, there was a need to improve their cleanliness at Montshioa Town, Borolelo and Dryharts clinics. Speedy attention was needed for the toilets at the Borolelo clinic because at the time of the visit, only one toilet was in use for clients and other toilets had been out of service for a while.

10.3.2 Unannounced Inspections at District Offices

(a) *Observing Facilities*

Facilities of Public Service institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility is to improve the physical condition and ensure that buildings are clearly visible to the citizens. Both the Ngaka Modiri Molema and Dr Ruth Segomotsi Mompoti District Offices were found in good and clean condition. The reception areas at both District Offices were clearly identified and both inside and outside signage were displayed. The inspection team observed that all offices had name labels on the doors. There were, however, no lifts or ramps for people with disabilities. In this regard, the inspection team established that in the event there was a need to meet with a member of the public who uses a wheel chair, the relevant official would go down to the reception and meet him/her.

(b) *Observing Access to Information*

The *Batho Pele* principles of Access and Information require information to be readily available to citizens in order to empower them and address their needs. The inspection team observed that at both District Offices, the receptionists were tasked with the responsibility of guiding and directing people on arrival at the District Offices to the relevant offices. It was also observed that neither the Service Charters/Standards nor the *Batho Pele* principles were displayed at both the District Offices. The finding suggests that the District Offices were not complying with the *Batho Pele* principles of Service Standards which requires that citizens should be informed of the level and quality of public services they will receive so that they are aware of what to expect. The inspection team also observed that there was no information desk at both Offices. However, it established that all enquiries were received by the receptionist who then directs the enquirer to the relevant office. Furthermore, a suggestion/complaints box was not displayed at any of the District Offices. The non-display of suggestion/complaints box deprives citizens of an opportunity to raise their concerns or suggestion that could contribute to improved service delivery.

(c) *Observing Staff*

In order to promote transparency, openness and accountability, the staff should wear name tags so that the clients are able to identify officials that provide service. The inspection team found that none of the staff members observed by the inspection team were wearing name tags. Despite this omission, staff appeared friendly and professional in their work.

(d) *Talking to Staff*

The morale of personnel plays an important role in effective service delivery and staff concerns should be listened to and effective measures should be employed to address their concerns. Equally important are inputs from staff to encourage innovation and to improve service delivery. Discussions with officials at the District Office were around the management of clinics, mechanisms to monitor services at clinics, best practice and constraints regarding the implementation of *Batho Pele* framework. The following highlights the findings on the above-mentioned issues.

- *Management of clinics*

Officials at Dr Ruth Segomotsi Mompoti District Office informed the inspection team that all clinics in the District were within the competence of the Provincial Department of Health. The same finding was at the Ngaka Modiri Molema District Office, where the inspection team was informed that most of the clinics in the District were managed by the Provincial Department of Health. To this effect the inspection team was informed that In terms of Chapter 4, Section 25(2) (l) of the National Health Act 2003 (Act 61 of 2003) "the Head of a Provincial Department must, in accordance with National health policy and the relevant Provincial health policy in respect of or within the

relevant Province, facilitate and promote the provision of Port Health Services, comprehensive Primary Health Services and Community Hospital Services”²³.

According to staff, the above provision implied that the responsibility for the delivery of PHC services lied with the Provincial Department of Health. It was further mentioned by officials at the Ngaka Modiri Molema District Office that during the preceding five years, negotiations were entered into with Local Municipalities to transfer the PHC services rendered by these Municipalities into the Provincial Department of Health. In all cases, except the Ramotshere Moiloa Local Municipality the services were transferred and the personnel absorbed into the Provincial personnel establishment.

In the case of the Ramotshere Moiloa Local Municipality, the staff at the Ngaka Modiri Molema District Office informed the inspection team that they still await the outcome of the litigation between the South African Local Government Association (SALGA) and the National Department of Health before the transfer of such services to the Provincial establishment. Furthermore, no subsidy from the Provincial Department of Health for the rendering of PHC services was currently provided to the Ramotshere Moiloa Local Municipality. However, pharmaceutical and other supplies to this Municipality were provided free of charge by the Provincial Department of Health.

The inspection team was informed by officials at both Ngaka Modiri Molema District and Dr Ruth Segomotsi Mompoti District Offices that all clinics that were managed by these two Offices were, to a certain extent, complying with the stipulated set of norms and standards contained in the Primary Health Care Package of South Africa²⁴. They explained to the inspection team that there were, however, challenges experienced. For example, at the Ngaka Modiri Molema District Office the inspection team was informed that the Department was not always in a position to have appropriate health learning materials in some of the local languages. At Dr Ruth Segomotsi Mompoti District Office, the inspection team was informed that the major challenge was that some of the clinics did not have the required number of professional nurses. Due to the rural nature of the District, it was struggling to attract such professionals. In the same District Office, the inspection team was informed that all clinics did comply in terms of the following:

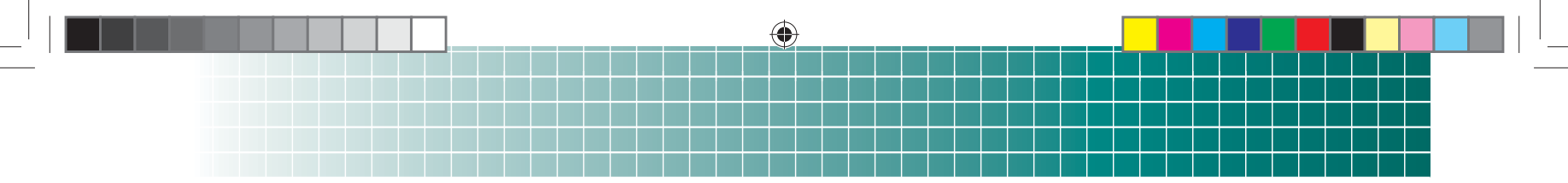
- Availability of essential medicines and equipment.
 - Availability of patients rights charter and *Batho Pele* documents.
 - Availability of clinic supervision manual and Essential Drug List (EDL).
- *Mechanisms to monitor services at clinics*

Officials informed the inspection team at the Ngaka Modiri Molema District Office that mechanisms were put in place to monitor services at clinics and these included the following:

- Data on children and mothers was received on a three monthly basis, especially to monitor the mortality rate.
- Non-financial risk management register was put in place. This related especially to patient care and was compiled by the clinics and submitted to their respective sub-District Offices on a monthly basis and in turn these were consolidated for presentation at management meetings.
- Monthly management meetings at clinics were taking place and reports forwarded to the relevant sub-districts.
- Two-way radios were made available at clinics, especially for use in emergency situations. Due to the rural nature of the province, some clinics have poor telephone facilities.

²³ Republic of South Africa. National Department of Health. National Health Act. Act 61 of 2003.

²⁴ Republic of South Africa. National Department of Health. The Primary Health Care Package for South Africa: A Set of Norms and Standards. 2000.



The two-way radios therefore served as a link between the clinics and the hospital where a nurse would get advice from a doctor on how to attend to a patient before a patient is transferred to a hospital or before an ambulance arrives at the clinic.

At the Ruth Segomotsi Mompoti District Office, the inspection team learnt that with regard to mechanisms to monitor the functioning of clinics, there were regular clinic visits by supervisors/ managers from the District Offices and monthly visits to the clinics by operational managers (PHC) were also taking place.

- *Best practices regarding the implementation of Batho Pele*

The inspection team was informed that at Ngaka Modiri Molema, the best practices regarding the implementation of *Batho Pele* at the clinics were that:

- All clinics had complaints/suggestion boxes.
- All clinics displayed patients' rights charter on walls for information to service users.
- *Batho Pele* boards were on clinic premises.
- PHC facilities had organisational structure for channel of communication.

With regard to the best practice on the implementation of *Batho Pele* principles at clinics, the inspection team was informed by officials at Dr Ruth Segomotsi Mompoti District Office that the following was in place:

- All clinics had complaints/suggestion boxes, which were opened by a nursing staff and a member of the community every two weeks. All complaints were dealt with within two weeks. Where more time for investigations was required, complaints were acknowledged and more time was requested for further and proper handling. However, the report received at the District Office did not corroborate with the findings at clinics falling under this District Office.
- Clinics were giving priority to children, very ill patients and the elderly over other patients instead of following the normal queue in the clinics. This information was also not shared with the inspection team at the clinic visited.
- Health talks were held with patients in the mornings at the clinics.

- *Constraints that impeded the implementation of Batho Pele at clinics*

With regard to the constraints that impeded the implementation of *Batho Pele* at clinics, the inspection team was informed at Ngaka Modiri Molema District Office that the major constraint was related to overcrowding and workload on health professionals, whilst at Dr Ruth Segomotsi Mompoti District Office, the inspection team was informed that the constraints that impeded the implementation of the *Batho Pele* principles at the clinics were as follows:

- Lack /shortage of staff, especially professional nurses which hampered service delivery.
- Due to the province being predominantly rural, recruitment and retention of staff was a major challenge.
- Habitable accommodation was scarce and this resulted in few doctors visiting clinics on a daily basis.
- Qualified pharmacists did not stay long as they were poached by the private sector. As a result, in some clinics the dispensing of medication was done by officials who were not qualified for this purpose.
- Severe shortage of ambulances.
- Bulk medicines could not be kept at clinics because there were no pharmacists as well as storage, thus resulting in constant shortage of medication at clinics.

- Shortage of drugs, not due to lack of funds but mainly because the main stores run out of supply.
- Each clinic is visited only once a year to check equipments and state of buildings which was not sufficient.

(e) *General Observations*

Except for lack of facilities to enhance access by people with disabilities, the overall conditions at both District Offices were good. The inspection team found that both Offices had working air conditioning/heating system as well as clean toilet facilities. There was also enough parking available for members of the public.

10.4 RECOMMENDATIONS

10.4.1 Recommendations for the Clinics

It is recommended that:

- All clinics must ensure that complaint/suggestion boxes are visibly displayed and also inform members of the public about the complaint handling procedure by April 2010.
- Clinic managers should devise a strategy to address patients' long waiting periods and effectively manage lunch times. This should be done immediately.
- Clinic managers should ensure that the clinic facilities remain clean, including toilets, at all times. This should be done immediately.
- Ramps to allow access to people with disabilities should be erected at the Borolelo and Tlapeng clinics. (In this regard, a plan of action should be put in place by April 2010).
- Medical equipment including sterilisation equipment should be made available at Tlapeng and Dryharts clinics. (In this regard, a plan of action should be put in place by April 2010).
- Officials from District Offices together with their Provincial counterparts should ensure that upgrading/extensions are done at clinics that do not have sufficient space, particularly around consulting rooms which provide privacy for members of the public. (In this regard, a plan of action should be put in place by April 2010).
- Demarcated parking areas should be made available at the Borolelo and Tlapeng clinics. (In this regard, a plan of action should be put in place by April 2010).
- Proper maternity rooms and the necessary maternity resources should be made available at the Maureen Roberts Memorial and Colridge clinics. (In this regard, a plan of action should be put in place by April 2010).
- The Montshioa Town, Tlapeng and Borolelo clinic' buildings should be properly maintained and the turnaround time of the maintenance team of the department must be seriously improved. (In this regard, a plan of action should be put in place by April 2010).
- Reception areas should be erected at the Tlapeng, Dryharts and Borolelo clinics. (In this regard, a plan of action should be put in place by April 2010).
- Service Charters should be displayed at the Borolelo clinic, whilst the Service Charters in both Dryharts and Tlapeng clinics should be translated into the local languages. (In this regard, a plan of action should be put in place by April 2010).
- Staff at the Maureen Roberts, Colridge, Tlapeng, Borolelo clinics should be provided with name tags by April 2010 and they must wear them.
- Officials from District Offices together with their Provincial counterparts should ensure that staff at Dryharts clinic is trained on *Batho Pele* principles and the need to display sympathy and consideration towards members of the public. (In this regard, a plan of action should be put in place by April 2010).
- The Maureen Roberts, Montshioa, Tlapeng, Dryharts, Borolele clinics should be provided with functional computers, fax, photocopy machine. (In this regard, a plan of action should be put in place by April 2010).

- Medication, and in particular for diseases and conditions such as hypertension, TB and Immunisation should immediately be made available in all clinics.
- Sufficient maternity beds should be provided at the Montshioa Town clinic. (In this regard, a plan of action should be put in place by April 2010).
- Officials from District Offices together with their Provincial counterparts should ensure that staff shortage is addressed at clinics, particularly around professional pharmacists. Alternatively staff should be trained in the necessary protocols of dispensing medication. (In this regard, a plan of action should be put in place by April 2010).
- The Montshioa Town clinic should be provided with suitable washing machines to handle the required amount of washing to be done. (In this regard, a plan of action should be put in place by April 2010).
- The Tlapeng clinic manager should immediately arrange for the proper removal of medical waste.
- The Dryharts clinic should immediately be provided with sufficient diesel for the generator to ensure that the clinic functions properly even when there is power failure.
- The Provincial Department and The District Office should ensure that ambulance services are efficiently provided to clinics when required as these often arrives very late to fetch patients at clinics. (In this regard, a plan of action should be put in place by April 2010).
- Air conditioning systems should be provided in all clinics. (In this regard, a plan of action should be put in place by April 2010).
- Clinic managers at Montshioa Town, Borolelo and Dryharts clinics should ensure that clinic facilities remain clean at all times. This should be done immediately.

10.4.2 Recommendations for the District Offices

It is recommended that:

- Officials from District Offices together with their Provincial counterparts should ensure that guidelines are provided to clinics to assist them in establishing functional clinic committees. This would assist, amongst others, in dealing with issues that affect communities. (In this regard, a plan of action should be put in place by April 2010).
- District Offices should ensure that Service Charters complain/suggestion boxes are displayed at the District Offices by April 2010.
- District Offices should ensure that complain/suggestion boxes are displayed at the District Offices by April 2010.
- District Offices should ensure that staff is provided with name tags by April 2010, and encouraged to wear them at all times.
- Ramps to allow access to people with disabilities should be erected at the District Offices by April 2010.



Chapter Eleven

Key Findings: Provincial Department of Health: Western Cape



11.1 INTRODUCTION

This chapter presents the findings of the inspections conducted in the Western Cape Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

11.2 SITES VISITED

The inspections in the Western Cape were conducted on 20 and 21 August as well as on 01 September 2009. **Table 14** below shows the names of service delivery sites as well as dates on which they were visited by the inspection team.

Table 14: Western Cape Inspection Sites

Inspection Sites	Sphere of Government	Dates of Inspections
Scottsdene Clinic	Provincial Government	20 August 2009
Phola Park Clinic	Provincial Government	20 August 2009
Drakenstein sub-District Office	Provincial Government	20 August 2009
Gugulethu Clinic	Local Government (City of Cape Town)	21 August 2009
Klipfontein District Office	Provincial Government	01 September 2009

11.3 KEY FINDINGS


The key findings of the inspections are presented below. The findings from the unannounced inspections at the three clinics are presented first, followed by the findings from the unannounced inspections at the District and sub-District Office of the Department of Health.

11.3.1 Unannounced Inspections at Clinics

(a) Observing Facilities

Facilities of Public Service delivery institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility to these institutions is to adapt and improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team observed that all three clinics visited had inside and outside signage that easily identify the location of the clinic, and enable patients to find their way around the facilities. The signage displayed was large, and clearly visible from the main roads. However, the costs related to services rendered were not displayed at all three clinics visited. The explanation given for the non-display of costs of services was that the services were provided free of charge and that citizens were aware of such an arrangement.

The inspection team also observed that at all the clinics visited, business hours were not displayed. The non-display of business hours at the clinics denies citizens information on the clinics' hours of operation. There are clinics that operate on a 24 hours basis whilst others only operate 8 hours a day. Such information is critical for citizens to know in order to avoid them visiting an 8 hours clinic after hours and only to be frustrated because such clinic is closed. In addition, by not displaying business hours, staff may not adhere to the working time, or may start late and finish earlier as working hours are not displayed. The team observed that a list of services rendered was displayed



at all clinics inspected. The team further observed that at all clinics visited, ramps had been provided to facilitate easier access for people with disabilities. In addition, parking for visitors was available at the premises of all clinics visited, which provided easy access from the parking area to the reception areas.

In general, the team observed that the clinic buildings were clean and in a welcoming condition with chairs and benches for patients to sit on whilst waiting to be assisted. However, the Phola Park clinic was found to be in need of maintenance and painting. The team further observed that all clinics visited had clean toilets although patients at Scottsdale clinic complained about the non-availability of toilet paper in the toilet.

(b) Observing Access to Information

The *Batho Pele* principles of Access and Information require that information be readily available to citizens in order to empower them and to address their needs. The inspection team observed that all clinics visited had a staff member to guide and direct patients on arrival to the appropriate service points and to ensure that emergency cases were given priority. Furthermore, service charters were displayed in the reception areas of all the clinics visited, however, most of these were written only in English. Whilst the display of service charters provides citizens with information on the level and quality of service to expect, the display of such information in one language only denies other language users an opportunity to access the much needed information.

Suggestion/complaint boxes are important in engendering a participatory approach in service delivery and to encourage openness and transparency on the part of clinics. This practice is in line with the *Batho Pele* principle of Consultation. The inspection team found that all clinics visited, except the Gugulethu clinic, had suggestion or complaint boxes located in the reception areas. At the Phola Park clinic, although there was a complaints/suggestion box, it had not been opened in the past six months as the key for the complaints/suggestion box could not be located. At the clinics where complaints/suggestions boxes were in place, the inspection team was informed that the clinic managers were responsible for the management of the complaints boxes. In this case, the managers would empty the contents of the suggestion boxes and record all citizens' complaints and compliments, and provide feedback to citizens in writing on their complaints/suggestions. Citizens' complaints and suggestions were also discussed in the management meetings where steps were taken to address concerns and to compliment personnel, where necessary.





Despite the initiative undertaken by clinics to deal with citizens' complaints, the inspection team observed that information on the complaints handling system or procedure was not displayed for the benefit of the citizens at all the clinics that had complaint/suggestion boxes. The absence of a complaints handling system denies citizens information on how to complain and they would not be aware of how their complaints are dealt with by the clinics. In this regard, the necessary inputs from the citizens that can improve service delivery were not optimally obtained or used.

(c) Observing Staff

In order to promote accountability, openness and transparency, staff should always wear their name tags whilst at work so that citizens are able to identify officials that provide a service. The inspection team observed that staff at the Scottsdale clinic was wearing name tags, whilst at the Gugulethu and the Phola Park clinics, staff was not wearing name tags. However, the inspection team observed that staff demonstrated professionalism, appeared knowledgeable and friendly in their conduct.

(d) Talking to Citizens



Citizens as consumers of the services provided by the institutions are in a better position to give feedback on the state of service delivery. Their views and comments are important in an effort to improve service delivery. Discussions with randomly selected citizens revealed that they were, in general, dissatisfied with the services



rendered at the clinics. Citizens informed the inspection team that they were mainly not happy with the waiting time before they were assisted. Most of the patients informed the inspection team that they waited between at least two to three hours before they could be assisted. However, they mentioned that it did not take them long to get to their clinics as some informed the inspection team that they walked for a period of five to ten minutes to the clinics from their respective homes.

When asked about the complaints mechanisms, citizens at all the clinics visited, mentioned that they were aware of the complaints boxes, however, they were not aware of the complaints handling system and procedures. This finding shows that clinics were not fully complying with the *Batho Pele* principle of Redress. As a result, due to the lack of information on the complaints handling system, citizens mentioned that they were not motivated to lodge their complaints about matters such as the long waiting time before accessing services. The inspection team was also informed of the lack of confidentiality at the clinics where some of the staff members who guide and direct people on arrival to appropriate service points, spoke openly about their health information for everybody to hear. The finding contravenes the provisions of the National Health Act which states that “*all information concerning a user, including information in relation to his or her health status or stay in a health establishment is confidential*”²⁵.

(e) *Talking to staff*



The morale of personnel plays an important role in effective service delivery. To ensure that the morale of personnel is high and conducive for quality service delivery, personnel concerns should be listened to by those officials in management positions and effective measures should be taken to address them. Equally important are inputs from staff to bring about innovation and improved service delivery. The inspection team was informed that staff was not using computers as a tool in enhancing effective and efficient service delivery, due to its unavailability. The team was further informed that the clinics were paper-based which was a challenge, particularly with regards to managing patients' records. The finding suggests that should a patient visit another clinic in the province, a new registration form will have to be opened which is time consuming, and due to the unknown patients' medical history, unnecessary time will be spent on diagnosis. If information was stored in a central system, it could easily be shared by all health institutions in the province, and upon arrival of a patient, treatment could immediately be provided. It is for this reason that the importance of using computers and information technology to improve the provision of an effective and efficient health care service cannot be over-emphasised.

At the Phola Park clinic, the clinic manager mentioned that due to staff shortage, she was mostly involved in patient care which impacted negatively on her administrative duties. Officials in all the other clinics indicated that they had enough staff to fulfill their daily duties. The inspection team was informed that medical equipment was sufficient and in good working order, and that medicine stock was always available provided that it was ordered in advance. The inspection team was further informed that both the Provincial and the Local Government clinics order their medicine from the Provincial Cape Medical Depot. The finding shows that there is a good relationship between the Provincial and the Local Government in providing quality service to the community.

At all clinics visited, the inspection team was informed that patients with emergency cases were stabilised at the clinics, and then referred to Community Health Care (CHC) centres or Day Hospitals for further treatment. In addition, officials at the clinic would also arrange for an ambulance to transport the patients to the CHC centres and day hospitals.

The inspection team was informed in all clinics visited that no fixed lunch breaks were provided for staff. However, they alternate in taking lunch and other breaks in order to avoid disrupting services. Such an arrangement on the part of staff should be commended as it shows the priority given to citizens as service users. However, discussions with staff revealed that there was a need for the provision of a room to be made available for staff for their lunch breaks, as there is none at the moment.

25 Republic of South Africa. National Department of Health. Health Act. 2004.

With regard to training opportunities, nurses at the Local Government clinics visited informed the inspection team that they were eligible to access the training provided by the Provincial Government Western Cape (PGWC), on condition they followed the appropriate channels to register for the courses.

The inspection team was further informed of the following challenges which impede the implementation of the *Batho Pele* principles:

- The lack of alternative means of transport to take patients to CHC Centres in the absence of ambulances.
- The unavailability of resources such as computers and fax-machines to improve the turn-around time for urgent communication with Medical Officers, CHC Centres and the District Offices.
- The lack of training of nurses on dispensing medicine.
- The lack of pre-packed medicines by the Pharmacist, for example, seasonal medicine such as the “winter cocktail”, “migraine cocktail” or “allergy cocktail” for dispensing by nurses at clinics.

The inspection team was informed that the best practice on the implementation of *Batho Pele* principles was the hosting of open days with community members. For instance, during these open days, staff would be engaged in various health activities such as providing eye testing and pap smears tests to the members of the community. In addition, educational information was provided to members of the community where an emphasis would be, for instance, on TB week and women’s health week. Such initiatives are critical as they bring awareness on various ailments and with such awareness, preventive measures can be taken by citizens.

(f) *General Observations*

The inspection team found that all clinics visited were well-enclosed by fencing and gates. The clinics appeared to have a relatively safe environment and there were no incidents of criminal activities reported in and around their premises at the time of the inspections. The inspection team also found that there was adequate parking for service users at all the clinics visited. All the sites visited were found to be well-ventilated with drinking water which was accessible to members of the public. Although toilet facilities were available for the members of public at Phola Park clinic, there was a need to improve their conditions as one toilet was not in a proper working condition.

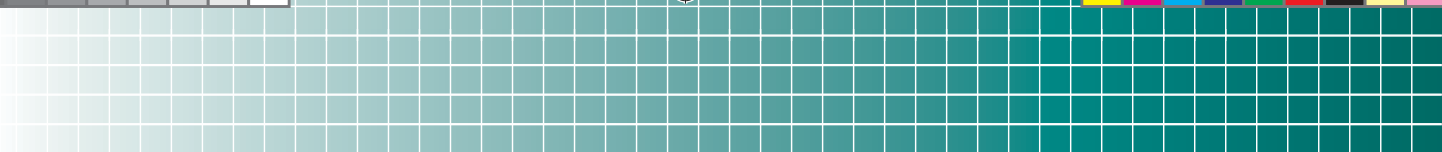


11.3.1 Unannounced Inspections at District/sub-District Offices

(a) *Observing Facilities*

Citizens should have equal access to the services to which they are entitled. One measure of ensuring accessibility to services is to adapt and improve the physical conditions of delivery sites for easier accessibility. The inspection team observed that neither the sub-District Office nor the District Office had proper inside and outside signage to indicate directions to and within the facilities. The lack of such signage makes it difficult for citizens to locate Public Service institutions. The inspection team further observed that business hours were also not displayed at the two Offices. However, the inspection team noted that at the time of the inspections, officials of both Offices had just moved into new premises. The team observed that there was parking for visitors inside the premises of the Klipfontein District Office which provided easy access from the parking area to the reception area. Both Offices had ramps for people with disabilities. The inspection team observed that the buildings were well maintained, clean and in a good state.

(b) *Access to Information*

The *Batho Pele* principles of Access and Information require information to be readily available to citizens in order to empower them and to address their needs. During the inspections, it was observed that both Offices had a staff member who guides and directs people on arrival to the appropriate service points. Security check-points were attended to by private security guards, and the team was stopped and given direction to the reception area. The





team also observed that at both Offices visited, service charters were not displayed and the reason for this was that the Offices do not interact directly with members of the public. The finding suggests that both Offices had a narrow understanding of service charters as these are not necessarily meant for external clients, but internal clients should also be informed about the service standards that they can expect from these Offices. The inspection team also observed that both Offices had no suggestion or complaint boxes located in the reception areas. Again, the inspection team was informed that the lack of complaint/suggestion boxes were as a result of the fact that these Offices did not interact directly with members of the public.

(c) Observing Staff

The wearing of name tags or badges fosters the spirit of transparency, openness, accountability and accessibility. The inspection team observed that front-line/reception and back office personnel at both offices did not wear name tags or badges. Wearing of name badges is important especially when a need arises for citizens to follow-up on particular cases. In this regard, members of the public are able to identify the person who was responsible for rendering a particular service. The non-wearing of name tags by staff shows the lack of commitment on the part of staff to comply with the *Batho Pele* principle of Openness and Transparency. On enquiry as to why staff did not wear name tags, the Primary Health Care Manager at the District Office informed the inspection team that the Department was in the process of designing new name tags with an identifiable photo of the staff member which aims to improve transparency and accountability. Despite this omission, staff members were friendly and demonstrated professionalism and knowledge regarding their work.

(d) Talking to Citizens




Citizens are the primary users of the services of government and are therefore a reliable source of information and feedback on the performance of the Departments in relation to service delivery. The inspection team could not interact with members of the public at both Offices because they were not present at the time of inspections. The inspection team was informed that very few citizens interact with officials at District and sub-District Offices.

(e) Talking to Staff

The morale of personnel plays an important role in effective service delivery and staff concerns should be listened to and effective measures should be employed to address their concerns. Equally important are inputs from staff to encourage innovation and to improve service delivery. The inspection team was informed that generally staff was satisfied with their working environment and they have sufficient computer equipment to do their work.

The inspection team was further informed that on 11 May 2007, the Provincial Minister of Health approved a Comprehensive Service Plan for the Implementation of Health Care 2010 in the Western Cape. According to the plan, Primary Health Care (PHC) was declared the foundation of an effective and efficient public health service, and the first point of contact between the patient and health care institutions. The inspection team was informed that as a result, a full package of PHC services were rendered in all the PHC facilities, and that the optimal size of an urban clinic employed 18 staff members to render a full package of the PHC services. In addition, the team learnt that the Department also ensured that there was at least one CHC centre per sub-district that provides extended hours of clinic services.

The inspection team was informed that rural local authority clinics and their management structures were transferred to the Western Cape Department of Health, with effect from 1 July 2005, and it was envisaged that the integration of all local authority clinics should be completed by 2012. Furthermore, the inspection team was informed that an interim structure based on the current local authority operations (structure and posts) was created on Personnel and Salary Administration System (PERSAL) by the Department of Health to facilitate the transfer of staff to the Provincial establishment.



The inspection team was informed that the pharmaceutical service component of the Department ensured the existence of an effective and efficient pharmaceutical service throughout the sub-District Offices. The inspection team was further informed that medicine was pre-packed and nurses dispense thereof, and that some nurses had dispensing licences. The finding does not corroborate with what staff mentioned at clinics. For instance, they mentioned a need for the pharmacist to pre-pack medicines for them to easily dispense at the clinics. This finding requires further investigation.

The inspection team was informed that the norms and standards for the PHC services were stipulated in the Departments Strategic Plan, Annual Performance Plan and the Comprehensive Service Plan for the Implementation of Health Care 2010 which guides the management in the execution of their functions.

With regard to monitoring services and ensuring quality in the functioning of clinics, the Primary Health Care Manager at the District Office provided the inspection team with copies of the minutes of monthly management meetings with clinic staff. The team was informed that checklists were completed and issues that needed attention and follow-up were flagged and pursued. Furthermore, files were audited on a regular basis to ensure compliance with the provisions of the PHC requirements. The Department also had structured PHC courses which staff were sent on to improve their capacity to manage the services more effectively and to deal with community complaints effectively.

(f) *General Observations*




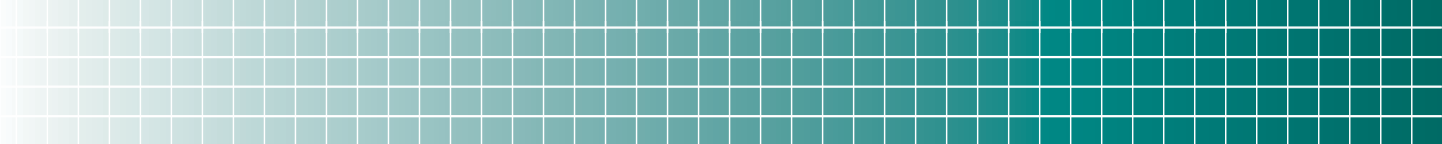
The inspection team found that the heating and air conditioning systems were functioning well in both Offices. The toilet facilities were in good working condition and there was sufficient parking for visitors.

11.4 RECOMMENDATIONS

11.4.1 Recommendations for the Clinics

It is recommended that:

- Business hours should be displayed at all clinics by December 2009. Staff should be required to wear name tags in line with the *Batho Pele* principles of Transparency and Openness. Where staff do not have name tags, the Provincial Department together with District Offices should ensure that clinic staff are provided with such name tags by December 2009.
- The Provincial Department, together with District Offices should ensure that clinics are provided with IT equipment such as computers and fax machines to enhance service delivery. In addition, staff should be trained in the use of such equipment. (In this regard, a plan of action should be put in place by December 2009).
- The facilities of the Phola Park clinic, such as toilets should be refurbished and properly maintained. (In this regard, a plan of action should be put in place by December 2009).
- The Provincial Department, together with District Offices should assist the clinics in translating service charters to the local languages spoken in the Province. Once these are translated, they should be visibly displayed at the clinics. (In this regard, a plan of action should be put in place by December 2009).
- The Provincial Department, together with District Offices should assist the clinics in developing complaint handling systems and procedures. Once developed, they should be visibly displayed at all clinics. In addition, the Phola Park clinic should be provided with a new key to their complaint box. (In this regard, a plan of action should be put in place by December 2009).
- Clinic managers should devise a strategy of dealing with the long waiting periods at the clinics. (In this regard, a plan of action should be put in place by April 2010).

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- Clinic managers should ensure that all staff members, particularly those who guide and direct patients to appropriate service points abstain from speaking publicly about patients' health information when in the process of assisting patients. This recommendation should be carried out immediately.
 - District Office should ensure that clinics are provided with pre-packed medicines. (In this regard, a plan of action should be put in place by April 2010).
 - Suggestion/ complaint box should be put in place at Gugulethu clinic by December 2009.
 - Staff should be trained in dispensing medicines, particularly in clinics where pharmacists are not available. (In this regard, a plan of action should be in place by April 2010).

11.4.2 Recommendations for the District Offices

It is recommended that:

- Inside and outside signage should be displayed at the District Offices by December 2009.
- Service charters should be developed and displayed at the District Offices by April 2010.
- Suggestion boxes should be displayed at the District Offices by December 2009.
- Staff should be encouraged to wear name tags in line with the *Batho Pele* principles of Transparency and Openness. Where staff do not have name tags, the Provincial Department together with District Offices should ensure that clinic staff are provided with such name tags by December 2009.



Chapter Twelve

Chapter Twelve: Key Findings: National Department of Health



12.1 INTRODUCTION

Chapter eleven presents the findings of the inspections conducted at the National Department of Health. The findings are presented according to the key thematic areas of the unannounced inspections which include the inspection teams' observation of the facilities, the promotion of access to Information for the public, how staff conduct themselves and the experiences and views of citizens who make use of the services of the primary health care delivery sites. This chapter also provides recommendations based on the findings.

12.2 KEY FINDINGS

(a) *Observing facilities*

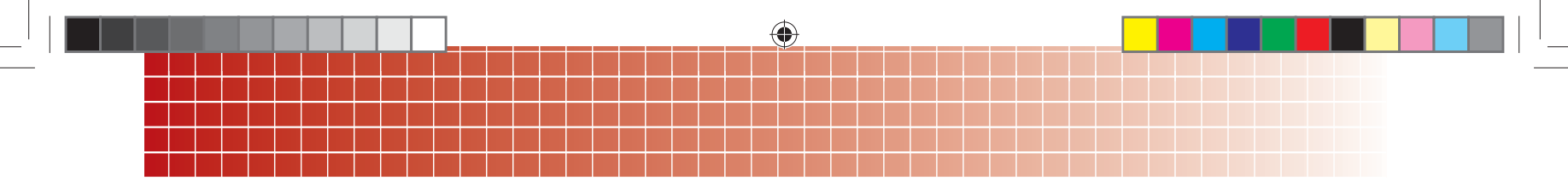
Facilities of Public Service delivery institutions should be accessible and noticeable for all citizens. One measure of ensuring accessibility is to improve the physical conditions and ensure that buildings are clearly visible to the citizens. The inspection team found that due to office space constraints, officials at the National Department of Health are located in two buildings. The inspection team observed that whilst the building at the House of Trade and Industry had outside signage, at the Hallmark building, such outside signage was not found. The absence of outside signage makes it difficult for citizens to recognise and locate Public Service buildings. Both buildings were found to have inside signage, however, at the House of Trade and Industry building, inside signage was displayed in the lift as it indicated at which floor certain components of the organisation were located within the building. Such arrangement was not transparent as it required citizens to be in the lift first in order to recognise the inside signage. At Hallmark building, inside signage could only be observed on arrival on the walls of the different floors of the building, also indicating the particular components that occupied the floor.

The inspection team further observed that at both buildings, some offices were identified with the names of the occupants, whilst others were not. Identifying offices with names of occupants assist in easily locating the officials visited, with fewer interruptions on others. The team observed that at the House of Trade and Industry, several sign posts and office name boards were attached to signboards which had on them the name of the Department of Trade and Industry. Although the team found the arrangement confusing, it later established that this was a result of the fact that the building was previously occupied by the Department of Trade and Industry. The inspection team found that the National Department of Health was occupying both the House of Trade and Industry and Hallmark buildings on a temporary basis whilst its actual building was being renovated. Once the renovations are completed, all staff members will relocate to the designated building. The current arrangement does not provide for a one stop service as citizens are required to move from one building to the other for services of the Department.

Both buildings had clearly marked reception areas as well as lifts to accommodate the disabled. At the Hallmark building, the inspection team found that due to space constraints, the Department could not construct a ramp for the disabled, as a result, an artificial foldable ramp was used to allow access for people on wheelchair. The inspection team observed that the buildings were relatively in good condition. However, at the House of Trade and Industry, there was a need to conduct maintenance on the building. For instance, electricity cables laid uncovered, a broken door was observed and the building generally required some paint work.

(b) *Access to information*

The *Batho Pele* principles of Access and Information require information to be readily available to customers in order to empower them and address their needs. The inspection team found that at both buildings, there was no staff member to guide and direct people on arrival to the relevant offices. However, relevant staff members were encouraged to come to the reception area and fetch visitors once they have registered with security officials. Both buildings had help desks, however, materials containing information about the Department and its services were not available at the help desks. Business hours were also not displayed at both buildings visited, and similarly the inspection team observed that there were no service charters displayed.



The absence of such service charters makes it difficult for citizens to be aware of information regarding the level of service expected from the Department.

In order to elicit feedback from citizens on the services they receive, Departments are expected to have complaint boxes. The inspection team found that at both buildings, no complaint boxes were displayed. However, the inspection team learnt that the National Department of Health has a component called Quality Assurance that handles all forms of complaints related to health matters at all health institutions in the country. Thus, citizens can either lodge their complaint by phone, in writing or even by making a physical visit to the Quality Assurance office at the House of Trade and Industry building. However, information relating to such service and the processes involved was not displayed anywhere in both buildings.

(c) *Observing staff*

In order to promote transparency, openness and accountability the staff should wear name tags so that the clients are able to identify officials that provide a service. The inspection team observed that all staff members that were interacted with at both buildings did not wear name tags. The wearing of name tags enhances transparency since citizens can easily lodge complaints about the staff or give praise regarding a good service without difficulty. The inspection team noted that staff members were friendly and demonstrated professionalism and knowledge with regard to their work at both buildings. However, at the House of Trade and Industry building, security officials lacked courtesy in dealing with members of the public as one of them was rude to an inspection team member who unfortunately put her cell phone inside the "X-ray machine" instead of on top of it. It is critical that security officials are trained on *Batho Pele* principles as they often become the first point of contact with members of the public. Their interaction with members of the public is likely to paint a positive or negative picture about the entire Department.

(d) *Talking to citizens*

Citizens are the primary users of the services of government and are therefore a reliable source of information to provide feedback on the performance of the Departments in relation to service delivery. The National Department is mainly tasked with policy formulation, as a result, relatively few citizens interact with officials at National level. Therefore, the inspection team could not interact with members of the public at the House of Trade and Industry building, because they were not present at the time of the inspection. At the Hallmark building, the citizens that the inspection team spoke to indicated that it was easy to find their way around the building and that they did not wait too long before they were attended to. The citizens further mentioned that they were happy with the quality of assistance that they had received. However, they said that they were not aware of the Department's complaints handling system and procedures and they had not lodged complaints with the Department before. Some citizens commented that the image at reception area should be improved so that it could appear more welcoming.

(e) *Talking to staff*

During interaction with staff responsible for Primary Health Care at the Hallmark building, the inspection team was informed that there are municipal and provincial clinics throughout the country. The inspection team further established that there were challenges experienced at both municipal and provincial clinics. The following were the key challenges identified:

- The inspection team was informed that some provincial clinics are open for only 8 hours a day whilst others were open on a 24 hour basis. Clinics that are open for 8 hours a day are also closed during weekends and public holidays. This implies that members of the public are denied access to health services during these days.

- The inspection team further established that the National Department of Health in collaboration with their colleagues at Provincial level, intend to identify certain provincial clinics and designate them to operate as Community Health Care Centres. A Community Health Centre (CHC) is the second step in the provision of health care but can also be used for first contact care. A CHC offers similar services to a provincial clinic with the addition of a 24 hours maternity service, emergency care and casualty and a short stay ward. A CHC would refer a patient to a District hospital when necessary. However, the team established that this arrangement will depend on the needs of community members within a catchment area. The identification and designation of certain clinics to serve as CHC will further improve access to health services.
- The inspection team learnt that management, planning and budgeting for PHC activities should take place at the local level, so that objectives and targets are identified at the community level. It is hoped that such an approach will be responsive to the actual health and social welfare conditions at this level. However, the inspection team was made aware that there is a lack of capacity at the local level, particularly in the area of financial management and accountability systems as well as inadequate staff skills. There is also a lack of planning, budgeting and co-ordination of PHC activities at local level which led to the programmes being centralized and vertically-led.
- Furthermore, the inspection team established that, amongst others, poor infrastructure of PHC facilities, lack of medication and over-crowdedness often encourage patients to bypass such facilities and go directly to the hospitals without the necessary referral by the clinics. Such a practice by citizens defeats the main objectives of the rendering of PHC services via clinics, at it is meant to ease the pressures being exerted and placed on local hospitals.
- The inspection team learnt that there were not enough nurses to provide outreach services at clinics. Some clinics had only one or two nurses. In some instances, clinics relied on agencies that provided them with nurses on a temporary basis. In most instances such nurses are not always properly trained in Primary Health Care. The use of nurses that are not trained in the PHC compromises the provision of efficient and effective PHC service.

The inspection team established that the National Department of Health has developed a document named "The Primary Health Care Package for South Africa- a set of norms and standards." The purpose of the document is to provide information on the quality of primary care services that can be expected at clinics. In addition, it serves as guidance for provincial and district health authorities to provide these services.

The document states the following on the role of national and provincial health authorities, "the national task is to define **what** services are required to best meet the health needs of the nation. However, it is for provinces and local government to decide, in the light of local circumstances, **how** these services are to be provided. Because of these different roles, the national document is about **what** services at **what** standard are required. The standards do not specify **how** the services are to be provided and at what level the standards will be met. It is for provinces and local government to harden up the standards with verifiable time limited measures based on existing performance and anticipated improvements²⁶".

26 *Republic of South Africa. National Department of Health. The Primary Health Care package for South Africa: A set of norms and standards. 2000.*

Table 15 below highlights the summary of the core norms and standards for clinics as contained in the document:

Table 15: Core Norms and Standards for Clinics

Core Norms	Core Standards
<ul style="list-style-type: none"> • Clinics render comprehensive integrated PHC services using a one-stop approach for at least 8 hours a day, five days a week. • Access, as measured by the proportion of people living within 5km of a clinic, is improved. • Clinics receive a supportive monitoring visit at least once a month to support personnel, monitor the quality of service and identify needs and priorities. • Clinics have at least one member of staff who has completed a recognised PHC course. • Doctors and other specialised professionals are accessible for consultation, support and referral and provide periodic visits. • Clinic managers receive training in facilitation skills and primary health care management. • There is an annual evaluation of the provision of the PHC services to reduce the gap between needs and service provision using a situation analysis of the community's health needs and the regular health information data collected at the clinic. • There is annual plan based on this evaluation. • Clinics have a mechanism for monitoring services and quality assurance and at least one annual service audit. • Community perception of services is tested at least twice a year through patient interviews or anonymous patient questionnaires. 	<ul style="list-style-type: none"> • References, prints and educational materials: <i>This includes standard treatment guidelines and the essential drug list manual, copies of the Patients Charter and Batho Pele documents available and supplies of appropriate health learning materials in local languages.</i> • Equipment: <i>This includes a blood pressure machines with appropriate cuffs and stethoscope, scales for adults and young children and measuring tapes for eight and circumference, glucometer, pregnancy test, and urine test strips, emergency transport available reliably when needed and condom dispensers are placed where condoms can be obtained with ease.</i> • Medicines and Supplies: <i>This includes suitable medicine room and medicine cupboards that are kept locked with burglar bars, medicines and supplies as per the essential drug list for Primary Health Care, with a mechanism in place for stock control and ordering of stock as well as a battery and spare globes for auroscopes and other equipment.</i> • Competence of Health Staff: <i>This includes issues relating to the organising of the clinic, caring for patients and the general running of the clinic.</i> • Patient Education: <i>This includes the ability of staff to approach the health problems of the catchment area hand in hand with the clinic health committee and community civic organisations to identify needs, maintain surveillance of cases, reduce common risk factors and give appropriate education to improve health awareness as well as culturally and linguistically appropriate patients' educational pamphlets are available on different health issues for free distribution.</i> • Records: <i>This includes the use of an integrated standard health information system that enables and assists in collecting and using data and patient carry card or filing system that allows continuity of health care.</i> • Community and Home Based Activity: <i>This includes a functioning community health committee in the clinic catchment area, and the clinic's link with the community health committee, civic organisations, schools, workplaces, political leaders and ward councillors in the catchment area.</i>



	<ul style="list-style-type: none"> • Referral: <i>This includes the referral of all patients to the next level of care when their needs fall beyond the scope of clinic staff competence, and appropriate referral of patients who need additional health care or social services.</i> • Collaboration: <i>This includes Clinic staff collaboration with social welfare for social assistance and with other health related public sectors as appropriate.</i>
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With regard to the implementation of the issues contained in the document, the inspection team found that some clinics do comply with the set norms and standards whilst others did not. The following highlights some of the challenges with regard to the implementation of the norms and standards at the clinic level:

- Some provincial clinics were not in a position to offer services as stipulated in the package due to various constraints. However, where a clinic was unable to offer certain services as a result of limited resources, a referral system to the next level of health care was used to assist the patients.
- Whilst local government clinics provide PHC services, they did not operate within the set norms and standards contained in the Primary Health Care Package for South Africa. Therefore, in most cases they render curative rather than preventative services and not comprehensive PHC services. Therefore, PHC programmes as set out in the Departments document on norms and standards are not optimally implemented at these clinics.
- Most of the provincial clinics in the rural areas render basic services such as rehabilitation programmes. However, a critical service such as the provision of Anti-retroviral drugs was not rendered.
- Some fixed clinics have inadequate space, thus some programmes can't be implemented as planned, whilst mobile clinics lacked adequate space to render other Primary Health Care programmes, such as cervical screening, counseling for Voluntary Counselling and Testing.
- There are no dedicated supervisors' posts in some clinics, and as such, supervision of facilities does not take place adequately. This prevents identification of PHC related gaps including resources such as equipment, supplies, and information systems.
- There is still incomplete or poor quality of data at PHC facilities for making more informed decisions concerning operations and infrastructure management and requirements.


The inspection team also learnt that some mechanisms have been put in place to monitor services and ensure quality in the functioning of clinics. For example, a clinic supervisors' manual has been put in place to assist managers at clinics with their duties²⁷. The manual deals with the following matters:

- How supervisors could better organise their work,
- How to deal with administrative and management issues at clinic level,
- Referral system for clinics,
- Community participation in matters of the clinic,
- Clinical medical tips,
- Problem solving and practical solutions to common problems
- In-depth programme review.

In addition, the team learnt that regular review meetings were taking place at clinic level with reports being forwarded to the District Offices on a monthly basis. District Offices were compiling quarterly review reports which were sent to the Provincial and National Departments. The team also established that the National Department held meeting with officials from the provinces that represented their respective District Offices under the banner of the

²⁷ Republic of South Africa. National Department of Health. Clinic Supervisors' Manual. 2006.





National District Health System Committee meetings. The reporting system in place helps to provide information to different levels of government about activities taking place at clinics. In addition, the meetings are crucial as they help officials to share ideas and learn best practices.

The inspection team was told that there were best practices as well as constraints that impede the implementation of the *Batho Pele* framework at clinics. With regard to the best practices, the inspection team was informed that clinics were displaying patient's rights and responsibilities charters, service boards informing the public about which services were rendered by clinics. Information on the patient's rights and responsibilities as well as services rendered at clinics is important to citizens as it helps them to know what to expect at clinics. The team was further informed that nurses wore name tags as well as their qualification epaulettes which showed their professional grading and that they were registered with the Professional Nursing Council as required by law and therefore were allowed to practice. The wearing of name tags promotes transparency and help citizens to recognise official that are assisting them.

Furthermore, the team was informed that there were officials at clinics that manage queues and assist to organise the patients to the respective consulting rooms so that they could quickly access services. The inspection team was also informed that fast queues were developed to give attention to emergency cases, the elderly, disabled and school children that are wearing uniforms so that they could quickly return to school. Such an arrangement by clinics was crucial as emergency cases, people with disabilities and the elderly in particular require maximum attention.

It was further brought to the attention of the inspection team that complaints and complimentary boxes were available at some clinics. In addition, the inspection team was also informed that in some clinics, governance structures were put in place to encourage community participation in the activities of the clinics. However, the lack of empowerment on matters of governance and citizen participation of these community members was hampering their involvement.

With regard to constraints on the implementation of *Batho Pele* principles, the inspection team found that the National Department was aware that some health workers at the clinics did not treat patients with respect and dignity. It was further established that ramps for the physically disabled were lacking in some clinics.

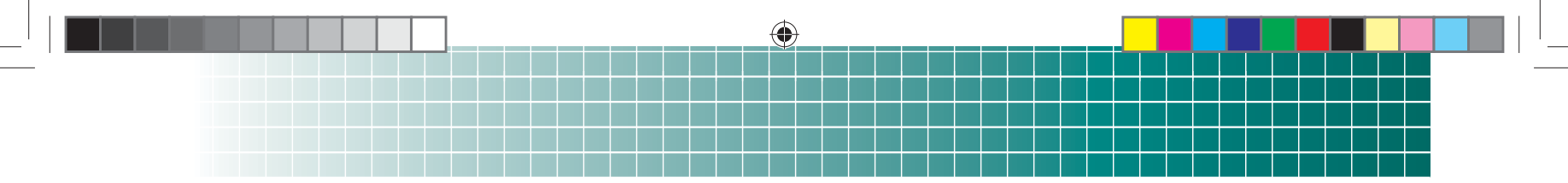
(f) *General observations*

The inspection team observed that air conditioning system was functioning well and the toilet facilities were clean. Both buildings visited had rest rooms accessible for the people with disabilities. Parking facility was also sufficient for the officials and the visitors of the Department.

12.3 RECOMMENDATIONS

It is recommended that:

- Outside signage be displayed at the Hallmark building by December 2009.
- Name boards indicating the names of officials occupying the office be displayed next to the doors. At the House of Trade and Industry building, all signs with the name of the Department of Trade and Industry should be removed by December 2009, as they are confusing to visitors.
- Building maintenance should be undertaken at the House of Trade and Industry building to ensure that the building is painted, broken door is repaired, telephone lines and electric wires are properly covered by April 2010.
- Information material, leaflets, pamphlets containing information on health matters and the services provided by the Department should be made available at reception area of the buildings by December 2009.
- Business hours should be displayed at the entrance of the buildings by December 2009.

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- Service charters and complaint boxes should be displayed at both buildings. Information regarding the work of the Quality Assurance section of the Department including contact details should be publicised by December 2009.
 - Staff should be encouraged to wear name tags by December 2009. The Department should make an effort of procuring them for staff who do not have.
 - Training on *Batho Pele* principles should be provided for staff, particularly security officials as they are the face of the Department by April 2010.
 - Officials from the National Department, should, together with their provincial counterparts conduct regular visits to clinics in order to experience the challenges encountered at the clinic level. Such visits will assist the National Department in putting best interventions for clinics. In this regard a plan should be put in place by April 2010.
 - The National Department together with the Provincial Departments of Health should ensure that more nurses are trained in PHC. Furthermore, nurses should be trained on the *Batho Pele* principles. In this regard a plan should be put in place by April 2010.
 - The National Department together with the Provincial Departments of Health should ensure that facilities at clinics are improved in order to comply with and provide health care services as set out in the norms and standards contained in the Primary Health Care Package for South Africa. In this regard a plan should be put in place by April 2010.
 - The National Department together with the Provincial Departments of Health should ensure that the capacity of staff to manage and supervise clinics is enhanced so that staff at clinics is able to plan, budget and coordinate PHC activities. In this regard a plan should be put in place by April 2010.
 - Clinics that do not have clinic committees should be encouraged to establish such committees and ensure that community members who sit in those committees are empowered to actively participate and contribute to the governance of clinics in their respective communities. In this regard a plan should be put in place by April 2010.
 - The National Department together with the Provincial Departments of Health should ensure that the difference in operating hours of clinics does not disadvantage service users in the respective clinics.



Chapter Thirteen

Conclusion and Recommendations

13.1 INTRODUCTION

This chapter presents the overall conclusion and recommendations of the inspections of service delivery sites that were visited in the Departments of Health. The recommendations in this chapter are generic in nature, and thus apply to all the Departments of Health in general. According to the PSC's protocol on inspections, the lasting success of inspections depends on how and when the outcomes of the inspections are communicated to the line Departments and other implementing agencies²⁸. To this end, the PSC has already communicated the findings and recommendations of the inspections to the Executing Authorities and Accounting Officers of the respective Departments of Health.

Conducting unannounced inspections in the primary health care delivery sites has enabled the PSC to experience the extent of the implementation of the *Batho Pele* framework, in a quest to deliver public services in a transformed manner to the citizens of this country. It has further afforded the PSC an opportunity to obtain first hand information about the state of the facilities at the entry level of the health system and the challenges facing the clinics in the delivery of quality services. The PSC trusts that the findings and recommendations will assist the departments to improve service delivery where it was found lacking.

13.2 CONCLUSION

The unannounced inspections have shown that some clinics, District Offices and one of the National Head Office buildings visited did not have outside signage. Inside signage was generally available at most clinics, District Offices and at both the National Head Office buildings. Whilst business hours were mostly displayed at the clinics, most District Offices and both buildings of the National Head Office did not comply with requirement.

In most instances, the clinics visited were in a good condition. However, few of them were dilapidated with cracked walls and electricity cables hanging loosely from walls. In some instances, other clinics were small and thus resulting in overcrowding. It was further observed that some clinics and District Offices were not in a clean state at the time of the inspections.

Most of the clinics visited displayed Service Charters, however, this trend was poor at District Offices with many of them found without the display of Service Charters. Of those clinics that displayed Service Charters, very few of the Service Charters were written in the dominant languages spoken in the area of location of the clinics. In addition, most clinics did have complaint/ suggestion boxes on site, however, the trend was poor at District Offices with many of them found without complaint/ suggestion boxes. The two buildings of the National Head Office were also found to be without complaint/ suggestion boxes. There was also a general lack of displaying complaint handling procedure in all sites visited.

The wearing of name tags was generally not common in all sites visited. However, staff members at all sites visited appeared friendly and demonstrated professionalism and knowledge with regard to their work.

Discussions with randomly selected citizens revealed that in most clinics visited, they found their way easily around the buildings. However, they mentioned that they wait for too long before they were attended. Some citizens travel long distances before they can reach a clinic. Citizens further mentioned that there was a general lack of confidentiality on the patients' medical records by clinic staff.

The availability of resources at the clinics is very instrumental in enhancing work processes as well as ensuring the provision of quality health care service. The inspections have revealed that there is a general lack of resources in the form of medicines, medical equipment, human resources and IT equipment in most clinics visited which hampers the rendering of effective service to the citizens.

²⁸ Republic of South Africa. Public Service Commission. Protocol on Announced and Unannounced Inspections. 2007.

The lack of support from the Emergency Medical Services (EMS) was also noted, particularly where clinic officials need to urgently refer patients to hospitals for further medical treatment. The turn-around time for EMS vehicles to assist in this regard takes longer and was frustrating to both clinic staff and patients.

In general it was observed that most of the sites visited had air conditioners although some were not in good condition. There was also access to drinking water and toilet facilities. However, in some instances, some toilets at clinic levels were not in good condition.

13.3 RECOMMENDATIONS

The following recommendations are generic and apply to all Departments of Health

- All clinics, Districts and National Offices should have both outside and inside signage.
- All clinics, Districts and National Offices should display the business hours to alert citizens of the hours of operation at service delivery sites.
- The buildings of clinics should be repaired and electricity cables should be fixed to avoid fire hazard. Where possible, extension or upgrading of clinics should be considered to avoid overcrowding.
- Facility managers should ensure that all clinics and District Offices are kept clean at all times.
- Service Charters should be displayed in all clinics, Districts and National Office and they should be translated in the dominant language of the area.
- Service Charters containing specific service standards for each of the services offered must be drawn up and be displayed prominently at the relevant service delivery locations within the clinics.
- Complaint/ suggestion boxes should be made available at all the clinics, District and National Offices. In addition, a complaint handling procedure should also be displayed to inform citizens of how complaints are dealt with.
- Officials at all clinics and District Offices should wear name tags in line with the *Batho Pele* principle of Transparency and Openness.
- Service delivery processes should be improved at clinics so that waiting time can be reduced.
- All clinic officials should be encouraged to keep the information of patients confidential in line with the requirements National Health Act.
- Support services of the Departments of Health should be improved in order to ensure that medication can be procured timeously.
- All clinics should be supplied with essential medical equipment such as sterilisation machines, stitch scissor, suction machines and resuscitation tables to enable them to render quality health care service.
- Computers should be supplied to clinics and staff should be trained on how to use them in order to manage patient files and records.
- The Departments of Health should fill all the vacant positions at clinics, particularly the technical and supervisory posts.
- The Departments of Health should ensure that Emergency Medical Services are responsive to clinics, particularly when patients need to be urgently transferred to a hospital.
- Air conditioners should be made available in all clinics. In instances where they are not working, they should be repaired.
- All clinics should have clean water for public consumption.

