



**INANDA COMMUNITY
HEALTH CENTRE**

**INTERESING QUOTATIONS FOR TEAM-
WORK.**

- Do a little bit of good where you are; it's those little bits of good put together that overwhelm the world.– Archbishop Tutu
- Don't do things that prove others wrong, do things that prove you right.– Unknown.
- We feel that what we are doing is just a drop in the ocean but the ocean would be less because of the missing drop– Mother Teresa

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**Ziyampompa
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T H I R D I S S U E

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Editor's Notes

A big warm welcome to 2008. Inanda Community Health Centre Management would like to welcome all those who have just joined us this year. 2007 may have been a hard year for you and you might have lost hope, this year lets give a best shot to the work we do to improve ourselves professionally, cognitively and financially. Lets plan a strategy to lead a successful life.

We all need to make an impact in our families, work and the community. Let us all say 'yes indeed ,this is our year to achieve great things. Already days have gone, weeks have gone, not so long 2008 will be gone. Lets us not be caught up in the celebration of last years achieve-

ments because we will miss this years opportunities whilst we are in the honey moon. Lets set 2008 personal targets and professional targets. I have learnt that a per-



Mr. Jabulani Msweli (Public Relations Officer)

son who lacks personal success, is usually the most frustrated employee who can work very hard to frustrate others at work.

It is time that we review our contributions to this institution

and to the community of iNanda. Lets us be a source of inspiration to others. Let us be a source of hope and make our patients see a reason for living. This is not far fetched but it is a basic principle called "HUMANITY" UBUNTU. Respect is the golden life principle. If we can respect human life whether rich or poor, black or white, sick or well, our interaction, our work can be so simple.

Let us be agents of change. Lets do away with a culture of looking at things negatively all the time. If bad things do occur lets ask ourselves how much have we contributed to it before we start pointing fingers at others. Remember, negative attitude is a worst enemy of life and success. Lime njalo.

STI, CONDOM AND PREGNANCY WEEK

The department distinguished the week of the 10-16 February as STI, Pregnancy and condom week.. At Inanda we visited all high schools around Inanda which are within our catchment area and those who are out of our catchment. It was a great experience for me as the Public Relations

Officer to be part of the team to taste the challenges our school health nurses have to endure. Our younger brothers and sisters really laugh and make a joke at an advise relating to safe sex and condom use. This is really a challenge. We visited eight schools and two taxi ranks. We

tend to forget about taxi drivers and taxi door operators when planning our campaigns for the youth, yet the youth is in majority. During that week we managed to reach 11500 youth from schools and 25 taxi drivers. Condoms were also distributed.

CHC MANAGER'S REPORT

Firstly I would like to thank management team and staff for the efforts they invested unselfishly in improving the quality of our service in the ending financial year. I report with pride that for the first time as an institution on the 22nd October 2007 we were able to conduct our operational plan review at the Tropicana Hotel. This was an extensive and objective exercise of all managers and supervisors at different levels whereby a thorough review of the institutional performance was conducted and performance gaps were identified and remedial action planning was also done. Interestingly, the performance of all managers and component/departmental performance was also subjected to the 360 degrees performance review. The objective of this exercise was to initiate a culture of peer review and to promote monitoring and evaluation as a critical management tool for managers at all levels within the institution. The following achievements were identified:

PROVINCIAL PRIORITY: STRENGTHEN PRIMARY HEALTH SERVICES

Planned objectives	Actual Achievements to date
To improve access and the quality of primary care service to increase PHC utilization.	<p>CHC (PHC) Utilization increased by 20%</p> <p>24 hour medical and nursing coverage.</p> <p>10 bedded Day/short stay ward to stabilize patients before they are discharged back to the community or transferred to the hospital.</p> <p>2 labour beds were increased to 6.</p> <p>ANC first time bookings are attended 5 days a week without set daily limits.</p> <p>Patient: Professional Nurse ratio is 1:40</p> <p>Patient: Doctor ratio is 1:45</p> <p>2 Batho Pele marshals were allocated to direct and help patients in queues.</p> <p>Access ramps on all entrances have been constructed.</p> <p>Help desk has been established to help with enquiries from the public.</p> <p>Provision of the community outreach service (Mobile clinic in 4 points), Community DOT support(5 points)</p> <p>Provision of school health services for Inanda schools.</p> <p>Dietetics service was commissioned</p>

PROVINCIAL PRIORITY: ENSURE ESTABLISHMENT OF A HIGHLY MOTIVATED, WELL DEVELOPED AND ADEQUATE HEALTH CARE WORKFORCE

Planned Objectives	Actual achievements
To recruit, develop and retain human resources within our CHC and proper utilization thereof.	<p>17% new appointments (30% of vacant post filled) in this financial year.</p> <p>24% staff has attended short courses, workshops, and conferences that are provided by external service providers.</p> <p>Restructured off duty roster for the nursing staff to achieve 24 hour nursing coverage.</p> <p>Appointed two ANM's and two CPN's (Night Supervision) to improve supervision.</p> <p>Placement of staff according to expertise.</p> <p>Reengineered operations in Finance and Systems component.</p> <p>Conducted staff satisfaction surveys for the first time at Inanda</p> <p>Held service excellence award ceremony for staff for the first time at Inanda.</p> <p>Held operational plan review.</p> <p>95% staff has signed job descriptions, PDP, workplans and performance agreements.</p> <p>70% half yearly performance reports have been completed.</p>

PROVINCIAL PRIORITY: ENSURE IMPLEMENTATION OF INFRASTRUCTURE DEVELOPMENT AND CLINICAL SUPPORT

Planned Objectives	Actual Achievements
To improve the CHC infrastructure to accommodate service demands	<p>Converted two garages to main stores. ARK donated a parkhome for ARV clinic with 4 consulting rooms. Maternity ward was converted into a 6 bedded labour ward with 6 pre delivery and post delivery beds. Signage was improved.</p>

PROVINCIAL PRIORITY: ENSURE IMPLEMENTATION OF PRIORITY PROGRAMMES

Planned Objectives	Actual Achievements				
To improve HAST services	<p>HIV/AIDS 870 patients have been enrolled into the programme from March 2007 to date. ARV Defaulter rate is less than 1% VCT Uptake is 98%</p> <p>TB</p> <table border="1"> <thead> <tr> <th>PROCESSES</th> <th>OUTPUTS</th> </tr> </thead> <tbody> <tr> <td> <p>Processes DOT services offered on site and in the four community health points. TB Mobilization Campaigns. Home visits for those who are critically ill. Fast queue for VCT services. Support groups/group adherence counseling services. School health promotion programme – awareness Nutrition support services. Assistance with Disability Grant application. Staff training on TB Management (in house) TB Prophylaxis for children under 5 TB Contact tracing</p> </td> <td> <p>Outputs Cure rate 68% Sputum turns around time 24 hours Defaulter rate 1,6% Smear conversion rate 80% TB Patients VCT uptake rate 70% DOT Coverage 70% TB Notification rate 100% 1x Major TB Blits was conducted in May 2007, 418 households were reached, 62 suspects were identified and admitted into the programme. 1x VCT and TB mobilization campaign was conducted in December 2007. Staff training on TB Management (in house) 40%</p> </td> </tr> </tbody> </table> <p>Mother and child Immunization coverage 95% PCR for children testing was introduced</p>	PROCESSES	OUTPUTS	<p>Processes DOT services offered on site and in the four community health points. TB Mobilization Campaigns. Home visits for those who are critically ill. Fast queue for VCT services. Support groups/group adherence counseling services. School health promotion programme – awareness Nutrition support services. Assistance with Disability Grant application. Staff training on TB Management (in house) TB Prophylaxis for children under 5 TB Contact tracing</p>	<p>Outputs Cure rate 68% Sputum turns around time 24 hours Defaulter rate 1,6% Smear conversion rate 80% TB Patients VCT uptake rate 70% DOT Coverage 70% TB Notification rate 100% 1x Major TB Blits was conducted in May 2007, 418 households were reached, 62 suspects were identified and admitted into the programme. 1x VCT and TB mobilization campaign was conducted in December 2007. Staff training on TB Management (in house) 40%</p>
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Our main challenge is space constraint, we operate at 210% capacity, as management we need to think about innovative ways to resolve this problem. TB management still needs to be improved. ARV Roll out for children is still a gap.

Thank you, we hope this year we will achieve even more.
 Mr. B.M. Shezi

Izilokotho Ezinhle Ziyasilandela



Caption describing picture or graphic.

Sinonyaka nje owadwa sizelwe kodwa manje ungathi sineminyaka emihlanu. Kulonyaka ofileyo lapha esikhungweni sibenenhlala engandele bani. Kuthe lapho

unyaka usaya ngasemaphethelwini ngahlaselwa enye yezinsizwa zendawo. Ngithe ngisamangele ukuthi kwenzenjani ngavakashelwa insizwa encwaba kangaka, yathi khululeka somlomo akukubi. Kwathi gidi nakumina phela sengajwayela ukuvakashelwa umuntu uma ezokhalaza kanti cha okuhle kodwa. Insizwa lena ayihambi yodwa kodwa ihamba nosenhlizweni wayo. Ake ngingene endikimbeni yendaba. Hhayi somlomo kukhona udaba esize ngalo lapha oluphatha abasebenzi balapho esikhungweni sezempilo.

Sithi asizonibonga ngento enasenzela

yona ngesikhathi sesiteleka sabasebenzi bakahulumeni. Safika lapha kukubi kungangeni kodwa aniphelanga amandla nabona indlela engangikhandleleke ngayo nangisiza namhlanje ngingumqemane, sengibalwa nezikhondlakhondla zasenanda ngenxa yosizo lwenu.

Ngithe anginiphe lolucwezu lekhekhe namaswijana ukuze nami ngithokoze ngaphakathi ukuthi nganimbonga ngomsebenzi omuhle eniwezayo. Kimina nangikhombisa umuntu nokunakekela okuyikho niqubeke njalo.

Launch of the comprehensive HIV/AIDS Programme

Inanda CHC commemorated the world AIDS day in style. We had a build up campaign a week before the event. Six churches were visited on Sunday preceding the 6th of December, our big day. Teamwork was observed by the community as the campaign team was constituted by the CHC Management, Finance team, and all ICHC Lay Counsellors. Guys keep up excellent work. Information relating to HIV/AIDS—Disease process, mode of transmission, testing and support services for those who test positive or negative.

Partnership with the churches was solicited. More campaigns will be conducted in partnership with the churches this year.

Our build up campaign also targeted staff as well. Partnership with New Start assisted us to provide VCT services to our staff, 46% staff tested for HIV. We congratulate staff that were bold enough to take a lead. New Start has promised to provide the service this year as part of our EAP. On the 5th December, VCT services were

taken to the community using our mobile points. At approximately 1000 people were given health education, 4% opted for VCT on the spot, others were issued VCT fast queue slips.

On the big day, 06th December 2007 we launched our comprehensive package of HIV/AIDS. We were blessed by the presence of the Chairperson of the Health Portfolio Committee, one and the only Ms. Zanele Ludidi. Ms Ludidi started with candle lighting from the clinic, unveiling of the red ribbon for Siphumelele clinic then she visited three families that were adopted by ICHC. The event took place at the sports grounds, approximately 2500 people attended excluding VIP's. Ms Zanele Ludidi was the guest speaker. She emphasized the responsibilities of the community in the fight with HIV/AIDS. Dr Fikile Ndlovu from Premier's office pleaded with the community to look after the orphans. Our Dr Bulley looked stunning in the traditional attire on that day. Dr Bulley, assisted by Mr. Xoseka presented our comprehensive HIV/AIDS programme which included VCT, HIV/AIDS Wellness, ART, Post



Families adopted by the CHC receiving food parcels from Ms. Ludidi

testing support (support groups). Food parcels were then issued to the families that were adopted by the CHC. Hlengiwe Mhlaba was the entertainer for the day. Rev. Sangweni as usual, he did his best with candle lighting. It touched every body in the marquee as every body was in tears.

Thanks to the events committee for the job well done. **Mrs. B.P. Ndlovu, HAST Services.**



Service Excellence Award Ceremony



Dr G.M. Green with his mom, receiving the grand prize, he was nominated by patients as the best carer for the year.

At our previous year operational planning session Management and the CHC Advisory committee agreed that excellent performance needs to be recognized and promoted to comply with the Batho Pele principles and to motivate staff.

Last year on the 14th December ,we celebrated service excellence. The processes did not start in December though, it started early in the year. Management started to formulate the nomination process guidelines and tools thereafter staff input was solicited. Management appointed an independent panel to preside over the nomination process. This panel was constituted by Ms. Ngcobo (CHC Manager PCHC), Mrs. Gumede (HR Manager KCHC), Mrs. Ngubane (Nursing Manager NCHC) and Mr. Ngomane (CHC Advisory

Committee Chairperson).

We had three categories and three prizes per category . One for open nominations, nominations by Management and nominations by peers. Management decided that the grand prize shall be awarded to the person who is identified by patients in the suggestion box feedback forms from the beginning of the year. This was a fair decision because patients are our bosses, therefore we should try all means to please them.

Guess what ?, our Dr Green received the grand prize. Dr Green was identified by patients as the most respectful, professional, humble and he always demonstrate passion for his work and love for his patients. “Dr. Green keep up excellent work” Mr. Shezi on behalf of the Senior Management Team.

There was also a prize allocated for the best performing units based on the judgment of quality improvement projects by the panel. TB unit scooped the first prize. Our TB programme is the best in the North sub district. “Guys, excellent service, team effort is what we need to make the difference” Mr. Shezi on behalf of the Senior Management Team.

The day was not going to be com-

plete without a motivation, Mr. Musa. E. Zulu was the motivational speaker. He spoke about the importance of receiving an excellence award. Thanks to the events committee you deserve your own award.

Ms. T. Hlatshwayo, Acting Quality Assurance Coordinator.

“The ability to discipline yourself to delay gratification in the short term, in order to enjoy greater rewards in the long term, is the indispensable prerequisite for success.” by Brian Tracy



First Prize: Open Nomination received by Mr. P. Moodley.



Management nomination Prize: Staff going an extra mile to satisfy our customers was received by Mr. T.E. Gumbi



First Prize : Leadership Nomination received by Mrs R.Z.Gcabashe



First Prize: Nomination by Peers received Sr. L.D. Ndlovu



Ms R.T.Ngcobo the chairperson of the Adjudication committee.



TB Unit receiving First Prize—best managed unit (Best Quality Improvement Projects).



Launch of HIV/AIDS Procession



Hlengiwe Mhlaba and Rev. Sangweni leading candle lighting.

GOOD BYE MESSAGE FROM THE CHC MANAGER

It is with great sadness that this is my last input to the ICHC Newsletter. I thank ICHC management and staff for their support, diligence and dedication to the service. I always hoped that as team we will make Inanda CHC a leader and a model CHC in the provisioning of PHC service, I still believe that this is going to be achieved through the demonstrated commitment, and dedication of Management and staff of Inanda CHC. Guys I will miss you immensely.

To ICHC management always keep this in mind when you deal with staff: **“ They may forget what you said, but they will never forget how you made them feel.”** By Carol Buchner, again **“Always speak the truth**

but speak it palatably” Sanskrit proverb.

To ICHC staff and management again: **“ We are all faced with a series of great opportunities brilliantly disguised as impossible situations”** by Charles Swindoll., **“The most tragic things I know about human nature is that all of us tend to put off living(give up). We are all dreaming of some magical rose garden over the horizon instead of enjoying the roses that are blooming outside our windows today.”** Dale Carnegie



Mr. B.M. Shezi