



HEALTH
KwaZulu-Natal

EAST BOOM

COMMUNITY HEALTH CENTRE

UMGUNGUNDLOVU HEALTH DISTRICT

ANNUAL REPORT 2008/2009.

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**SUBMISSION OF THE ANNUAL REPORT TO THE EXECUTIVE AUTHORITY
BY THE ACCOUNTING OFFICER: MR E.M NTOMBELA**

It is a privilege of the few to present the Annual report for the 2008/09 financial year. Through His Mighty grace we are proud to look back where we came from and we are indeed passionate to look for the future through the eyes of the child.

I must indicate first and foremost that this report reflects new plans and systems implemented this financial year right from strategic issues up to functional issues.

East Boom CHC has been functioning as 8 hour service and intra-partum service (24 hours).this means the focus was on out patient service. We were far below the required norm and standards as far as the CHC level of care.

As a result change was necessary to ensure that indeed service delivery is done at the required level of care. We are now 12 hours service and intra partum service 24 hours. We plan to open Labour ward this coming financial year before June 2009.

I must say this is an on going exercise and it is my plan that it is finished by the end of the next financial year 09/10.

We were successful to establish Quality improvement service element. I am proud to report that Quality Improvements such as Infection control, Health and Safety, extended management, Disaster, Clinic Health Committee, Finance and Supply Chain Committee, Development Committee.

During this Financial Year most challenges have become achievements through intervention and consultation with various role players. However the greatest challenges at this centre are space constraints. We have taken on too many services without being able to manage the number of clients visiting each service area. The patient load continues to increase exponentially due to patients not attending their local clinics.

The staffs within the above departments have displayed unremarkable character in respect of attitude towards work, commitment and responsibility although they have experienced tremendous challenges. They have displayed incredible teamwork under extremely trying circumstances.

This office endeavours to address challenges mentioned in this report with the assistance of management team and other role players. We hope a realistic budget in the new Financial Year would assist in alleviating most problems.

SERVICE DELIVERY CHARTER

East Boom C.H.C. is an urban C.H.C under UMgungundlovu Health District situated at uMsunduzi Municipality, the Capital of KwaZulu- Natal Province “The City of your Choice.

The catchments area of the CHC is 178 000 according to mid year 2008 DHIS estimates and cross border patients due to the geographical location of the CHC.

Our telephone number is 033-264 4900.
Our fax number is 033-342 6042.
Our postal address is: East Boom Community Health Centre
 P.O Box 4018
 Willowton
 Pietermaritzburg
 3200.

Our Management structure of the Institution is as follows:

Community Health Centre Manager:	Mr E.M Ntombela
Nursing Service Manager:	Ms ACT Khumalo
Medical Manger	Vacant
Finance & System’s Manager:	Mr D Thangalan
Pharmacy Manager:	Ms N. Pillay
Chief Human Resource:	Mr B. Vilakazi

Vision

To provide the best quality Community Health Care Services that is integrated to the District Health System within the catchments are of uMsunduzi municipality.

Mission

Our Theme 'People caring for People'.

We are committed to deliver a perfect high quality comprehensive health care to our community through preventive, promotive, curative and rehabilitative level primary health care based on Batho Pele principles with the acknowledgements of the Patients Rights Charter.

STRATEGIC GOAL

East Boom Community Health Centre goals for the year 2005- 2009 MTEF

- To continue to decrease morbidity and mortality rates for HIV/AIDS, TB and other chronic diseases
- To promote provision of quality care to enhance service delivery
- To provide necessary equipment for service delivery
- To promote good governance
- To provide capacity building of staff (HR)

STRATEGIC OBJECTIVES

- Provide equitable distribution of resources.
- Decrease morbidity, mortality and Chronic diseases.
- Provide a comprehensive HIV / Aids programme
- Ensure adequate governance in the CHC.
- Improve HR management and Development of staff

STRATEGIC PRIORITIES BASED ON PROVINCIAL: 12 POINT PLAN

- Improving quality of services
- Improving the management of common health problems.
- Improving the management of physical infrastructure
- Strengthen good governance.
- Improve access control for safety of patients, staff , equipment and Community
- Implement quality improvement programme.
- Sustain a system of disposing medical waste
- Establish occupational health service.
- Establish employment assistance programme.
- Establish disaster management.
- Develop integrated HR plan.
- Improve financial management.

LEGISLATIVE MANDATE

- Allied Health Professions Act (Act 63 of 1982)
- Bargaining Council Resolutions
- **Basic Conditions of Employment Act (Act 75 of 1997)**
- Broad Based Black Economic Empowerment Act (Act 53 of 2003)
- **Child Care Act (Act 74 of 1983) and Amendments**
- **Choice on Termination of Pregnancy Act (Act 92 of 1996) and Amendments 38 pf 204**
- **Traditional health practitioners 35 of 2004**
- Control of Access to Public Premises and Vehicles Act (Act 53 of 1985)
- Conventional Penalties Act (Act 15 of 1962)
- Council for Medical Schemes Levy Act (Act 58 of 2000)
- Dental Technicians Act (Act 19 of 1979)
- Designs Act (Act 195 of 1993)
- Division of Revenue Act (Act 1 of 2007)
- Employment Equity Act (Act 55 of 1998)
- **Foodstuffs, Cosmetics and Disinfectants Act (Act 54 of 1972)**
- **Hazardous Substances Act (Act 15 of 1973)**
- Health Professions Act (Act 56 of 1974)
- Inter-Governmental Fiscal Regulations Act (Act 97 of 1997)
- International Health Regulations Act (Act 28 of 1974)
- Medical Schemes Act (Act 131 of 1998)
- **Medicines and Related Substances Act (Act 101 of 1965) 90**
- Mental Health Care Act (Act 17 of 2002)
- **National Health Act (Act 61 of 2003)**
- National Health Laboratory Services Act (Act 37 of 2000)
- **Nursing Act (Act 33,0. of 2005)**
- **Nursing amendment 19 .**
- **Occupational diseases in mines and works 59 of 60/2002**
- **Mine health and safety 29 of 1996**
- **Occupational Diseases in Mines and Works Act (Act 78 of 1973)**
- **Compensation for occupational injuries and diseases 61 of 1997**
- **Occupational Health and Safety Act (Act 85 of 1993)**
- **Pharmacy Act (Act 53 of 1974) /94 and amendment 1 of 2000**
- Preferential Procurement Policy Framework Act (Act 5 of 2000)
- Promotion of Access to Information Act (Act 2 of 2000)
- Promotion of Administrative Justice Act (Act 3 of 2000)
- Promotion of Equality and the Prevention of Unfair Discrimination Act (Act 4 of 2000)
- Protected Disclosures Act (Act 26 of 2000)
- Public Finance Management Act (Act 1 of 1999) and Treasury Regulations
- Public Service Act (Act 103 of 1994), Public Service Regulations
- Public Service Commission Act (Act 46 of 1997)
- SA Medical Research Council Act (Act 58 of 1991)
- Skills Development Act (Act 97 of 1998)

- State Information Technology Act (Act 88 of 1998)
- State Liability Act (Act 20 of 1957)
- **Sterilisations Act (Act 44 of 1998) and Amendments / 24**
- **National housing act**
- **Water act**
- **National air quality**
- **Road accident**
- **Birth,death strangulation**
- **Traditional**
- **Environment**
- **Meat safe act**
- **Skill develop**
- **Fifa wold cup**
- **Disaster act.**
- The Competition Act (Act 89 of 1998)
- **Social assistance 13 of 2004**
- **Equity act**
- **Labour relations act**
- The Constitution of the Republic of South Africa (Act 109 of 1996)
- The Copyright Act (Act 98 of 1998)
- The Merchandise Marks Act (Act 17 of 1941)
- The Patents Act (Act 57 of 1978)
- **Tobacco Products Control Amendment Act (Act 12 of 1999)**
- Trade Marks Act (Act 194 of 1993)

**THE PROVISION OF THE SERVICE IS BASED ON THE 11 PRINCIPLES OF
BATHO PELE WHITE PAPER AND UNDERTAKE TO:**

CONSULTING OUR CUSTOMERS:

Our aim is to make our services more responsive to your needs. This means that you must have the opportunity to influence decisions made on your behalf, to make informed comments on the services provided and to have your views fully taken into account.

SERVICE STANDARDS

our aim is to tell you what level and quality of services you will receive so that you are aware of what to expect

INCREASING ACCESS TO OUR SERVICES

our aim is to provide you with equal access to the services provided by us. this means providing access that ranges from providing facilities such as ramps for wheelchairs, parking for the disabled, toilets for the disabled, understanding your needs, your language and cultural values. Maternal & Phc services are accessible for 24 hours.

BEING COURTEOUS AND HELPFUL

Our aim is to treat clients with courtesy, consideration and politeness.

PROVIDING MORE AND BETTER INFORMATION

This is about informing you on what services we provide how to go about getting the services and how to lodge complains comments or suggestions. This charter provides you on the range and standard of services offered and complaint mechanisms.

Our customers and the core services we provide.

Customers
External: - The community at large – all ages Internal: - PHC clinics within uMgungundlovu Health District - Referral Hospitals - Staff
Core services
<ul style="list-style-type: none">- Pediatrics services: IMCI, 6-12 years child health, immunization, monitor weight and developmental milestones and height- Psychiatric services: Repeat medication, medication initiation, home visits, psychology service, psychiatrist weekly- Reproductive Health: Family planning, VCT, pap smears, CA screening, PNC- PHC :Minor Ailments and Chronic Disease Management, History taking, examinations, diagnosis, Rx and Mx, lifestyle Management (Preventive, Promotive, Rehab Health)- Maternal Services: ANC, PNC, Deliveries, PMTCT- Comprehensive HIV and Aids: HIV positive clients managed, initiation of ART, counseling, medicines, repeat visit management, health information, nutrition- Nutrition services: Health information, garden projects, support groups- Social Worker: Follow up and assistance of clients- Pharmacy: Management of chronic clients medication- Dental: Extraction and preventive and promotive dental practices- TB: case finding, initiation of RX, management of patient on continuation phase, HAST implementation, VCT, ongoing counseling-

INCREASE OPENESS AND TRANSPARENCY

Our aim is to let you know how we are achieving our promised standards of service delivery, how our centre is run, and how we address service delivery gaps. You have the right to be given clear information about any treatment or care Proposed, including any risks and any alternatives before you decide whether agree to it.

PUTTING THINGS RIGHTS WHEN THEY GO WRONG (REDRESS)

you are entitled to expect that any comment you may have will be taken seriously, and that any complaints will be treated fairly and quickly. Check our complaints procedure displayed on notice boards to help you

GIVE THE BEST VALUE FOR MONEY:

our aim to provide our services economically and efficiently within our available resources in order to give you best possible value for money.

ENCOURAGING INNOVATION AND REWARDING EXCELLENCE.

Our aim is to provide a working environment that helps us deliver a good service, and to recognize and appropriately reward our staffs who perform well in providing customer service as they wish.

CUSTOMER IMPACT

Our aim to be able to assess the benefits we have provided for all our customers. we will do that by showing you how the various service elements performs and services delivery indicators will be displayed for information..

PATIENT RIGHTS CHARTER

- To receive basic health cares as well as timeous emergency care irrespective of ability to pay, age, disability, religion, race, gender or nature of disease.
- To receive relevant information about what is wrong with you and how you will be treated.
- To be consulted regarding the level and quality of services rendered.

- To receive accurate information about the services to which you are entitled i.e. how much they cost, how each department is run and who is in charge.
- To receive a clear explanation regarding the reasons for your transfer to another health care facility, if necessary, for further medical management.
- To be respected in terms of personhood, privacy, confidentiality, dignity, spiritual and cultural beliefs.
- To be treated with courtesy and consideration.
- To decline treatment and information, spiritual or moral support.
- To have access to economic, efficient and an appropriate level of service.
- To express concerns/ suggestions and receive a timeous and positive response.

We know we all have rights, and it is just as important for us to know that with every right goes a responsibility for example...

While you have the right to be treated with dignity and respected by health care workers, it is you responsibility to treat them with the same dignity and respect. While it is your right to know what is wrong with you and how you will be treated, if you do not understand what the health worker is talking about it is your responsibility to ask questions, and while your are at it, tell the health worker everything you know about your illness! Privacy is your right, and if you are being examined and feel you're not getting it, ASK for it!

WHERE WE COME FROM.

It was critical that a situational analysis is conducted and the following are the challenges and possible solutions attended since July 2008 and 80% was done by December 2008. Relevant plans were developed, monitored and implemented.

HUMAN RESOURCES.

The new staff establishment has not been approved. Unable to employ critical staff required. e.g. no qualified Pharmacist in the Institution.

FINANCE.

Insufficient funds for goods and services.
Currently staffs are linked to incorrect objectives.
Psychiatric services – no budget allocated.
Resuscitate PMTCT in order to provide Nan Perlagon.

SUPPLY CHAIN MANAGEMENT.

Advertisement is done through emails and faxes.
Only Stores ,Finance Officers and Managers constitute SCM committees.

INFRASTRUCTURE.

As the CHC is operating in two separate buildings divided by a very busy and dangerous road, the safety of patients and staff is at risk as they cross the road to access services, etc.

Clients choose to come to East Boom CHC thus causing overcrowding and we are facing a problem of Insufficient consulting rooms and offices.

Poor cleanliness of the facility.

Doctors consulting rooms

Extractor fans

Ablution facilities

Air conditioners

No proper signage.

SERVICE DELIVERY INFORMATION.

Inconsistence of data and empowering sections to manage data.

Data flow chart.

Data management committee/ Quarterly report committee.

Data collection tools aligned to DHIS.

Monthly updated DHIS raw data and indicators.

POSSIBLE SOLUTIONS.

After that analysis we agreed to do something about all this challenges.

HUMAN RESOURCES.

Develop a plan and request approval to employ/ use critical posts for service delivery.

Upgrade Pharmacy Manager post to level 10 and appoint. Appoint a Pharmacy Locum.

FINANCE.

Priorities goods and services to align available budget

To create a data of staff, check where they are linked and link staff per objective accordingly.

SUPPLY CHAIN MANAGEMENT.

To use standard SCM Quotation forms.

To have an invitation quotation notice board and box.

All sections to be represented by Managers, Heads of Sections and supervisors during Cash Flows.

Set up committee, Bid Specification, Evaluation and Awarding.

INFRASTRUCTURE

Demarcations in old Pharmacy

Relocate treatment of minor ailments to East Street to decrease the number of clients crossing the road.

Engage with nearby facilities to decant patients on chronic treatment.

Find additional funding by reprioritization.

Outsourcing of contracts for cleaning.

Develop maintenance plan, cost it and align it to the current budget available.

SERVICE DELIVERY INFORMATION.

Service Quarterly Reports.

Service Per Headcount	Average Monthly Attendance	Annual attendance
Paediatrics < 5yrs	2400	29484
Clients >5yrs	28127	337524
PHC Total Headcount	30527	367008
Pharmacy Drs and Chronic scripts(level 2)	22919	275028
Items issued	63737	764844
Doctors (referred to and 1 st contact)	5286	63428
Dental	2415	28980
X-Ray	723	8676
Night/After Hours and Week ends	1200	14400
Mental Health	545	6540
Maternity, -ANC	1287	15445
Deliveries	1	12
ARV (new pts and follow- up)	3100	37800

SECTION 1: DISTRICT OVERVIEW

1.4 DHS Management and Governance Structures

TABLE 1: % of district hospitals with functional hospital boards

National Target: 100%.

Provincial Target: 100%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
Narrative:							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER

Table 2: % PHC Clinics with functional clinic committees

National Target: 100%.

Provincial Target: 100%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	100%	100%	100%	100%	100%	100%	100%
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ All the clinic committee members to be trained. ▪ Strengthening community involvement. 							
Narrative:							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER

SECTION 2: PRIMARY HEALTH CARE SERVICES

Table 3: Total PHC Head-count

Provincial Target: +5%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	367,024	94,963	93,994	81,886	91,301	362,144	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Strengthening adherence to Batho Pele principles by staff. ▪ Marketing of facility services to the community. 							
<ul style="list-style-type: none"> ○ Narrative: In comparisons to the previous quarters patients visits has dropped as they are advised to use their local clinics. ○ In 3rd quarter clients are given two months supply of treatment since clients are taking their leaves or holidays in December. ○ Increases in the number of clients in the last quarter since people are back from holidays and work. 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 4: UTILISATION RATE – TOTAL PHC

National Target: 3.5 visits per person per year

Provincial Target: 2.5 visits per person per year

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							3.00
East Boom CHC	2.5	2.12	2.11	1.84	2.04	2.03	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Marketing of facility services to the community. ▪ Strengthen data collection & conduct monthly reviews. 							
Narrative:							
cross border and some clients use the facility because of social convenience(accessible at all times)							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 5: UTILISATION RATE UNDER-5 YEARS

National Target: 5 visits per child per year

Provincial Target: 4 visits per child per year

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	4	1.84	2.16	1.56	1.92	2	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Improve the collection of data for less than 5 years at East Boom CHC. 							
Narrative:							
<ul style="list-style-type: none"> Data is not collected accordingly 							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 6: PROFESSIONAL NURSE CLINIC WORKLOAD

National Target: 1:35 patients per Professional Nurse per day

Provincial Target: 1:35 patients per Professional Nurse per day

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							1:40
East Boom CHC	1.40	1.52	1.52	1.48	1.48	1.50	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Strengthening of staff retention strategies. 							
Narrative:							
<ul style="list-style-type: none"> 							

Source: DHP 2008/09, QPR 2008/09 1st Quarter, & DHIS

TABLE 7: PROFESSIONAL DOCTOR CLINICAL WORKLOAD

Provincial Target: 1:23 patients per Doctor per day

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	1.25	1.27	1.20	1.30	1.27	1.26	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Facilitate the filling of vacant posts for doctors. 							
Narrative:							
<ul style="list-style-type: none"> 							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 8: % OF CLINICS VISITED BY A SUPERVISOR ONCE A MONTH

National Target: 100%

Provincial Target: 100%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM	100%	100%	100%	100%	100%	100%	100%
East Boom CHC	50%	0	0	100%	0	20%	100%
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Maintain visiting record 							
Narrative:							
<ul style="list-style-type: none"> None 							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

SECTION 3: COMMUNITY BASED PROGRAMMES

Table 9: School Health Services – Coverage

National Target: 100% Districts

Provincial Target: 70%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduziLM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
Narrative:							

Source: Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

SECTION 4: PRIORITY HEALTH PROGRAMMES

4.1 HIV, AIDS and STI'S

TABLE 10: PROPORTION OF ANC CLIENTS TESTED FOR HIV

National Target: 100%

Provincial Target: 90%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduziLM							
East Boom CHC	90%	100%	100%	100%	100%	100%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Health Promotion to ANC clients on the importance of HIV testing. ▪ Marketing the PMTCT services to the community. ▪ Increase the number of PMTCT trained Midwives. ▪ Implementation of Mother to Mother programme ▪ Strengthening Dual Therapy programme. ▪ Strengthening counselling 							
Narrative:							
<ul style="list-style-type: none"> ▪ 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 11: PROPORTION OF VCT CLIENTS TESTED FOR HIV

National Target: 100%

Provincial Target: 90%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduziLM							
East Boom CHC	90%	100%	99%	100%	100%	100%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ 							
Narrative:							
<ul style="list-style-type: none"> ▪ 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

**TABLE 12: DUAL THERAPY UPTAKE AMONG PREGNANT HIV POSITIVE WOMEN
(PMTCT)**

National Target: 100%

Provincial Target: 80%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduziLM							
East Boom CHC	80% (AZT) 80% (NVP)	70% (AZT) 80% (NVP)	74% (AZT) 72% (NVP)	80% (AZT) 80% (NVP)	59% (AZT) 59% (NVP)	92% (AZT) 72% (NVP)	
District Average							

Strategies & Activities:

- Market the service
- Strengthening Dual Therapy programme
- In-service training on Dual Therapy
- Emphasize the counselling by the health workers.

▪ **Narrative:**

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

**TABLE 13: DUAL THERAPY DOSE TO BABY BORN WITH HIV+ MOTHER
COVERAGE**

National Target: 100%

Provincial Target: 98%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduziLM							
East Boom CHC	98% 98%	0%(NVP) 98% AZT)	0%(NVP) 98% (AZT)	0%(NVP) 98% (AZT)	67%(NVP) 98% (AZT)	31%(NVP) 85% (AZT)	
District Average							

Strategies & Activities:

- Encourage compliance on treatment.
- Strengthening Mother to Mother programme.
- Encourage the rechecking of mothers for CD 4 counts at 28 weeks
- **Narrative:**Under dosage or over dosage of AZT syrup due to improper equipment for measuring.

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 14: NUMBER OF PHC FACILITIES PROVIDING ARV

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	1	1	1	1	1	1	1
District Average							

Strategies & Activities:

-
- Narrative:**
- Inadequate of patient waiting area

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 15: NUMBER OF NEW PATIENTS PUT ON ART

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	1,304	272	308	367	407	1,354	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Strengthening Health Promotion and on-going counselling. 							
Narrative:							
<ul style="list-style-type: none"> Mixing of ART & traditional medicine. 							

Source: DHP 2008/09, QPR 2008/09 1st Quarter, & DHIS

4.3 Maternal, Child and Women's Health

TABLE 16: IMMUNISATION COVERAGE UNDER-1 YEAR

National Target: 90%

Provincial Target: 90%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	80%	56%	67%	54%	71%	62%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Immunization Blitz. Strengthen Health Promotion Immunize all missed opportunities. Increase number of IMCI trained nurses. Encourage mothers to report adverse events post immunization. 							
Narrative:							
<ul style="list-style-type: none"> Lack of commitment on mothers to bring children for immunization. 							

Sub-Districts & District	2008/09 Target	2008/09 1st Quarter	2008/09 2nd Quarter Actual	2008/09 3rd Quarter	2008/09 4th Quarter	2008/09 Total	2009/10 Target
<ul style="list-style-type: none"> ▪ Relocation of mothers to different places (without Road to Health Chart) ▪ Children who died are not reported ▪ Road to Health Chart being lost. ▪ Low socio-economic status 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 17: % WOMEN UNDER-18 YEARS ATTENDING ANC

Sub-Districts & District	2008/09 Target	2008/09 1st Quarter	2008/09 2nd Quarter Actual	2008/09 3rd Quarter	2008/09 4th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC		214	169	83	126	592	
District Average							
<ul style="list-style-type: none"> ▪ Strategies & Activities: ▪ Narrative: 							

Source: ANC REGISTERS

TABLE 18: DELIVERY RATE IN FACILITY

Sub-Districts & District	2008/09 Target	2008/09 1st Quarter	2008/09 2nd Quarter Actual	2008/09 3rd Quarter	2008/09 4th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	1%	0.24%	0.18%	0%	0.52%	2.6%	
District Average							
<ul style="list-style-type: none"> ▪ Strategies & Activities: ▪ Narrative: 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 19: WOMEN YEAR PROTECTION RATE

National Target: 70%

Provincial Target: 60%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/09 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	55%	42%	30%	75%	100%	32%	
District Average							
<p>Strategies & Activities:</p> <ul style="list-style-type: none"> ▪ Market the service. ▪ Create fast queues. ▪ Emphasise post delivery Health promotion. 							
<p>Narrative:</p> <ul style="list-style-type: none"> ▪ Non-compliance to the use of contraceptives. 							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 20: CERVICAL CANCER SCREENING COVERAGE

National Target: 7%

Provincial Target: 5%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	4%	1.8%	1.2%	2.4%	1.6%	0.59%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Fast queues for cervical screening. ▪ Marketing of the service ▪ Conduct awareness campaigns on reproductive health services. ▪ Provide one-stop service point. 							
Narrative:							
<ul style="list-style-type: none"> ▪ None 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

**TABLE 21: NUMBER OF PUBLIC HEALTH FACILITIES PROVIDING
TERMINATION OF PREGNANCY SERVICES**

National Target: 100%

Provincial Target: 35%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
<ul style="list-style-type: none"> ▪ Strategies & Activities: ▪ Narrative: 							

SOURCE: DHP 2008/09, QPR 2008/09 1ST QUARTER, & TOP

4.4 Nutrition

Table 22: Vitamin A Coverage Under-1 Year

National Target: 80%

Provincial Target: 80%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							100%
East Boom CHC	60%	7%	46%	44%	90%	47%	
District Average							
<p>Strategies & Activities:</p> <ul style="list-style-type: none"> ▪ Market the service ▪ Strengthening Health Promotion. ▪ Encourage mothers to bring their children for Vit A ▪ Conduct blitz in surrounding areas. <p>Narrative:</p> <ul style="list-style-type: none"> ▪ 							

Source: DHP 2008/09, QPR 2008/09 1st Quarter, & DHIS

TABLE 23: NUMBER OF CHILDREN UNDER-5 YEARS ADMITTED WITH MALNUTRITION

Provincial Target: 150/1 000

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	0	0	0	0	0	0	0
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ None 							
Narrative:							
<ul style="list-style-type: none"> ▪ None 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

SECTION 5: OTHER HEALTH PROGRAMMES

5.1 Health Promotion

TABLE 24: NUMBER OF SCHOOLS IMPLEMENTING THE HEALTH PROMOTING SCHOOLS PRINCIPLES

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Narrative: 							

Source:

TABLE 25: NUMBER OF PHC CLINICS IMPLEMENTING THE HEALTH PROMOTING CLINIC PRINCIPLES

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	100%	100%	100%	100%	100%	100%	100%
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ None 							
Narrative:							
<ul style="list-style-type: none"> ▪ None 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

5.3 Chronic Diseases

TABLE 26: NUMBER OF DIABETICS ON TREATMENT – NEW

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC		313	211	125	47	696	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Proper screening of patients that come into the clinics and CHC. ▪ Encourage healthy life style 							
Narrative:							
<ul style="list-style-type: none"> ▪ Not all the patients are screened for blood sugar 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 27: NUMBER OF AMPUTATIONS TO PEOPLE WITH DIABETES MELLITUS

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
Narrative:							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

TABLE 28: NUMBER OF HYPERTENSION – NEW

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC		375	292	159	87	913	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Community awareness campaigns. ▪ Encourage healthy life style. 							
Narrative:							
▪							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

5.4 Oral Health

TABLE 29: RESTORATION TO EXTRACTION RATE

Provincial Target: 1:24

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC		238.32	252.19	346.32	233.23	288.05	
District Average							
Strategies & Activities: <ul style="list-style-type: none"> ▪ Market the service. ▪ Increase the number of Oral Health promotions and awareness campaigns. 							
Narrative: <ul style="list-style-type: none"> ▪ 							

Source: DHP 2008/09, QPR 2008/09 1ST QUARTER, & DHIS

5.5 Mental Health

TABLE 30: % DISTRICT HOSPITALS CONDUCTING 72-HOUR OBSERVATIONS

Provincial Target: 100%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
Narrative:							

Source:

5.6 Disability & Rehabilitation Programme

TABLE 31: % INSTITUTIONS WITH UPGRADED MENTAL HEALTH SERVICES

Provincial Target: 100%

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
Narrative:							

Source:

SECTION 8: INFRASTRUCTURE DEVELOPMENT

**TABLE 32: PUBLIC HEALTH SECTOR FACILITY (PDOH & LG)
INFRASTRUCTURE OVERVIEW PER SUB-DISTRICT**

Sub-Districts & District	% of Clinics, CHC'S & District Hospitals with:											
	Piped water (Target 100%)			Adequate Sanitation (Target 100%)			Working Telephones (Target 100%)			Electricity (Target 100%)		
	07/08	08/09 Q1	08/09 Q2	07/08	08/09 Q1	08/09 Q2	07/08	08/09 Q1	08/09 Q2	07/08	08/09 Q1	08/09 Q2
uMsunduzi LM	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
East Boom CHC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
District Average												
Strategies:												
<ul style="list-style-type: none"> Continuous motivation to fix the pipe system & telephone system respectively. 												
Narrative:												
<ul style="list-style-type: none"> 												

Source: Infrastructural audit,

TABLE 33: % OF HEALTH FACILITIES WITH STAFF ACCOMMODATION

Sub-Districts & District	2008/09 Target	2008/09 1 st Quarter	2008/09 2 nd Quarter Actual	2008/09 3 rd Quarter	2008/09 4 th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM		70%					70%
East Boom CHC		0%	0%	0%	0%	0%	0%
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> 							
Narrative:							
<ul style="list-style-type: none"> 							

Source:

The following changes in the allocation of services in the Boom section were done during the Integration of Services.

MENTAL HEALTH UNIT changes to COUNSELLORS/REPRODUCTIVE HEALTH UNIT

Room Number	Current Service	Future (Planned) Service
Room 1	Injection and Treatment room	Consulting room (IMCI)
Room 2	Doctors/CNP	Reproductive Health
Room 3	Interviews/Doctors/CNP	Reproductive Health
Room 4	Mother-to-Mother-to-be	IMCI Counsellor
Room 5	Interviews/Doctors/CNP	Social Worker

MINOR AILMENTS UNIT changes to MATERNITY UNIT

Room Number	Current Service	Future (Planned) Service
Room 1	CD4 count	Post Natal
Room 2	Consulting room	Post Natal
Room 3	Consulting room	Consulting room
Room 4	Consulting room	Consulting room
Room 5	Consulting room	Consulting room
Room 6	Doctors' consulting room	Consulting room
Room 7	Injection room	Injection room
Room 8	Family planning	Mother-to-Mother-to-be
Room 9	VCT counselling	PMTCT counselling
Room 10	Resuscitation room	PMTCT services
Room 11	Doctors' consulting room	PMTCT counselling
Room 12	Doctors' consulting room (Used by Psychologist only on Wednesdays)	Resuscitation room

MATERNITY UNIT changes to MENTAL HEALTH UNIT

Room Number	Current Service	Future (Planned) Service
Room 1	Consulting room	Staff clinic
Room 2	Consulting room	Consulting room
Room 3	Consulting room	Consulting room
Room 4	Consulting room	Consulting room
Room 5	PMTCT counselling	Office of Trainer and Infection Control
Room 6	PMTCT services	Psychologist consulting room

Essential Medical equipment plan executed

MEDICAL EQUIPMENT	QUANTITY	TOTAL	COMMENTS
Aneroid BP Machine (XXL Cuffs)	18	R 4,001.40	Received
Bedpans	4	R 661.00	Received
Bell Stethoscope (Soft Earpiece)	21 (Distr.)	R 598.50	Received
BMI Scales	2	R 3,762.00	Received
Casualty Trolley Bed	1	R 8,550.00	NOT RECEIVED
Cuscoes (S,M,L,)	10 of each	R 2,163.15	Received
Clip Remover	2	R 132.24	Received
Plastic Coolbox 28Lt	2	R 444.60	Received
Delivery Bed	2	R 48,000.00	NOT RECEIVED
Dental Syringes	40	R 3,377.25	Received
Diagnostic Sets (wall mounted)	1	R 6,610.00	Received
Diagnostic Sets (Portable)	5	R 7,125.00	Received
Dinamap	2	R 17,100.00	Received
Drug Cupboard	1	R 792.30	Received
G.R. Machine	4	R 1,368.00	Received
Gally pots	-	R 128.28	Received
H.B. Meter (Electronic)	6	R 3,600.00	Received
Hospital Bed (with elevators)	2	R 7,000.00	ON HOLD
Oxygen Gauge	2	R 2,000.00	Received
Postnatal bed	2	R 3,600.00	WAITING FOR SAMPLE
S/Steel 6" bowls	10	R 470.25	Received
S/Steel kidney bowls small	10	R 207.48	Received
Screen curtains	12	R 18,000.00	Received
Screen mobile	2	R 1,744.20	Received
Stretcher	1	R 3,192.00	Received
Suction Machine	1	R 2,508.32	Received
Urinals	4	R 661.00	Received
Total		R 80.646.00	

MAINTENANCE PLAN FOR EAST BOOM CHC – 2008/2009

We received R640 000 for maintenance this financial year. Below is maintenance plan developed and well executed.

I must say this plan changes our Institution to a better facility than before.

Priority	Location	Unit	Maintenance Need	Status
1	Boom Street East Street	All areas	Internal signage and external service boards	Done
2	Boom Street	Nurses' Tea Lounge	Replace/Upgrade broken kitchen unit and sink. Install soap dispensers.	Done
	East Street	New TB Park homes	Extractor fans	Done
3	Boom Street East Street	All areas	Servicing and maintenance of air conditioners and ceiling fans and or replace, how many.	Done
4	East Street	ARV Unit	Rental park home	Done
		Minor ailments	Replace windows x2 Door glasses	Done
	East Street	Admin OPD	Demolish the block fro more space	Done
	East Street Boom Street	All	Fire Compliant Equipment	Done
5	East Street	Pharmacy	Demarcation of old Pharmacy into two consulting rooms.	Done
			Attend the Floor.- Vinaly	Done
			Attend the toilet.	Done
		X-ray	Shelving	
		All arrears	Replace and new blinds	Done
6	Boom Street	Open verandah	Upgrade open verandah (security	Done

			guard house waiting area) to be used for literacy classes	
	East Street	TB Unit	Hand washing basin	Done
7	East Street	X-ray	Add Trolley gates to unit	Done
		X-ray	Shelving for cards	Done

QUALITY IMPROVEMENT PROGRAMME.

We improve the quality of care and services this financial year. We developed an integrated plan to ensure that medical equipment shortage is addressed, health and safety measures are in place, improved maintenance, and infection prevention is taken care of as well as ensuring that our staff works in good environment.

We also developed a strategy to integrate services so that we provide best PHC services. we did that to ensure optimal utilization of resources. Below is evidence of what happened this financial year.

AIRCONDITIONERS PROJECT

This project was done to protect staff in particular to whether since this area is very hot and cold during the seasons. Old air conditioners install 20 to 30 years ago were removed.

Old



New



FIRE COMPLAINT

It was noted that not even one fire extinguisher is available in the institution. A project to install fire extinguisher in order to be fire compliant was done.



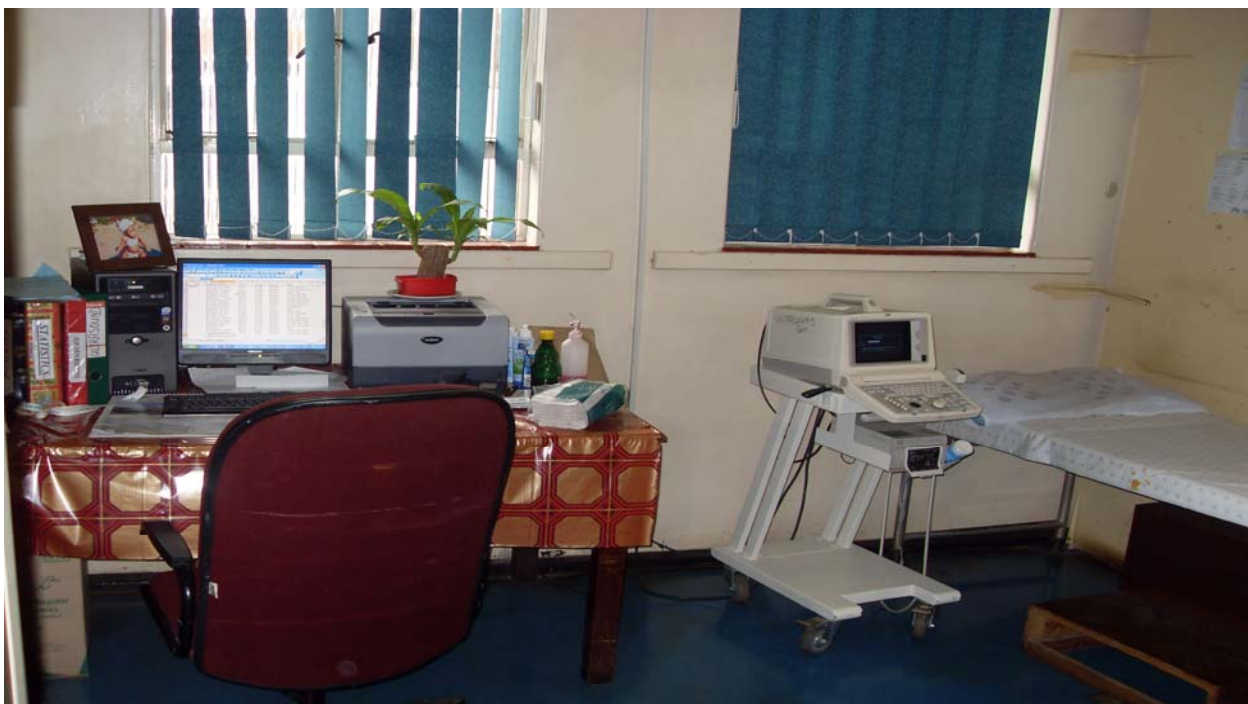
UPGRADE OF X-RAY TO HAVE ULTRASOUND SECTION

This department provided x-rays reading and admin ultrasound services in one room. That compromises dignity and services since there was no privacy at all. A tea lounge situated in x-ray was moved to Dental tea lounge and new designated room for ultrasound was given to x-ray staff. A new filling room for x-ray was also done.

BEFORE



AFTER





A secured x-ray dept



SUPPLY CHAIN MANAGEMENT

All tender committees are in place, expenditure is monitored weekly. A tender notice board and quotation placed at the strategic points for transparency purposes.



PROVISION CONSULTING ROOMS

The unavoidable increase of patient visiting the CHC demanded that old Pharmacy be converted to two doctors consulting rooms and one office for Operational Manager.



BOPELENG WAITING AREA (ARV CLINIC)

During rainy or cold seasons this queue is there. Rental Park home provided to address to sort out this queue.

BEFORE



PATIENTS WAITING AREA



It was also important to create more space for the waiting area of patients and the big Admin office was demolished.

BEFORE



Demolishing in progress



AFTER



PROPER SIGNAGE

Although this project needs improvement since some of the areas still need proper signage, but half of the institution areas were done.

BEFORE



AFTER



MANAGEMENT OF SHARPS

Waste management was noted to be one of the cost drivers. Stock piling and lack of oversight on monitoring waste disposal resources was the common problem. New smart sharp disposal system was introduced to overcome mentioned problems.

BEFORE.



AFTER



STAFF TEA LOUNGE CONVERTED TO LABOUR WARD

Currently no deliveries are being done in the facility, only emergency cases really. This open security verandah at the main gate was converted to staff tea lounge. Old tea lounge to be converted to Labour ward.

BEFORE



AFTER



Conversion in progress



After





TB

This section suppose to match the required standard as for Occupational Health and Safety Act of our staff and community. An extractor fans project was done.

INSTALLATION OF BLINDS

It was noted that only three rooms have curtains through out the Centre and privacy was compromised. A project to install blinds in offices and consulting rooms was done.



Dental

We have managed to have most of the equipment needed to run the surgery efficiently. This equipment includes

1. A curing light needed for resin restorations. Amalgam restorations. Scalier needed to administer local anesthetic.
2. Syringes to administer local anesthetic.
3. Digital radiographic machine, this allows us to take precise radiographs hence facilitating the diagnostic process as well as root canal treatment.







Human Resources.

We managed to recruit the following staff this financial year.

Centre Manager x 1

Pharmacy Manager X1

Senior medical officer x1

Professional nurse x1

Pharmacy Assistant x 1

Dental Pharmacy Assistant x1

Retired and resignation.

One retired and two resigned.

Death

None.

Transfers

Two members.

FINANCE

Budget

The initial budget for this Financial Year was R23 127 000.00 and has subsequently risen to R30 556 000.00. Additional funding was given to this centre from HIV & Aids and for Psyche Services.

The expenditure was checked weekly to ensure that the correct items and objectives were debited. Journals and Virements were done monthly to correct expenditure. The suspense account was addressed and all journals have subsequently been done.

The expenditure for Tertiary medication has not been claimed; to start claiming District Holding fund next financial year. The projected over expenditure for this financial year is R8 million.

Expenditure

A concerted effort was made by all staff to ensure that there was no fruitless expenditure. A cost containment plan was initiated and implemented. It was noted that water one of the cost driver was water ,to monitor that we now carrying out meter reading exercises every month and submits these readings to the relevant authorities to ensure that we are charged based on actual consumption and not estimations.

The telephones accounts were drastically reduced by restricting pin codes and closing off cell phone access.

Pharmacy stores have been tasked to check orders received with actual orders placed and verify that this institution is being charged the correct tariff for stock received.

Challenges

Currently the Finance and Systems Manager is responsible and answerable for all matters pertaining to finance in the clinic as well as having to oversee staff in the following components:-

1. Transport – 2 Drivers
2. Supply Chain Management – 3 Supply Chain Officers
3. Facility Information Officer – 1
4. General Assistants – 11 General Orderlies
5. Maintenance and handymen – 2 Handy men assistants
6. Admitting Clerks – 5 Admitting Clerks
7. Security – 2 Security officers
8. Finance – 1 Finance Service Officer

The Finance Manager is responsible for the following systems-:

1. Telephones
2. Electricity and water supply
3. Laundry
4. Air-conditioning
5. Fire extinguishers
6. Garden Services
7. Refuse removal
8. Building & Renovations
9. Plumbing and electrical maintenance.

A Systems Manager post should be created in order to separate the Finance and Systems components and to distribute the work load more evenly as this institutions patient load is now larger than most hospitals, which have separate Finance & Systems Managers.

Achievements

New reporting and presentation mechanisms have been put in place in respect of cash flow. Effective measures were put in place to minimize our over expenditure for this financial year. Hence the implementation of the cost containment plans.

Although we could not access specifications from the District Engineer on time all projects as per our Maintenance Plan have been completed.

SUPPLY CHAIN MANAGEMENT

This is the second year since the stores department was established. A third person has joined Procurement to assist with Asset Management. One member of staff has been appointed as acting supervisor.

Systems have been set up, for example a tender quotation board was put up. This board was accessed from the Stores at North dale Hospital by our observant driver Mr. P. Naicker who noticed that the glass on the board was slightly damaged and North dale had no intention of using it.

The relevant committees were set up and meet regularly. SCM Technical Support has visited this institution and has assisted our team with their valuable contribution and assessment.

Challenges

1. Insufficient space for stores.
2. Additional staff are required as well as a permanently assigned General Orderly.
3. The movement of assets to other locations by staff members without advising the asset control officer.
4. The non compliance of staff in reporting the damage of equipment.
5. Proper segregation of duties within this component.

FACILITY INFORMATION OFFICER

Challenges

Collection and submission of data to District Office was hindered due to the fact that the DHIS was outdated and the necessary measures for the compilation of daily statistics were not in place.

The submission of data was done manually as there was no computer network available in the institution and hence no e mail facilities. Reporting to District Office was done by faxing copies.

Certain departments did not have computers for the staff to record and access information which made it difficult to obtain statistics.

The CHC does not possess a data video projector or a laptop which are required to do presentations at meetings. This equipment has to be borrowed from either District Office or Informatics and this is problematic as the equipment is often not available.

Achievements

It was established that the staff were not utilising tally sheets and as a result a great deal of information was being lost. As a result an improved, user friendly daily tally sheet was introduced.

Collection tools for other departments which were not part of the monthly summary statistics were also created.

An assessment was undertaken to establish which staff members in the respective departments required computers and network points for the collection of data. Computers were removed from departments where they were not being utilised. The provision of computers to departments which provide statistics has ensured that data is now collected effectively and has facilitated the timeous submission of data to District Office.

Data Management team has been formulated to ensure improvement in the quality of data and to make sure that all monthly and quarterly reports are validated, discussed and submitted on time to District Office.

TRANSPORT

This Institution now has four vehicles including the Psychology Department vehicle which we took over this Financial Year.

There are two competent drivers. Mr. P. Naicker is responsible for the completion of the log books and checked by Finance and Systems Manager and the submission thereof to District Office. All trips are co coordinated to ensure no duplication or unnecessary trips are made. This is one of our Cost Containment Plans.

Challenges

1. No transport office for drivers.
2. No sheltered parking for vehicles and no reserved areas for parking.
3. No wash bay area for vehicles.
4. Poor service provider's regarding the servicing of state vehicles.

CLERICAL DEPARTMENT – O.P.D

We had seven clerks at the beginning of the Financial Year. One has since resigned and one was transferred to Supply Chain Management. Due to financial constraints their posts could not be filled.

GENERAL ORDERLIES

A concerted effort was made by the cleaning team to improve conditions at this centre. Meetings are held monthly by the Finance Manager to address any problems. The lack of equipment and chemicals contributed to the unacceptable conditions in the clinic. This has been rectified with the procurement of equipment and cleaning materials.

The number of toilets verses the number of patients is one of the main factors affecting the cleanliness and servicing of toilets. Increasing the number of toilets will be a priority in the next financial year.

General Orderlies are utilized to perform other duties besides cleaning functions. They assist with the:-

1. Moving of furniture.
2. Wheeling of patients.
3. Maintenance Functions.
4. Issuing of stock from the stores.
5. Transporting of medication.
6. Loading and off loading of goods from official vehicles.

SECURITY

Security is outsourced except for one security guard who will be retiring in June 2009.

Private security is responsible for access control and safekeeping of Government property and staff. They also assist with directing patients to the correct services. Job descriptions and instructions were drawn up and issued to the security personnel. This is monitored weekly. Meetings are held regularly with the security company.

MAINTENANCE

There is no Artisan Foreman or any maintenance staff employed in this section. A handy man from Imbalanhle Clinic was utilized once a week to assist with minor maintenance matters. This has now stopped due to his workload at Imbalanhle Clinic.

Subsequently two General Orderlies have been selected to be trained as Handy man Assistants. One has attended a weeks training at North dale Hospital.

The limited numbers of toilets are a major problem at this centre. There is a constant need for maintenance. The buildings are old therefore there are always plumbing and electrical problems. There is no space for an office or workshop for maintenance.

CHC COMMITTEES MEMBERS

Top Management.

- EM Ntombela Chairperson
- ACT Khumalo
- D Thangalan
- KD Zulu

CLINIC COMMITTEE

- BB Mkhize
- JW Williams
- DE Ngobese
- SI Mthembu

MEDIUM EXPENDITURE TEAM

- EM Ntombela Chairperson
- ACT Khumalo
- D Thangalan
- MB Vilakazi
- R Birtharthee
- A Simboo
- SL Thomas
- S Dlamini
- S Gopichand
- NC Msimang
- ON Ngidi
- VC Vilakazi
- SC Madlala
- BR Hadebe
- KD Zulu

- NT Mfeka
- SW Sithole
- NE Dlamini

EXTENDED MANAGEMENT.

- ACT Khumalo Chairperson
- EM Ntombela
- D Thangalan
- A Simboo
- S Dlamini
- EJ Wynia
- S Gopichand
- NC Msimang
- ON Ngidi
- VC Vilakazi
- SC Madlala

- BR Hadebe
- KD Zulu
- SW Sthole
- BB Ngcobo
- NE Dlamini

Institutional Management Labour Committee

- R Skhakhane HORSPESA
- L Dlamini NEHAWU
- PT Madlala HORSPESA
- TM Mazibuko HORSPESA
- R Naidoo HORSPESA
- Ngwamanda PSA
- Mrs Hutchison Chairperson
- EM Ntombela MANAGEMENT
- ACT Khumalo MANAGEMENT
- D Thangalan MANAGEMENT
- KD Zulu MANAGEMENT

THANK YOU