



HEALTH
KwaZulu-Natal

EAST BOOM COMMUNITY HEALTH CENTRE

UMGUNGUNDLOVU HEALTH DISTRICT

ANNUAL REPORT 2009 – 2010

ANNUAL REPORT
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1. Strategic Components.
2. Report of the Centre Manager.
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Report of the Centre Manager.

SUBMISSION OF THE ANNUAL REPORT TO THE DISTRICT MANAGER BY THE CHC MANAGER: MR E.M NTOMBELA



It is a great honour to present the Annual report for the 2009/2010 financial year. I am humbly before Him who was with us through out the financial year up to so far.

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

In the previous annual report, I indicated that labour will be open; due to unforeseen circumstances we could not open it. I am confident that during this financial year Labour ward is going to function.

We were successful to sustain 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 were active and fully functioning.

During this Financial Year most challenges have become achievements through intervention and consultation with various role players. However the greatest challenge in our Centre is the consulting and office space. We are unable to catch the increasing demand of services by the public who are coming all over UMGungundlovu and Thekwini district. The patient load continues to increase exponentially due to patients not attending their local clinics.

Our dedicated staffs from all 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.

Thank You

HUMAN RESOURCES MANAGEMENT

1. INTRODUCTION

1. It is imperative that, in terms of the Constitution of RSA, PFMA and Treasury Regulations, annual reporting on Human Resources Management be done and made available. This report has been prepared based on various activities that took place during the said period e.g. staffing levels, skills levels, promotions, exits, training and development programmes.

2. EXPENDITURE

Personnel Cost (salaries) R27.00000.00

2.1 Employment and vacancies as at 31.03.2010

Salary Band	Number of vacancies	Filled
Level 1	1	1
Level 2	1	15
Level 3	2	24
Level 4	3	16
Level 5	3	19
Level 6	0	4
Level 7	1	9
Level 8	1	4
Level 9	2	31
Level 10	1	8
Level 11	6	7
Level 12	0	1

3. *POSTS UPGRADED*

Posts upgraded	Levels
Pharmacy Assistants X 1	From Level 3 to 4

4. *EMPLOYMENT CHANGES*

Annual turnover rates by salary bands

Salary Band	Appointment and transfer into the organization	Transfer out of the organization
3	2	2
4	0	1
5	1	2
7	1	1

11	0	1
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5. REASONS WHY PEOPLE ARE LEAVING THE INSTITUTION

Reason	Number
Death	1
Resignation	1
Expiry of contract	3
Dismissal/ Operational changes	0
Dismissal misconduct	0
Dismissal inefficiency	0
Discharged due to ill health	0
Retirements	1
Abscondence	0
Other	0

6. PROMOTIONS

<i>Salary Band</i>	<i>Number</i>
<i>3</i>	<i>1</i>
<i>5</i>	<i>1</i>
<i>11</i>	<i>1</i>

7. TEMPORARY STAFF

The following staffs are employed due to the shortage of clinical staff

CATEGORY	No. OF STAFF	PERIOD OF CONTRACT
Medical Officer	3	12 months
Pharmacist	3	6 months

8. ALLOWANCES

CATEGORY	OVERTIME	No. OF STAFF	UNIFORM	TOTAL AMOUNT
NURSING	N	73	Y	R115818.88
MEDICAL	Y	2	N	R280584.00

9. LONG SERVICE AWARDS

NUMBER OF STAFF	TOTAL AMOUNT	TYPE OF AWARD
1	R3994.00	30 YEARS

10. LEAVE PAYOUT FOR THE PERIOD 01.04.2009 – 31.03.2010

<i>TRANSATION TYPE</i>	<i>NUMBER OF STAFF</i>	<i>AMOUNT</i>
LEAVE DISCOUNTING	1	R4 773.16
LEAVE GRATUITY	2	R35 606.54

TOTAL	3	<i>R40 379.70</i>
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11. PERFORMANCE MANAGEMENT AND DEVELOPMENT SYSTEM

- The introduction of PMDS was not an easy task since it had so many annexure that one had to understand. A lot of people could not understand their role especially the supervisors. This necessitated that HR Manager arranges workshops. To name a few, HR Manager conducted three workshops.

11.1 PAY PROGRESSION

Total staff qualified	Total staff qualifies for Bonus	Total staff that did not qualify	Total staff on Maximum Notch	TOTAL PAID
84	0	27	9	R213666.75

12. LABOUR/ STAFF RELATIONS

12.1 MISCONDUCT AND DISCIPLINE

Nature of alleged misconduct	Number	Outcome
Absenteeism	1	Pending

12.2 OUTCOMES OF DISCIPLINARY HEARINGS.

Nature	Number	Outcome
Verbal warning	0	0
Written warning	1	Finalised
Final written warning	0	0
Not guilty	0	0
Case withdrawn	1	withdrawn
Dismissal	0	0
Total	2	

13. GRIEVANCES LODGED

<i>TYPE OF GRIEVANCE</i>	<i>NUMBER</i>	<i>OUTCOME</i>
Non selection for the post	1	Finalised

14. SKILLS DEVELOPMENT (TRAINING AND DEVELOPMENT) FUND ALLOCATED = R44000.00

This section highlights the efforts of the institution with regard to skills development.

14.1 TRAINING PROVIDED

Training Course	AM	AF	CM	CF	IM	IF	WM	WF	Total Males	Total Females	Budget
Abet		3								3	R11000.00
Health Induction		2								2	0
Internship	1										0
Basic Fire Fighting Training	2	8			4	1			5	9	0
HIV/AIDS Workshop		2								2	0
Persal Introduction Course		1								1	0

15. INJURY ON DUTY

Nature of injury on duty	Number	% Total
Required basic medical attention	11	7.48
Temporary disablement	1	0.68
Permanent disablement	0	0
Fatal	0	0
Total	0	0

16. OSD FOR MEDICAL STAFF

The following staff were translated in terms of OSD

Category	No of Staff	Total paid
Medical Officers	2	R145604.25
Dentist	3	R264345.75
Pharmacist	1	R89185.50
Pharmacist (CSO)	1	R52144.50
Dentist CSO	2	R123585.00
Pharmacist Assistant	2	R17338.50
TOTAL	11	R692202.50

Achievements

Phila Ma Project (Cervical cancer screening)

- 1) East Boom Khanya Africa members have responded to a call by Health MEC for KZN Dr S. Dlomo to increase the numbers of women screened for Cervical Cancer. They volunteered their services on a Saturday of the 13th of March 2010 and they are intending to do it quarterly. This initiative has been coordinated by Ms A.C.T. Khumalo the Assistant Nurse

	<p>Manager. The target is all working women who do not get time during the week to come to the clinics. 72 patients were done pap smears on that one Saturday.</p>
<p>Awareness Days according to National Health Calendar</p>	
<p>STI/ Condom Week (7-14 February 2010).</p>	<p>1) The awareness was conducted in all departments through out the week. Evidence pictures are available on the Newsletter.</p>
<p>Pregnancy awareness week (7-14 February 2010).</p>	<p>1) This event was hosted on the 19th of February 2010 in Maternity section since the previous week the institution was focusing on STI/Condom week. The evidence pictures are also on the Newsletter.</p>
<p>Fire Drills</p>	<p>1) The Health & Safety Officer Ms Z. Vilakazi organized the event on the 24th of February 2010. Officials from municipal fire department Mr. Gwamanda assisted during the event. See news letter.</p>
<p>TB Awareness month</p>	<p>1) The awareness was conducted through out the month in all departments. TB unit hosted TB awareness day on the 24th of March 2010.</p>
<p>Newsletter:</p>	<p>1) The third edition of East Boom Newsletter has been published on the 7th of April 2010 and is available on the intranet.</p>
<p>Clinic Committee visits:</p>	<p>2) Monthly Clinic Committee members have been conducted and the register for their routine visits is available.</p>
<p>Waste Storage area.</p>	<p>3) A cold room for waste storage has been erected and soon to be utilized.</p>
<p>In-service Training.</p>	<p>1) The in-service training programme has been developed and the following trainings took place during the 4th quarter:</p> <p>2) Waste management conducted by Compass Waste done twice to both Clinical and non-clinical staff.</p> <p>3) Orientation of Managers and Sectional Heads to Quality Assurance and Infection Control Audit Tools.</p> <p>4) Demonstration on cleaning of receivers and autoclaving done to general orderlies.</p>
<p>Internal Surveys</p>	<p>1) The Waiting Time Service Survey was conducted on the 17th of February 2010.</p> <p>2) Infection Control and Occupational Health internal survey was conducted on the 09th of March 2010.</p>
<p>Team Work</p>	<p>1) Monthly meetings on QIP, OHS and IPC have been conducted with Representatives as well as with</p>

	<p>Management.</p> <p>2) Monthly meetings with all categories of nursing staff giving feedback from District meetings and workshops have been conducted.</p>
External environment	<p>1) Signage for emergency evacuation routes and assembly points has been installed.</p>
Construction of Male Circumcision unit	<p>1) This was done by Hast Unit at Provincial level, East Boom management and Society for Family health (NGO).The structure is erected and serving 15 clients a day.</p>
Labour ward	<p>1) Maternity for some years has not been fully functioning. A new ward has been built to be opened in May 2010.</p>
Reallocating of Hast Unit from East side to Boom side.	<p>1) This unit has never been properly structured in terms of an appropriate building to provide services. The structure that has been in existence was two park homes donated by an NGO in 2006. Currently the unit has enrolled more than 8000 patients, as it now 4600 patients on the list. A need to reallocate the unit in order to accommodate the increase was inevitable.</p>

PAEDIATRIC SECTION

A TOILET CONVECTED TO BE USE ROOM AS CHANGE ROOM FOR BABIES.

It was a concern from mothers that the space is available but no privacy .A creative idea was to do away with the toilet which was not used frequently and convert the room to a change room for our future leaders (babies).

BEFORE



DURING



AFTER



CONSTRUCTION OF A GATE TO NEW LABOUR WARD

It is critical to meet basic standards of access to service areas especially emergency ones. Another entrance for Ambulance service was opened.



PHC

PHC unit marked non compliant on washing basin during the Infection survey, it was a required action to change the situation as follows.

BEFORE



AFTER



Medical Equipment Bought.

To ensure that each consulting room has basic equipment, the equipment plan was well implemented. Some of the items bought were as follows.







LABOUR WARD.

This was the additional work to ensure that labour ward is up to the required standard, old toilets converted to a sluice room, electric points to cater for plugs and oxygen.

BEFORE





X RAY UNIT.

RADIATION PROTECTION MATERIAL.

New protective clothing for clients and staff was also a requirement to have and that improve health and safety for both staff and clients.





CONSTRUCTION OF A MALE CIRCUMCISION PARK HOME

AS an add on strategy to HIV and AIDS and STI, this unit was erected to provide HIV and AIDS Counselling, those who are negative are advised to undergo a male circumcision.

The unit is made up of four surgeries, three counselling rooms, store, reception and three offices. It is a big unit although the architect missed the waiting area. We are working on that, hopefully by the end of financial year everything will be working very smooth. A maximum of 15 are patients circumcised a day. We are working in partnership with Society for family health on this project.





EBCHC EVENTS

Breast feeding Awareness Week

Each year South Africa and the rest of the world celebrate Breastfeeding week. The aim of this week is to raise awareness on the Protection, Promotion and Support of Breastfeeding. Breastfeeding has a number of benefits for the infant (baby), mother, family and nation. Mothers' milk is all that a baby needs until about 6 months of age (exclusive breastfeeding). No other food, drink (water formulae) is necessary until the baby is 6 months' old. East Boom CHC was involved in making this initiative more successful, on the 5th of August the staff came together in to educating the community about Breast feeding. To take you to the scene, here are some few pics.





East boom Staff during the event educating clients about breast feeding. You can finally judge for your self that the event was actually spacked with a lot of fun.

National Child Health

From the 7th to the 20th of September, East Boom CHC's Paeds staff dedicated themselves to make sure that a healthy lifestyle to the kiddies is a priority. The parents also contributed with their 100 % attendance to bring their kiddies in order to obtain these services. The targeted kiddies basically were from the ages 1 to 5. The services that were offered were as follows:

- *Vitamin A Supplementation
- *Catch up Immunization
- *Deworming
- *Growth Monitoring

Below are the highlights and lowlights of the event:



1

1. This is young Ms. Philasande Lushaba who is 2 years old.
2. Sister Mfeka and her colleagues doing what they do best.



2



3. Ms. Andiswa Zulu (front row left) full of excitement.
4. Wow look at this this cute Junior: His name is Thandokuhle Mbelu, his mom is camera shy.

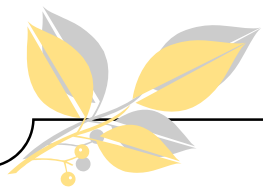


5 & 6. The parents were gathering into the tent to obtain the services for their toddlers.



Quality Day





Sr K.A. Khumalo - Quality Assurance Officer presenting the purpose of the day.



Ms. A.C.T. Khumalo - Nursing Manager introducing the guests of the day.



OPM Msimang - The Programme Director.



Mr. D. Thangalan - Finance & Systems Manager explaining to us the developments he made and how does he maintains the CHC's budget.



Sr B.R.Hadebe - From PHC & Casualty unit presenting QIP and also gave wonderful advices to the community.

The City of Choice's community came out in numbers to witness the Quality Day event.



Our guests for the day enjoying the presentations



The Clinic Committee was part of the guests. From left to right Mr. E.B.Ndlovi, Ms. M.Ndlovu, Ms. J.W. Williams and Ms. S.I. Mthembu.



Mrs. Madlala - Radiology Unit Manager presenting her QIP and she gave some advice to the clients concerning radiology unit.

Our guests received some gifts at the end of the event



That is me Kwanele Shange Presenting the vote of thanks and Mr. Eric Wynia (left seated) who was our technical operator.

VOTE OF THANKS

WE WILL LIKE TO THANK EAST BOOM CHC MANAGEMENT FOR GRANTING US THE PERMISSION OF HOSTING A QUALITY DAY, DISTRICT QUALITY MANAGER MS MTHEMBU , WE KNOW THAT SHE HAS QUITE A LOT OF AGENDAS AHEAD OF HER BUT SHE CHOSE TO SPEND THE DAY WITH US SIYABONGA MVELASE, OPM MSIMANG FOR BEING A WONDERFUL PROGRAMME DIRECTOR.

THE CLINIC COMMITTEE FOR TAKING PART IN THE EVENT, UNIT MANAGERS FOR THEIR PARTICIPATION, QIP TEAM, MELUSI AND XOLANI SR KHUMALO'S SONS FOR LENDING US THEIR SOUND SYSTEM, EAST BOOM STAFF, MR.PHILLY DISTRICT HAST UNIT MANAGER, DISTRICT HEALTH PROMOTION UNIT, NEW TIMES BAKERIES FOR DONATING CAKES TO US, WHAT THE DAY WILL BE WITHOUT MR. ERIC WYNIA FOR BEING THE OPERATOR FOR THE DAY AND EVERY ONE WHO CONTRIBUTED FOR THIS EVENT TO BE SUCCESSFULL.



Dental Awareness

The date was the 23rd of September 2009, Dental Awareness Day was the name of the event. All the sections were targeted. The objectives of this Awareness Day were basically about educating the patients about the importance of good oral health, to make patients aware of restorative

dental procedures, to teach our patients about a healthy diet and to emphasize the strict infection control measures that East Boom CHC Dental department practices.



1



2



3

1. THESE ARE THE VISUALS THAT WERE USED DURING THE DAY OF THE EVENT.

2. MR. NTOMBELA (CENTRE MANAGER) AND HIS COLLEAGUES WERE THERE TO WITNESS THIS EVENT.



4



5



6

3 - 8. THE COMMUNITY OF THE CITY OF CHOICE PAID THEIR FULL ATTENTION TO THE EVENT. THANKS TO THE EAST BOOM DENTAL STAFF WHO MADE THE EVENT A SUCESS, WELL DONE GUYS.....



7



8

PREGNANCY AWARENESS DAY

Lona ngumcimbi wokuqwashisa abesimame abazithwele obukade uhlelwe ngabasebenzi basegumbini labalindele ukuteta (Maternity Ward) ngomhlaka 14 enyangeni kaMfumfu (October) . Njengoba uzibonela (isithombe no 1) ukuthi omama bakusasa babephume ngothi lwabo ukuzozizwela iziyalo kanye nenqubo yokuziphatha, ukuze bazigcine bona kanye

nomntwana besezingeni elifanele lempilo. Nezicukuthwane ebezimenyiwe kulomncimbi nazo bezivivile ngeziyalo ezakhayo ukuze bazicije ngokwanele ukuba ngomama bakusasa. Ngenzansi ngamazwibela azokuthatha akubeke kokwakwenzeka kulolusuku:

THEME OF THE DAY : *Are you pregnant? Take care of yourself and your unborn baby...*

ISIQUBULO SOSUKU: *Kungabe uzithwele? Zinakekele wena kanye nomntwana engakazalwa...*

1. Izethameli zomncimbi beziphume ngothi lwazo zizozizwela futhi zizozibonela ngo—si okwakwenzeka kulomncimbi.



1 2





3 4



3. USister C.T. Khumalo khombisa amasu okuzivocavoca ezithamelini zomncimbi.
4. UMrs. Madlala (Ultra sound Unit Manager) enikeza iziyalo .

5. UMiss Zodwa obevela kwa— Pampers ogcizelele ukusebenzisa ijazi lomkhwenyana waphinda waphisana ngezipho zakwa Pampers.



5 6



EAST BOOM'S FIRE DRILLS



7 8



7. USister C.T. Khumalo uyena obezihola phambili zishaya ama—get down kungemnandi kudelile.
8. USister Msimang (Paediatric

It is such a great honor to have such a dedicated and caring Health and Safety Officer Miss Zama Vilakazi, she had shown that she really cares about the staff's and patient's lives. Basically the main aim of this activity was to ensure that everyone knows the procedure to follow in case of fire in order to protect staff and visitors of East Boom CHC from injuries and possible deaths caused by fire and smoke and also to avoid confusion and panic.

East street clinic was divided into two groups
Hast and H.R -24TH February
Second group PHC, DENTAL X-RAY AND PHARMACY – the 4th of March.

Presents
Fire departments officials Mr. Gwamanda and his colleague
Patients
Staff
Safety Officer and Quality assurance
Problems identified
No space because of the cars parked inside the clinic and the park homes around the place.
Fire officials report.
Thanked the staff for participating in doing the drills under such conditions and stated that drills should be done more often:





HEALTH
KwaZulu-Natal



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

EAST BOOM CHC

HEALTH PLAN REPORT

2009 - 2010

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
APP	Annual Performance Plan
BOR	Bed Occupancy Rate
CHC	Community Health Centre
CHWs	Community Health Workers
CPN	Chief Professional Nurse
DHAC	District Health Advisory Council
DHC	District Health Council
DMER	District Health Expenditure Review
DHIS	District Health Information System
DHP	District Health Plan
DHS	District Health System
DIO	District Information Officer
DoH	Department of Health
DOTS	Directly Observed Treatment Short-course
EHS	Environmental Health Services
ENAs	Enrolled Nursing Auxiliaries
ENs	Enrolled Nurses
FTE	Full-Time Equivalent
GIS	Geographic Information System
HBC	Home-Based Care
HIV	Human Immuno-Deficiency Virus
HR	Human Resources
IDP	Integrated Development Plan
IEC	Information, Education & Communication
INP	Integrated Nutrition Programme
LG	Local Government
MC	Mobile Clinic
MCWYH	Maternal, Child, Women, Youth and Adolescent Health
MDGs	Millennium Development Goals
MDR	Multi-Drug Resistant
MHS	Municipal Health Services
MTEF	Medium-Term Expenditure Framework
NDOH	National Department of Health
NGO	Non-Governmental Organisation
NHA	National Health Act of 2003
NPO	Non-Profit Organisation
OPD	Out-Patient Department
PDE	Patient Day Equivalent
PDOH	Provincial Department of Health
PFMA	Public Finance Management Act
PHC	Primary Health Care
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother-to-Child Transmission
PN	Professional Nurse
PNs	Professional Nurses
PPP	Public/ Private Partnership
Pt	Patient
PTB	Pulmonary Tuberculosis
QOC	Quality of Care
SLA	Service Level Agreement
SPS	Strategic Position Statement

STI	Sexually Transmitted Infection
STP	Service Transformation Plan
TB	Tuberculosis
TOP	Termination of Pregnancy
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

FOREWORD

ACKNOWLEDGEMENTS

MAP OF THE DISTRICT

EXECUTIVE SUMMARY

INTRODUCTION

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 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	N/A	N/A	N/A	N/A	N/A	N/A	N/A
District Average							
Strategies & Activities:							
Narrative:							

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

TABLE 2: % PHC CLINICS WITH FUNCTIONAL CLINIC COMMITTEES

National Target: 100%.

Provincial Target: 100%

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	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 2009/10 4th Quarter, & DHIS

SECTION 2: PRIMARY HEALTH CARE SERVICES

TABLE 3: TOTAL PHC HEAD-COUNT

Provincial Target: +5%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	2010/11 Target
uMsunduzi LM							
East Boom CHC	367,024	92,223	94,548	103,568	109,810	400,149	
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. 							
Narrative:							
Cross boarder patients. Shortage of consulting rooms and that compromise privacy							

Source: DHP 2008/09, QPR 2009/10 4th 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	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	2010/11 Target
uMsunduzi LM							3.00
East Boom CHC	3.00	2.07	2.37	2.66	2.68	2.45	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Marketing of facility services to the community. ▪ Strengthen data collection & conduct monthly reviews. 							
Narrative:							
<ul style="list-style-type: none"> ▪ 							

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	2009/10 Target	2009/10 1st Quarter	2009/10 2nd Quarter Actual	2009/10 3rd Quarter	2009/10 4th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC		2.21	2.05	2.68	4.07	2.75	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Improve the collection of data for under 5 years at East BoomCHC. 							
Narrative:							
<ul style="list-style-type: none"> None 							

Source: DHP 2008/09, QPR 2009/10 4th 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	2009/10 Target	2009/10 1st Quarter	2009/10 2nd Quarter Actual	2009/10 3rd Quarter	2009/10 4th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							1:40
East Boom CHC	1.40	1.46	1.44	1.47	1.42	1.45	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Strengthening of staff retention strategies. 							
Narrative:							
<ul style="list-style-type: none"> 							

TABLE 7: PROFESSIONAL DOCTOR CLINICAL WORKLOAD

Provincial Target: 1:23 patients per Doctor per day

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	1.25	1.33	1.28	1.29	1.28	1.30	
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 2009/10 4th Quarter, & DHIS

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

National Target: 100%

Provincial Target: 100%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM	100%	100%	100%	100%	100%	100%	100%
East Boom CHC	50%	0%	0%	0%	0%	0%	
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 2009/10 4th Quarter, & DHIS

SECTION 3: COMMUNITY BASED PROGRAMMES

TABLE 9: SCHOOL HEALTH SERVICES – COVERAGE

National Target: 100% Districts

Provincial Target: 70%

Sub-Districts & District	2009/10 Target	2009/10 1st Quarter	2009/10 2nd Quarter Actual	2009/10 3rd Quarter	2009/10 4th Quarter	2009/10 Total	20010/11 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:

SECTION 4: PRIORITY HEALTH PROGRAMMES

4.1 HIV, AIDS and STI'S

TABLE 10: PROPORTION OF ANC CLIENTS TESTED FOR HIV

National Target: 100%

Narrative:							
Sub-Districts & District	2009/10 Target	2009/10 1st Quarter	2009/10 2nd Quarter Actual	2009/10 3rd Quarter	2009/10 4th Quarter	2009/10 Total	20010/11 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 							

Provincial Target: 90%

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

TABLE 11: PROPORTION OF VCT CLIENTS TESTED FOR HIV

National Target: 100%

Provincial Target: 90%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduziLM							
East Boom CHC	90%	100%	100%	100%	100%	100%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Sustain Health Promotion ▪ Strengthen Counselling skills 							
Narrative:							
<ul style="list-style-type: none"> ▪ Shortage of Lay Counsellors and counselling rooms 							

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

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

National Target: 100%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduziLM							
East Boom CHC	80% (AZT) 80% (NVP)	73% (AZT) 71% (NVP)	70% (AZT) 70% (NVP)	68% (AZT) 68% (NVP)	74%(AZT) 74%(NVP)	71%(AZT) 71%(NVP)	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Market the service ▪ Strengthening Dual Therapy programme ▪ In-service training on Dual Therapy 							

- Emphasize the counselling by the health workers.

▪ **Narrative:**

Provincial Target: 80%

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

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

National Target: 100%

Provincial Target: 98%

Sub-Districts & District	200910 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduziLM							
East Boom CHC	98%	100%(NVP)	100%(NVP)	100%(NVP)	100%(NVP)		
	98%	100% (AZT)	100% (AZT)	100% (AZT)	100%(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 2009/10 4th Quarter, & DHIS

TABLE 14: NUMBER OF PHC FACILITIES PROVIDING ARV

Sub-Districts & District	200910 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	1	1	1	1	1	1	
District Average							

Strategies & Activities:

-

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
Narrative:							
<ul style="list-style-type: none"> Inadequate of patient waiting area 							

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

TABLE 15: NUMBER OF NEW PATIENTS PUT ON ART

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC		483	460	480	487	1910	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> Increase literacy classes. Strengthening the wellness programme. 							
Narrative:							
<ul style="list-style-type: none"> High defaulter rate due to wrong information about drug side effects 							

Source: DHP 2008/09, QPR 2009/10 4th 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	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	80%	52%	35%	31%	41%	40%	
District Average							

Sub-Districts & District	200910 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
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. ▪ 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 2009/10 4th Quarter, & DHIS

TABLE 17: % WOMEN UNDER-18 YEARS ATTENDING ANC

Sub-Districts & District	200910 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC		61	63	30	54	154	
District Average							
Strategies & Activities:							
Narrative:							

Source: ANC REGISTERS

TABLE 18: DELIVERY RATE IN FACILITY

Sub-Districts & District	2009/10 Target	2009/10 1st Quarter	2009/10 2nd Quarter Actual	2009/10 3rd Quarter	2009/10 4th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	1%	1.2%	0.24%	0.48%	0.36%	0.57%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Construction of a labour ward in progress ▪ Appointment of additional Advance Midwives 							
<ul style="list-style-type: none"> ▪ Narrative: No labour ward, to be open in May 2010 							

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

TABLE 19: WOMEN YEAR PROTECTION RATE

National Target: 70%

Provincial Target: 60%

Sub-Districts & District	2009/10 Target	2009/10 1st Quarter	2009/10 2nd Quarter Actual	2009/10 3rd Quarter	2009/10 4th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	55%	26%	35%	35%	32%	32%	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Market the service. ▪ Create fast queues. ▪ Emphasise post delivery Health promotion. 							
Narrative:							
<ul style="list-style-type: none"> ▪ Non-compliance to the use of contraceptives. 							

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

TABLE 20: CERVICAL CANCER SCREENING COVERAGE

National Target: 7%
 Provincial Target: 5%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	4%	0.8%	0.6%	0.4%	1.6%	0.9%	
District Average							

Strategies & Activities:

- Fast queues for cervical screening.
- Marketing of the service
- Conduct awareness campaigns on reproductive health services.
- Provide one-stop service point.

Narrative:

- None

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

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

National Target: 100%
 Provincial Target: 35%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 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 2009/10 4th Quarter, & DHIS

4.4 Nutrition

TABLE 22: VITAMIN A COVERAGE UNDER-1 YEAR

National Target: 80%

Provincial Target: 80%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							100%
East Boom CHC	60%	36%	29%	28%	23%	29%	
District Average							
Strategies & Activities:							
<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. 							
Narrative:							
<ul style="list-style-type: none"> ▪ 							

Source: DHP 2008/09, QPR 2009/10 4th Quarter, & DHIS

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

Provincial Target: 150/1 000

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	0	0	0	0	0	0	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ None 							
Narrative:							

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
<ul style="list-style-type: none"> None 							

Source: DHP 2008/09, QPR 2009/10 4th 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	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	
District Average							
<ul style="list-style-type: none"> Strategies & Activities: Narrative: 							

Source:

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

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	100%	100%	100%	100%	100%	100%	
District Average							

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
Strategies & Activities:							
<ul style="list-style-type: none"> None 							
Narrative:							
<ul style="list-style-type: none"> None 							

Source:

5.3 Chronic Diseases

TABLE 26: NUMBER OF DIABETICS ON TREATMENT - NEW

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC		8	11	41	44	104	
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 2009/10 4th Quarter, & DHIS

TABLE 27: NUMBER OF AMPUTATIONS TO PEOPLE WITH DIABETES MELLITUS

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 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 2009/10 4th Quarter, & DHIS

TABLE 28: NUMBER OF HYPERTENSION – NEW

Sub-Districts & District	2009/10 0 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 0 Total	20010/11 11 Target
uMsunduzi LM							
East Boom CHC		17	35	65	132	249	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Community awareness campaigns. ▪ Encourage healthy life style. 							
Narrative:							
<ul style="list-style-type: none"> ▪ 							

SOURCE: DHP 2008/09, QPR 2009/10 4TH QUARTER, & DHIS

5.4 Oral Health

TABLE 29: RESTORATION TO EXTRACTION RATE

Provincial Target: 1:24

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC		161.79	157.45	60.74	184.87	141.21	
District Average							
Strategies & Activities:							
<ul style="list-style-type: none"> ▪ Purchase filling material ▪ Market the service. ▪ Increase the number of Oral Health promotions and awareness campaigns. 							
Narrative:							
<ul style="list-style-type: none"> ▪ Shortage of filling material (Material is expensive) ▪ Clients are not motivated 							

SOURCE: DHP 2008/09, QPR 2009/10 4TH QUARTER, & DHIS

5.5 Mental Health

TABLE 30: % DISTRICT HOSPITALS CONDUCTING 72-HOUR OBSERVATIONS

Provincial Target: 100%

Sub-Districts & District	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 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	2009/10 Target	2009/10 1 st Quarter	2009/10 2 nd Quarter Actual	2009/10 3 rd Quarter	2009/10 4 th Quarter	2009/10 Total	20010/11 Target
uMsunduzi LM							
East Boom CHC	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:												

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		
	8			8					9	9		8	8	9

■ No qualified maintenance person, specification delays projects
 Source: Infrastructural audit,

TABLE 33: % OF HEALTH FACILITIES WITH STAFF ACCOMMODATION

Sub-Districts & District	2008/09 Target	2008/09 1st Quarter	2008/09 2nd Quarter Actual	2008/09 3rd Quarter	2008/09 4th Quarter	2008/069 Total	2009/10 Target
uMsunduzi LM		70%					70%
East Boom CHC		0%	0%	0%	0%	0%	0%
District Average							
Strategies & Activities:							
■							
Narrative:							
■							

Source:

FINANCES.

2009/2010 Annual Budget Plan and Expenditure

ITEM	BUDGET	EXPENDITURE	VARIANCE
Compensation of employees	R 18,929,000.00	R 23,061,903.33	R 4,132,903.33
Goods and Services	R 8,868,000.00	R 9,8052,523.84	R 934,523.84
Total	R 27,797,000.00	R 32,864,427.17	R 5,067.427.17
Conditional Grant.			
Compensation of employees.	R 3,600,000.00	R 3,378,773.12	R 221,226.88
Goods and services	R 8,000,000.00	R 6,971,000.80	R 1,028,999.20
Total	R 11,600,000.00	R 10,349,773.92	R 1,250,226.08
Annual Total	R 39,397,000.00	R 43,214,201.09	R 3,817,201.09

The narratives:

- The over-expenditure reflected in red above, was caused by a number of reasons such as Departmental cuts to contribute on Province savings.
- Less budgets to implement OSD and July increments.
- The country economic crisis as a result of international economic meltdown, that affect goods and services projected expenditure.
- The ongoing unfunded posts of staff already employed.