

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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THURSDAY, 29 OCTOBER 2015

COMMITTEE REPORTS

1. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON OVERSIGHT VISITS TO KAYAMANDI CLINIC AND STELLENBOSCH HOSPITAL ON 23 JUNE 2015

Report of the Standing Committee on Community Development on its oversight visit to Kayamandi Clinic and Stellenbosch Hospital, dated 18 August 2015, as follows:

Delegation

The delegation included the following Members:

Ms LJ, Botha (DA) (Acting Chairperson and leader of the delegation)
Ms D Gopie, (ANC)
Ms PZ Lekker (ANC)
Mr RD Mackenzie (DA)
Ms P Makeleni, (ANC)
Ms MM Wenger, (DA)

The following Parliamentary officials accompanied the delegation:

Ms N Jamce, Committee Co-ordinator
Mr A Barends, Driver

1. Introduction

The Committee as part of its oversight mandate and complying with the Committee programme, resolved to embark on oversight visits to Kayamandi Clinic and Stellenbosch Hospital. The Committee undertook these visits to get a first-hand experience and to assess the activities of these health facilities.

2. Overview

The delegation visited Kayamandi Clinic and Stellenbosch Hospital on Tuesday 23 June 2015.

The main objective of the visits was to assess the activities of Kayamandi Clinic and Stellenbosch Hospital. These visits were some of many visits which the Standing Committee on Community Development will embark on as part of its programme for the 2015/2016 financial year.

3. Visit to Kayamandi Clinic

3.1 Findings

- 3.1.1 Kayamandi Clinic renders a comprehensive package of care to a population of 190 110 people.
- 3.1.2 The clinic provides comprehensive healthcare services to an average of 17 960 people per quarter, 5 500 adults per month and 1 113 children per month.
- 3.1.3 It offers preventative and curative services with special focus on children, women, HIV AIDS and Sexually transmitted Diseases (HAST).
- 3.1.4 There are 25 permanent staff in the clinic including a medical officer who is available at the facility every day and another medical officer visits the clinic twice a week.
- 3.1.5 Patients who come to Kayamandi for speech therapy are referred to Stellenbosch Hospital.
- 3.1.6 The Clinic has a low TB defaulter rate of 5.1%.
- 3.1.7 When patients are diagnosed with HIV or TB, their names are registered on the system to start their treatment and for follow up purposes.
- 3.1.8 The burden of disease continues to escalate, especially the Infectious diseases and the burden of chronic diseases.
- 3.1.9 The Clinic uses one of the rooms as a TB room, archives and data capturing office.
- 3.1.10 The tea room for staff is also utilised to keep files for patients.
- 3.1.11 The delegation was informed that the Primary Health Care Manager visits the Clinic once a month and where there is a need the visits are more frequent.
- 3.1.12 The Delegation raised a concern about the hygiene at Kayamandi Clinic.

3.2 Challenges at Kayamandi Clinic

- 3.2.1 Infrastructure is a major challenge at Kayamandi Clinic and the Department of Health is struggling to get land to build a new clinic.

- 3.2.2 Admission, reception and filing areas are inadequate.
- 3.2.3 The pharmacy is too small with an inadequate waiting area. Patients that are waiting for medication are subjected to the cold because the Clinic keeps the doors open to get fresh air.
- 3.2.4 The filing system is a major challenge due to the shortage of space and it takes time to allocate folders for patients.
- 3.2.5 There is high staff turnover at the clinic.
- 3.2.6 Patients are providing wrong addresses and this makes it difficult for the Clinic to trace them when they default on treatment.
- 3.2.7 The Clinic is experiencing an increase in patients who seek medical help without Identity documents (ID) or wrong IDs.
- 3.2.8 There is no Clinic Forum at Kayamandi Clinic, the operations manager of the Clinic tried in vain to establish the forum numerous times. The delegation was informed that people joined the forum for personal gain.

3.2 Successes of Kayamandi Clinic

- 3.3.1 Members were informed that the Chronic Dispensing Unit distributes chronic medication to a community church where patients come to collect their medication.
- 3.3.2 The clinic has a well-functioning appointment system and triage system.
- 3.3.3 There is a smooth functioning baby clinic at the facility.
- 3.3.4 The Mother to Child Prevention Programme is very successful.

3. Visit to Stellenbosch Hospital

4.1. Findings

- 4.1.1 Stellenbosch Hospital is a district Hospital with 85 beds.
- 4.1.2 The high burden of diseases in Stellenbosch are HIV & AIDS, Tuberculosis, chronic diseases of lifestyle and cancer.
- 4.1.3 In the 2014/2015 financial year, the bed utilisation rate at Stellenbosch Hospital was 75,1%. Length of stay per patient was 2, 9 days. The cost per patient day was equivalent to R1 766 and the Caesarean section rate was 19%.
- 4.1.4 The Hospital is in a process of refurbishing the emergency unit and outpatients department. Phase one of the refurbishment in the admission section has been completed and the refurbishment of other sections of the Hospital will resume in September 2015.
- 4.1.5 The Hospital has a hospice on site with twelve beds for very sick patients who do not have anyone to care for them. The Hospital works very close with Community healthcare workers.
- 4.1.6 The Hospital has a pediatric ward with three Kangaroo cubicles. The members were informed that the Hospital also admits babies who weigh 1.4 kilogram and discharge them at 1.8 kilogram.
- 4.1.7 The nursing manager post is vacant due to the retirement of the previous manager. The Department is in the process of appointing a nursing manager.

4.2. Challenges

- 4.2.1 There is a high staff turnover especially among administrative personnel.
- 4.2.2 With regards to infrastructure, the entire Hospital needs to be refurbished.
- 4.2.3 The Hospital has experienced an increase in the number of patients' that are seeking health services after hours and on weekends.

4.3. Successes

- 4.3.1 The Hospital provides an adequate triage room that ensures the privacy of patients.
- 4.3.2 The Hospital has a well-functioning Intermediate Care Facility link between acute setting and community based services.
- 4.3.3 The mobility and mortality meetings that are held on a monthly basis show improvement in Clinical Care.
- 4.3.4 The medical officer turnover has improved dramatically with good retention.

5. Information Requested

The Committee REQUESTED that the Department of Health provide:

- 5.1 A breakdown of daily walk-in statistics of Kayamandi Clinic including the walk-in statistics of persons with HIV& AIDS as well as walk-in statistics of children.
- 5.2 An overview of the Cape Winelands sub-districts health facilities with specific focus on Cloetesville, Idas Valley and Franschhoek.

6. Conclusion

The Committee successfully concluded the oversight visits in Kayamandi Clinic and Stellenbosch Hospital.

2. REPORT OF THE STANDING COMMITTEE ON PREMIER TO MBEKWENI CAPE ACCESS CENTRE ON 18 AUGUST 2015

The Standing Committee on Premier, having undertaken an oversight visit to Mbekweni Cape Access Centre in Paarl on 18 August 2015, reports as follows:

1. The delegation

The delegation consisted of the following Members:

- Ms L Botha (DA) (Chairperson and Leader of the delegation)
- Mr C Dugmore (ANC)
- Ms D Gopie (ANC)
- Mr B Kivedo (DA) (Alternate Member)

Apologies were rendered by Mr Mackenzie (DA) and Mr Fransman (ANC).

The following officials accompanied the delegation:

Ms L Cloete (Senior Committee Co-ordinator)
 Ms W Kamish-Achmat (Committee Co-ordinator)
 Ms M Motsapi (Committee Assistant)

2. Introduction

The Committee conducted an oversight visit to the Mbekweni Cape Access Centre to assess the potential value of a Cape Access e-Community Centre in relation to socio-economic development in a rural community.

2.1 Many of the poor and marginalised communities suffer from economic exclusion due to the following reasons:

- 2.1.1 Lack of ICT infrastructure;
 - 2.1.1 Low levels of ICT knowledge and skills;
 - 2.1.3 Lack of economic development in rural villages;
 - 2.1.4 Lack of adequate information on job opportunities;
 - 2.1.5 Limited communication tools in remote villages where postal services and faxes are still the primary modes of sending and receiving documents;
 - 2.1.6 Outdated information in library books;
 - 2.1.7 Limited information on tender/business opportunities; and
 - 2.1.8 Little or no information on government services and programmes.
- 2.2 The Western Cape Government, through its Cape Access Programme, attempts to address socio-economic development issues in rural communities by providing the following:

2.2.1 Access to Information Technology

Establishment of fully equipped E-Community Centres and facilities to be available after hours and on Saturdays.

2.2.2 ICT training

Basic ICT skills, accredited International Certification in Digital Literacy (ICDL) courses, both core and e-learner, Internet, e-mail, Word and Excel.

2.2.3 Information & Communication facilities

Internet Access facilities – free for 45 minutes per day and e-mail account for users.

2.2.4 Electronic transacting facilities

With local governments, provincial government, SARS, banks, etc.

The Cape Access Structures are community driven but is funded by the Western Cape Government through a non-profit organisation.

3. Overview of the visit

The Committee was welcomed by the General Manager, Mr L Wilson and the Programme Manager, Mr K Groeneveldt. The Chairperson introduced the Members of the Committee and allowed the staff from Mbekweni Cape Access Centre to introduce themselves. The Chairperson gave a brief overview as to the purpose of the visit. The briefing was followed by a tour of the Mbekweni Cape Access Centre Facility.

Mbekweni means ‘a place of respect’ in isiXhosa. The Cape Access Centre is situated in a township in Paarl. Mbekweni has an official population of 24 000 persons although the actual population is estimated to be over 50 000 persons, with 40% under the age of 15. Almost half of all residents live below the South African poverty line, in often over-crowded conditions lacking basic facilities.

4. Findings

- 4.1 Mbekweni has a high unemployment rate of 50% and its population has a low education rate of 25%.
- 4.2 The services of the Cape Access Centre are available for all age groups and categories of people.
- 4.3 The main use of the Centre is for the community to search for employment, complete school projects, create business opportunities for entrepreneurs, provide business services, internet banking, SARS e-filing and typing of curriculum vitae.
- 4.4 The Centre gains approximately 50 new members every month.
- 4.5 There are 2700 registered members to date.
- 4.6 The Centre runs 2000 sessions per month.
- 4.7 The Centre has an E-Learner toolbox that allows students to download educational content. The students can download e-books, examination papers and school curriculum videos. The E-Learner toolbox allows students to update programmes and software on their cell phones, such as WhatsApp Messenger, Skype, etc.
- 4.8 The Centre holds partnerships with the Youth Entrepreneurship Programme, Department of Social Development, First Step Skill Development Programme, Geeks Online SA and Pioneer Food Education and Community Trust.
- 4.9 The Centre’s main aim is to register more than half of the community by next year but they might experience difficulties accommodating these community members due to accessibility to the Centre.

5. Challenges

The Mbekweni Cape Access Centre faces the following challenges:

- 5.1 The community has limited knowledge in operating computers.
- 5.2 There is a lack of capacity at the Centre to service the whole community.
- 5.3 No adequate access and service for persons with disabilities.
- 5.4 The Centre has a vast amount of requests for printing of large documents.

- 5.5 The Centre is located too far for those community members residing on the outskirts of Mbekweni and there is no transport available for these communities.
- 5.6 There is a lack of educational software such as Corel Draw or Free and Open Source Software (FOSS) Alternative.
- 5.7 The Centre closes at 17h00, which limits access to other users wanting to use this facility after hours.
- 5.8 Users regularly request an extension of set time limits on the computers.
- 5.9 The staff is not equipped with the required training to assist the community.
- 5.10 There is no notification of power cuts or power surges beforehand causing a backlog of assisting the clients at the centre.
- 5.11 The Centre has no panic buttons which could result in a breach of safety and security in the event of an emergency.
- 5.12 Not all community members are aware of the Centre and the services offered at the Centre.
- 5.13 There is a lack of funding to provide sufficient service and support to the communities.
- 5.14 The computers have low bandwidth and slow connectivity.

6. Acknowledgements

The Chairperson thanked the officials of Mbekweni Cape Access Centre and the Department of the Premier for availing themselves to address the Committee.