

PARLIAMENT
OF THE
REPUBLIC OF SOUTH AFRICA

**ANNOUNCEMENTS,
TABLINGS AND
COMMITTEE REPORTS**

TUESDAY, 20 MARCH 2018

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1. Referral to Committees of papers tabled

- (1) The following paper is referred to the **Portfolio Committee on Justice and Correctional Services**:
 - (a) Register of Debt Collectors submitted in terms of section 12(2)(d) of the Debt Collectors Act, 1998 (Act No 114 of 1998).
 - (2) The following paper is referred to the **Portfolio Committee on Police** for consideration and report:
 - (a) Annual Performance Plan of the Independent Police Investigative Directorate (IPID) for 2018-19.
 - (3) The following paper is referred to the **Portfolio Committee on Small Business Development** for consideration and report:
 - (a) Strategic Performance Plan of the Small Enterprise Development Agency (SEDA) for 2014-15 – 2018-19.
 - (4) The following papers are referred to the **Portfolio Committee on Tourism** for consideration and report:
 - (a) Annual Performance Plan of the Department of Tourism for 2018-19 – 2020-21.
 - (b) Annual Performance Plan of South African Tourism for 2018-19.
 - (5) The following paper is referred to the **Portfolio Committee on Rural Development and Land Reform** for consideration and report:
 - (a) (Revised) Annual Performance Plan of the Ingonyama Trust Board for 2018-19.
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TABLINGS

National Assembly and National Council of Provinces

1. The Speaker and the Chairperson

- (a) Revised Strategic Plan of the South African Human Rights Commission for 2015 – 2020.
- (b) Annual Performance Plan of the South African Human Rights Commission for 2018/19.
- (c) South African Human Rights Commission: Report on National Hearing on Unfair Discrimination in the Workplace held from 08 March 2016 to 25 April 2016.

2. The Minister of Social Development

- (a) Annual Performance Plan of the Department of Social Development for 2018-2019.
- (b) Annual Performance Plan of the South African Social Security Agency (SASSA) for 2018 – 2019.
- (a) Annual Performance Plan of the National Development Agency for 2018/19.

National Assembly

1. The Minister of Public Enterprises

- (a) Postponement of Tabling in Parliament of Eskom's Amended 2018/19 Pricing Structure and Schedule of Standard Prices for Municipalities in terms of section 42(4) of the Local Government: Municipal Finance Management Act, 2003 (Act No 56 of 2003).

National Council of Provinces

1. The Chairperson

- (a) Taking Parliament to the People Programme, Free State 2017: Response to the implementation of resolutions adopted by the House on 8 November 2017.

RESPONSE TO THE PRELIMINARY VISIT REPORT:**TAKING PARLIAMENT TO THE PEOPLE PROGRAMME****FREE STATE PROVINCE VISIT - 15 TO 19 MAY 2017****PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA****XHARIEP HEALTH DISTRICT**

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Background:

The Xhariep District Municipality is a Category C municipality situated in the southern part of the Free State. It is bordered by the Mangaung Metro to the north, Eastern Cape to the south, Lesotho to the east, and Northern Cape to the west. Geographically, it is the largest district in the province, making up just more than a third of its geographical area. It is comprised of three local municipalities: Letsemeng, Kopanong and Mohokare, which include 21 towns. Its administrative headquarters are in Trompsburg, which lies 102 km south of Bloemfontein. It is an area of low population density with 21 medium and small sized towns and many smaller settlements that is widely dispersed and linked through gravel road in many instances. Its population is around 135,000, the smallest in the province and its land area is larger than other districts. According to Statistics South Africa, the population of this district is showing negative growth due emigration to other areas. Provision of adequate primary health care to people of Xhariep is a PHC re-engineering challenge of finding a balance between access to care and the complex of economies of scale considerations.

The figure 1 below is the map of Free State province with its 5 District Municipalities. Mangaung Metro is the most densely populated and Xhariep least populated.

The figure 2 below is the map of Xhariep district with special position of its PHC facilities. Seventeen PHC facilities and three District Hospitals in the district are widely distributed serving small towns. Population of Xhariep district is dependent on the Regional and Academic hospitals in Bloemfontein for its secondary and tertiary care needs.

Figure 1: District Municipalities of Free State District

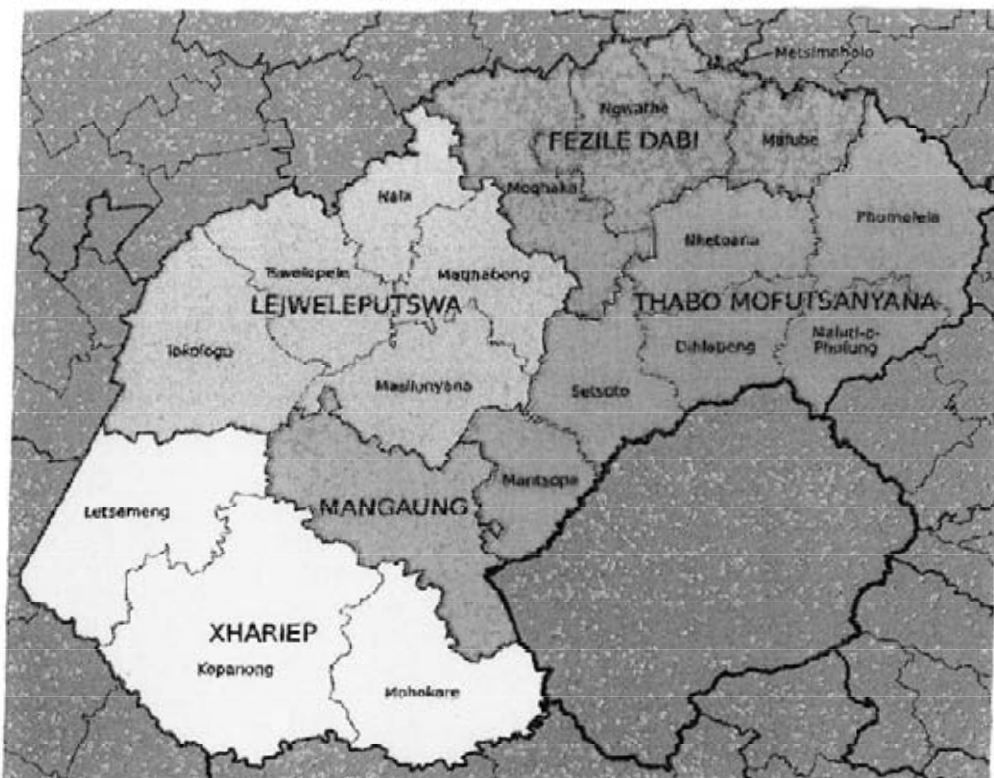
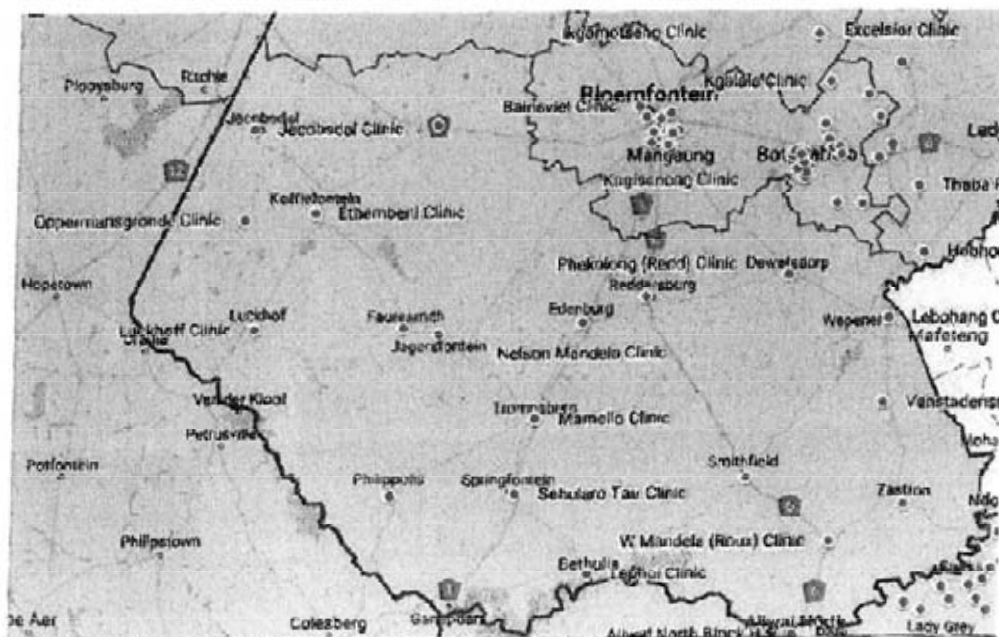


Figure 2: PHC facilities in Xhariep District Municipality



The Table 1 below lists the PHC facilities (District Hospital, Community Health Centers and Clinics) in Xhariep district. District Hospitals are highlighted. Distance of these facilities to nearest Regional Hospital (Pelonomi Hospital) is also given in this table.

Table 1: The distribution of facilities per type and distance to referral hospital

Local Municipality	Facility Name	Town	Distance to Regional Hospital (KMs)
Kopanong LM	Diamond (Diamant) Hosp	Jaggersfontein	122
Kopanong LM	Fauresmith Clinic	Fauresmith	138
Kopanong LM	Flora Clinic	Gariepdam	189
Kopanong LM	Hydropark Clinic	Hydropark	182
Kopanong LM	Itumeleng Clinic	Jaggersfontein	124
Kopanong LM	Lephoi Clinic	Bethule	168
Kopanong LM	Mamello (Tromp) Clinic	Trompsburg	102
Kopanong LM	Nelson Mandela Clinic	Edenburg	70
Kopanong LM	Phekolong (Redd) Clinic	Reddersburg	60
Kopanong LM	Phillipolis Clinic	Phillipolis	172
Kopanong LM	Sehularo Tau Clinic	Springfontein	135
Letsemeng LM	Bophelong (Petrusb) CHC	Petrusburg	77
Letsemeng LM	Ethembeni Clinic	Koffiefontein	134
Letsemeng LM	Jacobsdal Clinic	Jacobsdal	142
Letsemeng LM	Luckhoff Clinic	Luckhof	168
Letsemeng LM	Oppermansgronde Clinic	oppermans	164
Mohokare LM	Embekweni Hosp	zastron	175
Mohokare LM	Matlakeng Clinic	zastron	175
Mohokare LM	S Coetzee Hosp	smithfield	139
Mohokare LM	Thembaletu Clinic	smithfield	139
Mohokare LM	W Mandela (Roux) Clinic	Rouxville	175

All facilities are within 200 Kms of the regional hospital and few of them: the facilities in Edenburg, Reddersburg and Petrusburg towns are less than 100 Kms away from Regional Hospital. A patient transport system is provided for the patients referred to secondary and tertiary hospitals.

Overview of Ideal Clinic performance of Free State province for 2016/17 in relation to other provinces

Percentage of Ideal Clinics achieved nationally (32%) and at provincial level is presented in Table 2 below. The achievement of Free State province is 31.5%.

Table 2: Number and % of Ideal Clinic per province with category, 2016/17 situation

Province	Total Facilities	Platinum	Gold	Silver	Not achieved	Total IC	% Ideal Clinic
Eastern Cape	771	4	48	88	477	140	21.4%
Free State	221	3	26	40	150	69	31.5%
Gauteng	367	36	111	70	108	217	61.8%
KwaZulu-Natal	600	20	155	124	228	299	55.0%
Limpopo	477	1	7	47	366	55	12.2%
Mpumalanga	288	2	22	40	205	64	22.6%
North West	314	2	43	47	208	92	30.5%
Northern Cape	164	8	30	27	87	65	40.1%
Western Cape	275	0	7	29	217	36	13.2%
South Africa	3477	76	449	512	2045	1037	32.1%

The achievement of facilities in Free State Districts is given in Table 3 below. The Xhariep district performed better compared to other districts in the province.

Table 3: Number and % of Ideal Clinic in Free State districts with category, 2016/17 situation

District/ Metro	No of facilities	Platinum	Gold	Silver	Not achieved	Total Ideal Clinic	% Ideal Clinics
Fezile Dabi DM	39	0	4	5	30	9	23%
Lejweleputswa	45	0	5	5	35	10	22%
Mangaung MM	43	0	5	4	34	9	21%
T Mofutsanyane	72	3	11	12	46	26	36%
Xhariep DM	20	0	1	14	5	15	75%
Free State	219	3	26	40	150	69	32%

The performance of facilities in Xhariep district is detailed in Table 4 below.

Table 4: Score and category of Ideal Clinic achieved by the facilities in Xhariep District

Local Municipality	Facility	Vital %	Essential %	Important %	SCORE %	Category
Kopanong	Fauresmith Clinic	92	70	80	76	Silver
Kopanong	Flora Clinic	83	48	59	55	Not achieved
Kopanong	Itumeleng (Jagers)	92	77	82	80	Silver
Kopanong	Lephoi Clinic	92	87	88	88	Silver
Kopanong	Mameilo Clinic	92	86	85	86	Silver
Kopanong	Nelson Mandela Clinic	92	87	85	87	Silver
Kopanong	Phekolong (Redd) Clinic	92	86	87	87	Silver
Kopanong	Philippolis Clinic	92	70	82	77	Silver
Kopanong	Sehularo Tau Clinic	92	83	88	86	Silver
Letsemeng	Bophelong (Petrusb)	92	83	84	84	Silver
Letsemeng	Ethembeni Clinic	92	85	87	86	Silver
Letsemeng	Jacobsdal Clinic	92	89	87	88	Silver
Letsemeng	Luckhoff Clinic	92	81	82	82	Silver
Letsemeng	Oppermansgronde Cli	75	50	62	57	Not achieved
Mohokare	Matlakeng Clinic	92	75	79	78	Silver
Mohokare	Thembaletu Clinic	100	93	85	90	Gold
Mohokare	W Mandela (Roux) Clin	83	67	74	71	Not achieved
Naledi	Dewetsdorp 1Stop Clini	83	58	67	64	Not achieved
Naledi	Lebohang Clinic	92	79	84	82	Silver
Naledi	Vanstadensrus Clinic	83	56	61	60	Not achieved

Out of 20 facilities in Xhariep district last year (Naledi LM was part of Xhariep district) there was one gold and 14 Silver category of Ideal Clinics. Only 5 Clinics did not achieve ideal status.

Clinic Size and workload

The facilities in the district are comparatively small, half of them having less than 100 patients per day and other half between 100 and 150 patients according to DHIS report. This had a huge impact on resource allocation. The cost per unit of service is very high in small facilities with smaller number of patients serving a smaller population base. The decision on capital and health workforce expenditure (Fixed cost) of these facilities usually is a choice between access to care (coverage) and service cost. Some sacrifices are necessary to achieve efficiency. The Professional Nurse workload of PHC facilities gives an indication of how the personnel are utilized and its shortage. The Professional Nurse workload of facilities in Xhariep district for the period January to June 2017 is given below (Table 5).

Table 5: Average daily Head Count and PHC Professional Nurse Clinic workload (6 months period from DHIS) of facilities in Xhariep District

Facility Name	Daily average Head Count	Average PHC Professional nurse clinical work load
Bophelong (Petrusb) CHC	149	91.2
Ethembeni Clinic	120	17.0
Fauresmith Clinic	44	11.2
Flora Clinic	18	15.6
Itumeleng Clinic	77	17.7
Jacobsdal Clinic	84	26.9
Lephoi Clinic	110	17.0
Luckhoff Clinic	50	21.3
Mameilo (Tromp) Clinic	98	67.5
Matlakeng Clinic	134	65.4
Nelson Mandela Clinic	91	39.7
Oppermansgronde Clinic	18	9.7
Phekolong (Redd) Clinic	79	20.2
Phillippolis Clinic	49	46.1
Sehularo Tau Clinic	55	44.0
Thembaletu Clinic	75	37.7
W Mandela (Roux) Clinic	87	46.1

The above table is showing eight facilities are having Professional Nurse workload above the accepted norm of 30 per Professional Nurse per day. Remaining facilities show less than 30 patients per Professional Nurse and it is as low as 10 in Oppermansgronde clinic.

The Head count of the facilities re also given in above table, which shows that only four facilities treat more than 100 patients and maximum is 149. The information presented in this table clearly indicates that infrastructure and staff allocation of these facilities should be carefully managed to achieve efficiency without sacrificing the access to care.

Workload Indicators of Staffing Need (WISN) report of PHC facilities in Xhariep district

The WISN method developed by World Health Organization to determine the staff requirement of health facilities was applied to all PHC facilities in the country by the National Department of Health in collaboration with the Provincial and District officials. In this exercise, staff requirement (All categories of staff) is estimated based on the workload of health facility. The results of WISN analysis were reported in 2016. The report consists of a normative minimum and maximum staff required by category and currently available number of staff of the same category, along with few other parameters of the report.

Relevant sections of the report on PHC facilities in Xhariep district is given as Annexure A. This shortened version allows us to see the shortage or excess of staff in the facility at a glance.

Nationally, it was found that there is no real shortage of Nursing and Administration staff in the country and apparent shortages is due to mal-distribution and remains the main challenge. But there are real shortages (nation-wide) for some of the professional groups such as Medical Practitioners, Specialists and Dentists. Such shortages are severe in rural districts compared to urban districts/metros since rural districts are not able to attract such professional in short supply.

The above general statement is true with regard to PHC facilities in Xhariep district displayed below (Table 6). Some facilities show shortage of a particular category of staff and others indicate there is oversupply. What is required at present, before new recruitment of staff, is an appropriate redistribution of excess personnel from some facilities to others with shortage. Such an exercise must be initiated after a wide stakeholder consultation process including organized labor organizations. See Annexure A for the specific clinic scenarios pertaining to key cadres. Table 6 is an overview of the staffing situation pertaining to doctors, registered nurses, enrolled Nurse, Administration staff and Cleaners.

The figures given in Minimum and Maximum number of a particular category of staff needed as "Facility Normative Guide" based on its workload (Min, Max). The staff currently available is also listed (Curr). Using these figures the situation of staff excess or deficiency is calculated and tabulated under the column "E/D". If available staff is within the normative maximum and minimum, it is highlighted "Green". If there is excess staff it is highlighted "Amber" and deficiency is indicated with "Red" colour.

Table 6: Analysis of WISN data to understand excess and deficit of Staff Categories

CLINIC	DOCTOR				PROF NURSE				ENR NURSE				ADMIN CLERK				CLEANERS			
	Min	Max	Curr	E/D	Min	Max	Curr	E/D	Min	Max	Curr	E/D	Min	Max	Curr	E/D	Min	Max	Curr	E/D
Fauresmith Clinic	0.3	0.5	0.4	0.2	2	4	2	0	3	7	1	-5	2	3	3	1	1	2	2	1
Flora Clinic	0.1	0	0	0	1	3	1	0	3	7	2	-4	1	3	1	0	1	2	1	0
Hydropark Clinic	0.5	0.5	0.7	0	2	4	5	3	3	7	7	0	2	3	2	0	1	2	1	0
Itumeleng Clinic	0.3	0.5	0.4	0.2	2	4	2	0	3	7	1	-2	2	3	3	1	1	2	2	1
Lepholi Clinic	0.3	0.5	0.2	0	2	4	5	3	3	7	6	0	2	3	2	0	1	2	2	1
Mamelio (Tromp) Clinic	0.3	0.5	0.2	0	2	4	10	6	3	7	0	-6	2	3	3	1	1	2	2	1
Nelson Mandela Clinic	0.3	0.5	0	0	2	4	3	1	3	7	1	-5	2	3	3	1	1	2	2	1
Phekolong (Redd) Clinic	0.3	0.5	0.5	0.3	2	4	3	1	3	7	1	-4	2	3	2	0	1	2	1	0
Phillippolis Clinic	Data not available or WISN not done																			
Sehularo Tau Clinic	Data not available or WISN not done																			
Bophelong (Petrusb) CHC	Data not available or WISN not done																			
Ethernberi Clinic	0.3	0.5	1	0.8	2	4	7	5	3	7	1	-5	2	3	5	3	1	2	3	2
Jacobsdal Clinic	0.3	0.5	1	0.8	2	4	5	3	3	7	1	-2	2	3	2	0	1	2	2	1
Luckhoff Clinic	0.3	0.5	1	0.8	2	4	3	1	3	7	4	1	2	3	2	0	1	2	1	0
Oppermansgronde Clinic	0.3	0.5	1	0.8	1	2	1	0	3	7	1	-2	1	2	1	0	1	2	1	0
Matiakeng Clinic	0.3	0.5	0.3	0	2	4	6	4	3	7	5	2	2	3	3	1	1	2	1	0
Thembaletu Clinic	0.3	0.5	0.4	0.2	2	4	4	2	3	7	4	1	2	3	3	1	1	2	2	1
W Mandela (Roux) Clinic	0.3	0.5	0.1	0	2	4	5	3	3	7	3	0	2	3	1	0	1	2	1	0

Min	Minimum required	Shortage of staff	
Max	Maximum allowable		
Curr	Current staff level		As required
E/D	Excess or Deficit		Excess of staff

As can be seen from table above, the shortage is for the Enrolled Nurse category and Professional Nurse is mostly in excess or as required.

Response to specific recommendations

The areas of weakness and specific challenges identified during the visit is listed and remedial actions provided in the table below
Table 6: Response to some of the specific recommendations

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
1.	Water Restrictions	Water tanks available at facilities but not connected to the water system in the clinics	Emergency request made to the Infrastructure Chief Directorate to facilitate water tanks connectivity to the clinic's water system.	District Management and Infrastructure Chief Directorate	Process of connection commenced already and the municipality is supplying water daily
2.	Maintenance and Refurbishment	Facilities too small and need maintenance.	Re-prioritisation of 3 year infrastructure plan based on the space requirement per facility done	FSDoH	This work has already begun and the infrastructure problems will be attended to within available budget.
3.	Supply Chain Management (SCM)	Blockages in the SCM processes identified as SCM processes were centralized to Head Office.	NDoH shared RT contracts available with Finance and SCM officials at provincial level to prevent long turn around time for replacing/obtaining equipment and supplies as a result of requesting for quotations for items on contract.	FSDoH	Purchasing of equipment and supplies have begun. Staff shortages will be attended to through reallocation of staff (this will be started within the

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
			FSDOH provincial Office SCM unit to assist the district with SCM processes. Staff shortages must be attended to.		next month in collaboration with organized labour) and filling posts where required as funds become available. FSDoH is in discussion with provincial treasury with regard to this.
4.	Mobile Health Services	No health services for rural communities	New Mobile unit will be allocated to Xhariep after registration process at the provincial office has been finalised	FSDoH	Registration process almost completed. Mobile will be allocated end August
5.	Emergency Medical Services (EMS)	Response time for ambulances above the National norm	Review number of rostered ambulances in line with National norm upon which more ambulances will be rostered as per need. More EMS staff will be appointed for this areas	District EMS Manager and EMS FSDoH	Review process almost complete and already, there will be a need for extra ambulances. The process will be completed by end of September 2017
7.	Staffing Related Challenges:	Acting facility managers at 9 PHC facilities.	The district manager obtained approval to fill the 9 vacant facility manager posts. The process of filling of this posts has commenced	District Manager	This process will be finalized by the end of October 2017.

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
		<p>The following posts are vacant: Assistant Director: Administration and support Assistant Director: Monitoring and Evaluation District Pharmacist Chief network controller Cleaner.</p>	<p>The process of filing all critical vacant post is well under way and this will include the mentioned posts.</p>	<p>FSDOH</p>	<p>The aforementioned appointments will be done by October 2017.</p>
		<p>Professional nurses who completed PHC not paid as per OSD.</p>	<p>Human Resources Manager at Provincial Office has started to look at this province wide challenge and an all-inclusive solution is being developed and will be implemented.</p>	<p>FSDOH</p>	<p>This will be done by the end of October 2107.</p>
		<p>Non- progression of nurses from enrolled to professional ranks</p>	<p>Human Resources Manager at Provincial Office has started to look at this province wide challenge and an all-inclusive solution is being developed and will be implemented.</p>	<p>FSDOH</p>	<p>In view of the magnitude of the number of nurses and the availability of posts, this process will be completed by the end of the FY 2017/2018</p>

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
		Difficult to retain recruited health professionals as Xhariep is a rural district	Implementation of Rural Allowance Policy to all qualifying Health Professionals and scarce skills allowance. An audit of all qualifying officials conducted and all are receiving rural and scarce skills allowances as per policy.	FSDOH	The audit of staff qualifying for rural allowance is ongoing and those that qualify to be paid are being paid.
8.	Lack of back-up generators	Power supply interruption at clinics	Provincial Department of health has resolved to use uninterruptible power supply (UPS) or solar technologies	Infrastructure Chief Directorate	This process has started and will continue until all facilities have the UPS
9.	Security Considerations	No security officers at some facilities	The district is in the process of exploring other methods of security provision e.g. technology and alarms system across all our facilities in the province.	District Manager	
10.	Basic equipment	Shortage of essential equipment	NDoH will be procuring items as per attached Annexure A Xhariep has procured equipment as per attached annexure B First Provincial meeting between Finance, SCM and District Champions for Ideal Clinic with support from National Technical Assistants held on the 12 May	NDoH District Manager District Manager	The equipment has been procured and will be delivered by 15 September 2017. The order for this equipment has been issued. The delivery is expected by end of September 2017.

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
			<p>2017 and the following resolutions were taken:</p> <ul style="list-style-type: none"> Finalisation of districts acquisition plans including ideal clinic equipment needs. District Champions to be appointed as cost centre managers for ring-fenced budget for Ideal Clinic. <p>Confirmation of decentralisation of SCM processes back to the districts and where there are challenges at districts, Province will intervene, as there are monitoring mechanisms in place. Remuneration Disparities</p> <ul style="list-style-type: none"> deploying staff members to fast-track procurement processes. All items on contract to be finalised by end of June 2017. <p>Xhariep district will also benefit from National Grant for Ideal Clinic for some of equipment.</p>		

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
11	Long Waiting Times at Facilities	Long Waiting Times at Facilities reported by patients.	<p>The district with the support of the NDoH is implementing Integrated Clinical Services Management (ICSM) which include:</p> <ul style="list-style-type: none"> a) Facility reorganization according to three streams of care. b) Booking system for chronic patients. c) Central Chronic Medicine Distribution (CCMDD) for stable patients on chronic medication. 	District Manager	In Xhariep District, the family physician and the PHC nurse from the district clinical specialist team will be trained as master trainers in ICSM who in turn will train 40 professional nurses on ICSM in October 2017.

Three Year Plan for the improvement of Facility Infrastructure

Element 155 of Ideal Clinic Framework "Clinic Spaces accommodates all Services and staff" collect information on presence or absence of Clinic Spaces required for a given facility. A 27-item checklist is used to collect information to incorporate all necessary rooms/other spaces needed. Data used for the analysis were provided by the Facility Manager or District Ideal Clinic Champions when they conducted Baseline Status Determination of facilities on Version 17 of Ideal Clinic Framework. The result of checklist analysis of Facilities in Xhariep district is given below.

Number of Checklist items not available in all Free State facilities is calculated from the data available on the Ideal Clinic database. Table 8 is prepared by counting the facilities with one item not available, then two items and up to 27 items This allows to see the extend of shortage in clinic space in the province and district. The table of 1 to 27 items not available is then grouped into 1 to 7 items, 8 to 14 items, 15 to 21 and 22 to 27 items. The result of above analysis is presented in Table 8 below.

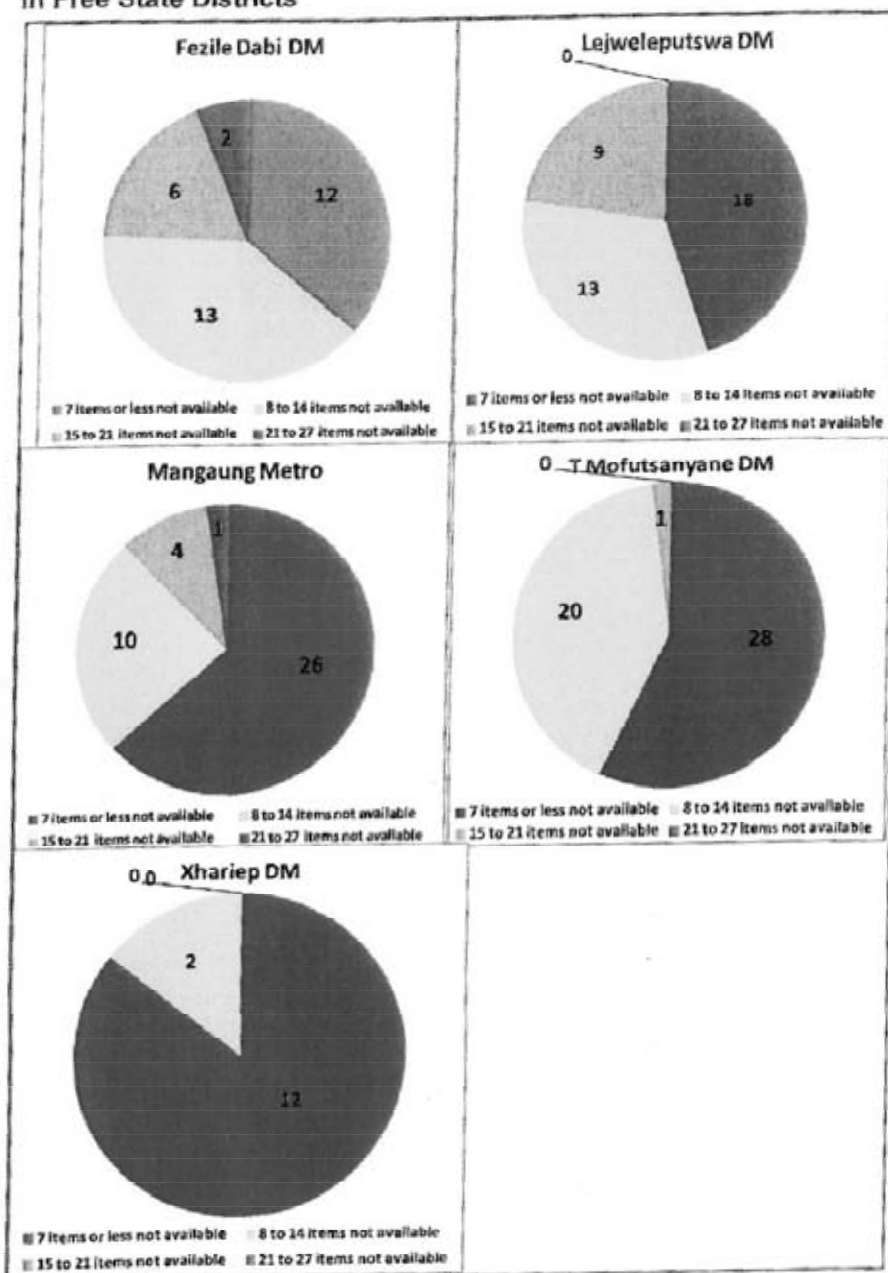
There are 3 facilities with 22 to 27 Checklist items not available in Free State province and there is none in Xhariep district. Xhariep district do not have facilities in the group 15 to 21 checklist items as well, while there are 30 facilities in this group in the province.

Most facilities with shortages of clinic space are in the 1 to 7 items group, which is easier to correct.

Table 8: Analysis of Clinic Space checklist items - Number facilities with number of Checklist items not available in Free State Districts

No. of CL item not available	Fezile Dabi	Lejwele putswa	Mangaung	T Mofutsanyane	Xhariep	Total for Free State
1	4	3	2	3	4	16
2	2	3	6	2	4	17
3	2	5	6	8	2	23
4	1	2	7	5	0	15
5	2	3	1	3	1	10
6	0	0	3	2	1	7
7	1	2	1	4	0	8
< 8 item	12	18	26	28	12	96
8	2	4	2	6	0	14
9	3	0	3	3	0	9
10	3	5	0	5	1	14
11	1	1	2	5	0	9
12	0	1	2	0	0	3
13	2	2	0	1	1	6
14	2	0	1	0	0	3
8 to 14 item	13	13	10	20	2	58
15	0	1	0	0	0	1
16	1	2	2	0	0	5
17	0	0	0	1	0	1
18	1	1	1	0	0	3
19	1	2	1	0	0	4
20	1	2	0	0	0	3
21	2	1	0	0	0	3
15 to 21 item	6	9	4	1	0	20
22	0	0	0	0	0	0
23	0	0	1	0	0	1
24	1	0	0	0	0	1
25	0	0	0	0	0	0
26	1	0	0	0	0	1
27	0	0	0	0	0	0
22 to 27 item	2	0	1	0	0	3
Total	33	40	41	49	14	177

Figure 3: Number of Facilities with given number of checklist items not available in Free State Districts



This figure shows that Xhariep district is better placed with regard to the availability of necessary clinic space for patients and staff.

Details of Infrastructure Shortcomings in Xhariep District

Table 9 below provides the detailed listing of clinic space shortages in Xhariep district. Out of 17 facilities in the district, 14 facilities recorded one or more Clinic Space items not available. Among them, 5 facilities were not having "disabled parking" space only; which do not require formal construction work. Estimated construction cost of remaining 9 facilities is calculated based on the number of Clinic Spaces not available and these facilities will be upgraded according to the 3-year plan shown in last 3 columns of the table below. Please note: Oppermansgronde Clinic is a small facility with an average of 17 patients per day and may not require all Clinic Spaces listed against it.

Out of 17 clinics and CHCs in Xhariep districts, 14 facilities were non-compliant for element 155. Additional clinic spaces required to meet Ideal Clinic status as evaluated by the Facility Manager is listed below.

Meeting with Free State Infrastructure and DHS Managers held on the 1 August 2017 to re-priorities 3 year infrastructure plan incorporating Xhariep Facilities.

Table 9: Shortages of Clinic Space Identified in PHC facilities in Xhariep district and action plan

Local Municipality	Facility	No. of clinic spaces available	Daily average head count	Description of Clinic space not available based on IC database	Comment	Timeframe
Kopanong LM	IsFauresmith Clinic	10	56	Sub-waiting area, Counseling room , Multipurpose meeting room , Facility manager office, Staff tea room with kitchenette, Medicine collection kiosk (CCMDD), Surgical stores store-room , Dirty utility room , b. Disabled parking, a. Domestic/general waste area,	This facility with average daily patient head count of 56 needs major upgrade. Necessary steps of infrastructure upgrade processes should be followed. FSDOH is advised to prioritize the facility for upgrade.	2019/2020
					Fire extinguishers to be serviced, last service 2013.	End of August 2017
					Long waiting time to be addressed through implementation of Integrated Clinical Services Management.(ICSM) after training for Xhariep Facilities Managers .It will improve the patient flow.	19-20 October 2017

Local Municipality	Facility	No. of clinic spaces not available	Daily average head count	Description of Clinic space not available based on IC database	Comment	Timeframe
Kopanong LM	fs Flora Clinic	3	19	Sub-waiting area, b. Disabled parking, c. Ambulance parking,	This is a small facility with average daily head-count of 19. A sub-waiting area and parking spaces are needed.	2018/2019
Kopanong LM	fs Itumeleng (Jagersfontein) Clinic	1	81	b. Disabled parking,	The disabled parking needed can be constructed easily.	2017/2018
Kopanong LM	fs Lephoi Clinic	2	118	Garden store room, Drying area (for mops etc),	Explore possibility of procurement of Wendy-house for use as garden store room.	2017/18
Kopanong LM	fs Phekolong (Reddersburg) Clinic	2	85	Multipurpose meeting room, b. Medical/bio-hazardous waste area,	The facility needs major upgrade to accommodate multipurpose meeting room and medical waste storage room.	2018/2019
Kopanong LM	fs Philippolis Clinic	2	53	a. staff parking, b. Disabled parking,	Identify a space not far from Main entrance and signpost as disabled parking. Parking bay for Staff to be constructed.	2017/2018 2018/2019

Local Municipality	Facility	No. of clinic spaces not available	Daily average head count	Description of Clinic space not available based on IC database	Comment	Timeframe
Kopanong LM	fsSehularo Tau Clinic	2	61	a. staff parking, Garden store room,	Need for staff parking. Explore possibility of procurement of Wendy-house for use as garden store room.	2018/2019
Letsemeng LM	fsBophelong (Petrusburg) CHC	3	166	b. Disabled parking, Garden store room, Drying area (for mops etc),	Explore possibility of procurement of Wendy-house for use as garden store room.	2017/2018
Letsemeng LM	fsEthembeni Clinic	1	131	b. Disabled parking,	Identify a space not far from Main entrance and signpost as disabled parking.	2017/2018
Letsemeng LM	fsJacobsdahl Clinic	1	95	b. Disabled parking,	Identify a space not far from Main entrance and signpost as disabled parking.	2017/2018
Letsemeng LM	fsLuckhoff Clinic	5	58	Treatment room, Multipurpose meeting room, a. staff parking, b. Disabled parking, c. Ambulance parking,	The need for facility upgrade by adding treatment and multipurpose meeting room to be prioritised.	2018/2019

Local Municipality	Facility	No. of clinic spaces not available	Daily average head count	Description of Clinic space not available based on IC database	Comment	Timeframe
Letsemeng LM	fsOppermansgronde Clinic	13	17	Main waiting area, Emergency/resuscitation room, Treatment room, Multipurpose meeting room, Facility manager office, Staff tea room with kitchenette, - Shelves available, Surgical stores store-room, b. Disabled parking, a. Domestic/general waste area, b. Medical/bio-hazardous waste area, Garden store room, Drying area (for mops etc), b. Disabled parking,	This facility needs major upgrade/renovations. Possibility of building a new one as a replacement to be looked at.	2019/2020
Mohokare LM	fsMatlakeng Clinic	1	138	b. Disabled parking,	Space to be identified and sign-post as parking for disabled This facility needs major infrastructure renovations.	2017/2018
Mohokare LM	fsWinnie Mandela (Rouxville) Clinic	6	91	Sub-waiting area, Vitals area /room, Multipurpose meeting room, a. staff parking, b. Disabled parking, c. Ambulance parking,	The facility needs upgrade to include missing space.	2019/2020

Re-prioritization of facilities on the three year infrastructure plan for Xhariep District was based on the clinical space and headcount per facility. For this current financial year parking space for disabled people will be prioritized for Itumeleng,

Fauristmith, Matlakeng, Ethembeni and Jacobsdal. Luckhoff Clinic with headcount of 58 patients without treatment-room and multipurpose room are critical for clinical services. Hence there is a need to upgrade this facility. For Oppermansgronde-clinic without 13-Clinical Spaces and only seeing 17 patients per day should be at the outer years as there is a need for a new facility which needs planning and designing processes.

A Final three year plan to be submitted by FSDOH before end of August 2017 is presented in Table 10 below.

Table 10: Three Year plan for the upgrading of Xhariep facilities

Facility	No. of Items not available	Daily Head Count	Clinic Space not available (Checklist items element 155)	Estimated construction cost (@ Cost M ² = R.29000)	Proposed Upgrade for Year 1	Proposed Upgrade for Year 2	Proposed Upgrade for Year 3
fs Fauresmith Clinic	10	56	Sub-waiting area, Counseling room, Multipurpose meeting room, Facility manager office, Staff tea room with kitchenette, Medicine collection kiosk (CCMD), Surgical stores store-room, Dirty utility room, b. Disabled parking, a. Domestic/general waste area,	3,662,800	3,662,800		
fs Flora Clinic	3	19	Sub-waiting area, b. Disabled parking, c. Ambulance parking,	278,400			278,400
fs Ilmeling (Jagersfontein) Clinic	1	81	b. Disabled parking,				
fs Lephoi Clinic	2	118	Garden store room, Drying area (for mops etc),	208,800		208,800	
fs Phokolong (Reddersburg) Clinic	2	85	Multipurpose meeting room, b. Medical/bio-hazardous waste area,	1,078,800			1,078,800
fs Philippolis Clinic	2	53	a. staff parking, b. Disabled parking,				
fs Saniararo Tau Clinic	2	61	a. staff parking, Garden store room,	208,800	208,800		
fs Bopheleng (Pekusburg) CHC	3	166	b. Disabled parking, Garden store room, Drying area (for mops etc),	208,800		208,800	
fs Ethembeni Clinic	1	131	b. Disabled parking,				
fs Jacobsdal Clinic	1	95	b. Disabled parking,				
fs Luthliff Clinic	5	58	Treatment room, Multipurpose meeting room, a. staff parking, b. Disabled parking, c. Ambulance parking,	1,566,000			1,566,000
fs Oppermansgronde Clinic	13	17	Main waiting area, Emergency/trauma clinic room, Treatment room, Multipurpose meeting room, Facility manager office, Staff tea room with kitchenette, - Shelves available, Surgical stores store-room, b. Disabled parking, a. Domestic-general waste area, b. Medical/bio-hazardous waste area, Garden store room, Drying area (for mops etc),	6,055,200		6,055,200	
fs Matieling Clinic	1	133	b. Disabled parking,				
fs Winnie Mandela (Rouville) Clinic	6	91	Sub-waiting area, Vials area /room, Multipurpose meeting room, a. staff parking, b. Disabled parking, c. Ambulance parking,	1,426,800	1,426,800		
			Total estimated Cost	14,894,400	5,498,400	6,472,800	2,923,200

Annexure A: Results of WISN Analysis of Facilities in Xhariep District

FACILITY C/ Nelson Mandela Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	2.2333333	1
Professional Nurse /CNP	2	4	3.4467859	3
Enrolled Nurses	3	7	1.723393	1
Cleaner	1	2	1.723393	2
Lay Counsellor	2	2	1.723393	0
Admin Clerk/Data capturer	2	3	1.723393	3
Grounds man	1	1	0.8618065	1
Security	2	4	3.4467859	2
Pharmacy assistant	1	2	1.723393	2

FACILITY C/ FauresmithClinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.569	1
Professional Nurse /CNP	2	4	2.2448454	2
Enrolled Nurses	3	7	1.1224227	1
Cleaner	1	2	1.1224227	2
Lay Counsellor	2	2	1.1224227	0
Admin Clerk/Data capturer	2	3	1.1224227	3
Grounds man	1	1	1.1224227	0
Security	2	4	0.5612113	0
Pharmacy assistant	1	2	1.8804579	1
Medical Practitioner	0.25	0.5	0.2806057	0.4

FACILITY C/		Itumeleng Clinic		
PHC CLINIC		5 days 8 hrs per day		
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	3.2228623	2
Enrolled Nurses	3	7	1.6114312	1
Cleaner	1	2	1.6114312	2
Lay Counsellor	2	2	1.6114312	0
Admin Clerk/Data capturer	2	3	1.6114312	3
Grounds man	1	1	1.6114312	0
Security	2	4	0.8057156	0
Pharmacy assistant	1	2	2.3694663	1
Medical Practitioner	0.25	0.5	0.4028578	0.4

FACILITY C/		Onestop Clinic		
PHC CLINIC		5 days 8 hrs per day		
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	5.9267181	5
Enrolled Nurses	3	7	10.371757	7
Cleaner	1	2	2.963359	1
Lay Counsellor	2	2	2.963359	0
Admin Clerk/Data capturer	2	3	2.963359	2
Grounds man	1	1	2.963359	0
Security	2	4	14.816795	0
Pharmacy assistant	1	2	3.6488775	2
Medical Practitioner	0.25	0.5	0.7408398	0.125
Dentist	0.05	0.1	0.148168	0.125

FACILITY C/ Lebohang Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	4.0196058	5
Enrolled Nurses	3	7	7.0343102	5
Cleaner	1	2	2.0098029	2
Lay Counsellor	2	2	2.0098029	0
Admin Clerk/Data capturer	2	3	2.0098029	2
Grounds man	1	1	2.0098029	0
Security	2	4	10.049015	6
Pharmacy assistant	1	2	2.6953213	1
Medical Practitioner	0.25	0.5	0.5024507	0.125
Dentist	0.05	0.1	0.1004901	0.6

FACILITY C/ Matlakeng Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	5.8003085	6
Enrolled Nurses	3	7	10.15054	5
Cleaner	1	2	2.9001542	1
Lay Counsellor	2	2	2.9001542	0
Admin Clerk/Data capturer	2	3	2.9001542	3
Grounds man	1	1	2.9001542	0
Security	2	4	14.500771	0
Pharmacy assistant	1	2	3.5856727	1
Medical Practitioner	0.25	0.5	0.7250386	0.25
Dentist	0.05	0.1	0.1450077	1

FACILITY C/		WMCC		
PHC CLINIC		5 days 8 hrs per day		
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	3.4343542	5
Enrolled Nurses	3	7	6.0101106	3
Cleaner	1	2	1.7171771	0
Lay Counsellor	2	2	1.7171771	0
Admin Clerk/Data capturer	2	3	1.7171771	1
Grounds man	1	1	1.7171771	0
Security	2	4	8.5858854	0
Pharmacy assistant	1	2	2.4752122	1
Medical Practitioner	0.25	0.5	0.4292943	0.125
Dentist	0.05	0.1	0.0858589	0.125

FACILITY CA		Thembalethu Clinic		
PHC CLINIC		5 days 8 hrs per day		
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	3.3876592	4
Enrolled Nurses	3	7	5.9284036	4
Cleaner	1	2	1.6938296	2
Lay Counsellor	2	2	1.6938296	0
Admin Clerk/Data capturer	2	3	1.6938296	3
Grounds man	1	1	1.6938296	0
Security	2	4	6.469148	0
Pharmacy assistant	1	2	2.4518648	2
Medical Practitioner	0.25	0.5	0.4234574	0.4

FACILITY CA				
Gariepdam Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0.559	1
Professional Nurse /CNP	2	4	1.0495766	1
Enrolled Nurses	3	7	1.8367571	2
Cleaner	1	2	0.5247878	1
Lay Counsellor	2	2	0.5247878	0
Admin Clerk/Data capturer	2	3	0.5247878	1
Grounds man	1	1	0.5247878	0
Security	2	4	2.5239388	0
Pharmacy assistant	1	2	1.2828229	0
Medical Practitioner	0.25	0.5	0.1311969	0.125

FACILITY CA				
Phekolong Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	0	1
Professional Nurse /CNP	2	4	3.1475136	3
Enrolled Nurses	3	7	1.5737568	1
Cleaner	1	2	1.5737568	1
Lay Counsellor	2	2	1.5737568	0
Admin Clerk/Data capturer	2	3	1.5737568	2
Grounds man	1	1	0.7868784	1
Security	2	4	3.1475136	0
Pharmacy assistant	1	2	1.5737568	1
Medical Practitioner	0.25	0.5	0.3934392	0.05

FACILITY C/ Oppermans Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	1	1
Professional Nurse /CNP	2	4	0.94906	1
Enrolled Nurses	3	7	0.47453	1
Cleaner	1	2	0.47453	1
Lay Counsellor	2	2	0.47453	0
Admin Clerk/Data capturer	2	3	0.47453	1
Grounds man	1	1	0.237265	0
Security	2	4	0.94906	1
Pharmacy assistant	1	2	0.47453	1
Medical Practitioner	0.25	0.5	0.1186325	1

FACILITY C/ Mamello Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	2.2333333	1
Professional Nurse /CNP	2	4	3.4983323	10
Enrolled Nurses	3	7	1.7491662	0
Cleaner	1	2	1.7491662	2
Lay Counsellor	2	2	1.7491662	0
Admin Clerk/Data capturer	2	3	1.7491662	3
Grounds man	1	1	0.8745831	0
Security	2	4	3.4983323	4
Pharmacy assistant	1	2	1.7491662	1
Medical Practitioner	0.25	0.5	0.4372915	0.15

FACILITY C/ Luckhoff Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1		0
Professional Nurse /CNP	2	4	2.3644633	3
Enrolled Nurses	3	7	1.1822317	4
Cleaner	1	2	1.1822317	1
Lay Counsellor	2	2	1.1822317	0
Admin Clerk/Data capturer	2	3	1.1822317	2
Grounds man	1	1	0.5911158	1
Security	2	4	2.3644633	3
Pharmacy assistant	1	2	1.1822317	1
Medical Practitioner	0.25	0.5	0.2955579	1
Dentist	0.05	0.1	0.0591116	1

FACILITY C/ Jacobsdal Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1		0
Professional Nurse /CNP	2	4	3.5855064	5
Enrolled Nurses	3	7	1.7927532	1
Cleaner	1	2	1.7927532	2
Lay Counsellor	2	2	1.7927532	0
Admin Clerk/Data capturer	2	3	1.7927532	2
Grounds man	1	1	0.8963766	1
Security	2	4	3.5855064	1
Pharmacy assistant	1	2	1.7927532	2
Medical Practitioner	0.25	0.5	0.4481883	1
Dentist	0.05	0.1	0.0896377	1

FACILITY C/ Ethembeni Clinic				
PHC CLINIC 5 days 8 hrs per day				
HRH category	Facility normative guides category		Benchmark facility normative guide	Available HRH
	Minimum	Maximum		
Operational / Facility Manager	1	1	1	1
Professional Nurse /CNP	2	4	6.405852	7
Enrolled Nurses	3	7	3.202926	1
Cleaner	1	2	3.202926	3
Lay Counsellor	2	2	3.202926	0
Admin Clerk/Data capturer	2	3	3.202926	5
Grounds man	1	1	1.601463	1
Security	2	4	6.405852	2
Pharmacy assistant	1	2	3.202926	2
Medical Practitioner	0.25	0.5	0.8007315	1
Dentist	0.05	0.1	0.1601463	1

Annexure B: Purchase of Equipment for Xhariep District using funding of National Department of Health

XHARIEP DISTRICT EQUIPMENT REQUIRING SUPPORT WITH FROM NDoH

EQUIPMENT	QUANTITIES REQUIRED
Tape measure	200
Broselow paediatric length based tape	30
Rescue Scissors	30
Patella hammer	200
THERMAL BLANKET	40
Non - Invasive BP Machines including Adult, Paeds and Large BP Cuffs	60
Stethoscopes	40
Paediatric straight laryngoscope blade size 0-1	5
Electric powered or Manual suction device	5
Laryngoscope blade handle	5
ET tube introducer adult	5
ET tube introducer Paeds	5
Pulse oximeters	5

Expected delivery by End of September 2017

Annexure C: Ideal clinic Procurement 2017/18 for Xhariep district with Provincial Budget

	Items	Order Numbers	Quantity	Amount	Expected Delivery Date
1	Stand Medical Drip	RB-013267	36	6,200.00	18/08/2017
2	Kick-about S/S; Bucket: inc lid; Castors	RB-013267	26	,363.12	18/08/2017
3	Thermometer electronic temperature	RB-013275	100	9,000.00	23/08/2017
4	Defibrillator Monitor, Recorder	RB-013270	9	52,779.73	19/08/2017
5	Medical pacing defibrillator	RB-013277	100	0,410.00	23/08/2017
6	FORCEPS ENDOTRACHEAL INFANT;LG 150MM	RB-013278	17	1,437.35	23/08/2017
7	FORCEPS ENDOTRACHEAL TUBE;CHILD LG 200MM	RB-013278	85	7,913.50	23/08/2017
8	Stethoscope bin Aural; dual	RB-013279	200	,180.00	23/08/2017
9	Electrode, Medical Adult	RB-013281	100	7,110.00	23/08/2017
10	Sphygmomanometer Blood pressure apparatus; Obese	RB-013283	100	11,970.00	23/08/2017
11	Cuff, Sphygmanometer Adult; Multi Patient; Small; 116mm; 205mm	RB-013283	100	11,970.00	23/08/2017
12	Cuff, Sphygmanometer Paed; Multi Patient; Small	RB-013283	50	4,912.50	23/08/2017
13	Sphygmomanometer Blood pressure apparatus; Obese	RB-013274	50	2,875.00	23/08/2017
14	Cuff, Sphygmanometer Infant	RB-013274	50	940.50	23/08/2017
15	Cuff, Sphygmanometer Adult	RB-013274	100	1,095.00	23/08/2017
16	Cuff, Sphygmanometer Arm; Large; Portable	RB-013274	50	1,909.50	23/08/2017
17	Cuff, Sphygmanometer Child NIBB	RB-013274	100	2,305.00	23/08/2017
18	Battery non rechargeable 6volt	RB-013265	34	17,651.44	18/08/2017
19	Monitor, Medical Spot Vital Sign	RB-013266	34	12,532.08	18/08/2017
	Total			1,059,554.72	

RESPONSE TO THE PRELIMINARY VISIT REPORT:

TAKING PARLIAMENT TO THE PEOPLE PROGRAMME

**FREE STATE PROVINCE VISIT
21 TO 25 AUGUST 2017**

PARLIAMENT OF THE REPUBLIC OF SOUTH AFRICA

MANGAUNG METROPOLITAN MUNICIPALITY

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Background

The Mangaung Metropolitan Municipality is a category A municipality. It is situated in Free State Province, in the central interior of South Africa. Free State as a province is bordered by the Gauteng, Eastern Cape, Northern Cape, KwaZulu - Natal and North West Provinces, as well as by the neighbouring country of Lesotho. The Mangaung Metro is comprised of 4 local municipalities: Bloemfontein, Botshabelo, Thaba-Nchu and Naledi from Xhariep Municipality which was incorporated into Mangaung together with Soutpan on the 3 August 2016. Its administrative headquarter is in Bloemfontein. The population is around 784 490, the largest in the province and its land area is smaller than other districts. Its population density is the highest in the province. According to Statistics South Africa, the population of this district is showing positive growth due immigration from other areas. Provision of adequate primary health care to people of Mangaung is a PHC re-engineering challenge of finding a balance between access to care and complex economies of scale considerations.

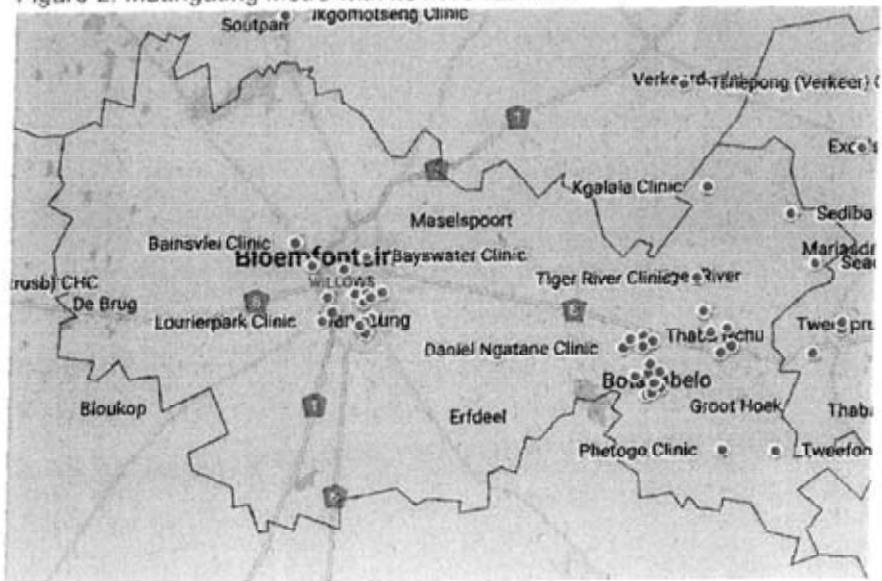
The figure 1 below is the map of Free State province with its 5 District Municipalities. Mangaung Metro is the most densely populated and Xhariep is least populated of them.

The figure 2 below is the map of Mangaung Metro with spatial position of its PHC facilities. Forty-seven PHC facilities and three District Hospitals in the district are clustered and closely placed in the populated areas of sub-districts. Population of Mangaung Metro is dependent on the Regional and Academic hospitals in Bloemfontein for its secondary and tertiary care needs.

Figure 1: District Municipalities of Free State District



Figure 2: Maungaug Metro with its PHC facilities



The Table 1 below lists all 47 PHC facilities in Mangaung Metro including the 27 Facilities on which this report is prepared. Distance of these facilities to nearest Regional Hospital (Pelonomi Hospital) is also given in this table.

Table 1: The distribution of facilities and distance to referral hospital

Local Municipality/ Sub-district	Facility	Town	Distance to Regional Hospital
Bloemfontein SD	Bainsvlei Clinic	Bloemfontein	10 Km
Bloemfontein SD	Batho Clinic	Bloemfontein	10 Km
Bloemfontein SD	Bayswater Clinic	Bloemfontein	10 Km
Bloemfontein SD	Bloemspruit Clinic	Bloemfontein	10 Km
Bloemfontein SD	Fauna Clinic	Bloemfontein	10 Km
Bloemfontein SD	Fichardtpark Clinic	Bloemfontein	10 Km
Bloemfontein SD	Freedom Square Clinic	Bloemfontein	10 Km
Bloemfontein SD	Gabriel Dichabe Clinic	Bloemfontein	10 Km
Bloemfontein SD	Heidedal CHC	Bloemfontein	10 Km
Bloemfontein SD	Kagisanong Clinic	Bloemfontein	10 Km
Bloemfontein SD	Langenhovenpark Clinic	Bloemfontein	10 Km
Bloemfontein SD	Lourierpark Clinic	Bloemfontein	10 Km
Bloemfontein SD	Mmabana Clinic	Bloemfontein	10 Km
Bloemfontein SD	MUCPP	Bloemfontein	10 Km
Bloemfontein SD	National Dis Hosp Gateway	Bloemfontein	10 Km
Bloemfontein SD	Opkoms	Bloemfontein	10 Km
Bloemfontein SD	Thusong Clinic	Bloemfontein	10 Km
Bloemfontein SD	Westdene Clinic	Bloemfontein	10 Km
Botshabelo SD	Bophelong (Botsh) Clinic	Botshabelo	60 Km
Botshabelo SD	BotshabeloIndustr Clinic	Botshabelo	60 Km
Botshabelo SD	Daniel Ngatane Clinic	Botshabelo	60 Km
Botshabelo SD	Dr Pedro Memorial Clinic	Botshabelo	60 Km
Botshabelo SD	Harry Gwala (Bot) Clinic	Botshabelo	60 Km
Botshabelo SD	Itumeleng (Botsha) Clinic	Botshabelo	60 Km
Botshabelo SD	Jazzman Mokhothu Clinic	Botshabelo	60 Km
Botshabelo SD	MaletsatsiMabaso Clinic	Botshabelo	60 Km
Botshabelo SD	Molefi Tau Clinic	Botshabelo	60 Km
Botshabelo SD	PotlakoMotlohi Clinic	Botshabelo	60 Km

Local Municipality/ Sub-district	Facility	Town	Distance to Regional Hospital
Botshabelo SD	Pule Sefatsa Clinic	Botshabelo	60 Km
Botshabelo SD	TS Mahloko Clinic	Botshabelo	60 Km
Botshabelo SD	W Mandela (Botsha) Clinic	Botshabelo	60 Km
Masilonyana LM	Ikgomotseng Clinic	Soutpan	61 Km
Naledi LM (fs)	Dewetsdorp 1Stop Clinic	Dewetsdorp	68 kms
Naledi LM (fs)	Lebohang Clinic	Wepener	110 Km
Naledi LM (fs)	Vanstadensrus Clinic	Vanstadensrus	133 kms
ThabaN'chu SD	Dinaane Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Gaongalelwe Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Kgalala Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Klipfontein Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Mafane Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Mokwena Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Phetogo Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Seadimo Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Sediba Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	ThabaNchu Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Tiger River Clinic	ThabaN'chu	63 Kms
ThabaN'chu SD	Tweefontein Clinic	ThabaN'chu	63 Kms

There are 3 District Hospitals in this metro which support the PHC services mainly to provide curative care required. They are situated strategically at Bloemfontein, Botshabelo and ThabaN'chu; three main residential areas of the metro. The Vanstadensrus Clinic is the farthest serving a small settlement. All other facilities are within 65 Kms of the secondary hospital. The number and distribution of PHC facilities in the metro is more than satisfactory. A patient transport system is provided for the patients referred to secondary and tertiary hospitals.

Overview of Ideal Clinic Program performance of Free State province for 2016/17

Number and percentage of Ideal Clinics achieved nationally (32%) and at provincial level in 2016/17 financial year is presented in Table 2 below. The achievement of Free State province is 31.5%.

Table 2: Number and % of Ideal Clinic per province with category, 2016/17 situation

Province	Total Facilities	Platinum	Gold	Silver	Not achieved	Total IC	% Ideal Clinic
Eastern Cape	771	4	48	88	477	140	21.4%
Free State	221	3	26	40	150	69	31.5%
Gauteng	367	36	111	70	108	217	61.8%
KwaZulu-Natal	600	20	155	124	228	299	55.0%
Limpopo	477	1	7	47	366	55	12.2%
Mpumalanga	288	2	22	40	205	64	22.6%
North West	314	2	43	47	208	92	30.5%
Northern Cape	164	8	30	27	87	65	40.1%
Western Cape	275	0	7	29	217	36	13.2%
South Africa	3477	76	449	512	2045	1037	32.1%

The achievement of PHC facilities in Free State Districts is given in Table 3 below. The Mangaung Metro did not performed better compared to other districts in the province, only 21% of the facilities achieved Ideal status.

Table 3: Number and % of Ideal Clinic in Free State districts with category, 2016/17 situation

District/ Metro	No of facilities	Platinum	Gold	Silver	Not achieved	Total Ideal Clinic	% Ideal Clinics
FezileDabi DM	39	0	4	5	30	9	23%
Lejweleputswa	45	0	5	5	35	10	22%
Mangaung MM	43	0	5	4	34	9	21%
T Mofutsanyane	73	3	11	12	46	26	36%
Xhariep DM	21	0	1	14	5	15	75%
Free State	221	3	26	40	150	69	32%

The performance of facilities in this report from Mangaung Metro is detailed in Table 4 below.

Table 4: Score and category of Ideal Clinic achieved by NCOP reported facilities in Mangaung District

Sub-district	Facility	Vital %	Essential %	Important %	Score%	Category
Botshabelo SD	Itumeleng (Botsha) Clin	80	65	69	68	Not achieved
Botshabelo SD	Harry Gwala (Bot) Cli	100	60	65	65	Not achieved
Botshabelo SD	MaletsatsiMabasoClin	70	52	57	56	Not achieved
Botshabelo SD	Pule Sefatsa Clinic	80	63	73	69	Not achieved
Botshabelo SD	W Mandela (Botsha) Cl	80	55	66	62	Not achieved
Bloemfontein SD	Bainsvlei Clinic	90	65	65	67	Not achieved
Bloemfontein SD	Bloemspruit Clinic	80	47	44	47	Not achieved
Naledi LM (fs)	Dewetsdorp 1Stop Clin	90	63	73	69	Not achieved
Bloemfontein SD	Fichardtspark Clinic	80	47	48	48	Not achieved
Bloemfontein SD	Gabriel Dichabe Clinic	80	70	75	73	Not achieved
Bloemfontein SD	Heidedal CHC	70	51	48	50	Not achieved
Masilonyana LM	Ikgomotseng Clinic	80	38	45	44	Not achieved
Bloemfontein SD	Kagisanong Clinic	80	51	60	57	Not achieved
Bloemfontein SD	Lourierpark Clinic	80	49	55	53	Not achieved
Bloemfontein SD	Opkoms	80	48	57	54	Not achieved
Bloemfontein SD	Thusong Clinic	80	73	73	73	Not achieved
Bloemfontein SD	MUCPP	80	48	55	53	Not achieved
Bloemfontein SD	Mmabana Clinic	80	52	66	61	Not achieved
Bloemfontein SD	Westdene Clinic	70	62	72	67	Not achieved
Naledi LM (fs)	Lebohang Clinic	90	80	85	83	Silver
Naledi LM (fs)	Vanstadensrus Clinic	80	53	49	52	Not achieved
ThabaN'chu SD	Dinaane Clinic	30	37	43	40	Not achieved
ThabaN'chu SD	Kgalala Clinic	60	56	60	58	Not achieved
ThabaN'chu SD	Klipfontein Clinic	80	60	68	66	Not achieved
ThabaN'chu SD	Mafane Clinic	90	71	68	70	Silver
ThabaN'chu SD	Seadimo Clinic	80	55	55	56	Not achieved

There were only two Ideal Clinics among the 27 facilities reported, which is a below par performance. Major challenges identified are inadequate infrastructure and its maintenance, maldistribution of staff and skill deficiencies leading to poor management and service delivery, inadequate resources mainly due to supply chain inefficiencies and budgetary restrictions and training of staff on some of the critical skill.

Clinic Size and workload

Workload in these facilities are relatively high compared to other districts in the province, based on DHIS data as indicated in Table 5 below. Two large Community Health Centres serving the African and Coloured communities in Bloemfontein manages more than 500 patients per day. Most other facilities manage more than 100 patients per day. Two facilities had average daily Headcount less than 20.

Table 5: Average daily Head Count and PHC Professional Nurse Clinic workload (6 months period from DHIS) of facilities in Mangaung Metro

Facility Name	Daily average Head Count	Average PHC Professional nurse clinical work load
Itumeleng (Botsha) Clin	84	21.8
Harry Gwala (Bot) Cli	86	31.6
MaletsatsiMabasoClin	149	14.2
Pule Sefatsa Clinic	207	31.2
W Mandela (Botsha) Ci	279	31.3
Bainsvlei Clinic	53	12.7
Bloemspruit Clinic	185	18.8
Dewetsdorp 1Stop Clin	145	48.1
Fichardtpark Clinic	70	23.6
Gabriel Dichabe Clinic	176	17.1
Heidedal CHC	730	15.9
Ikgomotseng Clinic	47	42.7
Kagisanong Clinic	185	20.7
Lourierpark Clinic	37	20.3
Opkoms	102	25.3
Thusong Clinic	173	19.3
MUCPP	578	26.4
Mmabana Clinic	143	45.6
Westdene Clinic	57	16.7
Lebohang Clinic	106	43.2
Vanstadensrus Clinic	45	53.9
Dinaane Clinic	69	57.8
Kgalala Clinic	34	44.1
Klipfontein Clinic	4	13.8
Mafane Clinic	148	106
Seadimo Clinic	12	26.6

The Professional Nurse workload of PHC facilities gives an indication of how optimally the personnel are utilized and its distribution. The Professional Nurse workload of facilities in Mangaung Metro for the period January to June 2017 is given in Table 5.

The above table shows that eight facilities are having Professional Nurse Workload above the accepted norm of 30 per Professional Nurse per day. Remaining facilities show less than 30 patients per Professional Nurse and it is as low as 13 patients in Bainsvlei Clinic. Low professional Nurse Workload is acceptable in sparsely populated areas even though it is inefficient and poor utilisation of professionals but it should be avoided in densely populated areas.

Workload Indicators of Staffing Need (WISN) report of PHC facilities Margaung Metro

The WISN method developed by World Health Organization to determine the staff requirement of health facilities was applied to all PHC facilities in the country by the National Department of Health in collaboration with the Provincial and District officials. In this exercise, staff requirement (All categories of staff) is estimated based on the workload of health facility. The results of WISN analysis were reported in 2016. The report consists of a normative minimum and maximum staff required by category and currently available number of staff of the same category, along with few other parameters of the report.

A summary of the WISN findings of reported facilities in Margaung Metro is prepared and presented below in Table 6. This shortened version allows us to see the shortage or excess of staff in the facility at a glance.

Nationally, it was found that there is no real shortage of Nursing and Administration staff in the country and apparent shortages is due to mal-distribution and remains the main challenge. But there are real shortages (nation-wide) for some of the professional groups such as Medical Practitioners, Specialists and Dentists. Such shortages are severe in rural districts compared to urban districts/metros since rural districts are not able to attract such professional in short supply.

The above general statement is true with regard to PHC facilities in Margaung Metro displayed below (Table 6). Some facilities show shortage of a particular category of staff and others indicate there is oversupply. What is required at present, before new recruitment of staff, is an appropriate redistribution of excess personnel from some facilities to others with shortage. Such an exercise must be initiated after a wide stakeholder consultation process including organized labour organizations. Table 6 is an overview of the staffing situation pertaining to doctors, registered nurses, enrolled Nurse, Administration staff and Cleaners only.

The Table 6 is prepared as follows: The figures given in WISN dataset as Minimum and Maximum number of a particular category of staff needed in the facility is based on the "Facility Normative Guide" calculated using its workload (Min, Max in table below). The staff currently available is also listed (Curr in table). Using these figures the situation of staff excess or deficit is calculated and tabulated under the column "E/D". If the available

staff in the facility is within the normative minimum, it is highlighted "Green". If there is excess staff it is highlighted "Amber" and deficiency is indicated with "Red" colour.

Table 6: Analysis of WISN data to understand excess and deficit of Staff Categories

CLINIC	DOCTOR				PROF NURSE				ENR NURSE				ADMIN CLERK				CLEANERS			
	Min	Max	Curr	E/D	Min	Max	Curr	E/D	Min	Max	Curr	E/D	Min	Max	Curr	E/D	Min	Max	Curr	E/D
Itumeleng (Botsha) Clinic	0.3	0.5	0.3	0	2	4	3	1	3	7	2	-1	2	3	2	0	1	2	1	0
Harry Gwala (Bot) Clinic	0.3	0.5	0.3	0	2	4	2	0	3	7	1	-2	2	3	2	0	1	2	0	-1
Maletsatsi Mabaso Clinic	0.3	0.5	0.5	0.3	2	4	12	10	3	7	2	-1	2	3	3	1	1	2	2	-1
Pule Sefatla Clinic	0.3	0.5	0.7	0.5	2	4	11	9	3	7	2	-1	2	3	3	1	1	2	3	2
W Mandela (Botsha) Clinic	0.3	0.5	0.2	-0	2	4	12	10	1	2	3	2	1	2	2	1	1	2	4	3
Bainsvlei Clinic	0.3	0.5	0.2	-0	2	4	3	1	3	7	0	-3	2	3	2	0	1	2	3	2
Bloemspuit Clinic	0.3	0.5	0.2	-0	2	4	4	2	3	7	2	-1	2	3	4	2	1	2	2	-1
Dewetsdorp 1Stop Clinic	0.3	0.5	0.8	0.5	2	4	5	3	3	7	7	4	2	3	2	0	1	2	1	0
Fichardtspark Clinic	0.3	0.5	0.1	-0	2	4	1	1	3	7	2	-1	2	3	2	0	1	2	1	0
Gabriel Dikabe Clinic	0.3	0.5	0.2	-0	2	4	5	3	1	2	1	0	1	2	2	1	1	2	2	1
Heidedal CHC	Data Not Available																			
Ikgomotseng Clinic	0.3	0.5	0	-0	2	4	2	0	1	2	1	0	1	2	0	-1	1	2	1	0
Kagiso Clinic	0.3	0.5	1	0.8	2	4	5	3	3	7	2	-1	2	3	3	1	1	2	2	1
Lourierpark Clinic	0.3	0.5	0	-0	2	4	1	-1	3	7	1	-2	2	3	2	0	1	2	0	-1
Opkoms	0.3	0.5	0.7	0	2	4	3	1	1	2	1	0	1	2	0	-1	1	2	2	1
Thusong Clinic	0.3	0.5	2	1.8	2	4	6	4	3	7	2	-1	2	3	1	-1	1	2	1	0
MUCPP	Data Not Available																			
Mmabana Clinic	0.3	0.5	0.2	0	2	4	3	1	1	2	1	0	1	2	1	0	1	2	2	1
Westdene Clinic	0.5	0.5	0.5	0	2	4	1	1	3	7	1	-2	2	3	2	0	1	2	0	-1
Lebohang Clinic	0.3	0.5	0.1	-0	2	4	5	3	3	7	5	2	2	3	2	0	1	2	2	1
Vaostadensrus Clinic	0.3	0.5	0.1	0	2	4	0	-3	3	7	4	1	2	3	1	-1	1	2	1	0
Dinaane Clinic	0.3	0.5	1	0.8	2	4	1	1	3	7	1	-2	2	3	1	-1	1	2	0	-1
Kgalala Clinic	0.3	0.5	1	0.8	2	4	1	-1	3	7	0	-3	2	3	1	-1	1	2	0	-1
Klipfontein Clinic	0.3	0.5	0.2	-1	2	4	0	-2	1	2	0	-1	1	2	0	-1	1	2	0	-1
Mafane Clinic	0.3	0.5	1	0.8	2	4	13	11	3	7	2	-1	2	3	3	1	1	2	12	11
Seadimo Clinic	0.3	0.5	0.3	0	2	4	0	2	1	2	0	-1	1	2	1	0	1	2	1	0

Min	Minimum required		
Max	Maximum allowable		Shortage of staff
Curr	Current staff level		As required
E/D	Excess or Deficit		Excess of staff

As can be seen from table above, the shortage is for the Enrolled Nurse category and Professional Nurse is mostly in excess or as required. There is a general shortage of staff in ThabaNchu area, but patient load is low.

Response to specific recommendations

The areas of weakness and specific challenges identified during the visit is listed and remedial actions provided in the table below

Table 7: Response to some of the specific recommendations

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
1.	Maintenance and physical infrastructure	Facilities too small and need maintenance.	Re-prioritisation of 3 year infrastructure plan based on the space requirement per facility done	NDoH & FSDoH	This work has already begun and the infrastructure problems will be attended to within available budget.
2.	Safety security at facilities	No security officers at some facilities	The district is in the process of looking for other security services (alarm system)	District Manager	
3.	Medicine, consumables and basic equipment	Facilities unable to place bigger batches of stock due to space constraints.	Review of minimum and maximum level of items based on utilization done. Implementation of Stock visibility system done to monitor availability of medication	FSDOH	Ongoing monitoring of availability of stock
		Under-utilisation of medical equipment by nurses as some have	Inclusion of training by service providers as part of specification when	Mangaung District Supply Chain Management	List of items not used at facilities compiled and training

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
		not trained on proper usage	procuring medical equipment		organised. Regional Training Centre (RTC) has already conducted basic Life support training for some of facility staff.
			FSDOH provincial Office SCM unit to assist the district with SCM processes. Staff shortages must be attended to.	FSDoH	Staff shortages will be attended to through reallocation of staff (this will be started within the next month in collaboration with organized labour) and filling posts where required as funds become available. FSDoH is in discussion with provincial treasury with regard to this.
4.	Governance structures	Inactive clinic committees	Process of appointment and training of clinic committees has started	Direct	
5.	Patient record management				

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
6.	Emergency Medical Services				
7.	Staffing Related issues	<p>Unresolved labour issues</p> <p>High level of vacancies for the following categories:</p> <ul style="list-style-type: none"> • Pharmacists/Pharmacist assistants • Professional nurses • Security officials <p>Acting Facility managers without payment of acting allowance.</p> <p>Unsettled disputes with Community Health workers and Community Care givers</p>			
8.	Lack of back-up generators	Power supply interruption at clinics	Provincial Department of health has resolved to use uninterruptible power	Infrastructure Chief Directorate	

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
9	Basic equipment	Shortage of essential equipment	<p>supply (UPS) or solar technologies</p> <p>NDoH will be procuring items as per attached Annexure A</p> <p>Mangaung Metro has procured equipment as per attached annexure B</p> <ul style="list-style-type: none"> • Mangaung Metro will also benefit from National Grant for Ideal Clinic for some of equipment. 	NDoH	
10	Long Waiting Times at Facilities	Long Waiting Times at Facilities reported by patients.	<p>NDoH is implementing Integrated Clinical Services Management (ICSM) which include:</p> <ul style="list-style-type: none"> • Facility reorganization according to three streams of care. • Appointment system. • Pre-packing of medication for 	NDoH&FSHoD	Ongoing monitoring of implementation of ICSM at facility level.

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
			<p>stable chronic patients.</p> <ul style="list-style-type: none"> Monitoring of waiting time at each service point. <p>Mangaung Metro ICSM Training for 41 professional nurses was conducted on the 01 - 02 June 2017.</p> <p>NDoH will also train Family Physician and PHC trained nurse from District Clinical Specialist Team (DCST) to roll out ICSM training at district level to sustain ICSM. First training scheduled for 20 -21 November 2017 for Free State and Gauteng Teams</p>	NDoH & FSDoH	November 2017 - January 2018.

ITEM NO	AREA OF WEAKNESS	SPECIFIC CHALLENGES	REMEDIAL ACTION	RESPONSIBILITY	TIMEFRAME
11	Shortage of fleet, mobile clinics and vehicles	What about the lack of mobile vehicles and vehicles with which to do outreach? Lack of mobile units and vehicles for staff to do outreach.	Mangaung Metro will be receiving 4 mobile units and 11 vehicles and 3 mobile buses from Government Garage which will address shortage of cars.	FSDoH	Before the end of the financial year.

Analysis of the checklist of facility infrastructure

Element 155 of Ideal Clinic Framework "Clinic Spaces accommodates all Services and staff" collect information on presence or absence of Clinic Spaces required for a given facility. A 27-item checklist is used to collect information to incorporate all necessary rooms/other spaces needed. Data used for the analysis were provided by the Facility Manager or District Ideal Clinic Champions when they conducted Baseline Status Determination of facilities on Version 17 of Ideal Clinic Framework. The result of checklist analysis of selected Facilities in Mangaung Metro is given below.

Number of Checklist items not available in all Free State facilities is calculated from the data available on the Ideal Clinic database. Table 8 is prepared by counting the facilities with one item not available, then two items and up to 27 items. This allows to see the extent of shortage in clinic space in the province and district. The table of 1 to 27 items not available is then grouped into 1 to 7 items, 8 to 14 items, 15 to 21 and 22 to 27 items. The result of above analysis is presented in Table 8 below.

There are 3 facilities with 22 to 27 Checklist items not available in Free State province and there is one in Mangaung Metro. This Metro have four facilities in the group 15 to 21 checklist items, while there are 30 facilities in this group in the province.

Most facilities with shortages of clinic space are in the 1 to 7 items group, which is easier to correct. Those facilities with larger deficit of clinic space may be considered for replacement.

Table 8: Analysis of Clinic Space checklist items - Number facilities with number of Checklist items not available in Free State Districts

No. of CL item not available	Fezile Dabi	Lejwele putswa	Mangaung	T Mofutsanyane	Xhariep	Total for Free State
1	4	3	2	3	4	16
2	2	3	6	2	4	17
3	2	5	6	8	2	23
4	1	2	7	5	0	15
5	2	3	1	3	1	10
6	0	0	3	3	1	7
7	1	2	1	4	0	8
< 8 item	12	18	26	28	12	96
8	2	4	2	6	0	14
9	3	0	3	3	0	9
10	3	5	0	5	1	14
11	1	1	2	5	0	9
12	0	1	2	0	0	3
13	2	2	0	1	1	6
14	2	0	1	0	0	3
8 to 14 item	13	13	10	20	2	58
15	0	1	0	0	0	1
16	1	2	2	0	0	5
17	0	0	0	1	0	1
18	1	1	1	0	0	3
19	1	2	1	0	0	4
20	1	2	0	0	0	3
21	2	1	0	0	0	3
15 to 21 item	6	9	4	1	0	20
22	0	0	0	0	0	0
23	0	0	1	0	0	1
24	1	0	0	0	0	1
25	0	0	0	0	0	0
26	1	0	0	0	0	1
27	0	0	0	0	0	0
22 to 27 item	2	0	1	0	0	3
Total	33	40	41	49	14	177

Facility	No. of items not available	Daily Head Count	Clinic Space (Checklist items element 155) not available	Area for upgrade (Sq.Km)	Estimated cost (R)	Proposed Year of Upgrade
fs Lourierpark Clinic	16	38	Sub-waiting area, Vitals area /room, Counselling room , Treatment room, Multipurpose meeting room , Facility manager office, Lockable Cleaning material store room OR cupboard , Laundry, Dirty utility room , Linen room OR Cupboard, b. Disabled parking, c. Ambulance parking, a. Domestic/general waste area, b. Medical/bio-hazardous waste area, Garden store room , Drying area (for mops etc),	162	4,598,000	2022/23
fs Winnie Mandela (Botshabelo) Clinic	1	293	Drying area (for mops etc),	-	-	-
fs Pule Sefatsa Clinic	4	217	Sub-waiting area, Medicine collection kiosk (CCMDD), Laundry, Drying area (for mops etc),	34	974,400	2019/20
fs Bophelong (Botshabelo) Clinic	2	89	Multipurpose meeting room , Facility manager office,	44	1,287,600	2022/23
fs Maletsatsi/Mabaso Clinic	2	156	Surgical stores store-room , Drying area (for mops etc),	10	278,400	2019/20
fs Molefi Tau Clinic	2	104	Sub-waiting area, Drying area (for mops etc),	10	278,400	2020/21
fs Potlako/Motlohi Clinic	2	102	Lockable Cleaning material store room OR cupboard , Drying area (for mops etc),	7	208,800	2019/20
fs Daniel Ngatane Clinic	3	145	Multipurpose meeting room , Laundry, Garden store room ,	44	1,287,600	2021/22
fs Dr Pedro Memorial Clinic	3	121	Multipurpose meeting room , b. Medical/bio-hazardous waste area, Drying area (for mops etc),	37	1,078,800	-

Facility	No. of items not available	Daily Head Count	Clinic Space (Checklist items element 155) not available	Area for upgrade (Sq.km)	Estimated cost (R)	Proposed Year of Upgrade
fs Itumeleng (Botshabelo) Clinic	3	88	Counselling room , Treatment room, Medicine collection kiosk (CCMDD),	58	1,670,400	2022/23
fs Jazzman Mokhothu Clinic	7	157	Vitals area /room, Multipurpose meeting room , a. staff parking. a. Domestic/general waste area, b. Medical/bio-hazardous waste area, Garden store room , Drying area (for mops etc),	61	1,774,800	2022/23
fs Harry Gwala (Botshabelo) Clinic	11	89	Main waiting area, Sub-waiting area, Counselling room , Emergency/resuscitation room , Multipurpose meeting room , Facility manager office, Medicine collection kiosk (CCMDD), Laundry, a. staff parking, Garden store room , Drying area (for mops etc),	192	5,568,000	
fs TS Mahloko Clinic	11	145	Main waiting area, Sub-waiting area, Counselling room , Multipurpose meeting room , Facility manager office, Staff tea room with kitchenette, Medicine store room / dispensary/Pharmacy, - Shelves available, Medicine collection kiosk (CCMDD), Laundry, Garden store room ,	196	5,672,400	2019/20
fs Botshabelo Industrial Clinic	3	74	a. staff parking, b. Disabled parking, Drying area (for mops etc),	-	-	2018/19
fs Ikgomotseng Clinic	4	48	b. Disabled parking, c. Ambulance parking, b. Medical/bio-hazardous waste area, Drying area (for mops etc),	7	208,800	2019/20
fs Lebohang Clinic	3	110	Multipurpose meeting room , Garden store room , Drying area (for mops etc),	37	1,078,800	2021/22
fs Dewetsdorp One Stop Clinic	12	152	Vitals area /room, Multipurpose meeting room , Facility manager office, Surgical store-room , Lockable Cleaning material store room OR cupboard , Laundry, Dirty utility room , Linen room OR Cupboard, a. staff parking, b. Disabled parking, b.	104	3,027,600	2021/22

Facility	No. of items not available	Daily Head Count	Clinic Space (Checklist items element 1.55) not available	Area for upgrade (Sq. Km)	Estimated cost (R)	Proposed Year of Upgrade
			Medical/bio-hazardous waste area, Drying area (for mops etc),			
fs Vanstadensrus Clinic	4	47	Multipurpose meeting room , Lockable Cleaning material store room OR cupboard , a. Domestic/general waste area, b. Medical/bio-hazardous waste area,	52	1,496,400	2021/22
fs ThabaNchu Clinic	4	146	Treatment room, Multipurpose meeting room , Lockable Cleaning material store room OR cupboard , b. Disabled parking,	61	1,774,800	2020/21
fs Mafane Clinic	5	155	Multipurpose meeting room , Medicine collection kiosk (CCMDD), a. Domestic/general waste area, b. Medical/bio-hazardous waste area, Drying area (for mops etc),	59	1,705,200	2020/21
fs Gaongalwe Clinic	9	165	Treatment room, Multipurpose meeting room , Medicine collection kiosk (CCMDD), Lockable Cleaning material store room OR cupboard , Laundry, b. Disabled parking, a. Domestic/general waste area, b. Medical/bio-hazardous waste area, Drying area (for mops etc),	97	2,818,800	2020/21
fs Kgala Clinic	6	36	Surgical stores store-room , Lockable Cleaning material store room OR cupboard , Dirty utility room , Linen room OR Cupboard, a. staff parking, b. Disabled parking,	36	1,044,000	2022/23
fs Sediba Clinic	6	12	Multipurpose meeting room , Facility manager office, Surgical stores store-room , Laundry, b. Disabled parking, b. Medical/bio-hazardous waste area,	68	1,983,600	2021/22

Facility	No. of items not available	Daily Head Count	Clinic Space (Checklist items element 1.55) not available	Area for upgrade (Sq. Km)	Estimated cost (R)	Proposed Year of Upgrade
fs Tweefontein Clinic	8	13	Multipurpose meeting room , Facility manager office, Medicine store room /dispensary/Pharmacy, Medicine collection kiosk (CCMDD), Surgical stores store-room , a. staff parking, b. Disabled parking, c. Ambulance parking.	83	2,401,200	2021/22
fs Tiger River Clinic	9	15	Emergency/resuscitation room , Treatment room, Multipurpose meeting room , Facility manager office, Medicine collection kiosk (CCMDD), a. staff parking, b. Disabled parking, a. Domestic/general waste area, b. Medical/bio-hazardous waste area,	127	3,688,800	2022/23
fs Kilpfontein Clinic	16	4	Counselling room , Emergency/resuscitation room , Multipurpose meeting room , Facility manager office, Medicine store room /dispensary/Pharmacy, - Shelves available, Medicine collection kiosk (CCMDD), Surgical stores store-room , Lockable Cleaning material store room OR cupboard , Dirty utility room , Linen room OR Cupboard, a. staff parking, b. Disabled parking, a. Domestic/general waste area, b. Medical/bio-hazardous waste area, Drying area (for mops etc).	173	5,011,200	
fs Phetogo Clinic	18	16	Main waiting area, Help desk/Reception/patient registration , Toilets , Sub-waiting area, Treatment room, Multipurpose meeting room , Facility manager office, Staff tea room with kitchenette, Medicine store room /dispensary/Pharmacy, - Shelves available, Medicine collection kiosk (CCMDD), Surgical stores store-room , Lockable Cleaning material store room OR cupboard , Dirty utility room , a. staff parking, b. Disabled parking, b. Medical/bio-hazardous waste area, Drying area (for mops etc),	254	7,377,600	2022/23

Facility	No. of items not available	Daily Head Count	Clinic Space (Checklist items element 155) not available	Area for upgrade (Sq. Km)	Estimated cost (R)	Proposed Year of Upgrade
fs Seadimo Clinic	19	12	Toilets , Sub-waiting area, Vitals area /room, Counselling room , Emergency/resuscitation room , Treatment room, Multipurpose meeting room , Facility manager office, Medicine store room /dispensary/Pharmacy, - Shelves available, Medicine collection kiosk (CCMDD), Surgical stores store-room , Laundry, Dirty utility room , a. staff parking, b. Disabled parking, c. Ambulance parking, a. Domestic/general waste area, b. Medical/bio-hazardous waste area,	230	6,581,600	2022/23
fs Dinaane Clinic	23	72	Main waiting area, Help desk/Reception/patient registration , Toilets , Sub-waiting area, Vitals area /room, Consulting room , Counselling room , Emergency/resuscitation room , Treatment room, Multipurpose meeting room , Facility manager office, Staff tea room with kitchenette, Medicine store room /dispensary/Pharmacy, - Shelves available, Medicine collection kiosk (CCMDD), Surgical stores store-room , Lockable Cleaning material store room OR cupboard , Laundry, Dirty utility room , Linen room OR Cupboard, b. Disabled parking, a. Domestic/general waste area, Drying area (for mops etc),	368	10,683,600	2019/20

Annexure A: Purchase of Equipment for Mangaung Metropolitan Municipality using funding of National Department of Health

EQUIPMENT	QUANTITIES REQUIRED
Paediatric straight laryngoscope blade size 0-1	47
Laryngoscope handles with spare batteries	47
Broselow tapes	17
Bassinets	8


Expected date of delivery is end of October 2017



1. PROGRESS REPORT ON NCOP VISIT TO XHARIEP DISTRICT

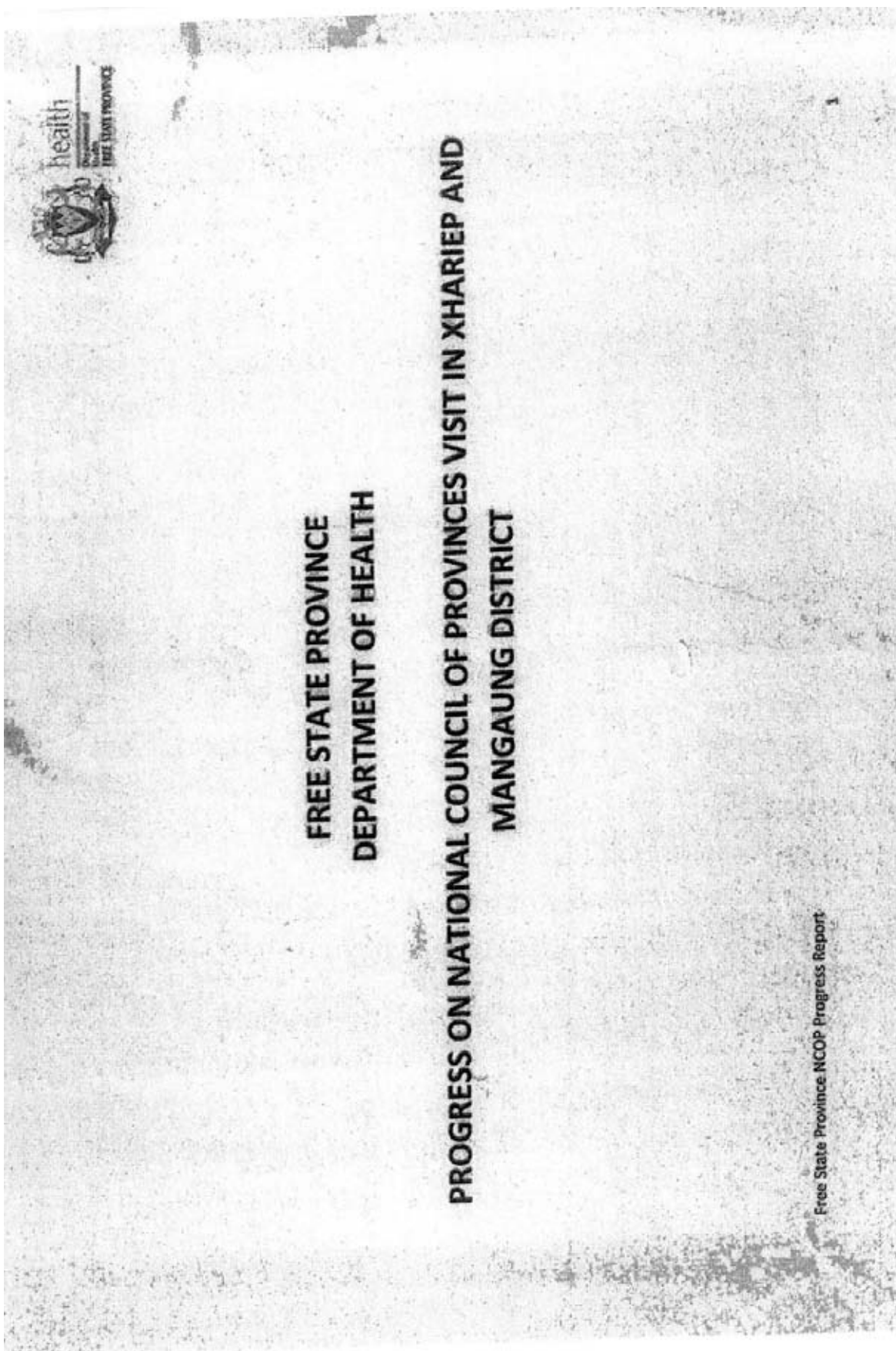
Problem area	Activity	Due date	Progress made
The District does not have Maintenance Staff. The post of Artisan is vacant.	<ul style="list-style-type: none"> ✓ Appoint Artisan foreman at District Level to develop specifications for facility maintenance and to quality check work once done by suppliers before payments are processed. 	<p>April 2018</p> <p>Completed</p>	<ul style="list-style-type: none"> ✓ The submission to appoint artisan foreman is at advance stage of approval. ✓ A maintenance Hub has been established with maintenance staff based at Albert Nzula Hospital to support the entire District. The Hub Consist of:- <ul style="list-style-type: none"> • 1 Artisan Foreman • 2 Artisans – (Electrical and mechanical) • 3 Handymen (Electrical, Mechanical, Medical Equipment) • 3 Tradesman Aids (2 Plumbing, and 1 Electrical) • 1 Artisan and 1 handyman in Stoffel District Hospital both electrical • 1 Handyman, and 1 Trade man in Diamant Hospital.
Nine (9) Facility Operational Managers are acting in vacant posts without Acting Allowances.	<ul style="list-style-type: none"> ✓ Advertise and fill Facility Manager Posts for the nine facilities. 	Completed	<ul style="list-style-type: none"> ✓ Nine (9) Operational Managers have been appointed. and will report on duty on 1 March 2018
Two Assistant Managers (Assistant Director Admin Support/Assistant Manager	<ul style="list-style-type: none"> ✓ Conduct job evaluations for the following posts prior to 	June 2018	<ul style="list-style-type: none"> ✓ The job evaluation of the network controller is currently underway and this post will be advertised as soon as the job evaluation process is concluded

Free State Province NCOP Progress Report



Problem area	Activity	Due date	Progress made
Monitoring and Evaluation) acting for more than six months without Acting Allowance. Chief Network Controller Post vacant. This affects IT Systems in the District negatively and hampers service delivery and communication.	<ul style="list-style-type: none"> ✓ advertising as required by DPSA and fill them:- ✓ Assistant Director Admin Support ✓ Assistant Director Monitoring and Evaluation. ✓ Chief Network Controller 	Completed	<ul style="list-style-type: none"> ✓ The interviews were conducted in January 2018 for the posts of Assistant Directors Admin Support and M&E, and the successful candidate will report on duty on 2 April 2018
Shortage of staff, in particular Professional Nurses (Gariepdam, Sehularo Tau, and Phillipolis Clinics). Vacant <ul style="list-style-type: none"> ✓ Pharmacy Assistant – Gariepdam Clinic ✓ Vacant District Pharmacist post. ✓ Cleaner in Thembelethu Clinic, Security Officer in Luckhoff Clinic, ✓ and three Clerks in Mamello, and Thembelethu Clinics. 	<ul style="list-style-type: none"> ✓ Submit Request approval to appoint 12 Professional Nurses for affected facilities. ✓ Submit Request for approval to appoint Pharmacy Assistant for Gariepdam and Fauresmith Clinics and head hunt. ✓ Resubmit request for approval to appoint District Pharmacist. ✓ Appoint Cleaner, Security Officer and Clerks for the facilities. 	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>April 2018</p>	<ul style="list-style-type: none"> ✓ The 12 Professional Nurses have been appointed and are placed at the following clinics :Gariep dam , Sehularo Tau and Phillipolis). ✓ District Pharmacist has been appointed and started on 2 January 2018. ✓ The pharmacy assistant could not be appointed due to budgetary constraints. All clinics without pharmacy assistance have been identified and appointments will be done in the 2018/19 financial year ✓ Interviews have been conducted to appoint a cleaner for Thembelethu clinic and security officer for Luckhoff clinic. The successful candidate will report on duty from 2 April 2018

Free State Province NCOP Progress Report



**Annexure B: Ideal clinic Procurement 2017/18 for
Mangaung Metropolitan Municipality with Provincial
Budget**

	Items	Order Numbers	Quantity	Amount (R)	Expected Delivery Date
1	Hand held pulse oximeter	HA-020336	70	127,674.40	06.10.2017
2	Suction machine	HA-020303	14	79,447.90	29.09.2017
3	Diagnostic set	HA-020304	30	153,011.70	31.10.2017
4	Emergency trolley	HA-020326	8	147,931.44	06.10.2017
5	Medical cabinet	HA-020325	10	112,805.40	06.10.2017
6	Diagnostic set	HA-020366	10	51,003.90	31.10.2017



Problem area	Activity	Due date	Progress made
Appointment of nursing staff out of adjustment following development/training by the Department in relevant posts.	<ul style="list-style-type: none"> ✓ Translate available Professional Nurses posts into specialization posts, and appoint staff that is out-of-adjustment into relevant posts. 	April 2018	<ul style="list-style-type: none"> ✓ The submission for the translation of current posts into Primary Health Care Specialist posts has been corrected and approval at the advance stage
There is limited supply of the cleaning materials	<ul style="list-style-type: none"> ✓ Procurement of adequate cleaning material. 	Continuous	<ul style="list-style-type: none"> ✓ Cleaning materials have been procured in bulk and distributed to all facilities. ✓ Local Area Managers are continuously monitor the stock availability
Patient files getting lost in clinics	<ul style="list-style-type: none"> ✓ An archiving cabinets were provided for all Primary Health Care facilities in the District to create sufficient space for files that are in use. The losses are due to failure by clerks to file used files. ✓ Clinic Manager to ensure that files are filed back daily to avoid losses. 	Completed	<ul style="list-style-type: none"> ✓ Archiving cabinets have been procured. ✓ All clinic managers are instructed to ensure that files are filed daily to avoid losses. ✓ Clerical Staff is available in facilities to carry this task out daily.
Water shortage in the District, especially in Kopanong Sub	<ul style="list-style-type: none"> ✓ All facilities have JoJo tanks and the respective Local Municipalities refill the tanks as required 	Ongoing	<ul style="list-style-type: none"> ✓ District Municipality fills water tanks on a daily basis to all Clinics in Kopanong Local Municipality during water outages

Free State Province NCOP Progress Report



Problem area	Activity	Due date	Progress made
District affecting Clinics and Schools.	<ul style="list-style-type: none"> ✓ Connect jojo tanks to municipal line to facilitate hand washing, and flushing of ablution facilities in cases of water outages. ✓ Water is still a challenge in the District, currently 		<ul style="list-style-type: none"> ✓ The health district was given approval to purchase water directly from Bloemwater for all PHC facilities. ✓ The JoJo Tanks will be connected to municipal water lines as part of "Massification Project" from infrastructure projects. The project is expected to start in April 2018/19 financial year.
EMS station not functional in Jacobsdal Clinic.	<ul style="list-style-type: none"> ✓ Officials are reporting in Koffiefontein due to internal logistics, calls are logged and the calls are responded to 	Ongoing	<ul style="list-style-type: none"> ✓ The staff from Koffiefontein EMS Station provide relief at Jacobsdal EMS station. This addresses staff shortage and improves coverage. ✓ The department has collaborated with University of Johannesburg to provide the EMS skills needed. This is due to difficulty in attracting EMS staff in Free State due the rural nature of the province.
Primary Health Care Facilities do not have Backup Electricity Supply.	<ul style="list-style-type: none"> ✓ The Provincial Department has resolved to use UPS and or Solar technologies to back up power supply to the Primary Health Care facilities. 		<ul style="list-style-type: none"> ✓ The province has budgeted to procure and install UPS in all Primary Health Care Facilities operating for 8 hours in 2018/19 financial year.
Retention strategy for staff in rural Districts like Xhariep District.	<ul style="list-style-type: none"> ✓ Implement Rural Allowance Policy for all Qualifying Health Professionals. ✓ Provide accommodation for qualifying Health Professionals. 	Completed	<ul style="list-style-type: none"> ✓ All qualifying official are currently receiving Rural allowance and Scare Skill Allowance. ✓ The District provides accommodation for Health Professionals in line with the departmental policy, where available.



Problem area	Activity	Due date	Progress made
Petrusburg, and Koffiefontein, need to have 24 hour services.	<ul style="list-style-type: none"> ✓ Extend services to 24Hours in these facilities. 	March 2018	<ul style="list-style-type: none"> ✓ A feasibility study has been conducted and has identified Letsameing Sub District as priority for two 24 hour facilities. ✓ The District will progressively budget for 24 hours services starting with Petrusburg (Bophelong Community Health Centre), and Koffiefontein (Ethembent Clinic) in subsequent financial years.
Cuban Doctor on leave in Petrusburg Bophelong Community Health Centre for 40 days.	<ul style="list-style-type: none"> ✓ This is in line with country to country agreement. ✓ Allocate a replacement. 	Aug 2017	<ul style="list-style-type: none"> ✓ The 40 days leave for the Cuban doctor is in line with the country to country agreement between Cuba and South Africa. ✓ The district arranged for the substitute during this period of leave though not on a daily basis due to overall shortages of doctors in the District.
Staff attitude at some facilities is poor, in Ethembent Clinic all Professional Nurses go to lunch at the same time leaving patients unattended to.	<ul style="list-style-type: none"> ✓ Facility managers were instructed to implement rotation of staff for Lunch and Tea Times. ✓ Monitor adherence to prescribed time frames for lunch and tea times. ✓ Monitor and address negative staff attitudes. ✓ Conduct Patient Experience of Care Survey according to 	Ongoing	<ul style="list-style-type: none"> ✓ All Facility Managers in the District have been addressed in this regard. Local Area Managers are monitoring and ensuring that staff rotate for their lunch and tea breaks. ✓ Facility Managers and Sub District are also monitoring adherence to the prescribed lunch and tea break times (e.g.) 30 and 15 minutes respectively. ✓ Facility Managers and Sub District Managers are closely monitoring the attitudes of staff and manages and correct deviation.

Free State Province NCOP Progress Report




Problem area	Activity	Due date	Progress made
	<p>schedule to identify challenges in time and to manage these.</p>		<p>✓ Patient experience of Care Surveys conducted in 4 facilities in the district.</p> <p>✓ More surveys planned for the new financial year.</p>
<p>Luckoff, Fauresmith, Gariepdam and Oppermans clinics are too small and need to be upgraded. Gariepdam clinic is also an asbestos structure which is a hazard for the health of patients and staff.</p>	<p>✓ New clinics to be built or erection/installation of modular structures.</p> <p>✓ Submit needs for Infrastructure Plan.</p>	<p>April 2018</p>	<p>✓ The upgrade and refurbishment of facilities will commence in April 2018 through massification project.</p>
<p>Ambulance long waiting time</p>	<p>✓ Increase the number of rostered ambulances in line with National Norms.</p>	<p>Ongoing</p>	<p>✓ EMS is progressively increasing the number of rostered ambulances in the province in line with the National Norms and available resources. However, due to shortage of skilled EMS personnel, only a certain number of ambulances can be rostered</p>



2. MANGAUNG METRO NCOP PROGRESS REPORT

Facility Name	Problem area	Activity	Due date	Progress
Kagisanong clinic	<ul style="list-style-type: none"> Staff Shortage 	<ul style="list-style-type: none"> Submission was done by HR for Clinical and Non-Clinical Posts, attrition and frozen posts. 	April 2018-March 2019	<ul style="list-style-type: none"> Approval was delayed was not approved due to budgetary constraints in 2017/18. Staff will appointed in 2018/19 financial year
	Infrastructure <ul style="list-style-type: none"> Patients & Pharmacy Waiting area too small Lack of privacy in the consulting rooms Worn out floors old and Peeling off painting 	<ul style="list-style-type: none"> To do Extension of the patient waiting area and pharmacy. Partitioning's with dry walls at the end of the consulting rooms to be done Refurbish all worn out floors and painting 	Completed	<ul style="list-style-type: none"> One office was converted to expand the pharmacy area Partitioning was done using dry walls. Floors covered with vinyl flooring Walls were painted. Broken ceilings were fixed and cupboards replaced.
	<ul style="list-style-type: none"> Filling cabinets needed 	<ul style="list-style-type: none"> Procure bulk filling cabinets 	June 2018	<ul style="list-style-type: none"> Filling cabinets were procurement. Additional filling cabinets will be procured in 2018/19 financial year.



Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> In-service training for existing and new medical equipment No road signage All facilities need better visibility No internal signage within the clinics Staff attitude Communication systems 	<ul style="list-style-type: none"> Training of personnel on the use of equipment Procure outside signage for all facilities Procure internal signage for the facility Conduct in-service training on the Batho Pele principle & customer care. Clinic supplied with mobile phone. Vodacom to extend telephone lines to consulting rooms. Reallocate appropriate staffing 	Continuous March 2019 March 2019 Ongoing Ongoing Completed	<ul style="list-style-type: none"> 38 Professional nurses in the District were trained on equipment use. The trained personnel are expected to cascade training in facilities. Negotiations are underway to identify sites for road signage for the clinic. The department will procure the signage in 2018/2019 Internal signage's for all PHC in Mangaung Metro has been budgeted for in 2018/19 financial year In-service training on Batho Pele Principles was conducted and patient's complaints are continuously addressed by the clinic committee and facility management. One professional nurse was allocated to Thusong clinic permanently. The data clerk has been appointed and will report on duty from 2 April 2018 A cleaner from the district office will be placed at Thusong clinic by 2 April 2018.
Thusong clinic	Staff Shortage ✓ 3 Professional Nurses ✓ 1 Enrolled Nurses ✓ 2 Enrolled Nursing assistant ✓ 1 Data Capturer/Admin Clerk			

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Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> ✓ 1 Pharmacy assistant ✓ 4 Security ✓ 1 Cleaner 			<ul style="list-style-type: none"> • The facility installed a system linked to armed response team
	<p>Infrastructure</p> <ul style="list-style-type: none"> • Consulting rooms hand-wash basins x4 • Filling cabinets 	<ul style="list-style-type: none"> • Create a second toilet for personnel Install Hand washing basins • Replace old floors, repair ceiling and paint internal walls • Build waste storage room • SCM to Procure 1 bulk filling cabinet. 	Completed	<ul style="list-style-type: none"> • All infrastructure challenges as identified were fixed.
Mabana Clinic	<ul style="list-style-type: none"> • Roof Caving in and leaking • Infrastructure in a bad state 	<ul style="list-style-type: none"> • Facility is going to be refurbished • Revamp Facility 	June 2018	<ul style="list-style-type: none"> • Additional filling cabinets are budgeted for 2018/19 financial year. • Mabana clinic will be relocated to Phathameng location before June 2018 to allow for refurbishment
	<ul style="list-style-type: none"> • Staff attitude at reception • Clinic sending clients away after 16h00 	<ul style="list-style-type: none"> • Clinic Manager addressed. • Professional Nurse are allocated to remain after four to see the remaining clients. • Strengthen Booking System. 	Ongoing	<ul style="list-style-type: none"> • The facility managers resolved staff attitudes and continuously monitor the situation. • The clinic is now implementing appointment system according to the ideal clinic model to control patients flow. • Some patient have been earmarked for the CCIDD programme to

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Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> • Staff Shortage <ul style="list-style-type: none"> ✓ Professional Nurses ✓ Enrolled Nursing assistant ✓ Data Capture/Admin Clerk ✓ Pharmacy assistant • Big crack on the wall communicating with the exterior. • Roof leaking • Pharmacy closed consulting room as a make-shift • Pharmacy. • Cracks on the walls • Ceilings fallen • Plumbing in a bad state • Clinic vandalised repeatedly by communities • Perimeter fencing stolen 	<ul style="list-style-type: none"> • Submission to be done by HR for Clinical and Non-Clinical Posts, attrition and frozen posts. 	March 2019	<p>reduce long waiting times. The service provider to start in April 2018</p> <ul style="list-style-type: none"> • Staff from Mabana clinic will be relocated to a renovated facility in Phahameng location during the time of refurbishment of the clinic. • Staff complement for Phahameng will be reviewed and adjusted according to WISN
Fauna Clinic		<ul style="list-style-type: none"> • Refurbish Clinic 	March 2020	<ul style="list-style-type: none"> • Upgrades of the Fauna clinic will commence 2018/19 and continue over the MTEF period as part of the infrastructure
Opkoms Clinic		<ul style="list-style-type: none"> • Refurbish Clinic 	March 2020	<ul style="list-style-type: none"> • Upgrading of the Opkoms clinic will commence 2018/19 and continue over the MTEF period.

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Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> Waiting area and pharmacy too small. 			
	Staff Shortage <ul style="list-style-type: none"> ✓ Professional Nurses ✓ Enrolled Nurses ✓ Enrolled Nursing assistant ✓ Data Capturer/Admin Clerk ✓ Pharmacy assistant ✓ - Security 	Submission to be done by HR for Clinical and Non-Clinical Posts, attrition and frozen Posts. Acting positions to be filled, approval is granted for filling the posts. payment of acting allowances to people who are already acting, to be looked into)	March 2018	<ul style="list-style-type: none"> Data capturer has been appointed and will commence duty on 2 April 2018 All vacant pharmacy assistance posts will be filled in 2018/19 financial year
Lourfer Park	<ul style="list-style-type: none"> Clinic too small 	<ul style="list-style-type: none"> Negotiate for a bigger space with the municipality in the same building complex. 	Not completed	<ul style="list-style-type: none"> The clinic is located within the municipality building. Negotiations with the metropolitan municipality were not fruitful. Municipality declined to allocate the space to the clinic because the space is earmarked for a new crèche. The new space will be found for the clinic in the inner-city in 2018/2019
	<ul style="list-style-type: none"> Clinic committee not functional 	<ul style="list-style-type: none"> Community Development Unit busy with the resuscitation of the clinic committee 	March 2018	<ul style="list-style-type: none"> Clinic committee's members have been recruited but not yet complete to form a full complement.

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Facility Name	Problem area	Activity	Due date	Progress
	Staff Shortage ✓ Professional Nurses ✓ Enrolled Nurses ✓ Enrolled Nursing assistant ✓ Data Capture/Admin Clerk ✓ Pharmacy assistant ✓ Security	Submission to be done for clinical and non-clinical posts, attrition and frozen posts.	March 2019	<ul style="list-style-type: none"> The post will be filled in 2018/19 financial year
Westdene Clinic	<ul style="list-style-type: none"> Clinic too small. Lack of space for waiting area & pharmacy Lack of space for Ambulance drop off & Pick up point 	<ul style="list-style-type: none"> Extension of the patient waiting area and pharmacy. Create aluminium structure to extend waiting area, and then refurbish the facility. 	March 2020	<ul style="list-style-type: none"> The clinic upgrade is planned for 2018/19 to be completed over the MTEF period
Bloemspruit Clinic	<ul style="list-style-type: none"> No clinic Committee No clinic Committee Staff Shortage <ul style="list-style-type: none"> ✓ 2 Professional Nurses ✓ 2 Enrolled Nurses ✓ 3 Enrolled Nursing 	<ul style="list-style-type: none"> Merged clinic committees (clients around the area are of working class community) Resuscitation of clinic committee Submission to be done for clinical and non-clinical Posts, attrition and frozen Posts. 	Completed	<ul style="list-style-type: none"> The clinic committees of Westdene and Gabriel Dichaba clinics were merged due to close proximity (<3 km) Committee members have been recruited and the committee is functional. Staffing corrected through staff reallocation, other staff member who were on training at the time have completed their studies and are now working in the clinic.

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Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> ✓ assistant ✓ 3 Data Captures/Admin Clerk ✓ 1 Pharmacy assistant ✓ 3 Security <p>Maintenance</p> <ul style="list-style-type: none"> • Overflowing of septic tanks • Minor Maintenance defects 	<ul style="list-style-type: none"> • Drain the septic tanks regularly • Upgrade septic tanks to the Sewer system. • Creation of Maintenance HUBS • Procure 2 bulk filling cabinets 	<p>Completed</p> <p>Completed</p> <p>March 2019</p>	<ul style="list-style-type: none"> • The overflowing of the septic tank was fixed. • Maintenance HUBS created between the district office and national hospital. • Filling cabinets have been procured though not sufficient. Additional filling cabinets will be procured in 2018/19 financial year.
Gabriel Dichabe	<ul style="list-style-type: none"> • Filling cabinets • Communication system not working • No patient waiting area for pharmacy 	<ul style="list-style-type: none"> • Clinic supplied with mobile phone. • Extension of the pharmacy waiting area • Air conditioners to be installed • Burglar doors to be installed 	<p>Completed</p> <p>30 March 2019</p>	<ul style="list-style-type: none"> • The clinic was allocated a mobile phone to address communication problems. • The clinic is located within the municipality building and the infrastructure does not comply with ideal clinic elements.

Free State Province NCOP Progress Report




Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> Staff Shortage <ul style="list-style-type: none"> ✓ 2 Professional Nurses ✓ 2 Enrolled Nurses ✓ 3 Enrolled Nursing assistant ✓ 3 Data Capturer/Admin Clerk ✓ 1 Pharmacy assistant ✓ - 3 Security Males and females sharing one toilet Electricity Back up 	<ul style="list-style-type: none"> Submission to be done for clinical & non-clinical Posts, attrition and frozen Posts. Negotiate with the municipality to give us a second toilet in their occupational health side. Procure and install generators for all clinics 	<ul style="list-style-type: none"> March 2019 Completed March 2019 March 2021 Completed 	<ul style="list-style-type: none"> Negotiation are underway to request municipality to allocate additional space so that the clinic can be compliant. The clinic was allocated additional professional nurse. The pharmacy assistance was allocated to the clinic in November 2017. Data captures have been appointed and will commence on duty on 2 April 2018. The clinic share security guard with municipality Municipality agreed to open the second toilet to be used by the clients and staff Uninterrupted Power Supplies (UPS) system will be procured and installed in all Primary Health Care Facilities operating for 8 hours The clinic upgrade is planned for 2018/19 to be completed over the MTEF The clinic floors were fixed
Fichardt park Clinic	<ul style="list-style-type: none"> Clinic too small Ceiling floors and paints on the wall damaged 	<ul style="list-style-type: none"> Extension of the overall facility. Refurbish the clinic 	<ul style="list-style-type: none"> Completed 	

Free State Province NCOP Progress Report




Facility Name	Problem area	Activity	Due date	Progress
Ikgomotseng Clinic	<ul style="list-style-type: none"> Clinic too small 	<ul style="list-style-type: none"> Extended by Modular structure 	Completed	<ul style="list-style-type: none"> Facility office and store have moved to the modular structure to allow more space in clinical services.
	<ul style="list-style-type: none"> Ambulance response time long 	<ul style="list-style-type: none"> Parking and Paving to be done 	Completed	<ul style="list-style-type: none"> The paving for parking has been done
	<ul style="list-style-type: none"> Perimeter fencing 	<ul style="list-style-type: none"> Mangaung Metro EMS to take over from Lejweleputswa District Replacement of the perimeter fence. 	April 2018	<ul style="list-style-type: none"> The EMS will appoint and allocated personnel to respond from Ikgomotseng clinic in 2018/19 Fence has been installed
	<ul style="list-style-type: none"> Water supply issues 	<ul style="list-style-type: none"> Installation of the Jojo tank and connection to the main water source. Geysers to be also installed. 	March 2019	<ul style="list-style-type: none"> Negotiation with the municipality are underway to connect the Jojo tank to the mainline water system
	<ul style="list-style-type: none"> Trapping of the Electricity supply 	<ul style="list-style-type: none"> Extension of the electricity grid. Procurement of Back up electricity generator 	March 2019	<ul style="list-style-type: none"> Uninterrupted Power Supply (UPS) system will be procured and installed in all Primary Health Care Facilities operating for 8 hours. Electricity voltage will be corrected




Facility Name	Problem area	Activity	Due date	Progress
MUCPP CHC	<ul style="list-style-type: none"> Poor patient service 	<ul style="list-style-type: none"> Improvement on patient waiting times through appointment system. That is already in place 	April 2018	<ul style="list-style-type: none"> Appointment system is implemented and monitored according to ideal clinic model Patients are advised to adhere to appointment system to avoid overcrowding.
	<ul style="list-style-type: none"> Poor Cleanliness 	<ul style="list-style-type: none"> Allocation of cleaners per service area and general supervision by the supervisor. 	Ongoing	<ul style="list-style-type: none"> Supervision of cleanliness in the facility is implemented and monitored in line with the national core standards policy.
	<ul style="list-style-type: none"> No water shortage backup system in place. Fire hydrant not functional and no sustainable hot water supply to Maternity Department. 	<ul style="list-style-type: none"> Site visit already conducted for servicing of the water reservoir, fire hydrant and the hot water reservoir for Maternity Department. 	June 2018	<ul style="list-style-type: none"> The Jojo tank will be procured for the facility to comply with idea clinic programme The new fire hydrant has been serviced. Assessment of the geyser was done and the new geysers will be procured in April 2018

Free State Province NCOP Progress Report




Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> Inadequate filing cabinets and space. Non - functional toilets 	<ul style="list-style-type: none"> Needs submitted to Infrastructure Unit at Corporate Office Replacement of old toilets & Urinals 	Completed	<ul style="list-style-type: none"> Bulk filing cabinets have been received New toilets were procured and installed
	<ul style="list-style-type: none"> Staff Shortage <ul style="list-style-type: none"> ✓ 1 Pharmacist ✓ 8 Professional Nurses ✓ 3 Data Capturer/Admin Clerk ✓ 3 Pharmacy assistant ✓ 1 secretary ✓ -1 HR Practitioner 	<ul style="list-style-type: none"> Submission to be done for clinical and non-clinical posts, attrition and frozen Posts. 	Ongoing	<ul style="list-style-type: none"> 2 Pharmacists were placed at the facility 1 Data captures have been appointed and will commence on duty on 2 April 2018 2 data captures will be placed The facility already has a HR practitioner Professional nurses will be appointed in line with WISN
Heidedal GHC	<ul style="list-style-type: none"> Staff Shortage <ul style="list-style-type: none"> ✓ 1 Pharmacist ✓ 5 Professional Nurses ✓ 8 Nursing Assistant ✓ 3 Enrolled Nurses ✓ 4 Data Capturer/Admin Clerk 	<ul style="list-style-type: none"> ✓ Submission to be done for clinical and non-clinical posts, attrition and frozen Posts. 	March 2019	<ul style="list-style-type: none"> 2 pharmacist has been allocated to the facilities 1 dentist will be appointed for the facility in 2018/19 financial year 1 data capture has been appointed for the facility and will commence on 2 April 2018 The posts that became vacant as a result of natural attrition will be filled in 2018/19 financial year.

Free State Province NCOIP Progress Report




Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> ✓ 4 Pharmacy assistant ✓ 2 Dentists ✓ 2 Medical Officer ✓ 1 Supply chain clerk ✓ 1 Secretary ✓ 1 HR Practitioner 			
	<ul style="list-style-type: none"> • Payment of overtime since 2015 	<ul style="list-style-type: none"> • Payments 2015/16 to be done 	Completed	<ul style="list-style-type: none"> • Payments of overtime for 2015/2016 financial were settled, which means that all overtime accruals have been cleared. The district is continuously paying overtime for the current financial year.
	<ul style="list-style-type: none"> • Procurement of quality equipment 	<ul style="list-style-type: none"> • Procure all medical equipment that were on the acquisition plan. 	Ongoing	<ul style="list-style-type: none"> • 80 % of the medical equipment's have been delivered. The district has budgeted for additional medical equipment in 2018/29 financial year
	<ul style="list-style-type: none"> • Inadequate filling cabinets and space. 	<ul style="list-style-type: none"> • Needs submitted to Infrastructure Unit at Corporate Office 	Completed	<ul style="list-style-type: none"> • Filling cabinets have been procured and delivered to the facility
	<ul style="list-style-type: none"> • Low staff morale 	<ul style="list-style-type: none"> • Labour related issues to be addressed .Debriefing sessions to be conducted 	Completed	<ul style="list-style-type: none"> • Labour relation unit has resolved issues that were raised. • The district management conducted a debriefing with the staff

Free State Province NCOP Progress Report




Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> Infrastructure: <ul style="list-style-type: none"> ✓ Broken Toilets ✓ Damaged and old floors ✓ Broken Window Panes Communication System not enough. 	<ul style="list-style-type: none"> Refurbish the clinic Vodacom to extend telephone lines to consulting rooms. 	<p>Completed</p> <p>Completed</p>	<ul style="list-style-type: none"> Staff Indaba and support visits by District Management done. Facility sectional meetings are held to promote communication Minor repairs were to repair all damages windows, toilets, and floors repaired. The clinic has a functional telephone system in consulting rooms.
<ul style="list-style-type: none"> Pule Sefatsa 	<ul style="list-style-type: none"> Communities not accessing health care services after 19h00 Facility on extended Hours closing at 19h00 	<ul style="list-style-type: none"> Submission to HR sent for additional staffing 	<p>March 2019</p>	<ul style="list-style-type: none"> A feasibility study was conducted to determine the need and resources to render 24h00 services. Facility still operating until 19h00 due to staff shortage.
Van Stadensrus clinic	<ul style="list-style-type: none"> Mobile services not available to farms 	<ul style="list-style-type: none"> Mobile service vehicles available, to render service communities 	<p>June 2018</p>	<ul style="list-style-type: none"> Maternity services were moved to Botshabelo Hospital with two Professional nurses. 20 mobile clinics will be procured in April 2018. One mobile clinic will be allocated to the farming community in Van Stadensrus

Free State Province NCOP Progress Report



Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> Shortage of staff for mobiles services 	<ul style="list-style-type: none"> Submit staffing needs to HR 	June 2018	<ul style="list-style-type: none"> The personnel for mobile service will be appointed in 2018/19 financial year
<ul style="list-style-type: none"> Dinaane clinic 	<ul style="list-style-type: none"> Facility dilapidated, not in a good state 	<ul style="list-style-type: none"> Submit the needs to Infrastructure 	March 2019	<ul style="list-style-type: none"> Facility is on the FSDoH Infrastructure plan Construction of new facility will start in 2018/19 financial year.
Kgalala clinic	<ul style="list-style-type: none"> Security challenges in the clinics 	<ul style="list-style-type: none"> The FSDOH to deploy security interns to different facilities. 	June 2018	<ul style="list-style-type: none"> The alarm system that is linked to an armed response team will be installed in the facility June 2018
Klipfontein clinic	<ul style="list-style-type: none"> No back up electricity 	<ul style="list-style-type: none"> The FSDOH to install battery operated refrigerators for the purpose of preserving vaccines, as well as solar lights as a backup for power Failure. 	March 2019	<ul style="list-style-type: none"> Uninterrupted Power Supply (UPS) system will be procure and installed in all Primary Health Care Facilities that are operating for 8 hours
	<ul style="list-style-type: none"> The septic tank not working properly 	<ul style="list-style-type: none"> Sub District communicated with the Municipality to empty and repair the septic tank 	Ongoing	<ul style="list-style-type: none"> The Municipality emptied the septic tank and the regular emptying of the septic tank is monitored
<ul style="list-style-type: none"> Mafane clinic 	<ul style="list-style-type: none"> No filling cabinets in the clinic 	<ul style="list-style-type: none"> Procurement of filling cabinets was processed 	Completed	<ul style="list-style-type: none"> The filling cabinets were installed in the clinic.

Free State Province NCOP Progress Report



Facility Name	Problem area	Activity	Due date	Progress
	<ul style="list-style-type: none"> No heating system for the consulting rooms 	<ul style="list-style-type: none"> The Local Area Manager to procure heaters in the following week for the facility 	Completed	<ul style="list-style-type: none"> Heaters were procured and delivered to the facility
	<ul style="list-style-type: none"> To fill the vacant post for acting staff 	<ul style="list-style-type: none"> The Local Area Manager to submit to the delegation a detailed list of staff establishment of approved funded and abolished posts. 	Completed	<ul style="list-style-type: none"> The facility used to operate for 24hrs but the services was reduced 12 hours. Due to the underutilization of the services. The maternity services was relocated to Moroka hospital. The remaining personnel was redistributed to other facilities within Thaba-Nchu Local area to reduce staff shortage
Saxidimo Clinic	<ul style="list-style-type: none"> Equipment not serviced 	<ul style="list-style-type: none"> The FSDOH to deploy technicians to attend to the medical equipment that needs to be repaired 	July 2018	<ul style="list-style-type: none"> A service provider will be outsourced to repair the equipment in 2018/19 financial year
	<ul style="list-style-type: none"> Personnel acting in the post – not paid 	<ul style="list-style-type: none"> Request submitted Provincial office 		<ul style="list-style-type: none"> All acting positions are currently being reviewed in line with the directive that was issued by the MEC to allow acting for three months to reduce grievance

Date: _____

Dr. D Motau
HOD: Department of Health

Free State Province NCOF Progress Report

Referred to the **Select Committee on Social Services** for consideration.

COMMITTEE REPORTS

National Assembly

1. Report of the Ad Hoc Committee on the Funding of Political Parties, dated 20 March 2018

The ad hoc Committee on the Funding of Political Parties having considered the financial implications of the Political Party Funding Bill [Bill 33 – 2017], reports as follows:

1. Introduction

- 1.1 On 6 June 2017 the National Assembly (NA) resolved to establish the ad hoc Committee on the Funding of Political Parties (the Committee) in terms of NA Rule 253(1)(a). The Committee was charged with inquiring into and making recommendations on the funding of political parties represented in national and provincial legislatures with a view to introducing, if necessary, amending legislation. The Committee had to report to the National Assembly by 30 November 2017.
- 1.2 On 28 November 2017 the Committee tabled the Political Party Funding Bill [B33 – 2017] and recommended to the National Assembly that Parliament should pass the proposed legislation which provides for and regulates the funding of political parties represented in national and provincial legislatures. The Committee lapsed on 30 November 2017.
- 1.3 On 28 February 2018 the National Assembly resolved to re-establish the Committee in its previous form in order for it to consider and report in greater detail on the financial implications of the proposed legislation. In doing so, the Committee was to take into account its previous work. The Committee is due to report to the National Assembly by 30 March 2018.

- 1.4 This report serves to inform the National Assembly of the outcome of the Committee's consultation with National Treasury and the Independent Electoral Commission (IEC).

2. Consultation

- 2.1 On 14 March 2018 the IEC and the National Treasury briefed the Committee on the outcome of their discussions around the resources required to establish and administer the Represented Political Party Fund (RPPF) proposed in Clause 2(1) of the Bill, and the Multi-Party Democracy Fund (MPDF) proposed in clause 3(1) of the Bill. They emphasised the need to ensure that the political party funding regulatory mandate did not interfere or impede electoral operations.

- 2.2 They IEC reported that the Bill expands the scope of its party funding mandate, and therefore required additional skills and expertise in the areas of, for example, investment planning and management; investigations and enforcement; party-funding research and policy development; and fund-raising. The IEC reiterated that its existing mandate and obligations made it impossible for the establishment of the two funds to be financed from the organisation's baseline allocation.

- 2.3 Per the IEC's initial projections, starting-up the new funds would have required R11 million for compensation of employees, and R34 million for administrative expenses and assets. After consultation with the National Treasury, however, it was established that R45 million was unaffordable.

- 2.4 The IEC and National Treasury further agreed that the legislation should be implemented in phases. The following aspects of the legislation would be prioritised for implementation ahead of the 2019 national and provincial elections:

- the establishment of the RPPF;

- the establishment of the MPDF;
- represented political parties' annual reporting and disclosure of all resources; and
- research and policy development.

2.5 In light of the above a start-up budget of R20 million in the first year, and a total of R95 million by the end of the MTEF was proposed. Spending in the first year will be towards:

- the establishment of, and limited fund-raising for the MPDF;
- the development of provisional reporting regulations and systems;
- limited reporting and disclosure by political parties contesting the 2019 national elections; and
- limited training and awareness-raising of affected stakeholders of the new legislation and implementation timelines.

2.6 In light of the above, the parties agreed to an initial budget of R20 million allocated after the legislation was enacted, and via the relevant parliamentary process. The budget would be spent on compensation of employees (R5.5 million); goods and services (R14.3 million); and capital (R215 000.00). As the legislation would only be enacted months after the start of the 2018/19 financial year, the funds would be allocated through the adjustment budget or the Medium Term Expenditure Committee (MTEC) process.

3. Recommendations

3.1 The Committee proposes no amendments to the Bill, which was tabled in the National Assembly in November 2017.

3.2 With regard to the financial implications to the State, we recommend that:

- the legislation be implemented in phases, as proposed in paragraphs 2.4 and 2.5 above;

- that the start-up budget for the establishment of the two funds be limited to R20 million in the first year, and to R95 million over the MTEF; and
- that, in the first year of implementation, the IEC reports quarterly to the relevant parliamentary committee on progress made.

4. Acknowledgement

The Committee thanks the IEC and the National Treasury for their participation in this final phase of its work.

Report to be considered.