

**NATIONAL COUNCIL OF PROVINCES**

# **TAKING PARLIAMENT TO THE PEOPLE**



**DRAFT SITE VERIFICATION REPORT:  
TAKING PARLIAMENT TO THE PEOPLE,  
FREE STATE**

**20 AUGUST 2018**

**Celebrating**  
*20 years*

of the Constitution and  
20 years since  
the establishment of the NCOP

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## LIST OF ACRONYMS

AED	Automated External Defibrillator
AHA	Alliance Against HIV and AIDS
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
APP	Annual Performance Plan
ART	Antiretroviral therapy
BBA	Born Before Arrival
BNG	Breaking New Ground
CBD	Central Business District
CCMDD	Central Chronic Medicine Dispensing and Distribution Programme
CEO	Chief Executive Officer
CHC	Community Health Centre
CHW	Community Health Worker
CCG	Community Care Givers
COO	Chief Operating Officer
CoGTA	Department of Cooperative Governance and Traditional Affairs
CSG	Child Support Grant
CTG	Cardiotocography
DH	District Hospital
DHC	District Health Care
DHE	Department of Higher Education
DHMIS	District Health Management Information System
DHP	District Health Plan
DCS	Department of Correctional Services
DPW	Department of Public Works
EDD	Economic Development Department
EDL	Essential Drug List
EMS	Emergency Medical Services
ENT	Ear, Nose and Throat
EPI	Expanded Programme on Immunisation
EPWP	Expanded Public Works Programme
FSDoE	Free State Department of Education
FSDoH	Free State Department of Health
FSDSD	Free State Department of Social Development
FSPC	Free State Psychiatric Complex
FSSON	Free State School of Nursing
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HoD	Head of Department
HPRS	Health Patient Registration System
ICT	Information and Communication Technology
IUSS	Infrastructure Unit Support System
LED	Local Economic Development
MEC	Member of Executive Committee
MM	Mangaung Metro
MMC	Member of Municipal Council
MUCPP	Mangaung University Community Partnership Project
NDoH	National Department of Health
NTSG	National Tertiary Services Grant
NDP	National Development Plan
NDPP	National Director of Public Prosecutions

NGO	Non-Governmental Organisation
NHI	National Health Insurance
NPO	Non-profit Organisation
NDP	National Development Plan
NGO	Non-Governmental Organisation
NYDA	National Youth Development Agency
OPD	Outpatients Department
OSD	Occupational Specific Dispensation
PHC	Primary Health Care
PMDS	Performance Management Development System
PMTCT	Prevention of Mother-to-Child Transmission
PSC	Public Service Commission
RDP	Reconstruction and Development
SALGA	South African Local Government Association
SAPS	South African Police Service
SC	Select Committee
SCM	Supply Chain Management
SAPS	South African Police Services
SLA	Service Level Agreement
TB	Tuberculosis
TPTTP	Taking Parliament to the People
UPS	Uninterrupted Power Supply
WBOT	Ward-based Outreach Team
XD	Xhariep District

## EXECUTIVE SUMMARY

The 2017 Taking Parliament to the People (TPPTP) focused on health facilities and related infrastructure in the Free State Province. The main programme was hosted at the Kaiser Sebothelo Sports Arena, Botshabelo, in the Mangaung Metropolitan Municipality, from 21 to 25 August 2017. The Pre-visit, was held in the Xhariep District Municipality from 15 to 19 May 2017.

TPPTP was conducted under the theme “*Celebrating 20 Years of the Constitution and the NCOP - Deepening Parliamentary Oversight for Quality Services to our People.*”

This report is divided into five distinct parts. Part A gives an overview of progress with respect to health services and infrastructure. Part B records progress on commitments and undertakings made by members of the Executive during public hearings, whereas Part C focusses on progress on commitments and undertakings made during site visits. Part D outlines progress based on recommendations made per site, whereas Part E summarises issues arising from public hearings and progress related thereto.

Progress is presented in tabular format – with colour-coded text to record progress in Part A in an attempt to distinguish between site verification reports and information submitted by the national (NDoH) and provincial (FSDoH) departments of health. Blue script is used to record progress reports by the NDoH and FSDoH.

Some of the factors that impact on this draft report include the limited extent of progress recorded in site verification reports, and delayed responses from the Executive with respect to commitments and undertakings, as well as outstanding information from the Free State Province. In addition, service delivery protests during the site verification exercise prevented an actual visit to Ithumeleng Clinic in Xhariep.

### Mangaung Metro

- Various stakeholders made 103 undertakings during site visits, with very limited information currently available with respect to progress. It is therefore not possible to provide a statistical overview in this regard.
- Recommendations based on site visits totalled 147, but given the limited information on progress available, a detailed statistical overview is currently not feasible.
- Whilst 16 undertakings and commitments were made by members of the Executive during public hearings, to date only two progress reports were received from the Economic Development Department (EDD) and COGTA (Department of Cooperative Governance and Traditional Affairs).
- Achievements include the creation of maintenance hubs between the district and national hospital.
- Repairs to facilities with minor repairs were effected. Major infrastructure upgrades and refurbishments have been deferred to over the MTEF period, including the Free State Psychiatric Hospital starting 2018/19.
- Quick wins include filing equipment and medical equipment procured.
- Negotiations with the municipalities to connect water tanks to mainline water systems are reported in progress, with implementation set for March 2019.

The following achievements are reported to date:

- Maintenance and repairs completed in facilities that require minor work: e.g. Heidedal CHC, Harry Gwala, Malesatsi Mabaso, Pule Sefatsa etc.
- Critical equipment procured for number of facilities from FSDOH 2017/18 budget and NDOH budget – e.g. One Stop, Heidedal CHC, Botshabelo District Hospital, etc.
- Significant progress with establishing or revitalising clinic committees across Metro. Adverts placed for appointment of hospital boards.

- Bulk filing cabinets procured for various facilities – e.g. MUCPP, Mmabana, Kagisanong, Heidedal, CHC, Bloemspruit, etc.
- Progress made towards resolving low staff moral/ attitudinal challenges amongst frontline staff and health professionals.

However, a number of issues should still outstanding or are currently in progress:

- Staff shortages for mobile clinics not resolved – earmarked for 2018/19 financial year.
- Universitas Academic Complex: only critical repairs prioritised due to limited maintenance budget. Lack of maintenance to lifts poses health and safety risks. There are delays in the printing orders for medical consumables due to expired tax clearance certificates on the central database.
- Spillage/ maintenance of septic tanks not resolved at all facilities – For e.g., in Klipfontein the FSDoH reported the issue has been resolved, but the facility reports otherwise.
- Limited progress reported for facilities with bigger space requirements or lack of compliance with disability-friendly features. In some instances, negotiations with the municipality did not yield positive results.

### **Xhariep District Municipality**

- Health facilities located in the Xhariep District experienced critical infrastructure-related challenges, including the lack of regular maintenance in the absence of maintenance teams.
- Typical service delivery challenges included lack of EMS vehicles and erratic patient transportation for referrals to higher-level health facilities, extended patient waiting times due to vacancies and staff shortages, fluctuating medicine and availability.
- Despite reports by the FSDOH of interim arrangements to improve the immediate situation with respect to water availability and quality, facilities are continue to face serious challenges in this regard.
- Progress across the District appears uneven, especially with respect to physical infrastructure. Facilities with minor challenges reported some progress (the quick wins), while extensive infrastructure challenges were identified for intervention over the MTEF period.
- A total of 49 undertakings were made by various stakeholders during site visits. However, limited information is currently available with respect to progress. It is therefore not possible to provide a statistical overview in this regard.
- Recommendations based on site visits totalled 131, but given the limited information on progress available, a detailed statistical overview is currently not feasible.

Achievements in the Xhariep District include the following:

- The 'Massification Project' introduced for the refurbishment of PHC facilities. Commencing 2018/19 financial year for only 5 top priority facilities. Flora Park (asbestos structure) not included for 2018/19.
- Cleaning material procured in bulk and replenished as requested by facilities.
- Maintenance hub established with maintenance staff appointed at Alfred Nzula – supporting entire Xhariep District.
- Alfred Nzula hospital opened and currently operating.
- 12 vacant professional nurse posts were filled in identified facilities experiencing severe shortages.
- All vacancies for operational (clinic) managers were filled – incumbents assumed duty by February 2018.

Areas that require further attention or are still in progress include the following:

- Twenty mobile clinics procured and are to be allocated equitably to five districts – still awaiting delivery from Government Garage.



- Provision of back-up water supply: Infrastructure Chief Directorate has committed to providing boreholes – yet to commence and challenges persist. No long-term solution to the water interruptions and debt owed to Bloem Water by the Xhariep District Municipality as yet.
- Provision of back-up electricity: Infrastructure Chief Directorate committed to making Uninterrupted Power Supply (UPS) to all PHC facilities in district - yet to commence.
- Province currently in process of procuring fleet of 327 vehicles – no delivery as yet.
- Efforts to streamline Provincial Treasury processes to ensure more responsive to PHC facilities' needs still not effective. This is negatively affecting appointments and service delivery.
- Alfred Nzula hospital: Systems maintenance (incl. electronic and mechanical) still a challenge. Non-payment for services and slow SCM processes delay services by contracted maintenance personnel.

### Overall comments on responses

Responses and information on progress collated to date do not necessary translate into actual resolutions of identified service delivery challenges. In many instances, responses are clarifications and commitments on how the stakeholders intend to address the identified challenges. Further, there are some areas of disparity between responses provided by the FSDoH and progress reported by facilities. These require further engagement and clarification.

Progress reports submitted by FSDoH for both Mangaung and Xhariep focus almost exclusively on infrastructure, bulk services, staffing issues and medical equipment. Limited or non-existent progress reported on medicine availability, patient waiting times, infection control, and governance issues.

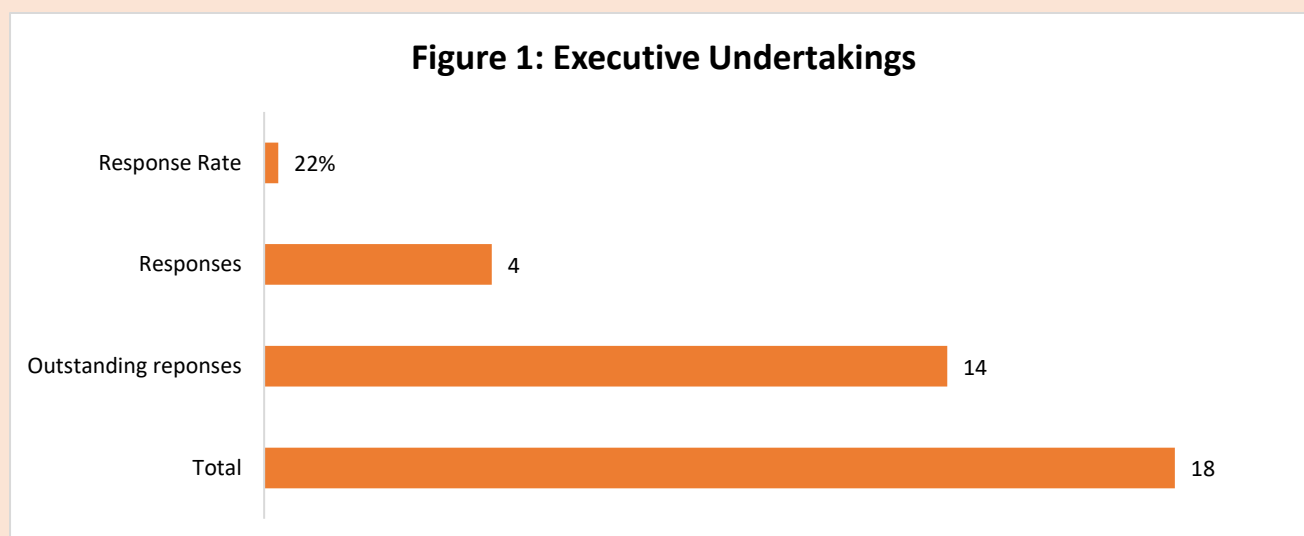
Quick wins to date include progress towards stabilising governance structures at clinics and hospitals, procuring filing equipment, and minor infrastructural repairs. Major refurbishments are set to commence in 2018/19.

The water challenges in Xhariep, especially Kopanong, has not found a permanent solution.

No information was submitted on the erratic patient (commuter) transportation services reported during TPTTP pre-visit to Xhariep.

Ithumeleng clinic (Xhariep) could not visited during verification due to service delivery protests in the area.

Below is an overview of responses w.r.t. Executive Undertakings made:





## INTRODUCTION

The 2017 NCOP Taking Parliament to the People (TPTTP) programme focused on health facilities and related infrastructure in the Free State Province. The main programme was hosted at the Kaiser Sebothelo Sports Arena, Botshabelo, in the Mangaung Metropolitan Municipality, from 21 to 25 August 2017 under the theme “*Celebrating 20 Years of the Constitution and the NCOP - Deepening Parliamentary Oversight for Quality Services to our People.*” The Pre-visit, which was held in the Xhariep District Municipality from 15 to 19 May 2017, preceded the main programme. The main programme included focused public hearings and site visits conducted simultaneously from 21 to 24 August 2017. It culminated in the sitting of the House on 25 August 2017, which was addressed by the former Deputy-President, His Excellency C. Ramaphosa.

TPTTP took the form of public hearings and site visits. The public hearings received inputs and questions from members of the public, followed by responses, commitments and undertakings by representatives from national, provincial and local government, including Ministers, Members of the Executive Council (MECs) and Municipal Councillors.

The public hearings were conducted under the following thematic areas:

- Right to health: people and partnerships
- Exploring the health needs of socially vulnerable groups
- Economic advancement of women and youth; Finance and Infrastructure
- Finance and Infrastructure

Site visits concentrated on health infrastructure, with the following indicators serving as points of inquiry and assessment:

- Patient rights
- Patient safety and clinical governance
- Clinical support services
- Public health
- Operational management
- Facilities and infrastructure

The purpose of this report is to provide an overview of progress with respect to matters raised and undertakings made during public hearings and site visits in Xhariep District and Mangaung Metro. The report relies on progress reports submitted by the Executive, as well as site verification visits undertaken by the parliamentary content support staff from 4 to 8 June 2018.

The report has five parts:

- Part A provides an overview of progress with respect to health services and infrastructure.
- Part B outlines progress on commitments and undertakings made by the Executive during public hearings relating to the social determinants of health.
- Part C focusses on progress on commitments and undertakings made by various stakeholders during site visits.
- Part D provides a synopsis of progress based on recommendations made per site by the various NCOP delegations
- Part E summarises issues emerging from public hearings and progress related thereto.

It should, however, be noted that due to various limitations, this report constitutes an initial draft that will be updated as more information becomes available. Some of the factors that impact on this draft report include the limited extent of progress recorded in site verification reports, as well as delayed responses from the Executive with respect to commitments and undertakings and outstanding information from the Free State Province.

## PART A: HEALTH SERVICES AND INFRASTRUCTURE

### 1. SC ON SOCIAL SERVICES OVERSIGHT VISIT

From 30 July – 3 August 2018, the SC on Social Services undertook a visit to selected health facilities in the Free State province. The Committee was given the following overview of progress made at by the respective managers for Xhariep and Mangaung.

#### *Xhariep District*

It was reported that issues such as lack of medical equipment, dysfunctional toilets, lack of cleaning material, lack of office supplies, filling of vacant posts, medical waste removal, shortage of mobile clinics were resolved. The Department added that it procured 60 ambulances which are yet to be delivered by September 2018.

However, there were issues that were yet to be resolved such as challenges to attract and retain professionals and high turnover, slow progress on the construction of the Winnie Mandela Clinic, some of the clinics do not have adequate filing system, poor response times from EMS and shortage of ambulances, possible vandalism due to lack of 24-hour facility in the district facilities and serious water challenges which compromise the quality of care. It was further noted that slow progress on some of the activities were due to unaffordability in the current financial year.

#### *Mangaung District*

Progress since the last TPPT programme include:

- The maintenance plan was developed for all the health facilities in the province, framework contractors were procured to maintain the health facilities.
- About 80 service providers were appointed and placed on the database.
- About 15 facilities noted as urgent by the NCOP were maintained.
- The district procured medical equipment for some of the facilities and the appointment of service provider was completed in November 2017 for the construction of Dinaane clinic. However, approval of the business case was still outstanding (at the time of the visit).

It was noted that progress are yet to be made with regards to maintenance of some of the facilities. It was further noted that in the Westdene Clinic, the drawing for the extension were rejected by the Municipality, resulting in the delay for the extension.

#### *Infrastructure and Financial Challenges*

- *Funding constraints:* The Infrastructure Unit is funded by a conditional grant. Although the Department has received an unqualified audit opinion, it has high accruals, unauthorised expenditure and employment benefits backlogs partly due to not meeting supply chain management payment prescripts. The Committee was informed that the Department experienced budget cuts to the amount of R48 million during the Adjustment Budget.

Approximately R18million of that was embarked for infrastructure refurbishments and maintenance.

The Committee was informed that the budget cuts placed tremendous pressure on service delivery, payment of suppliers within 30 days, and recruitment of personnel. It was further reported that this has led to inadequate allocation to non-negotiable items leading to lack of cleaning and cleaning materials and equipment, shortage of medicines, linens, hence lack of infection control and increased litigations and shortage of ambulances and vehicles.

It was reported that in spite of Treasury instruction for the Compensation of Employees to be reduced by 0,05% in 2016/17, it has been increasing and leading to crowding out of Goods and Services. The increase of Compensation of Employees was due to the need for personnel for service delivery purposes and employee benefit accruals. The vacancy rate however remained high.

- *Inadequate staff:* The Infrastructure Unit has 15 personnel yet it requires 67 to function optimally.

### *Recommendations*

The Committee made the following recommendations:

- The Free State Department of Health should:
  - Assist with training personnel and recruiting to alleviate waiting times and adjust staff attitudes.
  - Invest on and encourage team building sessions at district, local area and facility levels to improve cordiality among personnel and patients.
  - Prioritise rural health services. Provide a detailed report to the NCOP of its contract with Buthelezi ambulances; human resources audit findings, and plans to address community health care worker challenges.
  - The Department should priorities the appointment of Senior Management at Albert Nzula Hospital and fast track compulsory induction programme for all staff and allocate cars for the hospital.
- The Department should ensure that Pelonomi Hospital has its own organogram with a full staff complement. Further, the recruitment and employment of professional nurses is prioritized especially those who are skilled in the operating theatre.
- The Committee appealed to the Department to negotiate delivery of some of the ambulances before the end of August 2018.
- Equipment and medical consumables should be budgeted for and procured at district level.
- The Infrastructure Unit should monitor the projects under construction until completion; and liaise with the national Department of Health regarding infrastructure projects, and norms and standards thereof.
- Policy requirements need to be met when appointing acting personnel. The Human Resources Unit should conduct an audit of personnel who have been in acting positions,

and find remedies with Managers on how to compensate personnel that had been appointed in acting positions.

## *Conclusion*

The Committee deliberated and concluded that in the main, the following are crucial in strengthening the projects visited:

- The importance of taking into account policy implications during the planning phase of projects.
- The need for strengthened inter-governmental relations and thus better coordinated collaboration.
- Comprehensive monitoring and reporting of progress.

## **2. INFRASTRUCTURE**

The 2017 TPTTP programme revealed that health facilities across the Mangaung Metro and Xhariep District experience serious structural defects and maintenance backlogs. These include dilapidated infrastructure, poor plumbing (and deficient ablution facilities), inadequate physical space, decrepit furniture, malfunctioning boilers, air-conditioning and backup generators. In addition, maintenance team lacked adequate tools to perform much-needed maintenance at facilities.

In response, the NDoH reported the completion of a 3-year infrastructure re-prioritisation plan based on the space requirements per facility. Infrastructure challenges are to be attended to within the available budget per year. A “Massification” refurbishment project for PHC facilities will be rolled out, commencing the 2018/19 financial year. Flora park asbestos facility is currently 7<sup>th</sup> on the Xhariep District priority list for refurbishment, but a timeframe for implementation is cited as subject to priority needs and proposed budget. It is, therefore, unclear when facility will be refurbished. Matlakeng is listed priority 1, followed by Ithumeleng and Fauresmith.

The FSDoH resolved to use uninterruptable power supply (UPS) or solar technologies as back-up electricity supply, in lieu of generators. The FSDoH Infrastructure Chief Directorate is set to install UPS as back-up power supply to all PHC facilities as part of the infrastructure refurbishment project, commencing in 2018/19 financial year.

With respect to the pervasive challenge of interruptions to water supply, the Provincial Infrastructure Chief Directorate has undertaken to install boreholes at all PHC facilities in the Xhariep District as a form of backup water supply due to continuous outages, to commence in 2018/19. However, the details about rollout of this project, with specific timeframes, was not submitted.

The FSDoH reports the establishment of maintenance hubs; one based at Albert Nzula Hospital to support the public health facilities across the Xhariep District, and the other at National District Hospital to support facilities in Mangaung. For Xhariep, the appointment of an Artisan foreman at District level was approved, to commence duty during 2018/19. The Artisan would be tasked with developing specifications for facility maintenance, and to quality check work once completed by suppliers prior to the processing of payments.

By June 2018, progress across the Province appears uneven, especially with respect to physical infrastructure. Limited maintenance and repairs were completed in facilities with minor structural needs, with major refurbishments yet to commence.

Details of the infrastructure challenges and progress per facility are reflected in Table 1.1.

Table 2.1: Physical Infrastructure Challenges per Facility – Xhariep District

Facility	Thematic area identified	Progress
Alfred Nzula	<ol style="list-style-type: none"> <li>Delays to the opening of the facility were related to infrastructural glitches, no approved staff establishment, equipment and licenses (hospital and pharmacy licenses) were still outstanding.</li> <li>FSDOH reported that Alfred Nzula hospital would officially open on 15 June 2017. The newly constructed, state-of-the-art facility has sufficient infrastructure in place, but systems maintenance is a challenge, including electronic and mechanic maintenance. Despite good quality maintenance contractors, SCM processes and a lack of service delivery as result of non-payment pose challenges. As a result, Uninterrupted Power Supply (UPS), access card readers, fire extinguishers and air-conditioning systems are overdue for servicing.</li> <li>The ongoing water supply challenges in the municipality related to Bloem Water poses various maintenance challenges. For example, laundry is transported from other health facilities to Albert Nzula, which has a direct agreement with Bloem Water to provide water to the hospital. The laundry staff (3 laundry aids, 1 laundry supervisor) work shifts, but often have to work overtime to manage the large volumes of laundry.</li> <li>Contracted maintenance personnel are not always able to perform their duties due to non-payment and slow supply chain management processes.</li> </ol>	<p><b>Inadequate progress reported</b></p> <p>(General wards, the paediatric ward, Outpatients Department (OPD), maternity ward, and casualty ward are operational. The operating theatre is scheduled to open on 1 July 2018).</p> <p><b>SC on Social Services report:</b> It was noted that due to lack of office spaces, the Xhariep District is occupying the whole of the Out Patients Department wards. It was noted that the infrastructure budget is funded by grants as such there are no sufficient funds to complete its projects which include building office space. The Committee expressed concern that some of the lifts of the hospital are not working despite the hospital being new. An observation was made about a leaking roof at the casualty ward.</p>
Bophelong CHC (XD)	<ol style="list-style-type: none"> <li>Inadequate space/ facility too small</li> <li>Inadequate waiting area</li> <li>Inadequate filing room/ space</li> <li>Lack of / malfunctioning air-conditioning</li> </ol>	<p><b>Inadequate progress reported (No timeframes identified)</b></p> <p><b>(Report submitted:</b> Facility to be refurbished as part of the Massification Project – to commence in 2018/19.</p>



Facility	Thematic area identified	Progress
		Bophelong identified as one of top 5 priority facilities. NDOH: Explore possibility of procurement of Wendy-house for use as garden storeroom - 2017/18).
Diamant DH	9. Lack of general maintenance. 10. Roof repairs required: The hospital underwent a refurbishment project in 2007. Despite the upgrades, buckets are placed to collect water dripping through the roof when it rains. 11. Pharmacy/ medicine storage space inadequate. 12. Inadequate filing room/space. 13. Geyser/ boilers malfunctioning. 14. Lack of / malfunctioning air-conditioning. 15. Inadequate backup water supply system/ water interruptions.	<b>No progress</b>  <b>(Report submitted:</b> Boreholes to be installed as back-up water supply).
Ethembeni	16. Ablution facilities and plumbing challenges. 17. Disability-friendly infrastructure and facilities required. 18. Signage inadequate. 19. Geyser/ boilers malfunctioning. 20. Lack of backup generators/ electricity interruptions.	<b>Inadequate progress reported.</b>  <b>(Report submitted:</b> No progress on specific infrastructure challenges reported).  <b>(Report submitted:</b> NDOH: Identify space not far from main entrance and signpost as disabled parking – 2018/19).
Embekweni DH	21. Inadequate space/ facility too small. 22. Refurbishment required. 23. Inadequate filing room/ space. 24. Inadequate backup water supply system/ water interruptions	<b>Inadequate progress reported.</b>  (No progress on space and general maintenance (refurbishment) evident on site).  (Hospital repaired borehole, and while it provides water, this is not sustainable in the medium to long-term period).
Fauresmith	25. Inadequate space/ facility too small. 26. Ablution facilities/ plumbing challenges. 27. Disability features required.	<b>Inadequate progress reported.</b>

Facility	Thematic area identified	Progress
	28. Pharmacy/ medicine storage inadequate. 29. Inadequate filing room/ space. 30. Geyser/ boilers malfunctioning. 31. Lack of backup generators/ electricity interruptions. 32. Lack of / malfunctioning air-conditioning. 33. Inadequate backup water supply system/ water interruptions	<p>No progress in terms of space required for storing records, the situation remains unchanged. Staff are awaiting the procurement of furniture for the Hlosela Centre in Ithumeleng, as the Department of Health was allocated three rooms in the building. Space for allied workers is also still outstanding.</p> <p>1. No progress on maintenance challenges, which have not been addressed to date).</p> <p>2. <b>(Report submitted:</b> Refurbishment will commence in 2018 as part of the Massification Project.</p>
Flora Park	34. Inadequate space/ facility too small. 35. Lack of maintenance. 36. Refurbishment required. 37. Inadequate ablution facilities/ plumbing challenges. 38. Pharmacy/ medicine storage inadequate. 39. Inadequate filing room/ space. 40. Inadequate medical waste room. 41. Signage inadequate. 42. No perimeter fencing. 43. Guardhouse needed/ requires repair. 44. Lack of backup generators/ electricity interruptions. 45. Lack of / malfunctioning air-conditioning. 46. Inadequate backup water supply system/ water interruptions.	<p><b>Inadequate progress reported</b></p> <p>3. No timeframes for completion specified with the rebuilding project, which is scheduled to start during the 2019/2020 financial year.</p> <p>4. Additional seating has been provided for the waiting area).</p> <p>5. No progress on inadequate ablution facilities, as there is still only one ablution facility at the hospital for patients.</p> <p>6. Air-conditioning challenge were resolved).</p> <p>SC on Social Services report: The facility is very small and consists of an asbestos structure, which has negative health implications for personnel and patients. The Department reported its plans to rebuild and expand the size of the facility.</p>

Facility	Thematic area identified	Progress
Goedemoed CS	47. Lack of maintenance. 48. Ablution facilities/ plumbing challenges.	<b>Progress adequate</b>  7. The hospital facility was renovated as recommended). 8. Ablution facilities were repaired.
Ithumeleng (XD)	49. Disability-friendly features required. 50. Inadequate medical waste room. 51. Signage inadequate. 52. Lack of perimeter fencing. 53. Guardhouse needed/ requires repair. 54. Lack of backup generators/ electricity interruptions. 55. Inadequate backup water supply system/ water interruptions.	<b>Inadequate progress reported (no timeframes for completion specified)</b>  Due to service delivery protest – verification visit could not be undertaken.  <b>(Report submitted:</b> Refurbishment to be undertaken as part of the Massification Project. Back-up water supply and electricity systems to be addressed through boreholes and UPS, respectively.
Jacobsdal	56. Lack of maintenance. 57. Roof repairs required. 58. Inadequate filing room/ space. 59. Signage inadequate. 60. Inadequate backup water supply system/ water interruptions.	<b>Inadequate progress reported.</b> (The maintenance officers from the District visited the clinic, to make an assessment. No actual maintenance conducted to date. No progress reported on water supply -water shortages persist. <b>(Report submitted:</b> Facility to be refurbished as part of infrastructure refurbishment project “Massification Project” – for 2018/19).
Lephoi	61. Lack of maintenance. 62. Roof repairs. 63. Disability-friendly features required. 64. Inadequate medical waste room. 65. Signage inadequate. 66. Perimeter fencing. 67. Inadequate/ lack of parking space.	<b>No response received.</b>

Facility	Thematic area identified	Progress
	68. Guarded house needed/ requires repair. 69. Geyser/ boilers malfunctioning. 70. Lack of backup generators/ electricity interruptions. 71. Lack of / malfunctioning air-conditioning.	
Luckhoff	72. Inadequate space/ facility too small. 73. Ablution facilities/ plumbing challenges. 74. Pharmacy/ medicine storage inadequate. 75. Inadequate waiting area. 76. Inadequate filing room/ space. 77. Inadequate sluice room. 78. Signage inadequate. 79. Lack of backup generators/ electricity interruptions. 80. Inadequate backup water supply system/ water interruptions.	<p>Inadequate progress reported.</p> <ul style="list-style-type: none"> <li>No progress on infrastructure challenges, including those related to the pharmacy). <b>Report submitted:</b> The upgrade and refurbishment of this and other clinics will commence in April 2018 through the Massification programme).</li> <li>Water supply to the clinic has improved. The clinic is no longer experiencing water interruptions despite a general water shortage in the area).</li> </ul>
Matlakeng	81. Lack of maintenance. 82. Inadequate filing room/ space. 83. Inadequate medical; waste room. 84. Perimeter fencing. 85. Lack of backup generators/ electricity interruptions. 86. Inadequate backup water supply system/ water interruptions.	<p>No progress</p> <p>(All the mentioned challenges remain unattended to - the facility is in a poor state, which contributes to low staff morale. <b>Report submitted:</b> Infrastructure to be refurbished and water and electricity back-up systems to be addressed as part of the Massification Project, which will commence in 2018/19. The facility has been identified as one of the top 5 priorities under the Project).</p>
Mamello	87. Lack of maintenance. 88. Inadequate waiting area. 89. Inadequate medical; waste room. 90. Inadequate sluice room. 91. Signage inadequate. 92. Perimeter fencing. 93. Guarded house needed/ requires repair. 94. Lack of backup generators/ electricity interruptions. 95. Inadequate backup water supply system/ water interruptions.	<p>Inadequate progress reported</p> <p>(Maintenance remains a challenge. When it rains, the facility experiences leaks. A contractor was appointed for several maintenance challenges to be resolved, and while some progress has been made (including toilets that were repaired) no work has been done on the leaking roof, although tiles have been delivered.</p>

Facility	Thematic area identified	Progress
		<p>The clinic manager expects that this may be due to funding or payment challenges).</p> <p><b>Report submitted:</b> A maintenance Hub was established for the District at the Alfred Nzula hospital to assist with minor maintenance. The Massification Project will address refurbishment over the longer term).</p> <p>SC on Social Services report: The Committee observed that not all the ablution facilities were functional at the time of the visit. Further, the emergency exit was locked and inaccessible as there were patient files stored in front of the door.</p>
Nelson Mandela	<p>96. Lack of maintenance.  97. Ablution facilities/ plumbing challenges.  98. Roof repairs.  99. Inadequate medical; waste room.  100. Signage inadequate.  101. Perimeter fencing.  102. Inadequate/ lack of parking space.  103. Guarded house needed/ requires repair.  104. Lack of backup generators/ electricity interruptions.  105. Lack of /malfunctioning air-conditioning.  106. Inadequate backup water supply system/ water interruptions.</p> <p><b>New challenges identified:</b>  107. The facility is not disability friendly due to uneven/gravel grounds.  108. The furniture old and dilapidated.</p>	<p><b>Inadequate progress reported</b></p> <p>(The facility has submitted its infrastructure needs to the department. The Modular structure was damaged by hailstorm in March 2018 and the assessment was done, the department is assisting with fixing the damages such as broken windows, etc.).</p>
Oppermans	<p>109. Inadequate space/ facility too small.  110. Pharmacy/ medicine storage inadequate.  111. Inadequate waiting area.</p>	<p><b>Inadequate progress reported.</b></p>

Facility	Thematic area identified	Progress
	112. Inadequate filing room/ space. 113. Inadequate sluice room. 114. Signage inadequate. 115. Lack of backup generators/ electricity interruptions. 116. Inadequate backup water supply system/ water interruptions.	<p>(There has been no progress reported in most of the issues reported above. However, for this financial year (2018/19) the Provincial Department has undertaken the following cause of action: Infrastructure to expand the clinic and to connect water tanks to the water system as part of the Infrastructure refurbishment “Massification Project”).</p> <p><b>Report submitted:</b> The Infrastructure Chief Directorate to expand the size of the clinic as part of the “Massification” Project in 2018/19. As part of this, air-conditioning is to be installed in the clinic, and water tanks are to be connected to the water system. Also, UPS will be installed as back-up power supply in 2018/19.</p> <p>NDOH: The upgrade and refurbishment of this and other clinics will commence in April 2018 through the Massification Project.</p>
Phekolong	117. Inadequate space/ facility too small. 118. Lack of maintenance. 119. Ablution facilities/ plumbing challenges. 120. Disability-friendly features required. 121. Signage inadequate. 122. Perimeter fencing. 123. Inadequate/ lack of parking space. 124. Inadequate backup water supply system/ water interruptions. <p><b>Additional challenge identified:</b>  125. Inadequate heating system.</p>	<p><b>Inadequate progress reported</b></p> <ul style="list-style-type: none"> <li>• (Maintenance provided to the facility for minor defects). No information on major refurbishment required.</li> <li>• Two signs posts were erected; one for direction from the main road to the facility and the other for services and operation hours).</li> </ul>

Facility	Thematic area identified	Progress
	<ul style="list-style-type: none"> <li><b>Report submitted:</b> NDoH: The facility needs major upgrade to accommodate a multipurpose meeting room and medical waste storage room – 2018/19.</li> </ul>	
Philippolis	126. Inadequate space/ facility too small. 127. Structural defects/ cracks. 128. Disability-friendly features required. 129. Pharmacy/ medicine storage inadequate. 130. Pharmacy/ medicine storage not secure/ lockable. 131. Inadequate waiting area. 132. Inadequate filing room/ space. 133. Inadequate medical waste room. 134. Signage inadequate. 135. Perimeter fencing. 136. Inadequate/ lack of parking space. 137. Guarded house needed/ requires repair. 138. Lack of backup generators/ electricity interruptions. 139. Inadequate backup water supply system/ water interruptions.	<p><b>No progress</b> (The clinic is awaiting an update on when refurbishment or building would be starting at the facility. Commitments have been made to improve infrastructure, although no formal assessment has taken place).</p> <p><b>Report submitted:</b> NDoH: Identify space not far from main entrance and signpost as disabled parking – 2017/18. Parking bay for staff to be constructed – 2018/19.</p>
Sehularo Tau	140. Lack of maintenance. 141. Refurbishment required. 142. Ablution facilities/ plumbing challenges. 143. Roof repairs. 144. Disability-friendly features required. 145. Inadequate medical waste room. 146. Signage inadequate. 147. Perimeter fencing. 148. Inadequate/ lack of parking space. 149. Guarded house needed/ requires repair. 150. Lack of backup generators/ electricity interruptions. 151. Inadequate backup water supply system/ water interruptions. <p><b>Additional challenges identified:</b></p> 152. The entrance and exit doors to the clinic do not close properly. 153. Geysers are not working.	<p><b>No progress</b> (The facility has to liaise with Trompsburg (Albert Nzula hospital) for maintenance, but if parts are not available, maintenance takes long).</p> <p><b>Report submitted:</b> Infrastructure challenges are to be addressed through the Massification Project, including water and electricity backup systems. The possibility of procuring a wendy-house for use as a garden storeroom is to be explored in 2018/19.</p>



Facility	Thematic area identified	Progress
	<ul style="list-style-type: none"> <li><b>Report submitted:</b> NDoH: Need for parking space.</li> </ul>	
Stoffel Coetzee DH	154. Inadequate space/ facility too small. 155. Lack of maintenance. 156. Refurbishment required. 157. Roof repairs. 158. Lack of backup generators/ electricity interruptions. 159. Inadequate backup water supply system/ water interruptions.	<p><b>No progress</b> (All the mentioned challenges remain unaddressed - the facility is in a poor state, which contributes to low staff morale).</p> <p><b>Report submitted:</b> All PHC facilities and hospitals to be refurbished as part of the Massification Project.</p>
Thembaletu	160. Lack of maintenance. 161. Roof repairs. 162. Inadequate medical waste room. 163. Lack of backup generators/ electricity interruptions. 164. Inadequate backup water supply system/ water interruptions.	<p><b>No progress</b> (None of the infrastructure challenges have been addressed. Water is supplied by the municipality. The clinic keeps two water tanks for non-drinking purposes).</p> <p><b>Report submitted:</b> Infrastructure will be refurbished through the Massification Project, which will include UPS and boreholes.</p>
Winnie Mandela (XD)	165. Inadequate space/ facility too small. 166. Lack of maintenance. 167. Structural defects/ cracks. 168. Ablution facilities/ plumbing challenges. 169. Perimeter fencing. 170. Lack of backup generators/ electricity interruptions. 171. Inadequate backup water supply system/ water interruptions.	<p><b>No progress</b> (All the mentioned challenges remain unaddressed - the facility is in a poor state, which contributes to low staff morale).</p> <p><b>Report submitted:</b></p> <ul style="list-style-type: none"> <li>The FSDoH indicated that it would attempt to expedite the construction of the new clinic by the Department of Public Works. However, the process is still very slow. No completion date was indicated.</li> <li>With respect to minor maintenance, a Maintenance Hub has been established, based at Albert Nzula Hospital.</li> <li>Water and electricity back-up systems will be addressed through the provision of UPS and boreholes through the Massification Project, which is set to commence during 2018/19.</li> </ul>

Table 2.2: Physical Infrastructure Problems per Facility – Mangaung Metro

Facility	Thematic area identified	Progress
Bainsvlei	<ol style="list-style-type: none"> <li>1. Lack of maintenance</li> <li>2. Structural defects/ cracks</li> <li>3. Roof repairs.</li> <li>4. Geyser/ boilers malfunctioning.</li> <li>5. Lack of backup generators/ electricity interruptions.</li> <li>6. Lack of / malfunctioning air-conditioning.</li> <li>7. Emergency exist needs attention.</li> </ol>	<p>Inadequate progress reported</p> <ol style="list-style-type: none"> <li>8. (Floor retiled, emergency door still needs to be repaired.</li> <li>9. The facility was repainted and new air-conditioners replaced in reception.</li> <li>10. No new furniture has been purchased.</li> <li>11. Geyser was repaired, but still not functioning – still cold water in consultation rooms.</li> <li>12. Refrigerator replaced for specimens).</li> </ol>
Batho	<ol style="list-style-type: none"> <li>13. Inadequate space/ facility too small</li> <li>14. Lack of maintenance.</li> <li>15. Disability features required.</li> <li>16. Lack of / malfunctioning air-conditioning.</li> </ol>	No response received.
Bayswater	<ol style="list-style-type: none"> <li>17. Inadequate space/ facility too small.</li> <li>18. Disability features required.</li> <li>19. Inadequate waiting area.</li> <li>20. Inadequate general storage space.</li> <li>21. Lack of / malfunctioning air-conditioning.</li> </ol> <p><b>Additional challenges identified:</b></p> <ol style="list-style-type: none"> <li>22. Supply chain management and maintenance are big challenges. Progress is stalled at the Department, despite several attempts to follow up on matters from the clinics' side. Ablution facilities and medical equipment for example, are not repaired when it breaks down.</li> <li>23. No general maintenance is conducted. The maintenance team also lacks tools to do repairs when needed.</li> </ol>	No response received.

Facility	Thematic area identified	Progress
Bloemspuit	24. Inadequate space/ facility too small. 25. Lack of maintenance. 26. Pharmacy/ medicine storage inadequate. 27. Pharmacy/ medicine storage not secure/ lockable. 28. Inadequate filing room/ space. 29. Inadequate general storage space. 30. Signage inadequate. 31. Lack of backup generators/ electricity interruptions. 32. Lack of / malfunctioning air-conditioning. 33. Inadequate heaters.	<p><b>No progress</b> (The status quo with regard to the identified challenges has not changed).</p> <p><b>Report submitted:</b> Maintenance hubs have been created between and National District hospital in Bloemfontein.</p>
Bophelong (MM)	34. Disability features required. 35. Geyser/ boilers malfunctioning. 36. Inadequate backup water supply system/ water interruptions. 37. Open septic tank/ spillage.	<b>No response received.</b>
Botshabelo DH	38. Lack of maintenance. 39. Roof repairs. 40. Geyser/ boilers malfunctioning.	<p><b>Inadequate progress reported</b></p> <p>(It is anticipated that the Chief Artisan vacancy will be filled in August 2018. The facility employs two Artisans, who face significant maintenance backlogs since the building is dated and dilapidated. The facility has undertaken to erect ablution facilities at the rehabilitation section to cater for people with disabilities. The roof has not been repaired. Rails and ramps were installed. Not all of the air-conditioning is in working condition).</p>
Daniel Ngatane	41. Lack of maintenance. 42. Electricity faults. 43. Inadequate backup water supply system/ water interruptions. 44. Open septic tank/ spillage.	<p><b>Inadequate progress reported</b></p> <p>(Maintenance is still a major challenge. The medical and general waste storage space was erected and paving installed at the back of clinic. New</p>

Facility	Thematic area identified	Progress
	<p>Additional challenges identified:</p> <p>45. The clinic experiences major challenges with a blocked drain. It is suspected that during the recent construction of the medical and general waste storage section, cement was poured down the drain, blocking water flow.</p> <p>46. No new fence has been erected and the current fence is easily damaged.</p>	<p>tiles were laid on the inside, but these require regular polish – adding to the workload of the cleaning staff. The internal walls were painted. The sewerage system has improved since it has been connected to the municipal system. There is therefore no longer a need for staff to pump away any waste.</p>
Dr JS Moroka DH	<p>47. Structural defects.</p> <p>48. Refurbishment required.</p> <p>49. Roof repairs.</p> <p>50. Inadequate/ lack of parking space.</p> <p>51. Geyser/ boilers malfunctioning.</p> <p>52. Lack of backup generators/ electricity interruptions.</p> <p><b>New challenges identified:</b></p> <p>53. Ablution facilities and plumbing challenges.</p> <p>54. Inadequate waiting area.</p> <p>55. Inadequate filing room/ space.</p> <p>56. Inadequate general storage space.</p> <p>57. Signage inadequate.</p> <p>58. No perimeter fencing.</p> <p>59. Guardhouse needed/ requires repairs.</p> <p>60. Lack of / malfunctioning air-conditioning.</p> <p>61. Inadequate heaters.</p>	<p><b>No progress</b></p> <p>(The hospital entrance has not been refurbished. The entire hospital roofing has not been fixed. Other departments and wards have not been refurbished).</p>
Dr Petro Memorial	<p>62. Lack of maintenance.</p> <p>63. Roof repairs.</p> <p>64. Guarded house needed/ requires repair.</p> <p>65. Lack of backup generators/ electricity interruptions.</p> <p>66. Inadequate heaters.</p>	<p><b>No response received.</b></p>
Dinaane	<p>67. Inadequate space/ facility too small.</p> <p>68. Lack of maintenance.</p> <p>69. Refurbishment required.</p>	<p><b>Inadequate progress reported</b></p>

Facility	Thematic area identified	Progress
	<p>70. Inadequate backup water supply system/ water interruptions.</p> <p><b>New challenges identified:</b></p> <p>71. Poor access to the clinic due to poor road conditions. The issue was reported to the municipality multiple times. However, nothing was done to ameliorate the situation.</p>	<p>(Infrastructure assessment was done Redundant stock/equipment was removed from the old building and no renovation is done to enable them to move to the old structure while waiting for the construction of the new clinic).</p> <p><b>Report submitted:</b> Facility on the FSDoH Infrastructure Plan – construction of new facility due in 2018/19.</p>
Fauna	<p>72. Inadequate space/ facility too small.</p> <p>73. Lack of maintenance.</p> <p>74. Structural defects/ cracks.</p> <p>75. Refurbishment required.</p> <p>76. Roof repairs.</p> <p>77. Geyser/ boilers malfunctioning.</p> <p>78. Emergency exit needs attention.</p>	<p>Inadequate progress reported (no specific timeframes submitted)</p> <p>(Upgrades of Fauna clinic are planned for infrastructure projects starting from 2018/19 - 2020/21. A decision has been taken to set aside the current Fauna clinic and to reconstruct a new structure. Health and safety issues for both patients and staff need urgent attention, as the structural defects are severe. A modular structure needed as a temporal solution).</p> <p><b>Report submitted:</b> Upgrade to clinic will commence in 2018/19 and continue over the MTEF period as part of the infrastructure programme.</p>
Fichardt Park	<p>79. Inadequate space/ facility too small.</p> <p>80. Lack of maintenance.</p> <p>81. Ablution facilities/ plumbing challenges.</p> <p>82. Roof repairs.</p> <p>83. Inadequate general storage space.</p>	<p>Inadequate progress reported (no specific timeframes submitted)</p> <p><b>Report submitted:</b> Clinic upgrade is planned for 2018/19 to be completed over the MTEF (by 2020/21). Clinic floors were repaired since NCOP visit in 2017.</p>
Freedom Square	84. Inadequate space/ facility too small.	No progress

Facility	Thematic area identified	Progress
	<p>85. Inadequate filing room/ space.</p> <p><b>Additional challenge identified:</b></p> <p>86. The clinic manager does not have her own computer for administration work – the two computers in the clinic are used for capturing patient data and for other clinic processes.</p>	
Free State Psychiatric Complex (FSPC)	<p>87. Inadequate space/ facility too small.</p> <p>88. Lack of maintenance.</p> <p>89. Structural defects/ cracks.</p> <p>90. Refurbishment required.</p> <p>91. Disability-friendly features required.</p>	<p><b>Inadequate progress reported</b></p> <ul style="list-style-type: none"> <li>• The MEC budget vote for Health indicated that a 150 bed hospital will be constructed.</li> <li>• During a strategic planning meeting, it was mentioned that the facility would be prioritised for refurbishment.</li> <li>• A total of R6 million has been put aside for the refurbishment of the Complex. A service provider has been identified and appointed through the contract framework.</li> <li>• The Department has submitted the scope of work to the service provider and still awaiting the quotations from the service provider.</li> <li>• It was anticipated that the service provider would be on site by June 2018).</li> </ul> <p><b>Report submitted:</b> Revitalisation to be fact-tracked. If not, the Provincial Infrastructure unit will prioritise the upgrading of the facility to comply with the IUSS mental health infrastructure standards. The HoD to prioritise the implementation of the Project plan from National Department of Health for the building of the new Observation Unit in 2018/19. The allocated budget of 9 million (Corporate Office Infrastructure</p>

Facility	Thematic area identified	Progress
		<p>Unit) will be ring-fenced for the urgent upgrade of one of the State Patient High Risk wards (Block B) in 2018/19. The patient electronic care system discussions will be finalised in 2018/19.</p> <p>The Corporate Office Infrastructure Unit will ensure the following with respect to the backlog on maintenance services:</p> <ul style="list-style-type: none"> <li>• Appointment of effective and efficient service providers. – 30 September 2017</li> <li>• Urgent attention to be given to the maintenance and installation of the heating and cooling systems – 30 September 2017</li> <li>• Strengthening the monitoring of the Preventative maintenance plan - 2018/19</li> <li>• The post of a Bio-engineer to be included in the review of the FSPC staff establishment to ensure effective and efficient health technology management – end of 2017/18.</li> <li>• The project on the upgrading of ablution facilities and painting of wards to be fast-tracked – 30 November 2017.</li> <li>• Vacant posts technical services posts to be filled within three months – December 2017.</li> <li>• Hospital Maintenance Budget to be increased and Corporate Office to allocate a bigger budget to FSPC refurbishment – 2018/19.</li> </ul>
FSSON	92. Lack of maintenance. 93. Refurbishment required. 94. Ablution facilities/ plumbing challenges.	No response received.



Facility	Thematic area identified	Progress
	95. Guardhouse needed/ requires repairs. 96. Geyser/ boilers malfunctioning.	
Gabriel Dichabe	97. Refurbishment required. 98. Ablution facilities/ plumbing challenges. 99. Inadequate/ lack of parking space. 100. Lack of/ malfunctioning air-conditioning. 101. Emergency exit needs attention.	<p><b>Inadequate progress reported.</b></p> <p>(Refurbishment did not take place and parking challenges remain). SCM pose challenges. The clinic is in a municipal building; therefore requests for maintenance are submitted to the municipality, since it is more responsive than the FSDoH.</p> <p><b>Report submitted:</b> The clinic is located within the municipal building and the infrastructure does not comply with ideal clinic elements. Negotiations are underway to request the municipality to allocate additional space in order to ensure the clinic's compliance. Air-conditioning challenges has been resolved. The municipality agreed to open the second toilet to be used by clients and staff – previously males and females shared toilet. Uninterrupted power supplies (UPS) system will be procured and installed ion all PHC facilities operating 8 hours.</p> <p>SC on Social Services report: There is only one entrance and no provision for an emergency exit. There is not parking for emergency medical services and staff.</p> <p><i>Pharmacy:</i> The pharmacy area is not conducive. A space has been identified by the facility personnel for the pharmacy.</p> <p>An ablution facility for male patients has been made available by the Municipality.</p>

Facility	Thematic area identified	Progress
Gateway	<p>102. Lack of maintenance. 103. Ablution facilities/ plumbing challenges.</p> <p>• <b>Additional challenges identified:</b></p> <p>104. Toilets are shared by both staff and patients and there are no dedicated toilets for personnel and one toilet is also used for waste management and this could be a health hazard – the situation remains unchanged since 2017. 105. No air conditioners in the waiting rooms. 106. There is a need to install computers in consulting rooms for capturing of data.</p>	<p><b>Inadequate progress reported.</b></p> <p>(Some work has been done in response to the identified challenges. However, there is no quality control to sustain repairs and therefore most of the work is shoddy and needs to be re-done).</p>
Gaongalelwe	<p>107. Structural defects/ cracks. 108. Roof repairs. 109. Pharmacy/ medical storage inadequate. 110. Inadequate waiting area. 111. Inadequate backup water supply system/ water interruptions.</p>	<p><b>Inadequate progress reported.</b></p> <p>(No progress with respect to structural challenges. Water interruptions has improved).</p>
Grootvlei CS	<p>112. Inadequate space/ facility too small. 113. Lack of maintenance. 114. Refurbishment required. 115. Roof repairs. 116. Lack of backup generators/ electricity interruptions. 117. Inadequate backup water supply system/ water interruptions.</p>	<p><b>No response received.</b></p>
Heidedal CHC	<p>118. Refurbishment required. 119. Ablution facilities/ plumbing challenges. 120. Lack of/ malfunctioning air-conditioning. 121. Electricity faults.</p>	<p><b>Inadequate progress reported.</b></p> <p>(The status quo, as it relates to refurbishment and maintenance of the ablution facilities, malfunctioning air- conditioning and electrical faults remain as it is. However, labour relations issues were all addressed.)</p> <p><b>(Report submitted: Minor repairs to all damaged windows, toilets, and floors.</b></p>

Facility	Thematic area identified	Progress
		Functional telecom telephone system.)
Harry Gwala	122. Inadequate space/ facility too small.	<p>Progress adequate.</p> <p>(New waste storage spaces were erected. New floor tiles were laid. Interior walls were painted.)</p>
Ikgomotseng	123. Inadequate space/ facility too small. 124. Refurbishment required. 125. Ablution facilities/ plumbing challenges. 126. Pharmacy/ medicine storage inadequate. 127. Pharmacy/ medicine storage not secure/ lockable. 128. Inadequate medical waste storage. 129. Perimeter fencing. 130. Lack of backup generators/ electricity interruptions. 131. Emergency exit needs attention. 132. Inadequate backup water supply system/ water interruptions.	<p>Inadequate progress reported. (Lack of detail with respect to electricity and water services).</p> <p>(Report submitted: Facility office and store were relocated to the modular structure to allow more space for clinic services. Perimeter fence was replaced. Paving for parking completed. Storeroom was constructed outside the clinic. Electricity voltage will be corrected – through infrastructure project between 2018/19 and 2020/21. Uninterrupted power supplies (UPS) system will be procured and installed on all PHC facilities operating 8 hours. Jojo tank connection to be completed in 2018/19 financial year.)</p>
Ithumeleng (MM)	133. Refurbishment required. 134. Lack of backup generators/ electricity interruptions.	<p>Inadequate progress reported. (Lack of detail with respect to electricity services).</p>

Facility	Thematic area identified	Progress
		<p>The external, together with the interior walls and ceiling has been re-painted</p> <p>New aluminium doors were installed.</p> <p>New Paving installed, new floor tiles laid, and new waste storage spaces were erected.</p> <p>New Guard house for security personnel was erected.</p>
Jazzman Mokhuthu	135. Lack of maintenance.	No response received.
Kagisanong	136. Lack of maintenance. 137. Structural defects/ cracks. 138. Inadequate waiting area. 139. Perimeter fencing. 140. Lack of/ malfunctioning air-conditioning. 141. Electrical faults.	<p><b>Inadequate progress reported.</b></p> <p><b>Report submitted:</b> An office was converted to expand the pharmacy area. Partitioning was done using dry walls to ensure privacy in consulting rooms.</p> <p>Negotiations are underway to identify road signage sites for the clinic. The FSDoH will procure signage during 2018/19.</p> <p>SC on Social Services report: Following the NCOP oversight floors were replaced, ceilings were repaired and walls were painted. It was also noted that hand basins were installed. Further the Infrastructure Unit is in a process of replacing the taps.</p>
Kgalala	142. Lack of maintenance. 143. Structural defects/ cracks. 144. Disability-friendly features required. 145. Inadequate sluice room. 146. Perimeter fencing. 147. Lack of backup generators/ electricity interruptions. 148. Inadequate backup water supply system/ water interruptions. 149. Inadequate access roads.	<p><b>No progress.</b></p> <p>(No infrastructural assessment was done. The facility requires major refurbishment.</p> <p>A trelidor and roller doors were installed in the main entrance.)</p>

Facility	Thematic area identified	Progress
Klipfontein	150. Inadequate space/ facility too small. 151. Lack of maintenance. 152. Refurbishment required. 153. Inadequate waiting area. 154. Perimeter fencing.	<p><b>No progress.</b></p> <p>There has not been infrastructure needs assessment conducted in the facility. The open septic tank has not been attended too. This contradicts the FSDoH report below. The fencing has not been attended to. Security personnel were not appointed.</p> <p><b>(Report submitted:</b> The FSDoH reported that the municipality emptied the septic tank, but there is a need for regular emptying to take place. This contradicts site verification conducted during June 2018.)</p>
Langenhoven Park	155. Inadequate space/ facility too small. 156. Inadequate waiting rea. 157. Inadequate filing room/ space. 158. Inadequate medical waste room.	<p><b>No response received.</b></p>
Lebohang	159. Inadequate filing room/ space. 160. Lack of backup generators/ electricity interruptions. 161. Inadequate backup water supply system/ water interruptions.	<p><b>No response received.</b></p>
Lourierpark	162. Inadequate space/ facility too small. 163. Inadequate waiting area.	<p><b>Inadequate progress reported.</b></p> <p><b>(Report submitted:</b> The clinic is located within the municipal building. Negotiations with the metropolitan municipality was not fruitful, as municipality declined to allocate space to the clinic since existing space was earmarked for a new crèche. The new space will be identified in the inner-city during 2018/19.)</p>

Facility	Thematic area identified	Progress
Mmabana	164. Inadequate space/ facility too small. 165. Lack of maintenance. 166. Structural defects/ cracks. 167. Refurbishment required. 168. Ablution facilities and plumbing challenges. 169. Pharmacy/ medicine storage inadequate. 170. Inadequate waiting area. 171. Inadequate general storage space. 172. Inadequate sluice room. 173. Lack of backup generators/ electricity interruptions. 174. Lack of / malfunctioning air-conditioning. 175. Electrical faults.	<p>Inadequate progress reported.</p> <p>(Report submitted: Clinic will be relocated to Phamameng location by April 2018 to allow for refurbishment.)</p>
Mafane	176. Lack of maintenance. 177. Facility too small. 178. Structural defects/ cracks. 179. Refurbishment required. 180. Roof repairs. 181. Perimeter fence required. 182. Inadequate backup water supply system/ water interruptions.	<p>Inadequate progress reported.</p> <ul style="list-style-type: none"> <li>• (The facility requires serious infrastructure refurbishment.</li> <li>• The staff kitchenette is small.</li> <li>• The leakage has not been resolved, and is causing damage to the ceiling.</li> <li>• The waiting area is too small, and does not delineate adult and children waiting areas.</li> <li>• The waiting area at the pharmacy/dispensary is not covered.</li> <li>• Pharmacy/ medicine storage has improved.</li> <li>• The grounds are not maintained and it poses a serious risk to both staff and patients.</li> <li>• The borehole matter has been resolved.</li> <li>• The two modular structures are located in a waterlogged area.)</li> <li>• The sluice room is dilapidated.</li> <li>• There is no locks and door handles.</li> </ul>

Facility	Thematic area identified	Progress
		<ul style="list-style-type: none"> <li>The furniture is old and dilapidated.</li> <li>Still no guardhouse for the security personnel.</li> <li>Heaters were procured for consulting rooms. The delivery is scheduled for June 2018.</li> </ul> <p><b>Report submitted:</b> Heaters were procured for consulting rooms – delivery scheduled for June 2018.</p>
Malesatsi Mabaso	183. Lack of maintenance. 184. Structural defects/ cracks. 185. Refurbishment required. 186. Inadequate heaters.	<p><b>Progress adequate.</b></p> <ul style="list-style-type: none"> <li>New perimeter fence with razor wire has been erected</li> <li>Painting of exterior and interior walls of the facility has been done</li> <li>Painting of roofs and ceilings</li> <li>Rails and ramps for people with disability has been erected.</li> <li>Waste storage room and guardroom has been erected</li> <li>New geyser is installed</li> <li>Internal and external signage for the facility has been erected.</li> </ul>
<b>Mangaung CS</b>	<ul style="list-style-type: none"> <li>None required.</li> </ul>	N/A
MUCPP	187. Lack of / malfunctioning air-conditioning.  <p><b>New challenge identified:</b></p> 188. Water reservoir needs to be serviced – does not automatically pump in outage.	<p><b>Progress adequate.</b></p> <p>(Air-conditioning was repaired, as well new ones installed by end of 2017.)</p> <p><b>(Report submitted:</b></p> <ul style="list-style-type: none"> <li>Jojo tank will be procured for the facility to comply with ideal clinic programme – due date June 2018.</li> </ul>



Facility	Thematic area identified	Progress
		<ul style="list-style-type: none"> <li>An assessment of the geyser was done and new geysers will be procured in April 2018.</li> <li>New toilets were procured and installed towards end of 2017.)</li> </ul>
Mokwena	189. Disability-friendly features required. 190. Inadequate waiting area.	No progress.
Molefe Tau	191. Inadequate space/ facility too small. 192. Inadequate general storage. 193. Inadequate medical waste rooms. 194. Geyser/ boilers malfunctioning. 195. Inadequate heaters.	No response received.
Opkoms	196. Lack of maintenance. 197. Refurbishment required. 198. Perimeter fencing.	No progress.  <b>Report submitted:</b> FSDoH indicated that upgrade will commence in 2018/19 and continue over the MTEF.
One Stop	199. Inadequate space/ facility too small. 200. Lack of maintenance. 201. Lack of / malfunctioning air-conditioning.	Inadequate progress reported.  <ul style="list-style-type: none"> <li>Extension of clinic identified for 2021/22 financial year. It was decided that the clinic in Wepener would be earmarked for a 24-hour facility as is located centrally in the former Naledi district. The communities of Vanstadensrus and Dewetsdorp could make use of the 24-hour clinic in Wepener.</li> <li>There was no progress reported on issues relating to lack of maintenance and the malfunctioning of the air-conditioning.</li> </ul>
Pelonomi	202. Inadequate space/ facility too small. 203. Lack of maintenance. 204. Ablution facilities/plumbing challenges.	Inadequate progress reported.  The existing boiler was repaired.

Facility	Thematic area identified	Progress
	205. Roof repairs. 206. Inadequate filing room/ space. 207. Perimeter fencing 208. Geyser/ boilers malfunctioning. 209. Lack of backup generators/ electricity interruptions. 210. Electrical faults. 211. Out of ten theatres, only 5 functioning. 212. Basement consistently subject to flooding – requires plumbing relocation. 213. Out of 23 lifts, only 12 functional – maintenance needed.	<p>Water tanks are available.</p> <p>SC on Social Services report:  <i>Budget constraints:</i> It was reported that there are issues that are yet to be addressed such as a roll-out plan to upgrade the hospital with timeframes and budget allocation for the upgrade project due to budget cuts.</p> <p><i>Infrastructure:</i> The facility and has a linear structure, and is dated. The electrical and plumbing are outdated and requires complete overhaul. The boilers are outdated with insufficient capacity, and currently unable to provide adequate steam for heating, sterilization and hot water for cleaning and cooking.</p> <p>The basement has suspended flooring, which is inadequate and results in periodic flooding whenever it rains. It is inadequate for its current usage.</p> <p>Parts of the roof are leaking and the hospital experiences flooding and water damage when it rains. This also means that some patients are removed from wards and relocated when it rains. It also results in costly medical equipment being damaged.</p> <p><i>Private partnerships:</i> The Committee observed that a component of the facility's building was being utilised by a private hospital.</p>
Phetogo	214. Inadequate space/ facility too small. 215. Refurbishment required. 216. Pharmacy/ medicine storage inadequate.	No response received.

Facility	Thematic area identified	Progress
	217. Inadequate waiting area. 218. Inadequate filing room/ space. 219. Inadequate general storage space. 220. Lack of backup generators/ electricity interruptions. 221. Inadequate backup water supply system/ water interruptions.	
Potlako Motlohi	222. Inadequate space/ facility too small. 223. Structural defects/ cracks. 224. Lack of backup generators/ electricity interruptions. 225. Inadequate heaters. 226. Inadequate backup water supply system/ water interruptions. 227. Open septic tank/ spillage.	No response received.
Pule Sefatsa	228. Inadequate plumbing system. 229. Guard house needed/ repair required. 230. Open septic tank/ spillage.	Inadequate progress reported. <ul style="list-style-type: none"> <li>• A new Guardhouse was erected.</li> <li>• Paving of parking bays were completed.</li> <li>• Electricity installed in the mobile structure.</li> <li>• Painting of the interior walls is completed.</li> <li>• New floor tiles fitted.</li> </ul>
Seadimo	231. Lack of maintenance. 232. Structural defects/ cracks. 233. Refurbishment required. 234. Ablution facilities and plumbing challenges. 235. Pharmacy/ medicine storage inadequate. 236. Inadequate medical waste rooms. 237. Perimeter fencing. 238. Inadequate backup water supply system/ water interruptions.	No progress. <ul style="list-style-type: none"> <li>• The facility has procured twelve steel chairs in the waiting area.</li> <li>• An alarm system was installed.</li> <li>• No perimeter fencing erected.</li> <li>• Maintenance remains a big challenge and no progress was made in this regard; structural defects are still a concern.</li> </ul>

Facility	Thematic area identified	Progress
		<ul style="list-style-type: none"> <li>• Ablution facilities remain a challenge; due to the outdated infrastructure plumbing problems continuous resurface.</li> <li>• Pharmacy space inadequate, but it will be relocated to one of the bigger rooms in the clinic.</li> <li>• Medical waste rooms: situation remains unchanged.</li> <li>• No back-up systems are available for water and electricity.</li> </ul>
Sediba	239. Lack of / malfunctioning air-conditioning. 240. Inadequate backup water supply system/ water interruptions.	The air conditioner has been repaired.  Jojo tanks are in place and are refilled more regularly than previously.
Thaba Nchu	241. Inadequate space/ facility too small. 242. Roof repairs. 243. Inadequate waiting area. 244. Inadequate medical waste rooms. 245. Guardhouse needed/ repairs required. 246. Lack of / malfunctioning air-conditioning. 247. Emergency exit needs attention. 248. Inadequate backup water supply system/ water interruptions.	No response received.
Thusong	249. Lack of maintenance. 250. Ablution facilities/ plumbing challenges. 251. Inadequate filing room/ space. 252. Guardhouse needed/ repairs required. 253. Lack of / malfunctioning air-conditioning.	Inadequate progress reported. <ul style="list-style-type: none"> <li>• Facility was refurbished in 2017 – new toilets installed. However, some toilets not in working order as patients cause damage to plumbing.</li> <li>• Only 1 bulk filing cabinet, but more were placed on requisition for 2018/18. No new bulk filing cabinets delivered.</li> </ul>

Facility	Thematic area identified	Progress
		<ul style="list-style-type: none"> <li>General air-conditioning (excluding pharmacy) not serviced and not working – unchanged since NCOP visit in 2017.</li> </ul> <p><b>Report submitted:</b> The FSDoH reported that a second toilet and hand-washing basin installed. Old doors replaced, ceiling repaired, and internal walls painted. Waste storage room built. According to FSDoH, all infrastructure challenges were addressed.</p> <p>SC on Social Services report: At the time of the visit there were artisans onsite. The Facility Manager reported that since the NCOP visits, a lot of maintenance work has been done. This includes painting of the walls and demarcating/marketing of parking bays. She indicated that much of the work is still in progress. Issues for follow-up noted: There was a leaking toilet at the time of the visit.</p>
Tiger River	254. Lack of maintenance. 255. Structural defects/ cracks. 256. Inadequate waiting area. 257. Inadequate medical waste rooms. 258. Inadequate sluice room. 259. Geyser/ boilers malfunctioning. 260. Inadequate backup water supply system/ water interruptions.	No response received.
Tweefontein	261. Inadequate space/ facility too small. 262. Lack of maintenance. 263. Structural defects/ cracks. 264. Pharmacy/ medicine storage inadequate.	No response received.

Facility	Thematic area identified	Progress
	265. Inadequate filing room/ space. 266. Signage inadequate. 267. Lack of backup generators/ electricity interruptions. 268. Lack of / malfunctioning air-conditioning. 269. Emergency exit needs attention. 270. Inadequate backup water supply system/ water interruptions.	
TS Mahloko	271. Inadequate space/ facility too small. 272. Lack of maintenance. 273. Inadequate waiting area. 274. Inadequate general storage space. 275. Open septic tank/ spillage.	No response received.
Universitas Academic Complex	276. Lack of maintenance. 277. Inadequate filing room/ space. 278. Geyser/ boilers malfunctioning.  <b>New challenge identified: Report submitted</b> 279. Orders cannot be printed: Delays in printing orders for procurement of medical consumables due expired Tax Clearance Certificates on the Central Database system - Local Head of SCM will consult with the Provincial Treasury to assist with the capturing of the latest Tax Clearance once companies have submitted the copies – weekly.	No progress.  <b>Report submitted:</b> <ul style="list-style-type: none"> <li>There is a need for basic infrastructure upgrades but due to limited budget on maintenance, only critical repairs are prioritized. Only repairs for water reticulation to eliminate Legionella in the water system has been approved thus far.</li> <li>Steam pipe leakages: Water leakages causing damage to building and equipment - The matter has been referred to Corporate Office for assistance.</li> <li>Mal-functional air-conditioning system: Central air-conditioning mixing unit need to be repair, otherwise it will negatively impact on infection control at the institution - Service Provider was called during August 2017 to make assessment on the needs for upgrade.</li> </ul>

Facility	Thematic area identified	Progress
		<ul style="list-style-type: none"> <li>Replacement of lifts at Nurses Home and White Block: Non-functional lifts - Need submitted; specifications need to be drawn for the replacement of lifts.</li> <li>Lack of maintenance to the lifts. Health and Safety Risk - The matter has been referred to SCM Bid Management.</li> </ul>
Van Stadensrus	280. Inadequate space/ facility too small. 281. Refurbishment required. 282. Pharmacy/ medicine storage inadequate. 283. Inadequate filing room/ space. 284. Lack of backup generators/ electricity interruptions. 285. Lack of / malfunctioning air-conditioning.	<p><b>Inadequate progress reported.</b></p> <ul style="list-style-type: none"> <li>Space is still inadequate and no refurbishment undertaken to date.</li> <li>Medicine storage space resolved.</li> <li>Filing cabinets supplied and in use</li> <li>Filing room is too small.</li> <li>No back-up generator.</li> <li>New air-conditioning been installed</li> </ul>
Westdene	286. Inadequate space/ facility too small. 287. Lack of maintenance. 288. Pharmacy/ medicine storage inadequate. 289. Inadequate waiting area. 290. Inadequate filing room/ space. 291. Inadequate medical waste rooms. 292. Lack of / malfunctioning air-conditioning.	<p><b>Inadequate progress reported.</b></p> <ul style="list-style-type: none"> <li>Maintenance and refurbishment team conducted assessment of facility in July 2018. Infrastructure challenges unchanged since NCOP visit in August 2017.</li> </ul> <p><b>(Report submitted: Clinic upgrade is planned for 2018/19; to be completed in 2019/20.)</b></p>
Winnie Mandela (MM)	293. Lack of maintenance. 294. Structural defects/ cracks. 295. Roof repairs.	<p><b>Progress adequate.</b></p> <ul style="list-style-type: none"> <li>New perimeter fencing has been erected.</li> </ul>

Facility	Thematic area identified	Progress
	296. Inadequate medical waste rooms.	<ul style="list-style-type: none"> <li>• Paving has been installed at the entrance and backyard of the facility.</li> <li>• Rails and ramps for people with disability has been erected</li> <li>• Medical waste storage room has been erected.</li> <li>• Cracks has been repaired</li> <li>• The interior of the facility has been painted.</li> <li>• Medical waste storage room constructed.</li> <li>• Roof has been repaired.</li> </ul>



### **3. MEDICINE AVAILABILITY**

The TPTTP report found that in 2017, facilities' medicine availability varied from under 80% to 100%. Space constraints limited the ability of some facilities to place orders for bigger batches of stock. .

To date, reporting on medicine availability in health facilities was very limited, with about 35 percent of facilities (21 out of 60) with a finding on inadequate medicine availability having submitted a response. The rate of adequate progress reported is about 5 percent of facilities where progress was required (3 out of 60) – this relates mainly where medicine availability was increased to 100%.

Table 3.1: Availability of Medicines – Xhariep District

Facility	Medicine availability	Progress
Bophelong CHC (XD)	9. No baseline.	N/A
Diamant DH	10. 95-99%	No response received.
Ethembeni	11. 100%	N/A – standard met
Embekweni DH	12. 90-94%	Inadequate progress reported. (95%)
Fauresmith	13. 80-90%	No response received.
Flora Park	14. 95-99%	No response received.
Goedemoed CS	15. No baseline  <b>New challenge identified:</b> <b>16.</b> Prescribed medication is often delayed by a week due to the absence of a pharmacy assistant.	N/A
Ithumeleng (XD)	17. 95-99% 18. Stock-outs during last 12 months. 19. Malfunctioning air-conditioning in dispensary/ medical storage.	No response received.
Jacobsdal	20. 80-90%	No response received.
Lephoi	21. 100% 22. Malfunctioning air-conditioning in dispensary/ medical storage.	No response received.
Luckhoff	23. 100%	No response received.
Matlakeng	24. 95-99%	No progress.  (95 – 99%)
Mamello	25. 95-99%	No response received.
Nelson Mandela	26. Malfunctioning air-conditioning in dispensary/ medical storage.	Inadequate progress reported.  (100%)
Oppermans	27. Malfunctioning air-conditioning in dispensary/ medical storage.	Inadequate progress reported.

Facility	Medicine availability	Progress
		<b>(Report submitted:</b> Air-conditioning to be installed as part of Massification refurbishment Project – for 2018/19.)
Phekolong	28. 95-99%	Progress adequate.  (100%)
Philippolis	29. 95-99%	No response received.
Sehularo Tau	30. 95-99%	No response received.
Stoffel Coetzee DH	31. 90-94%	No progress.  (93%)
Thembaletu	32. 90-94%	Inadequate progress reported.  (95 – 99%)
Winnie Mandela (XD)	33. 80-90%	Inadequate progress reported.  (90 – 95%)

Table 3.2: Availability of Medicines – Mangaung Metro

Facility	Medicine availability	Progress
<b>Bainsvlei</b>	98%. However, there are instances when the facility experiences shortages in medicines and consumables, such as syringes	Inadequate progress reported. (Level of medicine availability no specified)  (Medicine availability improved, as well as consumables. Pharmacy is currently colour-coded in line with ideal clinic requirements.)
<b>Batho</b>	34. Malfunctioning air-conditioning in dispensary/ medical storage.	No progress.
<b>Bayswater</b>	35. No baseline.	N/A
<b>Bloemspruit</b>	36. 80-90%	No response received.
<b>Bophelong (MM)</b>	37. 80-90%	No response received.
<b>Botshabelo DH</b>	38. 95-99%	Inadequate progress reported. (Level of medicine availability no specified)  The facility has 96% availability of consumables.  Air – conditions are in good working condition in both dispensary and medical storeroom.  There are no delays in deliveries.
<b>Daniel Ngatane</b>	39. 80-90%	No response received.
<b>Dr JS Moroka DH</b>	40. 100%	No response received.
<b>Dr Petro Memorial</b>	41. 95-99%	No response received.
<b>Dinaane</b>	42. 100%	N/A
<b>Fauna</b>	43. Less than 80%.	No response received.
<b>Fichardt Park</b>	44. 95-99%	No response received.
<b>Freedom Square</b>	45. Delays in deliveries.	No progress.

Facility	Medicine availability	Progress
Free State Psychiatric Complex (FSPC)	46. No baseline.	N/A
FSSON	47. No baseline.	N/A
Gabriel Dichabe	48. 95-99%	No response received.
Gateway	49. 95-99%	No response received.
Gaongalelwe	50. 100%	Situation worsened. No progress.  90%
Grootvlei CS	• 90-94%	No response received.
Heidedal CHC	• No baseline.	N/A
Harry Gwala	• 90-94%	No response received.
Ikgomotseng	• 95-99%	No response received.
Ithumeleng (MM)	• 80-90%	No response received.
Jazzman Mokhuthu	• 90-94%	No response received.
Kagisanong	• 95-99%	No response received.
Kgalala	• 100%	No response received.
Klipfontein	• 100%	N/A  (100%)
Langenhoven Park	• 95-99%	No response received.
Lebohang	• Less than 80%	No response received.
Lourierpark	• No baseline.	N/A
Mmabana	• 80-90%	No response received.
Mafane	• 80-90%	No progress.  (The facility is running low on some of the medicines such as ARV's/Tenormin.  Shortages of consumables such as syringes and needles.)
Malesatsi Mabaso	• Stock-outs during last 12 months.	Inadequate response reported.

Facility	Medicine availability	Progress
		(No report on current stock-out levels).  (Availability of medicines has improved and is now between 90%-94%)
Mangaung Mobile Clinics	<ul style="list-style-type: none"> <li>No baseline.</li> </ul>	N/A
Mangaung CS	<ul style="list-style-type: none"> <li>No baseline.</li> </ul>	N/A
<b>MUCPP</b>	<ul style="list-style-type: none"> <li>Stock-outs during last 12 months.</li> </ul>	<p>Inadequate progress reported. (Stock-out levels improved, but medicine availability is less than 100%).</p> <p>(95%. Currently, the facility does not experience any stock-outs.)</p>
<b>Mokwena</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	<p>Inadequate progress reported. (ARVs levels less than 100%).</p> <p>(100%, but ARV is 89%)</p>
<b>Molefe Tau</b>	<ul style="list-style-type: none"> <li>80-90%</li> </ul>	No response received.
<b>Opkoms</b>	<ul style="list-style-type: none"> <li>No baseline.</li> <li></li> <li><b>New challenge identified:</b> No air-conditioning in the pharmacy.</li> </ul>	N/A
<b>One Stop</b>	<ul style="list-style-type: none"> <li>95-99%</li> </ul>	No response received.
<b>Pelonomi</b>	<ul style="list-style-type: none"> <li>80-90%</li> </ul>	No response received.
<b>Phetogo</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	No response received.
<b>Potlako Motlohi</b>	<ul style="list-style-type: none"> <li>80-90%</li> </ul>	<p>Progress adequate.</p> <p>100%</p>
<b>Pule Sefatsa</b>	<ul style="list-style-type: none"> <li>No baseline.</li> </ul>	N/A
<b>Seadimo</b>	<ul style="list-style-type: none"> <li>100%</li> </ul>	No response received.
<b>Sediba</b>	<ul style="list-style-type: none"> <li>100%</li> <li>Malfunctioning air-conditioning in dispensary/ medical storage.</li> </ul>	Progress adequate.

Facility	Medicine availability	Progress
		Air-conditioner was repaired.
• Thaba Nchu	• 100%	• No response received.
• Thaba Nchu EMS	• No baseline.	• N/A
• Thusong	• No baseline.	• N/A
• Tiger River	• No baseline.	• N/A
• Tweefontein	• No baseline.	• N/A
• TS Mahloko	• 100%	• No response received.
• Universitas Academic Complex	• No baseline.	• N/A
• Van Stadensrus	• No baseline.	• No response received.
• Westdene	• Malfunctioning air-conditioning in dispensary/ medical storage.	• Inadequate progress reported.
		• (Still lack of space for medical waste storage. Medicine availability 100%.)
• Winnie Mandela (MM)	• 90-94%	• No response received.

#### 4. MEDICAL EQUIPMENT

In 2017, some of the clinics in the Free State reported the underutilisation of medical equipment by nurses, who have not been trained on its proper usage. In turn, some of the medical equipment were not calibrated. The quality of consumables provided by contractors were regarded as tantamount to fruitless and wasteful expenditure, given the inferior quality. Medical devices would often fall into disrepair after limited usage.

Further, it was reported that serious blockages in the existing centralised SCM system, resulted in delays in the acquisition of basic equipment and consumables required by health facilities on a day-to-day basis.

The NDoH indicated that it shared Republic Tender contracts available with Finance and SCM officials at provincial level, in order to prevent long turnaround time for replacing/ obtaining equipment and supplies due to requesting quotations for items on contract. Purchasing of supplies and equipment was reported as having commenced towards the end of 2017.

It was reported that the FSDoH provincial SCM unit would assist the district with SCM processes. Staff shortages were to be addressed through the relocation of staff and filling vacant posts where required as funds become available.

Xhariep Health District made the following equipment in line with the ideal clinic procurement from 2017/18 FSDoH budget:

- 36 Stand medical drip.
- 26 Kick-about S/S, Bucket including lid, castors.
- 100 thermometers electronic temperature.
- 9 Defibrillator Monitors, recorders.
- 100 Medical pacing defibrillators.
- 17 forceps endotracheal infant LG, 150 mm.
- 85 forceps endotracheal tube, child LG, 200 mm
- 200 Stethoscopes bin Aural; dual.
- 100 Electrode, Medical Adult.
- 100 Sphygmomanometer Blood pressures apparatus, Obese.
- 100 Cuff Sphygmomanometers Adult; Multi patient; small; 116 mm; 205 mm.
- 50 Cuff Sphygmomanometers Paediatric, Multi patient; small.
- 50 Cuff Sphygmomanometers Blood Pressure Apparatus, Obese.
- 50 Cuff Sphygmomanometers Infant.
- 100 Cuff Sphygmomanometers Adult.
- 50 Cuff Sphygmomanometers Arm, large; portable.
- 100 Cuff Sphygmomanometers Child NIBB.
- 34 Batteries non-rechargeable 6 Volt
- 34 Monitor, Medical spot vital sign.

Equipment support required from the NDoH for Xhariep. Expected delivery date was end of September 2017.

- 200 Tape measures.



- 30 Broselow paediatric length based tape.
- 30 Rescue scissors.
- 200 Patella hammers.
- 40 Thermal blankets.
- 60 Non-invasive BP machines, including adults, paediatric and large BP cuffs.
- 40 Stethoscopes.
- 5 Paediatric straight laryngoscope blades size 0-1.
- 5 Electric powered or manual suction devices.
- 5 Laryngoscope blade handles.
- 5 ET tube introducers, adult.
- 5 ET tube introducers, paediatric.
  - 5 Pulse oximeters.

Ideal clinic procurement 2017/18 for Mangaung Metropolitan Municipality with FSDoH budget:

- 70 Hand-held pulse oximeters – expected delivery date: 06/10/2017
- 14 suction machines - expected delivery date: 29/09/2017.
- 30 Diagnostic sets - expected delivery date: 31/10/2017
- 8 Emergency trolleys - expected delivery date: 06/10/2017.
- 10 Medical cabinets - expected delivery date: 06/10/2017.
- 10 Diagnostic sets - expected delivery date: 31/10/2017.

Equipment procurement with NDoH funds:

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

By June 2018, considerable progress was made with the procurement of medical equipment for health facilities, as indicated above. However, a major concern raised by health facilities was the inferior quality of equipment procured, especially BP monitors. This means that after a few weeks, equipment would fall into disrepair. This challenge, teamed with the inadequate servicing of maintenance of equipment, causes considerable levels of frustration amongst health personnel.

Table 4.1: Medical Equipment Required – Xhariep District

Facility	Medical equipment required	Progress
Bophelong CHC (XD)	1. Autoclave machine 2. CTG machine	<b>Progress adequate.</b>  (Identified equipment procured and delivered during the last week of May 2018.)
Diamant DH	3. No baseline  <b>New challenge identified:</b> 4. By June 2018, no cleaning material was received for the 2018/ 2019 financial year. Infection control is being compromised by a lack of water in the area, which resulted in community protest action.	N/A <b>Additional progress reported:</b> Medical equipment received during last week of May 2018.
Ethembeni	5. Equipment required but not specified. 6. Other (urinary pot)	<b>Inadequate progress reported.</b> (Equipment not specified, nor receipt confirmed for facility)  <b>(Report submitted:</b> Identified equipment procured and delivered to all PHC facilities in the District.
Embekweni DH	7. Other (X-ray machine)	<b>Progress adequate.</b>  (X-ray machine replaced in November 2017.)
Fauresmith	8. No baseline  <b>New challenge identified:</b> 9. The clinic has a small autoclave machine, but larger items that require sterilisation are taken to Albert Nzolu hospital.	N/A  <b>Additional progress reported:</b> Equipment was received during October and November 2017.

Facility	Medical equipment required	Progress
Flora Park	10. No baseline.	SC on Social services report: The Committee was informed (and shown) the two blood pressure (BP) machines and nebuliser the facility has received.
Goedemoed CS	11. No baseline.	N/A
Ithumeleng (XD)	12. No baseline.	N/A
Jacobsdal	13. BP machines 14. Autoclave machine	Inadequate progress reported. (Equipment not specified, nor receipt confirmed for facility)  <b>Report submitted:</b> Identified equipment procured and delivered to all PHC facilities in the District.
Lephoi	15. BP machines of inferior quality. 16. Glucometers 17. Oxygen-related equipment 18. Washing machine	Inadequate progress reported. (Equipment not specified, nor receipt confirmed for facility)  (Facility still lacks sterilisation equipment, and this done once per week at the nearby Albert Nzula hospital. Laundry services done at Albert Nzula due to lack of washing machine. Previously it was hand-washed.
Luckhoff	19. BP machines 20. ENT sets 21. Other (see initial site reports for detail)	Progress adequate.  (Relevant equipment procured and delivered to the clinic.)
Matlakeng	22. No baseline.	N/A
Mamello	23. No baseline.	N/A <b>Additional progress reported: Report submitted -</b> Identified equipment procured and delivered to PHC facilities in the District.
Nelson Mandela	24. No baseline.	N/A

Facility	Medical equipment required	Progress
	<b>New challenge identified:</b> 25. A haemoglobin (Hb) Meter is required.	
Oppermans	26. BP machines 27. ENT sets 28. Autoclave machine	<b>Progress adequate.</b>  (Equipment procured and delivered to the clinic.)
Phekolong	29. No baseline.  <b>New challenge identified:</b> 30. The facility requires wall mounted BP machine.	N/A
Philippolis	31. No baseline.	N/A <b>Additional progress identified:</b> Equipment was received during April 2018.
Sehularo Tau	32. No baseline.	N/A
<b>Stoffel Coetzee DH</b>	33. No baseline.	N/A
Thembaletu	34. No baseline.	N/A <b>Additional progress identified:</b> Equipment was delivered to facility.
Winnie Mandela (XD)	35. No baseline.	N/A <b>Additional progress identified:</b> Equipment was delivered to facility.

Table 4.2: Medical Equipment Required – Mangaung Metro

Facility	Medical equipment required	Progress
Bainsvlei	<p>1. No baseline.</p> <p><b>New challenge identified:</b></p> <p>2. Medical equipment delivered in line with ideal clinic requirements. However, the BP machines are of inferior quality and continuously fail. The BP machine on the emergency trolley is not intended for general usage. Maintenance plans for equipment still a challenge.</p>	N/A
Batho	<p>3. Other (Oxygen required for “meco”</p>	<p>Inadequate progress reported.</p> <p>Sufficient equipment. Some equipment is broken (ex. Suction for resuscitation), while equipment repairs take very long.</p>
Bayswater	<p>4. No baseline.</p> <p><b>New challenge identified:</b></p> <p>5. Inferior quality medical equipment was procured, and, therefore, they break easily. There is also a lack of maintenance of these machines, so they remain broken. Electronic BP meter is functioning properly, and needs to be calibrated. However, due to a lack of maintenance of medical equipment, the BP machine is not in use at all.</p>	N/A
Bloemspuit	<p>6. BP machines</p> <p>7. ENT sets</p> <p>8. Scales</p>	No progress received.
Bophelong (MM)	<p>9. No baseline.</p>	N/A
Botshabelo DH	<p>10. No baseline.</p>	<p>N/A</p> <p><b>Additional progress identified:</b> The facility has procured medical equipment to a value of 1.2 million in 2017.</p>

Facility	Medical equipment required	Progress
Daniel Ngatane	<p>11. No baseline.</p> <p><b>New challenge identified:</b></p> <p>12. Haemoglobin meters were procured without test kits; samples thus still need to be referred to laboratories for testing.</p> <p>13. The District office procures medical equipment and supplies without consulting with clinics on their needs. It also procures inferior and cheap products that break very easily.</p>	N/A
Dr JS Moroka DH	<p>14. ECGs</p> <p>15. X-ray machine</p> <p>16. 2 CTGs</p>	<p>Inadequate progress reported.</p> <p>(Aging medical equipment that needs to be replaced such X-ray Machines, etc. Poor quality of consumables.)</p>
Dr Petro Memorial	<p>17. BP machines</p> <p>18. Defibrillators</p>	No response received.
Dinaane	<p>19. No baseline.</p> <p><b>New challenge identified:</b></p> <p>20. The lack of maintenance of medical equipment poses a serious challenge.</p>	N/A
Fauna	<p>21. BP machines</p> <p>22. Scales</p>	No response received.
Fichardt Park	23. No baseline.	N/A
Freedom Square	<p>24. BP machines</p> <p>25. Scales</p> <p>26. Glucometers</p> <p>27. Oxygen-related equipment</p>	<p>Inadequate progress reported.</p> <p>(BP machines, glucometers still outstanding.)</p>
Free State Psychiatric Complex (FSPC)	28. No baseline.	N/A
FSSON	29. No baseline.	N/A
Gabriel Dichabe	30. Examining equipment required.	Inadequate progress reported.

Facility	Medical equipment required	Progress
		(BP machines break easily and are of poor quality. There is only one electronic BP machine. ENT diagnostic sets still required.)  SC on Social services report: The facility received a new BP machine following the NCOP oversight in 2017.
Gateway	31. Other (see initial site reports for detail)	
Gaongalelwe	32. No baseline.  <b>New challenge identified:</b> 33. The facility does not have sufficient equipment. There is only one electronic haemoglobin meter. There is also a need for additional thermometers, electronic BP (blood pressure) machines, stethoscopes, fetal detectors for pregnant women. The only fetal detector at the facility uses batteries.	N/A
Grootvlei CS	34. No baseline.	N/A
Heidedal CHC	35. No baseline.	N/A <b>Additional progress identified:</b> 80% of medical equipment have been delivered. The district has budgeted for additional equipment in 2018/19.
Harry Gwala	36. No baseline.	N/A
Ikgomotseng	37. No baseline.	N/A
Ithumeleng (MM)	38. No baseline.	N/A
Jazzman Mokhuthu	39. No baseline.	N/A
Kagisanong	40. No baseline.	N/A
Kgalala	41. No baseline.	N/A
<b>Klipfontein</b>	42. No wheelchair.	<b>No progress.</b>  The requested wheelchair has not been provided.
Langenhoven Park	43. No baseline.	N/A

Facility	Medical equipment required	Progress
Lebohang	44. No baseline.	N/A
Lourierpark	45. No baseline.	Equipment procured and delivered during the last week of May 2018.
Mmabana	46. BP machines 47. ENT sets 48. Scales 49. Glucometers 50. Defibrillators	No response received.
<b>Mafane</b>	51. No baseline. <b>New challenge identified:</b> 52. Vaccines refrigerators are inadequate; the facility has only one refrigerator, which means in vaccines share space for cold storage for food.	N/A  <b>Report submitted:</b> Technicians visited the facility and identified equipment needs. However these have not been serviced as yet.
Malesatsi Mabaso	53. No baseline.	N/A
Mangaung Mobile Clinics	54. No baseline.	N/A
Mangaung CS	55. No baseline.	N/A
MUCPP	56. Autoclave machine 57. Other (see initial site reports for detail)	Inadequate progress reported.  (Autoclave serviced in 2017, but still not fully functional. Will have to be repaired or serviced. Equipment on facility's acquisition list were delivered.)
Mokwena	58. Equipment available	N/A
Molefe Tau	59. Glucometers	No response received.
Opkoms	60. BP machines	Inadequate progress reported.  (Electronic BP not serviced – not in working order. 3 new manual BP machines were procured, but only 1 functional at present. Newly acquired BP machines did not function after 2 months, as result of its inferior quality. Facility only has 1 functional glucometer.



Facility	Medical equipment required	Progress
One Stop	61. No baseline.	N/A  <b>Additional progress identified: Reported submitted:</b> The NDoH procured Some of the equipment and, it was delivered in August 2017. More equipment procured and delivered during the last week of May 2018.
Pelonomi	62. No baseline.	N/A  SC on Social Services report: Progress was reported that with regards to medical equipment and consumables. This includes 6 ventilators which were procured.
Phetogo	63. No baseline.	N/A <b>Additional progress identified:</b> BP machines were procured.
Potlako Motlohi	64. Defibrillators	No response received.
Pule Sefatsa	65. No doptone – equipment used to monitor foetus heart rate.	No response received.
Seadimo	66. No baseline.	N/A
Sediba	67. No baseline.	There is only one electronic BP meter – no other blood BP meters, but more machines are needed. The electronic meter recently went in for repairs.
Thaba Nchu	68. No baseline.	N/A
Thaba Nchu EMS	69. No baseline.	N/A
Thusong	70. No baseline.	N/A <b>Additional progress identified:</b> New equipment delivered, including 2 ENT sets, scales, BP machines, defibrillator, 3 examination lamps, etc. Need additional BP machines – put on 2018/19 acquisition plan.
Tiger River	71. No baseline.	N/A
Tweefontein	72. No baseline.	N/A
TS Mahloko	73. No baseline.	N/A

Facility	Medical equipment required	Progress
Universitas Academic Complex	74. BP machines 75. ECGs 76. Other (see initial site reports for detail)	No response received.
Van Stadensrus	77. BP machines 78. ENT sets 79. Scales 80. Glucometers 81. Defibrillators	Progress adequate.  (Equipment procured and delivered.)
Westdene	82. BP machines	Inadequate progress reported.  (No equipment procured for facility, with exception of new portable light for PAP smears received. BP machines needed (bigger sizes needed and machine damaged), disposal thermometers needed.)
Winnie Mandela (MM)	83. No baseline.	N/A

## **5. GOVERNANCE STRUCTURES**

Where Clinic Committees become defunct, the most common reason cited included the non-payment of stipends, lack of transport and the inability of local residents to take time off from work in order to attend meetings. By August 2017, it became evident that a number of hospital boards have not been appointed by the MEC for health, despite the predecessors' term having expired for some months.

By June 2018, the appointment of hospital boards could not be confirmed. Further, while there was some progress with the rollout or re-establishment of dysfunctional clinic committees, the issue of stipends have not been resolved – and there is a risks that it could resurface in the future.

Table 5.1: Challenges Identified With Governance Structures – Xhariep District

Facility	Challenges	Progress
Bophelong CHC (XD)	1. No baseline.	N/A
Diamant DH	2. No baseline.	N/A
Ethembeni	3. No baseline.	N/A
Embekweni DH	4. New Board not yet appointed by MEC.	Inadequate progress reported. (By June 2018, it was reported that CVs of possible Board Members were submitted but not approved.)  (Report submitted: Attempts to appoint a Hospital Board was unsuccessful due to lack of fully qualified professionals in the District.)
Fauresmith	5. No baseline.	N/A
Flora Park	6. No baseline.	N/A
Ithumeleng (XD)	7. No baseline.	N/A
Jacobsdal	8. No baseline.	N/A
Lephoi	9. No baseline.	N/A
Luckhoff	10. No baseline.	N/A
Matlakeng	11. No clinic committee.	No progress.
Mamello	12. Clinic committee not active due to request for stipends.	No response received.
Nelson Mandela	13. No baseline.	N/A
Oppermans	14. No baseline.	N/A
Phekolong	15. No baseline.	N/A
Philippolis	16. No baseline.	N/A
Sehularo Tau	17. No baseline.	N/A
Stoffel Coetzee DH	18. New Board not yet appointed by MEC.	Inadequate progress reported. (CVs of possible Board Members submitted but not approved)
Thembaletu	19. Functioning clinic committee.	N/A – standard met.
Winnie Mandela (XD)	20. Clinic committee not established.	No progress.

Table 5.2: Challenges Identified With Governance Structures – Mangaung Metro

Facility	Challenges	Progress
Bainsvlei	1. Clinic committee not active due to reasons not specified.	Inadequate progress reported.  (By July 2018, clinic was in process of being established.)
Batho	2. No baseline.  <b>New challenge identified:</b> 3. The clinic committee is functional, but not in accordance with the requirements for an ideal clinic. Some committee members have not been trained, and there is a dispute over stipends paid to ward committee members. This issue has been raised with the Local Area Manager and District Manager recently.	N/A
Bayswater	4. No baseline.	N/A
Bloemspuit	5. Clinic committee not active due to request for stipends.	Progress adequate.  (Committee members were recruited and committee is fully functional.)
Bophelong (MM)	6. No baseline.	N/A
Botshabelo DH	7. No baseline.	N/A <b>Additional progress identified:</b> The hospital board is functioning as it was appointed in February 2018. Induction session was hosted.
Daniel Ngatane	8. No baseline.	N/A  <b>Additional progress identified:</b> There is a newly appointed, functional clinic committee.

Facility	Challenges	Progress
Dr JS Moroka DH	9. New Board not yet appointed by MEC.	Inadequate progress reported.  (Report submitted: MEC to appoint hospital board per hospital urgently - end October 2017. Acting CEO appointed from 01 September 2017, Post to be filled urgently. Submission done pending approval - November 2017.)
Dr Petro Memorial	10. No baseline.	N/A
Dinaane	11. No baseline.	N/A <b>Additional progress identified:</b> The term of current committee expired; new committee in process of being established.
Fauna	12. Clinic committee not active due to request for stipends.	No response received.
Fichardt Park	13. Clinic committee not active due to reasons not specified.	No response received.
Freedom Square	14. No baseline.	N/A <b>Additional progress identified:</b> Clinic committee is functional.
Free State Psychiatric Complex (FSPC)	15. No baseline.	N/A
FSSON	16. No baseline.	N/A
Gabriel Dichabe	17. No baseline.	N/A  <b>Additional progress identified:</b> (Report submitted: The clinic committees of Westdene and Gabriel Dichabe clinics were merged due to close proximity (<3 km).
Gateway	18. Clinic committee not established.	No response received.
Gaongalelwe	19. No baseline.	N/A <b>Additional progress identified:</b> Clinic committee functional

Facility	Challenges	Progress
Grootvlei CS	20. No baseline.	N/A
Heidedal CHC	21. Clinic committee not active due to reasons not specified.	No response received.
Harry Gwala	22. No baseline. 23. 24.	N/A <b>Additional progress identified:</b> The elections of clinic committee were scheduled for 14 June 2018.
Ikgomotseng	25. No baseline.	N/A
Ithumeleng (MM)	26. No baseline.	N/A
Jazzman Mokhuthu	27. No baseline.	N/A
Kagisanong	28. No baseline.	N/A
Kgalala	29. Clinic committee not established.	No response received.
Klipfontein	30. Clinic committee not established.	Inadequate progress reported.  Clinic Committee has been established but not yet fully functional. Members still require training.
Langenhoven Park	31. No baseline.	N/A
Lebohang	32. Clinic committee not active due to reasons not specified.	No response received.
Lourierpark	33. Clinic committee not active due to reasons not specified.	Progress adequate.  (Clinic committee is active and elect the Chairperson.)
Mmabana	34. No baseline.	N/A
Mafane	35. No baseline.	N/A
Malesatsi Mabaso	36. No baseline. 37. 38.	N/A <b>Additional progress identified:</b> The elections of clinic committee at the facility are scheduled for 12 June 2018.
Mangaung Mobile Clinics	39. No baseline.	N/A
Mangaung CS	40. No baseline.	N/A
MUCPP	41. Ward councillor was not a member of committee.	Progress adequate.

Facility	Challenges	Progress
		New clinic committee elected on 4 July 2018 – ward councillor a member.
Mokwena	42. Clinic Committee functional	N/A – standards met.  (Committee term expired, and is in the process of electing new committee members.)
Molefe Tau	43. No baseline.	N/A
Opkoms	44. Clinic committee not active due to reasons not specified.	<b>Progress adequate.</b>  Clinic committee resuscitated and functional. Ward councillor is a member (chairperson) of the committee.
One Stop	45. No baseline.	N/A
Pelonomi	46. New Board not yet appointed by MEC.	<b>Inadequate progress reported.</b>  <b>Report submitted:</b> Adverts for the board nominations were published. Process is at advanced stage.  MEC to appoint hospital board per hospital urgently - end October 2017.  Acting CEO appointed from 01 September 2017, Post to be filled urgently. Submission done pending approval - November 2017.  <b>SC on Social Services report:</b> The Department undertook to ensure that the hospital board was appointed.
Phetogo	47. No baseline.	N/A <b>Additional progress identified:</b> Clinic Committee established in 2018.
Potlako Motlohi	48. No baseline.	N/A



Facility	Challenges	Progress
Pule Sefatsa	49. No baseline.	N/A
Seadimo	50. Clinic committee not active due to request for stipends.	<p>Inadequate progress reported. (Unclear whether stipend issue was satisfactorily resolved - to the risk that it may crop up again in the future).</p> <p>(The committee's term ended in March and a new committee was established in June.)</p>
Sediba	51. Clinic committee not active due to request for stipends.	<p>No progress.</p> <p>(There is no functional clinic committee, as there are still major challenges around the demands for stipends)</p>
Thaba Nchu	52. No baseline.	N/A
Thaba Nchu EMS	53. No baseline.	N/A
Thusong	54. No baseline. 55.	<p>N/A</p> <p><b>Additional progress identified:</b> Functional clinic committee – meet on monthly basis</p>
<b>Tiger River</b>	56. No baseline.	N/A
Tweefontein	57. No baseline.	N/A
TS Mahloko	58. No baseline.	N/A
Universitas Academic Complex	59. New Board not yet appointed by MEC.	<p>Inadequate progress reported.</p> <p><b>Report submitted:</b> MEC to appoint hospital board per hospital urgently - end October 2017. Acting CEO appointed from 01 September 2017, Post to be filled urgently. Submission done pending approval - November 2017.</p>
Van Stadensrus	60. Clinic committee not established.	No response received.
Westdene	61. No baseline.	<p>N/A</p> <p><b>Additional progress identified: Report submitted</b> - The clinic committees of Westdene and Gabriel Dichabe clinics were merged due to close proximity (&lt;3 km).</p>

Facility	Challenges	Progress
Winnie Mandela (MM)	62. No baseline.	Committee functional. N/A

## **6. PATIENT RECORDS**

During the TPTTP programme, it was found that the majority of facilities visited (including hospitals) have not migrated to the electronic record management system, the Health Patients Registration System (HPRS). They were instead reliant on manual systems, with its associated shortcomings, including fire hazards and the risk of litigation where records were lost or damaged. The most notable effect was increased patient waiting times due to difficulty in the retrieval of manual records.

The FSDoH reported that archiving cabinets were procured for all PHC facilities in the Xhariep District. According to several of the facilities visited, the cabinets have not been delivered by June 2018. The FSDoH indicated that all clinic managers were instructed to ensure files are filed daily to avoid losses. A number of bulk filing cabinets were also secured for Mangaung, but these proved predominantly inadequate for the needs of facilities, and indications were that more would be procured. Securing bulk filing appeared to be a quick win in the Free State – with significant rollout over a short period of time. An area that requires further attention, though, is the records storage space requirements.

Table 6.1: Patient Records – Xhariep District

Facility	Challenges	Progress
Alfred Nzula	1. No baseline.	N/A <b>Additional progress identified:</b> The hospital uses the Meditec online filing system. There is a computer in every ward and all processes are automated and digital.
Bophelong CHC (XD)	2. Records storage room too small.	Inadequate progress reported. (No timeframes identified)  Refurbishment identified as part of Massification Project.
Diamant DH	3. Records storage room too small. 4. Files not stored in central space.	No response received.
Ethembeni	5. Records storage room too small. 6. Manual system-in process of transferring to electronic system.	No response received.
Embekweni DH	7. Records storage room too small. 8. Security of records room inadequate/records not stored in secure space.	No progress.
Fauresmith	9. Manual system for record keeping. 10. Security of records room inadequate/records not stored in secure space.	No progress.
Flora Park	11. No baseline.	N/A
Goedemoed CS	12. Filing system in place.	N/A – standards met.
Ithumeleng (XD)	13. No baseline.	N/A
Jacobsdal	14. Manual system-in process of transferring to electronic system. 15. Security of records room inadequate/records not stored in secure space.	No response received.
Lephoi	16. Records storage room too small. 17. Inadequate/damaged filing cabinets. 18. Manual system for record keeping.	Inadequate progress reported.  (Currently, filing is done according to ID numbers and a transition to the HPRS system is in process.)

Facility	Challenges	Progress
		(Report submitted: All administrative clerks were trained on systems.)
Luckhoff	19. Manual system-in process of transferring to electronic system.	No response received.
Matlakeng	20. Security of records room inadequate/records not stored in secure space.	No progress.
Mamello	21. No baseline.	SC on Social services report: Patient files stored on floor in front of emergency exit.
Nelson Mandela	22. No baseline.  <b>New challenge identified:</b> 23. While it has been reported that archiving cabinets were procured for all PHC facilities in XD, these have not been delivered at the time of the site verification; i.e. 4 – 8 June 2018.	N/A
Oppermans	24. Manual system-in process of transferring to electronic system. 25. Security of records room inadequate/records not stored in secure space.	No response received.
Phekolong	26. No baseline.  <b>New challenge identified:</b> 27. While it has been reported that archiving cabinets were procured for all PHC facilities in XD, these have not been delivered at the time of the site verification; i.e. 4 – 8 June 2018.	N/A
Philippolis	28. No baseline.  <b>New challenge identified:</b> 29. Report submitted - Philippolis clinic is currently operating on a fully functioning HPRS automated filing system.	N/A
Sehularo Tau	30. No baseline.	N/A
Stoffel Coetzee DH	31. Inadequate records storage space/ too small.	Inadequate progress reported.

Facility	Challenges	Progress
		Filing room is small but lockable. There is a dedicated person for it.
Thembaletu	32. In need of more data capturers/administrative support.	Inadequate progress reported.  Filing cabinets delivered but filing room is small.
Winnie Mandela (XD)	33. Records storage room too small. 34. In need of more data capturers/administrative support.	Inadequate progress reported.  (Filing cabinets have been procured and in use.  (NDoH: The facility needs upgrade to include missing space – 2019/20.)

Table 6.2: Patient Records – Mangaung Metro

Facility	Challenges	Progress
Bainsvlei	1. No baseline.	N/A <b>Additional progress identified:</b> Bulk filing cabinets already in place. Able to retrieve patient records
Batho	2. No baseline.	N/A
Bayswater	3. No baseline.  <b>New challenge identified:</b> The HPRS system is functional, but filing cabinets are inadequate – files not centrally stored, and at risk of getting lost.	N/A
Bloemspruit	4. No storage room for patient record/files <b>New challenge identified:</b> 5. <b>Report submitted</b> - Filing cabinets have been procured though not sufficient for facility's needs. Additional cabinets are to be procured in 2018/19.	No response received.
Bophelong (MM)	6. No baseline.	N/A

Facility	Challenges	Progress
Botshabelo DH	7. No baseline.	N/A
Daniel Ngatane	8. No baseline.  <b>New challenge identified:</b> 9. While files are stored in cabinets, filing space/ room is limited and inadequate.	N/A
Dr JS Moroka DH	10. No baseline.  <b>New challenge identified:</b> 11. Inadequate patients record storage room.	N/A
Dr Petro Memorial	12. No baseline.	N/A
Dinaane	13. No baseline. <b>New challenge identified:</b> 14. Filing cabinets inadequate – more required.	N/A
Fauna	15. No baseline.	N/A
Fichardt Park	16. No baseline.	N/A
Freedom Square	17. No baseline.  <b>New challenge identified:</b> 18. While the HPRS system has been implemented, the clinic experience challenges with internet connectivity. In addition, more bulk filing cabinets are needed.	N/A
Free State Psychiatric Complex (FSPC)	19. No baseline.	N/A
FSSON	20. No baseline.	N/A
Gabriel Dichabe	21. No baseline.  <b>New challenge identified:</b>	N/A

Facility	Challenges	Progress
	22. While the HPRS system is functional and a bulk filing system is in place, the facility requires proper filing equipment (e.g. drop-in files etc.) Additional filing cabinets are needed.	
Gateway	23. No baseline.	N/A
Gaongalelwe	24. No baseline.  <b>New challenge identified:</b> 25. No filing cabinets and therefore filing, archiving and record keeping is a challenge.	N/A
Grootvlei CS	26. No baseline.	N/A
Heidedal CHC	27. No baseline.	N/A <b>Additional progress identified:</b> <b>Report submitted</b> - Filing cabinets procured and delivered to facility
Harry Gwala	28. No baseline.	N/A
Ikgomotseng	29. No baseline.	N/A
Ithumeleng (MM)	30. No baseline.	N/A
Jazzman Mokhuthu	31. No baseline.	N/A
Kagisanong	32. Record system functional.	N/A <b>Additional progress identified: Report submitted</b> - Filing cabinets were procured – with additional filling cabinets to be procured in 2018/19.
Kgalala	33. No baseline.	N/A
Klipfontein	34. No baseline.  <b>New challenge identified:</b> 35. Facility's filing cabinets inadequate.	N/A
Langenhoven Park	36. No baseline.	N/A
Lebohang	37. No baseline.	N/A
Lourierpark	38. No baseline.	N/A



Facility	Challenges	Progress
Mmabana	39. No baseline.	<b>Additional progress identified: Report submitted -</b> Additional filing cabinets budgeted for in 2018/19.
Mafane	40. No baseline.	N/A <b>Additional progress identified: Report submitted -</b> New filing cabinets were installed.
Malesatsi Mabaso	41. No baseline.	N/A
Mangaung Mobile Clinics	42. No baseline.	N/A
Mangaung CS	43. No baseline.	N/A
MUCPP	44. No baseline.	<b>Additional progress identified: Report submitted</b> Bulk cabinets were procured.
Mokwena	45. No baseline.	<b>Additional progress identified: Report submitted -</b> Bulk cabinets were procured.
Molefe Tau	46. No baseline	N/A
Opkoms	47. No baseline.  <b>New challenge identified:</b> 48. <b>Report submitted</b> - Filing storage room inadequate – leaking roof causes damage patient files. Computers damaged due to leaking roof, unable to employ HPRS. New bulk filing cabinets needed.	N/A <b>Additional progress identified: Report submitted -</b> FSDoH reported that a data capturer has been appointed and would commence duty on 2 April 2018. This has not been confirmed.
One Stop	49. No baseline.	N/A
Pelonomi	50. Archiving/ patient record system is stored in different locations within the facility, and not captured electronically. 51. Files stored in boxes on the floor, filing cabinets, etc. More space is required, as well storage equipment. 52. The facility is in need of an electronic system and to separate files older than six years (in terms of legislation) in a dedicated space and current files for existing patients should be stored in another centralised space. 53. The staff claim files are retrievable; however, different departments in the hospital reported that files are often lost.	Inadequate progress reported.  <b>Report submitted:</b> The hospital is using live DHIS to capture data. Data is captured on daily basis by service units. Institution to write a submission on DHMIS compliance requirements to COO/HoD – end September 2017.  SC on Social Services report:

Facility	Challenges	Progress
		There has been a roll out of the electronic record management system, movable filing cabinets for the registry have been procured.
<b>Phetogo</b>	54. No space for patient files due to its limited size. 55. No filing cabinets and patient files are stored in the older building. This is not conducive as it takes significant time to retrieve files, especially on rainy days.	No response received.
Potlako Motlohi	56. No baseline.	N/A
Pule Sefatsa	57. No baseline.	N/A
Seadimo	58. No baseline.	The HPRS system is in use. Files are securely stored in filling cabinets/cupboards.
Sediba	59. No baseline.	HPRS system in place. The clinic does not have sufficient cabinets for keeping files and the space is small.
Thaba Nchu	60. No baseline.	N/A
Thaba Nchu EMS	61. No baseline.	N/A
Thusong	62. No baseline	Need additional bulk filing cabinets and additional filing space needed. Files retrieved the previous day for appointments the following day. According to WISN, the staff compliment of admin is sufficient for facility, but it does not take into account information that need to be captured on daily basis – in addition to other duties such as file retrievals and patient appointments.
<b>Tiger River</b>	63. No baseline.	N/A
Tweefontein	64. No baseline.	N/A
TS Mahloko	65. No baseline.	N/A
Universitas Academic Complex	66. No baseline.	N/A

Facility	Challenges	Progress
Van Stadensrus	67. No storage room for patient records.	Inadequate progress reported. (Central and secure storage room required).  Filing cabinets have been procured and files are in cabinets.
Westdene	68. Inadequate storage space for patient records.	No response received.  Inadequate filling space – additional room needed. Booking system assisted with file retrieval – patient files retrieved the previous day.
Winnie Mandela (MM)	69. No baseline.	N/A

## 7. EMERGENCY MEDICAL SERVICES

Long delays in ambulance response times were reported across the Mangaung Metro, at times as high as 6 hours. The lack of dedicated transport service for patients from surrounding farms proved to have serious implications for their care and referrals to higher level services. The efficacy of the contract with the private EMS contractor, Buthelezi EMS, was also raised as a priority.

The situation regarding the mobile clinics remains mostly unchanged. According to the FSDoH, review process of the number of rostered ambulances in line with the national norm is will be completed by September 2017. FSDoH indicated that more additional EMS staff would be appointed for Xhariep area, as well as the Naledi sub-district in Mangaung.

EMS response times remains a challenge across the Province, with more facilities raising the poor response rate from the call centre. Reports of calls dropped or remaining unanswered since a new number was introduced were received from several facilities. In addition, there has been no report on the unreliable Patient Transport System, which specifically affects communities in Xhariep. No improvement were cited by facilities. The FSDoH also did not report on progress towards assessing the Buthelezi ambulance service.

It was reported that 20 mobile clinics were procured, but was waiting delivery from the Government garage.

### *State Garage*

During the SC on Social Services oversight visit to a select number of health facilities, the following issues were raised:

- The Free State Department of Health forwarded a request to the State Garage to procure 110 ambulances and 30 commuter/patient transport vehicles in January 2018.
- Approximately 60 ambulances have since been procured and expected for delivery on 14 September 2018.
- The HoD indicated that about 202 posts will be advertised to ensure personnel are available for ambulances. *However, this will be dependent on the availability of the required skills for EMS.*
- At the time of the visit about 10 new mobile clinics were being prepared for rural health services in the provinces. It was explained that the delay in delivery was due to the conversion and fitment of a chassis cap to carry the weight of the mobile box.

### Challenges and Issues for follow-up:

- *EMS:* Phasing-out of the Buthelezi contract, and procurement of the remaining 50 ambulances.

### Recommendations:

- The Committee appealed to the Department to negotiate delivery of some of the ambulances before the end of August 2018.

Table 7.1: Emergency Medical Services (EMS Challenges) – Xhariep District

Facility	EMS challenges	Progress
Albert Nzula	1.	SC on Social Services report: EMS services indicated for follow up.
Bophelong CHC (XD)	2. No baseline.	N/A
Diamant DH	3. Patient Transport Services unreliable: vehicles breakdown and poor maintenance.	Inadequate progress reported.  (Report submitted: The EMS Chief Directorate at provincial level is addressing challenge on continuous basis.)
Ethembeni	4. Lengthy/unreliable ambulance response times	No response received.
Embekweni DH	5. Inadequate number of EMS vehicles	Inadequate progress reported.  (Situation has slightly improved with the additional EMS vehicles that have been purchased.)
Fauresmith	6. Lengthy/unreliable ambulance response times.	No response received.
Flora Park	7. Patient Transport Services unreliable.	No response received.  SC on Social services report: The facility does not have EMS attached to it. It also does not have its own vehicles. However, it was reported that it takes 45 to 75 minutes for the EMS to respond.
Goedemoed CS	8. Lengthy waiting time for EMS	Progress adequate.  (Situation has improved with MOU entered into with the Xhariep District Health and pending amendments of the same with the Joe Gqabi District Health for sharing of EMS vehicles.)
Ithumeleng (XD)	9. No baseline.	N/A
Jacobsdal	10. No baseline.	N/A

Facility	EMS challenges	Progress
Lephoi	11. Patient Transport Services unreliable.	Inadequate progress reported.  (There has been a slight improvement in the response time.)
Luckhoff	12. Lengthy/unreliable ambulance response times.	Progress adequate.  The ambulance takes between 30 to 60 minutes to arrive.
Matlakeng	13. Patient Transport Services unreliable.	No progress.
Mamello	14. Patient Transport Services unreliable.	No response received.  SC on Social Services: It was reported that the waiting times for EMS is about 80 minutes, and less than 25 minutes for file registration.
Nelson Mandela	15. Patient Transport Services	Inadequate progress reported.  (Currently, no problem with EMS and patient transport. There is a challenge with dental patient transport to Jagersfontein.)
Oppermans	16. Lengthy/unreliable ambulance response times.	No response received.
Phekolong	17. Patient Transport Services unreliable.	Progress adequate.  (Currently, no problem with the EMS The patient transport services are provided regularly; there has been improvement.)
Philippolis	18. Patient Transport Services unreliable.	No response received.
Sehularo Tau	19. No baseline.	N/A
Stoffel Coetzee DH	20. Inadequate number of EMS vehicles.	No progress.
Thembaletu	21. Patient Transport Services unreliable.	No progress.
Winnie Mandela (XD)	22. Inadequate number of EMS vehicles.	No progress.

Facility	EMS challenges	Progress
		(The problem with the patient transport services remains unchanged, including shortage of EMS services.)

Table 7.2: Emergency Medical Services (EMS Challenges) – Mangaung Metro

Facility	EMS Challenges	Progress
Bainsvlei	1. Lengthy/unreliable ambulance response times	Inadequate progress reported.  (Response time not bad, but call number replaced – but seldom answered and calls cut off. Facilities forced to call shift leader instead – very frustrating to health professionals.)
Batho	2. No baseline.  <b>New challenge identified:</b> 3. The turnaround time of ambulances are long. The district hospital is only about 4 km away from the clinic, but sometimes it takes up to 30 minutes to get hold of ambulance.	N/A
Bayswater	4. Lengthy/unreliable ambulance response times.	No progress.  This remains a major challenge. Recently a new ambulance number was introduced, and a generic message saying “thank you for your patience” can be heard, after which the call is dropped. There is no alternative system for contacting ambulance services. This creates serious challenges for the clinic.
Bloemspruit	5. Lengthy/unreliable ambulance response times	No response received.
Bophelong (MM)	6. Patient transport services	No response received.
Botshabelo DH	7. No baseline	N/A
Daniel Ngatane	8. No baseline  <b>New challenge identified:</b> 9. The turnaround time of ambulances is a major challenge. Often the clinic manager takes patients with her own car during emergencies.	N/A



Facility	EMS Challenges	Progress
	Ambulances are mostly unavailable, and the number just rings without a response.	
Dr JS Moroka DH	10. No baseline.	N/A
Dr Petro Memorial	11. No baseline.	N/A
Dinaane	12. No baseline.  <b>New challenge identified:</b> 13. EMS access to facility compromised by poor access roads.	N/A
Fauna	14. No baseline.	N/A
Fichardt Park	15. No baseline.	N/A
Freedom Square	16. Lengthy/unreliable ambulance response times	No progress.
Free State Psychiatric Complex (FSPC)	17. No baseline.	N/A
FSSON	18. No baseline.	N/A
Gabriel Dichabe	19. Lengthy/unreliable ambulance response times	No progress.  (This remains a serious problem. At times it takes 7 hours before an ambulance arrives. The emergency number is not functioning properly.)  SC on Social Services report: There is no ambulance allocated to the facility.
Gateway	20. No baseline.	N/A
Gaongalelwe	21. No baseline.	N/A
Grootvlei CS	22. No baseline.	N/A
Heidedal CHC	23. Lengthy/unreliable ambulance response times	No response received.
Harry Gwala	24. Lengthy/unreliable ambulance response times	No response received.
Ikgomotseng	25. Lengthy/unreliable ambulance response times	Inadequate progress reported.

Facility	EMS Challenges	Progress
		<p><b>(Report submitted:</b> The EMS will appoint and allocate personnel to respond from Ikgomotseng clinic in 2018/19.</p> <p><b>Report submitted:</b> EMRS district managers to avail 4 personnel members and 2 vehicles by April 2018.)</p>
Ithumeleng (MM)	26. Patient transport services unreliable.	No response received.
Jazzman Mokhuthu	27. No baseline.	N/A
Kagisanong	28. No baseline.	N/A
Kgalala	29. No baseline.	N/A
	<p><b>New challenge identified:</b></p> <p>30. Poor road infrastructure comprises EMS and patient transport.</p>	
Klipfontein	31. Poor attitude of EMS call centre staff	<p>Inadequate progress reported.</p> <p>(Poor road infrastructure hampers patient and ambulance services.)</p>
Langenhoven Park	32. No baseline.	N/A
Lebohang	33. No baseline.	N/A
<b>Lourierpark</b>	34. Vacancies	<p>Inadequate progress reported.</p> <p><b>(Report submitted:</b> Submission for clinical and non-clinical posts, attribution and frozen posts – not approved for 2017/18, but will be prioritised for 2018/19.)</p>
<b>Mmabana</b>	<p>35. Poor staff attitudes.</p> <p>36. No vacancies, but post has been frozen.</p>	<p>Inadequate progress reported.</p> <p>(Limited detail on frozen positions).</p>

Facility	EMS Challenges	Progress
		<p>The facility managers resolved staff attitudes and continuously monitor the situation.</p> <p>Staff to be relocated to a renovated facility in Phamaheng location during time of refurbishment.</p> <p>Staff complement will be reviewed and adjusted according to WISN.</p> <p><b>Report submitted:</b> Submission for clinical and non-clinical posts, attribution and frozen posts – not approved for 2017/18, but will be prioritised for 2018/19.</p>
Mafane	37. No baseline.	N/A
Malesatsi Mabaso	38. Nurses have to accompany patients in ambulance	No response received.
Mangaung Mobile Clinics	39. No baseline.	N/A
Mangaung CS	40. No baseline.	N/A
MUCPP	41. No baseline.	N/A
Mokwena	42. No baseline.	N/A
Molefe Tau	43. No baseline.	N/A
Opkoms	44. Long turnaround times of EMS.	<p>No progress.</p> <p>Response time still about 4 hours – sisters have to remain with patient for hours after closing time in order to wait for EMS.</p>
One Stop	45. No baseline.	N/A
Pelonomi	46. No baseline.	N/A
Phetogo	47. No baseline.	N/A
	<p><b>Additional progress identified:</b></p> <p>48. Ambulance response time has improved.</p>	

Facility	EMS Challenges	Progress
Potlako Motlohi	49. No baseline.	N/A
Pule Sefatsa	50. No baseline.	N/A
<b>Seadimo</b>	51. Road infrastructure poor.	Poor road infrastructure hampers patient and ambulance services.  A part of the road has been scraped, but especially when it rains, the road is troublesome. Parts of the road between the clinic and the village are national and provincial roads, so it creates some challenges in relation to coordination.
<b>Sediba</b>	52. No baseline.  <b>New challenge identified:</b> 53. The ambulance services are not reliable and sometimes response times are longer than other times. It varies.	N/A
Thaba Nchu	54. Poor road infrastructure limits ambulance services	No response received.
Thaba Nchu EMS	55. No baseline.	N/A
Thusong	56. No baseline.  <b>New challenge identified:</b> 57. Struggle with getting hold of operators at call centre – 15/20 minutes ringing before answered.	N/A  SC on Social Services report: <i>EMS response time: Ambulances take too long to respond.</i>
<b>Tiger River</b>	58. No baseline.	N/A
Tweefontein	59. No baseline.	N/A
TS Mahloko	60. No baseline.	N/A
Universitas Academic Complex	61. No baseline.	N/A
Van Stadensrus	62. Lengthy/unreliable ambulance response times	No progress.
Westdene	63. No baseline.	N/A
Winnie Mandela (MM)	64. No baseline.	N/A

## 8. STAFFING AND RELATED CHALLENGES

In 2017, unresolved labour issues and high levels of vacancies had a detrimental impact on staff morale. Vacancies results in higher workloads, at times without the prerequisite remuneration for hours worked overtime or acting in a position. The most critical vacancies include the following categories: pharmacists or pharmacy assistants, professional nurses, cleaning and security staff. Unsettled disputes with respect to Community Health Workers (CHWs) and Community Care Givers (CCGs) demand urgent intervention.

The following overall progress was reported by the FSDoH for the Xhariep District:

- Approval was obtained for the filling the 9 vacant facility manager posts. The process to be finalised by end of October 2017.
- The HR Manager at Provincial Office has started to look at the provide-wide challenge of professional nurses who completed PHC who are not paid as per OSD. An all-inclusive solution is being drafted and will be completed by end of October 2017.
- The HR Manager at Provincial Office has started to look at the provide-wide challenge the non-progression of nurses from enrolled to professional ranks, and an all-inclusive solution is in process of being developed. Given the magnitude of the number of nurses and the availability of posts, this process will be completed by end of 2017/18 financial year (i.e. March 2018).
- 12 Professional nurses have been appointed and are placed at: Gariepdam, Sehularo Tau and Philippolis.
- A District Pharmacist has been appointed for the Xhariep District and commenced duty on 2 January 2018.
- Gariepdam: Pharmacy assistant could not be appointed due to budgetary constraints. All clinics without pharmacy assistants were identified and appointments would commence during 2018/19 financial year.

By June 2018, high vacancies levels still appeared to be the dominant concern of health professionals and facility managers. While significant progress was made with appointment of permanent facility managers, staff vacancies at facilities have not been adequately addressed – responses from the FSDoH are either too general or not linked to specific timeframes. Considerable progress was also reported for the payment of acting allowances and overtime claims, but there still instances where this was not resolved. The situation with respect to CHWs and CCGs have also not been adequately addressed.

Table 8.1: Staffing Issues – Xhariep District

Facility	Staffing challenges	Progress
Alfred Nzula	1. Hospital not operational at the time.	<p>Inadequate progress reported. (General staffing overview required, including all critical vacancies to date).</p> <p>(The hospital is in the process of appointing an anaesthetist ahead of the opening of the theatre in July. Once the theatre is operational, maternity cases with complications can be referred to Albert Nzula from feeder hospitals, instead of to Bloemfontein.</p> <p>There is a need for trained staff for the maternity ambulance.)</p> <p>SC on Social Services report: It was reported that the hospital is yet to permanently appoint a CEO, Community Service Professionals and Non-negotiable critical posts such as EHP, IPC, Pharmacy Assistant, occupational Health and a Data Capturer. The Department made an undertaking that all these vacant posts will be filled by the end of August 2018. Dental Services have not yet been offered as the hospital is awaiting the appointment of a doctor to perform the procedure.</p> <p>Challenges and issues for follow-up: Human Resources: No staff have been appointed yet for rehabilitation services.</p>
Bophelong CHC (XD)	2. Positions frozen 3. Inadequate staff establishment	<p>Inadequate progress reported.</p> <p><b>(Report submitted:</b> No funding available for appointment of staff to render 24-hour service for the 2018/19 financial year. Lack of 24-hour service leads to high babies Born Before Arrival (BBAs) at Diamant Hospital.)</p>
Diamant DH	4. Vacancies	Inadequate progress reported.

Facility	Staffing challenges	Progress
		<p>(Staffing challenges have largely been resolved. Six doctors and two community service doctors are currently working at the hospital.</p> <p>Current vacant positions include nurses: quality assurance, infection control and occupational health and safety.)</p>
Ethembeni	5. No baseline.	N/A
Embekweni DH	6. Vacancies 7. Low staff morale	<p><b>Inadequate progress reported.</b></p> <p>(By June 2018, the critical posts of CEO, Head of Admin, Clinical Manager, Artisan, Laundry-Aid, Security Officers, Admission Clerk and Cleaner were still vacant. The hospital was awaiting a decision on the Senior Admin Officer and Professional Nurse posts from the FSDoH Organisational Development Unit. )</p> <p><b>(Report submitted:</b> Interviews for the CEO were conducted, awaiting finalisation of the appointment process.</p> <p>Currently, the hospital has 2 fulltime doctors, 3 sessional doctors, and 4 community service doctors.)</p>
Fauresmith	8. Vacancies	<p><b>Inadequate progress reported.</b> (No detail on rest of the vacancies)</p> <p>A clinic manager was appointed on 1 February 2018.</p>
Flora Park	9. Vacancies	<p><b>Inadequate progress reported.</b> (No detail on rest of the vacancies)</p> <p>(An operational manager was appointed. Staff shortages remains a challenge, with current vacancies including an assistant nurse, cleaner and pharmacy assistant and staff nurse.)</p>

Facility	Staffing challenges	Progress
		<p><b>(Report submitted:</b> With regards to the alleged assault on the former acting manager, allegations were investigated and determined as unfounded. The report recommended disciplinary measures against the former acting manager. The NDPP declined to prosecute following investigations by SAPS. The former acting manager was subsequently dismissed through section 17 of the Public Service Act – for absence for a period exceeding 30 calendar days.)</p> <p>SC on Social Services report: The facility has a newly appointed Facility Manager, Sister Le Roux<sup>1</sup>. She started at the facility in December 2017, and was allocated a Trainee (Professional) Nurse in March 2018. In addition, the staff establishment comprises of: 1 enrolled nurse, 1 assistant Nurse, 1 data clerk, 7 community health workers, and 1 cleaner.</p>
Goedemoed CS	<p>10. The Department to submit a detailed report on filling of pharmacy assistant and medical doctor posts as well as procurement and delivery of uniform for inmates and officials</p> <p>11. The Department to submit a detailed plan on the pending retirement of 400 official by 2019/20 financial year.</p>	<p>Inadequate progress reported. (Inmates uniforms not specified).</p> <p>The facility's current post establishment does not make provision for a post of Pharmacy assistant.</p> <p>All Medical Doctor's posts on the post- establishment are filled. There are currently three permanent Medical Doctor's posts for Grootvlei, Kimberley and Bizzah Makhate Management Areas. The other four Management Areas including Goedemoed are making use of the sessional Medical Doctors on contract basis.</p> <p>Uniform for the officials was procured nationally at Witbank DCS factory, but officials did not receive all the uniform items in accordance with their individual needs.</p>

<sup>1</sup> The former Acting Facility Manager is no longer in the employ of the Free State Department of Health. The District Manager reported that an investigation had been undertaken following the NCOP oversight visit in 2017, but there were no conclusive findings against the Local Area Manager. It was further reported that Supervisors are monitoring staff attitude, and a consequence management policy is in place.



Facility	Staffing challenges	Progress
		The Free State and Northern Cape Region is currently allocated a total of 315 entry level posts for recruitment of learnerships in Correctional Science. Interviews and appointments have been finalized. Basic training will commence during upon the approval by the office of the National Commissioner.
Ithumeleng (XD)	12. Vacancies 13. Non-payment of acting allowances and salary progression 14. Poor staff attitudes	Inadequate progress reported.  (Report submitted: Operational manager appointed since 1 February 2018.)
Jacobsdal	15. Challenges with respect to CHWs and CCGs	Inadequate progress reported.  Operational Manager appointed, assume duties on 1 February 2018.
Lephoi	16. No baseline.  <b>New challenge identified:</b> 17. The vacancy in relation to a pharmacist is still a challenge.	N/A
Luckhoff	18. Inadequate staff establishment	Inadequate progress reported. (No detail on rest of the vacancies)  Interviews conducted to appoint a security officer – to commence duty from 2 April 2018.
Matlakeng	19. Inadequate staff establishment	No progress.  (Vacancies: The situation has become dire as 1 Professional Nurse has retired, while two have resigned. Also 2 Professional Nurses were not translated from Enrolled Nurse to the current qualification and scope of practise.)
Mamello	20. Positions frozen	Inadequate progress reported.

Facility	Staffing challenges	Progress
		<p>(Vacancies have been filled and permanent appointments were made to acting positions. However, one cleaner and one pharmacy assistant are still required.)</p> <p><b>(Report submitted: Operational Manager posts filled since 1 February 2018.)</b></p>
Nelson Mandela	21. Vacancies 22. Challenges with respect to CHWs and CCGs 23. Non-payment of acting allowances and salary progression	<p>Inadequate progress reported.</p> <p>Operational Manager position is filled, but there is shortage of professional nurses.</p> <p>The challenge relating to payment of stipend of the CHW is being addressed.</p>
Oppermans	24. Vacancies	No response received.
Phekolong	25. Vacancies 26. Low staff morale	<p>No response received.</p> <p>Inadequate progress reported.</p> <p>(All clinical and support vacancies are filled, except the security post.)</p>
Philippolis	27. Vacancies	<p>Inadequate progress reported.</p> <p>(No detail on rest of the vacancies)</p> <p>An additional Professional Nurse was allocated to facility.</p>
Sehularo Tau	28. Vacancies 29. Inadequate staff establishment 30. Non-payment of acting allowances and salary progression	No response received.
Stoffel Coetzee DH	31. Vacancies	<p>Inadequate progress reported.</p> <p>Critical posts were advertised with a closing date of 15 June 2018. The Organisational Development has discussed the abolishment of Senior Administrative Officer and Professional Nurse posts, and still awaiting feedback</p>

Facility	Staffing challenges	Progress
		The Hospital employs 2 fulltime doctors, 3 sessional doctors, and 2 community service doctors. It was reported that interviews were conducted for the CEO position; awaiting finalisation of the appointment process.)
Themba lethu	32. Inadequate staff establishment	<p>Inadequate progress reported.</p> <p>(1 Professional Nurse and security posts not filled. The Cleaner post was filled, but not paid for three months until 14 June 2018.)</p> <p><b>(Report submitted:</b> Interviews were conducted to appoint a cleaner – completion date April 2018.)</p>
Winnie Mandela (XD)	33. Inadequate staff establishment 34. Challenges with respect to CHWs and CCGs	<p>No progress.</p> <p>Posts are still vacant and compounded by a recent resignation. CHWs and CCGs challenge unresolved.</p>

Table 8.2: Staffing Issues – Mangaung Metro

Facility	Staffing challenges	Progress
Bainsvlei	1. No baseline.	According to WISN facility requires another cleaner and Professional Nurse. Facility would benefit from Enrolled Nurses to conduct observations. Groundsmen services outsourced.
<b>Batho</b>	2. Vacancies	<p>According to WISN guidelines, the clinic employs two Professional Nurses not required, although the clinic manager feels that the impact of having them move to another facility would clearly be felt.</p> <p>Sufficient staff. The manager is awaiting feedback after the new head count to see whether they will be retained.</p>
Bayswater	3. Vacancies	<p><b>No progress.</b></p> <p>Posts are not filled. The facility manager has to assist in the clinic at times due to high sick leave levels, as well as annual leave uptake. There is a need for Enrolled Nurses to conduct observations and wound dressing. Assistant Nurses completed bridging courses, but not promoted. The staff indicator system used, WISN, is not regarded as appropriate since does not take many aspects into account when determining optimal staffing levels. For example, the facility does not have somebody to clean when the only one it employs is on leave.</p>
Bloemspuit	<p>4. No baseline.</p> <p><b>Additional progress reported:</b></p> <p>5. Staffing corrected through staff reallocation, other staff members who were on training at the time have completed their studies and are now working in the clinic.</p>	N/A
Bophelong (MM)	6. No baseline.	N/A
Botshabelo DH	7. Vacancies	<b>Inadequate progress reported.</b>

Facility	Staffing challenges	Progress
		<p>(The facility has a current vacancy rate of 12%.</p> <p>There are currently no unpaid overtime claims. All claims were processed accordingly and paid qualifying employees on 06 June 2018.)</p> <p><b>(Report submitted:</b> A submission was approved to appointed the three Professional Nurses at the correct level and upgrade implemented.</p> <p>Submission to request upgrading of Assistant Nurses who obtained Enrolled Nurse qualifications once the appointment of the three enrolled nurses who were promoted to PN positions are vacated – October 2017.</p> <p>Overtime paid and no accruals left.)</p>
Daniel Ngatane	8. Inadequate staff establishment	<p><b>No progress.</b></p> <p>According to WISN, the facility should have 7 Professional Nurses, but employs only have 2. It should employ 5 Enrolled Nurses, but employs 1. It also does not employ a groundsman, and from time to time the clinic committee cleans the yard.)</p>
Dr JS Moroka DH	9. Vacancies 10. Unpaid overtime claims 11. Non-payment of acting allowances and salary progression	<p><b>No progress.</b></p> <p>(Shortage of staff remains a challenge due to freezing of posts and declining budget of the hospital.)</p>
Dr Petro Memorial	12. Inadequate staff establishment	<b>No response received.</b>
Dinaane	13. Vacancies 14. Positions frozen	<p><b>No progress.</b></p> <p>The poor conditions of the facility contributes to low staff morale.</p> <p>Staff shortages aggravated, and there is no pharmacy assistant on site.</p>

Facility	Staffing challenges	Progress
		Due to unavailability of a driver the facility manager uses own vehicle for clinic-related matters.
Fauna	15. No baseline.	N/A
Fichardt Park	16. No baseline.	N/A
Freedom Square	17. Vacancies 18. Positions frozen	<b>No progress.</b>  (The clinic is trying to implement the WISN system, but it requires 2 Professional Nurses, and 2 Enrolled Nurses. It also only employs 1 security officer, and need at least one more. Also needed are 3 cleaners, a permanent groundsman, and 2 admin staff.)
Free State Psychiatric Complex (FSPC)	19. Vacancies	<b>No response received.</b>
FSSON	20. No baseline.	N/A
Gabriel Dichabe	21. Vacancies	<b>Inadequate progress reported.</b>  (Only 2 pharmacy assistants are currently at the facility, but it needs 3 and one is leaving at the end of the year. 3 staff nurses are needed, 2 Assistant nurses are needed, 2 Enrolled Nurses are needed, 1 cleaner is needed, 3 admin and data clerks are needed, a groundsman is needed, although the municipality does maintenance and upkeep. 2 Security personnel are needed. )  (Report submitted: The clinic was allocated an additional Professional Nurse. The pharmacy assistant was allocated to the clinic in November 2017. Data capturers were appointed and will commence duty on 2 April 2018. The clinic shares a security guard with the municipality.)  SC on Social Services report: The human resources challenges have not been addressed yet. For example, there is no security guard for the Clinic. There is no real supervision for the 2 Pharmacy Assistants. One Pharmacy Assistant will be going on study leave by the

Facility	Staffing challenges	Progress
		<p>end 2018 to study nursing. There is only one toilet in the facility for females and people with disabilities.</p> <p><i>Community Health Workers<sup>2</sup></i>: Although they do not form part of the staff establishment, they work from 8h00 to 16h00, but do not always receive their compensation on time.</p>
Gateway	22. Staff training needed 23. Vacancies	<p><b>No progress.</b></p> <p>(Shortage of staff, there was an urgent need to fill critical vacant posts.</p>
Gaongalelwe	24. Vacancies	<p><b>No progress.</b></p> <p>There is a shortage of staff. Professional Nurses are required, as currently only a Staff Nurse and Assistant Nurse are based at the facility.</p>
Grootvlei CS	25. No baseline.	N/A
Heidedal CHC	26. Low staff morale	<p><b>Progress adequate.</b></p> <p>(Two Pharmacist allocated to facility. 1 Dentist will be appointed and will commence duty in 2018/19. 1 Data capturer appointed and will commence duty on 2 April 2018.</p> <p>Post that became vacant as result of natural attrition will be filled in 2018/19.</p> <p>Payments for overtime for 2015/16 were settled, which means that all overtime accruals have been cleared. The district is continuously paying overtime for current financial year.</p> <p>Labour Relations Unit has resolved labour issues that were raised. The district management conducted a debriefing with the staff. Staff Indaba held. Farcicality sectional meeting held to promote communication.)</p>

<sup>2</sup> Are employed by non-governmental organisations (NGOs) that are outsourced by the department to run adherence clubs, and provide support to patients.

Facility	Staffing challenges	Progress
Harry Gwala	27. Vacancies 28. Non-payment of acting allowances and salary progression	No response received.
Ikgomotseng	29. Vacancies 30. Challenges with respect to CHWs and CCGs	No response received.
Ithumeleng (MM)	31. Poor staff attitudes	Inadequate progress reported. (Attitudinal issue not adequately dealt with, merely transferred top deferent facility)  The administration clerk against whom patients made several complaints of been unprofessional and disrespectful behaviour towards elderly people was transferred to Winnie Mandela Clinic through a cross transfer system.
Jazzman Mokhuthu	32. Vacancies	No response received.
Kagisanong	33. Vacancies 34. Poor staff attitudes	Inadequate progress reported. (No detail on category and timeframe for appointment of vacancies).  (Report submitted: In-service training on Batho Pele Principles was conducted, and patient complaints are continuously addressed by the clinic committee and facility management.  Submission for clinical and non-clinical posts, attribution and frozen posts – not approved for 2017/18, but will be prioritised for 2018/19.)  SC on Social Services report: The Facility Manager indicated that there is a shortage of staff.
Kgalala	35. Vacancies	No response received.
Klipfontein	36. Vacancies	No progress.
Langenhoven Park	37. No baseline.	N/A
Lebohang	38. Vacancies	No response received.
Lourierpark	39. Vacancies	Inadequate progress reported.



Facility	Staffing challenges	Progress
		<p>(Lack detail with respect to addressing vacancies, i.e. categories of staff and time frames).</p> <p><b>(Report submitted:</b> Vacant posts to be filled in 2018/19.)</p>
Mmabana	<p>40. Vacancies</p> <p>41. Poor staff attitudes</p>	<p>Inadequate progress reported.</p> <p>(Lack detail with respect to addressing vacancies, i.e. categories of staff and time frames).</p> <p><b>(Report submitted:</b> The facility managers resolved staff attitudes and continuously monitor the situation.</p> <p>Staff to be relocated to a renovated facility in Phamaheng location during time of refurbishment.</p> <p>Staff complement will be reviewed and adjusted according to WISN.)</p>
Mafane	42. Inadequate staff establishment	<p>Inadequate progress reported.</p> <p>(The directive to allow operational managers to act for 3 months have brought instability in the management of PHC facilities.</p> <p>CHW's /CCG's issues have yet to be resolved.</p> <p>The security internship has been operating for more than 5 years, without appointments to permanent posts.</p> <p>The facility is in requires a groundsman and a driver.)</p> <p><b>Report submitted:</b> The facility used to operate 24-hours, but services reduced to 12 hours due to underutilization of services. Maternity services were relocated to JS Moroka hospital. The remaining personnel was redistributed to other facilities within Thaba-Nchu Local Area to reduce staff shortages.</p>

Facility	Staffing challenges	Progress
Malesatsi Mabaso	<p>43. Vacancies</p> <p>44. Low staff morale – exacerbated by inadequate staffing numbers.</p>	<p><b>Inadequate progress reported.</b></p> <p>(The facility previously operated on 24-hour basis, but services have been reduced to 12 hours due to under-utilization. Maternity services were relocated to Botshabelo district hospital. The remaining personnel were redistributed to Botshabelo district hospital.</p> <p>The facility has a new operational manager, who commenced duty on 1 May 2018. The former acting facility manager has returned to her original position of Professional Nurse, but never received her acting allowance. The Local Area Manager reported that the matter is receiving attention of the District Manager.</p> <p>There is low staff morale amongst the CCGs who complained that they are not paid stipend of R2200.00 every month as is agreed.)</p>
Mangaung Mobile Clinics	45. No baseline.	N/A
Mangaung CS	46. No baseline.	N/A
MUCPP	<p>47. Vacancies</p> <p>48. Unpaid overtime claims</p> <p>49. Low staff morale</p> <p>50. Poor staff attitudes</p>	<p><b>Inadequate progress reported.</b></p> <p>(Two community service pharmacists were placed at facility. However, facility requires permanent pharmacists. Pharmacy still open only until 16h00 despite, MUCPP being a 24-hour service.</p> <p>Outstanding overtime was paid for 2017/18.</p> <p>No sessions held with staff as yet to address morale, nor staff dissatisfaction.</p> <p>3 Admin clerks, 3 pharmacy assistants, 6 nursing staff required.)</p>

Facility	Staffing challenges	Progress
		<p>SC on Social Services report:</p> <p>There is no HR Officer at the facility. An Administration Assistant Director is assisting with HR matters, but has no training in that field. The facility requires 8 professional nurses (lost 6 in past year), 3 Pharmacy Assistants, 1 Pharmacist<sup>3</sup>, 3 Clerks or Data Capturers, 1 Medical Officer, a minimum of 4 Cleaners, porters, and maintenance workers (artisans/plumbers).</p> <p>Non-compensation of personnel in acting positions: The Department indicated that in some facilities staff is made to act in positions that do not exist as a result the Department is unable to pay them. Where a person is acting in an existing post, Persal does not allow to pay a person for acting if the person employed permanently is still being paid for their permanent position.</p>
Mokwena	51. No baseline.	N/A
Molefe Tau	52. Vacancies 53. Inadequate staff establishment 54. Challenges with respect to CHWs and CCGs	No response received.
Opkoms	55. Vacancies	<p>Inadequate progress reported.</p> <p>Additional pharmacy assistant has not been appointed as indicated by FSDoH report. Still in critical need of another pharmacy assistant.</p> <p>Permanent operational manager appointed – shifted from Gateway clinic to Opkoms. To date, former acting operational manager has not received acting allowance for about 1 year.</p>

<sup>3</sup> At the time of the visit there was no Pharmacist or Supervisor for the trainee Pharmacists and Pharmacy Assistants.

Facility	Staffing challenges	Progress
		<b>Report submitted:</b> A data capturer has been appointed and will commence duty on 2 April 2018. FSDoH reported that all vacant pharmacy assistance posts would be filled in 2018/19.)
One Stop	56. Vacancies 57. Non-payment of acting allowances and salary progression	<b>Inadequate progress reported.</b>  <b>(Report submitted:</b> A critical list was submitted to Provincial Treasury – awaiting HoD and MEC approval – 30 September 2017.)
Pelonomi TH	58. Vacancies 59. Positions frozen 60. Low staff morale	<b>Inadequate progress reported.</b>  <b>(Report submitted:</b> Given the long processes for filling of posts that causes delay in finalising appointments the following will apply as by end march 2018:  (1). Perform HR audit of all categories. Investigate the relations between Persal and available Cash.  (2) All submissions to be consolidated and include all HR processes, Advert, Panel selection, Interview, Select, Appoint.  (3) Pelonomi to be funded as a Tertiary hospital from 2018/19 financial year in order to expand services.)  SC on Social Services report: The facility has a newly appointed CEO. <i>Human Resources:</i> The hospital staff establishment has shrunk over time since vacant posts are frozen for extended periods and eventually removed from the organogram. The administrative staff (data capturers, clerks and messengers) has been reduced significantly over time, placing the record keeping and administrative burden on clinical staff.
Phetogo	61. Poor staff attitudes	<b>Progress adequate.</b>  (Staff attitudes improved.)

Facility	Staffing challenges	Progress
Potlako Motlohi	62. Inadequate staff establishment 63. Non-payment of acting allowances and salary progression 64. Low staff morale	No response received.
Pule Sefatsa	65. Vacancies 66. Poor staff attitudes	No progress.  (Report submitted: Facility still operating till 19h00 due to staffing challenges; additional staff required in order to render 24-hour service. Maternity services moved to hospital, with 2 Professional Nurses.
Seadimo	67. Vacancies	Inadequate progress reported.  (The clinic has employed various acting managers over the years. At present, the operational manager's position is vacant.)  (Report submitted: All acting positions are currently being reviewed in line with the directive issued by the MEC to allow acting for 3 months to reduce grievances.  Personnel acting in positions\ not paid as yet – HR processes completed however.)
Sediba	68. Vacancies	No progress.  (The acting operational manager for has been in the position for the past 5 years. When he is on leave, the clinic closes due to insufficient staff. Two Professional Nurses should be employed, but there is none. No staff nurses or pharmacy assistants Only one Assistant Nurse and cleaner employed, which also creates major challenges. The clinic employs merely 4 staff members: one data capturer, one assistant nurse, 1 cleaner, and one acting manager.)
Thaba Nchu	69. Vacancies	No response received.
Thaba Nchu EMS	70. No baseline	N/A
Thusong	71. Officially no vacancies.	Inadequate progress reported.

Facility	Staffing challenges	Progress
	72. Poor staff attitudes.	<p>Clinic reports that the Admin staff is inadequate given the volume of work. However, WISN looks at headcount of patients only and not volume of work or tasks – e.g. facility manager also consult with patients in addition to admin duties. In addition, admin staff have high work volume.</p> <p>SC on Social Services: There is no groundsman, and only 2 cleaners. When one staff member is on leave it affects services negatively.</p>
<b>Tiger River</b>	73. Vacancies	No response received.
Tweefontein	74. Vacancies	No response received.
TS Mahloko	75. Vacancies 76. Poor staff attitudes	No response received.
<b>Universitas Academic Complex</b>	77. Vacancies.	<p>Inadequate progress reported.</p> <p>Problem in filling of critical posts. Provincial Treasury taking long to fill critical posts.</p> <p>Challenge of recruiting and retaining critical staff for service delivery need and training of specialists. Process to be reduced to not exceed one month. The matter to be discussed with the Provincial Treasury.</p>
Van Stadensrus	78. Inadequate staff establishment	<p>Inadequate progress reported.</p> <p>Mobile nurses vacancies not yet filled. HR processes completed, and filling earmarked for 2018/19 financial year.</p>
Westdene	79. Poor staff attitudes	<p>Inadequate progress reported. (Unclear whether individual was merely transferred or labour relations processes were followed.)</p> <p>(Pharmacy Assistant with poor attitude replaced with person with better people skills.</p>

Facility	Staffing challenges	Progress
Winnie Mandela (MM)	80. Positions frozen	No response received.

## **9. PATIENT WAITING TIMES**

In terms of the Ideal Clinic norms, patients should not spend more than an average of 3 hours at the PHC facilities. This comprises of the time spent waiting for services (not more than 2 hours) and the time receiving the service (about 1 hour). In 2017, several clinics reported average waiting times significantly higher than 3 hours, including up to 6 hours. Factors affecting waiting included: clinic and administrative staff vacancies, the use of manual patient records systems, Professional Nurses assigned the responsibility for dispensing medication or appointed as acting facility managers.

Not adequate number of responses were received from health facilities in order to conduct a meaningful assessment of how waiting have improved. The 'no response' rate is very high in Mangaung. However, a number of facilities are starting to implement an appointment system and electronic filing, as well as another innovative approaches such as collection points for chronic medication and retrieving patient files a day prior to their appointments.



Table 9.1: Average Patient Waiting Times – Xhariep District

Facility	Patient waiting times	Progress
Bophelong CHC (XD)	1. 1 – 2 hours	N/A – meet ideal clinic standards.
Diamant DH	2. Babies born before arrival due to poor EMS and lack of 24-hour facility in Letsemeng sub-district.	<p>Inadequate progress reported. (No long-term plan indicated for Letsemeng).</p> <p>(Cases of Born Before Arrival (BBA) were initially very high at the hospital's maternal ward. Since the Maternity Awaiting Mothers programme has been implemented, it has reduced significantly. Mothers who are 38 weeks pregnant are accommodated in the hospital until their babies are delivered. Women experiencing complications are transferred to Bloemfontein.)</p> <p>(There is not funding during 2018/19 to operate 24-hour facility in Letsemeng sub-district.)</p>
Ethembeni	3. 1 hour and less	N/A – meet ideal clinic standards.
Embekweni DH	4. 1 hour	N/A – meet ideal clinic standards.
Fauresmith	5. 1 – 2 hours	N/A – meet ideal clinic standards.
Flora Park	6. 1 – 2 hours	N/A – meet ideal clinic standards.
Gabriel Dichabe	7. No baseline	<p>N/A</p> <p>SC on Social Services report: <i>Waiting time</i>: According to the Facility Manager it is about 2h30.</p>
Goedemoed CS	8. 15 to 60 minutes.	N/A – meet ideal clinic standards.
Ithumeleng (XD)	9. 1 – 2 hours	N/A – meet ideal clinic standards.
Jacobsdal	10. 1 hour and less	N/A – meet ideal clinic standards.
Lephoi	11. 1 hour and less	N/A – meet ideal clinic standards.
Luckhoff	12. 1 – 2 hours	N/A – meet ideal clinic standards.
Matlakeng	13. 1 – 2 hours	N/A – meet ideal clinic standards.
	<b>New challenge identified:</b>	

Facility	Patient waiting times	Progress
	14. Has increased due to staff shortages.	
Mamello	15. 1 – 2 hours	N/A – meet ideal clinic standards.
Nelson Mandela	16. 1 – 2 hours	N/A – meet ideal clinic standards.
Oppermans	17. 1 hour and less	N/A – meet ideal clinic standards.
Phekolong	18. 1 – 2 hours	N/A – meet ideal clinic standards.
Philippolis	19. 1 – 2 hours	N/A – meet ideal clinic standards.
Sehularo Tau	20. 3 – 4 hours	Inadequate progress reported.  (Challenges are experienced around the transporting of patients to Bloemfontein. Often their appointments are cancelled when transport cannot be arranged. Alternative arrangements are made from time to time for patients travelling to Trompsburg due to the fact that the distance is less.)
Stoffel Coetzee DH	21. 1 – 2 hours	N/A – meet ideal clinic standards.
Thembaletu	22. 1 – 2 hours	N/A – meet ideal clinic standards.
Winnie Mandela (XD)	23. 2 – 3 hours	Progress adequate.  (It has improved to 1 – 2 hours.)

Table 9.2: Average Patient Waiting Times – Mangaung Metro

Facility	Patient waiting times	Progress
Bainsvlei	1. 1 – 2 hours	N/A – meet ideal clinic standards.
Batho	2. 3 – 4 hours	Inadequate progress reported.  (At the moment the average waiting time (as at April 2018) is around 154 minutes (approximately 2 and a half hours).
Bayswater	3. 3 – 4 hours	Inadequate progress reported.  (People on appointment 2 hours; others 4-6 hours.)
Bloemspruit	4. 5 hours and more	Inadequate progress reported. (Waiting time not specified).

Facility	Patient waiting times	Progress
		(The facility has introduced appointment system and it has reduced the waiting times.)
Bophelong (MM)	5. 3 – 4 hours	No response received.
Botshabelo DH	6. 4 – 5 hours	No response received.
Daniel Ngatane	7. 1 – 2 hours	N/A – meet ideal clinic standards.
Dr JS Moroka DH	8. 3 – 4 hours	No response received.
Dr Petro Memorial	9. 3 – 4 hours	No response received.
Dinaane	10. 2 – 3 hours	Inadequate progress reported. (Waiting time not specified).
		(The facility has introduced appointment system and it has reduced the waiting times.)
Fauna	11. No baseline.	N/A
Fichardt Park	12. No baseline.	N/A
Freedom Square	13. 1 – 2 hours	N/A – meet ideal clinic standards.
Free State Psychiatric Complex (FSPC)	14. No baseline.	N/A
FSSON	15. No baseline.	N/A
Gabriel Dichabe	16. No baseline.	2 – 3 hours
Gateway	17. 2 – 3 hours	No response received.
Gaongalelwe	18. No baseline.	N/A
	<b>New challenge identified:</b> 19. Waiting times are prolonged due to the nurse staff shortage. Waiting times are often more than 3 hours, except for patients waiting for chronic medication.	
Grootvlei CS	20. No baseline.	N/A
Heidedal CHC	21. 2 – 3 hours	No response received.
Harry Gwala	22. 2 – 3 hours	No response received.
Ikgomotseng	23. No baseline.	N/A

Facility	Patient waiting times	Progress
Ithumeleng (MM)	24. 1 – 2 hours	N/A – meet ideal clinic standards.
Jazzman Mokhuthu	25. No baseline.	N/A
Kagisanong	26. No baseline.	N/A
Kgalala	27. 4 – 5 hours	Inadequate progress reported. (Waiting time not specified).  (The waiting time is still long due to staff shortages.)
Klipfontein	28. 1 hour and less	N/A – meet ideal clinic standards.
Langenhoven Park	29. 1 hour and less	N/A – meet ideal clinic standards.
Lebohang	30. 2 – 3 hours	No response received.
Lourierpark	31. 2 – 3 hours	No response received.
Mmabana	32. No baseline.	The clinic is currently implementing an appointment system according to the ideal clinic model to control patient flow. Some patients were earmarked for CCMD programme to reduce long waiting times. The service provider will commence in April 2018.
Mafane	33. 5 hours and more	The clinic is implementing the CCMD program to reduce the long waiting time.
<b>Malesatsi Mabaso</b>	34. 3 – 4 hours	No response received.
Mangaung Mobile Clinics	35. No baseline.	
Mangaung CS	36. No baseline.	
MUCPP	37. 5 hours and more	Appointment system implemented and monitored according to ideal clinic model. Patients are advised to adhere to appointment system to avoid overcrowding. Waiting time has improved.
Mokwena	38. 1 – 2 hours	N/A – meet ideal clinic standards.
Molefe Tau	39. 5 hours and more	No response received.
Opkoms	40. 2 – 3 hours	On average 1½ hours. Additional professional nurses improved workload and waiting times. Admin staff attitudes not conducive for improving waiting

Facility	Patient waiting times	Progress
		times – not implementing recommendations for improving waiting times. Professional nurses for antenatal section and EPI are forced to do patient bookings as admin staff not doing this function adequately.
One Stop	41. 1 – 2 hours	N/A – meet ideal clinic standards.
Pelonomi TH	42. No baseline.	N/A
Phetogo	43. No baseline.	N/A
		(1 – 2 hours at present)
Potlako Motlohi	44. 3 – 4 hours	No response received.
Pule Sefatsa	45. 3 – 4 hours	No response received.
Seadimo	46. No baseline.	Uncertain, although it is not a major challenge at the facility.
Sediba	47. No baseline.	N/A
		(1 – 2½ hours at present)
Thaba Nchu	48. No baseline.	N/A
Thaba Nchu EMS	49. No baseline.	N/A
Thusong	50. No baseline.	N/A
		(Currently, 3 – 5 hours. Aggravated by staff shortages, and patients do not visit their nearest clinic. Walk-in patients cannot be adequately planned for unlike appointment system.)
		SC on Social Services report: The reported waiting time is 4 hours. Patients complained of spending numerous hours at the facility during the time of visit.
<b>Tiger River</b>	51. 1 hour and less	N/A – meet ideal clinic standards.
Tweefontein	52. 2 – 3 hours	No response received.
TS Mahloko	53. No baseline.	N/A
Universitas Academic Complex	54. 1 hour and less	N/A – meet ideal clinic standards.
Van Stadensrus	55. 1 – 2 hours	N/A – meet ideal clinic standards.
Westdene	56. 3 – 4 hours	Progress adequate.

Facility	Patient waiting times	Progress
		( Currently 2 hours – booking system improved waiting times significant, as well as retrieving patients with appointments files the previous day.)
Winnie Mandela (MM)	57. 4 – 5 hours	No response received.

## **10. BULK SERVICES**

The Xhariep District Municipality is indebted to Bloem Water for R178 million. The resultant water restrictions impact severely on the operations of health facilities. Some facilities experience intermittent electricity interruptions, and most lack backup generators. Poor road infrastructure severely affects the operations and accessibility of health services located in the Thaba Nchu local area. Consequently, facilities do not operating during inclement weather, and emergency medical services (EMS) are unable to reach patients. The area is also subject to water interruptions, as well as septic tank spillages.

The impasse between Bloem Water and Xhariep District Municipality has not been resolved and continues to feature in the contingency plans for service delivery of health facilities. It was reported that a mine in Fauresmith offered to settle the outstanding debt for the town of Fauresmith, but the municipality countered that the mine should settle the debt of the entire municipality. During the verification exercise, the municipal manager, did not agree with this assertion, but did not provide a comprehensive overview of the situation. The FSDoH has indicated that it would introduce boreholes as a back-up system in the District, as part of the Massification programme. The sewerage spillage in some facilities have not been adequately resolved as yet.

The FSDoH indicated that an emergency request was made to the Infrastructure Chief Directorate to facilitate water tanks connectivity to clinics water system. According to the FSDoH, the process of connection has already commenced and the municipality is supplying water on a daily basis. Further, the Xhariep Health District was given approval to purchase water directly from Bloem Water for all PHC facilities. This issue requires more clarity and follow-up.

Table 10.1: Bulk Services – Xhariep District

Facility	Bulk services-related challenge	Progress
Bophelong CHC (XD)	1. Intermittent water interruptions/ lack of running water.	No response received.
Diamant DH	2. Intermittent water interruptions/ lack of running water. 3. Poor water quality.	Inadequate progress reported. (No timeframes identified)  (Report submitted: Borehole to be installed as back-up water supply.)
Ethembeni	4. Water tanks not functional or connected to water system. 5. Poor water quality.	No progress.
Embekweni DH	6. Intermittent water 7. Interruptions/ lack of running water.	Inadequate progress reported.  (Recently repaired the borehole, but not sustainable.)
Fauresmith	8. Intermittent water interruptions/ lack of running water.	Inadequate progress reported.  The challenge around the interrupted (and lack of) water supply is an ongoing issue between Bloem Water and the municipality due to outstanding debt owed by the municipality. A mine in Fauresmith has reportedly offered to settle the outstanding water debt for the town of Fauresmith, but the municipality has requested that the mine settle the debt of the entire municipality. The municipal manager, however, did not agree with this assertion, but did not provide a comprehensive overview of the situation.
Flora Park	9. Intermittent water interruptions/ lack of running water. 10. Water tanks not functional or connected to water system.	Inadequate progress reported.  Asbestos facility identified for re-construction in terms of Massification Project – 7 <sup>th</sup> on priority list, with no timeframe for construction. No interim projects reported with respect to water and electricity.
Ithumeleng (XD)	11. Poor water quality.	Inadequate progress reported.



Facility	Bulk services-related challenge	Progress
		(No timeframes identified)  (Report submitted: Issue to be addressed through boreholes.)
Jacobsdal	12. Intermittent water interruptions/ lack of running water. 13. Water tanks not functional or connected to water system.	Inadequate progress reported. (No timeframes identified)
Lephoi	14. Intermittent electricity interruptions.	Inadequate progress reported. (No timeframes identified)
Luckhoff	15. Intermittent water interruptions/ lack of running water. 16. Water tanks not functional or connected to water system.	Inadequate progress reported. (No timeframes identified)
Matlakeng	17. Intermittent water interruptions/ lack of running water.	Inadequate progress reported. (No timeframes identified)  (No progress to date. The municipality delivers water to the facility.)  (Report submitted: Water and electricity back-up systems to be addressed as part of Massification Project. Infrastructure Chief Directorate to address shortcomings through UPS and boreholes – given financial resources. Set for 2018/19 financial year.)
Mamello	18. Intermittent water interruptions/ lack of running water.	SC on Social Services report: To address the water challenges in the area, 2 Jojo water tanks were installed at the facility. The Facility Manager reported that the facility also receives water from the Municipality.  (Report submitted: Massification refurbishment Project)
Nelson Mandela	19. No baseline.	N/A
Oppermans	20. Intermittent water interruptions/ lack of running water 21. Water tanks not functional or connected to water system	Inadequate progress reported. (No timeframes identified)

Facility	Bulk services-related challenge	Progress
		(According to the facility, the situation remains unchanged to date.)  <b>Report submitted:</b> Massification refurbishment Project)
Phekolong	22. No baseline.  <b>New challenge identified:</b> 23. The facility requires a backup water supply.	N/A
Philippolis	24. Intermittent water interruptions/ lack of running water. 25. Water tanks not functional or connected to water system.	Inadequate progress reported. (No timeframes identified)  <b>(Report submitted:</b> Massification refurbishment Project)
Sehularo Tau	26. Intermittent water interruptions/ lack of running water.	Inadequate progress reported. (No timeframes identified)  <b>(Report submitted:</b> Massification refurbishment Project)
Stoffel Coetzee DH	27. Intermittent water interruptions/ lack of running water.	Inadequate progress reported. (No timeframes identified)  (No changes to water infrastructure. Flow of water is possible due to recent rains. This is not sustainable over the long term, however.)  <b>(Report submitted:</b> Massification refurbishment Project)
Thembaletu	28. Intermittent water interruptions/ lack of running water.	Inadequate progress reported. (No timeframes identified)  <b>(Report submitted:</b> Massification refurbishment Project)
Winnie Mandela (XD)	29. Intermittent water interruptions/ lack of running water.	Inadequate progress reported. (No timeframes identified)  Recent rains have helped with water but in the medium to long-term the problem remains unresolved.

Facility	Bulk services-related challenge	Progress
		(Report submitted: Massification refurbishment Project)

Table 10.2: Bulk Services – Mangaung Metro

Facility	Bulk services-related challenge	Progress
Bainsvlei	1. Intermittent electricity interruptions	Inadequate progress reported.  Electricity interruptions improved, but still challenge since connection shared with place of safety. SCM needs to process requisition for separate for separate electricity connection.
Batho	2. No baseline. <b>New challenge identified:</b> 3. The facility has a generator, although fuel is a challenge. The sub district was not purchasing diesel, which means that the clinic is using its reserve diesel at present.	N/A
Bayswater	4. No baseline. <b>New challenge identified:</b> 5. Back-up generator needed and Jojo tanks. Generator removed due to non payment by FSDoH.	N/A
Bloemspruit	6. No baseline.	N/A <b>Additional progress identified:</b> Overflowing septic tank repaired
Bophelong (MM)	7. Septic tanks overflow	No response received.
Botshabelo DH	8. No baseline.	N/A <b>Additional progress reported:</b> The facility has erected two boreholes, which pumps will be provided for by the Department of Agriculture.
Daniel Ngatane	9. Intermittent water interruptions/ lack of running water 10. Water tanks not functional or connected to water system 11. Septic tanks overflow	Inadequate progress reported.  (No back up water or electricity supply in place. The sewerage system has improved significantly.)

Facility	Bulk services-related challenge	Progress
Dr JS Moroka DH	12. Intermittent electricity interruptions	No response received.
Dr Petro Memorial	13. No baseline.	N/A
Dinaane	14. No baseline	N/A
	<b>New challenge identified:</b> 15. The facility lacks a back-up water system.	
Fauna	16. No baseline.	N/A
Fichardt Park	17. No baseline.	N/A
Freedom Square	18.	No back-up systems.
Free State Psychiatric Complex (FSPC)	19. No baseline	N/A
	<b>New challenge identified:</b> 20. The facility lacks a back-up water system.	
FSSON	21. No baseline.	N/A
Gabriel Dichabe	22. No baseline.	N/A
Gateway	23. No baseline.	N/A
Gaongalelwe	24. Water tanks not functional or connected to water system.	Progress adequate.
	<b>New challenge identified:</b> 25. Sewerage pipes are leaking. Requisition was completed, but the issue remains unresolved.	(The water supply challenge were resolved, and there is currently an electricity back-up system in place.)
Grootvlei CS	26. No baseline.	N/A
Heidedal CHC	27. No baseline.	N/A
Harry Gwala	28. No baseline.	N/A
Ikgomotseng	29. No baseline.	N/A
Ithumeleng (MM)	30. No baseline.	N/A
Jazzman Mokhuthu	31. No baseline.	N/A
Kagisanong	32. No baseline.	N/A
Kgalala	33. Intermittent water interruptions/ lack of running water 34. Water tanks not functional or connected to water system	No progress.  (Water tanks not refilled regularly.)

Facility	Bulk services-related challenge	Progress
Klipfontein	35. Intermittent water interruptions/ lack of running water 36. Water tanks not functional or connected to water system 37. Septic tanks overflow	Inadequate progress reported.  (The FSDoH reported that the septic tank was emptied, but this was contradicted during site verification.  The FSDOH to install battery operated refrigerators to preserve vaccines, as well as solar lights as backup power. Funding prioritised for 2018/19 budget.
Langenhoven Park	38. No baseline.	N/A
Lebohang	39. No baseline.	N/A
Lourierpark	40. No baseline.	N/A
Mmabana	41. No baseline.	N/A
Mafane	42. No baseline.  <b>New challenge identified:</b> 43. The facility is facing a serious challenge with the lack of maintenance of septic tanks.	N/A
<b>Malesatsi Mabaso</b>	44. No baseline.	N/A
Mangaung Mobile Clinics	45. No baseline.	N/A
Mangaung CS	46. No baseline.	N/A
MUCPP	47. Water reservoir require servicing.	No progress.
Mokwena	48. Intermittent water interruptions/ lack of running water	Inadequate progress reported.  (Partially resolved – the situation fluctuates.)
Molefe Tau	49. No baseline.	N/A
Opkoms	50. No baseline.  <b>New challenge identified:</b>	N/A

Facility	Bulk services-related challenge	Progress
	51. Sewerage system continuously clogs up. Covers are routinely stolen, resulting in a blocked system.	
One Stop	52. No baseline.	N/A
Pelonomi TH	53. Upgrade electrical system 54. Upgrade plumbing system	No response received.
Phetogo	55. Intermittent water interruptions/ lack of running water	Progress adequate.  (Situation resolved).
Potlako Motlohi	56. Septic tanks overflow	No response received.
Pule Sefatsa	57. Septic tanks overflow	No response received.
Seadimo	58. No baseline.  <b>New challenge identified:</b> 59. No backup water or electricity	N/A
Sediba	60. Intermittent water interruptions/ lack of running water	Progress adequate.  (Systems improved.)
Thaba Nchu	61. Intermittent water interruptions/ lack of running water 62. Water tanks not functional or connected to water system 63.	No response received.
Thaba Nchu EMS	64. No baseline.	N/A
Thusong	65. No baseline.	N/A
<b>Tiger River</b>	66. Intermittent water interruptions/ lack of running water	No response received.
Tweefontein	67. Intermittent water interruptions/ lack of running water	No response received.
TS Mahloko	68. Septic tanks overflow	No response received.
Universitas Academic Complex	69. No baseline	N/A
Van Stadensrus	70. Intermittent water interruptions/ lack of running water	Inadequate response reported.  (Department provides a bakkie to fetch water. This is a short-time intervention. Long-term solution is required.)
Westdene	71. No baseline.	N/A

Facility	Bulk services-related challenge	Progress
	<b>New challenge identified:</b> <b>72.</b> Water bill unpaid – municipality raised a concern about arrears about R15 000.	
Winnie Mandela (MM)	73. No baseline.	N/A

## **11. INFECTION CONTROL, ENVIRONMENTAL HEALTH AND SAFETY**

A major risk to infection control in the Free State was found to be the lack of adequate cleaning material, consumables, and protective clothing for cleaning staff. In addition, health and safety was compromised by the lack of regular pest control and servicing of firefighting equipment.

The FSDOH reported that cleaning materials have been procured in bulk and distributed to all facilities. Further, Local Area Managers are to continuously monitor stock availability.



Table 11.1: Infection Control and Hygiene– Xhariep District

Facility	Infection control challenges	Progress
Bophelong CHC (XD)	1. Lack of cleaning materials & equipment	Inadequate progress reported.  (Report submitted: Cleaning material procured in bulk at Sub District Office and replenished as requested by facilities.)
Diamant DH	2. No baseline. <b>New challenge identified:</b> 3. By June 2018, no cleaning material has been delivered to the facility since the previous year. Infection control remains a challenge due to the ongoing interrupted water supplies.	N/A
Ethembeni	4. Lack of cleaning materials & equipment	No response received.
Embekweni DH	5. Firefighting equipment not serviced/ not functional 6. Cleaning staff lack protective gear and clothing	No progress.
Fauresmith	7. Firefighting equipment not serviced/ not functional	No response received.
Flora Park	8. No baseline.	No response received.
Goedemoed CS	9. Skin irritation or fungal infection amongst inmates due to shower-sharing.	No progress.
Ithumeleng (XD)	10. Firefighting equipment not serviced/ not functional 11. Lack of cleaning materials & equipment	No response received.
Jacobsdal	12. Lack of cleaning materials & equipment	No progress.  (Report submitted: Cleaning materials were procured in bulk at Sub-District Office and replenished as requested by facilities.)
Lephoi	13. Firefighting equipment not serviced/ not functional 14. Lack of cleaning materials & equipment	No response received.
Luckhoff	15. Lack of cleaning materials & equipment	No progress.
Matlakeng	16. Poor level of general cleanliness	No progress.

Facility	Infection control challenges	Progress
		(By mid-day, the facility is very dirty.)
Mamello	17. Medical waste not collected.	<p>Inadequate progress reported.</p> <p>(Cleaning materials were delivered during 2018).  <b>(Report submitted:</b> The medical waste collection is impacted by non-payment of the service provider due to invoices sent directly to facilities – instead of District Office. Service providers to submit invoices to District, which will be verified with facility prior to payment.)</p>
Nelson Mandela	18. No baseline.	N/A
Oppermans	19. Lack of cleaning materials & equipment	<p>Inadequate progress reported.</p> <p><b>Report submitted:</b> Cleaning material procured in bulk at Sub-District Office and replenished as requested by facilities.</p>
Phekolong	20. No baseline.	N/A
Philippolis	21. Lack of cleaning materials & equipment	No response received.
Sehularo Tau	22. Lack of cleaning materials & equipment	No response received.
Stoffel Coetzee DH	23. A responsible staff is in place to guard against possibility of infection outbreak	N/A
Thembaletu	24. Facility appeared clean with cleaning staff in place	No response received.
Winnie Mandela (XD)	25. Facility is small and congestion poses infection hazard	<p>Inadequate progress reported.</p> <p>(The FSDoH is considering the imminent transfer to the new facility, which is currently under construction).</p>

Table 11.2: Infection Control and Hygiene – Mangaung Metro

Facility	Challenges - Infection control	Progress
Bainsvlei	<ol style="list-style-type: none"> <li>1. No dedicated infection control coordinator</li> <li>2. Firefighting equipment not serviced/ not functional</li> </ol>	<p>Adequate progress.</p> <p>(Firefighting hoses connected to water. Clinic manager was appointed designated infection control coordinator.)</p>
Batho	<ol style="list-style-type: none"> <li>3. Firefighting equipment not serviced/ not functional</li> <li>4. Lack of cleaning gear and equipment</li> </ol>	<p>Inadequate progress reported.</p> <p>(Firefighting equipment have been serviced. Gear and equipment were delivered. However, the clinic only has one polisher.)</p>
Bayswater	<ol style="list-style-type: none"> <li>5. Cleaning staff lack protective gear and clothing.</li> </ol> <p><b>New challenge identified:</b></p> <ol style="list-style-type: none"> <li>6. Sealer for floors needed; the contractor does not have any in stock.</li> </ol>	<p>No progress.</p>
Bloemspruit	<ol style="list-style-type: none"> <li>7. Staff do not comply well with infection control procedure</li> <li>8. Firefighting equipment not serviced/ not functional</li> </ol>	<p>No progress.</p>
Bophelong (MM)	<ol style="list-style-type: none"> <li>9. No baseline.</li> </ol>	<p>N/A</p>
Botshabelo DH	<ol style="list-style-type: none"> <li>10. No baseline.</li> </ol>	<p>N/A</p>
Daniel Ngatane	<ol style="list-style-type: none"> <li>11. No baseline.</li> </ol>	<p>N/A</p>
Dr JS Moroka DH	<ol style="list-style-type: none"> <li>12. Lack of cleaning gear and equipment</li> </ol>	<p>No response received.</p>
Dr Petro Memorial	<ol style="list-style-type: none"> <li>13. No baseline.</li> </ol>	<p>N/A</p>
Dinaane	<ol style="list-style-type: none"> <li>14. No baseline.</li> </ol> <p><b>New challenge identified:</b></p> <ol style="list-style-type: none"> <li>15. The grounds of the facilities neglected due to lack of groundsmen.</li> </ol>	<p>N/A</p>

Facility	Challenges - Infection control	Progress
	Collection of domestic waste is a challenge.	
Fauna	16. No dedicated infection control coordinator	No response received.
Fichardt Park	17. No baseline.	N/A
Freedom Square	18. No baseline.	Vacancies are creating challenges, delays in receiving cleaning materials.
Free State Psychiatric Complex (FSPC)	19. No baseline.	N/A
FSSON	20. No baseline.	N/A
Gabriel Dichabe	21. Lack of cleaning gear and equipment	No progress.  (Lack of cleaning products.)
Gateway	22. No baseline.	N/A
Gaongalelwe	23. No baseline.	Only 1 cleaning machine for the entire clinic, which is not enough. The machine is currently out for repairs (10 July 2018).
Grootvlei CS	24. No baseline.	N/A
Heidedal CHC	25. No baseline.	N/A
Harry Gwala	26. No baseline.	N/A
Ikgomotseng	27. No baseline.	N/A
Ithumeleng (MM)	28. No baseline.	N/A
Jazzman Mokhuthu	29. No baseline.	N/A
Kagisanong	30. No baseline.	N/A  SC on Social services report: The Committee observed that the clinic was not adequately cleaned and appealed to the District Manager to assist with procuring cleaning material and training of staff.
Kgalala	31. No baseline.  New challenge identified:	N/A

Facility	Challenges - Infection control	Progress
	32. The grounds of the facilities are unkempt due to lack of groundsman. Collection of domestic waste is a challenge.	
Klipfontein	33. Cleaning material is not a challenge.  <b>New challenge identified:</b> 34. The challenge is that no cleaner employed in the facility.	N/A
Langenhoven Park	35. No baseline.	N/A
Lebohang	36. No baseline.	N/A
Lourierpark	37. No baseline.	N/A
Mmabana	38. No baseline.	N/A
Mafane	39. No baseline.	There was no cleaning material, nor infection control material.
Malesatsi Mabaso	40. Lack of cleaning gear and equipment	<b>Inadequate progress reported.</b>  (The facility has assigned one of the Professional Nurse to be a dedicated infection control coordinator.)
Mangaung Mobile Clinics	41. No baseline.	N/A
Mangaung CS	42. No baseline.	N/A
MUCPP	43. Firefighting equipment not serviced/ not functional 44. Cleaning staff lack protective gear and clothing 45. Lack of cleaning gear and equipment	<b>Inadequate progress reported.</b>  (The new fire hydrant was serviced.  Supervision of cleanliness in the facility is implemented and monitored in line with the national core standards policy.  Cleaning material provided. Uniforms and protective gear for cleaners still outstanding.)
Mokwena	46. No baseline.	N/A <b>Additional progress identified:</b> Cleaning material and infection control products are available.

Facility	Challenges - Infection control	Progress
Molefe Tau	47. No baseline.	N/A
Opkoms	48. No baseline.	N/A <b>Additional progress identified:</b> Adequate equipment and procedure in place.
One Stop	49. No baseline.	N/A
Pelonomi TH	50. Inadequate infection control equipment & products.	N/A
Phetogo	51. No baseline.	N/A
Potlako Motlohi	52. No baseline.	N/A
Pule Sefatsa	53. No baseline.	N/A
Seadimo	54. No baseline.	N/A
Sediba	55. No baseline.	N/A
Thaba Nchu	56. No baseline.	N/A
Thaba Nchu EMS	57. No baseline.	N/A
Thusong	58. No baseline.	N/A <b>Additional progress identified:</b> Adequate cleaning products and equipment, as well as protective gear. The Professional Nurse serves as the dedicated infection control coordinator.
Tiger River	59. No baseline.	N/A
Tweefontein	60. No baseline.	N/A
TS Mahloko	61. No baseline.	N/A
Universitas Academic Complex	62. Inadequate infection control equipment & products. 63. Staff do not comply well with infection control procedure. 64. Firefighting equipment not serviced/ not functional.	No response received.
Van Stadensrus	65. No dedicated infection control coordinator. 66. Lack of cleaning gear and equipment.	Inadequate progress reported (Cleaning gear procured.)
Westdene	67. Firefighting equipment not serviced/ not functional	No progress.
Winnie Mandela (MM)	68. No baseline.	N/A

## **12. SAFETY AND SECURITY**

Where facilities experienced burglaries or related events, the case for enhanced security becomes one of the key issues raised with the NCOP delegation. In most instances, the requests for support centres on installing a perimeter fence and the appointment of security personnel to be based at the relevant facility.

The Xhariep District is in the process of exploring alternative methods of security provision, e.g. technology and alarm systems across all facilities in the province. The appointment of additional security personnel has very been slow to date – does not appear to be the policy option of the FSDoH. The erection of perimeter fencing for health facilities has not been prioritised to date

Table 12.2: Security Considerations for Health Facilities – Xhariep

Facility	Challenges - Security	Progress
Bophelong CHC (XD)	1. No baseline.	N/A
<b>Diamant DH</b>	2. The back gate to the hospital is blocked and not in use since it does not have the requisite numbers of security staff to manage the entrance. 3. The electric gate does not function at the front entrance.	The hospital is in the process of filling the posts for security guards.
<b>Ethembeni</b>	4. Inadequate security numbers.	No response received.
<b>Embekweni DH</b>	5. Existing security numbers inadequate	No progress  (Still the same but 2 security post were submitted for filling.)
Fauresmith	6. No baseline.	N/A
Flora Park	7. Perimeter fencing required	No progress.  (There is no official security employed; a community member assists the facility whenever possible.)  SC on Social Services report: The facility has no security guard. However, a community member assists the facility whenever possible with security.
Ithumeleng (XD)	8. Existing security numbers inadequate 9. Perimeter fencing required	Inadequate progress reported.  Report submitted: Alarm systems to be installed. To be attached to the police stations over the long term.
Jacobsdal	10. Existing security numbers inadequate	No response received.
Lephoi	11. No baseline.  <b>New challenge identified:</b> 12. Security guards lack uniforms and the relevant equipment.	N/A



Facility	Challenges - Security	Progress
Luckhoff	13. Existing security numbers inadequate	No progress.
Matlakeng	14. No security personnel employed 15. Perimeter fencing required 16. Subjected to thefts/ burglaries and physical threats	No progress. (Situation remains unchanged. As a result, staff morale is at its lowest.)  <b>Report submitted:</b> An alarm system to be installed, which will be attached to the police stations over the long term. However, no timeline is indicated for its implementation.
Mamello	17. Perimeter fencing required  <b>New challenge identified:</b> 18. The gate does not close properly, the fence is easily slashed, and the precinct accessed. There is also no alarm system.	No progress.
Nelson Mandela	19. Perimeter fencing required  <b>New challenge identified:</b> 20. Facility requires a security for night shifts and weekends.	No response received.
Oppermans	21. Security available only during the day.	Inadequate progress reported.  <b>Report submitted:</b> Security Directorate to install alarm systems attached to police stations over the long terms, and within available resources – no specific timeframe submitted.
Phekolong	22. No baseline.	N/A
Philippolis	23. Perimeter fencing required	No response received.
Sehularo Tau	24. Perimeter fencing required	No response received.

Facility	Challenges - Security	Progress
Stoffel Coetzee DH	25. Existing security numbers inadequate	Inadequate progress reported.  (Security supervisor post been advertised closing on 15 June 2018. The facility lacks a CCTV camera, but insufficient budget to acquire these).
Thembaletu	26. No security personnel employed	No progress.
Winnie Mandela (XD)	27. No security personnel employed 28. Existing security numbers inadequate 29. Perimeter fencing required	No progress.

Table 12.2: Security Considerations for Health Facilities – Mangaung Metro

Facility	Challenges - Security	Progress
Bainsvlei	1. No security personnel employed	No progress.
Batho	2. No baseline	N/A
Bayswater	3. Existing security numbers inadequate	Inadequate progress reported.  (A security guard is on duty, but does not have any security equipment or book etc. no alarm. No guardhouse. An armed person arrived during June 2018 and threatened staff with a firearm.)
Bloemspuit	4. No security personnel employed	No response received.
Bophelong (MM)	5. No baseline	N/A
Botshabelo DH	6. No baseline	N/A <b>Current status:</b> There currently are four unfilled vacancies for security personnel.)
Daniel Ngatane	7. No security personnel employed 8. Subjected to thefts/ burglaries and physical threats 9. Alarm system needed 10. Subjected to thefts/ burglaries and physical threats	No progress.  (The Local Acting Area manager directed that a guard be on guard only for night duty, and, therefore, no security available during operating hours.)

Facility	Challenges - Security	Progress
Dr JS Moroka DH	11. Existing security numbers inadequate	<b>No progress.</b>  (The security boom gate needs serious attention.  There has not been any improvement in the access control to the hospital and poses risk to both the staff and the patients.)
Dr Petro Memorial	12. Alarm system needed. 13. Subjected to thefts/ burglaries and physical threats.	<b>No response received.</b>
Dinaane	14. No security personnel employed. 15. Subjected to thefts/ burglaries and physical threats.	<b>Inadequate progress reported.</b>  (No security personnel employed, but the facility utilises an alarm system).
Fauna	16. No baseline.	N/A
Fichardt Park	17. No baseline.	N/A
Freedom Square	18. No baseline.  <b>New challenge identified:</b> 19. The clinic only employs a single security guard, but requires at least one more. The facility lacks a guardhouse.	N/A
Free State Psychiatric Complex (FSPC)	20. No baseline.	N/A
FSSON	21. No baseline.	N/A
Gabriel Dichabe	22. No baseline.	N/A
Gateway	23. No baseline.	N/A
Gaongalelwe	24. Subjected to thefts/ burglaries and physical threats	<b>No progress.</b>  (Personnel still experience threats and aggression from patients due to the long waiting periods. There is currently no security official, but the facility has a

Facility	Challenges - Security	Progress
		functional perimeter fence. The gate requires maintenance as it cannot be closed at times.)
Grootvlei CS	25. No baseline.	N/A
Heidedal CHC	26. Existing security numbers inadequate	No response received.
Harry Gwala	27. No security personnel employed 28. Subjected to thefts/ burglaries and physical threats	No response received.
Ikgomotseng	29. No baseline	N/A
Ithumeleng (MM)	30. No baseline	N/A
Jazzman Mokhuthu	31. No security personnel employed 32. Subjected to thefts/ burglaries and physical threats	No response received.
Kagisanong	33. No security personnel employed	No response received.
Kgalala	34. No baseline	N/A  <b>Additional progress identified:</b> An alarm system was installed.
Klipfontein	35. No security personnel employed.	No progress.
Langenhoven Park	36. No security personnel employed.	No response received.
Lebohang	37. No baseline.	N/A
Lourierpark	38. No security personnel employed.	No response received.
Mmabana	39. No security personnel employed.	No response received.
Mafane	40. No baseline.	N/A
Malesatsi Mabaso	No baseline.	N/A. <b>Additional progress identified:</b> A Perimeter fence with razor wire has been installed.
Mangaung Mobile Clinics	41. No baseline.	N/A
Mangaung CS	42. No baseline.	N/A
MUCPP	43. No baseline.	N/A
Mokwena	44. No baseline. <b>New challenge identified:</b>	N/A

Facility	Challenges - Security	Progress
	45. Gender parity needed for security staff – currently overwhelmingly female.	
Molefe Tau	46. Existing security numbers inadequate.	No response received.
Opkoms	47. No baseline.	N/A
One Stop	48. No security personnel employed.	Inadequate progress reported.  (A submission of security personnel was made on 29 August 2017. The outcome has not been reported.)
Pelonomi TH	49. No baseline.	N/A
<b>Phetogo</b>	50. Inadequate security employed. 51. Safety gates required.	Inadequate progress reported.  No security personnel, but there is an alarm system.
<b>Potlako Motlohi</b>	52. No security personnel employed	No response received.
Pule Sefatsa	53. No security personnel employed 54. Subjected to thefts/ burglaries and physical threats	No response received.
Seadimo	55. No security personnel employed 56. Perimeter fencing required	Inadequate progress reported.  (An alarm system has been installed. There is no functional fence or guard).
Sediba	57. No baseline	N/A
Thaba Nchu	58. No security personnel employed	No response received.
Thaba Nchu EMS	59. No baseline	N/A
Thusong	60. No baseline	N/A
<b>Tiger River</b>	61. No security personnel employed.	No response received.
Tweefontein	62. No baseline	N/A
TS Mahloko	63. No baseline	N/A
Universitas Academic Complex	64. Existing security numbers inadequate. 65. Subjected to thefts/ burglaries and physical threats.	Inadequate progress reported.  Executive of the institution is prioritising filling of critical lists for security staff. Submissions have been compiled

Facility	Challenges - Security	Progress
		<p>for approval of the Accounting Officer. Funds need to be identified.</p> <p>There has been an improvement in monitoring security, especially after-hours. Access has been minimized. After 20h00 every evening only doors at the main entrance are opened.</p> <p>All night duty staff's cars are parked at a lockable basement. Doctors on call are allowed to park at the patient referral area and there are continuous security patrols in the institution.</p>
Van Stadensrus	66. No security personnel employed.	No progress.
Westdene	67. No security personnel employed.	No progress.
Winnie Mandela (MM)	68. No baseline.	N/A

## **PART B: EXECUTIVE COMMITMENTS AND UNDERTAKINGS DURING PUBLIC HEARINGS**

Eighteen (18) Executive commitments and undertakings were made under the various thematic public hearing discussions. Four (4) responses were received regarding progress.

Details of the Executive commitments and undertakings and progress reported are reflected in the Table below.

Commitments/ Undertakings	Progress
<p><b>MMC ECONOMIC DEVELOPMENT, CLLR JONAS</b></p> <ol style="list-style-type: none"> <li>1. The Executive Mayor will provide a comprehensive report on the status of the learnership programme.</li> <li>2. The municipality, in consultation with the Department of Trade and Industry, intends to revive factories that will employ young people.</li> <li>3. The municipality, in conjunction with the Department of Cooperative Government and Traditional Affairs (CoGTA), will address the issue of small two-roomed houses and incomplete houses.</li> </ol>	<ol style="list-style-type: none"> <li>1. No progress reported</li> <li>2. No progress reported</li> <li>3. No progress reported</li> </ol>
<p><b>CHAIRPERSON OF THE NATIONAL YOUTH DEVELOPMENT AGENCY (NYDA), MR MTSWENI</b></p> <ol style="list-style-type: none"> <li>4. In order to improve accessibility, the NYDA is in the process of establishing provincial offices.</li> <li>5. The Agency, through the Tirisano and Solomon Mahlangu funds, has allocated a budget for bursaries, which young people who wish further their studies can access. The Agency also provides grants to young entrepreneurs and will offer training to youth cooperatives.</li> <li>6. In due course, the Agency will launch a mobile office and mobile application (APP), which will promote accessibility.</li> <li>7. The Agency envisages that every municipality should have a NYDA branch, or else at least a mobile office.</li> <li>8. The Agency intends to improve its accessibility for people with disabilities.</li> <li>9. In order to respond to youth matters, the Agency intends establishing call centres in all the provinces.</li> </ol>	<ol style="list-style-type: none"> <li>4. No progress reported</li> <li>5. No progress reported</li> <li>6. No progress reported</li> <li>7. No progress reported</li> <li>8. No progress reported</li> <li>9. No progress reported</li> </ol>
<p><b>DEPUTY MINISTER ECONOMIC DEVELOPMENT, HON. M.B. MASUKU</b></p> <ol style="list-style-type: none"> <li>10. The Deputy Minister undertook to convene a special session with young entrepreneurs within the district, with a view to providing necessary support and advice.</li> </ol>	<ol style="list-style-type: none"> <li>10. A special session was convened with young entrepreneurs with the view to provide the necessary support and advice. Session held on 13 November 2018, Bothsabelo.</li> </ol>



Commitments/ Undertakings	Progress
<p>11. The Deputy Minister undertook to follow up on the matter reported by Mr Mohlalefi Malefane regarding his house being repossessed by a commercial bank.</p> <p>12. The Deputy Minister noted that the Department of Trade and Industry, working with the Municipality, plans to identify factories in the Municipality that can be revived.</p>	<p>11. This matter is still in process and an update to be provided by end of February 2018.</p> <p>12. No progress reported</p>
<p>EXECUTIVE MAYOR OF MANGAUNG METROPOLITAN MUNICIPALITY, CLLR. S.M. MLAMLELI</p> <p>13. The Executive Mayor committed the Municipality to providing two minibuses to transport young entrepreneurs to Pretoria for the session with the Deputy Minister on Economic Development.</p>	<p>13. No progress reported</p>
<p>MMC FOR HUMAN SETTLEMENTS, CLLR M.A. MORAKE</p> <p>14. The Municipality signed a 30-year lease agreement with the Taxi Association for the taxi rank in Bloemfontein. It is thus not clear why the taxi rank is not operational.</p>	<p>14. No progress reported</p>
<p>MEC FOR COOPERATIVE GOVERNANCE, TRADITIONAL AFFAIRS AND HUMAN SETTLEMENTS, HON. S.H. NTOMBELA</p> <p>15. The MEC undertook to follow up on the issue relating to a businessperson, Mr Freddy Kenny, who allegedly moved Ms Lahliwe Rachel Skaza from her property in Rocklands to Bergman Square without compensation to develop the area to construct a business centre.</p> <p>16. The Municipality is working on a strategy that will allocate an office to each ward to ensure that constituents know who their ward councillors are.</p>	<p>15. No progress reported</p> <p>16. No progress reported</p>

Commitments/ Undertakings	Progress
<p data-bbox="208 240 1245 304">MINISTER OF COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS, HON. D.D. VAN ROOYEN</p> <p data-bbox="208 352 1279 456">17. The Minister committed the Department, together with the Municipal Infrastructure Support Agent (MISA), to visiting municipalities to assess challenges faced. 18. He also committed MISA to assessing technical skills in the relevant municipalities.</p>	<p data-bbox="1303 352 2085 488">17. An assessment of sewer spillages was conducted during August 2017, with a follow-up assessment conducted from 10-14 November 2017 by the Municipal Infrastructure Support Agent (MISA). The following findings and observations were made:</p> <p data-bbox="1303 528 1928 560"><b>17.1 Thaba Nchu – Extension Serwalo development</b></p> <p data-bbox="1303 600 2074 735"><u>Diagnosis:</u> The Serwalo outfall sewer lines, and possibly those from other extensions/ developments, are not connected to the Serwalo pump station – due to incomplete and/ or pump station not commissioned as yet; hence the spillage.</p> <p data-bbox="1303 775 1615 807"><u>Recommendations made:</u></p> <ul data-bbox="1352 815 2051 1031" style="list-style-type: none"> <li>• Construction of outstanding water and sewer lines of various pipe diameters in some areas.</li> <li>• Installation of toilet fittings including, amongst others, ports and cisterns.</li> <li>• Installation of water and sewer house connections.</li> <li>• Commissioning of water and sewer systems.</li> </ul> <p data-bbox="1303 1070 2051 1246"><u>Status quo:</u> Since construction is incomplete, residents were urged to refrain from using newly built toilets, and instead use existing VIP toilets as an interim solution. The follow-up visit in November 2017 showed no more sewer spillage from outfall sewers.</p> <p data-bbox="1303 1286 2074 1390"><u>Permanent solution</u> remains the commissioning of the pump station. The municipality appointed a contractor, but work has since been suspended due to insufficient funds. The municipality</p>

Commitments/ Undertakings	Progress
	<p>is in process of resolving matter and work will resume once funding challenge is resolved.</p> <p><b>17.2 Wepenaar – extension Qibing</b></p> <p><u>Diagnosis:</u> The main sewer pump station “KS” is the only one to pump Qibing sewage to the waste water treatment works (WWTW) on the other side of the river – and has been subject to vandalism/theft/sabotage of electrical switchgears and other infrastructure; resulting in blockages/spillages.</p> <p><u>Status quo:</u> The municipality appointed contractors in January 2018 for the project refurbishment of pump stations KS, Kanana, and Hoogte pump and WWTW with estimated completion date of end of June 2018.</p> <p><b>17.3 Dewetsdorp – Extension Brand street</b></p> <p><u>Diagnosis:</u> Despite continuous attempts over past years to unblock the manhole, the municipality had difficulty identifying the root cause of the spillage. By December 2017, the sewer line was cleaned and it was found that sheepskin, stones and roots were found to be the root cause of the blockages.</p> <p><u>Status quo:</u> Requisition was done within internal processes to obtain a professional solution to eliminate alien plant roots invading the sewer line causing frequent and massive sewer blockages.</p> <p><b>17.4 Dewetsdorp – Extension Hillside</b></p> <p><u>Diagnosis:</u> Persistent sewer overflows/ spillages despite attempts to unblock system, suggesting possible operation and</p>

Commitments/ Undertakings	Progress
	<p data-bbox="1303 240 2085 341">maintenance problems – which must be investigated. The O&amp;M team has ceased efforts to unblock the system since it yields little result.</p> <p data-bbox="1303 384 2085 596"><u>Status quo:</u> The line was cleaned in December 2017, as well as January 2018 (before schools re-opened – Nkgodise Primary school is also connected to this outfall sewer). This line blocks up intermittently due to solid unwanted material. The line also requires excavation as iron rot becomes stuck in the network. Currently, sewer lines are free flowing without any spillages.</p> <p data-bbox="1303 639 1771 667"><b>17. 5 Dewetsdorp – Extension Revonia</b></p> <p data-bbox="1303 710 2085 922"><u>Diagnosis:</u> Persistent sewer overflows/ spillages at manholes and blockages at toilets/ gullies, despite attempts to unblock system, suggesting possible operation, maintenance, including possible engineering design problems – which must be investigated. The O&amp;M team has ceased efforts to unblock the system since it yields little result.</p> <p data-bbox="1303 965 2085 1177"><u>Status quo:</u> The R702 pump station is not operational and the sewer is back flowing since it is part of the sewer outfall – by March 2018 the situation remain unchanged despite interventions made. A contractor was appointed in March 2018 to repair the pump station with estimated completion date of May 2018 – dated provided by department.</p> <p data-bbox="1303 1220 1783 1248"><b>17.6 Dewetsdorp – Extension Ithoballe</b></p> <p data-bbox="1303 1291 2085 1422"><u>Diagnosis:</u> With 2 outfall sewer lines draining/ flowing to the pump station, raw sewerage overflow/ spillage occurs persistently at manholes, as well as blocking flow back to spill at toilets/ gullies. This problem has persisted for years, despite</p>

Commitments/ Undertakings	Progress
	<p>attempts to unblock system, suggesting possible operation, maintenance, including possible engineering design problems – which must be investigated. The O&amp;M team has ceased efforts to unblock the system since it yields little result.</p> <p><u>Status quo:</u> By November 2017, the situation remained unchanged. The outfall sewer was yet to be unblocked in order to drain it properly and thus preventing any spillage. The municipality appointed a contractor to clean the manholes and sewer outfall line. There is, however, persistent deliberate sabotage and vandalism to infrastructure. The R702 pump station is not operational due to unwanted material that causes intermittent blockages. Permanent team members were appointed to operate this pump station.</p> <p><b>Matter requiring urgent attention:</b></p> <ul style="list-style-type: none"> <li>• Only five of the possible ten municipal maintenance teams for Bloemfontein/ Mangaung are currently functional due to unavailability of adequate transport (bakkies/LDVs) and appropriate equipment/tools.</li> <li>• The consultant, contractor and sub-contractors appointed to assist the Sanitation Department with bulk maintenance should be properly managed.</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• The Sanitation Department of the Municipality ensures that the Complaints Desks is fully functional to receive and distribute to the maintenance team any overflow/spillage issues;</li> </ul>

Commitments/ Undertakings	Progress
	<ul style="list-style-type: none"> <li>• The Sanitation Department urgently equips all existing ten (10) teams to be fully functional to eradicate blockages and other issues;</li> <li>• The Sanitation Department considers increasing the maintenance teams for Bloemfontein/Mangaung to say fifteen (15) to cope with all the complaints regarding sewer spillages timeously;</li> <li>• The Sanitation Department urgently reviews the sewer designs for Freedom Square and other extensions where it seems that an Engineering problem (pipe diameter, gradient) rather than an Operational problem (pipe blockage) is responsible for the sewer spillages, i.e. poor drainage and/or flow during peak periods; and</li> <li>• The Sanitation Department applies to the DWS, with the necessary Business Plans, for funding to attend to the Engineering challenges for Freedom Square and other extensions.</li> </ul> <p>18. Manguang, together with its surrounding towns, operates nine (9) waste-water treatment plants which range from a small plant, such as Bloemfontein Industrial to a big capacity plant, such as Botshabelo. The situation is dependent on the population of the area coupled with its growth. The biggest challenge of Mangaung Metro remains non alignment of the population growth with the waste water treatment plant capacity as well as inadequate operations and maintenance.</p> <p><b>Vacancies in WWTWs, Mangaung:</b></p>

Commitments/ Undertakings	Progress																														
	<table><tr><th>WWTP</th><th>No of posts</th><th>Vacancies</th></tr><tr><td>Sterkwater</td><td>30</td><td>17</td></tr><tr><td>New WWTW</td><td>27</td><td>25</td></tr><tr><td>N/Works</td><td>9</td><td>4</td></tr><tr><td>Bainsvlei</td><td>8</td><td>6</td></tr><tr><td>Walvaart</td><td>8</td><td>3</td></tr><tr><td>B/Industria</td><td>4</td><td>2</td></tr><tr><td>Bloemspruit</td><td>51</td><td>21</td></tr><tr><td>Botshabelo</td><td>23</td><td>17</td></tr><tr><td>Thaba Nchu</td><td>15</td><td>10</td></tr></table> <p>About 60% of the positions in the structure are vacant and therefore the municipality is operating its waste-water treatment plants with a skeletal staff complement. This situation, coupled with poor infrastructure maintenance will undoubtedly result in poor service delivery.</p> <p>MISA has embarked on a countrywide deployment of process controllers and artisans in municipalities to support them with infrastructure operations and maintenance.</p> <p>The artisans and process controllers are in the MISA payroll for a period of 12 months and host municipalities are expected to absorb them into their staff establishments. 102 artisans and</p>	WWTP	No of posts	Vacancies	Sterkwater	30	17	New WWTW	27	25	N/Works	9	4	Bainsvlei	8	6	Walvaart	8	3	B/Industria	4	2	Bloemspruit	51	21	Botshabelo	23	17	Thaba Nchu	15	10
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Commitments/ Undertakings	Progress
	<p>process controllers have been placed in municipalities that expressed interest and committed to absorbing them post MISA support. Although Mangaung is currently not participating in this infrastructure O&amp;M support package, the following municipalities in the Province (Free State) are beneficiaries:</p> <ul style="list-style-type: none"> <li>• Masilonyana Local Municipality;</li> <li>• Mafube Local Municipality; and</li> <li>• Matjhabeng Local Municipality.</li> </ul> <p><b>Recommendations:</b></p> <p>Although the situation, in terms of sewer spillages has improved since the Minister's commitment to conduct assessments for intervention, there are still glaring concerns around operations and maintenance of sewer infrastructure as well as the number of vacancies within the water and sanitation department.</p> <p>It is, therefore, recommended that the Municipality, with support from provincial and national government, addresses infrastructure operations and maintenance challenges and reduce the number of vacancies to improve effectiveness and efficiency in infrastructure operations and maintenance.</p>



## PART C: SITE VISIT COMMITMENTS AND UNDERTAKINGS MADE

Members of the Executive from National, Provincial and/or Local Government made various commitments and undertakings during the site visits in the Mangaung Metro and the Xhariep District Municipality. These are reflected per facility visited, with an indication of progress reported by the Executive in the Table below.

## 1. EXECUTIVE UNDERTAKINGS AND COMMITMENTS – XHARIEP DISTRICT

Facility	Undertakings and Commitments	Progress
Luckhoff	1. The Ward Councillor indicated that there have been ongoing engagements with the municipality regarding interruptions to water supply and that there are plans in place to address the matter.	
Jacobsdal	2. The Ward Councillor reported that the issue of water leakages was brought to his attention and reported to the municipality. Contractors have been appointed to address the issue during the week of 22 to 26 May 2017. 3. The FSDoH noted issues raised by the Acting Facility Manager and the delegation, and committed to address the issue of infrastructure with the relevant division within the department.	
Letsemeng Debriefing	<p>Ward councillors committed to:</p> <ol style="list-style-type: none"> <li>Engaging with relevant stakeholders to discuss issues affecting healthcare service delivery.</li> <li>Ensuring that administrators are fulfilling their mandate, as required.</li> <li>Following up on the repair or the maintenance of Jacobsdal clinic's water pipeline. <ol style="list-style-type: none"> <li>(The ward councillors indicated that they have engaged the office of the municipal manager and that contractors are expected to be on site during the week of 22 May 2017.)</li> </ol> </li> </ol> <p>The EMS committed to:</p> <ol style="list-style-type: none"> <li>Availing a second bus to transport TB patients as soon as possible.</li> <li>Continue engaging with all the relevant stakeholders to resolve the issues around EMS in the municipality.</li> </ol> <p>The Xhariep health District committed to:</p>	

Facility	Undertakings and Commitments	Progress
	<p>9. Collaborating with relevant stakeholders, including the Department of Social Development, Department of Public Works, Office of the Mayor, Municipal Manager, and the Ward Councillors in ensuring that everybody is on board regarding healthcare service in the District.</p> <p>10. Embarking on door-to-door campaigns to allow communities to raise their issues with respect to healthcare issues.</p> <p>11. Undertaking visits to local schools to educate learners on sexual and reproductive health.</p> <p>12. Ensuring that clinic committees are well-functioning, in partnership with the ward councillors.</p> <p>13. Hosting an Indaba with the view to develop models aimed at assisting communities. For example, there is currently a Men's Forum which has been doing good work in creating awareness around men's health etc.</p> <p>The FSDoH committed to:</p> <p>14. Filling vacant positions of security personnel. The Xhariep District will be allocated security personnel from the 50 positions that have been filled.</p> <p>15. Investigating and remedying the issue of Acting Managers not being compensated before August 2017. The NCOP will be furnished with a progress report.</p>	
Matlakeng	16. The delegation undertook to liaise with the Department of Rural Development and Land Reform with regard to water harvesting in these health facilities.	
Embekweni District Hospital	<p>17. The MEC will appoint the Hospital Board by the end of May 2017.</p> <p>18. The FSDoH will fill approximately 124 of the 525 vacant posts in the province during the 2017/18 financial year.</p> <p>19. The FSDoH will present a district plan for the maintenance of health facilities to the delegation by Thursday, 18 May 2017.</p> <p>20. The FSDoH will make the following documents available to the delegation:</p> <p>21. A formal document containing the specification of the revitalisation grant.</p> <p>22. A formal document on the status of EMS, including the Buthelezi Emergency Service.</p>	17. Attempts to appoint a Hospital Board were unsuccessful due to lack of fully qualified professionals in the District. By June 2018, CVs of possible Board members were submitted but not approved.

Facility	Undertakings and Commitments	Progress
	23. Terms of Reference for the Administration of the Department.	
Stoffel Coetzee District Hospital	<p>24. The FSDoH made the following undertakings:</p> <p>25. The MEC for Health will appoint the Hospital Board by the end of May 2017.</p> <p>26. Out of 525 vacant posts in the province, about 124 will be filled during the 2017/18 financial year.</p> <p>27. A district plan for the maintenance of health facilities will be presented to the delegation by Thursday 18 May 2017.</p> <p>28. A formal document containing the specification of the revitalisation grant will be submitted to the delegation;</p> <p>29. A formal document on the status of EMS, including Buthelezi Emergency Service will be made available to the delegation.</p> <p>30. Terms of Reference for the Administration will be made available to the delegation.</p>	25. CVs of possible Board members submitted, but not approved.
Thembaletu	31. Deputy Director-General of Clinical Services made an undertaking that the FSDoH will, during the course of the 2017/18 financial year, fill all the critical vacant posts, such as the security personnel, cleaner and clinical staff.	31. Professional nurse and security posts not filled. Cleaner appointed, but salary paid for 3 months until June 2018.
Goedemoed Correctional Centre	32. The Management of Goedemoed Correctional Service made the undertaking that ablution facilities for the disabled in all satellite centres would be attended to.	32. Ablution facilities for disabled at Goedemoed Correctional Centre installed.
Kopanong Briefing meeting	<p>33. The FSDoH indicated that the Albert Nzula district hospital will open on 15 June 2017.</p> <p>34. A maintenance hub will be based at the Albert Nzula hospital to address maintenance challenges at facilities in the Kopanong Local Municipality.</p> <p>35. Flora Park clinic in Xhariep dam has been prioritised for reconstruction.</p>	<p>33. Albert Nzula district hospital was opened on 15 June 2017.</p> <p>34. Maintenance hub established at Albert Nzula hospital.</p>

Facility	Undertakings and Commitments	Progress
Lephoi	<p>35. The FSDoH committed to making available a detailed list of rural health services provided to farming communities in the province.</p> <p>36. The FSDoH indicated that it is in discussions with the Free State University to procure a mobile clinic to be stationed at Albert Nzula district hospital.</p>	
Fauresmith	<p>37. The FSDoH, together with the district management team, committed to explore the possibility of absorbing and contracting the CHWs. The delegation indicated that it may be helpful for CHWs to follow-up and visit defaulting chronic patients.</p> <p>38. The Head of Department (HoD) of the FSDoH indicated that the Department is reprioritising infrastructure across the district. This entails refurbishment of all health facilities. Further, he indicated that the department will be undertaking an assessment of efficient procurement of EMS vehicles. Currently, the department relies on the “government garage”, as it does not own any ambulances.</p> <p>39. The Select Committee on Social Services undertook to hold a briefing session with the national DOH, the FSDoH and the National Treasury regarding the following issues: SCM, EMS and CHWs.</p>	38. The Massification Project for the refurbishment of all PHC facilities will be rolled out over the MTEF period (2018/19 – 2020/21).
Ithumeleng (XD)	40. The Acting Clinic Manager will ensure that the CHWs have name tags to make them easily identifiable in the community.	
Albert Nzula District Hospital	<p>41. It was reported that once the facility is operational it would alleviate the pressure on ambulance services, as it would service the feeder clinics. The FSDoH and the EMS will submit a written progress report to the delegation by 18 May 2017.</p> <p>42. The Kopanong Local Municipality will submit a report to the NCOP on their plans for addressing the water challenges in the municipality.</p> <p>43. The FSDoH will recruit contract nursing personnel in the district to reduce the recruitment time for staff in the Albert Nzula Hospital.</p>	41. The hospital only has one ambulance, with one commuter ambulance and one maternity ambulance, although there are currently no trained staff for the maternity ambulance. These ambulances also service the feeder clinics. At this stage, Albert Nzula is the referral hospital for Bethulie, Trompsburg, Edenburg, Gariep Dam, Springfontein and Philipolis. The catchment population is around Ambulances no longer have to transport patients to

Facility	Undertakings and Commitments	Progress
		<p>Bloemfontein. There is still a major shortage of ambulances in the district, as well as at the hospital.</p> <p>42. The hospital currently has an agreement with Bloem Water, but is impacted by the lack of water at feeder clinics.</p> <p>43. A total of 178 out of the 206 posts have been filled. The executive management posts have not been filled yet. The hospital has an acting CEO, acting head of administration and acting head nurse. The appointment process is taking longer than expected since the FSDoH took over the responsibility for appointment of these posts. There are currently 22 professional nurses, 23 staff nurses, 23 nursing assistants and 7 medical officers that have been appointed by the hospital on a permanent basis. All maintenance staff are on contract.</p>
Mamello	<p>44. The FSDoH will ensure that it eradicates acting positions as a matter of urgency.</p> <p>45. The Facility Manager will submit quarterly reports to the district for the purpose of monitoring and evaluation.</p> <p>46. The district office will provide a detailed plan on the implementation of the issues raised in the facility as well as other facilities.</p>	<p>44. All vacant Operational Manager posts were filled by 1 February 2018.</p> <p>SC on Social Services report: The Committee noted that prior to being appointed, the Facility Manager had been acting in the position for 10 years without being paid an acting allowance.</p>

Facility	Undertakings and Commitments	Progress
		The former Acting Facility Manager, Mr Moloi, has been appointed (as the Facility Manager).
Flora Park	<p>47. In line with the report provided by the provincial Head of Department, the Health District Manager indicated that a Flora Park facility would be built as part of the revitalisation programme in the province.</p> <p>48. Through the social cluster Portfolio Committee in the provincial legislature, the progress on the assault case reported will be monitored.</p>	<p>47. Reconstruction not set for 2018/19 financial year, but identified for 2019/20.</p> <p>SC on Social Services report: The facility is very small and consists of an asbestos structure, which has negative health implications for personnel and patients. The Department reported its plans to rebuild and expand the size of the facility.</p> <p>58. Allegations investigated and found as being unfounded. NDPPP declined to prosecute case brought by former acting manager. Former acting manager dismissed through section 17 of the Public Service Act for being absent for a period exceeding 30 calendar days.</p>

## 2. EXECUTIVE UNDERTAKINGS AND COMMITMENTS – MANGAUNG METRO

Facility	Undertakings and commitments	Progress
MUCPP	<p>The FSDoH committed to the following:</p> <p>49. The facility is already in the process of procuring a bulk filing cabinet.</p> <p>50. The pharmacist vacancy will be filled by the end of October 2017.</p>	<p>49. Bulk filing cabinets procured and delivered.</p> <p>50. Permanent pharmacist vacancy not filled.</p>

Facility	Undertakings and commitments	Progress
	<p>51. The issue of water reservoir will be addressed by the end of August 2017.</p> <p>52. The air conditioners were recently serviced, and new ones will be installed in the areas/wards where there are currently none. This will be completed by end of October 2017.</p>	<p>51. Water reservoir not serviced as yet.</p> <p>52. Existing air-conditioners were serviced and new ones installed by end of 2017.</p>
Klipfontein	<p>The FSDoH committed to:</p> <p>53. Installing battery operated refrigerators for the purpose of preserving vaccines, as well as solar lights as a backup for power failure.</p> <p>54. Repairing the septic tank during September 2017.</p>	
Lourierpark	<p>55. There are current attempts to revive the Lourierpark Clinic Committee, and the facility manager reported that a meeting in this regard was scheduled to take place on 22 August 22, 2017.</p>	<p>55. Clinic committee's members have been recruited but not yet complete to form quorum. According to the facility manager, the Clinic Committee is functional and has a chairperson.</p>
Bainsvlei	<p>56. Given the lack of window coverings, which compromises patient privacy, the FSDoH committed to installing tinting of windows by 30 September 2017.</p>	<p>56. Windows darkened by end of 2017. Patient privacy issues resolved.</p>
Harry Gwala	<p>57. The NCOP delegation undertook to receive further clarity on challenges identified in all facilities by Thursday, 24 August 2017 from relevant stakeholders, including the Infrastructure Unit and the Provincial Treasury and EMS.</p>	<p>57. No report was received from relevant stakeholders on the time-lines set by NCOP on challenges identified. However, the infrastructural Unit has done the following work to this facility:</p> <ul style="list-style-type: none"> <li>• Building of the security guard house.</li> <li>• Building of the new waste storage areas.</li> <li>• Painting of interior walls.</li> <li>• Installation of paving.</li> </ul>



Facility	Undertakings and commitments	Progress
<b>Itumeleng (MM)</b>	58. The NCOP delegation undertook to receive further clarity on challenges identified in all facilities by Thursday, 24 August 2017 from relevant stakeholders, including the Infrastructure Unit and the Provincial Treasury and EMS.	58. The infrastructural Unit has done the following work to this facility: <ul style="list-style-type: none"> <li>• Building of the security guard house.</li> <li>• Building of the new waste storage areas.</li> <li>• Painting of the external and interior walls.</li> <li>• Installation of paving</li> <li>• Installation of new aluminium doors</li> </ul>
<b>Thusong</b>	59. The FSDoH indicated that a district pharmacist would be undertaking an assessment of how chronic patients may have their medication delivered to them. This would alleviate long queues and waiting periods at clinics. 60. The FSDoH reported that a booking system would be introduced at the facility by 1 September 2017 to alleviate some of the long waiting times.	59. Local sites identified where chronic patients can collect medication – system operational since May 2018. Two pick-up points are accessible to chronic patients.  60. Booking system introduced since January 2018.
<b>Mmabana</b>	61. The FSDoH's Corporate Office has allocated Senior Managers to support all the health facilities in the Mangaung Metro. In relation to this, they will develop a detailed plan of how the facilities can be supported using available human resources in the district. For example, the Pharmacy will be able to receive the support it requires.	
<b>Kgalala</b>	62. The FSDoH committed to deploy security interns to different facilities from 28 August 2017.	62. No security interns have been deployed in the facility.
<b>Seadimo</b>	63. The Thaba Nchu Local Area Manager committed to furnish the NCOP with the submission letter to the FSDoH motivating for acting allowances for all acting positions. 64. The Thaba Nchu Local Area Manager to furnish the NCOP with a report on the maintenance budget for the previous and current financial years for the 12 Thaba Nchu clinics, including the planned maintenance projects.	63. None of the acting allowances paid by June 2018.

Facility	Undertakings and commitments	Progress
<b>Opkoms</b>	<p>65. FSDoH undertook to ensure that when medical equipment is procured in future, it will be accompanied by relevant training on its usage.</p> <p>66. The FSDoH committed to compile a register of all the equipment that are not currently being utilized at the clinic and organise training on the use of these equipment for staff.</p> <p>67. FSDoH committed to provide statistics on qualified nurses from the Free State Nursing College by 23 August 2013 to the NCOP delegation.</p> <p>68. FSDoH undertook to investigate complaints about a doctor who only services the clinic for two hours and only attends to patients with ARV-related complaints.</p>	68. Issue was resolved. Doctor at present available for the entire 4 hours allocated to the facility.
<b>Lebohang</b>	69. The Bloemfontein district will prioritise the filling of the social worker position as soon as possible.	
<b>Van Stadensrus</b>	<p>70. The Naledi district committed to avail four mobile clinics in areas where there are no fixed clinics during September 2017.</p> <p>71. With respect to vacancies, the Naledi district committed to submit copies of its critical staffing needs plan the NCOP by end of August 201.</p>	
<b>Pule Sefatsa</b>	72. The FSDoH reported that it has committed R54 million for mobile clinics in the 2017/18 financial year.	
<b>Winnie Mandela</b>	73. In light of unanswered questions, the FSDoH, Infrastructure Unit and the Provincial Treasury and EMS promised to provide further clarity on Thursday, 24 August 2017.	<p>73. The stakeholders mentioned failed to meet the deadline set by the NCOP of providing a progress report on unanswered questions. However, the infrastructure unit has provided the following notable changes to the facility:</p> <ul style="list-style-type: none"> <li>• Maintenance of the structural building.</li> <li>• Paving</li> <li>• Erection of the perimeter fence</li> </ul>

Facility	Undertakings and commitments	Progress
		<ul style="list-style-type: none"> <li>• Building of the waste storage rooms.</li> <li>• Installation of the alternative water supply system.</li> </ul>
<b>Grootvlei</b>	<p>74. Regarding the posts that are not in the Department's organogram, the Regional Commissioner committed to pursue the matter of posts needed at the facility, but not on the facility's organogram with the Department of Correctional Services (DCS) head office.</p> <p>75. The Regional Commissioner committed to follow-up on the procurement of the pharmacy back-up generator and the upgrading of Centre power.</p>	75. No progress reported
<b>Westdene</b>	<p>The FSDoH committed to submit to the NCOP the following:</p> <p>76. Consolidated maintenance report of all the health facilities, which provides an assessment of the infrastructure issues of the health facilities in Mangaung. This report informs the establishment of maintenance hubs.</p> <p>77. Infrastructure status reports for all the health facilities. This report covers a progress update on each health facility.</p> <p>78. Development plan of the "ideal clinic" programme.</p>	<p>77. Consolidated report of maintenance issues submitted. Maintenance hub established National Hospital.</p> <p>78. Progress report submitted.</p>
<b>Heidedal</b>	79. The FSDoH will report to the NCOP the outcome of the ongoing negotiations with the union with regard to staff disputes, once resolved.	

Facility	Undertakings and commitments	Progress
	80. Contractors to commence with the new clinic structure have been identified. The due date for completion is set for June 2018.	
<b>Gabriel Dichabe</b>	<p>81. FSDoH undertook to ensure that when medical equipment is procured in future, it will be accompanied by relevant training on its use.</p> <p>82. The FSDoH committed to compile a register of all the equipment not being used at the clinic and organise training on the use of these equipment for staff.</p> <p>83. FSDoH undertook to provide a report on the state of all clinics in the province and the implementation plan for each clinic. The report will be submitted to the delegation on the 24 August 2017.</p> <p>84. FSDoH committed to relocate the Gabriel Dichabe Clinic to a more suitable building within the Central Business District (CBD), not far from its current location.</p>	
<b>Ikgomotseng</b>	<p>85. FSDoH undertook to ensure that when medical equipment is procured in future, it will be accompanied by relevant training on its use.</p> <p>86. The FSDoH committed to compile a register of all the equipment that is not currently being utilized at the clinic and organise training on the use of these equipment for staff.</p>	
<b>Mafane</b>	<p>87. The NCOP delegation confirmed the decision taken by the NCOP Chairperson during the Xhariep pre-visit to request the Secretary of the NCOP to investigate the reasons why the FSDoH was placed under administration of the Provincial Treasury.</p> <p>88. The Local Area Manager committed to the installation of good quality filing cabinets in this current (2017/18) financial year.</p> <p>89. The Local Area Manager committed to process of procuring heaters for the facility in the following week.</p> <p>90. The Local Area Manager to submit to the delegation a detailed list of approved, funded and abolished posts in the staff establishment.</p>	<p>88. This issue was requested during the pre-visit and main to delete it.</p> <p>89. The installation of cabinets was done.</p>

Facility	Undertakings and commitments	Progress
	<p>91. The FSDoH committed to deploy technicians to attend to the medical equipment in need of repair.</p> <p>92. The FSDoH to submit to the delegation a copy of the memorandum of understanding between Department of Public Works and FSDoH with regard to infrastructure of clinics per district.</p>	<p>90. The heaters were procured and the delivery is expected before the end of June 2018.</p>
<b>Dinaane</b>	<p>93. The FSDoH will prioritise the refurbishment of the clinic before end of September 2017.</p> <p>94. The FSDoH will prioritise the construction of a new structure in the next (2018/19) financial year.</p>	<p>92. Plans to rebuild the facility has been finalised, however there is no formal communication of when the contractor is to resume.</p>
<b>Pelonomi</b>	<p>95. The Head of Department (HoD) committed to the rolling out of the electronic record management system, the HPRS, to hospitals in the province.</p> <p>96. The HoD committed to in the short-term install movable filing cabinets for the registry through the FSDoH's infrastructure section. In addition, the FSDoH infrastructure section will assist registry staff with rearranging the records storage area.</p> <p>97. The HoD undertook to have appointed a Hospital Board by 24 September 2017.</p> <p>98. The CEO committed to provide the NCOP with the hospital's strategic plan and budget by 30 September 2017.</p>	
<b>Universitas</b>	<p>99. The Provincial Treasury undertook to submit a copy of Instruction Note 48 to the NCOP by 25 August 2017.</p>	
<b>FS Psychiatric Complex</b>	<p>100. The FSDoH committed to submit a progress report on the procurement of laundry machines to the Provincial Legislature.</p>	

## PART D: RECOMMENDATIONS MADE FOR SITES

The various NCOP delegations made several recommendations to address the challenges experienced by the public health facilities and to improve conditions observed during site visits. This is reflected per facility with an indication of progress to date in the table below.

## 1. XHARIEP DISTRICT MUNICIPALITY

### *Letsement Local Municipality*

Recommendations	Progress
<p><b>1. ETHEMBENI CLINIC</b></p> <p>1.1 The Acting Facility Manager should revise the lunch schedule of staff by end June 2017, and schedule breaks to ensure continuity of services during staff breaks. This should be monitored by the Xhariep health District.</p> <p>1.2 The Letsemeng Local Municipality should collaborate with the Xhariep District Municipality to find a permanent solution to the discontinuation of water supply in the district, including meeting with Bloem Water and the Department of Water and Sanitation. The Xhariep District should report to the NCOP on progress by August 2017.</p> <p>1.3 The FSDoH should assist the clinic with structural challenges and submit a progress report to the NCOP by August 2017.</p> <p>1.4 The FSDoH should submit a progress report on the procurement of critical equipment for Ethembeni clinic to the NCOP by August 2017.</p>	<p>1.1 All facility managers addressed on issue – Local Area Managers (LAMs) are monitoring to ensure staff rotate lunch and tea breaks.</p> <p>1.2. Infrastructure Chief Directorate has undertaken to resort to bore holes in all Primary Health Care (PHC) Facilities in the District as a form of backup due to continuous outages.</p> <p>1.3 A maintenance Hub has been established with maintenance staff appointed at Albert Nzula, they support the entire District with minor maintenance in all PHC facilities on request.</p> <p>1.4. Identified equipment procured and delivered to all PHC Facilities in the District.</p>
<p><b>2. KOFFIEFONTEIN EMS</b></p> <p>2.1 The FSDoH of health should develop a strategy to mitigate the challenges identified at the Koffiefontein EMS and submit a progress report to the NCOP by August 2017.</p>	<p>2.1. The Koffifontein EMS has been moved to the Ethembeni Clinic.</p>

Recommendations	Progress
<p>2.2 The FSDoH should assist the EMS facility with a strategy to raise awareness amongst the community about the services offered and value of an EMS facility by August 2017.</p> <p>2.3 The FSDoH should conduct an assessment of the security requirements of the Koffiefontein EMS and submit to the NCOP by August 2017.</p>	<p>2.3. The strategy to raise community awareness of the EMS has been developed.</p>
<p><b>3. OPPERMANSGRONDE</b></p> <p>3.1 The FSDoH should submit a report on facilities earmarked for future refurbishment with associated timeframes to the NCOP by August 2017.</p> <p>3.2 The Xhariep district health office should assist the Oppermansgronde clinic with safe storage facilities for medication and filing by August 2017. This should be monitored by the FSDoH.</p> <p>3.3 The Letsemeng Local Municipality should collaborate with the Xhariep District Municipality to find a permanent solution to the water situation in the district, including meeting with Bloem Water and the Department of Water and Sanitation. The Xhariep District should report to the NCOP on progress by August 2017.</p> <p>3.4 The FSDoH should assist the clinic with structural challenges and submit a progress report to the NCOP by August 2017.</p> <p>3.5 The FSDoH should submit a progress report on the procurement of critical equipment for Oppermansgronde clinic to the NCOP by August 2017.</p>	<p>3.1 Infrastructure Chief Directorate to expand the clinic as part of the Infrastructure refurbishment project “Massification Project” this project have been budgeted for the 2018/19.</p> <p>3.4 Infrastructure to expand the clinic as part of the Infrastructure refurbishment project “Massification Project” this project have been budgeted for the 2018/19.</p> <p>3.5 The critical medical equipment has been procured and delivered.</p>
<p><b>4. LUCKHOFF</b></p>	



Recommendations	Progress
<p>4.1 The Letsemeng Local Municipality should provide a progress report to the NCOP on strategies to address the interruptions to water supply as reported by the Ward Councillor, by end of August 2017.</p> <p>4.2 The FSDoH should submit a report to the NCOP on progress towards the provision of a mobile clinic to be attached to Luckhoff clinic by August 2017.</p> <p>4.3 The FSDoH should furnish the NCOP with a report on proposed strategies to ameliorate the physical space limitations of the Luckhoff clinic, including the proposed modular structure, by August 2017.</p> <p>4.4 The FSDoH should submit a report to the NCOP on strategies to address challenges highlighted with respect to EMS services in Xhariep District by August 2017.</p> <p>4.5 The FSDoH should conduct an inquiry into the circumstances surrounding the position of the Acting Facility Manager at Luckhoff clinic and the non-payment of an acting allowance for the relevant period. A report on the findings, as well as possible remedial action, should be submitted to the NCOP by August 2017.</p>	<p>4.2 Transport at Provincial level has procured 20 mobile clinics to be allocated equitably to 5 districts in the Province, once received from the Government Garage.</p> <p>4.3 The clinic to be expanded as part of the infrastructure refurbishment project "Massification Project" to take off in 2018/19.</p> <p>4.5 Operation Manager appointed, and assumed duties on 1 February 2018.</p>
<p><b>5. JACOBSDAL</b></p> <p>5.1 In the interest of saving water over the long term, the Letsemeng Local Municipality should assess how it can benefit from the War on Leaks programme implemented by the Department of Water and Sanitation. As part of its oversight mandate, the provincial legislature should monitor progress and submit its report to the NCOP by end of November 2017.</p> <p>5.2 The Letsemeng Local Municipality should furnish the NCOP with a status report on current water leakages in the municipality and strategies to remedy the situation (as indicated by the Ward Councillor) by end of August 2017.</p>	

Recommendations	Progress
<p>5.3 The FSDoH should develop a strategy to improve the EMS services in Xhariep District (including commuter transport services) and submit a progress report to the NCOP by August 2017.</p>	
<p><b>6. BOPHELONG</b></p> <p>6.1 The Xhariep health district should prioritise the procurement of cleaning materials for the CHC. The FSDoH should monitor progress and submit a status report to the NCOP by August 2017.</p> <p>6.2 The FSDoH should prioritise the filling of vacant positions for the facility, to realise the objective of a 24-hour service. A progress report should be submitted to the NCOP by August 2017.</p> <p>6.3 The Xhariep health district should conduct an assessment of all medical equipment required by the facility, and what is currently available and fully functional. The FSDoH should monitor this and submit a progress report to the NCOP by August 2017.</p> <p>6.4 The Xhariep health district should prioritise the repair or procurement of critical medical equipment (including BP meters) for the facility The FSDoH should monitor and submit a progress report to the NCOP by August 2017.</p> <p>6.5 The FSDoH should prioritise the refurbishment of the CHC, and engage the Department of Public Works in this regard. A progress report should be submitted to the NCOP by August 2017.</p>	<p>6.2 A feasibility study has been conducted and has identified Letsemeng sub-district as a priority for two -24-hour facilities. The District will progressively budget for 24 hours services starting with Petrusburg (Bophelong CHC) and Koffiefontein (Ethembeni clinic) in subsequent financial years.</p>
<p><b>7. AREA DEBRIEFING MEETING</b></p> <p>7.1 Members of the delegation highlighted the fact that doctors prefer to work for private or urban hospitals. There should be an agreement between government and the private sector in order to resolve the shortage of doctors in the public sector. The socio-economic conditions of the area should be improved in order to be able to</p>	

Recommendations	Progress
<p>attract doctors who often are not willing to work in the rural areas. Strategies should also be devised to retain the doctors currently employed.</p> <p>7.2 Space is available for EMS in Petrusburg (it is called the old clinic). The FSDoH should try to utilise that building and convert it into an EMS station. The FSDoH should submit a report to the NCOP on strategies to address EMS-related challenges by August 2017.</p> <p>7.3 In respect of intergovernmental relations, there should be closer cooperation between the FSDoH and the Department of Higher Education (DHE) in training the local young people so that they can return to their home towns to work. Therefore, bursaries should be awarded to deserving students to further their studies in the health sector.</p> <p>7.4 The FSDoH and the EMS management should formulate feasible strategies to address the challenges relating to EMS. There seems to be confusion between the FSDoH and the EMS manager around policy on transportation of patients to other hospitals (referrals). This must be clarified. The FSDoH should submit a report to the NCOP on strategies to address EMS-related challenges by August 2017.</p> <p>7.5 The issue around provincial departments not working together is a serious challenge and needs to be addressed. The FSDoH should submit a report to the NCOP on strategies to ensure more intersectoral collaboration by August 2017.</p> <p>7.6 There should be stakeholder engagement forums. The Provincial Legislature should monitor progress in this regard.</p> <p>7.7 Space in waiting areas is a serious challenge. The FSDoH should engage the Free State Department of Education (FSDoE) to lease old chairs, in good condition that are not being utilised as a short term solution. People stand against the wall and outside waiting areas due to space constraints and shortage of chairs. The FSDoH</p>	

Recommendations	Progress
should submit a report to the NCOP on progress to address this issue by August 2017.	

### *Mohokare Local Municipality*

Recommendation	Progress
<p><b>8. MATLAKENG CLINIC</b></p> <p>8.1 The FSDoH must provide a detailed project plan for the revitalisation of Matlakeng clinic to the NCOP by end June 2017.</p> <p>8.2 The FSDoH should report to the NCOP on how it intends to strengthen its staff recruitment and retention strategy by August 2017.</p> <p>8.3 The FSDoH should provide the NCOP with a report outlining the number of staff at the facility who currently qualify for career progression, the number of staff members who were promoted in the past year and reasons for not promoting staff who qualify for such promotions by the end of August 2017.</p>	<p>8.1 Infrastructure to be refurbished as part of the Massification Project – set to commence in 2018/19. Matlakeng identified as one of top 5 priorities.</p> <p>8.2 The District aims to provide career progression specifically to residents of the District, as a strategy to retain scarce skills. The study leave policy is implemented, with preference to residents of the District on a continuous basis, without compromising staffing levels.</p> <p>8.3 In an attempt to address the lack of career progression from enrolled to professional categories of nurses, the District offers lower categories of nursing staff study leave without compromising the quality of services through the study leave policy.</p> <p><b>New challenges:</b></p> <ul style="list-style-type: none"> <li>• 3 Professional Nurses have resigned and this puts more pressure on delivery of health services;</li> <li>• The facility is fast becoming dilapidated – there is an urgent need for renovations to be done;</li> <li>• Staff morale is at the lowest.</li> </ul>
<b>9. EMBEKWENI DISTRICT HOSPITAL</b>	

Recommendation	Progress
<p>9.1 The FSDoH must provide the NCOP with a detailed plan to mitigate the shortfall of R1,5 million for the Embekweni District Hospital by the end of August 2017.</p> <p>9.2 The FSDoH must provide the NCOP with a list of names of persons appointed to the Hospital Board by the end of June 2017.</p> <p>9.3 The FSDoH must provide the NCOP with a comprehensive list of filled positions for the Mohokare Sub-District by the end of August 2017.</p> <p>9.4 The Xhariep Health District and FSDoH must provide the NCOP with a progress report on its water-harvesting plan by the end of August 2017.</p>	<p>9.1 The R1.5 million was provided late in the financial year, could not be fully spent. Roll overs could not be applied for because the money was not committed. The appointment letters could not be provided. Challenge has not been resolved.</p> <p>9.3 CEO recruitment process started, interviews were conducted. Likely to start 01 July 2018</p> <ul style="list-style-type: none"> <li>• Currently 4 full time professional nurses employed, 4 Community service doctors appointed on 1-year contract until January 2019.</li> </ul> <p>9.4 Water distribution remains a challenge at municipal level. Mbekweni Hospital repaired borehole, which is currently providing water but that may not be sustainable in the medium to long term period</p> <p><b>NEW CHALLENGES</b></p> <ul style="list-style-type: none"> <li>• Accommodation remains a huge challenge. Hospital not getting value for money in renting accommodation for some Doctors;</li> <li>• 2 professional nurses went on pension and 1 resigned. Submissions made, interviewed 1 professional nurse and 1 quality assurer. Headhunting for other positions of pharmacist;</li> <li>• Facility needs a minimum of 10 professional nurses to function effectively as a district hospital. Currently it uses nursing urgency to mitigate the shortage. This is more costly</li> </ul>

Recommendation	Progress
<p><b>10. WINNIE MANDELA (XD)</b></p> <p>10.1 The FSDoH should present a detailed progress report on the payment of CHWs in the Xhariep District to the NCOP by end June 2017.</p> <p>10.2 The Department of Public Works should submit a detailed construction plan for the clinic under-construction (including cost implications and terms of reference) to the NCOP by end June 2017.</p> <p>10.3 The Provincial Treasury should provide a detailed report to the NCOP on the milestones achieved by the FSDoH since financial management authority was transferred to the Provincial Treasury in 2014. The report should be submitted to the NCOP by end June 2017.</p> <p>10.4 The FSDoH should furnish the NCOP with a detailed progress report on the timeframes for the payment of performance bonuses with respect to the PDMS to all affected professionals by end June 2017.</p>	<p>10.1 Payment of CHWs has been effected. It was done between May and June 2018.</p> <p>10.4 PDMS is implemented accordingly with bonuses being awarded to officials who qualify for such. In addition, the FSDoH conducts workshops for officials at health facilities for ensuring that there is no confusion between PDMS and performance bonuses.</p> <p><b>NEW CHALLENGE</b></p> <ul style="list-style-type: none"> <li>1 professional nurse resigned and her post has been submitted to the district and province for filling.</li> </ul> <p><b>NOTABLE DEVELOPMENTS</b></p>

Recommendation	Progress
	<ul style="list-style-type: none"> <li>The new clinic under construction, which uses Massification Concept, is at window and roof level respectively. This project is estimated to be completed by end of this financial year (2018/19).</li> </ul>
<p><b>11. STOFFEL COETZEE DISTRICT HOSPITAL</b></p> <p>11.1 The FSDoH should provide a detailed progress report on the filling of the CEO post to NCOP by end June 2017.</p> <p>11.2 The FSDoH should provide a list of names of appointed Hospital Board members to the NCOP by end June 2017.</p> <p>11.3 The FSDoH should conduct a feasibility study to assess the possibility for increasing the bed capacity for either Embekweni or Stoffel Coetzee hospitals, or building a new hospital in Mohokare Sub-district. This report should be presented to the NCOP by end November 2017.</p> <p>11.4 As part of its long-term strategy to attract and retain health professionals in the area, the FSDoH should develop a proposal to address the challenges with respect to rental accommodation for health professionals. A progress report in this regard should be submitted to the NCOP by April 2018.</p>	<p>11.1 Interviews have been done, currently awaiting for the appointment of the CEO</p> <p>11.2 CVs submitted to HoD for consideration but some rejected based on lack of requirements</p> <p>11.3 The Xhariep Health District Plan has been compiled and discusses the conceptualisation of upgrading eMbekweni Hospital</p> <p>11.4 The District provides accommodation for qualifying health professionals in line with policy, where available. In addition, the Xhariep Health District Plan addresses this challenge over the long-term.</p>
<p><b>12. THEMBALETHU</b></p> <p>12.1 Given the challenges with interruptions to water supply, the FSDoH should install and connect a new water tank and pressure pump at the Smithfield facility.</p>	<p>12.1 Water supplied by the municipality. Clinic keeps two water tanks for non-drinking purposes.</p>

Recommendation	Progress
<p>The FSDoH should submit a progress report in this regard to the NCOP by end of November 2017.</p> <p>12.2 The FSDoH should develop a strategy for filling key vacancies and submit to the NCOP a progress report by August 2017.</p> <p>12.3 The FSDoH should conduct a feasibility study for installing backup generators in clinics and submit a progress report to the NCOP by end November 2017.</p> <p>12.4 The FSDoH should submit a report to the NCOP by end of August 2017 on its proposed infrastructural projects and refurbishments prioritised for the 2017/18 and 2018/19 financial years. The report should identify how clinics located in the Xhariep District but not included as priorities for the relevant periods will be supported with their infrastructural challenges.</p>	<p>12.2. Security personnel still not available. Cleaner appointed but has not been paid since February 2018, data capturer post filled and 1 Professional nurse post is vacant.</p> <p>12.3 The district budgeted for the installation of UPS at PHC facilities operating for 8 hours in 2018/19. But nothing done regarding back-up generators.</p> <p>12.4 Infrastructure to be refurbished as part of Massification Project.</p>
<p><b>13. GOEDEMOED CORRECTIONAL CENTRE</b></p> <p>13.1 The Department of Correctional Services (DCS) should submit a detailed plan on the pending retirement of 400 officials by 2019/20 financial year. The detailed plan should be submitted by end July 2017 to the NCOP.</p> <p>13.2 The DCS should submit a detailed report on the filling of pharmacy assistant and medical doctor posts as well as procurement and delivery of uniforms for inmates and officials by end July 2017 to the NCOP;</p> <p>13.3 The DCS should submit a detailed report on the payment of rural allowances to DCS nurses by end June 2017 to the NCOP.</p> <p>13.4 The DCS and the FSDoH should submit a progress report to the NCOP on the proposed Memorandum of Understanding on ambulance services to the facility by July 2017.</p>	<p>13.1 FS and NC region including Goedemoed allocated 315 posts for recruitment of learnerships in Correctional Science. Basic training will also be provided. Audit on posts currently underway.</p> <p>13.2 Pharmacist still not be appointed, current structure does not allow for that. All medical posts for doctors filled. The Goedemoed Centre uses sessional medical doctors on contract basis. A cost analysis study on adding more doctors compared to sessional doctors has been done and submitted to Head Office for consideration. Also reported is that uniform for officials was procured and delivered but not all ordered stock was received.</p> <p>13.3 Problem still exists. Matter referred to office of the CDC: HR and the DPSA. Followed up, awaiting feedback from DCS Head Office.</p>



Recommendation	Progress
<p>13.5 The DCS should submit a progress report to the NCOP on making facilities more friendly for persons with disabilities by July 2017.</p>	<p>13.4 Meetings held with Xhariep District Health Management, Joe Gabi District in EC in December 2017 and February 2018. Both parties agreed to render EMS services for Goedemoed. An addendum will be added to the existing SLA between Eastern DCS region and EC DoH to accommodate FS and NC region. Meeting set up for 15 June 2018 to finalise that.</p> <p>13.5 All upgrades done including painting and tiling.</p>
<p><b>14. AREA DEBRIEFING MEETING</b></p> <p>14.1 The FSDoH should provide to the NCOP a detailed plan and progress report on the procurement of new EMS vehicles for Xhariep District. Three monthly reports should be submitted by August 2017, November 2017 and February 2018 respectively.</p> <p>14.2 The FSDoH must further provide a detailed plan to the NCOP on recruitment of 54 EMS operators across all levels for the Xhariep District. Three monthly reports should be submitted by August 2017, November 2017 and February 2018.</p> <p>14.3 The FSDoH must provide to the NCOP an inclusive document on filling of critical posts and volunteers at Embekweni District Hospital by end August 2017.</p> <p>14.4 The FSDoH must also provide a detailed programme with time-frames of all identified health facilities for maintenance and revitalisation for 2017/18 financial year by end of August 2017 to the NCOP.</p> <p>14.5 The Mohokare Local Municipality must furnish its comprehensive strategy on planned programmes for poverty alleviation and job creation for the 2017/18 financial year to the NCOP by end July 2017.</p>	<p>14.1 Five new EMS vehicles procured for Xhariep district, 1 for each local municipality. There is a deficit of 5 ambulances. Have 10 -13 ambulances, ideally there should be 17. There are two Planned Patient Transport vehicles, which are still at the workshop for repairs for more than a month.</p> <p>14.2 It has not been done, however, FSDoH is in the process of appointing 30 employees out of 54 required. Formal administrative processes like submission to the appropriate authority has been done and approved.</p>

Recommendation	Progress
	14.5 Mohokare Local Municipality was not visited this time around. A formal correspondence must be penned to request the strategy

### *Kopanong Local Municipality*

Recommendations	Progress
<p><b>15. BRIEFING MEETING</b></p> <p>15.1 The Kopanong Local Municipality should invite the water entity responsible for bulk water supply in the area, Bloem Water, to provide a briefing to the NCOP delegation on the status of water in Kopanong Municipality by 18 May 2017.</p> <p>15.2 The Kopanong Local Municipality should provide a detailed report to the NCOP delegation pertaining to servicing of the Bloem Water debt by Thursday, 18 May 2017. The report should include the following:</p> <ul style="list-style-type: none"> <li>• how much it owes the entity,</li> <li>• what agreement it has in place with the entity,</li> <li>• how much it has been paying, and</li> <li>• the interest rate charged.</li> </ul> <p>15.3 The Xhariep health District should submit to the NCOP delegation a report on nurses granted study leave by Thursday, 18 May 2017.</p> <p>15.4 The district to provide the NCOP delegation with a comprehensive report regarding Albert Nzula District Hospital. This should take place at the facility site visit on Wednesday, 17 May 2017.</p>	

Recommendations	Progress
<p><b>16. LEPHOI CLINIC</b></p> <p>16.1 The FSDoH should work closely with Provincial Treasury regarding the allocation of adequate funding for key health priorities in the district (for example, rural health services, and key vacancies at health facilities). The FSDoH should submit a progress report to the NCOP in this regard by August 2017.</p> <p>16.2 The FSDoH should establish partnerships with its counterparts in the social services cluster (Social Development, Water and Sanitation) to address the social determinants of health in the district, in line with the National Development Plan (NDP) priorities. This is in relation to the burden of illness in the area which requires an early childhood development strategy , and an effective response to acute malnutrition, and water-related challenges. An update on these areas of concern should be submitted to the NCOP by August 2017.</p> <p>16.3 In accordance with the NDP priorities, the provincial FSDoH and the Xhariep Health District should ensure targets aimed at addressing the social determinants of health are reflected in its Annual Performance Plans (APPs) by April 2018.</p> <p>16.4 The FSDoH should submit a strategy to address challenges highlighted with respect to EMS in Xhariep District to the NCOP by August 2017.</p> <p>16.5 The Xhariep Health District should ensure return of the lawnmower which was lent to another facility by 19 May 2017.</p> <p>16.6 The FSDoH should submit a progress report on the procurement of critical equipment for Lephoi clinic by August 2017. These include: quality BP machines, sterilization equipment, washing machine, and glucose meters.</p>	<p>16.1 The progress report was consolidated by District Manager, Mr Kgasane, and submitted to the NCOP. The FSDoH has worked with Provincial Treasury around the funding of key health priorities.</p> <p>16.2 Partnerships have been established and all reports were consolidated by District Manager and submitted to the NCOP.</p> <p>16.3 The FSDoH and the Xhariep Health District have worked together to ensure that the targets aimed at addressing social determinants of health are reflected in the APPs for 2018/2019.</p> <p>16.4 The FSDoH has submitted its strategy in relation to EMS in Xhariep District to the NCOP.</p> <p>16.5 The entire Kopanong district uses the same lawnmower – it is held at Edenburg and transported to other facilities.</p>

Recommendations	Progress
<p>16.7 The Xhariep Health District should assist the facility in introducing an effective file tracking system, including adequate filing infrastructure, equipment and training by August 2017.</p> <p>16.8 The FSDoH should submit a detailed list of rural health services provided to farming communities in the province to the NCOP delegation by 19 May 2017.</p> <p>16.9 The FSDoH should provide a progress report on rural health services and available mobile units to the NCOP by August 2017.</p>	<p>16.6 Apart for sterilization equipment, all other critical equipment has been delivered. Sterilization is done once per week at Albert Nzula.</p> <p>16.7 Files are currently filed according to ID numbers and the clinic is in the process of migrating to the HPRS-number system. Blood pressure monitors and other machines were received and staff were trained in October 2017.</p> <p>16.8The report has been consolidated and submitted to the NCOP by Xhariep District <b>Manager, Mr Kgasane.</b></p> <p>16.9 The progress report <b>was contained in the consolidated report submitted by Mr Kgasane to the NCOP.</b></p>
<p><b>17. NELSON MANDELA CLINIC</b></p> <p>17.1 The FSDoH should ensure that blockages in SCM processes are resolved within the 2017/18 financial year to enable the facility to function optimally. The FSDoH should submit a report to the NCOP outlining bottlenecks identified in the SCM processes , their root causes and measures implemented to resolve such blockages, by August 2017.</p> <p>17.2The FSDoH, in consultation with the Xhariep Health District, should review the current state of its finances with a view to providing staff with subsidised transport to attend scheduled meetings and training sessions, as well as commuter transport for patients to enable them to honour appointments when referred to the District Hospital.</p>	<p>17.2 The staff transport to attend meeting and training has not been resolved yet. The commuter transport is being resolved except the dental patient transport to Jagersfontein</p>

Recommendations	Progress
<p>17.3 The Xhariep Health District must ensure that sufficient financial resources are provided to the facility as a matter of urgency to procure and/or fix medical equipment.</p> <p>17.4 The FSDoH should submit a detailed report to the NCOP on such review and how, if at all, this will be incorporated into the Adjustment Budget emanating from the Medium Term Budget Policy Statement by November 2017.</p> <p>17.5 The FSDoH and the Xhariep Health District should appoint staff to key positions (such as facility manager, professional nurses, an additional cleaner, security guard and social worker) on a permanent basis to assist the facility to provide adequate health care services as per the Ideal Clinic model, as well as to ensure access to health for patients in farming and rural communities. A progress report in this regard should be submitted to the NCOP by August 2017.</p> <p>17.6 The FSDoH should review the situation of clinics in the district who are in dire need of mobile clinics, whilst the Nelson Mandela clinic currently has three mobile units which are not being utilised due to staff shortages. A needs analysis and review of available mobile clinics must be submitted to the NCOP by August 2017.</p>	<p>17.3 The medical equipment has been addressed. There is a need for a HB Meter.</p> <p>15.5 The Operational manager has been appointed from 2 January 2018. The allied workers matter has being addressed.</p>
<p><b>18. PHEKOLONG CLINIC</b></p> <p>18.1 The FSDoH should engage the provincial Department of Public Works on the possibility of rehabilitating the Phekolong clinic, to address the challenge of space at the facility. A progress report on this initiative should be presented to the NCOP by the end of August 2017.</p> <p>18.2 The FSDoH should ensure that all critical posts in the facility are filled within the 2017/18 financial year. The Department should provide the NCOP with a report</p>	<p>18.1 The infrastructure needs assessment was done.</p> <p>18.2 Critical posts were filled.</p>

Recommendations	Progress
<p>outlining the number of existing vacancies, its recruitment plan to ensure that critical vacancies are filled and by when, as well as challenges experienced in this regard, by August 2017.</p> <p>18.3 The Xhariep Health District should address the challenge of the maintenance and replacement of medical equipment as a matter of urgency and ensure that such services are procured timeously and made available to the facility as a matter of urgency. The FSDoH should provide the NCOP with a copy of its asset maintenance strategy for the facility by August 2017. If such a strategy does not exist, the FSDoH should develop such a plan to demonstrate how it intends addressing the challenge of the maintenance and replacement of medical equipment at the facility.</p> <p>18.4 The FSDoH should provide a progress report on rural health services and available mobile units to the NCOP by August 2017</p>	<p>18.3 The facility has all medical facility and there in need of wall mounted BP Machine</p> <p>18.4 The facility requires the appointment of Professional Nurse to provide rural health services.</p>
<p><b>19. FAURESMITH CLINIC</b></p> <p>19.1 The Portfolio Committee overseeing the FSDoH in the provincial legislature should use its mandate to summon the department to furnish it with details of the circumstances surrounding the development of the Service Level Agreement (SLA) between the FSDoH and the Alliance Against HIV and AIDS (AHA), the standard terms contained therein and whether such terms are adhered to by all parties concerned. The Portfolio Committee should submit a written report on this matter to the NCOP before the end of August 2017.</p>	<p>19.1 The situation improved initially, but then regressed during March and April. Staff indicated that as far as they were aware there were negotiations and agreements in place, despite the current situation.</p>

Recommendations	Progress
<p>19.2 The FSDoH should provide the NCOP with a detailed plan, with timeframes, of the roll-out of the revitalisation of health facilities programme by August 2017.</p>	<p>19.2 The clinic is one of the 5 prioritised facilities for upgrading during 2018/19.</p> <p>NDoH: This facility with average daily patient head count of 56 needs a major upgrade. Necessary steps of infrastructure upgrade processes should be followed. FSDoH is advised to prioritise the facility for upgrade</p>
<p><b>20. ITHUMELENG (XD) CLINIC</b></p> <p>20.1 In consultation with patients and the Clinic Committee, the EMS should review the pick-up and drop-off times to, and from, the facility. Feedback regarding the outcome of the consultation should be provided to the NCOP by August 2017.</p>	<p><b>Could not access the clinic as roads were blocked with rubble, rocks and trees and riot police were monitoring the protests. The protests are in relation to the lack of water in the area. Bloem Water has shut off supplies to Jagersfontein and other areas due to outstanding debts owed by municipalities.</b></p>
<p><b>21. DIAMANT DISTRICT HOSPITAL</b></p> <p>21.1 The FSDoH should conduct a feasibility study/assessment, the findings of which should be reported to the NCOP by November 2017. The study/assessment should explore the possibility of:</p> <ul style="list-style-type: none"> <li>• Creating a hospital SCM hub whereby procurement for certain goods and services is done at a central point in the district.</li> <li>• Employing retired specialist doctors to work at the District and new Regional Hospital on designated days and times. The department could then offer them transport to, and from, the facilities. This would ensure that the hospitals are fully functional.</li> </ul>	

Recommendations	Progress
<p><b>22. ALFRED NZULA DISTRICT HOSPITAL</b></p> <p>22.1 The FSDoH should prioritise the filling of vacant posts before the official opening of the facility on 15 June 2017.</p> <p>22.2 The FSDoH should submit a budget report to the NCOP by July 2017. This report should outline budgetary allocations, any shortfalls, as well as its mitigating strategies to ensure adequate funding for key health priorities in the facility and challenges faced by clinics in the district.</p> <p>22.3 The FSDoH should address the challenges highlighted above with respect to EMS in the Xhariep District and report to the NCOP on progress in this regard by August 2017.</p>	
<p><b>23. MAMELLO CLINIC</b></p> <p>23.1 The Kopanong Local Municipality should address the issue of water interruptions. To this end, the municipality should be in constant dialogue with Bloem Water about payment issues and work in conjunction with the District municipality to resolve the water crisis. A report outlining detailed plans and proof of payment to Bloem Water should be submitted to the NCOP by 18 May 2017.</p> <p>23.2 The FSDoH should develop a strategy to mitigate the challenges identified at the facility, such as filling personnel vacancies, providing commuter transport, and procuring and maintaining medical equipment. The department should submit a copy of its mitigation strategy to the NCOP by August 2017.</p>	<p>23.1 The facility has water since April and the challenge with the toilets have been solved as a result of the water that has been restored.</p> <p>23.2 One cleaner and one pharmacy assistant are still required, although the issues around acting positions have been solved, including the permanent appointment of the clinic manager. The transport issue has also been resolved and a vehicle has been provided to assist with the challenge. Medical equipment has been received earlier during 2018. Quarterly reports are submitted to district office.</p>



Recommendations	Progress
<p><b>24. SEHULARO TAU CLINIC</b></p> <p>24.1 The FSDoH should develop a strategy to mitigate the challenges identified at the facility, such as filling personnel vacancies, providing commuter transport, and procuring and maintaining medical equipment. The FSDoH should submit a copy of its mitigation strategy to the NCOP by August 2017.</p> <p>24.2 The Kopanong Local Municipality should provide a detailed report to the NCOP delegation pertaining to servicing of the Bloem Water debt by Thursday, 18 May 2017.</p> <p>24.3 The Kopanong Local Municipality should provide a detailed report to the NCOP delegation pertaining to the collection of domestic waste from the clinic by Thursday, 18 May 2017.</p> <p>24.4 The District should address the removal of redundant stock as a matter of urgency and report to the NCOP on progress in this regard by August 2017.</p>	<p>24.1 By January, some equipment was delivered.. Glucometers have arrived after January and 3 consulting rooms, 1 emergency room and 1 doctors room have received examination sets (ENT). These were installed in march 2018. The facility also received 6 examination lamps.</p> <p>2 permanent staff members were added since 2017: a new operational manager and a nurse. One professional nurse and one pharmacy assistant are still required on permanent basis. 1 community health care worker and one community service staff member will see their contracts expire in August 2018.</p> <p>24.2 Water was restored at the facility in April 2018.</p> <p>24.3 The municipality is collecting waste regularly.</p> <p>24.4 The equipment and furniture was removed and another process is underway to verify existing stock.</p>
<p><b>25. FLORA PARK CLINIC</b></p> <p>25.1 The FSDoH should provide a detailed plan with timeframes of the construction of the new Flora Park clinic. These should be provided to the NCOP delegation by end of June 2017.</p> <p>25.2 The FSDoH should develop a programme for communities in the Xhariep District that experience social ills and traumatic incidents. This could be done in partnership with other departments in the social and security clusters,for example</p>	<p>25.1 The Flora Park Clinic is not one of the 5 prioritised health facilities for the current (2018/19) financial year, and the construction is planned for 2019/2020.</p> <p><b>SC on Social Services report: The facility is very small and consists of an asbestos structure, which has negative health implications for personnel and patients. The Department reported its plans to rebuild and expand the size of the facility.</b></p> <p>25.2 Outreach projects conducted during 2017 and 2018 include visits to old age facilities and schools. The plan was contained in the submission to the NCOP.</p>

Recommendations	Progress
<p>services offered at Thuthuzela Centres. The FSDoH should submit a plan in this regard to the NCOP delegation by November 2017.</p> <p>25.3 Taking into account the types of health problems the district is faced with, the FSDoH should ensure that relevant health services are available. Thus, a forensics facility should be established in the district, in partnership with SAPS. The FSDoH should undertake a feasibility study and report its findings to the NCOP by November 2017.</p> <p>25.4 Asbestos is a highly toxic substance and its continued use in the Flora Park structure must be addressed immediately. The FSDoH should submit a report to the NCOP by end of June 2017.</p>	<p>25.4 The upgrade and refurbishment of facilities should commence in April 2018 through the Massification Project. The construction of the new Flora Park Clinic is planned for 2019/2020 and a report was submitted to the NCOP in this regard.</p>
<p><b>26. PHILIPPOLIS CLINIC</b></p> <p>26.1 The FSDoH should ensure that all critical posts in the facility are filled within the 2017/18 financial year. The Department should provide the NCOP with a report outlining the number of existing vacancies, its recruitment plan to ensure that critical vacancies are filled and by when, how it intends ensuring access to health for patients in farming and rural communities, as well as challenges experienced in this regard, by August 2017.</p> <p>26.2 The FSDoH should submit a report to the NCOP outlining its strategy to address challenges highlighted with respect to EMS in Xhariep District by August 2017.</p> <p>26.3 The FSDoH should monitor and submit a progress report on the procurement of critical equipment for the Philippolis clinic, such as glucometers, by August 2017.</p> <p>26.4 The FSDoH should provide a progress report on rural health services and available mobile units to the NCOP by August 2017.</p>	<p>26.1 There is still only one professional nurse and one operational nurse. Challenges around vacancies are still ongoing. According to WISN guidelines, the clinic does not qualify for appointing additional staff. Functioning with only one nurse is challenging, especially since meetings have to be attended regularly, which leaves the clinic without the nurse being present to assist with patients.</p> <p>26.2 No improvement in terms of EMS has been made at the facility.</p> <p>26.3 Equipment was delivered during April 2018.</p>

Recommendations	Progress
	26.4 There is still no mobile clinic. With the current staff compliment it would be difficult to operate the unit even if it could be procured.
<b>27. DEBRIEFING MEETING</b>  27.1 A dialogue should be held with relevant stakeholders in order to address the water crisis in Xhariep District before August 2017.  27.2 The NCOP delegation will seek clarity on the status of the FSDoH in respect to the mandate of the Provincial Treasury before August 2017.	

## 2. MANGAUNG METROPOLITAN MUNICIPALITY

### *Botshabelo Local Area*

Recommendations	Progress
<b>27. WINNIE MANDELA CLINIC (MM)</b>  27.1 The FSDoH should review the security needs of the facility given its 24-hour status and submit a report on how it will give effect to the findings of such review to the NCOP by 30 November 2017.  27.2 The Mangaung Metro Municipality should regularly service septic tanks of all clinics and submit to the NCOP a routine maintenance schedule of septic tanks by 30 November 2017.  27.3 The Mangaung health district should prioritise the erection of external signage for all clinics by 31 March 2018.	27.1 The status quo with regard to shortages of security guards remains unchanged. The facility has three permanent and two internship security guards who work day and night on rotational basis. There is only one security guard on duty per shift and this is not enough to a facility which serves an estimated catchment population of 20 778 and approximately 7000 people per month.  27.2 No progress. Maungaung Metropolitan Municipality is yet to submit maintenance schedule of septic tanks.  27.3 Negotiating with municipality with respect to signage - 31 December 2017.

Recommendations	Progress
<p>27.4 The FSDoH should investigate the source of the delays in the delivery of medicines to the facility and submit a progress report to the NCOP by 30 November 2017.</p> <p>27.5 The Mangaung health district should assess the capacity required for a backup generator needed to service the clinic, as well as address the diesel shortages experienced. The FSDoH should submit a progress report to the NCOP by 30 November 2017.</p>	<p>27.5 The assessment was done and facility has a backup generator. There are no diesel shortages at the facility.</p>
<p><b>28. PULE SEFATSA CLINIC</b></p> <p>28.1 The Mangaung Metro Municipality should regularly service septic tanks of all clinics and submit to the NCOP a routine maintenance schedule of septic tanks by 30 November 2017.</p> <p>28.2 The FSDoH should prioritise the appointment of critical vacancies in the facility and submit a progress report to the NCOP by 30 November 2017.</p> <p>28.3 The Mangaung health district should address the diesel shortages experienced as a matter of priority. The FSDoH should submit a progress report to the NCOP by 30 November 2017.</p> <p>28.4 The FSDoH should erect dispensing booths as the pharmacy by 31 March 2017.</p> <p>28.5 The FSDoH should repair of the air-conditioning in the pharmacy as a matter of priority, and submit progress report to the NCOP by 30 August 2017.</p>	<p>28.1 Negotiated with municipality top service septic tank of the facility regularly – 31 October 2017.</p> <p>28.3 A deviation was requested for purchasing diesel outside of contracted service provider – October 2017.</p>
<p><b>29. ITUMELENG CLINIC (MM)</b></p>	

Recommendations	Progress
<p>29.1 The FSDoH should review its SLA with Lesedi Lechabile and Mosamaria, and investigate grievances of CCGs and CHWs. A report should be submitted to the NCOP by 30 November 2017.</p> <p>29.2 The FSDoH should investigate the possibility of extending the current operating hours of the facility, and submit the report on its findings to the NCOP by 30 November 2017.</p>	<p>29.1 No progress. The status quo remains unchanged. The grievances of CCGs and CHWs are yet to be investigated. The CCGs and CHWs are in most cases not paid every month as expected.</p> <p>29.2 Operational on extended hours closing 19h00.</p>
<p><b>30. HARRY GWALA CLINIC</b></p> <p>30.1 The FSDoH should prioritise the filling of critical vacancies, and provide a progress report to the NCOP by 30 November 2017.</p> <p>30.2 The FSDoH should ensure a perimeter fence and external signage are erected by 31 March 2018.</p> <p>30.3 The FSDoH should review the grievances raised by CCGs and CHWs, and submit a report to the NCOP on how it will resolve the issue by 30 November 2017.</p> <p>30.4 The FSDoH should review the physical space requirements of the facility, including erect shelter for patients who are compelled to queue outdoors. A progress report to be provided to the NCOP by 30 November 2017.</p>	<p>30.1 Submission to be done for Clinical and Non-Clinical Posts, attrition and frozen posts. Submission at Provincial Treasury, awaiting approval by HoD and MEC.</p> <p>30.2 Install New fence. 2019/2020 financial year.</p> <p>30.4 Extension of facility and request for more space. It will be placed on the priority list 2019/20 financial year.</p>
<p><b>31. MALETSATSI MABASO CLINIC</b></p> <p>31.1 In the light of extensive structural challenges faced by the facility, the FSDoH should prioritise its refurbishment in order to meet the Ideal Clinic standards. A progress report should be submitted to the NCOP 30 November 2017.</p>	<p>31.2 Prioritised new structure with infrastructure of the Department of Health. Financial year 2021/2022</p>

Recommendations	Progress
<p>31.2 The FSDoH should prioritise the filling of critical vacancies and submit a progress report to the NCOP by 30 November 2017.</p> <p>31.3 The Mangaung health district should prioritise the repair of Information and Communication Technology (ICT) equipment at the facility. The FSDoH should submit a progress report to the NCOP by 30 November 2017.</p>	<p>31.2 Submission to be done for Clinical and Non-Clinical Posts, attrition and frozen posts - Submission at Provincial Treasury, awaiting approval by HoD and MEC.</p>
<p><b>32. BOTSHABELO DISTRICT HOSPITAL</b></p> <p>32.1 Over the medium term, the FSDoH should conduct a cost-benefit analysis on the viability of its continued reliance on Buthelezi Ambulance services, instead of investing in the procurement of its own ambulances. A copy of the findings should be submitted to the NCOP by 31 March 2018.</p> <p>32.2 The Provincial Treasury should continuously support compliance by the FSDoH of financial controls to prevent recurrence of the factors that resulted in it being placed under administration. The Provincial Treasury should submit a progress report to the NCOP on progress made by the FSDoH to date, by 30 September 2017.</p> <p>32.3 The FSDoH should by 30 November 2017 submit to the NCOP a report outlining its strategy to reduce the number of medical litigation cases filed against it annually. The report should include an assessment of key areas which gives rise to litigation and strategies to minimise these risks.</p> <p>32.4 The FSDoH should submit a rollout plan to the NCOP of how it will address the infrastructural defects (including critical maintenance) at the facility by 30 September 2017.</p> <p>32.5 The FSDoH should prioritise the filling of critical vacancies and submit a progress report to the NCOP by 30 November 2017.</p>	

Recommendations	Progress
	32.5 Social worker appointed. One medical officer appointed. Approval for recruitment of a Medical officer obtained. 1 Dentist appointed.

#### *Bloemfontein Local Area*

Recommendations	Progress
<p><b>33. WESTDENE CLINIC</b></p> <p>33.1 The Mangaung district health in partnership with SALGA should ensure the re-establishment of the Westdene Clinic Committee by 30 November 2017.</p> <p>33.2 The FSDoH should develop incentives to encourage communities to participate in health facilities' governance structure, as well as partnerships with existing civil society organisations. Progress report to be submitted to NCOP by 30 November 2017.</p> <p>33.3 The FSDoH should assess the physical space requirements of the facility, and development a business case for a new/ or refurbished structure by 31 March 2018.</p> <p>33.4 The FSDoH should in the interim erect a temporary shelter to extend the waiting area of the facility by 31 March 2018.</p>	<p>33.1 Clinic committee resuscitated, joint with Gabriel Dichabe.</p> <p>33.2 No progress.</p> <p>33.3 Assessment conducted in July 2018. No report available as yet. Deadline not met.</p>

Recommendations	Progress
<p>33.5 The FSDoH should submit its health recruitment plan, detailing the staffing needs, positions to be prioritised in relation to available budget. This plan should be submitted by end of March 2018.</p>	<p>33.4 No progress.</p> <p>33.5 No progress.</p>
<p><b>34. THUSONG CLINIC</b></p> <p>34.1 The FSDoH should prioritise the recruitment of the following staff for the 2018/19 financial year: 3 additional professional nurses (Ante Natal Care (ANC) services, chronic and mental health patients, and emergencies/curative care), 2 Nursing Assistants (for ANC services; and emergencies/curative care). Progress reports due to the NCOP by 31 March 2018.</p> <p>34.2 FSDoH should procure suitable generators for the facility in case of emergencies during the 2018/19 financial year. Progress reports due to the NCOP by 31 March 2018.</p> <p>34.3 The FSDoH should provide a detailed implementation plan of the construction work in progress at the facility to the Free State Legislature (Portfolio Committee) and the NCOP by 25 August 2017. The Free State Portfolio Committee should conduct ongoing oversight in this regard to ensure timeframes and the allocated budget are adhered to.</p> <p>34.4 The Mangaung health district, should assist the facility manager with a strategy to reduce the waiting times at the facility, and should review all standard operating procedures (including staggered lunch breaks) to reduce waiting times by 30 September 2017.</p>	<p>34.1 One professional nurse allocated to Thusong permanently. FSDoH reported that a data clerk was appointed and would report on duty from 2 April 2018 – this has not happened. In addition, a cleaner from the district office would be placed at Thusong clinic by 2 April 2018 – this has not materialised. The staffing situation therefore remains unchanged. No progress.</p> <p>34.2 No progress.</p> <p>34.3 No progress.</p>



Recommendations	Progress
	<p>34.4 Facility manager introduced file retrieval the previous day for chronic patients, chronic medication pick-up points, patient booking system introduced. Staff are updating filing that are in arrears over weekends. Mangaung health district did not provide support in this regard. The additional clerk recommended by the NCOP would make a difference. Limited progress.</p>
<p><b>35. MMABANA CLINIC</b></p> <p>35.1 The Mangaung health district should provide support to the Facility Manager in order to implement strategies that will address the negative staff attitudes reported by members of the public by 30 September 2017. The FSDoH should monitor and provide the relevant support in this regard.</p> <p>35.2 The FSDoH should assess the infrastructure requirements of the facility and develop a strategy to address challenges identified by 31 March 2017.</p>	<p>35.1 Clinic Manager addressed, matter referred to labour relations. Person received an audit letter.</p> <p>35.2 Facility to be refurbished during 2018/19 financial year.</p>
<p><b>36. BAINSVLEI CLINIC</b></p> <p>36.1 The FSDoH should prioritise the appointment of 3 professional nurses instead of enrolled nurses in order to address the operational challenges at the facility. A progress report should be submitted to the NCOP by 31 March 2018.</p> <p>36.2 To ensure the dignity of persons with disabilities, the FSDoH should ensure amenities are remodelled in terms of the required norms and standards. Given the</p>	<p>36.1 Nursing posts were frozen and no new appointments made to date. Need 3 professional nurses to comply with ideal clinic requirements.</p> <p>36.2 Rails have been installed to be suitable for use for people with disabilities.</p>

Recommendations	Progress
<p>critical nature of this recommendation, the FSDoH should report progress to the NCOP by no later than 30 September 2017.</p> <p>36.3 The Mangaung health district, with the support of the FSDoH should prioritise the re-establishment of a clinic committee. Progress should be reported to the NCOP by 30 November 2017.</p> <p>36.4 The Mangaung health district should prioritise the maintenance of firefighting equipment, including the fire hydrant not connected to a water source. The FSDoH should report progress to the NCOP by no later than 30 September 2017.</p>	<p>36.3 The clinic and the district are in the process of establishing a clinic committee.</p> <p>36.4 The fire hydrant has been connected to water source.</p>
<p><b>37. MUCPP CHC</b></p> <p>37.1 The FSDoH should prioritise the filling of critical vacancies and submit a progress report to the NCOP by 30 November 2017.</p> <p>37.2 The FSDoH should ensure that there is a pharmacist at the facility at all times to support and monitor pharmacy assistants and Community Service pharmacists. The pharmacist vacancy should be filled by November 2017, with a roving pharmacist to be appointed in the interim.</p> <p>37.3 Clinic Committee: The Ward Councillors should be part of the Clinic Committee, and should be invited to future meetings. Recommendation to be implemented with immediate effect, August 2017.</p> <p>37.4 The FSDoH should initiate the process revive the collaboration between MUCPP and the University of Free State with the view to establishment a committed</p>	<p>37.1 Submission to be done for Clinical and Non-Clinical Posts, attrition and frozen posts. With Provincial Treasury awaiting HoD and MEC for Provincial Treasury signature. No appointments made by 11 July 2018.</p> <p>37.2 Vacancies still exist.</p> <p>37.3 New clinic committee elected on 4 July and ward councillor a member of committee.</p>

Recommendations	Progress
<p>partnership. The FSDoH to report progress to the NCOP by latest 30 November 2017.</p> <p>37.5 The FSDoH should ensure that the facility has adequate security systems and an electronic filing system in order to minimise long waiting times and ensure the safety of patient records, by March 2018.</p> <p>37.6 The Mangaung health district office should provide support to the Facility Manager in order to strengthen governance and operational management at the facility with immediate effect, August 2017.</p>	<p>37.4 Partnership has not been reviewed to date – existing relationship since August 2017.</p> <p>37.5 No new security personnel appointed, nor alarms installed. Currently employ 5 security officers per shift. 24-hour security services. Gender parity required w.r.t security officers.</p>
<p><b>38. GROOTVLEI CORRECTIONAL CENTRE</b></p> <p>38.1 The Regional Commissioner should submit a progress report to the NCOP with respect to the filling of positions identified, but not on the approved staff establishment by 30 November 2017.</p> <p>38.2 The Regional Commissioner should submit a progress report to the NCOP with respect to the procurement of the back-up generator and Centre power upgrades by 30 November 2017.</p> <p>38.3 The DCS and the NDOH should collaborate to provide policy direction with respect to mental health patients in correctional facilities. The DCS should provide a progress report to the NCOP by 31 March 2018.</p>	<p>38.3 The DCS and the NDOH collaborate and policy direction, with respect to mental health patients in correctional facilities, is provided:</p> <ul style="list-style-type: none"> <li>• Mental health care users are managed according to the Mental Health Care Act, Act 17 of 2002.</li> </ul>

Recommendations	Progress
	<ul style="list-style-type: none"> <li>• Mental health care users are referred to the external health care facilities according to the level of care.</li> <li>• Psychiatrists from the Free State Psychiatric Complex visit the Correctional Centre on bi-weekly basis to assess and treat mental health care users.</li> <li>• 72 Hours Mental Health Care observations are catered for at Pelonomi Regional Hospital for observation and further management.</li> </ul>
<p><b>39. MANGAUNG CORRECTIONAL CENTRE</b></p> <p>39.1 The DCS and the NDOH should collaborate to provide policy direction with respect to mental health patients in correctional facilities. The DCS should provide a progress report to the NCOP by 31 March 2018.</p> <p>39.2 The Regional Commissioner should submit a report to the NCOP outlining the strategy to communicate any change in policy directives to the Mangaung Correctional Centre with the view to ensuring that applicable norms and standards are maintained. The report to be submitted to the NCOP by 30 November 2017.</p>	<p>39.1 The DCS and the National Department of Health collaborate and policy direction, with respect to mental health patients in Correctional facilities, is provided:</p> <ul style="list-style-type: none"> <li>• Mental health care users are managed according to the Mental Health Care Act, Act 17 of 2002.</li> <li>• Mental health care users are referred to the external health care facilities according to the level of care.</li> <li>• Psychiatrists from the Free State Psychiatric Complex visit the Correctional Centre on bi-weekly basis to assess and treat mental health care users.</li> <li>• 72 Hours Mental Health Care observations are catered for at Pelonomi Regional Hospital for observation and further management.</li> </ul>
<p><b>40. BLOEMSPRUIT CLINIC</b></p> <p>40.1 The should submit a rollout plan to the NCOP for addressing the infrastructural defects (including critical maintenance) at the facility by 30 September 2017.</p>	<p>40.1 Maintenance HUBS created between the district office and national hospital.</p>

Recommendations	Progress
<p>40.2 The FSDoH should ensure damaged ablution facilities are repaired and a progress report submitted to the NCOP by no later than 30 September 2017.</p> <p>40.3 The Mangaung health district should repair the damaged telecommunications equipment in the facility. The FSDoH should submit a progress report to the NCOP by no later than 30 September 2017.</p> <p>40.4 The Mangaung health district should support the Facility Manager in order to develop a queue management system in order to reduce patient waiting times. This should include a system to ensure a seamless process for the collection of chronic medication. The FSDoH should report progress to the NCOP by 30 September 2017.</p> <p>40.5 The Free State Provincial Legislature committee tasked with health should include the Bloemspruit site in its current oversight programme and report progress to the NCOP by 31 March 2017.</p> <p>40.6 The FSDoH should prioritise the filling of critical vacancies and submit a progress report to the NCOP by 30 November 2017. The report should include information on the number of people in acting positions and the period they have occupied these positions.</p> <p>40.7 The FSDoH should submit to the NCOP a rollout plan of training for administrative staff on the use of the electronic record management system by 30 September 2017.</p> <p>40.8 The FSDoH should investigate the use of alternative energy sources for facilities in the event of electricity interruptions and should submit a progress report in this regard to the NCOP by 31 March 2018</p>	<p>40.2 The overflowing septic tank has been repaired.</p> <p>40.3 Clinic supplied with mobile phone. Vodacom to extend telephone lines to consulting rooms by 30 September 2017.</p> <p>40.4 The Clinic has adopted an Ideal Clinic appointment system called HPRS. This is a pre-retrieval file system whereby patients receive appointments for the collection of medicine. This has reduced the clinic waiting time and queues.</p> <p>40.5 The Free State Legislature has not visited the facility</p> <p>40.6 Submission to be done for clinical and non-clinical post, attribution and frozen post – by 31 March 2018. Staffing corrected through staff reallocation, other staff member who were on training at the time completed their studies and are now working in the clinic.</p> <p>40.7 Training has been provided for admin clerks.</p> <p>40.8 There is no backup electricity supply such as a generator or solar system.</p>

Recommendations	Progress
<p><b>41. FICHARDT PARK CLINIC</b></p> <p>41.1 The FSDoH should submit to the NCOP by 30 November 2017 a rollout plan of how it will address the following challenges identified at the clinic:</p> <ul style="list-style-type: none"> <li>• Filling of critical vacancies</li> <li>• Space requirements, including storage space, waiting area and patient records.</li> <li>• Maintenance and servicing of medical equipment</li> <li>• Training of staff to use medical equipment optimally</li> <li>• Security</li> <li>• Medical waste management</li> <li>• Improving ambulance response times</li> </ul>	<p>41.1 The clinic is earmarked for the infrastructure project from 2018/19 to be completed in 2020/21. An update below:</p> <ul style="list-style-type: none"> <li>• Critical vacancies have not been filled; however, there is an urgent need for professional nurses.</li> <li>• The clinic floors were repaired, walls painted and broken windows repaired.</li> <li>• No progress with respect to space requirements, storage space, waiting area, patient records, archiving and filling.</li> <li>• Some of the medical equipment have been serviced and are currently operational and in good working order.</li> <li>• Staff were trained on the use of medical equipment.</li> <li>• The facility does not have an alarm system, nor were any security personnel employed. There is however a perimeter fence.</li> <li>• Medical waste is still stored in the bathroom</li> <li>• Ambulance response time remains irregular and erratic.</li> </ul>
<p><b>42. HEIDEDAL</b></p> <p>42.1 The FSDoH should submit a progress report every three months to the NCOP on the current construction on site until its date of completion. Reporting should commence on 30 September 2017.</p> <p>42.2 The FSDoH should submit a report to the NCOP outlining the security arrangements at Heidedal clinic, as distinct from Pelonomi hospital. Report to be submitted by 30 September 2017.</p>	<p>42.2 The challenges around security has not been addressed. It is reported that the situation has in fact worsened. This is because some of the security personnel were relocated to Opkoms Clinic and Pelonomi Hospital. As the result, there are times when no security personnel based at the facility.</p>

Recommendations	Progress
<p>42.3 The FSDoH should submit a report on the status of the EMS vehicle previously based at Heidedal clinic by 30 September 2017.</p> <p>42.4 The FSDoH should submit reports every three months to the NCOP on progress towards resolving the labour relations issues at Heidedal clinic (including overtime claims). Reporting should commence on 30 September 2017.</p> <p>42.5 The FSDoH should submit a plan to the NCOP for resolving the reduced operational hours of the pharmacy, as well as the lack of protective gear and uniforms to staff by 30 September 2017.</p> <p>42.6 The FSDoH should prioritise the filling of critical vacancies and submit a progress report to the NCOP by 30 November 2017.</p>	<p>42.3 EMS offices &amp; ambulance are stationed at the District office and all calls for ambulances are logged through the call centre/control room as control mechanism and monitoring</p> <p>42.4 Visit conducted by Labour Relations office. Staff Indaba and support visits by District Management done. Facility sectional meetings hosted to promote communication. Previous accruals were paid.</p> <p>42.5 Operational hours: Daily 07:30 - 19:00; Sat 08:00 - 14:00; Sun 08:00 - 12:00. There is a medicine cupboard for patient medicines after pharmacy is closed. There x3 Pharmacist assistant and 1 Pharmacist + 2 Comm serve Pharmacist</p> <p>42.6 Submission done for clinical and non-clinical posts, attrition and frozen post – approval pending.</p>
<p><b>43. ONE STOP CLINIC</b></p> <p>43.1 The FSDoH should investigate the possibility of extending the size of the clinic, and increasing its operational hours to 24-hours per day. Findings should be submitted to the NCOP by 30 November 2017.</p> <p>43.2 The Mangaung health district should explore the use of the local community hall as a pickup point for patients in need for commuter transport. Findings should be submitted to the NCOP by 30 November 2017.</p> <p>43.3 The Mangaung health district should support the Facility Manager with strategies (and resources where required) aimed at eliminating the current practices which force patients to bring their own urine the clinic. The FSDoH should submit a progress report to the NCOP by 30 September 2017.</p>	<p>43.1 Extension of clinic identified for 2021/22 financial year. It has been agreed that only the clinic in Wepener is earmarked to be a 24-hour facility as is located at the centre of the former Naledi district. The communities of Vanstadensrus and Dewetsdorp could use the 24-hour clinic in Wepener.</p> <p>43.2 The patients are using the clinic as a pickup point as the commuter transport only leaves at 7:30am as opposed to the previous 6am pickup time. There is a dedicated person who opens the clinic early in order to accommodate the patients waiting for the commuter transport.</p>

Recommendations	Progress
	43.3 Currently, patients are provided with containers by the clinic and draws urine at the clinic. Only pregnant women bring containers with the urine samples to the clinic (only those who are able to bring containers).
<p><b>44. IKGOMOTSENG CLINIC</b></p> <p>44.1 The FSDoH should investigate grievances of CCGs and CHWs. A report should be submitted to the NCOP by 30 November 2017.</p> <p>44.2 Over the medium term, the FSDoH should conduct a cost-benefit analysis on the viability of its continued reliance on Buthelezi Ambulance services, instead of investing in the procurement of its own ambulances. A copy of the findings should be submitted to the NCOP by 31 March 2018.</p> <p>44.3 To ensure the dignity of persons with disabilities, the FSDoH should ensure amenities are refurbished in terms of the required norms and standards. Given the critical nature of this recommendation, the FSDoH should report progress to the NCOP by no later than 30 September 2017.</p> <p>44.4 The FSDoH should submit to the NCOP a rollout plan for the training of clinical staff on the use of the newly acquired equipment by 30 September 2017.</p>	<p>44.1 No progress reported.</p> <p>44.2 No progress reported.</p>
<p><b>45. LOURIERPARK CLINIC</b></p> <p>45.1 The FSDoH should prioritise the filling of critical vacancies (especially a pharmacist or pharmacist assistant) and submit a progress report to the NCOP by 30 November 2017.</p> <p>45.2 The FSDoH should investigate the refurbishment of the clinic, and engage with the municipality on possible land for relocation. Progress report due to the NCOP by 30 November 2017.</p>	<p>45.1 Submission to be done to Provincial Treasury for clinical and non-clinical posts, attrition and frozen posts. Appointment of pharmacy assistant to be prioritised. Critical list have been submitted to corporate office and to Provincial Treasury in turn.</p> <p>45.2 Negotiate with municipality for bigger space in same building complex by November 2017. Submission handed over to municipality. The proposed action is the prioritisation of a new clinic on the provincial list.</p>



Recommendations	Progress
<p>45.3 The Mangaung health district should support the Facility Manager in order to re-establish the defunct clinic committee. Once re-established, one of its priority areas should be to engage with unemployed youth in the community in order to encourage them to volunteer at the clinic for cleaning and related activities. This will assist in reducing the workload of the clinic staff.</p>	<p>45.3 Community Development Unit in process of resuscitation of the clinic committee – due by December 2017.</p>
<p><b>46. GABRIEL DICHABE CLINIC</b></p> <p>46.1 To promote the dignity of persons with disabilities, the FSDoH should ensure amenities are refurbished in terms of the required norms and standards. Given the critical nature of this recommendation, the FSDoH should report progress to the NCOP by no later than 30 September 2017.</p> <p>46.2 The FSDoH should submit to the NCOP a rollout plan for training of clinical staff on the use of the newly acquired equipment by 30 September 2017.</p> <p>46.3 The FSDoH should prioritise the appointment of critical vacancies in the facility and submit a progress report to the NCOP by 30 November 2017.</p> <p>46.4 The FSDoH should submit a rollout plan to the NCOP for addressing the infrastructural defects (including critical maintenance) at the facility by 30 September 2017.</p>	<p>46.1 No progress reported.</p> <p>46.2 The clinic was allocated additional professional nurses.</p> <p>46.3 The clinic was allocated additional professional nurses however the clinic still urgently needs two additional pharmacy assistants.</p> <p>46.4 Progress on infrastructure:</p> <ul style="list-style-type: none"> <li>• There is an additional toilet that was opened with an agreement with the municipality; however this is still inadequate.</li> <li>• There is still no emergency exit and this remains a serious challenge.</li> <li>• There is no parking for both emergency ambulance services and staff parking.</li> <li>• The electricity back-up is a challenge; however procurement process has been initiated by the Infrastructure Department and the target is March 2019.</li> <li>• Air-conditioners have been installed even thou they are erratic.</li> <li>• Security doors were not installed.</li> </ul>

Recommendations	Progress
	The clinic has critical infrastructure needs; however funding to effect improvements remains a challenge.
<p><b>47. OPKOMS CLINIC</b></p> <p>47.1 The FSDoH should development incentives to encourage communities to participate in health facilities' governance structures, as well as partnerships with existing civil society organisations. Progress report to be submitted to NCOP by 30 November 2017.</p> <p>47.2 The FSDoH should submit a rollout plan to the NCOP for addressing the infrastructural defects (including critical maintenance) at the facility by 30 September 2017.</p>	<p>47.1 Ward Committee and the Councillor are participating in the Clinic Committee. New elections will be held on the 18 June 2018 for the establishment of a new Clinic Committee.</p> <p>47.2 Progress:</p> <ul style="list-style-type: none"> <li>Upgrades to the clinic are planned from 2018/19 to 2019/20. There still is a challenge of infrastructure defects. However, the entire building is scheduled for a comprehensive reconstruction during the current financial year, ending 2020.</li> <li>FSDoH reported that in the near future, the clinic will be awarded a modular structure to operate from temporarily. No progress to date on actual implementation.</li> <li>The clinic currently employs 24hr security.</li> </ul>
<p><b>48. KAGISANONG CLINIC</b></p> <p>48.1 The FSDoH should submit to the NCOP a rollout plan for training for clinical staff on the use of the newly acquired equipment by 30 September 2017.</p> <p>48.2 The FSDoH should submit a rollout plan to the NCOP for addressing the infrastructural defects (including critical maintenance) at the facility by 30 November 2017.</p> <p>48.3 The FSDoH should investigate the reported lack of tools to conduct maintenance at health facilities and submit a progress report to the NCOP by 30 November 2017.</p>	<p>48.1 Progress:</p> <ul style="list-style-type: none"> <li>A total of 36 Professional Nurses in the District were trained on equipment use. The trained staff are expected to cascade training in facilities.</li> <li>It was confirmed that training on equipment was offered, while basic life support and computer training is on-going. A total of 38 Professional Nurses in the District were trained on equipment use. The trained personnel are expected to cascade training in facilities.</li> </ul> <p>48.2 Progress:</p>

Recommendations	Progress
	<ul style="list-style-type: none"> <li>• One office was converted to expand the pharmacy area.</li> <li>• Partitioning was done using dry walls.</li> <li>• Floors covered with vinyl flooring</li> <li>• Walls were painted.</li> <li>• Broken ceilings were repaired and cupboards replaced.</li> <li>• Filing cabinet are still needed.</li> <li>• Additional filing cabinets are budgeted for 2018/19 financial year.</li> <li>• No road signage: all facilities need better visibility. Internal signage for all facilities in Mangaung Metro budgeted for in 2018/19 financial year. Negotiations underway between the FSDoH and Traffic Department to identify signage sites on the road.</li> <li>• New air-conditioners have been installed in the office and pharmacy; but none in the consulting rooms.</li> <li>• Medical waste room is still a challenge.</li> <li>• Redundant assets are not collected and asset management procedure is needed.</li> <li>• There is a general practice by service providers and contractors to arrive unannounced at clinics to conduct repairs without any involvement of the clinic. There seems to be no compliance with procedure and job specifications for quality checks, and the result is widespread shoddy.</li> </ul> <p>48.3 The lack of maintenance stools is still a challenge since personnel continue to struggle with the lack of tools such as drills etc.</p>
<p><b>49. UNIVERSITAS ACADEMIC HOSPITAL</b></p> <p>49.1 The FSDoH should explore the use of alternative sources of security services to the health facilities (such as retired police officers and military veterans). In this regard, the FSDoH must provide a report to the NCOP by 30 November 2017.</p>	<p>49.1 The hospital has taken the initiative to close-off specific entry points after hours. It was assigned car guards who are registered with the municipality. In addition, it employs its own security during the day.</p>

Recommendations	Progress
<p>49.2 The FSDoH must provide a report to the NCOP on the rationale for the centralisation of the budget for health facilities' security services at the Premier's Office by latest 30 November 2017.</p> <p>49.3 The Provincial Treasury should provide a report to the NCOP on the status of the FSDoH administration intervention by latest 30 November 2017.</p> <p>49.4 The NCOP recommends that the Premier's Office must release the budget for the filling of vacancies and appointment of security services from his office as it is delaying service delivery at health facilities. The Premier's Office must submit a report 30 days after the adoption of this report by the NCOP.</p> <p>49.5 The FSDoH should provide to the NCOP a copy of the agreement on the referrals of patients from Lesotho to hospitals in the province by latest 30 November 2017.</p> <p>49.6 The FSDoH should submit to the NCOP a progress report by 30 November on the following:</p> <ul style="list-style-type: none"> <li>• Filling of vacancies</li> <li>• Infrastructure development and maintenance</li> <li>• Maintenance and service of medical equipment</li> <li>• Training of staff to use recently acquired medical equipment</li> <li>• Security at health facilities</li> <li>• Medical waste management.</li> </ul> <p>49.7 The FSDoH should, together with the Task Team on Lesotho debt, brief the Portfolio Committee on Health and the Select Committee on Social Service on progress made on debt collection of R81 million owed by Lesotho by latest 30 November 2017.</p>	<p>49.4 The is no improvement in this area except that 55 professional nurses were appointed last year. Moreover, the hospital is not able to replace administrative staff, cleaners and security personnel, due to excessive bureaucratic processes set out by the Provincial Treasury.</p> <p>49.6 Progress:</p> <ul style="list-style-type: none"> <li>• Infrastructure development: The hospital needs financial injection for upgrading infrastructure development and maintenance like air conditioners, lifts, heating system, etc.</li> <li>• Security: It was reported that the institution is not experiencing any vandalism, theft and burglary.</li> <li>• Medical equipment maintenance: The hospital is doing reasonably well in the maintenance of medical equipment; only delays are on contracts with suppliers.</li> </ul>

Recommendations	Progress
	<ul style="list-style-type: none"> <li>• Training of staff: most of the equipment is high-level technical equipment and the service providers conduct training of staff on behalf of the hospital.</li> <li>• Medical waste: The hospital does not experience problems with medical waste as it outsources, and contracts an outside independent supplier for the management of waste.</li> </ul>
<p><b>50. PELONOMI TERTIARY HOSPITAL</b></p> <p><i>Infrastructure:</i></p> <p>50.1 The FSDoH, in liaison with the NDoH, should prioritise a complete upgrade of the hospital. At the time of the said upgrade, patients and staff should be moved to surrounding facilities until the upgrade is complete. There should be a clear rollout plan, with timeframes and budget allocation for the upgrade project. This should be provided to the NCOP within a year, by end 31 August 2018.</p> <p>50.2 As part of the upgrade, two new boilers should be installed, with a capacity of at least 16 tons each. The plumbing in the basement should be re-routed and located outside of the building. The entire electrical system should be upgraded and sub-stations serviced annually to reduce the risk to the facility.</p> <p>50.3 Further, the management of infrastructure projects should be based at the hospital, and not managed by project managers based at the provincial office.</p> <p><i>Staffing and governance:</i></p> <p>50.4 The FSDoH should ensure that Pelonomi hospital has its own organogram, with a fully-fledged staff complement. In addition, the recruitment and employment of professional nurses should be prioritised, especially those who are skilled in the operating theatre. The recruitment process should be started by 31 March 2018.</p>	<p>50.2 The existing boiler repaired was. No update on purchasing of two 16-ton boilers, rerouting of the plumbing and updating of the electrical system.</p> <p>50.3 No progress reported.</p>



Recommendations	Progress
	50.7 The hospital is using live DHIS to capture data. Data is captured on daily basis by service units. Institution to write a submission on DHMIS compliance requirements to COO/HoD. Records revitalization project prioritized for 2018/19.

### *Naledi Local Area*

Recommendations	Progress
<p>51. VANSTADENSURUS</p> <p>51.1 The FSDoH, in consultation with the NCOP Secretariat, should facilitate the attendance of officials from the Provincial Treasury at all briefings that involve issues with financial implications. This recommendation should be implemented with immediate effect.</p> <p>51.2 In the absence of the mobile clinic operating in the surrounding farming areas, the District reported that it intends having discussions with the farmers to accommodate core areas for patients from the farming areas. The District must provide a progress report on the discussions with the farm owners to the NCOP by 30 October 2017.</p> <p>51.3 The FSDoH should submit a human resources plan for the filling of critical vacancies to the NCOP by 30 October 2017.</p> <p>51.4 The District informed the delegation that it had procured six mobile clinics, four of which are expected to be fully functional by September 2017. The District should</p>	

Recommendations	Progress
<p>provide a report to the NCOP on whether the mobile clinics are fully functional by 30 October 2017.</p> <p>51.5 The FSDoH, in consultation with the Department of Public Works, should submit a plan for refurbishing infrastructure at the clinic, with clear timeframes and an indication of how this will be funded, to the NCOP by 30 November 2017.</p>	<p>51.3 A critical list was submitted to Provincial Treasury – awaiting approval.</p> <p>51.4 A total of 20 Mobile clinics will be procured in April 2018. One mobile unit will be allocated to the farming community in Van Stadensrus. The personnel for mobile services will be appointed during 2018/19.</p> <p>51.5 The extension of the clinic will be prioritised by end of 2020/21 financial year.</p>
<p>52. LEBOHANG</p> <p>52.1 The FSDoH should provide a progress report to the NCOP by 30 October 2017 on its progress in responding to District’s request for the filling of vacant posts and acquisition of filing cabinets.</p> <p>52.2 The Clinic Committee should serve as a link between the clinic and the community. The FSDoH, in consultation with the district, should engage with the clinic committees with a view to exploring options for addressing challenges that prevent such committees from functioning effectively and provide a progress report to the NCOP by November 2017.</p> <p>52.3 The Portfolio Committee on Health in the Free State Provincial Legislature should follow up on the matter of the EMS sharing space with the clinic. In this regard, the Secretary to the NCOP should facilitate communication between the Chairperson of the NCOP and the Speaker of the Provincial Legislature by September 2017.</p>	<p>52.1 A critical staffing list was submitted to Provincial Treasury - awaiting HoD and MEC approval.</p> <p>52.2 No progress reported.</p> <p>52.3 Naledi allocated 3 new ambulances – 30 October 2017. The matter of EMS sharing space not reported for progress.</p>



Recommendations	Progress
<p><b>53. DINAANE CLINIC</b></p> <p>The FSDoH should by 30 November 2017:</p> <p>53.1 Submit a comprehensive report on its maintenance plans and accompanying budget.</p> <p>53.2 Submit a comprehensive report on why FSDoH did not implement plans to build a new clinic in 2010.</p> <p>53.3 Submit a report on the expenditure of its conditional grant in the 2017/18 and 2018/19 financial years.</p> <p>53.4 Ensure that its budget planning for the 2018/19 financial year includes the allocation of resources to refurbish the old clinic, whilst waiting for a new site to be identified and new clinic to be built.</p>	<p>53.1 Facility is on the FSDOH infrastructure plan. Construction of new facility will commence in 2018/19.</p> <p>53.2 No progress reported.</p> <p>53.3 No progress reported.</p>
<p><b>54. DR JS MOROKA DISTRICT HOSPITAL</b></p> <p>54.1 The FSDoH should expedite the approval of overtime claims to avoid a general collapse of services rendered after hours and on weekends, and submit a progress report to the NCOP by 30 September 2017.</p> <p>54.2 The FSDoH should investigate claims of inferior quality equipment and consumables across the Mangaung Metro and submit a report to the NCOP by 30 November 2017.</p>	

Recommendations	Progress
<p>54.3 The FSDoH, in consultation with the district, should address staff shortages by fast-tracking the filling of critical posts, approving posts funded by conditional grants and lifting the moratorium on frozen posts. The FSDoH should submit a progress report to the NCOP by November 2017.</p> <p>54.4 The FSDoH should assess the feasibility of decentralisation of contracts to allow involvement of stakeholders on the ground (nurses and doctors). A progress report should be submitted to the NCOP by November 2017.</p> <p>54.5 The FSDoH should ensure allocation of sufficient budget to procure service, repair and replace medical equipment. A progress report should be submitted to the NCOP by November 2017.</p>	
<p><b>55. KGALALA CLINIC</b></p> <p>55.1 The FSDoH, in consultation with SAPS, should develop an action plan for enhancing security at the clinic with specific timelines, and should submit it to the NCOP by September 2017.</p> <p>55.2 The FSDoH should investigate the use of alternative energy sources for the clinic in the event of electricity interruptions and should submit a progress report in this regard to the NCOP by 31 March 2018.</p> <p>55.3 The FSDoH and the Roads and Transport department should prioritise the upgrade of the access roads in the Local Area. The Department of Roads and Transport should submit a progress report to the NCOP by 30 November 2017.</p> <p>55.4 The FSDoH should ensure more regular visits by the sessional doctor and submit a progress report to the NCOP by 30 November 2017.</p>	<p>55.1 The alarm system that is linked to an armed response team will be installed in the facility by June 2018. The alarm system is installed in the facility. The security issues is attended by the DPW – security not yet deployed.</p>

Recommendations	Progress
<p><b>56. MAFANE CLINIC</b></p> <p>The FSDoH should:</p> <p>56.1 In consultation with the district, review the staff establishment of the clinic by conducting a benchmarking study.</p> <p>56.2 Collaborate with the municipality to assist the clinic with infrastructure maintenance challenges, including the possible extension of the clinic.</p> <p>56.3 Submit an implementation plan, with specific timeframes, to the NCOP by November 2017.</p>	
<p><b>57. SEADIMO CLINIC – MOROTO TRUST</b></p> <p>57.1 The FSDoH should submit a copy of its maintenance plan and a maintenance expenditure and performance report for the 2016/17 and 2017/18 financial years to the NCOP by 30 September 2017.</p> <p>The FSDoH should:</p> <p>57.2 Prioritise the employment of security personnel and the fencing of the clinic in the current financial year (2017/18).</p> <p>57.3 Assist the clinic with structural challenges.</p> <p>57.4 Factor a new clinic structure into its planning for the next financial year (2018/19).</p>	<p>57.2 Only reported that an alarm system has been installed.</p> <p>57.4 The new facility is not planned by the FSDoH in 2018/19.</p> <p>57.5 The road infrastructure remains poor. Councillors are aware of the challenges, but requires coordination due to the fact that parts of the road are national and provincial roads.</p>

Recommendations	Progress
<p>57.5 Facilitate engagements with the Municipality with a view to addressing poor road infrastructure.</p> <p>57.8 Report to the NCOP on above-mentioned progress by 30 November 2017.</p>	
<p><b>58. KLIPFONTEIN CLINIC</b></p> <p>58.1 The FSDoH should prioritise the fencing of the facility during the 2018/19 financial year, and submit its report on resources allocated to this project to the NCOP by 30 March 2018.</p> <p>58.2 The FSDoH should review its risk strategy to ensure rural health facilities, such as Klipfontein, do not experience unfair bias in terms of safety and security. The FSDoH should submit a revised risk report, including measures to mitigate security risks at Klipfontein clinic, to the NCOP by 30 November 2017.</p> <p>58.3 Given the security risk at the facility, the Mangaung health district, supported by the FSDoH, should put measures in place to secure patient records and other confidential information as a matter of priority. The district must submit a progress report in this regard to the NCOP by no later than 30 October 2017.</p>	

## PART E: PUBLIC HEARING SUBMISSIONS

The 2017 TPTTP programme conducted public hearings themed *Celebrating 20 Years of the Constitution and the NCOP - Deepening Parliamentary Oversight for Quality Services to our People*. Sub-themes explored during these hearings related to the right to health; the health needs of socially vulnerable groups; the economic advancement of women and youth; as well as finance and infrastructure.

Key recurring issues that emerged during the public hearings include:

- **Access to health** - Challenges identified in accessing health services ranged from inadequate or a complete lack of emergency medical services attached to health facilities to the unavailability of medication, staff shortages, poor infrastructure and inadequate operating hours of health facilities. To improve access to health services, a strong call was made for infrastructure to be expanded and/or restored, critical vacancies to be filled, clinic hours to be reviewed with a view to extending it, mobile clinics to be made available and patient transport to be provided to and between health facilities.
- **Socially vulnerable groups** - Specific challenges raised by people with disabilities included discrimination in the job market, a lack of user-friendly infrastructure, a lack of equipment (such as wheelchairs) to improve mobility and inability to access disability grants. It also emerged that child and woman-headed households are vulnerable to all forms of abuse and exploitation. Deaf people face a unique set of challenges in trying to access health care, such as a lack of clear signage, undignified treatment at the hands of health officials or healthcare workers and inability to effectively communicate with officials in sign language. The aged are reportedly also vulnerable to ill treatment by health care officials and often live in poor conditions.
- **Access to basic services** - Specific challenges raised with regard to service delivery include a lack of access to water and sanitation; a lack of access to and/or the exorbitant costs associated with the installation of electricity; continued use of the pit latrine system; and non-adherence to the Batho Pele principles.
- **Local economic development** - Barriers to local economic development identified during the hearings included unemployment (especially among the youth), a skills deficit, and a lack of support for small business development. In particular, the perception that the youth are not prioritised in the province, which prevents them from realising their full potential in contributing towards local economic development, emerged strongly during the hearings. Ordinary citizens also consider themselves vulnerable to exploitation by big businesses.
- **Human settlement and security of tenure** - The public hearings revealed that the Metro has a lack of adequate housing. There is significant demand for RDP housing, whilst informal settlement remains a significant form of human settlement in the Metro. Furthermore, security of tenure is threatened by factors such as lack of title deeds, disagreement over title deed ownership, unaffordability of housing transfer costs and double registration of title deeds.
- **Access to education** - The lack of scholar transport emerged as a major barrier to accessing education. This affects especially learners who have to travel long distances to school, often without any shelter in inclement weather, and learners with disabilities, negatively. Moreover, many of the youth have completed secondary education, but cannot

afford to finance higher education. This is ascribed to various reasons, including single parent-households and poverty. A perception that funding programmes of the provincial government is biased in favour of particular academic disciplines (science and mathematics), to the exclusion others, also emerged during the hearings.

- **Infection control/Environmental health risks** - A number of environmental factors pose potential health risks to community members. These include poor or non-existent infection control measures at health facilities, sewerage spillages, leaking toilets, overflowing pit toilets and exposure to asbestos.

Responses received from relevant role-players to the issues raised by public hearing participants were limited to only five healthcare facilities, namely the Thusong Clinic and MUCPP Community Health Centre in Bloemfontein, the Mafane and Dinaane Clinics in Mangaung, and the Nelson Mandela Clinic in Konpanong North. In short, these facilities reported that:

- **Thusong Clinic** - A telephone is only available in the registry and one consulting room. None of the other consulting rooms have telephones. The facility reports no progress in creating a waiting area on its premises for patients who arrive early, making all required medication available at the clinic or extending its operating hours.
- **MUCPP Community Health Centre** - In response to the allegation that the health centre dumps its waste illegally, the centre reported that it is in the process of finalising a waste room to separate medical and domestic waste.
- **Mafane Clinic** - With regard to the filling of vacancies to address staff shortages, the clinic reported that it has identified and costed its human resource needs, but that it is **awaiting the 2018/19 financial year to implement**. Also, in response to the challenge raised that the two professional nurses at the clinic focus more on midwifery, the clinic reported that the maternity unit has been moved to the hospital.
- **Nelson Mandela Clinic** - It was reported during the public hearings that the clinic has no ramp and paving to improve accessibility for people with disabilities. The clinic reported that it has not made any progress in installing this infrastructure.
- **Dinaane Clinic** - No progress was made with the refurbishment of the clinic. Instead, the clinic reported that plans are underway to build a new facility.

## 1. PUBLIC HEARING ON HEALTH: RIGHT TO HEALTH: PEOPLE AND PARTNERSHIPS

Theme	Ward	Issue	Progress made
<b>Emergency Medical Services (EMS)</b>	Section F, Botshabelo	1. Ambulances are unable to access patients due to poor road infrastructure.	No response received
	Thusong Clinic Bloemfontein	2. No ambulances or telephone lines at the clinic.	Inadequate progress reported (Telephone is available is at registry and in 1 consulting room, but not in the rest of consulting rooms).
	Soutpan (serviced by Ikgomotseng clinic)	3. No ambulance assigned to the clinic.	No response received
	J Section	4. No ambulance assigned to the clinic	No response received
<b>Maintenance backlogs/physical infrastructure</b>	Ha Rasebei, Nelson Mandela Clinic	5. No ramps to facilitate access for wheelchair-bound persons and no paving. 6. Needs devil's fork for fencing.	No progress (no progress in installing ramps and paving). No response received regarding fencing.
	Thaba Nchu	7. Indicates that funds were allocated in 2010 to upgrade the clinic. However, thus far nothing has materialised. 8. Requests that the Nursing College be re-opened.	No response received
	Ward 30	9. The clinic needs to be renovated. It has no diaper room to change babies.	No response received
<b>Patient files/records</b>	Ward 10, Caleb Motshabi Kagisanong Clinic	10. Poor record keeping at the clinic results in patients not being attended to and not receiving their treatment/medication.	No response received
<b>Medicine availability</b>	Ward 46	11. Pensioners' medication is depleted prematurely and caregivers are not allowed to collect medication on their behalf. 12. The mobile clinic is only available once a week.	No response received
<b>Service delivery health care facilities</b>	Thusong Clinic Bloemfontein	13. Batho Pele principles not adhered to at the clinic. 14. Renovations are underway whilst patients are being assisted. 15. No ambulances or telephone lines at the clinic.	No progress (Patients do not register complaints in box). Progress adequate (Renovations completed).

Theme	Ward	Issue	Progress made
			<b>No progress</b> (More telephone lines needed. No ambulance based at the clinic).
	Ward 41, Thaba Nchu	16. Requests that the clinic operate on a 24-hour basis. 17. There is no nurse-patient confidentiality at the clinic and that patient files are not treated as confidential. 18. That nurses are not punctual.  19. <b>New challenge identified:</b> The municipality does not refill the water in the tanks regularly. This may be the cause of smelly water with high salt content.	<b>Inadequate progress reported</b> (The alleged claims on the operating times of the clinic was refuted by the Operation Manager, as he leaves the facility late due to the long queues in the facility).
	Heidedal	20. Opkoms clinic services a large population –a bigger facility with more capacity required.	<b>No response received</b>
	Ward 32	21. Need education and information on the National Health Insurance (NHI). 22. Communities need to be consulted when Integrated Development Plans (IDPs) are reviewed. 23. Implementation of By-Laws is a challenge.	<b>No response received</b>
	Section K Botshabelo	24. The referral system from clinic to hospital should be re-instated. 25. Nurses do not adhere to working hours.	<b>No response received</b>
	Ward 14, Thusong Clinic	26. There is a need for a sheltered waiting within the clinic premises for patients who arrive early. 27. Patients do not receive their full dosage of prescribed medication. 28. The clinic building should be extended and its operating hours should be extended.	<ul style="list-style-type: none"> <li>• <b>No progress</b> (No cover constructed for patients who arrive early. Facility manager indicated that there is no physical space to erect cover).</li> <li>• <b>No progress</b> (Higher levels medication (for CHCs and hospitals) not available at clinic, only provides for PHC medicine. CCMDD should facilitate this).</li> <li>• <b>No progress</b> (Staff shortages compromise the ability to extend operational hours).</li> </ul>
	Ward 41 Kgalala Clinic	29. The clinic operates from 8am to 3pm. 30. Patients receive wrong medication.	<b>No response received</b>



Theme	Ward	Issue	Progress made
		31. The water smells bad and has a high salt content.	
	Ward 39, Moroka Hospital	32. Management frustrated by treatment received from Department of Health. 33. Patients bathe with cold water. 34. Lack of resources – equipment is aged.	No response received
	Ward 12 Section A	35. Queues are very long at the clinics, which forces clinic users to arrive early and leave after dark.	No response received
	Ward 34	36. Sections T and E utilise the same clinic. 37. The clinic experiences staff shortages. 38. Elderly people leave their homes at 5am to visit clinics but will be sent back home without being assisted.	No response received
	Seroalo Village, Seroalo Clinic	39. The clinic is small, it still utilises the pit latrine system and has a shortage of staff. 40. Clinics should be encouraged to start vegetable gardens to assist patients on chronic medication.	No response received
	Ward 7	41. The participant alleges negligence on the part of the doctor who operated on his wife's ear, which caused her to lose her hearing.	No response received
	Ward 6, Freedom Square Clinic	42. The clinic is small and experiences staff shortages. 43. There is no security at the clinic. 44. Persons on chronic medication regularly deviate from the prescribed usage.	No response received
	Seloshesha (serviced by Mafane Clinic)	45. The clinic is small and experiences staff shortages. 46. Management does not attend to complaints lodged by community members.	Inadequate progress reported (All human resource needs identified and costed. Awaiting 2018/19 financial year).
	Ward Foundation	47. The participant indicated that he has a proposal for a collaborative initiative with the Department of Health to provide food to patients at clinics. He was requested to submit a written proposal to the MEC on Health.	No response received
Mobile clinics	Ward 46, Bloemfontein	48. There is no clinic in the area and a mobile clinic only visits the area twice a month. 49. The ratio of Sister to patient is 1:100. 50. The Department should reintroduce home visits by community health workers.	No response received
	Ward 45, Bloemfontein	51. The mobile clinic only operates on a fortnightly basis.	No response received

Theme	Ward	Issue	Progress made
		52. Criminals rob patients of their anti-retroviral medication (ARVs). 53. Speed humps should be built in Dewetsdorp Road.	
	Soutpan (serviced by Ikgomotseng clinic)	54. The surrounding farms need a mobile clinic.	No response received
	Soutpan (serviced by Ikgomotseng clinic)	55. There is no ambulance attached to the clinic. 56. The surrounding farms need a mobile clinic.	No response received
Staffing issues	Mafane Clinic	57. The clinic experiences staff shortages. It has only 2 Professional Nurses who focus more on the delivery of babies (midwifery), and no security personnel. 58. Clinic committee members request to be paid a stipend.	Inadequate progress reported (The maternity unit has been moved to the hospital).
	Inter-Faith	59. The clinic experiences staff shortages, especially in respect of nurses. As a result, nurses occupy acting positions for extended periods. 60. Nurses at the clinic do not practice the Batho Pele principles.	No response received
	Botshabelo West	61. Nurses at the clinic behave unprofessionally. 62. The ambulance call centre should be monitored.	No response received
	Ward 30	63. The clinic experiences staff shortages. It needs a doctor on a regular basis.	No response received
	J Section	64. The clinic experiences staff shortages.	No response received
	Soutpan (serviced by Ikgomotseng clinic)	65. The Clinic is too small and experiences staff shortages, with no security or cleaner. In addition, one person is responsible for data capturing and clerical work.	No response received
	Seloshesha (Mafane clinic)	66. Nurses at the clinic behave unprofessionally and there is no patient-nurse confidentiality at the clinic. 67. Staff at the clinic discriminate against Lesbian, Gay, Bisexual, Transgender/Transsexual and Intersexed (LGBTI) persons.	No response received
	Ward 9, Bloemfontein	68. Younger nurses should be employed.	No response received
Infection control/Environmental health risk	Ward 34	69. No toilet	No response received
	Inter-Faith	70. Dirty water from the industrial business areas spill into residential areas. 71. Proposes that health Inspectors visit food shops on a regular basis to inspect the quality of foodstuff.	No response received
	Ward 38	72. There is an illegal dumping site next to Masapo's shop.	No response received

Theme	Ward	Issue	Progress made
	Ward 40	73. The participant reports that there is a wetland inside his yard.	No response received
	Ward 6, Freedom Square clinic	74. Some of the factors that contribute to the Tuberculosis (TB) pandemic include the stench caused by sewerage spillages and people living in overcrowded conditions. 75. There is a need to embark on an awareness campaign on drug abuse and teenage pregnancy for the youth.	No response received
	Ward 7	76. Alleges that there is an illegal dumping site in front of his house.	No response received
	Ward 7, MUCPP Community Health Centre	77. Medical waste of the clinic is being dumped illegally.	Inadequate progress reported (Facility in process of finalising waste room to separate domestic and medical waste).
	J Section	78. Children reportedly swim in the sewerage spillage area.	No response received
Socially vulnerable groups	Ward 29	79. Needs an old age grant.	No response received
	Botshabelo	80. The participant requests that a recycling machine be purchased by the municipality to control environmental pollution and create employment.	No response received
	11750 Zone 5, Thaba Nchu	81. The participant is unemployed. His son is mute and epileptic and he needs assistance for the child to attend a special school.	No response received
	Ward 47	82. A debate is needed on youth drug abuse that is caused by unemployment.	No response received
	K Section 2528	83. The participant is 59 years old, in poor health and unemployed (taking medication on an empty stomach).	No response received
	Bloemfontein	84. The participant's child uses a colostomy bag and is unable to attend school.	No response received
	Ward 40	85. The participant is in poor health and limping. In addition, her brother is a stroke patient and her son suffers from epilepsy. 86. Her grant lapses every 6 months.	No response received
	Ward 44	87. The participant notes that her mother has been living in a shack since 1984 without water and electricity. 88. Her neighbour, a 98-year-old, lives in a shack with no grant or care giver.	No response received
	Ward 17	89. The aged are unable to access clinics and do not get old age grants.	No response received

Theme	Ward	Issue	Progress made
<b>Economic development</b>			
	Freedom Square	90. The participant is employed at an old age nursing home and is grossly under-remunerated at a rate of R2000 per month.	No response received
	Ward 36	91. Unemployed and has been without electricity for 11 years.	No response received
	Thaba Nchu	92. The participant notes that she is homeless, unemployed and has 3 children.	No response received
	Ward 38	93. There are leaking pipes and sewerage that spills into the dam. This is notwithstanding the fact that National Government offered training to some people to qualify as plumbers (War on Leaks Programme). These trained plumbers remain unemployed.	No response received

## 2. PUBLIC HEARING ON HEALTH AND SOCIAL DEVELOPMENT: EXPLORING THE HEALTH NEEDS OF SOCIALLY VULNERABLE GROUPS

Theme	Ward	Issue	Progress made
<b>Emergency Medical Services (EMS)</b>	Ward 38, Section N	1. The road is not accessible for ambulances or vehicles. Former and current councillors are aware of the situation.	No response received
	Ward 34, Botshabelo	2. Ambulances cannot access roads.	No response received
<b>Maintenance backlogs/physical infrastructure</b>	Ward 33 W	3. Storm water drainage poses a challenge (during the rainy season, the roads are inaccessible).	No response received
	Ward 10	4. The roads are uneven with rocks protruding on the surface. This makes it difficult to walk, especially for senior citizens.	No response received
	Bloemfontein Makgasane street	5. Only half of the street was tarred, but never completed. Since 2013 only 50% of the road was completed. The community has been enquiring since 2015, but to no avail. 6. The street floods during the rainy season.	No response received
	Ward 34, Botshabelo	7. Bridge collapsed and during rainy seasons, schoolchildren are unable to cross. 8. The clinic is too far.	No response received
	Ward 45	9. Whilst Sonder Water 1 has access to roads, Sonder Water 2 does not. Moreover, crime is rife in the area. 10. A car drove into a house belonging to a senior citizen 3 years ago and the house has not been repaired.	No response received
		11. The participant claims that he is unable to access a grant due to poor record keeping by Pelonomi Hospital. In 1999, he underwent six head operations, which left him partially disabled on the left - side.	No response received
<b>Medicine availability/Access to medication</b>	Ward 10	12. The participant claims not to have received her chronic medication on Wednesday, August 16, 2017.	No response received
	37	13. Concern was raised about the many TB defaulters in the community.	No response received
	Ward 27	14. Patients allegedly do not receive their full dosage of prescribed medication. Instead, they are referred to	No response received

Theme	Ward	Issue	Progress made
		Pelonomi Hospital where they are required to pay a R40.00 top-up fee.	
<b>Service delivery/Access to healthcare services</b>	Ward 4	15. Senior citizens should not be queueing at clinics from dawn until dusk – the Government should put some measures in place for alternatives.	No response received
	Ward 17, Khayelitsha Village in Bloemfontein	16. No basic services are provided in the area.	No response received
	Ward 29, Section J House 2075	17. The clinic committee is not effective and the working relations between the management of the clinic and the clinic committee is not good. 18. The negative attitude of nursing staff remains a challenge. 19. Dispensary remains a challenge. 20. The operating hours at the Winnie Mandela Clinic is a challenge (06:00- 15:00).	No response received
	Ward 33	21. Roads are inaccessible. 22. The clinic has a shortage of staff, specifically a pharmacist. 23. The clinic is small. 24. Toilets are leaking.	No response received
	Ward 27	25. Nursing staff have a negative attitude towards patients.	No response received
	Ward 46	26. There are no monitoring mechanisms for municipal workers in the waste management section. 27. The participant alleges that bribery is rife in the rendering of services to communities.	No response received
	Ward 13 Rocklands	28. The community members/patients at Thusong clinic queue outside the clinic before 7am.	Inadequate progress reported (Clinic staff tried educating community members about opening times, which is 07h30. Involved clinic committee and local councillors to educate community not to arrive hours prior to clinic opening times).
	Ward 17	29. The participant's late mother's stand was sub-divided and she is thus billed under two different surnames.	No response received
	Mangaung University Community Partnership Programme (MUCPP) Clinic	30. Staff at the clinic are unprofessional.	No response received

Theme	Ward	Issue	Progress made
	10281	31. The participant noted that people are unsure who their Councillor is, as the two joint streets have two different Councillors (communities do not know how wards are demarcated).	No response received
	Ward 45	32. There is no proper Intergovernmental relations. 33. There is no police station or clinic in the Ward. 34. Ablution facilities pose a challenge.	No response received
	34	35. The participant noted that she needs electricity, but was requested to pay R2200 by an official from Centlec, Mr Masiu. 36. Her father passed on and pension funds are still withheld by the Mining Company.	No response received
	Ward 37, Section S	37. The participant notes that the operating hours of the Pule Sefatsa Clinic have been reduced from 24 hours to 8 hours and patients are referred to the Winnie Mandela Clinic, which is far. 38. The clinic also has a poor record keeping system and has no doctor assigned to it. 39. With regard to infrastructure, toilets are leaking. Also, there is no access to roads. 40. There are also no schools. 41. Volunteers were retrenched and are concerned about the TB defaulters. 42. Labour issues must be resolved as matter of urgency to speed up service delivery.	No response received
	Ward 29	43. The participant's son, who completed his matric in 2000, is a psychiatric patient and needs assistance for better medical care.	No response received
	Ward 27	44. The clinic is small and therefore cannot service the whole community. 45. The operating times of the clinic must be reviewed. 46. Roads are inaccessible. 47. There is a need for primary and secondary schools, as well as a police station in the Ward. 48. The grant received by the elderly citizens is not sufficient to cover their needs.	No response received

Theme	Ward	Issue	Progress made
		49. The participant applied for an RDP house in 2014. However, to date there has been no progress with his application.	
<b>Human Settlements/Security of Tenure</b>	Section N, Botshabelo	50. The foundation for a house was laid in 2010, but to date no structure has been erected.	No response received
	Ward 38, House 1031, M Section	51. The participant is involved in a dispute with her mother-in-law about a title deed.	No response received
	Ward 42	52. The Premier of the Free State province should release Toolo Commission Report on the land issue in Thaba Nchu.	No response received
	Ward 33	53. The participant reported that she and her siblings are unable to transfer the Title Deed of their late parents into their names as legal beneficiaries.	No response received
	Section U	54. The participant reported that the Title Deed to her house is still registered under her late husband's name and that she is expected to pay to transfer ownership.	No response received
	Section H	55. The participant requested information on whether Government would reimburse subsidies to applicants for RDP houses who acquire resources to build their own houses before an RDP house is built for them.	No response received
	Ward 29	56. The participant is in a dispute regarding Title Deed ownership.	No response received
	Section C	57. People do not own title deeds to their RDP houses.	No response received
	Dinaane Clinic	58. The participant claims that Government funds were allocated to refurbish the Dinaane Clinic. However, they were not informed of what happened to the funds. 59. She has a title deed but no structure has been erected and yet the municipality claims that the structure has been built. 60. Her late sister had a title deed but it is registered under two different names.	No progress (Plans are underway to build the new facility).
	Ward 38, Section N	61. The participant applied for an RDP house in 2010, the municipality has been indicating that contractors will be appointed.	No response received
	Ward 39	62. RDP house gets flooded through the back and the front doors, water seeps through the wall.	No response received



Theme	Ward	Issue	Progress made
	Ward 4	63. The foundations of the municipal houses built in 1968 in Rocklands are caving in and water seeps through when it rains.	No response received
		64. The participant's 79-year-old mother does not have a house. She applied for an RDP house in 2010.	No response received
	Ward 46	65. The participant's RDP house was illegally taken from her without her knowledge and she ended up homeless.	No response received
	37, 1014 Section S	66. The participant alleges that a government official is in the process of illegally evicting an orphaned child. Urgent assistance is required.	No response received
Patient transport	Section D	67. The participant commended both Botshabelo and Bloemfontein for the sterling work. 68. She requested that the patient transport from Botshabelo to Pelonomi from 5am be reinstated.	No response received
Safety and Security	Ward 45	69. There is no police station or clinic in the Ward.	No response received
Infection control/Environmental health risks	Ward 37, Section W	70. The clinic is too small and still makes use of the pit latrine system. 71. Due to the unhygienic and overflowing pit toilets, a pit worm infected the neighbour's son and he is still under medical care.	No response received
	Ward 13 Rocklands	72. Sewerage spillages and storm water drainage flows in the street.	No response received
	Rocklands	73. The CBD area is dirty. 74. Permanent sewerage spillages in the Phelindaba Township.	No response received
	Ward 46	75. Pit latrine toilets are over-spilling.	No response received
	Section C	76. Pit toilets in the area are spilling.	No response received
	Ward 4	77. The participant reported that asbestos affects the health of people in the community and that sewerage has been spilling off next to the Limo Mall Since 1990. 78. He recommended that informal settlements be formalised.	No response received
Socially vulnerable groups		79. The participant was involved in a car accident in 2007. Despite the fact that all due procedures were followed, the Road Accident Fund (RAF) had not paid out on her claim at the time of the hearing.	No response received

Theme	Ward	Issue	Progress made
	Ward 27	80. The participant referred to a child with disabilities who is in need of a wheelchair (the Minister noted this request).	No response received
		81. The participant has a child with disabilities. The child's wheelchair is too big to enter through the doors.	
	Ward 46	82. The participant enquired as to the legal rights of children born from a marriage between a South African and foreign national.	No response received
	Ward 34	83. The participant reports that his identity document contains spelling errors and the Department will not assist. 84. He was a volunteer at MUCPP but was not absorbed by the system, as was the case with other volunteers. 85. He also reports that his wheelchair is in a poor condition (The Ministers of Health and Social Development issued a wheelchair to Mr Nyamela on 22 August 2017).	No response received
	Section J, Ward 29	86. Reports that he is currently unemployed despite his qualifications, as the system discriminates against him based on his disability.	No response received
	Ward 16	87. The participant reports that his wheelchair is in a poor condition and that his house is dilapidated. (The Ministers of Health and Social Development issued a wheelchair to Mr Masete on 22 August 2017).	No response received
	Freedom Square	88. Roads are not user-friendly and are inaccessible for people with disabilities. 89. The MUCPP must have a special day for people with disabilities.	No response received
	Section W	90. An unemployed blind couple does not receive disability grants. 91. They applied for an RDP house in 2010, but have not received assistance to date.	No response received
	Ward 29, Section K	92. The participant is unemployed and takes care of an orphan. She has no bursary to further her studies and no Title Deed to her house. 93. She notes that the operating hours of the clinics remains a challenge, especially for the aged.	No response received
Local economic development	37	94. Directly Observed Treatment Strategy (DOTS) supporters, home based carers, health workers were	No response received

Theme	Ward	Issue	Progress made
		trained. However, their services were terminated and never revived after 2014.	
	Section C	95. The participant is unemployed.	No response received
	Ward 39	96. There is no local economic development and about 56% of people are unemployed. 97. The participant requested that the Toolo Commission's report be released to respond to the issues related to the ownership of Thaba Nchu land, whether it belongs to the Chieftaincy or the municipality.	No response received
<b>Access to education/learner transport</b>	Ward 33 W	98. The participant requests that an additional high school be built.	No response received
	Ward 45	99. There is a need for a high school in the Ward.	No response received
	12445 Seroalo Section, Thaba Nchu	100. In response to an undertaking made by the Premier on 21 August 2017 that he will employ any qualified nurses on the spot to limit the shortage of nurses in the Province, Ms Grace Sekokotwane submitted her daughter's credentials as ready to resume duty on 23 August 2017.	No response received

### 3. PUBLIC HEARING ON ECONOMIC DEVELOPMENT, WOMEN AND YOUTH: ECONOMIC ADVANCEMENT OF WOMEN AND YOUTH

Theme	Ward	Issue/s	Progress
<b>Socially vulnerable groups</b>	Thaba Nchu	1. The municipality must ensure there is electricity and water connection at the Hall where the community receive their SASSA grants. <b>NB</b> (Mrs Gailele indicated that SASSA uses her electricity, water and toilet on pension pay-out days).	No response received
	Bloemfontein (representing DEAFSA)	2. There are no visible signs for deaf people at clinics; 3. Deaf or disabled people are not treated with dignity by health care workers 4. Wrong medication is dispensed to deaf people because of miscommunication deaf people are uninformed with regard to HIV/AIDS and other chronic diseases 5. SASSA announcements never reach them (grant for the deaf was terminated without their knowledge) 6. The deaf community feels excluded and marginalised 7. Even when they are abused or raped, they are unable to report to the police because of the language barrier	No response received
	J Section	8. The participant needs a wheelchair 9. The roads are not wheelchair user friendly and they need a tarred pavement 10. She was hit by a car and it dragged the wheelchair and the police faulted her. Complains of bad treatment by the police	No response received
	C Section	11. The wheelchair is too big and he is unable to enter into the toilet. He also struggles when using public transport. The hospital used to call him to fix wheelchairs but he has never been paid and he had to pay for his own transport. He has an outside toilet at his RDP house.	No response received
		12. Patients' wheelchairs were usually repaired at the MUCPP but were told the budget is depleted.	No response received

Theme	Ward	Issue/s	Progress
		13. The participant indicates that he needs a study aid or bursary, as his grant is not adequate to pay for his own studies.	
		14. Taxi drivers do not want people in wheelchairs to board their taxis. 15. Also, wheelchairs are no longer being repaired, as the person who used to do that has left. 16. Qualified people with disabilities are not considered for job opportunities. 17. They have established forum for people with disabilities but need a premise to operate from. The centre will not only be for people with disabilities but will also consider the needy 18. He does bead work and needs material..	No response received
	Ward 37 W Section	19. Needs diapers and a wheelchair for an aged neighbour who also has bed sores.	No response received
	Mokoloko's Ward	20. His mother is wheel chair bound and he takes care of her. They went to the hospital to request a wheelchair and were placed on the waiting list. The Executive Mayor, Councillor Olly Mlamleli, promised them a wheelchair but nothing thus far. 21. That the Premier should not only award bursaries to Mathematics and Science students.	No response received
	Ward 21	22. The Department (Social Development) should assist child-headed households.	No response received
	Ward 39, Thaba Nchu	23. Children with disabilities need learner transport.	No response received
	Ward 17 Bloemfontein	24. A young man from a child-headed household was illegally evicted and, as a result, suffered a heart attack and died. People take advantage of the vulnerable child-headed households.	No response received
	Ward 2 Bloemfontein	25. He is a blind middle-aged man and has been a tenant since 2000. He needs an RDP house and wants to study creative writing in the USA, for which he needs funding.	No response received
	Bloemfontein	26. He is of the opinion that NYDA is not assisting the youth adequately. The Premier promised in 2012 that blind people would be appointed in various positions but it never materialised.	No response received

Theme	Ward	Issue/s	Progress
		27. People with albinism are abused and the police are not doing enough to protect them 28. 30% of bursaries are ring-fenced for people with disabilities. 29. In 2013, Hon S Ntombela (who at the time was the MEC for Social Development) promised to build 100 houses according to specifications for people with disabilities, thus far it has not materialised.	
	Ward 42, Botshabelo	30. A 40-year-old disabled man is in need of a house	No response received
	Botshabelo	31. Underwent learnership for people with disabilities, but is unemployed. 32. Government must prioritise people with disabilities for employment opportunities.	No response received
	Ward 36	33. Her leg is amputated and still awaiting Prosthetic leg. 34. Early Childhood Development entry level must be adhered. 35. Public education and awareness campaigns for parents with disabled children must be encouraged.	No response received
	H 3 Section, Botshabelo	36. Involved in a car accident at age 3. She is unable to walk and she is crawling. She is requesting a house. She was nearly raped due to her disability.	No response received
	Ward 28	37. Attended Albino Awareness campaign on 15 June in Bartemia. Sunscreens to be issued in the local hospital on a monthly basis. 38. Has a disabled child who needs a special wheelchair. A house has been built for the safety of the child but the house is not user-friendly to the child's condition, there are no basic services. 39. Requests transport for disabled children. 40. Requests employment for caregivers of the disabled.	No response received
	Ward 28	41. Disabled people are skilled but they are not prioritized when in terms employment equity. 42. Requests assistance with obtaining necessary equipment in order to contribute to the economic development particularly in the disabled community. 43. Requests sports facilities for persons with disabilities.	No response received

Theme	Ward	Issue/s	Progress
Economic development		44. The participant has two children - one is in grade 12 and the other one is unemployed. She receives a grant, with which she only manages to buy food but cannot afford to put her children through school.	No response received
	Ward 35 Section L 1277	45. Young entrepreneur of a small company, he is registered on the database and would be interested in contracts.	No response received
	Ward 34 Section T 863	46. Holds a degree in Social science from the University of Free State. Applied for employment without any success and is therefore requesting assistance.	No response received
	se	47. Passed his Matric at Lefikeng high school in 2015 and was unable to retrieve his matric certificate because he did not have the required fees, R600. NYDA should have active agents. 48. The Employment equity act should be reviewed.	No response received
	Ward 32	49. The participant reports that her son was sub-contracted by a Contractor from Gauteng to dig foundations, but was then unceremoniously removed and replaced by another sub-contractor without being paid and he subsequently lost all his assets as he had to pay back for the equipment he bought. 50. She claims her son's house was usurped by the Indian shopkeeper tenant.	No response received
	Ward 13 Bloemfontein	51. Volunteered as a Receptionist at MUCPP but was never considered for permanent employment. Instead, other people were employed.	No response received
		52. In 2015 building sand was delivered into her yard with an indication that a house would be built. She was then told to move out until the house was completed. She currently pays R600 per month for rent, which she can barely afford, as she takes care of orphaned children. Her grandchildren have passed matric but are unemployed and are not furthering their studies.	No response received
	Ward 17	53. Local youth are not considered for employment opportunities and most are qualified	No response received
	Mokoloko's Ward	54. The Premier should not only award bursaries to Mathematics and Science students.	No response received

Theme	Ward	Issue/s	Progress
	Ward 13	55. The participant requests that children be assisted with bursaries, as they are struggling to apply for funds from the National Student Financial Aid Scheme (NSFAS). The Premier should not only concentrate on the students studying engineering and medicine.	No response received
	Ward 46	56. The participant requests that local economic development be implemented in their Ward, benefiting also the youth. He is registered with NHBRC and his company was registered in 2005. However, he has never been considered for business. As a result, he has been downgraded from level 2 to level 1.	No response received
	Ward 27	57. The unemployed participant requested assistance with her child's university fees. She indicated that they need schools in Ward 27.	No response received
	Ward 6 Freedom Square	58. The 2-roomed houses built are too small. 59. Unskilled plumbers in the municipality who perform poorly. 60. Funding of small businesses still a challenge. 61. He wants a shebeen licence.	No response received
	Ward 29	62. The participant completed an apprenticeship in 2008. He noted that funds that are transferred from National to Provincial Governments should be monitored.	No response received
	Ward 21	63. The participant suggested that youth ministries be established instead of youth directorates. 64. The youth is not supported in the province. 65. The Department (Social Development) must assist child-headed households.	No response received
	Ward 30	66. Challenges with getting funding for their small businesses. Even after submitting relevant documents to the Department of Economic, Small Business, Tourism and Environmental Affairs (DESTEA), they are still not assisted.	No response received
	Ward 32	67. The participant needs a job (ANC veteran Michael Mosotho's daughter).	No response received
	Ward 39 Thaba nchu	68. The participant completed her NQF level 3 learnership in 2013, but has been unemployed ever since.	No response received



Theme	Ward	Issue/s	Progress
	Ward 27, Botshabelo	69. The participant registered a non-profit organisation in 2012 but has not received any funding and they take care of orphans. She thus raised a question as to the criteria used in the allocation of funding to ECDs.	No response received
	Kwa Sisulu Branch	70. The Premier made a commitment in 2011 that all EPWP volunteers would be absorbed into Departments but it never materialised.	No response received
<b>Safety and Security</b>	Kwa Sisulu Branch	71. Need security at schools, as teachers feel unsafe. Parents should also play a role in the discipline of their children.	No response received
<b>Human Settlements</b>	Thaba Nchu	72. Lack of housing. 73. The municipality must ensure there is electricity and water connection at the Hall where the community receive their SASSA grants. <u>NB</u> (Mrs Gailele indicated that SASSA uses her electricity, water and toilet on pension payout days).	No response received
	Ward 49	74. The participant is a senior citizen in need of a house.	No response received
	Ward 49 Thaba Nchu	75. The participant has been living in Mapetsana since 2000 without a title deed. She needs a bursary for an orphan who was born HIV positive who completed Grade 12 two years ago to further her studies.	No response received
	Ward 17 Bloemfontein	76. RDP houses are sold to foreign nationals.	No response received
	Ward 16, Heidedal	77. Occupants of the 2-roomed houses in Heidedal have no title deeds and they have been occupying them for 23 years. They were told by the municipality that the houses do not belong to them 78. The people of Heidedal are marginalised and are not considered for any developments 79. NYDA – went to their offices on 4 occasions – we are told that they only help young people 80. Unemployment rate very high in Heidedal 81. There is a crèche operating from Tuesday to Thursday. It should operate from Monday to Fridays 82. The newly built houses in Heidedal – it was indicated that the elderly and the disabled people will get first preference when allocation is done, but it was not the case	No response received

Theme	Ward	Issue/s	Progress
	Section N 2746	83. The participant was evicted from Section N and was moved to Section F where no basic services are currently provided. She applied for electricity installation at her previous stand and paid R433. She went back to Centlec and was told to pay an additional R2000 to shift the box.	No response received
	Ward 33	84. A structure put up 4 years ago and still no roof.	No response received
	Ward 39, Thaba Nchu	85. The participant reported on a disaster in Motlatla in which the neighbour's roof was blown away by the storm and landed on her house, damaging it. 86. The house gets flooded during rainy seasons. The municipality indicated that the house should be demolished and an RDP should be erected. However, she reported that the RDP house would be too small for her household of 15 people. 87. Disabled children need learner transport. 88. They were allocated a portion of land in the school yard for a vegetable garden but struggling with water and need to be assisted with a Jojo Tank.	No response received
	Ward 34, Botshabelo	89. The participant applied for an RDP house in 2000 but was told his application failed. His VIP toilet broke down after a storm.	No response received
	W Section	90. The participant has a mud house that is falling apart and he needs an RDP house.	No response received
Service delivery	Ward 38 Botshabelo	91. The participant's late husband worked at the Municipality but years after his passing, she still has not received his death benefits and she has been sent from pillar to post. The administration is centralised in Bloemfontein and she cannot afford to travel back and forth all the time. She requests urgent assistance.	No response received
		92. The hospital's Physiotherapist discharged him and he was told to exercise at home. 93. He is struggling with his catheters that are leaking and not properly fitted. 94. He is afraid to report to the nurses on the catheters because the nurses use abusive language. 95. He needs Physiotherapy training/exercises, as he participates at rally competitions.	No response received

Theme	Ward	Issue/s	Progress
		96. The wheelchairs are not in good condition.	
	Ward 31	97. The neighbours do not have water and their toilet is connected to her toilet, which causes blockage in her toilet. She seeks the municipality's intervention, as it causes animosity with her neighbours). 98. The widows of mineworkers are not taken care of and not receiving any benefits. She notes their husbands (mineworkers) were retrenched without compensation.	No response received
	Ward 39, Motlatla	99. One house number for 2 different houses and it creates a challenge when electricity and water meters have to be connected (it appears as if the same person is applying twice).	No response received
	Thaba Nchu	100. She has been taking her child to Moroka hospital for psychiatric evaluation but is not happy with the treatment they are receiving	No response received
	Seroalo	101. The Seroalo Medicinal Herbs project needs water and electricity for it to be successful.	No response received
	Ward 17	102. The Ward needs an additional clinic, as there is only Bloemspruit Clinic catering for a large population. 103. Local youth not considered for employment opportunities and most are qualified	No response received
	Ward 27, Botshabelo	104. The participant's 4-year old grandchild was born in Qwaqwa and his father refuses to apply for his/her birth certificate. 105. Need more schools in Section F, as there is currently one primary school.	No response received
	Ward 32	106. The participant reports that her electricity box is burnt. Her roof is also caving in.	No response received
	Ward 45, Freedom Square clinic	107. The wheelchairs are aged. The area needs a mobile clinic to dispense medication. 108. Elderly people at Freedom Square Clinic are ill-treated.	No response received

#### 4. PUBLIC HEARING ON LOCAL GOVERNMENT, PUBLIC WORKS, FINANCE AND EDUCATION: ECONOMIC ADVANCEMENT OF WOMEN AND YOUTH AND FINANCE AND INFRASTRUCTURE

Theme	Ward	Issue/s	Progress
<b>Local economic development</b>	22999 Phase 9, Ward 45	1. She works with orphans but have donors and sponsors and they need additional funding. They do refer some cases to Home Affairs and Social Development, but are unable to remunerate caregivers who volunteer. They have a machine for making shoes but they need material.	No response received
	1419 JB Mafora, Ward 10	2. "White elephant" taxi rank in Bloemfontein. Winnie Mandela House – what happened to the funds?	No response received
	2192, W Section, Ward 36	3. That people who fall in the 40 to 60 year age group, are no longer considered for employment. 4. Municipality should create jobs to clean the city, townships and clinics. 5. That the unemployed you who passed Grade 12 can be appointed as Clerks at clinics. 6. That the government should provide indigent people with maize meal. 7. They require a farm to do subsistence farming.	No response received
	19420 Bergman Square, Ward 45	8. The participant claims that she was removed from her old house as per agreement with the business man named Mr Freddie Kenny and was promised a decent home in 2004. Instead, she was moved to an area with no infrastructure and was also never paid for her house. She consulted lawyers to represent her but to no avail. 9. Her daughter has 2 distinctions and requests a bursary	No response received
	Ward 35	10. The participant is a carpenter and an artist. In 2016 he, recruited young people to groom and skill them but due to crime, he could not. He is a professional instructor and he aims to get a training centre to train the youth and he had already youth identified to start with the programme. He requests assistance from national government in taking this vision forward	No response received

Theme	Ward	Issue/s	Progress
	1655 C Section, Ward 32	11. The participant reports that on January 6, 2012 the President, Minister of Water and Sanitation, and the Premier of the FS made an undertaking to assist him with his pizza business, which was operating from a shack. He alleged that they made promises, which they did not fulfil. (It later became known that he was given a stall from which to operate).	No response received
	5929 Mapetsana, Thaba Nchu, Ward 49	12. The participant has been a Photographer since and attended a special school. 13. The participant has been a volunteer for the past 3 years in Community Works Programme (CWP) and needs photography equipment. 14. He requested that he be appointed as a community photographer at events.	No response received
Service delivery	28679 Chris Hani, ward 11	15. She alleges that the doctors killed her son in 2011 and she has been sent from pillar to post as she still does not know the cause of her son's death	No response received
	21556 Phase 7, Ward 46	16. One of the worst Wards in Mangaung. Challenges include the continued use of pit latrines, a lot of informal settlements, foreign nationals living illegally, high crime rate but no police station, etc.	No response received
	856 Ext F Ward 28 Botshabelo West	17. Commended the government for delivery of services. Reports that in Ward 27 pipes for the reservoir were just left open and they were destroyed by the rain. Also alleges that unskilled small contractors take advantage and perform poorly.	No response received
	Ward 28	18. The community members bought their own pipes to install water taps in the street, but unfortunately, the pipes burst. The whole street is flooded because of that leaking pipe.	No response received
	Ward 37	19. Pipe has burst inside her yard and she was told that she has to fix it herself. She is unable to repair it and needs a job to enable her to repair her RDP house.	No response received
	19819 Bergman Square, Ward 17	20. Long queues at clinics. 21. Wrong medication dispensed. 22. Unsafe and no streetlights. 23. No police station (utilising Bloemspuit, which is far).	No response received

Theme	Ward	Issue/s	Progress
		24. Ward 33 was hit by Hurricane Dineo and the house was destroyed and the family is now living in a shack and were not assisted following the disaster.	
	4219 Station View, Thaba Nchu Ward 40	25. Burst sewerage pipes inside people's yards and when they call the municipality to attend to the leakages they take forever to respond. 26. They need the railway track and the ditch to be fenced. 27. They need a recreational park for the children. 28. They are paying for services in their area but the municipality is failing them. 29. SAPS is failing them (when they call them, they take their time or they come drunk).	No response received
	Ward 36, 2187 W Section	30. The participant is a person with disabilities who lives in a shack with no electricity, which is not safe.	No response received
Human Settlements	2174, F Section Ward 27	31. Their farm was liquidated. Spent R40 000 on legal fees. Their equipment still at the farm and they are not able to access the farm. Sheriff came with a letter and they were not informed prior 32. Her neighbour's children live in a shack and need an RDP house for them.	No response received
	2690 Section N, Ward 34	33. Her Masakhane house is dilapidated. 34. Two children completed matric but they are unemployed.	No response received
	899 Block A	35. She lives in a shack and she is unemployed.	No response received
	3070 K Section, Ward 29	36. In 2005, she was approved for a house but no structure has been erected. Foundations are dug but nothing is happening. 37. She needs a job.	No response received
	659 Section A, Ward 33	38. Her 3- roomed house is dilapidated and she needs an RDP house 39. Her neighbour, an old lady passed on and left a grandchild and also that house is dilapidated 40. There are about 3 similar houses in the area	No response received
	1514 C1 Section	41. She lives in her late parents' dilapidated 3-roomed house. The house needs to be repaired. 42. She also wants an RDP house and was told to pay a bribe if she wants her name to be moved up the list.	No response received