

North West CMAP Healthcare Report

July 2011 – June 2012



*The Black Sash - in partnership with the Social Change Assistance Trust or SCAT - launched the national Community Monitoring and Advocacy Project or CMAP in 2010 in a bid to help **improve government service delivery**, with a particular focus on poor and vulnerable communities in South Africa.*



** "This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of the Black Sash and can under no circumstances be regarded as reflecting the position of the European Union."*

Acknowledgements

The Black Sash would hereby wish to thank the following community monitors and their respective organisations who volunteered their time to monitor health services in the North West.

<ul style="list-style-type: none"> • Bojanala Legal Advice • Itireleng Advice Centre • Kopano Women Venture • Lesedi Home Based Care • Pholontle Home Based Care • Reatlegile C Partnership Centre 	<ul style="list-style-type: none"> • Dryharts Youth Connection • Itireleng Home Based Care • Lebaleng Advice Centre • Letsopa Advice Centre • Reagile Advice Office • Tshwaraganang HIV/AIDS Home Based Care
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Map of areas monitored July 2011 – June 2012 (stars):

In addition we also wish to thank the Department of Health for their collaboration and openness to facilitate our monitors' access. The Black Sash wishes to thank the following organisation for their financial commitment to the Community Monitoring and Advocacy Project.



Open Society Foundation of South Africa

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Introduction

The Black Sash, a human rights organisation active for the past 56 years in South Africa, works to alleviate poverty and inequality; and is committed to building a culture of rights-with-responsibilities in South Africa. We focus specifically on the socio-economic rights guaranteed by our Constitution to all living in South Africa. For more information see www.blacksash.org.za

Our premise is that quality service is a critical factor that our society should be able to tackle even at a time of economic recession and that we, as civil society, should hold our government responsible for fulfilling its mandate and promise, that includes providing affordable, appropriate, effective services, with dignity as is promised in policy frameworks, legislation, party manifestos and service delivery norms and standards. We argue that active citizens will be able to monitor service delivery as it is experienced by people receiving these services, and by constructively engaging with government at all levels to improve these services.

It is in this context, that the Black Sash's Community Monitoring and Advocacy Project (CMAP) was conceptualised and implemented, in collaboration with other civil society organisations and networks.

The objectives of the project are two-fold:

- To assess and report on the quality of service delivery in specified government departments and municipalities across South Africa as experienced by beneficiaries; and
- To develop a system for civil society organisations and community members to hold government accountable for the principles of Batho Pele (People First) as well as specific norms and standards that govern service delivery and promise excellence.

Working closely with our partners, the Black Sash:

- Ensures widespread, visible, standardised and regular monitoring of service delivery points by Community Monitors that are selected by civil society organisation (CSO)/community based organisation (CBO) networks;
- Co-ordinates the development of the monitoring instruments and the databases; collates and analyses the monitoring information; produces and distributes regular reports to our partners and the public;
- Presents reports to the appropriate government officials in order to affirm good practice and to work together to make improvements where required.

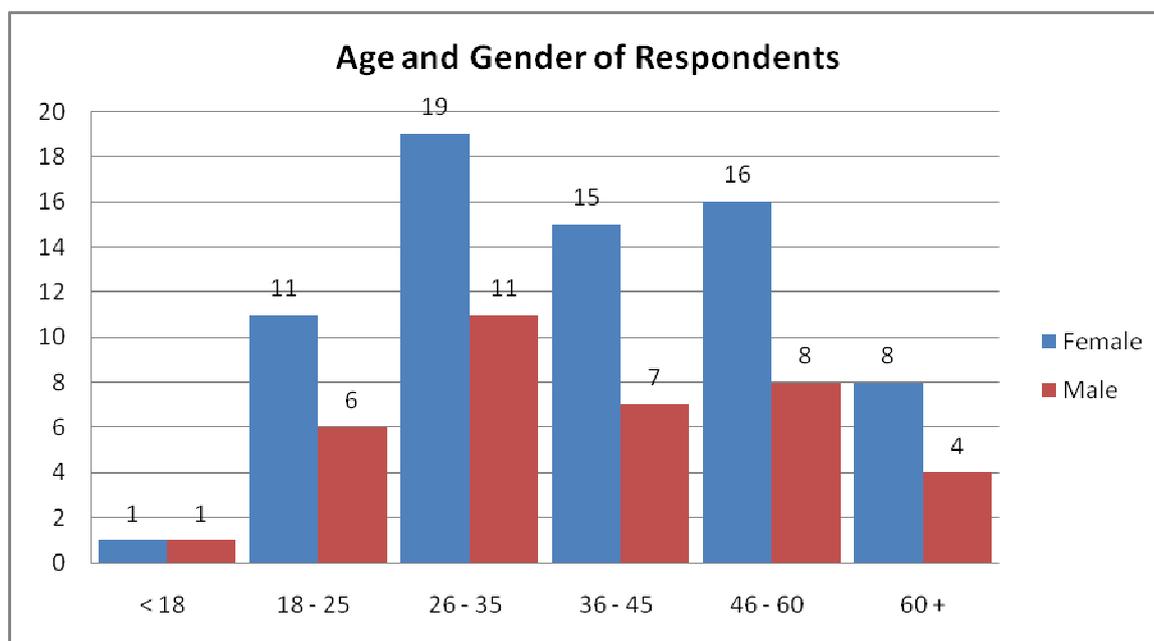
Monitors are selected by civil society networks; community based organisations and faith-based organisations and then trained to monitor selected public services using the monitoring tools. Each of these organisations have a CMAP memorandum of understanding with Black Sash to ensure mutual accountability and to ensure that a normative framework of values and principles underpin this monitoring project. Prior to monitoring, they are also asked to sign a code of conduct. Each monitor identifies the day(s), within a specified timeframe, that they will monitor selected sites in the communities where they live or work. Once the site has been visited and assessed, the completed questionnaires are forwarded to the Black Sash for capturing and analysis. The reports

developed as a result of this analysis are forwarded to the relevant government department for response within an agreed period, after which they are made available to the public.

It is important to note that CMAP monitors undertake the monitoring in the areas where they live or work and that the selection of sites to monitor, depends either on where the monitoring organisation is located or where the monitor resides. No scientific formulation is used to select the geographic spread; however, we do encourage organisations that have a diverse presence to participate in the project. However, the monitoring data analysed here is real, and a reflection and perspective of the beneficiaries interviewed at the service site on the particular date of the interview. We also try to ensure the data generated through CMAP does not reflect an urban bias.

Findings

The efficiency and quality of the service provided by the **Department of Health** in the **North West** has been monitored according to the following standardised entities: **time & venue; healthcare processing; and language & communication**. The monitoring took place during the period of **25 July 2011 to 15 June 2012**. The findings presented in this report takes into account the experiences and opinions of **113 respondents** from **17 clinics** in **all districts** across the **North West**. The districts in which monitoring took place were: **Bojanala (42.5%), Dr Kenneth Kaunda (22.1%), Dr Ruth Segomotsi Mompoti (16.8%), and Ngaka Modiri Molema (18.6%)**. Please note that the percentages provided here are rounded off to the first decimal point.

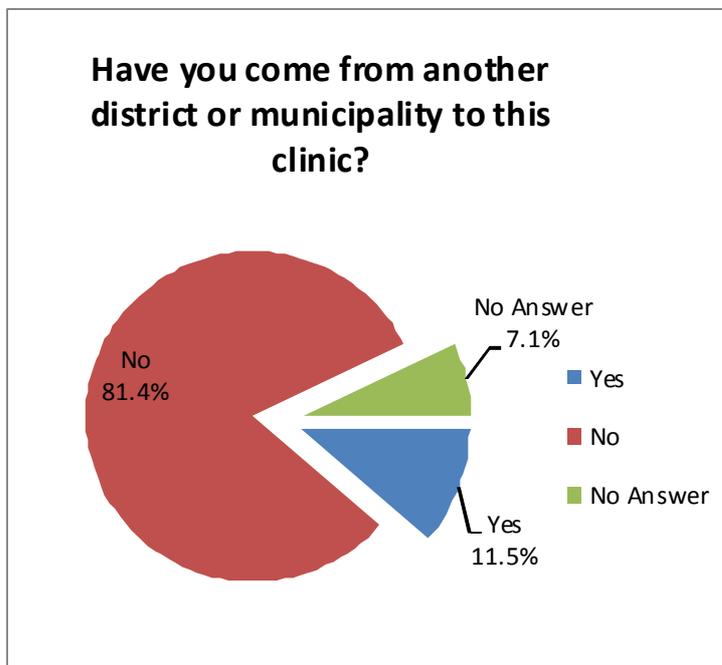


The majority of the respondents were South African citizens (82.3%), with permanent residents being 10.6%. The majority of respondents were female (63.7%) and in the age group 26 – 35 years old (26.5%).

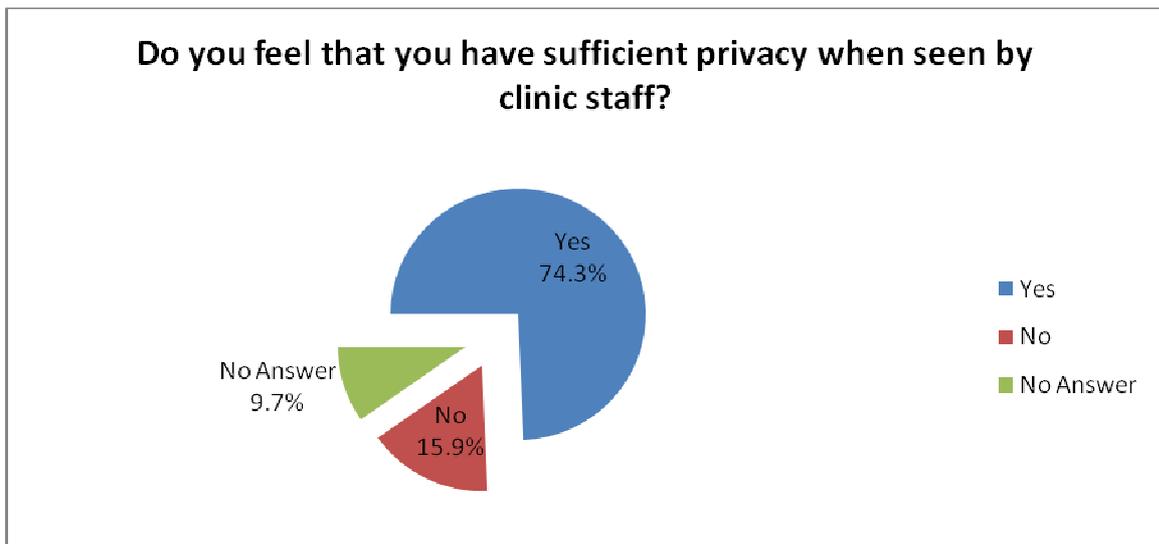
Time & Venue

We look at the opening and closing times of the clinics. The time and cost of travel to the clinics is also assessed. The venue is also looked at in terms of privacy, cleanliness and facilities.

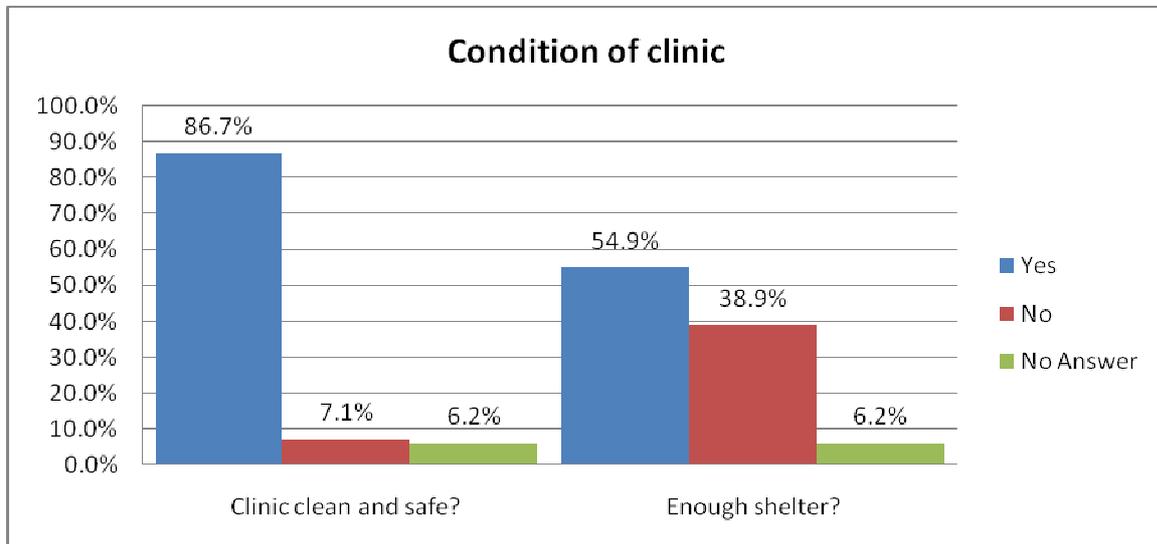
	Minimum	Maximum
Opening Times of Clinics	06:30	24 hours
Closing Times of Clinics	14:00	24 hours
Time taken to Travel to Clinics	1 min	300 min
Cost of Travel to Clinics	R0.00	R50.00
Time Waiting to be Serviced after Arrival	0 min	720 min
Number of Days per Week that the clinic operates from the venue	1 days	7 days



Most of the clinics opened at 07:00 and closed at 16:30 or 19:00. Most of the respondents said that the clinics were open seven days per week. Most of the respondents took approximately 30 minutes to reach the clinic. However, there was a respondent at the Stella Community Health Clinic in the Dr Ruth Segomotsi Mompoti district who said that it took her five hours (300 minutes) to reach the clinic and that she had to return every month. The cost of travel ranged from R0.00 to R50.00, with most of the respondents not having expenses related to travel to the clinics.



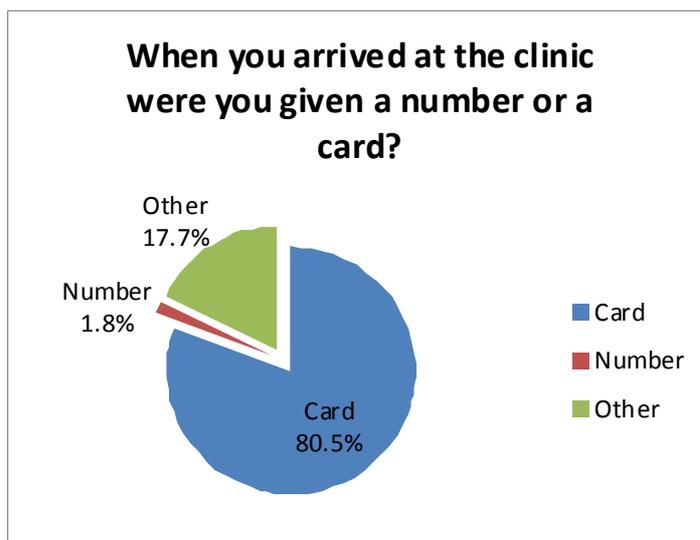
The majority of the respondents (74.3%) felt that they had sufficient privacy when seen by clinic staff. The 18 respondents who felt that there was not sufficient privacy when they were seen by clinic staff were from the following clinics; the Phatsima, Rankelenyane and Reagile clinics in Bojanala; the Jouberton Clinic and the Tshepong Hospital in Kenneth Kaunda; the Letsopa and Motlhabeng clinics in Ngaka Modiri Molema and the Dryharts and Tseoge clinics in Dr Ruth Segomotsi Mompoti.



The majority of the respondents (86.7%) thought that the service in the clinic was provided in a clean and safe place, this was also the case in terms of shelter with 54.9% feeling that there was enough shelter.

Healthcare Processing

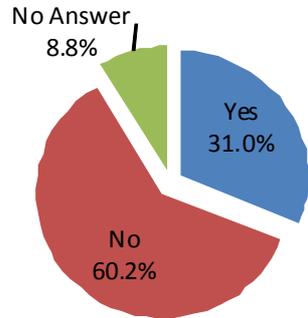
This section looks at the quality of the service provided by health care facilities.



The respondents who were not given a number or card said that they had to wait in queue, or write their names in a book. Two respondents said that they had to bring their own book. For respondents who received a card, the monitors asked whether the card was a different colour than the cards of other patients at the clinic. 14.3% of the respondents said that this was indeed true for them. This question is linked to issues of privacy and confidentiality. A colour coded system could mean that other patients are aware of the medical reason for the visit to the clinic.

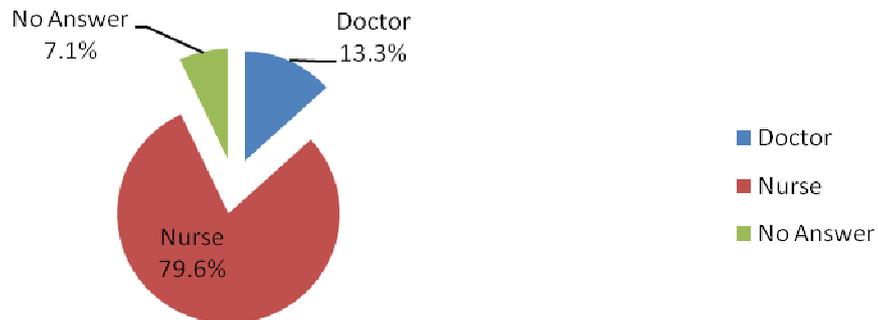
Approximately a third of the respondents (60.2%) were at the clinic for a return visit. One respondent said that he had to return five times a month to the Motlabeng Clinic in Ngaka Modiri Molema. Another respondent had returned 15 times to the Jouberton Clinic in Dr Kenneth Kaunda.

Is this the first time that you visit the clinic for the purpose you came today?



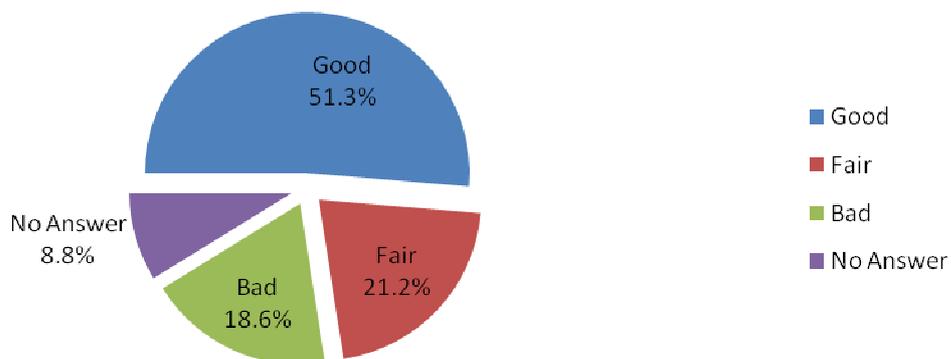
Some of the other reasons that the patients have for returning to the clinic include that they were there for a check-up or treatment. A large percentage of respondents had to pick up prescription medication. Some said that that they did not receive medication on their previous visit, either because there was not enough or because the queues were too long. Contraception, family planning, pregnancy monitoring and immunisation of children were also stated as a reason for returning.

Were you consulted by a Nurse or a Doctor today?

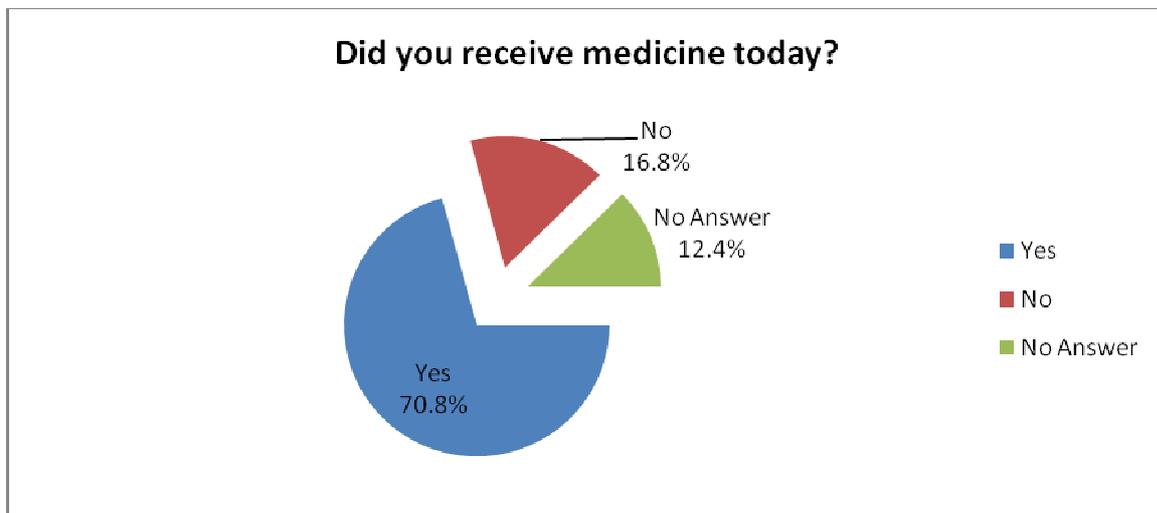


The majority of the respondents (79.6%) were consulted by a nurse. Only 23.9% of the respondents were seen by the same nurse or doctor that they had previously seen. The respondents were also asked if the consultation was in private. Most (84.1%) said that this was the case, but 8.0% said that they were not consulted in private.

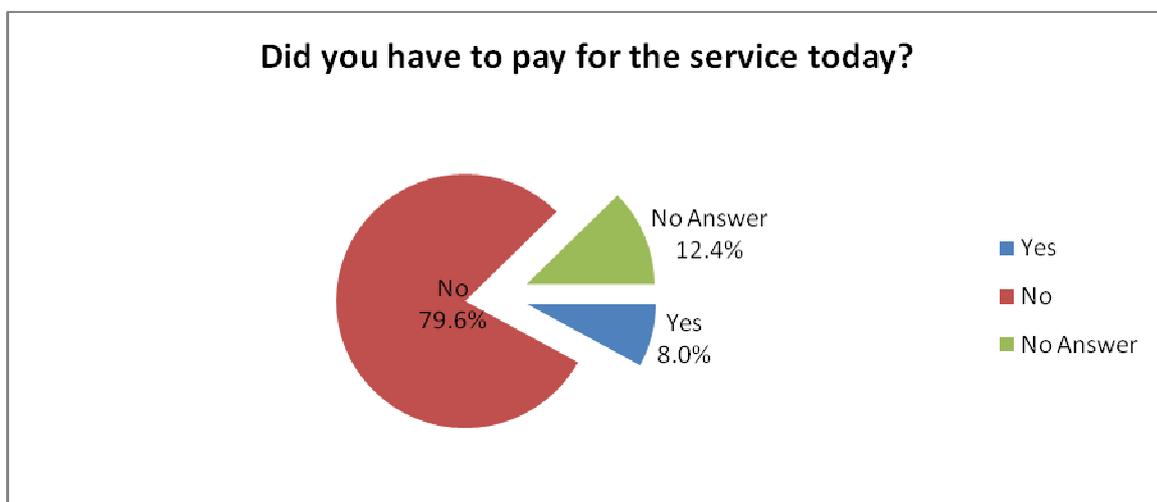
Rating of service



After being asked to rate the service received, the respondents were asked why they rated it in this manner. The main reason for respondents rating the service as good was because they were treated with respect and they got the assistance and medication that they required. Furthermore, they were consulted in private. The respondents who rated the service as fair said that they had to wait a long time. Also, they complained that there was a lack of medication. There were also complaints about nurses' attitudes and a lack of privacy. Respondents also stated that they did not see the same medical practitioner or that they were unaware that they had to pay for services. The main reason for rating the services as bad was because of the attitudes of the doctors or nurses. There were also complaints about the length of time that they had to wait and the lack of privacy. Some respondents complained about a lack of medication. One respondent at the Motlhabeng clinic in Ngaka Modiri Molema complained that she was not even helped.



The respondents who did not receive their medication were asked why this was the case. Most of the respondents said that the reason that they did not get medication was because there was a shortage. Others stated that they had to wait for a doctor in order to get their medication. The respondent who did receive their medication were asked how long they had to wait in a queue to get it. The shortest period that a patient had to wait was 1 minute, the longest being 12 hours (720 minutes). The latter was two respondents at the Reagile clinic in Bojanala.



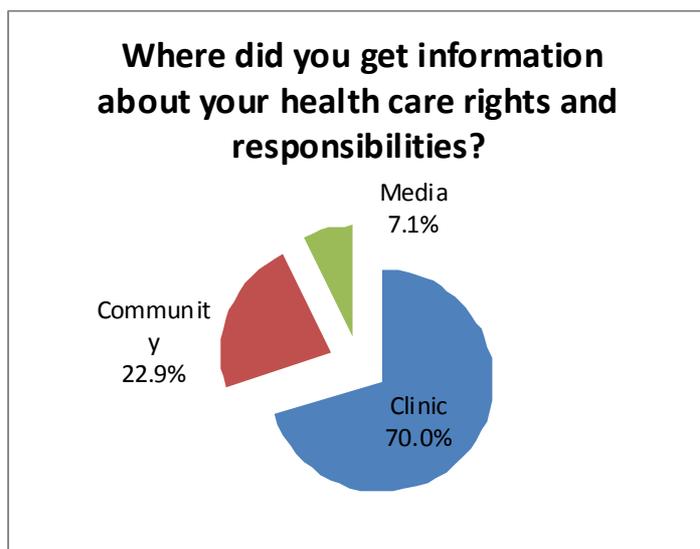
Nine of the 72 respondents (8.0%) said that they had to pay for the services that they had received. All of these respondents paid R20.00 at the Gateway Clinic in Bojanala. The respondents were also asked if they were aware of the costs before receiving the service. The answer was 'no' for 22.1% of the respondents, 15.9% of the respondent were aware of the cost and 61.9% did not answer the question.

Language & Communication

This looks at whether or not the official languages are spoken. There is also a focus on how much people know about the about the health services provided by the Department of Health and where they received their information.

	Yes
Are you aware that you have the right to be treated by a named Health Professional?	85.8%
Did you know that you may refuse treatment (verbally or in writing) provided that this does not endanger the health of others?	69.9%
Do you know that you have the right to be given full and accurate information about the nature of your illness and the proposed treatment and the costs involved, for you to make a decision?	79.6%
Have you ever been asked your view on how to make health services better?	44.2%
Do you know that you have the right to be referred for a second opinion to a health provider of your choice?	62.8%
Do you know that you should not be abandoned by a health care professional worker or a health facility that initially took responsibility for your health?	62.8%
Do you know that you have the right to complain/comment about the health care service you receive and that it should be investigated and you should get feedback on the investigation?	71.7%

Respondents in the North West province were mostly aware of the rights. However, only 44.2% of the respondents have ever been asked their view on how to improve health services.



70.0% of the respondents said that they received information about their health care rights and responsibilities from clinics. The media informed 7.1% and the community the remaining 22.9%. The respondents were also asked whether they received the information in their mother tongue, or a language which they were comfortable with. For 90.3% of the respondents, they did indeed receive the information in their spoken language.

AS A PATIENT YOU HAVE THE FOLLOWING RESPONSIBILITIES, DID YOU KNOW THIS?:	Yes
• To advise the health care providers on your wishes with regard to your death	56.6%
• To comply with the prescribed treatment and/or rehabilitation procedures	66.4%
• To enquire about the related costs of treatment and/or rehabilitation and to arrange for payment	59.3%
• To take care of health records in your possession	70.8%
• To take care of your health	85.8%
• To care for and protect the environment	86.7%
• To respect the rights of other patients and health providers	88.5%
• To utilise the health care system properly and not abuse it	87.6%
• To know your local health services and what they offer	80.5%
• To provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes	68.1%

Generally the respondents in the North West are aware of their healthcare responsibilities. However, for the following rights the percentages are low:

- To advise the healthcare providers on their wishes with regard to their death.
- To enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.

Monitors' Observations

Besides interviewing beneficiaries and monitoring service sites, the monitors recorded their own observations.

Monitors noted that there were **long queues** due to the fact that there was a **shortage of staff**. There were also many patients who **arrived very early** so that they could be helped first:

- "Clinic was full of patients and they have to wait for a long time because of shortage of nurses. There were only 2 nurses and they also work hard and having no chance for tea or lunch time."
- "I think the department must hire more nurses and doctors."
- "Number of staff very few. No medicine. Patients wait long for help. Few seats, less space. Patients confidentiality not respected. For instance, one of the nurses shouted: "all who are here for ARV's please come line up here!" But none of the patients stood up. And I have spoken to her and she apologised."
- "Often in winter there is a long line. Have to wait outside in the cold, no chairs. Interviewee once put a suggestion in the suggestion box, the reaction was not good. Treat badly."
- "One patient says that they wait too long to be served. This patient has arrived at 06h30 but till 12h05 had not been served."
- "Our clinic is always full of patients and they have to wait for many hours in queues before they can be helped. On the other side there are still problems of toilets and the access of water is poor, so our community is really suffering."
- "Our clinic is always full of patients. Sometimes they wait for a long time in queues. After that, they still don't receive their medicines. This is a big problem."
- "The old man reside in front of the clinic. He further tell me that due to shortage of nurses, patients wake up early and arrive there at 04h00 so that they must be at the first line. So that

they can be assisted at 08h00 or 08h40 meaning that they are the first patients helped for the day.”

There was also a **lack of equipment and facilities** are certain clinics in:

- “A place for pregnant women to be comfortable.”
- “At our clinic there is a problem of water so toilets are still not functioning and patient are struggling especially the older person.”
- “Our clinic health centre does not have enough resources. There is a shortage of chairs in the clinic. They go and sit where they want and nobody shows them where to go and the toilets are clean.”
- “The number of staff is very few. Patients wait long hours for service. Equipment insufficient. Few seats, less space.”

Some monitors also highlighted that **health education and awareness is needed:**

- “Majority of patients do not know their rights because most of them where there is no problem when they are regularly treated. They need to be sensitised about their rights.”
- “Sometimes it seems like there's a lack of information to our communities, but it's because of some of our people who are not educated and don't understand other things.”
- “They don't give people the right accurate information about their nature of their illness because they use old treatments.”

The **distance that the patients need to travel to reach the clinic is quite far:**

- “I got complaints that the respondent's friend called the ambulance at 12:00 so the ambulance arrived by 17:15 that day. Also a child who was waiting for the ambulance at the waiting spot, long distance from home, when the ambulance arrived she was told from the spot to the home ambulance driving after her, and it was very slow. I saw it passing. I noticed the trouble by myself in front of my house. She was in labour pain to deliver the baby. When the ambulance arrived she has already given birth, she says she was in big pain, after birth so they took her to the clinic. At the clinic I waited almost two hours before I was helped, I was very upset.”
- “I think there is a shortage of staff in this clinic because they are very slow and people are coming from far and when they get here, they are just cut off. They just say come tomorrow.”
- “People suffer because sometimes, they don't receive medication and they have to travel to the hospital to collect it, others don't have money for transport and they fail to have their treatment.”
- “Rankelenyane clinic is too far from other people in the area. If people are sick at night they have to go to Town and that time there is no taxi to take you, nor is there a bus.”
- “The Health Centre doesn't have enough chairs for patients. The directions from casualty are very poor. Since well the health centre was a hospital before. People from farms areas struggle when their patient is admitted in the centre. It is difficult to pay her or him a visit because of a lack of transport.”
- “This patient is from Khaukhwe, quite far and there's no transport, it's scarce. Suggesting there should be mobile clinics and more volunteers should be considered. At least she was given treatment.”

There was also **praises** for the services provided at clinics in:

- “Gateway clinic is a top class clinic.”
- “This is her first day at the clinic, she was little nervous at first and after consultation she was impressed by the way she was treated at the consulting room.”
- “It is lunch time but due to lot of work the nurses don't rest or take lunch for a short time and then they continue their work.”
- “Nurses do proper job with smile. Is just that they are understaffed/ shortage of nurses.”

- “Our health centre doesn’t have enough resources, e.g chairs. What I like about them is they usually care about emergency first.”
- “Patients are being treated by various doctors and there are translators for Xhosa, Zulu and Tswana.”
- “The clinic is neat, nurses are friendly. They serve our community very well. No complaints.”
- “The clinic opens at 07h00 and closed at 19h00. It is a big clinic and is very neat but the nurses are very friendly. They work very hard and fast. No one complains about them.”
- “The guy received TB treatment so the TB patients they don't have to queue. They receive the treatment as soon as they enter the clinic.”

There were some **complaints** about the conditions at the clinics:

- “As a monitor, I propose that all the cards of the patients may be the same colour because when they are not the same colours people will know that that people who have the red card (file) has HIV or TB. I propose the same colour like blue colour.”
- “In most cases, patients who speak English received better treatment from Dr ____ He got annoyed when nurses interpret for him.”
- “In winter people had to stay outside, disabled and elderly people. Because the door was open and patients on the line could hear everything (explanation for question: Were you consulted in private?). Patients came from 05h00 in the morning to avoid long queue. But it does not work. There are some patients who should be seen by doctor. But at 15h50 the nurses will tell them the doctor is sleeping. We don't know when he is coming back home and come back the next morning only to be told the next date.”
- “Most of the patients do not receive all of their BP treatment. They get one instead of two or three of their treatment.”
- “Our clinic's service today was a bit poor. The patients did not have or receive medicine due to shortage sent to the clinic. Kids and/or infants also most of them were not vaccinated. A lot of patients waited a long time before being treated. Nurses were also rude to patients.”
- “Patients others complain that they pay for clinic books they should buy themselves. Some patients say they sometimes shout at them. Other patients say they sometimes leave her and assist other patients or just left them there, later come not telling her the reason for not leaving her there.”
- “People are suffering because they come early in the morning and after that they don’t get proper treatment. They say there is no treatment, come back next week.”
- “The clinic is always full of patients. Sometimes they receive no medicine or treatment. There's a shortage of nurses.”
- “This clinic uses old materials. This people need a better method to use.”
- “We've got a problem of people coming from Setlagole and Madibogo more especially those who take continuous treatment, they default from treatment when coming to the clinic. They say they are from the location since they are not from here. Some says our services are very fast unlike theirs. The nurses at the clinic use to say there is no medication. So it's a serious matter.”

The monitors also noted that there was a **lack of privacy**:

- “I suggest that at the clinic they must have privacy. They must stop calling the patient with their diagnosis and treatment. And start using BP machine in private. They must prepare the chair in a good condition so that other patients must not look where you are going or where you enter in the room.”
- “I'd like all patients to have the privacy they deserve. Their problems must not be noticed by everyone who is in the clinic because of the colour of their cards.”
- “People are fighting because when they arrive at the clinic, they are given a card that is different in colour. Some say others have HIV because they have red card.”

The following **suggestions** were also made by the monitors:

- “I think nurses should take patients seriously by attending them in time and give them the correct medicine or treatment. They should also go to lunch in turns not at the same time. They should also use the same colours for different sickness cards rather than making colours according to sickness because it seems like you are telling people the reason why a patient came to the clinic.”
- “There is a shortage of nurses in this clinic and only one doctor who services hospital and clinic. If Department of Health can increase doctors and nurses, this long queues.”

BLACK SASH RECOMMENDATIONS

Time and Venue:

To clarify: the respondents who stated that they travel 5 hours to reach Stella Health Clinic in Dr. Ruth Segomotsi Mompati are actually from Madibogo and Setlagole Villages in Ngaka Modiri Molema District. There are several people who feel that the treatment they receive at Stella Health Clinic is fast and the nurses are polite so they travel long distances for such service.

Recommendation: The Department of Health should address the issue of privacy and confidentiality in clinics as a matter of urgency (e.g. to stop the card system at clinics)

Health Care Processing:

Recommendations:

1. Clinics should be staffed with more doctors, nurses and medication so as to overcome the challenges of long queues and waiting for medication.
2. Medication and other basic equipment like wheel chairs should be adequately supplied by the Health Department.

Language and communication:

Most beneficiaries/clients are not necessarily literate enough to read and write, especially in rural areas. Many rely on verbal communication to understand their health related rights which they usually do not receive from health officials.

Recommendation: The Department of Health should permanently employ a Public Health Education Officer to teach the public about their health related rights in rural areas.