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Wes-Kaapse Provinsiale Parlement
Western Cape Provincial Parliament
IPalamente yePhondo leNtshona Koloni

STANDING COMMITTEE ON HEALTH

**REPORT OF THE STANDING COMMITTEE ON HEALTH ON AN OVERSIGHT VISIT TO THE KHAYAMANDI
CLINIC ON 7 AUGUST 2019**

REPORT OF THE STANDING COMMITTEE ON HEALTH ON AN OVERSIGHT VISIT TO THE KHAYAMANDI CLINIC ON 7 AUGUST 2019

The Standing Committee on Health, having conducted an unannounced oversight visit to the Khayamandi Clinic in Stellenbosch on 7 August 2019, reports as follows:

Delegation

The delegation included the following Members:

Democratic Alliance (DA)

Allen, RI

Botha, LJ

Philander, WF (Chairperson)

African National Congress (ANC)

Windvogel, R

Economic Freedom Fighters (EFF)

Xego, M

Additional Members

Bosman, G (DA)

Bans, AP (ANC)

Ms N Jamce, Procedural Officer, accompanied the delegation.

1. Introduction

The Standing Committee resolved to embark on an unannounced oversight visit to the Khayamandi Clinic in Stellenbosch as part of its oversight mandate over the Department of Health and in compliance with its programme.

2. Overview

The Khayamandi Clinic (the Clinic) was opened in 1993 in Khayamandi, a township at Stellenbosch in the Breede Valley region. Khayamandi is regarded as one of the developing townships situated in Stellenbosch due to the migration of people from the surrounding farms and other provinces. According to the 2011 Census Report by Statistics SA, the population of the Khayamandi community was approximately 24 645, however, this population has grown immensely over the past five years.

The delegation visited Khayamandi Clinic on Wednesday 7 August 2019. The objective of the visit was to experience first-hand and to assess the services offered by this health facility. The Standing Committee wanted specifically learn about the challenges experienced by the Clinic, the successes achieved by the Clinic, and the impact that the Clinic has had on the community of Khayamandi and the surrounding areas.

3. Findings

- 3.1.** The Khayamandi Clinic operates five days a week from 07:30 to 16:00 and is closed on weekends and public holidays.
- 3.2.** The Clinic renders a comprehensive healthcare package of care to a population of 190 110, to an average of 17 960 people per quarter, equalling 5 500 adults and 1 113 children per month.
- 3.3.** The Clinic provides health services to a total of 300 to 350 patients per day.
- 3.4.** The Clinic offers preventative and curative services with a special focus on children, women, HIV and Aids, and sexually transmitted infections (STIs).
- 3.5.** The Clinic has a complement of 25 permanent staff members, including a medical officer who is available at the facility every day and a second medical officer who visits the Clinic twice a week.
- 3.6.** Patients for speech therapy from Khayamandi are referred to the Stellenbosch Hospital.
- 3.7.** The Clinic's TB defaulter rate is 5,1% and is considered to be very low. Patients who are diagnosed with HIV or TB are registered on the system for the commencement of their treatment and for follow-up purposes.
- 3.8.** The burden of disease continues to escalate, especially infectious diseases and chronic diseases. However, HIV and TB are regarded as the largest burden of disease at the Khayamandi Clinic.
- 3.9.** The Clinic has low treatment default rates and this can be ascribed to the work of the community health workers.
- 3.10.** The delegation was informed that the Primary Healthcare Manager visits the Clinic once a month and the visits are more frequent when there is a need.
- 3.11.** The Committee was informed that a piece of land has been bought by the Municipality from the church and will be signed over to the Municipality in a week's time.
- 3.12.** There is a newly appointed Health Committee at the Khayamandi Clinic. The delegation was also informed that the Community Health Forum was dissolved as it had become too politicised.
- 3.13.** The electronic filing system is not in place and this causes delays and congestion in the waiting area.
- 3.14.** There is no permanent pharmacist stationed at the clinic. A pharmacist visits the facility two to three times a week and this arrangement leaves two pharmacist assistants in charge of the pharmacy.
- 3.15.** There were three air conditioners that were not working during the visit.

4. Challenges experienced at the Khayamandi Clinic

- 4.1.** During the visit, the Committee was further informed about the shortage of medical stock. This was highlighted as a national challenge due to the contract of a medical supplier that has come to an end.
- 4.2.** Infrastructure is a major challenge at the Clinic and the Department of Health is struggling to acquire land to build a new clinic.
- 4.3.** The admission, reception and filing areas are inadequate.
- 4.4.** The pharmacy is too small with an inadequate waiting area.
- 4.5.** The filing system is a major challenge due to the shortage of space and the long time it takes to allocate folders to patients.
- 4.6.** There is high staff turnover at the Clinic and the process of the Department in filling the vacancies takes long.

- 4.7. The staff shortage, including a shortage of doctors, was highlighted as a challenge at the Khayamandi Clinic.

5. Successes of the Khayamandi Clinic

- 5.1. The Members were informed that the Chronic Dispensing Unit distributes chronic medication to a community church and patients collect their medication there.
5.2. The Clinic has well-functioning appointment and triage systems.
5.3. There is a smooth functioning baby clinic at the Clinic.
5.4. The Mother-to-Child Prevention Programme is very successful.

6. Recommendations

The Committee recommended that:

- 6.1 The Department installs a prefab structure to be utilised to store files.
6.2 A queue marshal and TV sets be considered in the waiting area of the Clinic.
6.3 The Municipality should consider allocating funds to refurbish the baby room and to make it more baby-friendly.

7. Resolutions

The Committee resolved to conduct a follow-up visit to the Khayamandi Clinic. For this visit, the Committee will invite community health stakeholders, the Municipality and district health councillors to attend the meeting.

8. Requested papers or documents

The Committee requested the Khayamandi Clinic to provide:

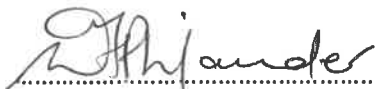
- 8.1 A list of the Clinic's maintenance needs; and
8.2 A copy of the Clinic's User Immovable Asset Management Plan (U-AMP).

9. Acknowledgments

The Committee wishes to express its appreciation to the entire staff of the Khayamandi Clinic for their dedication and hard work in providing the communities of Khayamandi and the surrounding areas with good healthcare services under trying conditions.

10. Conclusion

The Committee successfully concluded the oversight visit to the Khayamandi Clinic.



MS WF PHILANDER, MPP

**CHAIRPERSON: STANDING COMMITTEE ON HEALTH
WESTERN CAPE PROVINCIAL PARLIAMENT**

DATE: