Province of the
EASTERN CAPE
DEPARTMENT OF HEALTH

COEGA

MPOZOLO CLINIC

CLINICAL BRIEF

June 2024

Prepared by Allegro Trading (Pty) Ltd

Proposed New MPOZOLO CLINIC (Replacement of Existing Clinic)

Type of facility: *Primary Health Care Clinic*

***Service hours**:* *8-4pm Weekdays*

Sub District: *Mbhashe Health Sub-District*

District: *Amathole District*

Province: *Eastern Cape Province*

APPROVAL

PROJECT NAME : CONSTRUCTION OF MPOZOLO CLINIC IN THE SMALL PLACE OF SHUKUMA, MBHASHE LOCAL MUNICIPALITY, AMATHOLE DISTRICT, EASTERN CAPE

DOCUMENT TITLE : CLINICAL BRIEF

CLINIC NAME : MPOZOLO CLINIC, SMALL PLACE OF SHUKUMA

The purpose of this form is to ensure that documents are approved prior to issue.

The Health Facilities and Infrastructure Management Planning Directorate of the Eastern Cape Department of Health hereby submit the clinical brief for MPOZOLO CLINIC for your approval and signature.

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Acronyms

ADM	Amathole District Municipality
AIDS	Advanced Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
BCM	Buffalo City Municipality
CCMDD	Central Chronic Medicines Dispensing and Distribution
CCTV	Close Circuit Television
CHC	Community Health Centre
COVID	Coronavirus Disease
DHIS	District Health Information System
DPW	Department of Public Works
EC	Eastern Cape
ECDOH	Eastern Cape Department of Health
ECDOH	Eastern Cape Department of Health
EMS	Emergency Medical Services
GDP	Gross Domestic Product
HIV	Human Immune-deficiency Virus
HR	Human Resources
ICSM	Integrated Clinical Services Management
IDMS	Infrastructure Delivery Management System
IDP	Integrated Development Plan
IUSS	Infrastructure Systems Support Unit
Level I	Level One
Level II	Level Two
Level II	Level Three
LM	Local Municipality
MCWH	Maternal, Child and Women's health
MIG	Municipal Infrastructure Grant
MOU	Midwife Obstetric Unit
NDOH	National Department of Health
NGO	Non-Governmental Organisation
NPO	Non-Profit Organisation
OR	Oliver Reginald
OSD	Occupational Specific Dispensation
PHC	Primary Health Care
PMIS	Project Management Information System
PN	Professional Nurse
PSP	Professional Service Provider
PTV	Patient Transport Vehicle
SANS	South African National Standards
SAPS	South African Police Service

SOA	Schedule of Accommodation
STATSSA	Statistics South Africa
TB	Tuberculosis
UPS	Uninterrupted Power Supply
VIP	Ventilation Improved Pit
WBPHCOT	Ward-based Primary Healthcare Outreach Teams
WHB	Wash Hand Basin
WSA	Water Service Authority

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1. EXECUTIVE SUMMARY

The existing Mpozolo Clinic is operating from a residential dwelling donated to the community as a clinic in the 1970's. This building is not fit for the purposes of rendering Primary Health Care services in line with current health standards and is in a dilapidated condition. The facility is operating 8 hours per day from Monday to Friday and has a current annual headcount of 12 271 which translates into an average headcount per day of approximately 47 patients per day. This headcount falls within the requirement of a very small clinic facility with headcounts of between 10 000 – 20 000 patients per year.

Mpozolo clinic is situated in the small place of Shukuma located in the Mbhashe Local Municipality of the Amathole District in the Eastern Cape Province and services a very rural community. The closest town from the facility is Willowvale where the next referral facility is in the form of the Willowvale CHC. Although Willowvale is approximately 39km from Mpozolo the drive time to the town is just over an hour due to a large portion of the road being gravel.

The Mpozolo Clinic refers patients for further care to Willowvale CHC (39Km away) which operates 24 hours and provide services which includes a MOU and 24-hour Emergency Care. Gcawu Provincial Hospital in Butterworth is the Level I referral facility for Mpozolo Clinic and Willowvale CHC and is 103km away and just over 2hour drive time from Mpozolo. These facilities refer patients to Frere Hospital in East London for Level II and Level III care.

The initial catchment population for the facility is based on a radius of up to 10km around the clinic as there are no additional health care facilities within the 5km radius from the current clinic. Although 2 PHC facilities are positioned within the 5-10km radius from Mpozolo Clinic the drive time to these is above the threshold rendering these facilities inaccessible to the Mpozolo Clinic community. Proximity analysis based on travel time reduced the number of settlement boundaries in the Initial Mpozolo Clinic Catchment from 22 to 7, hence reducing the catchment population from the initial figure recorded as 5 368 to the population of 1 864 (2023) in the remaining 7 settlement boundaries. It should be noted that the catchment population reflected on the DHIS at March 2024 is 5 276.

The design solution for the facility needs to take into consideration that the current facility is not safe for occupation and an immediate solution to address this, whilst planning and constructing a new facility is underway, is paramount to continued rendering of PHC services. The design solutions should take cognisance of the rural nature of the area facility as well as limited municipal services in the area. The rural nature of the facility also necessitates the provision of staff accommodation as part of the development in accordance with the current ECDOH Staff Accommodation Policy.

2. DETAILED SERVICE PROFILE

2.1 Purpose of this Document

The purpose of this document is to provide clinical planning and background information informing the planning of the primary healthcare clinic planned to replace the existing Mpozolo Clinic. The existing clinic is functioning from a building donated to the community by a businessman in the area in the 1970's and the ECDOH has determined the need to provide a purpose-built appropriate building to render primary health care services to the community. To this end a site has already been identified for the construction of the new facility and the DPW Eastern Cape is in the process of registration of the land donated by the local chief. The document will further outline the infrastructure requirements in terms of space and functionality required for the design of the facility.

2.2 Methodology of the study

This report is based on data obtained from secondary and primary sources. Two site visits to the existing Mpozolo Clinic were conducted on 7 December 2023 and 31 January 2024 respectively to collect data, inspect the facilities and discuss issues with the clinic and district staff as well as the clinic committee that was present at the last visit to site.

Key sources of information referred to include:

- PHC package of service
- The Ideal Clinic Manual Version 19
- District Health Information System (DHIS)
- Draft 10 Year Infrastructure Health Plan
- Data Analyses Report for Mpozolo Clinic (ECDOH December 2023)
- IUSS health facility guides for Primary Health Care Facilities
- Amathole District Health Plan 2024/25-2026/27
- ECDOH Annual Performance Plan 2023/24
- Amathole District Municipality IDP 2023/24
- Mbhashe Local Municipality IDP 2022-2027
- Stats SA latest midyear estimates 2022
- Census 2022 Statistical Release P03014

2.3 Background

The Existing Mpozolo Clinic is a rural Primary Health Care Clinic rendering an 8-hour services to the immediately surrounding community. The clinic was established in 1970 after a local businessman donated the building, previously functioning as a domestic dwelling, for use as a clinic to the local community[1]. Apart from clinic functions two rooms in the main clinic building are used for staff

[1] *Mpozolo Clinic Profile – 2019, Mbhashe Sub District, Eastern Cape Department Of Health*

accommodation whilst and outside structure on the property also accommodate nursing staff. The provision of staff accommodation is a requirement at this facility because of the rural nature of the area. The clinic was established as a result of a community initiative when the community requested the use of and old house from its then owners who donated the structure to the community under Chief Solontsi[2].

The facility is in a state of disrepair and the building has been deemed unsuitable to render primary healthcare as is evident by several assessments and correspondence from the Health District and community members to the Eastern Cape Department of Health (See attached Annexure A). In recent years the ECDOH has installed a new ClearVu perimeter fence and a newly constructed guardhouse on this site.

The Eastern Cape Department of health has embarked on a process to provide a permanent purpose-built structure suitable to render primary health care to the community and in so doing has engaged several stakeholders to identify an appropriate site for the new facility. The process of acquiring the site is well underway and managed by the Department of Public Works in the Eastern Cape (See attached Annexure B).

2.4 Locality

Mpozolo clinic is situated in the small place of Shukuma located in the Mbhashe local municipality of the Amathole District. The Mbhashe Local Municipality, comprising the towns of Idutywa, Elliotdale and Willowvale (Gatyana) and numerous peri-urban and rural settlements. The nearest town to – Mpozolo is Willowvale which is 39,1km away.

Table 1: Locality

Location	
District	Amathole District
Sub District	Mbhashe Local Municipality
Nearest Town	Willowvale
GPS Co-ordinates	28.780045959/-32.161350069

[2] *Mpozolo Clinic – Concept Document (ECDOH)*

Figure 1: Mpozolo Clinic Google Maps Aerial View

Mpozolo is the main administrative village consisting of several smaller sub-villages. There are currently 27 headmen from the chieftaincy that represent these sub-villages which from part of Mpozolo.[1] The clinic serves the following areas, which are widely separated and it is difficult for the entire community to access services due to long distance travel whilst others are crossing rivers and forests in order to get to the clinic.

Table 2: Mpozolo Village Sub-villages[1]

Xhasa	**Mhlahlo**	**Langweni**	**Ntshangase**
Shobani	**Dyasi**	**Shwati**	**Mdintsi**
Mission	**Memani**	**Qokoqa**	**Ndude**
Nogogo	**Masango**	**Nila**	**Tomse**
Mpozolo	**Ntsimbakazi**	**Mendu**	**Ngoma**
Ntlangano	**Lurwayizo**	**Mendwana**	**Msendo**

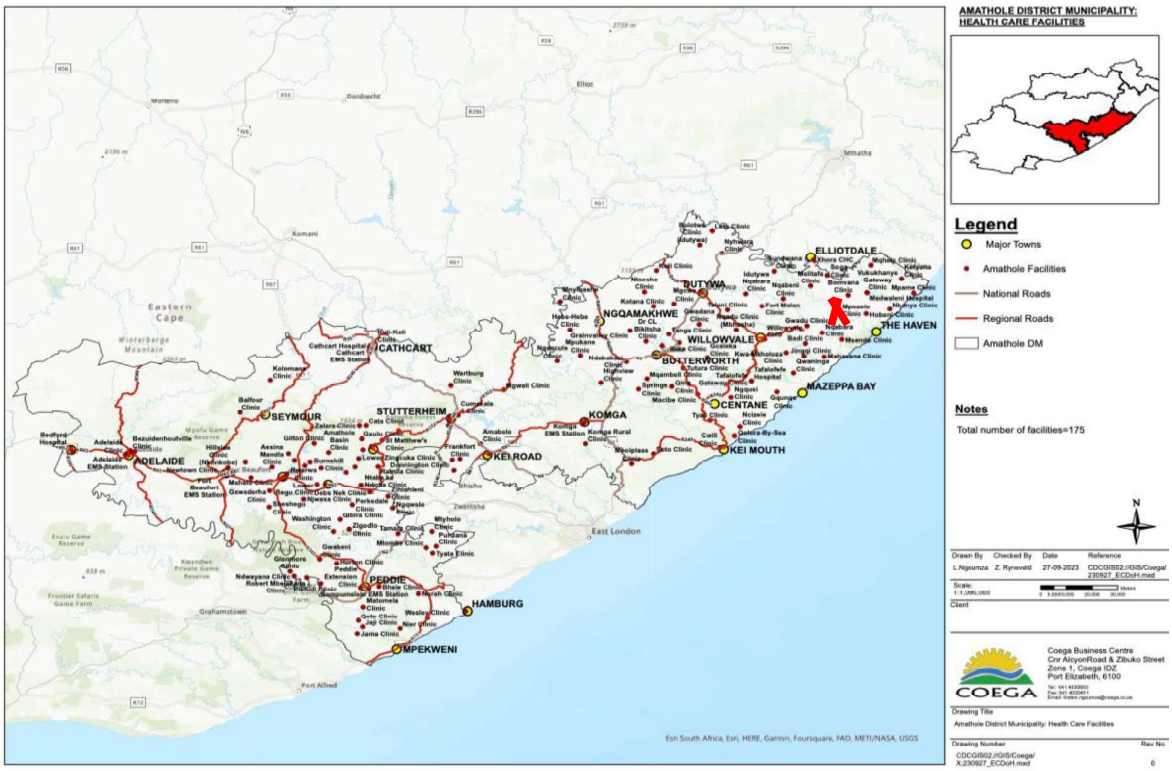

*Figure 2: Mpozolo Clinic Location (marked as **X**)*

2.5 Demographics

2.5.1 Population

The Eastern Cape Province has been overtaken by the Western Cape as the third largest province in terms of population size in the 2022 Census.[3] Together with the Free State the Eastern Cape Eastern Cape recorded a consistent decline in population over time, while it remained constant (2,2%) between 2001 and 2022 in the Northern Cape province.[4]

Although the Amathole District has shown a nominal growth rate of 0,2% between 2011 and 2022 which is lower than the 0,9% growth rate of the province the Mbhashe Local Municipality has displayed a negative growth rate of -0,8% over the same time period.[5] This decrease in population from 261 670 in 2011 to 240 020 in 2022 is further amplified in a decrease in the number of households from 61 893 to 52 715 from 2011 to 2022.[3]

The age gender group population pyramid below shows that the population of Mbhashe LM is a largely young population with the age groups 0- 19 being the largest population groups for both males and females. The male female ratio of 46,3% vs 53,6% is in line with the male female ration of the province at 47,4% and 52,6%.[6]

[1] Data Analyses Report – Mpozolo Clinic Catchment December 2023

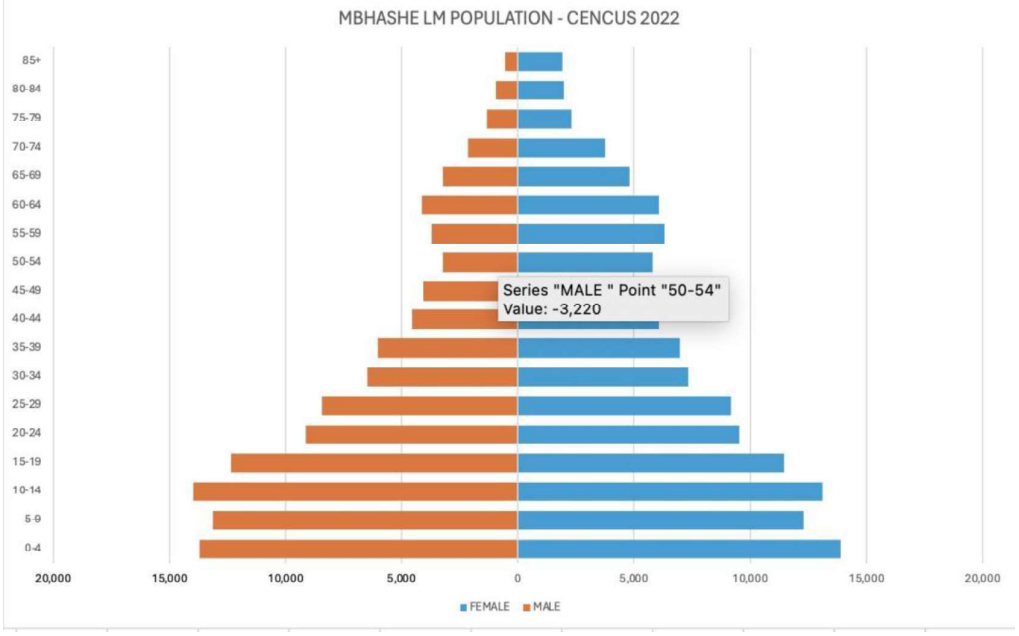

Figure 3: Mbhashe Local Municipality Population Age/Gender Population[3]

[3] *StatsSA Census 2022 Statistical Release*
[4] *StatsSA Census 2022 Provinces at a glance*
[5] *Amathole District Municipality IDP 2023/24*
[6] *Mbhashe LM IDP 2022-2027*

2.5.2 Catchment Population[7]

The optimum size of the service catchment area for PCH facilities is 5 km as guided by the SDM-17, and the straight-line radius around the clinic extracts the number of facilities and enumeration areas listed below. However, since there are no adjacent health care facilities within the 5 km catchment area, an additional catchment of 10 km has been introduced to get a sense of the surrounding health care services and additional nearby health facilities.

<u>The 5 km Catchment:</u>

1 health care facilities (Mpozolo Clinic)

22 small place boundaries

<u>The 10 km Catchment:</u>

2 clinics (Bomvana & Hobeni Clinics)

The proximity analysis based on travel time reduced the number of settlement boundaries in the Initial Mpozolo Clinic Catchment from 22 to 7 (See Annexure D), due to the travel distance to reach the facility from the central points of settlement boundaries. The catchment population for all 22 boundaries is recorded as 5 368, and for the remaining 7 it is 1 864.

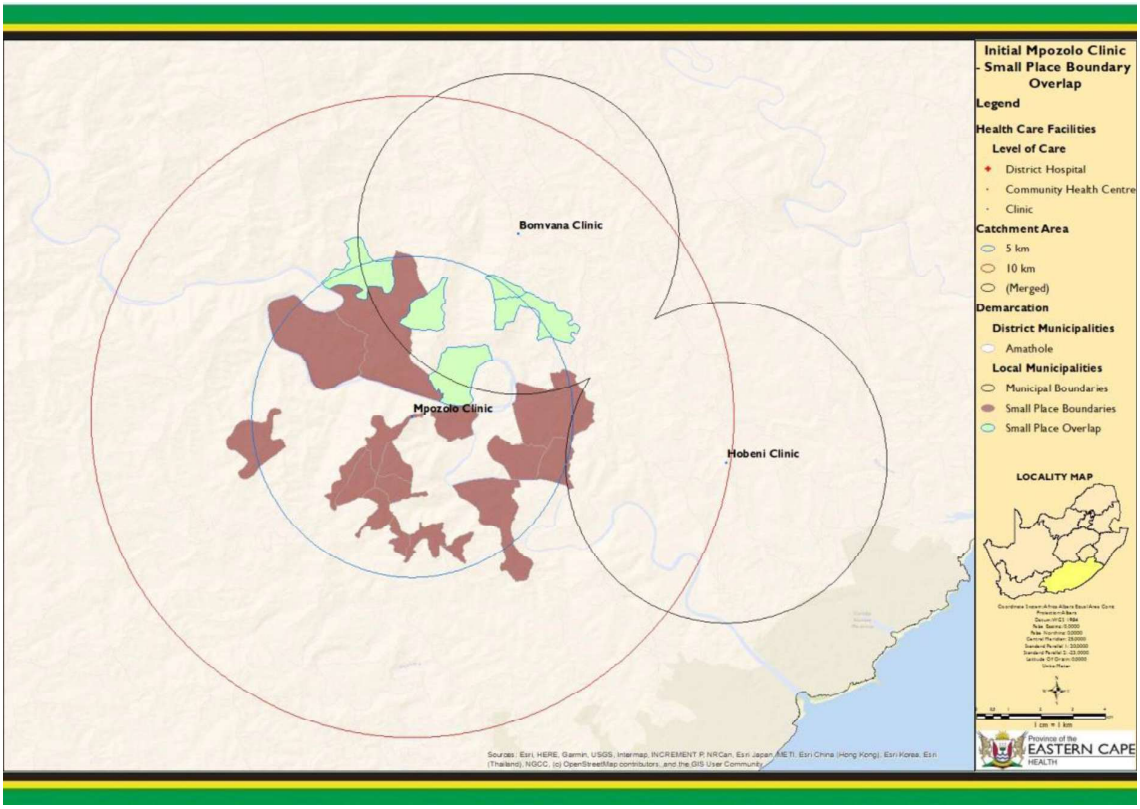

Figure 4: Mpozolo Clinic – Small Place Boundary Overlap[7]

[7] *Data Analyses Report – Mpozolo Clinic Catchment December 2023*

2.5.3 Household Income

Poverty, unemployment and poor education are some of the social determinates of health characterising the Eastern Cape Province[8] and Mbhashe has a high number of poor populations with an unemployment rate as 93% coupled with a high illiteracy rate.[6] Only 5% of population in Mbhashe is engaged in the formal employment sector.[6]

Table 3: Household Income[7]

Small Place Name	No Income	R1 - R1 600	R 1 601 - R 3 200	R3 201 - R12 800	R 12 801 - R 25 600	R 25 601 - R 51 200	R 51 201 - R 102 400	R 102 401 - R 204 800	R 204 801 or more	Unspecified	Not Applicable	Total Per Small Place
Kundlumbini SP	126	189	3	6	0	0	0	0	-	0	0	324
KwaMyataze SP	102	144	0	9	0	0	0	0	-	0	0	255
KwaXaso SP	66	78	0	0	0	0	0	0	-	3	0	147
Lucingweni SP	60	96	0	3	0	0	0	0	-	6	0	165
Mpozolo B SP	120	186	6	3	3	0	0	0	-	6	0	324
Msendo SP	117	87	0	3	0	0	0	0	-	0	0	207
Shukuma SP	198	237	0	12	3	0	0	0	-	0	0	450
Total Per Salary Bracket	**789**	**1 017**	**9**	**36**	**6**	**0**	**0**	**0**	**0**	**15**	**0**	**1 872**

- 96,47% of the population is composed of individuals with no income and earn below R1 600 per month.
- 2,72% of the population earn above R1 600 per month.
- 0,8% have an unspecified income.

2.5.4 Eastern Cape Province - Health Profile

Life expectancy at birth of Eastern Cape males will increase to 59.8 years and for females to 66.0 years in 2026.[3] Life expectancy is expected to increase with decreasing infant and child mortality which is positively influenced by measures such as an increase in immunisation rates, and the increasing uptake of ART.

The impact of COVID-19 on conception and subsequently the expected births post-2020 is anticipated to decline given the escalation in economic uncertainty in South Arica.[8] Fertility rates in the Eastern Cape declined between 2001 and 2021 from an average of 3.14 children per woman to 2.91 children.[3] There has been a decline in the fertility rate in the last decade and with interventions implemented a further drop of 0.05% is expected over the next six years.[8] Because of the decreasing fertility rate of the area there is expected to be a concurrent decline in demand for maternal health and neonatal services, maternity services, post-natal and paediatric services.

The assessment of development challenges experienced by persons with disabilities and life circumstances faced by persons living with disability being assesses in the Census provide useful information for health facility planning as persons with disabilities often experience inadequate access to education, transport, health and other basic services. Although the disability prevalence in the province have decreased from 9,5% in 2011 to 8,5% in 2022 the Eastern Vape is still amongst the four provinces with the highest disability prevalence in the country.[3]

According to the World Heart Federation, cardiovascular disease is the most common non-communicable disease globally, responsible for nearly 18,6 million deaths, of which more than three

[8] *ECDOH Annual Performance Plan 2023/24*

quarters occur in low- and middle-income countries.[9] In the Eastern Cape diabetes, cardiovascular diseases and hypertension remain the leading causes of death behind TB.[8]

Reversals and stagnation in life expectancy in South Africa due to the HIV pandemic was a result of mid-life and infant mortality crisis.[10] The HIV/AIDS pandemic is a two-decade long public health issue that has greatly affected the demography of South Africa. Life expectancy at birth declined between 2002 and 2006, largely due to the impact of the HIV and AIDS epidemic experienced, however expansion of health programmes to prevent mother-to-child transmission as well as access to antiretroviral treatment has partly led to the increase in life expectancy since 2007.[10] The HIV pandemic remains one of the leading causes of morbidity and mortality in the Eastern Cape Province.[8] HIV prevalence amongst pregnant women attending antenatal services in the last decade has shown a gradual increase over the years from 28,1% in 2009 to 36,5% in 2019.[8]

The causes of death that are common for all nine provinces were diabetes mellitus, HIV disease, tuberculosis, cerebrovascular diseases, hypertensive diseases and other forms of heart disease. In the Eastern Cape early causes of death are attributed to natural causes, however death due to natural causes declined with an increase among the less than 12 months up to less than 25 years age groups with the age groups 15-19 and 20-24 years being mostly affected by non-natural causes of death at 43,1% and 47,9% respectively.[8] Tuberculosis and Diabetes remains the first two leading causes of death in the province at 8,3% and 5,4% respectively whist deaths caused as a result of HIV Aids infections follows at 5,2%.[8]

The leading causes of non-natural deaths in the province are accidental injuries at 60,9%, assaults at 22,7% and transportation accidents at 11,2%.[8]

2.5.5 Amathole District Health Profile

The HIV/AIDS impact is being felt by the district as it is often depicted in maternal and child morbidity and mortality outcomes[11]. In 2022/23 the district has successfully conducted 309 327 HIV tests reaching 93% of people knowing their status with 5 999 tested positive (rate 2%) of which 5684 initiated on ART (95 % linkage rate).[11]

The Amathole health district is performing well in TB investigation 5 years and older reaching 97% and the district is working hard to sustain the good performance. Tuberculosis HIV Integration system (THIS) is progressing well as it is currently at 93.7%.[11]

The district is doing well at reduction of maternal deaths at a coverage of 43.4/100 000 against the target of 53/100 000 and against the Provincial target of <120/100 00. Neonatal deaths 7.2/1000 against the national target of 10/1000. ANC initiated on ART rate98.5% against the target of 98%.[11]

The Amathole district is burdened with hypertensive disorders as it is leading the leading cuase of natural deaths in the district at 8.1% which is followed by chronic lower respiratory disease sitting at 6.8%.[11]

Severe mulnutrician in children under 5 years at 8,7% in Mabashe is a key problem which is even higher than the EC rate of 7,6% in 2022/23.[11]

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[9] *StatsSA Non-Communicable Diseases in South Africa – Findings for Death Notifications 2008-2018*
[10] *StatsSA Mid-year population estimates 2022 (P0302)*
[11] *Amathole DHP 2024/25-2026/27*

2.5.6 Municipal Infrastructure and Services

The Mbhashe Local Municipality is one of six local municipalities in the Amathole District. It is a rural area and in terms of the percentage of people living in poverty for each of the regions within the Amatole District Municipality, Mbhashe Local Municipality has the highest percentage of people living with no schooling, and the lowest percentage of people with access to piped water and flush toilets.[11] Mbhashe also has a very high percentage of people living in informal and traditional dwellings – 64,5%[12]. The municipality largely rely on grant funding in order to deliver services to its communities with some portion of funding generated by revenue collection.[12]

1) Water

The severe drought during 2016 to date, old infrastructure, funding constraints, high water loss and low levels of revenue collection have been constant challenges that the ADM has faced in trying to meet its objectives in terms of provision of reliable water services.[5] As the Water Service Authority (WSA), ADM has the responsibility of ensuring that all residents residing in the municipal area have access to at least a basic supply of water (communal supply) and sanitation service.[5]

Only 16,14% (39 600 households) of households in the Amathole District have access to piped water inside their dwelling and a further 12,85% (31 500 households) have piped water outside in the yard. The number of households with no access formal piped water at their dwellings are 78 300 (31,90%)[5]. The households with no access to formal piped water make use of communal taps supplied by the municipality.[5] At the existing clinic site there is no piped water available inside the clinic building. A communal tap in the yard of the facility is the primary source of water on the existing site. The facility also harvests rainwater and a 'Jojo' tank is provided outside as a means to store backup water. The water quality however from both the tap and the tank is poor according to clinic staff.

The Amatole District Municipality has a project in planning in the Mbhashe LM for the construction of a new dam and water treatment works for the Sundwana Regional Water Supply Scheme.[5] This project is estimated at R650m of which the first R28,5m has been allocated from the MIG for reticulation.[5]

2) Sanitation

Amatole District Municipality has a total number of 56 800 flush toilets (23.14% of total households), 108 000 Ventilation Improved Pit (VIP) (43.81% of total households) and 53 000 (21.61%) of total households pit toilets.[5]

In the Mbhashe Local Municipality where the clinic is situated only 5 714 households of the 63 348 households have flush toilets (8,36%) whilst the rest of the households rely on ventilation improved pit toilets – 37 165 (VIP) and pit toilets 9 930 bucket system 210. Of concern is the number of households without any toilets 15 330.[5]

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[12] *Mbhashe LM IDP 2022-2027*

[5] *Amathole District Municipality IDP2023/24*

The clinic has a septic tank connected to the flush toilet in the newly constructed guardhouse, however there is no water connection to the toilet and buckets of water are filled up at the outside tap to fill the system and flush. The local municipality does empty the septic tank when upon request (telephone call) from the clinic. Pit latrines are available for use by patients outside in the yard and no functioning ablutions are available inside the clinic building.

3) Road Infrastructure

Most of Provincial Roads which are district distributors are in bad condition they need upgrade, routine maintenance, re-gravelling and major repairs on minor structures and bridges.[6] There is a high level of deteriorated district roads within the municipal area which results in horrific roads accidents.[6]

The access road to Mpozolo Clinic is a gravel road and require maintenance as also identified by the road local municipality during their process of community consultation in January-February 2022[5]. The new site identified is approximately 3km from the existing site and is also only accessible via gravel road.

4) Electricity and Power Supply

Amatole District Municipality had a total number of 16 500 (6.73%) households with electricity for lighting only, a total of 191 000 (77.87%) households had electricity for lighting and other purposes and a total number of 37 800 (15.40%) households did not use electricity.[5]

In the Mbhashe Local Municipality 27,7% of households have no access to electricity whilst 63% of households have access to electricity for lighting and other purposes and 10,2% of households uses electricity for lighting only[5]. The existing clinic has a stable electricity supply apart from scheduled loadshedding, however the facility does not have any back up electricity provisions currently.

The electrification implementation plan for Mblashe municipality is an ongoing project and for the year 2022/23 a total number of 25 households in Mpozolo, amongst a further 256 households in surrounding areas, were earmarked for the rollout of electricity in households.[6]

5) Waste Removal (Domestic & Medical Waste)

Survey information identifies Mbhashe LM as providing waste management services to only 10.9% of the total Mbhashe households.[6] Since the establishment of Mbhashe LM in 2000, this service has generally been provided to urban areas and surrounding townships of Dutywa, Gatyana (Willowvale) and Xhorha (Elliotdale) only.[6] Rural areas are generally using a range of temporary mechanisms such as own dump within the yard, and illegal dump sites.[6]

The clinic site and the Mpozolo village is not covered by regular municipal waste removal by the local municipality. To this end a rubbish dump is located on the premises where domestic waste are burnt periodically.

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[5] *Amathole District Municipality IDP2023/24*
[6] *Mbhashe LM IDP 2022-2027*

There is a provincial contract in place for the removal and safe disposal of medical waste. The contract includes the provision of suitable medical waste collection containers, removal/collection from site and the safe disposal of medical waste at registered sites. Medical waste gets collected once a month from the clinic site and this service will continue at the new clinic site.

2.5.7 Economy of the Area

In 2016, the Mbhashe Local Municipality achieved an annual growth rate of -0,69% which is a significantly lower GDP growth rate than that for the Eastern Cape Province of 0,25%.[6] Similar to the short- term growth rate of 2016, the longer-term average growth rate for Mbhashe (0.28%) is also significantly lower than that of South Africa (2.12%).[6] The economic growth in Mbhashe peaked in 2008 at 5.18%, however since then there has seen a steady decline.[6]
The agriculture sector is expected to grow fastest at an average of 3.19% annually from R 28.9m in Mbhashe Local Municipality to R 33.8 million in 2021.[6] The subsistence agricultural sector is a significant contributor to the primary sector with many households using agriculture for subsistence and relying heavily on it for food.[6]

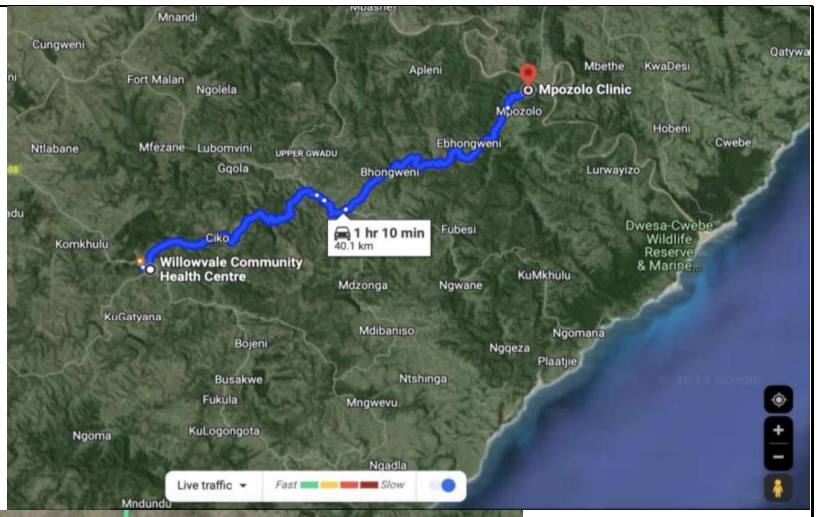
[6] *Mbhashe LM IDP 2022-2027*

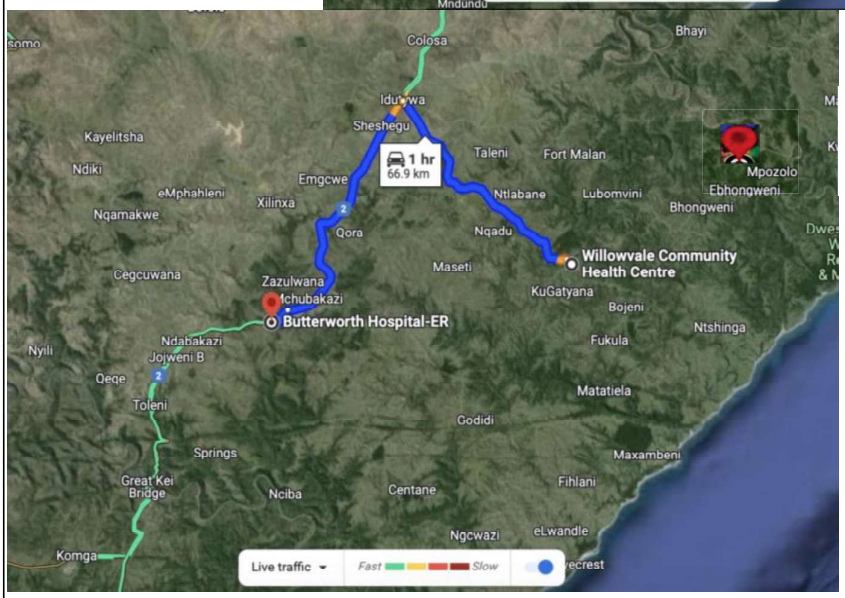
2.6 Health Referral System

Mpozolo clinic refers clients to the Willowvale CHC which is a 24-hour health facility with 18 in-patient beds which includes a MOU and 24-hour Emergency Care and due to the proximity of Madwaleni Hospital the and the outreach from doctors from Madwaleni the facility refers directly to Madwaleni Hospital as well.[2] Doctors from Madwaleni hospital are providing outreach services to all Xhora clinics including Mpozolo because of its proximity to the hospital although the clinic is in the Willowvale area.[1] Willowvale CHC refers patients to Gcawu Provincial Hospital (Butterworth) and further to Frere Hospital for Tertiary Care.[2] As a result of this outreach service from Madwaleni Hospital in some instance patients are referred to Madwaleni District Hospital for further care which in turn refer to the Mthatha General hospital for level II care.

Figure 5: Referral Facilities

Mpozolo Clinic to Willowvale CHC distance & drive time





Willowvale CHC to Gcuwa Provincial Hospital distance & drive time

2.6.1 EMS & Planned Patient Transport

The provision of EMS and PTV services ceased to operate from Willowvale CHC and at Idutywa Village CHC there is one PTV stationed but no ambulance services. The closet EMS Station to Mpozolo Clinic is at Gcuwa Provincial Hospital in Butterworth 105km away with a 2hr 5min drive time. This seriously impacts on the response time for transportation of emergency cases. The PTV stationed at Idutywa Village CHC services the Mpozolo Clinic Area.

3. PROPOSED FACILITY – PACKAGE OF SERVICE & INFRASTRUCTURE

3.1 Primary Health Care Service Requirements

Mpozolo Clinic is a primary health care clinic operating from 08h00 to 16h30 from Mondays to Fridays and is currently rendering the following services which the new proposed facility is expected to continue to render:

- HIV Counselling and Testing
- Integrated Management of Childhood Illnesses (IMCI)
- Antenatal Care Services
- Minor ailments
- Chronic illness maintenance
- Reproductive Health Services
- Youth Friendly Services

The replacement facility will continue to render the primary health care service package for clinics and services rendered here will include the following:

- Women's Reproductive Health – Deliveries to take place at Willowvale CHC with this facility equipped to manage deliveries in case of emergency only
- Integrated Management Of Childhood Illness
- Diseases Prevented By Immunisation
- Adolescent And Youth Health
- Management Of Communicable Disease
- Sexually Transmitted Diseases (Std
- HIV/Aids Management
- Tuberculosis
- Trauma And Emergency – including minor acute illnesses and trauma whilst referring more complicated cases to Willowvale CHC which has a 24-hour emergency unit
- Chronic Diseases: Diabetes & Hypertension
- Rehabilitation Services - rehabilitation services on outreach bases – will make use of consulting rooms or multi-purpose room for this
- Dispensing of pharmaceuticals and CCMDD

The design layout of the facility should be based on the 'Ideal Clinic' principles and be centred around three "streams" of patient care of which the focus areas include:

- Acute services which must have easy access for both patient & emergency services and accommodate new and emergency cases inclusive of:
    - New cases before diagnosis e.g. coughing before diagnosis of TB;
    - Minor procedures and wound care;
- Chronic conditions which include those conditions that continue or persist and will require management over an extended period of time (repeat visits):
    - non-communicable diseases;

- mental health services;
- HIV ;
- Tuberculosis and other communicable diseases.

- Women and child health (pre- and post-natal) and family planning;

3.2 Facility Performance Indicators

For the purposes of Infrastructure planning the Primary Health Care Utilisation Rate and the headcount at the facility were considered. It is evident that the PHC utilisation rate and headcount has decreased significantly from pre-pandemic figures.

Table 4: Facility Utilisation and Throughput – Period December 2022 – November 2023[13]

	Mpozolo Clinic	
1	Category of Facility	Primary Healthcare Clinic
2	PHC Utilisation Rate – Current (2022/23)	2,3
3	PHC Utilisation Rate - Pre-COVID (2018)	4,2
4	PHC Headcount - Current (2022/23)	12 271
5	PHC Headcount – Pre-COVID (2018)	16 248
6	Hours of Operation	08H00-16H30

The PHC Utilisation rate pre-pandemic of 4,5 visits per person per year to the facility was significantly higher than the national target of 3,5. This is further evident in the pre-pandemic headcount which was 16 248 in 2018. The post pandemic PHC utilisation rate at 2,4 shows a significant decrease in utilisation below the national target of 3,5 and the headcount in 2020/23 has decreased from 16 248 in 2018 to 12 744 in 2022/23.

The recorded catchment population from the DHIS in March 2024 reflects 5 275 which when multiplied by the 2,3 PHC utilisation rate is close to the 2022/23 headcount of 12 271. However, when considering catchment population contained in EC Mpozolo Clinic Catchment Analyses of 2 193 and the current PHC utilisation rate target of 3,5 the current headcount is way above the expected. Either the population figures are closer to the DHIS figures, or the current 2 193 population visits the clinic more often than the target utilisation rate with an above average expected PHC utilisation rate.

3.3 Challenges

Majority of the rural people of Mpozolo Community are poor and also depend solely on government health structures for remedies from illness.[2] Public health has played a vital role in protecting and promoting the health of rural communities across Mpozolo and Lurwayizo communities.[2]
As the existing clinic infrastructure erodes, additional and greater demands are being made on an

[13] *DHIS March 2024*

already underfunded and understaffed public health system to meet both its core functions and provide clinical care.[2]

Mpozolo clinic has 03 consulting rooms, a kitchen and 02 rooms which are part of the main clinic building that are used as a nurse's accommdoation.[2] Dedicated facilities such as treatment/emergency room, counselling room and vital sings area is not provided for at the clinic. The current infrastructure does not support best practice in rendering PHC and together with the building envelope deteriorating the following infrastructure challenges renders this facility not fit for purpose:

- Roof leaks and loose roof sheeting panels
- Cracked Walls
- Broken window frames
- Deteriorating wooden floors with rotten panels leaving holes in the floor

The current infrastructure further does not comply with the requirements of the IUSS Guidelines for PHC facilities and the Ideal Clinic Programme infrastructure requirements.

3.3.1 Disease Burden[14]

The following conditions are observed in most community members accessing services in this facility

- Tuberculosis – as clients are living below poverty line, the majority are unemployed, and some have inadequate housing to accommodate all family members resulting to congestion a fertile ground for communicable diseases
- Epilepsy – this condition has been noticed and in most cases it manifests itself post trauma, and children with a history of having it from early childhood and mothers and caregivers are educated on danger of use of concentrated traditional medicines to neonates. This has led to working together with local traditional healers to exchange information and advises and promotion of referral to the facility
- Sexually Transmitted Infections - These are more prone to children and adults of an age group ranging between15 to 49 years. Use of dual protection is emphasized as teenage and unwanted pregnancies are also prevented,
- HIV and AIDS - HCT is promoted with the assistance of the supporting partners, HCT campaigns are done. Linkage officers are tracing clients and linking them back to care
- Diabetes Mellitus and Hypertension – Diabetes and Hypertension are monitored as they are amongst the important vital signs to measure. Hypertension is also detected to pregnant women and need constant monitoring

3.4 Infrastructure Requirements

The new clinic building development is to include the following infrastructure provisions stated in table 5 below:

Table 5: Clinic Space Requirements

[14] *ECDOH Concept Document – Mpozolo Clinic*

Public Spaces	Primary & Community Care Spaces	Support Spaces
Entrance	Consulting Rooms	Storage –Linen, equipment, medicine, consumables
Reception	Counselling Room	Security gatehouse
Help Desk	Preparation/Vitals Room	Sluice
Waiting & Sub-wating Areas	Treatment Room	Clean Utility
Ablutions	Emergency Room	Dirty utility
Community meeting /multi-purpose Room	Specimen collection	Waste Area (external)
Children's play area	Sputum Collection booth	Garden Store (external)
Administration Spaces	**Staff Spaces**	Staff accommodation
Manager's office	Staff Room & locker area	Vegetable garden
Clerk's office & record store	Staff ablutions	

The ECDOH embarked on a process, together with the local community, to identify a suitable site for the construction of the new site. The local chief had donated a portion of Farm 442 Gatyana and the DPW Eastern Cape has initiated the process for the sub-division of the communicable land and registration of the site.

Figure 6: Proposed Site – Portion of Farm 442 Gatyana

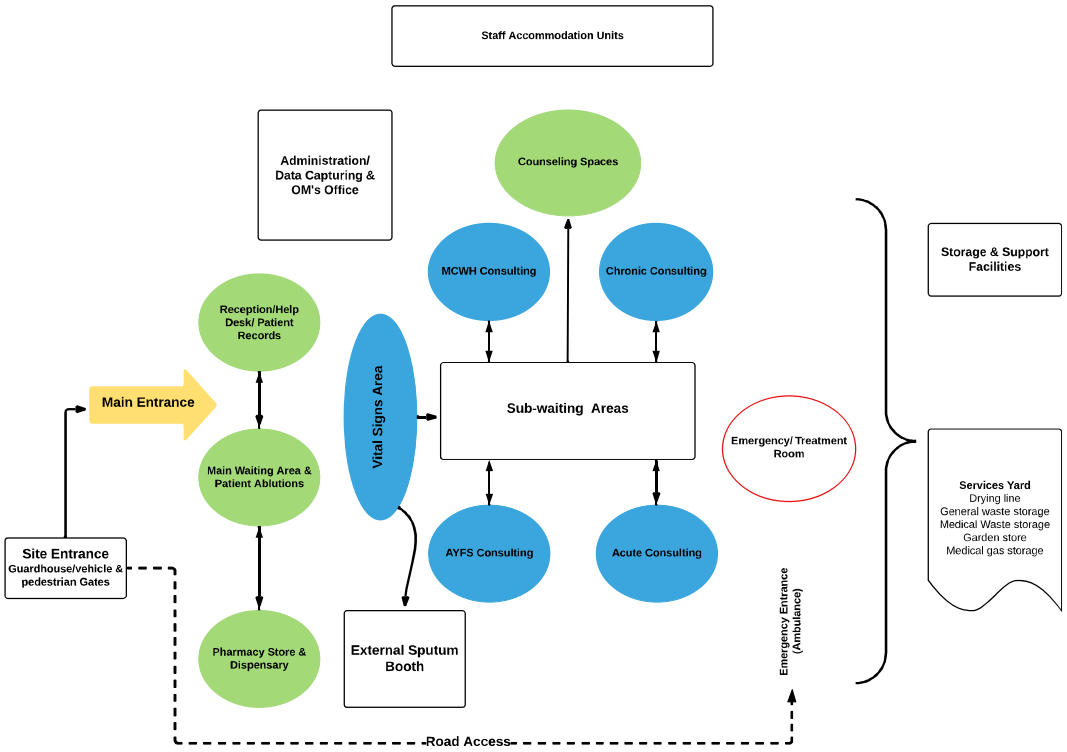
3.4.1 Adjacency requirements and routes

In order to create an optimally efficient building it is essential to plan for correct adjacencies of the different functional spaces and zones. The diagram below illustrates the required relationships between functional zones that will facilitate optimal design.

Key design principles include:

- A single main entrance to the building overseen by a main reception desk and leading into the main central waiting area;
- an ambulance drop off dedicated to emergency or the collection of patients to be transported by ambulance to alternative facilities;
- the emergency room should be in a separate patient area with close access to the ambulance drop off;
- a centrally placed waiting area, serving the core accommodation with ablutions off the main waiting area;
- a central records store off the main reception which is off the main central waiting area;
- counselling suites to be adjacent to the sub waiting areas;

Figure 7: Mpozolo Clinic - Flow Diagram



3.4.2 Access

All public access to the site must only be via the main entrance gate. A vehicular access gate and a separate pedestrian access gate should be provided. Both gates must be lockable in order to secure the site. All vehicles will pass through the main entrance to the site. Ambulances will proceed along a dedicated route to drop patients at the emergency entrance. Access to the clinic building must be through one main entrance and not the fire escapes. A dedicated pedestrian footpath out of the way of the vehicle access road should be provided for walking patients from the gate to the front entrance door of the facility. This access should be wheelchair friendly as well.

3.4.3 Flow

Patients, staff and the public will all be required to enter the clinic site through the guardhouse building. As the PHC facilities are weapon free environments, all patients and staff will be required to surrender their weapons for safe keeping at this point. Once past the guardhouse, patients, visitors, staff and the general public will access the clinic via a short walkway from the security building.

The internal plan of the facility must allow ease of movement to and from the entrance, reception and waiting, treatment and consulting areas that enables efficient use of staffing and space complimenting the operational requirements of the facility. Patient flow should be one directional as far as possible throughout their journey through the clinic.

3.4.4 Flow of New Patients

- If the patient requires emergency treatment, the patient will be taken immediately upon arrival to the emergency room for appropriate treatment while the file is arranged;

- All new patients will proceed, upon arrival, to the reception desk where they will give their details to a data capturer who will enter the patients details and issue a new file for the patient:
- The patient will be directed to wait in the sub waiting area for minor ailments patients;
- The patient will be called to have routine observations taken in the acute vitals area;
- The patient will then return to the sub waiting area before being called to the minor ailments consulting room;
- In the minor ailments consulting room the patient will be treated, given medication and instructions on how to take the medication then will be referred back to reception to make an appointment for a follow up attendance if required;
- The patient will then leave the facility via the main entrance.

3.4.5 Repeat Attendance – Patient Flow

- All patients with an appointment will proceed, upon arrival, to the reception desk where their file will be retrieved from records;
- The patient will be directed to wait in the sub waiting area for chronic patients;
- The patient will be called to have routine observations taken in the chronic vitals area;
- The patient will then return to the sub waiting area before being called to the chronic consulting room;
- In the chronic consulting room the patient will be treated and be referred back to reception to make an appointment for a follow up attendance if required;,
- The patient will then leave the facility via the main entrance.

3.4.6 General flow

Apart from the client/patient journey through the clinic, there are other routes that must be accommodated and planned for:

- staff routes;
- routes for the collection and removal of waste;
- routes for the delivery and distribution of supplies;
- routes for emergency evacuation;
- routes for ambulance drop off or collection
- design and layout of circulation spaces.

3.5 Key Infrastructure Elements

3.5.1 Bulk Services

- It is essential to ensure that electricity, sewerage reticulation and water is available at the facility;
- Back-up generator should be available to provide electricity during power outages and loadshedding.
- Water tanks for back up water supply and all required infrastructure related this back up water installation should be provided.

3.5.2 Compliance with IUSS Norms & Standards

Design to be based on Norms and Standards. Synthesize comprehensive minimum national standard based on:

- IUSS norms & guidelines (www.iussonline.co.za);
- SANS 10400;
- Integrated Clinical Services Management (ICSM) ;
- National Core Standards

3.6 Planning & Design Considerations

3.6.1 Patient Friendly Health Facilities

- Specific attention should be given to services for vulnerable groups such as for mothers and children;
- Patients must be attended to in spaces that offer privacy, dignity and respect, whether when being examined and treated or merely speaking with the staff. This requires patient areas to be reasonably sound proof and partitioned and screened from other activities in the facility.
- Finishes and furnishings should take into consideration the broad spectrum of age groups that are being treated at the clinic ranging from babies and toddlers, adolescents, adult and geriatric patients. The necessary accommodation needs to be made to cater for all these groups.

3.6.2 Disability friendly facilities (Universal accessibility)

Consideration in the design must be given to the wide range of disabilities including:

- Mobility impairment
- Visual impairment
- Hearing impairment

3.6.3 Infection control

- Observe the principles of infection control to ensure both staff and patient safety. (Refer to the IUSS document on “Infection Prevention and Control”;
- Along with general hygiene and hand washing, adequate ventilation and adequate space are key components contributing to reducing the risk of cross infection within a health facility. An open window policy is encouraged although this may be difficult in areas where there are certain extremes in weather conditions. Creative design to overcome these problems would be encouraged;
- Known areas at risk would be any confined space overcrowded with people and particular attention should be given to main and sub-waiting areas where it is most likely to have ill or coughing people that have not been diagnosed. The design should facilitate the immediate separation of mothers and children to a dedicated sub-waiting area as this groups is most venerable to infections.
- There should be adequate light and ventilation to minimize airborne disease transmission in all patient areas;

- Hand washing basins must be strategically placed in clinical areas to encourage the washing of hands;
- The layout of the facility must pay attention to the flow of clean and soiled goods. A clean in (delivery of "clean" supplies) and dirty out (removal of waste) one way flow path is required. Clean supplies should enter through main entrance, be stored close to the consulting and treatment areas to enable staff to access supplies easily before being used. The resulting waste products discarded into the sluice and dirty utility which should be positioned close to the exit doors so that the waste removal staff can readily retrieve the waste without entering the clinic itself. This promotes a one way flow of supplies from clean to dirty.

3.6.4 Way finding and Signage

- The layout of the facility must be logical and signage must be simple and easy to follow;
- Simple, clearly visible, directional signage should be provided upon entry and throughout the facility to assist way finding of all who enter the facility.
- Signposting shall clearly identify staff, patient areas, and draw attention to restricted areas;
- Directional signage to be utilized to ensure the efficient flow of people on site and within the buildings;
- A large signboard should be erected at the entrance to the facility. This should be easily visible from the road and should display the name of the clinic, operational hours and services offered;
- Upon entry to the site, there must be clear signage giving direction to the important areas (main building entrance, emergency entrance and parking);
- The clinic name should be clearly visible above the entrance to the facility;
- The emergency drop off must be clearly signposted and visible from the entrance to the site;
- Way finding and signage should direct patients in the local dialect and in pictograms to overcome language barriers and illiteracy.
- All rooms to have a sign above the entrance door describing the function within e.g. consultation room or treatment room.

3.6.5 Sustainability

- Ensure high quality and maintainability of the structure in the use of construction materials, finishes and fittings as these facilities a high traffic buildings;
- Adopt green-building principles that will lead to "Eco-friendly" facilities and utilize energy efficient technology;
- Create a salutogenic environment.

3.6.6 Security

Security services and the related physical infrastructure of the site must provide a safe environment for staff, patients and the public on a 24-hour basis.

Burglar bars are required for all windows unless an appropriate alternative can be offered.

The entire perimeter must be protected by a security fence to ensure staff and patient safety as well as facility security and lockable gates should be provided. A guardhouse according to the ECDOH standard which includes a kitchenette and ablution should be provide at the entrance gate.

3.7 SPACE REQUIREMENTS

The space requirements for the facility have been based on the following:

- Service Hours
- Headcount per annum
- The 3 streams of care

The current headcount of the facility falls within the type I facility requirements (very small) based on the tables below:

Table 6: *Proposed minimum standard configuration of PHC facilities –version –May 2015*[15]

Type	Size	Service hours per day	Maximum headcount per annum	Maximum headcount per month	Maximum headcount per day	No of **standard consulting** rooms required	No of **standard counselling** rooms required	No of **Emergency(E) /treatment-procedure (T)/specialised** rooms required
I.	Very small	8hrs-**5**days	*10 000 to 20 000	1 650	85	4	1	1 E
II.	Small	8hrs-**5** days	40 000	3 350	170	6	2	1E
III.	Medium	8hrs-**5** days	60 000	5 000	250	9	3	1E
IV.	Large	12 hrs -**6** days	100 000	8 350	350	12	3	1E +1T
V.	CHC	24 hours -7 days	120 000+	10 000+	350+	12+	4	1E+1T+ 1 Rehab/MOU/ Mental Health

Table 7: Mpozolo Clinic Consulting Rooms Required based on Headcount

Type	Size	Service hours per day	Maximum headcount per annum (Dec 22-Nov 24)	Maximum headcount per month (Jan 23)	Maximum headcount per day (Jan 23)	No of **standard consulting** rooms required	No of **standard counselling** rooms required	No of **Emergency(E) /treatment-procedure (T)/specialised** rooms required
I.	Very small	8hrs-**5**days	12 271	1 301	59	4	1	1 E

[15] *NDOH Template: Business Plan/Clinical Brief for Clinics or CHC's*

3.7.1 Schedule of Accommodation

Table 8: Mpozolo Clinic – Schedule of Accommodation

Room Description	QTY	Minimum m²	Total m²
Guardhouse	1	18	18
Outside covered area	1	25	25
External access disabled Toilet	1	5	5
MAIN CENTRAL AREA			
Reception & Data Capturing Counter	1	12	12
Records Room	1	12	12
Central waiting area	1	40	40
Open play area	1	9	9
Toilet and WHB-male	1	3	3
Toilet and WHB-Female	1	3	3
Disabled friendly toilet with baby change	1	5	5
Preparation/Vitals Room	1	12	12
Specimen Collection Toilet 1	1	4	4
Specimen Test area 1	1	3	3
Sputum collection booth - external	1	6	6
Pharmacy with Dispensing counter (CCMDD Dispensing hatch)	1	16	16
ACUTE CARE (Emergencies)			
Emergency/Treatment Room	1	25	25
ACUTE CARE (Minor ailments)			
Sub waiting minor ailments	1	9	9
Consulting room	1	14	14
Counselling room (shared)	1	14	14
CHRONIC CARE			
Sub wait	1	9	9
Consulting room	1	14	14
Counselling room (shared)	0	14	0
PROMOTIVE & PREVENTATIVE HEALTH (Maternal, child health)			
Sub Wait	1	9	9
Child Health Vital (weigh in area)	1	6	6

Room Description	QTY	Minimum m^2	Total m^2
MCWH Consulting Room	1	14	14
Counselling room (shared)	0	14	0
ADOLESCENT & YOUTH FRIENDLY SERVICES			
Sub wait	1	9	9
Consulting room	1	14	14
Counselling room (shared)	0	14	0
SHARED SUPPORT ROOMS			
Operational Manager Office	1	12	12
Community Outreach Team office/Meeting Room	1	20	20
Dirty Utility/Sluice	1	9	9
Cleaners room & store	1	9	9
Store - Surgical Supplies	1	9	9
Store - General	1	9	9
Store -linen (built-in linen cupboard)	1	2	2
Staff Rest Room with kitchenette & staff lockers	1	12	12
Staff toilet	1	4	4
EXTERNAL			
General waste	1	3	3
Medical waste	1	3	3
Yard (General)	1	25	25
Garden store	1	5	5
Gas store	1	1	1
Stand by generator	1	8	8
Sub-Total			**441.0m^2**
Circulation Space 20%			88.2m^2
CLINIC BUILDING			**529.2m^2**
STAFF ACCOMMODATION (3 x 2 bedroom Units)	3	140	420m^2
TOTAL incl. STAFF ACCOMMODATION			**949.2m^2**

3.8 Room Requirements

SPACE	REQUIREMENTS
	EXTERNAL AREA
Guardhouse	A security building (guardhouse) is required in front of the clinic, at the site entrance and must have a clear vision of incoming and outgoing persons and vehicles. Windows to observe the movement of pedestrians, vehicles and ambulances should be provided. External windows to be protected from breakage by violent persons. Toilet facilities for security personnel. Kitchenette for use by security personnel
Parking	Adequate public parking must be provided in front of the clinic in close proximity but offset from the main entrance and so arranged as to ensure public access only to the front of the clinic. Dedicated staff parking bays should be provided. A dedicated marked ambulance bay should be provided providing direct access to the emergency room.
External Waiting Area	An external covered waiting area outside the main clinic building is required. This area should be sheltered from the weather. Access to a toilet is required. This area is for patients that arrive at the clinic before the clinic opens and/or for clients that need to wait to be transported from the facility where security personnel will be able to provide patients with access to the premises and the external waiting area prior to the clinic opening for the day. The seating, floor and wall covering must be robust and easy to clean.
MAIN CENTRAL AREA	**INTERNAL AREA**
Entrance to the Building	Ideally, only one public entrance to the building should be provided, as this avoids confusion and aids security. Secondary operational entrances are required for ambulance drop off and collection as well as stock delivery and collection of waste. Entrances to the building must be clearly signposted above the entrance indicating the name of the facility. The entrance to the building must be clearly identifiable and should be universally accessible. The entrance must be well lit. It must be covered and provide protection from the weather.
Main Waiting Area	Clients attending the facility will be required to sit and wait to be registered or to wait for the appropriate time to proceed for further assistance. It is desirable for clients to be able to receive health related information while waiting. This may be done utilizing CCTV, poster displays or talks.

SPACE	REQUIREMENTS
	A large shared waiting area is to be provided to serve the different clinical streams. The Main waiting to preferable be located against two external walls with windows allowing with large opening sessions allowing sufficient cross ventilation when opened. Windows with opening sections at high level should also be considered as this will allow rising hot air generated in the waiting area to escape at high level. Waiting areas must provide for maximum airflow and good natural ventilation in the interest of infection control. The layout should be flexible enough to accommodate patient flow at peak times, and to allow for children's play areas. Space must provide for patients with escorts, mothers with children in prams and for patients in wheelchairs. Seating must be robust, easy to clean and difficult to carry away. Care must be taken to provide seating that does not fold up to prevent injury to small children. Seating should not be fixed to the floor as there may be a need to move the seating to create an open space. Directions to the toilets as well as to the clinical areas must be clear. Sufficient pinning and other display boards must be provided as well as fittings for CCTV with a large screen for educational purposes.
Play area	There should be a play area for children adjacent to the waiting area preferably also leading to an external play area that is safe and secure.
Public Ablutions	Patients are at clinics for 2-8 hours and will require ablution facilities at least once. The public toilets should be grouped together for ease of cleaning and general supervision. They should be easily located and well-marked(signposted), close to the main waiting area. Male and female ablutions must be separate. The number of public toilets will depend on the number of predicted users according to norms. The area should be well ventilated with pipes and drainage in a position that will optimize maintenance and repair. There must be at least one universally accessible toilet and one safe baby change area. All fixtures and fittings must be robust and hard wearing. Nonslip floor coverings are recommended.
General Reception/ Help Desk and records counter	For a facility this size the reception/help desk counter can be combined. On arrival, patients will pass through the clinic security into a general waiting/reception area, where they report to the general reception desk. Their folders will be drawn or a new patient record will be opened. The clerk will retrieve the patient file from the shelves in the record store. The clerk will then make sure that the date of the visit is recorded. Data will be entered into a computer programme for statistical purposes.

SPACE	REQUIREMENTS
	The reception counter should be clearly visible to those entering the facility. From the reception desk and main waiting area the client will advance to the correct clinical unit for further attention. Serving hatches should be provided at standing height for clients with one at wheelchair height. Clients will provide personal information at these hatches so a measure of privacy is required. There should be a safety glass partition between the client and the staff designed in such a way to ensure good hearing between client and staff. The gap at the lower end of the partition should be large enough for files and other documents to be passed through. The patient files will be stored in the records store behind the reception counter. The clerk should be able to sit at the serving hatch and should have sufficient work surface to accommodate patient files. Computer access is essential and a printer could be shared. Each workspace to have an under-counter cupboard with a draw above. There must be an area for a photo copy, fax machine and an open plan work space for the data capturer should be provided off to one side of the room away from the serving counter.
Records Room	The records store is where the patient files are stored on shelving in numerical order behind the reception clerk. Files are retrieved and issued to clients for record purposes. At the end of the visit, files are returned to the store and are sorted and filed. The process for retrieving the file may take some time during which the client will sit and wait in the main waiting area unless the clinic implements the practice of drawing patient files the day before scheduled patients visits – this practice is recommended. Provision must be made for data cabling, computers and switch cabinets close to the records room. The record store should be located behind the reception desk. The area is restricted to the public as it is a secure area and needs to have a secure access door. Because of the security aspects, the IT switch equipment should be located in the same area. Attention should be given to the lighting of the area between shelving as the clerks are required to retrieve files by reading the registration number. The filing racks must be robust using the best and most appropriate shelving product. Attention must be given to ergonomics, and work surface heights in particular. Files need to be placed onto the shelf so that it is easy to read the file number without taking the file off the shelf. There must be adjustable book ends to prevent files from falling off shelves or collapsing.
CCMDD	The CCMDD room is to be accessed by patients without them entering the main waiting/reception area. At this facility dedicated storage shelved/ cabinets in the pharmacy store should be provided for CCMDD. A dedicated dispensing hatch issuing medication into the external waiting area should be provided. This hatch should be able to

SPACE	REQUIREMENTS
	be sufficiently secured when not in use and after hours in order to keep medication safe. This room must be well secured with a concrete ceiling and steel gates to the door and the hatch. Room temperature must be maintained at 21 degrees therefore an AC unit must be installed.
ACUTE CARE	
Emergency/Treatment Room	For this size facility the treatment and emergency functions will share the same space. In addition to the emergency room functions and requirements listed below this venue will also be used for treatment procedures such as giving injections, changing dressings etc. <u>Emergency Room Requirements</u> The clinic will provide 8-hour emergency services only. Patients requiring advanced trauma management will be stabilised before transfer or transport to another facility for appropriate care (district, regional or tertiary hospital) depending on the severity of the patient's condition. Escorts will not be allowed in the emergency area unless accompanying children or incapacitated adults. The Emergency Room is for basic resuscitation and management of emergencies or for preparing patients for urgent referral of serious trauma. Access must be directly off the emergency entrance lobby, easily accessible for patients in need of immediate care. Patients may need to be transported by ambulance from the emergency room and it should therefore have easy access to the ambulance bay. • Double doors and a ramp are required for easy transfer into an ambulance. • The room is considered to be a clinically clean area for the treatment of un-booked acutely ill or injured clients requiring immediate attention; • Treatment may be given while the client is lying on a trolley or sitting in a comfortable chair. Treatment may include the administration of medication, fluids, and/or oxygen. • Acutely ill or injured clients may be brought directly to the emergency room upon presentation at the facility. They may arrive by motorised transport, in a wheel chair or on foot and assisted. • Clients that have been assessed by a clinical member of staff may also require immediate medical treatment whilst waiting for transfer to another facility. An examination couch will be required in a central position in the room for ease of treatment from any side. • Clients with a breathing problem will receive treatment while sitting in a chair.

SPACE	REQUIREMENTS
	• There must be sufficient space in the room to accommodate all medical equipment such as emergency trolleys and oxygen cylinders. • This room must have a clinical wash hand basin, soap and towel dispensers. • There should be sufficient space for work surfaces, built in cupboards for surgical stock items, space for an emergency trolley close to electrical plugs for recharging back up batteries, oxygen cylinders and other mobile equipment. • Good lighting is essential for clinical assessments including focused lighting for treatment • Space for the clinical staff to write up notes; **Services** • X-Ray viewing box/station ; • Lighting should be a high standard focused examination light with a power output of 30000 lux to illuminate a field of at least 150mm and be of robust construction; • Provide an uninterruptable power supply (UPS) to an agreed number of electrical outlets; • IPS and UPS sockets should be colour-coded to differentiate them from one another; • Additional switched and shuttered sockets, connected to ring circuits, may be provided at the bedhead for portable non-medical equipment; • Portable gas and vacuum supply; • Nurse call; • Emergency alarm (for emergency assistance from staff members) • Clinical wash hand basin **General requirements per bay** • Allow for space to ensure 360 degree access to all parts of the patient for uninterrupted procedures. • Bed screens for privacy with a curtain at least 1.5m from edge of the foot of the bed. Curtains should be 3 separate drop with stops and overlap to allow access as well as to maintain privacy. • Provide mobile work stations. These are to be a clear 600-wide clear working space, be post formed, formica with an easily cleanable surface. • Waste bins and sharps containers.
Sub Waiting Areas (Generic space)	Sub-waiting areas must be well placed at or close to service points. The sub-waiting areas are used by clients that are attending specific services and some may require privacy or confidentiality associated with discrete services, for example mothers attending the Women and Child Health unit may need to breast feed. The sub-waiting area

SPACE	REQUIREMENTS
	should not block passages but, ideally be recessed so that people can pass each other comfortably especially as people may be in wheelchairs or use walking aids or have young children with them. Maximum natural light and cross ventilation to minimise cross infection needs to be accommodated in the design the sub-waiting areas. Although, depending on the design and position of consulting rooms for the various streams, sub-waiting areas can be shared spaces it is recommended that dedicated spaces be provided for MCWH and infectious disease patients. Shared sub-waiting space chairs could be provided in banks and colour coded to differentiate between seating for the various clinical streams.
Preparation/Vitals Room **(Generic space)**	All patients entering the facility will require their vital signs to be taken prior to consultation. In the Vitals area the nurse will monitor and record the patient's vital signs and measurements including weight, height, blood pressure, pulse, blood glucose and haemoglobin count. These results are entered into the patient record. The design and location of the vitals (preparation) area should be such that it is between the waiting area and consulting rooms. Patients will wait in the relevant waiting or sub waiting area where they will be called to the vitals area adjacent. Once attended to, the patient will return to the sub waiting area and wait to be seen by the clinical member of staff in the consulting or counselling room. A measure of privacy is required for sensitive conversation. Good lighting is essential for accurate readings and ventilation essential for infection prevention and control. All surfaces must be durable and washable. At no time must air flow from the patient to the nurse. Windows, fans and air-conditioning must be designed to avoid the nurse being cross infected by the patient. There must be two chairs (one for nurse and one for patient) and work surface space for staff to enter results into the client file and storage space for instruments, stationery and specimen tubes and jars. There must be either wall or floor space for refuse bins and sharps containers. A clinical wash hand basin must be provided which can be shared between two vitals areas. Shelving or pigeon holes for forms that may be required. Built in cupboards are required for the storage of specimen containers, reagents for testing and other stock items. An electronic scale and a ruler for measuring height must be placed in a position close to an electricity outlet and that will not obstruct movement of clients or staff.

SPACE	REQUIREMENTS
	The Vital sighs area needs have a direct link to the specimen collection toilet and test area affording patients privacy during the collection and testing of urine.
Specimen collection Toilet & Testing Station **(Generic space)**	The client may be requested to pass a urine specimen for testing. They will be directed to the specimen collection toilet to produce and collect their sample. The patient will then bring the sample in a disposable or non-disposable container to the nurse who will test the urine
Consulting Room **(Generic space)**	The consulting room is used for interview, consultation and examination depending on their requirement. The consulting room is used by a clinical health practitioner, a registered specialist nurse, a registered nurse or a doctor for consultation and the physical examination of a client alone or with family or significant other. A client will have proceeded from the vitals (preparation) room to the sub- waiting area to wait to be seen by a relevant clinical person. The client will enter the consulting room and sit on a chair to give a short medical history. A second chair should be provided if the patient is accompanied by a caregiver. The clinician will evaluate the results of the vital signs taken in the preparation room, will read previous notes taken should these be in the file and will evaluate the treatment regime that the client is on. The clinician may then need to examine the client. The client may need to undress and lie on the examination couch for a physical examination. After physical examination the client will dress and sit in the chair to hear the result of the findings and will then be directed to another unit for further tests or treatment or the client will receive a prescription from the clinician and will be directed to the pharmacy where the prescription will be handed in and the client will wait for the medication and then leave the facility. Consulting rooms will be located between the vital signs room and the sub-waiting areas. The consulting room in is the most utilized workspace for patient care and must provide suitable space for the clinician or professional nurse to talk to the patient (sometimes with a family member, caregiver and/or a translator), to take notes, and to undertake a general examination (sitting in a chair or supine on the examination couch). There must be good lighting and appropriate space around the examination couch for the clinician or professional to properly examine any patient for any condition. Patients will need to be examined from left or right side of couch (orthopaedics) and lithotomy examinations at the foot of the couch with a good light (obstetrics and gynaecology). The examination couch can be moved away from a wall for these examinations. Diagnosis and initial clinical treatment of outpatients is undertaken from the consulting room. There must be space for an examination couch placed in such a way that the client is approached from the right-hand side.

SPACE	REQUIREMENTS
	There must be bed screen railings and curtains around the couch to afford the client a measure of privacy. At the top end of the couch there must be space for a movable bed side cupboard for instruments and surgical stock items. At the top end of the couch there will be wall mounted examination instruments that need electrical plug connection. A wall mounted, flexible examination light is required to facilitate the examination of the client from top to bottom as required. A surgical hand wash basin is required with soap and paper towel dispensers. A desk with a computer work station is s required at the other end of the room. There should be built in cupboards for the storage of surgical stocks and stationary. Pigeon holes mounted above the desk is helpful for the storage of A4 forms. At the desk there must be space for at least two clients sitting, for consultation. At no time must air flow from the patient to the clinician/PN. Windows, fans and air-conditioning must be designed to avoid the clinician/PN being cross infected by the patient.
Counseling Room **(Generic space)**	The consulting and counselling rooms should be the same size and layout so that it is possible for them to be used interchangeably as service needs change.
Sputum Collection Booth **(Generic space)**	An outside sputum booth that can be directly accessed from the prep room is recommended for the collection of sputum specimens from clients that present with an acute complaint that includes a cough for a
	CHRONIC CARE
Sub Wait Acute **(Generic space)**	Described under Acute Care
Consulting Room **(Generic space)**	Described under Acute Care
Counseling Room **(Generic space)**	Described under Acute Care (Shared Space)
	PROMOTIVE AND PREVENTATIVE HEALTH
Location	As this unit is primarily focused on pregnant women and small children it needs to be located such that patients are not required to mingle with those attending Chronic and Acute units. The unit should be contained within a defined area. Access to an outdoor sheltered play area is preferable. A single sub waiting area which will serve both women and children.
Sub Wait Acute	Suitable for mothers and children, including for wheelchairs and prams. Women's health and Child Health will share the same sub waiting area. The sub-wait will be used by women or parents bringing their babies

SPACE	REQUIREMENTS
	for growth assessments, vaccinations. Clients attending the reproductive health service may also be required to wait for attention. The sub-waiting area should be on adjacent to the vitals area and in view of the relevant consulting room. It should have sufficient room for the estimated number of clients expected to attend the service with children and babies in prams and carry cots. Space should also be planned for parking baby prams and carry cots so that these items do not block the passage through the unit. A safe outside play area directly off the sub wait could be considered for the entertainment of toddlers and older children. Sturdy, safe seating suitable for the accommodation of mothers with babies; Pinning boards for notices and health promotion material; and, Child friendly furniture is recommended.
Child Health Vitals (weigh in) Area	In the children's vitals area or screening area the baby growth assessments are done and recorded in a 'road to health' record. All paediatric clients attending the facility will first be assessed in the vitals area. The baby will be undressed examined, measured and weighed on an electronic scale. These activities require a work top with baby scale, length meter and countertop infant mattress to be installed. Bigger children will be weighed on an electronic standing scale. The babies may be vaccinated in this area or in the consulting room depending on the space available. All assessments and vaccinations will be noted in the child's road to health record card. All surfaces must be child safe and washable. The area should have a comfortable temperature as babies need to be undressed.
Women's Health /Consulting Child Health Consulting	Child Health entails the weighing, routine examination and growth assessment of babies and children as well as the provision of routine vaccinations and general health care promotion. Women's health care will be provided in this area. This includes: • Family planning visits and sexually reproductive health(SRH); • Ante-natal visits; • Post-natal care and breast feeding assistance;
Counselling	Described under Acute Care (Shared Space)
	SHARED SUPPORT ROOMS
Managers Office	The operational manager office should be centralised to ensure good governance. The office should be equipped as a standard clinical administration office and be fitted with a desk, chair and two visitor's chairs. A medical wash hand basin with elbow action taps should also be provided here.

SPACE	REQUIREMENTS
Community Outreach Office	Office space for 10 x outreach staff should be provided. The outreach staff are not always based here as they conduct community visits hence this space should double up as a staff and community meeting space.
Sluice/Dirty Utility	As this facility the sluice/dirty utility could be a shared space. This room should be provided near the near exit into the service yard. Provide a standard sluice room with bedpan washer, urinal racks, storage cupboards and a worktop. This space will also be used for storage of refuse and used and soiled linen. Provides adequate space for the placement of bins to separate refuse for paper, medical waste and general waste. The washing machine will also be located in the room and adequate space and services provision should be made.
Store – General **Store – Clean Linen (built-in cupboard)** **Store – Surgical**	Provide storerooms (General, Surgical stores and Clean Linen). These stores must be ventilated and fitted with shelves for correct storage of goods. Please do not compromise on the space requirements provided in the Schedule of Accommodation (SOA). • Fixed storage cupboards within rooms are not recommended. • working stocks of sterile supplies and consumables, when and where required, should be held on supply trolleys in patient contact spaces. Supplies trolleys should be restocked in clean utility rooms;
Staff Rest	The area should provide a kitchenette, washbasin, lock-up cupboards, fridge and Hydro boil. Staff toilets and locker space with lockers to be provided for staff for handbags, wallets and mobile phones**.**
Staff Toilet	A separate male and female staff toilet with whb to be provided with separate lobbies to each.
Cleaners Room	Provide a space for the cleaning equipment, cleaning materials and floor cleaning machine to be kept. The space should be fitted with lockable built-in cupboards, s/s wash hand basin and a slop hopper and s/s sink.
	EXTERNAL
General waste	General waste and medical waste will be placed in separate and clearly marked containers and sent to the dirty utility room in the clinic; Waste storage areas must be covered and secure from monkeys, stray cats, birds and vermin.
Medical Waste	A secured, vermin proof store for medical waste is required with access for collection vehicles.
Yard	An enclosed yard area with a windy dry must be provided. This area will have a concrete floor, tap and space to wash equipment.

SPACE	REQUIREMENTS
Gardeners Store	A secure store is required for maintenance equipment e.g. ladders, horse pipe etc. There should be shelves and hooks mounted on the walls.
Gas Store	Provide an outside, secure space to store gas bottles.
Parking	Provide parking for: • Ambulances • Staff • Public
Engineering Plant rooms	**Allow for a main LT board, standby generator and JoJo tanks for water**

3.9 Staff Accommodation

Due to the rural nature of the facility it is imperative that suitable staff accommodation be provided and allocated for use in terms of the ECDOH Housing Policy prescripts. Based on the staffing requirements stated in the Draft ECDOH Organogramme (2003) for a clinic of this size and taken into consideration the staffing categories eligible for staff accommodation (all categories of nursing, pharmacy assistant)

It is therefore recommended that 3 x 2 bedroom houses be provided in the following configuration:

Bedrooms to each have an en-suite bathroom;
Shared kitchen/lounge area;
Scullery for washing machine and access to drying yard.

2.7 Staffing Requirements

The Eastern Cape Department of Health has recently developed a Draft Organograms for all levels of health facilities in 2023. These organograms although not officially approved yet is seen as an improvement on the previously improved provincial organograms developed in 2008 as it takes into consideration the activity levels at various health facilities and in particular in this instance the headcount at primary health care clinics to make provision for various size clinics whereas the approved organogram of 2008 did not take this into consideration. Based on the current headcount of Mpozolo clinic and the 2023 Draft ECDOH Organogram for PHC facilities determines that the facility is a medium sized clinic with a headcount of 13 853 and above.

Table 9: Staffing Comparison: Current vs 2008 Organogram vs Draft Organogram 2023

Staff Categories	*Current Staff Numbers*	*Approved Organogram 2008*	*Draft Organogram 2023*	*Gap Current vs 2023 Draft*
Operational Managers	0	1	1	1
Professional Nurse (Speciality)	0	2	1	1
Professional Nurses (General)	3	2	1	+2
Enrolled Nursing Assistants/Staff Nurse	0	7	2	2
Pharmacy Assistant	0	1	1	1
Administration Clerk	1	1	1	0
General Assistant/Property Caretaker	1	2	1	0
Cleaner	0	0	2	2

In addition to the above staff employed at the facility there are also 2 lay counsellors as well as 4 community health workers employed at the facility currently.

4. TENTATIVE PHASING, DECANTING AND OPERATIONALISATION STRATEGIES

The approach for the planning, implementation and management of this project is based on the Infrastructure Delivery Management System (IDMS). The Framework for Infrastructure Delivery and Procurement prescribes minimum requirements for the implementation of the IDMS through the:

a) Infrastructure Delivery Management processes consisting of portfolio, programme, projects, operations and maintenance of infrastructure; and
b) Infrastructure Procurement Gates.

STAGE 1- INITIATION

The Initiation Report, which defines project objectives, needs, acceptance criteria, organisation's priorities and aspirations, procurement strategies, and which sets out the basis for the development of the Concept Report[16] for the project has been developed by the ECDOH and is attached hereto.

The Mpozolo Clinic forms part of the list of identified facilities strategically prioritised by the ECDOH for construction as a single standalone project.

STAGE 2 – CONCEPT

The Concept Stage represents an opportunity for the development of different design concepts to satisfy the project requirements, as developed during Stage 1. It also presents, through the testing of alternative approaches, an opportunity to select a particular conceptual approach. The ultimate objective of this stage is to determine whether the project is viable to proceed, with respect to available budget, technical solutions, time-frame and other information that may be required.

The Concept Report should as a minimum, provide the following information:[16]

a) Document the initial design criteria, cost plan, design options and the selection of the preferred design option, or the methods and procedures required to maintain the condition of infrastructure for the project.
b) Establish the detailed brief, scope, scale, form and cost plan for the project, including, where necessary, the obtaining of site studies and construction and specialist advice.
c) Provide an indicative schedule for documentation and construction or maintenance services, associated with the project.
d) Include a site development plan, or other suitable schematic layouts of the works.
e) Describe the statutory permissions, funding approvals and utility approvals required to proceed with the works associated with the project.
f) Include a baseline risk assessment for the project, and a health and safety plan, which is a requirement of the Construction
g) Regulations, issued in terms of the Occupational Health and Safety Act.
h) Contain a risk report linked to the need for further surveys, tests, other investigations and consents and approvals, if any, during subsequent stages and identified health, safety and environmental risk.

[16] *Framework for Infrastructure Delivery and Procurement*

STAGE 3 -DESIGN DEVELOPMENT

The Design Development Report shall as necessary:[16]

a) Develop in detail the approved concept to finalise the design and definition criteria.
b) Establish the detailed form, character, function and costings.
c) Define al components in terms of overall size, typical detail, performance and outline specification.
d) Describe how infrastructure or elements or components thereof are to function, how they are to be safely constructed, how they are to be maintained and how they are to be commissioned.
e) Confirm that the project scope can be completed within the budget or propose a revision to the budget

STAGE 4 - DESIGN DOCUMENTATION

Design documentation provides the:[16]

a) Production information that details, performance definition, specification, sizing and positioning of al systems and components that would enable construction;
b) Manufacture, fabrication and construction information for specific components of the work informed by the production information.

STAGE 5 - WORKS

The following is required for completion of the Works Stage:[16]

a) Completion of the works is certified in accordance with the provisions of the contract; or
b) The goods and associated services are certified as being delivered in accordance with the provisions of the contract.

STAGE 6- HANDOVER

The following activities shall be undertaken during the handover stage:[16]

a) Finalize and assemble record information which accurately reflects the infrastructure that is acquired, rehabilitated, refurbished or maintained;
b) Hand over the works and record information to the user organization and fi necessary, train end user staff in the operation of the works.

STAGE 7 - CLOSE OUT

The Close-Out Stage commences when the end user accepts liability for the works. It is complete when:[16]

a) Record information is archived;
b) Defects certificates and certificates of final completion are issued in terms of the

4.1 Procurement Strategy

The nature of the project and the urgency required for implementation lends this project to be delivered by a 'design and built' procurement strategy and the decision to proceed with the project will be determined at the end of Stage 2 – Concept Report.

4.2 Project Organisational Structure – Roles & Responsibilities

The project organisation structure is guided by the client department's project resourcing as well the decision pertaining to the implementation vehicle for the project. In the case of the Mpozolo Clinic Project the client will make use of an implementing agent for the implementation and delivery of the

project who will in turn appoint a relevant PSP and Building Contractor for the design and construction stages of the project.

4.2.1 Client Responsibilities

1) Initiation of the Project
2) Review and Approval of End Stage Deliverables and issuing instructions to proceed to the next project stage
3) Provide technical and clinical guidance and oversight by means of policies, standard operating procedures and other relevant documentation, participating in planning work sessions and value engineering sessions
4) Project Funding
5) Monitoring project progress and reporting on NDOH PMIS

4.2.2 Implementing Agent Responsibilities

1) Appointment of PSP & Building Contractor
2) Compile and submit for approval all required project documentation from End of Stage 2 to Stage 7 Deliverables
3) Management of Project Implementation and PSP and performance
4) Facilitate value engineering sessions with participation of all relevant parties including key resources from the client department
5) Facilitate and conduct project monitoring meetings
6) Responsible for maintaining contract documentation and monthly reporting to the client

4.3 Contingencies & Redundancy Requirements

The clinic needs to remain fully operational in the decanting space and the minimum requirement is the provision during decanting needs to provide for the current functions in the facility:

- Waiting Areas – Internal & External
- Patient Ablutions
- Consulting Rooms x 3
- Data Capturing & Patient Filing Area
- Pharmacy Store
- Consumable store
- Cleaners Room/Sluice
- Staff Accommodation for 4 staff members currently residing on site

5. CONCLUSION

The Mpozolo Clinic has been identified as a priority for replacement due to the key role in the delivery of healthcare to the poor, rural community of the small place of Shukuma and ensuring access to primary health care for the surrounding communities.

6. ANNEXURE A – MPOZOLO CLINIC CONCEPT DOCUMENT & CLINIC PROFILE

Province of the
EASTERN CAPE
HEALTH

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CONCEPT DOCUMENT FOR MPOZOLO CLINIC BUILDING IN WARD 21 AT MBHASHE LOCAL SERVICE AREA.

PURPOSE

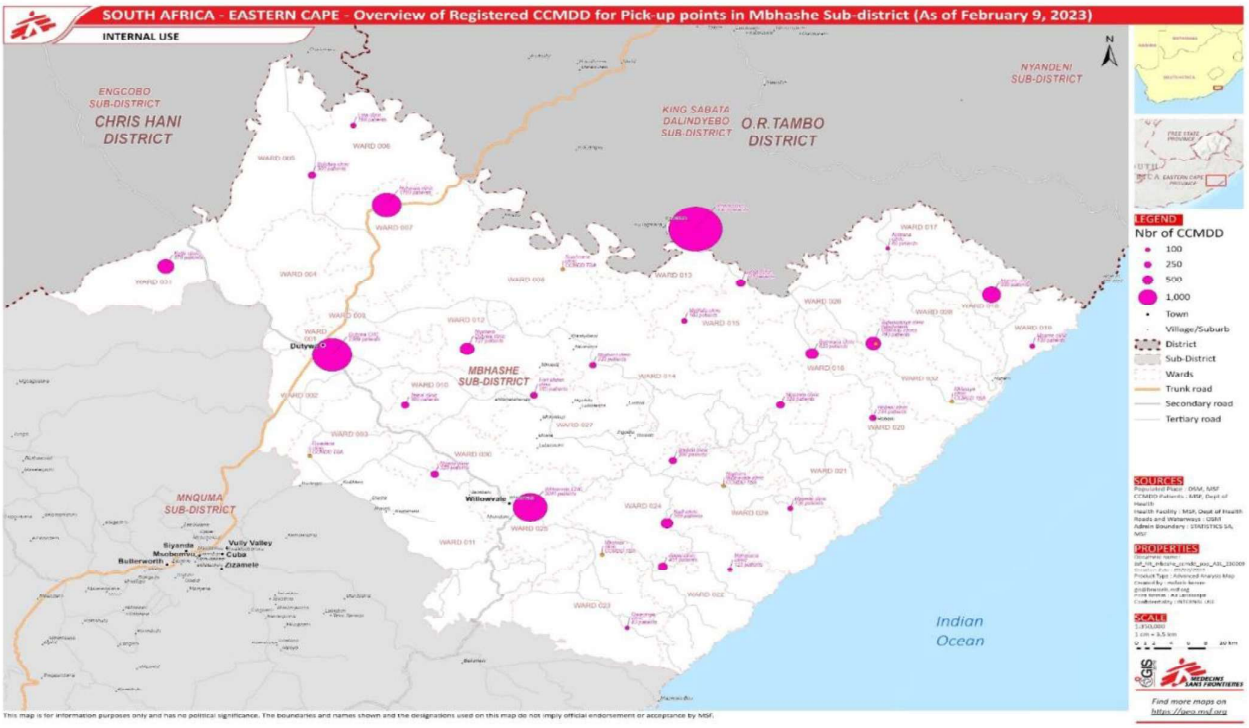
Request for Construction of a new clinic structure or procurement of the modular to cover the primary health care needs of the population in Mpozolo administrative area.

BACKGROUND

Mpozolo Administrative area is forming part of Mbhashe Local Municipality under Amathole District Municipality in the Eastern Cape Province. The area is rural in nature with scattered deep hard to reach characterised by hills and slopes very vast highly remote and is situated along the coast. The Sub District is made up of three Sub areas namely: deep hard to reach rural areas

- Dutywa
- Willowvale and
- Xhora

Mbhashe is composed of 29 Clinics, 3 Community Health Centers (CHC) & 1 District Hospital.



Mpozolo clinic is amongst the 29 rural residential clinics of Mbhashe. It is situated at Willowvale Sub area. It is 40 kilometres away from Willowvale town. population of 23829. Mpozolo facility was established as a result of community initiative.

MPOZOLO CLINIC OLD STRUCTURE

INTRODUCTION

Mpozolo Clinic was a structure donated by White family who used to trade at Mpozolo and a shop-owner 1970 under Chief Solontsi, in response to the community identified need for a healthcare facility in an area only being serviced by a mobile clinic. The Clinic house consists of 3 consulting rooms, Maternal and child health, Chronic consulting rooms, Pharmacy, duty room, Admin office. The structure is also used as nurse's residents for 3 nursing staff, Admin clerk. Nurses for our clinics are employed by the Sub-District office, under the Department of Health, and deployed to the clinics in Mbhashe jurisdiction

Factors such as availability of accommodation can override clinic patient turnover and complexity of medical needs, in terms of the allocation of staff.

The rural poor have been more marginalized than the urban poor in our country. They are deprived from all kinds of facilities. There is no fair distribution of public facilities in our rural communities as areas like Mpozolo are still using old donated structure. Although this structure also play the important role to our development. The direct contribution of health to human capital formation and socio-economic development is unquestionable and well recognized. Unhealthy people are usually poor because they cannot work to earn a living. They are usually malnourished and susceptible to diseases and therefore unable to work either in the fields in rural areas or working factories in the cities, and are therefore unable to obtain food, shelter, and clothing. Thus, they become poor, and because they are poor and they cannot obtain adequate healthcare

JUSTIFICATION

The poor people of Mpozolo A/A are neither capable of bearing their health expenditure nor conscious of health, nutrition, and sanitation. Prevailing poverty is, therefore, a major challenge for ensuring health care for the growing number of population. Almost of our rural population do not get healthy medical service. They deprived of whether money or political problems that is why they remains sick over the years.

Mpozolo clinic operates 8hrs from Monday to Friday 5 days per week. Mpozolo clinic is made up of 03 consulting rooms, a kitchen and 02 rooms that are used as a nurse's home.

Majority of the rural people of Mpozolo Community is poor and also depend solely on government health structures for remedies from illness. Public health has played a vital role in protecting and promoting the health of rural communities across Mpozolo and Lurwayizo

communities. As the existing clinic infrastructure erodes, additional and greater demands are being made on an already underfunded and understaffed public health system to meet both its core functions and provide clinical care. Although, there has been dramatic improvement in the private sector health system, but unfortunately, they are meant to serve the rich only and those that can afford.

OBJECTIVE

To assist Mpozolo clinic with lower expenditure to access health service

The structure is very old with wooden flooring that is sagging in almost all areas with holes that posed injuries both patients and staff (see pictures below).

WOODEN FLOORING

To minimize danger from falling and sagging floors wooden pieces are placed over open holes in the floor. Clinic is very small to accommodate large number of clients visiting the facility..

SOCIO ECONOMIC STATUS

Language of the Population 99% of Mpozolo is Xhosa speaking followed by 1% English. Mbhashe owns one of the highest numbers of illiterate populations in the province of the Eastern Cape.

LEVEL OF HOUSEHOLD INCOME

General the level of household income explains poverty levels poverty level of which Mpozolo is not exempted to that.

Dwelling house type

General the house type for the area is a traditional dwelling type made up of mud bricks with some of dwellings made up of cement bricks or concreate structure.

ELECTRICTY & NETWORK

Community depends on Eskom as the sole supplier of electricity.

WATER & SANITATION

Piped water in the community and communal taps

The staff compliment is as follows:

STAFF CATEGORIES	ACTUAL	CURRENT
Operational Managers	1	0
Professional nurse speciality	6	0
Professional nurses	4	3
Enrolled nursing Assistant	2	0
Enrolled nurse	1	1
Clinical Support staff:		
▪ Pharmacy	1	0
▪ General Assistants	2	1
▪ Lay Counsellors	2	1
▪ CHWs	6 -10	4

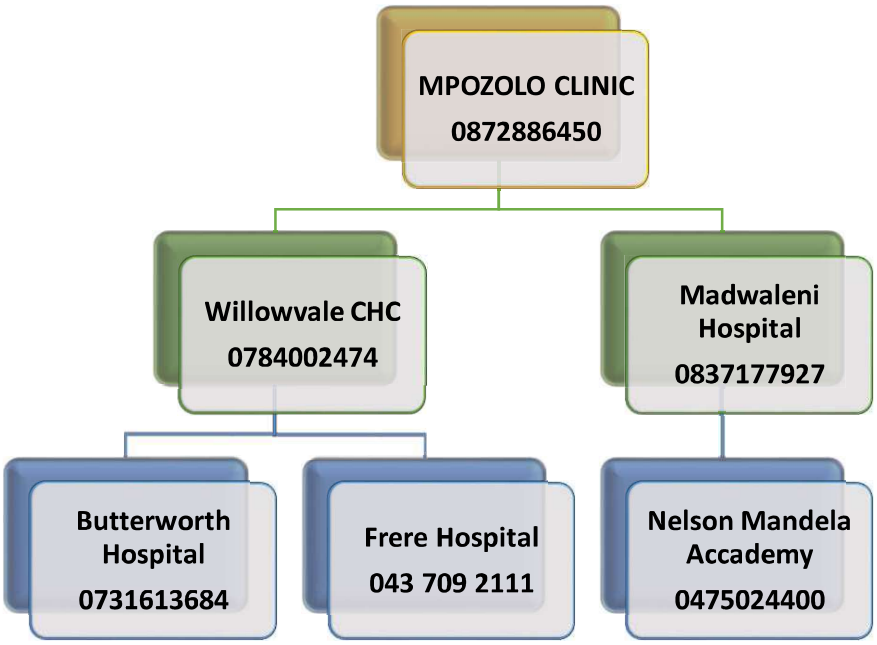
SERVICES RENDERED

The facility offered full a range of Primary Health care package

- Maternal Health: Care for women who are pregnant including Ante Natal care delivery and Post Natal Care, Cervical cancer screening
- Pharmaceuticals – Safe effective prescription medicines, drugs and medications for community hospital clients
- Infection Prevention Control Services
- Adolescent and Youth Services
- Paediatrics – Primary care for children
- Immunisations – protection from and prevention of infectious diseases
- Outreach services that covers Community health
- Youth services
- Female Reproductive health – Family Planning
- HAST
- Ward based Primary Health Care Outreach Teams
- Behavioural Health – Counselling service for adults & Children
- Chronic disease Management – Screening, Diagnosis and treatment of long term conditions
- **Health Promotion strategies** including Social Mobilisation, RCCE, promotion of healthy lifestyles and behavioural patterns

THE REFERRAL PATHWAY

The facility has got a referral pathway strategy whereby the facility refers to the Willowvale Community Health Centre and to both Madwaleni Hospital. There are referrals from Ward based Primary Health Care and Lurwayizo satellite to Mpozolo Clinic.



Mpozolo Clinic is having a population of 5 315 and falls within ward 21 with the following surrounding schools

CATCHMENT AREAS

CATCHMENT AREAS	SCHOOLS
Mpozolo	Mpozolo PS
Ntsimbakazi	Ntsimbakazi PS
Mendu	Mendu PS
Nomthandazo	Nomthandazo PS
Nkonjane	Nkonjane PS
Lurwayizo	Lurwayizo PS
Ngoma	Ngoma PS
Mendwana	Mendwana PS

ACCESS TO HEALTHCARE SERVICES

- Access to healthcare implies that healthcare services are **available, obtainable** and affordable.
- Ideally, communities should be able to conveniently and confidently access Primary Health Care services.
- Rural Communities like Lurwayizo, Mendwana encounters barriers to access healthcare since they are far to Mpozolo and that limits their ability to obtain the quality care they need leading to:
    - Poor adherence to treatment especially chronic medication and
    - Lost to Follow up clients
- Communities are still travelling more than 5 kilometers radius to access health care services
- Hence establishment of Lurwayizo Satellite clinic which is 20 km away from Mpozolo clinic.
- Travelling cost R40.00 return from Lurwayizo to Mpozolo.

A mobile point was resuscitated at Mendu to curb the problem of access though its partially curbed.

BURDEN OF DISEASES

DISEASE	YEAR 2019	YEAR 2020	YEAR 2021
TB cases newly registered	14 clients detected	7 clients detected	22 clients detected
HIV test	43 excluding ANC	497 excluding ANC	597 excluding ANC
Diabetes Mellitus	0 new cases	303 new cases	30 new cases
Clients started on ART naïve	Adults 29 Children 01	Adults 16 Children 01	Adults 26 Children 01
CURRENT TROA	371	368	382

IMPORTANCE OF RURAL FACILITIES

While some of the benefits of rural clinics may seem obvious, it is worth outlining why they are so important to maintain and strengthen.

The key to a rural health network, is the ability to deliver "appropriate care close to home." Many emergency conditions, such as heart attacks, and complications associated with labor and delivery, are time sensitive, and a matter of minutes can dramatically impact the likelihood of patient survival.

Beyond emergency situations, limited access to routine care for dealing with chronic conditions reduces the likelihood that patients will maintain care regimens. According to the Centres for Disease Control and Prevention (CDC), patients in rural communities are more likely to die of all leading causes of death, including chronic causes such as heart disease, cancer, chronic lower respiratory disease and stroke.

Important to invest in rural healthcare'. Russell Rensburg, director of the Rural Health Advocacy Group (RHAP), says it is important to invest in rural healthcare because rural areas are the places where most of the people who require medical attention in the country reside, but the healthcare system in these areas are inaccessible.

MPOZOLO COMMUNITY INITIATIVE

CLINIC SITE DERMACATION

Mpozolo community came up with an initiative of identifying a site where the new clinic structure can be built. Site demarcation has been dealt with an already existing pre - school structure. Demarcation was made Department of Agriculture, DRDAR with the presence of the Department of Health and Community members.

- The above is the new Clinic site that has been identified near Mpozolo Junior Secondary School
- Handing over of the site to the clinic Committee has been done
- Sward turning has been done.

'URGENT ATTENTION'

In fact, there is a need for a new building because this structure cannot be refurbished. There are cracks all over the consultation rooms and people who are visiting this clinic are forced to wait outside the clinic building until it's their turn to be served.

"The most concerning thing is the long grass that is not maintained. Staff are on high alert as they fear the snakes. They don't have anything else besides this clinic that is offering limited services. Mpozolo communities were once promised several years ago that the clinic would be build.

With *Spotlight's* and walkabouts; **-**

- Cracked walls,
- Broken windows
- Peeling paint, and
- Long uncut grass welcomed healthcare users.

The facility receives many complaints that when it rains, the water seeps through the cracks, causing damp walls. For Mpozolo residents however, their clinic is "a blessing from God" and despite similar challenges, they say it's their only hope that they have. Nurse and users are depressed as they believed that proper healthcare should be complemented by proper premises that are regularly maintained.

Communities are grateful to have such structure but it is high time that this clinic gets some intervention. Nurses are doing their best to give communities services of good quality. One community members has said, "***but our main concern is the size and standard of our clinic***". It is the prayer of the clinic committees that storm must not hit Mpozolo village, otherwise, they will be left with nothing."

Renovation (also called remodelling) is the process of improving broken, damaged, or outdated Mpozolo structure. The renovation will be done on clinic as well as residential buildings. Additionally, renovation can refer to make something new, or bringing something back to life and can apply in social contexts.

CHALLENGES

As Mpozolo clinic needs to be expanded, accommodation to be created, however as this is still not adequate to meet the growing demand for staff, at the increasingly popular clinic, or meet the standard acceptable to attract health workers. Over time, the demands on the clinic have increased, as the communities have grown. The clinic committee and communities who are depended on Mpozolo facility identified lack of on-site accommodation as a major factor in staff retention.

The absence of accommodation is becoming detrimental to the progress of a clinic that was donated long time ago with the expansion of facility programmes. The quality of the accommodation has proven to be a motivator that is sure to contribute to staff retention as the area is one of the hard to reach areas. Our healthy future cannot be achieved without putting the health and wellbeing of populations at the centre of public policy.

DILAPITATED

The facility is in a dilapidated state both inside and the facility is surrounded by shrubs and Bushes.

MODE OF TRANSPORT

Terrain and roads are very bad and the transport cost are high up -+ R40 00 and some clients travelled more than 5 kilometres radius.

BAKKIES

WHAT RENOVATIONS NEEDED?

- Fencing of the demarcated site
- Procurement of temporal structures/Modular buildings for both the Clinic & Accommodation
- Move the clinic to the Modular buildings that will more accessible area
- Failing which the current building needs major renovations

MOTIVATION

The Rural Health Clinic (RHC) program is intended to increase access to primary care services for patients in rural communities. Mpozolo clinic is located in deep underserved rural, area.

Infection risk is reduced. The risk of being infected by bacteria acquired at the facility is greatly reduced when the clinic is improved by renovations.
More rooms become available. Through smart utilization of available space, more rooms will be created for patients.
Performance of Clinic is increased. With more clients in the facility, the performance could further increase, which again leads to a better image for the clinics and greater profit.
Staff will work more effectively. When the latest technology is installed and upgraded, it will cause the facility staff to work harder and more effectively too.
Reducing of operation costs. When the available resources are fully utilized, it will lead to a reduction in operation costs.
New Look. Due to the changed layout and design of the clinic, it will look upgraded and new- and thus, more appealing.

We therefore request the reconstruction of Mpozolo clinic failing which the department to procure the Modular structures for Mpozolo clinic.

Compiled by

.....

Nomvuyo Ningiza - Nogoduka

Acting Sub District Manager

Province of the
EASTERN CAPE
HEALTH

MPOZOLO CLINIC PROFILE – 2019
MBHASHE SUB DISTRICT
DEPARTMENT OF HEALTH

MPOZOLO CLINIC PROFILE – 2019

BACKGROUND

Mpozolo clinic is one of the 29 rural residential facilities of Mbhashe which is in Willowvale Sub area. It is 38 kilometres away from Willowvale CHC. Facility was established as a result of community initiative that requested use of and old house that was used by white family. This structure was donated to the Department of Health to be used as a clinic as far back as 1970 under Chief Solontsi.

Facility operates 8hrs and 5 days per week with 03 consulting rooms, a kitchen and 02 rooms that are used as a nurse's home. The structure is very old with wooden flooring that is sagging in other areas with holes (see pictures below). To minimize danger from falling hard woods are placed on holes as a security measure. Clinic is very small to accommodate large number of clients visiting the facility. Population served is 5930.

MPOZOLO CLINIC PHOTO

Facility side view

Facility front view

Wooden floor with holes

Facility back view

PURPOSE

1. District Management: The sub-programme manages the provision of effective and functional health services, coordination of supervision, referrals, programme evaluation and reporting as per provincial and national policies and requirements.

2. Clinics: The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics and mobile services.

3. Community Health Centres (CHCs): The sub-programme renders 24-hour health services, maternal health at midwifery units and the provision of trauma services, as well as the integration of community-based services. Mpozolo clinic refers complicated clients at Willowvale CHC and Madwaleni clinic

STAFF ESTABLISHMENT

Currently the facility is operating with the following staff

CATEGORY	Current staffing	2018 Organogram

2. Operational manager	0	01
3. Professional Nurses	2 PNs (general)	3 (1 speciality 2 general)
5. Nursing Assistants	1	
6. Enrolled Nurses	1	03
7. Pharmacy assistant	0	1 post basic
8. General Assistants	2	2 General assistants
9 Admin clerk	0	2 Admin clerks
Data capturers	1	
Additional staff: CHW	5	

MANAGEMENT INDICATORS 2018/2019

INDICATOR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
PHC headcount total	1388	1671	1487	1480	1597	1391	1414	1370	3776
Professional nurse clinical workload	66	89.5	67.6	64.7	85.6	74.4	78.2	87.3	1
PHC utilisation rate total	2.6	3	2.8	2.7	2.9	2.6	2.6	2,6	6.8
PHC utilisation < 5yrs rate	3.1	3.5	3,6	3	3.1	2,8	3	2.4	1.8

LOCATIONS SERVED

Mpozolo is the main administrative village made up of multiple sub-villages.
There are currently 27 headmen from the chieftaincy that represent these sub-villages that form part of Mpozolo This facility serves the following facilities, which are widely separated and it is difficult for the entire community to access services due to long distance travel whilst others are crossing rivers and forests.

Xhasa	**Mhlahlo**	**Langweni**	**Ntshangase**
Shobani	**Dyasi**	**Shwati**	**Mdintsi**
Mission	**Memani**	**Qokoqa**	**Ndude**
Nogogo	**Masango**	**Nila**	**Tomse**
Mpozolo	**Ntsimbakazi**	**Mendu**	**Ngoma**

Ntlangano	**Lurwayizo**	**Mendwana**	**Msendo**

See picture below as an indication that there are forests around the clinic

STRATEGIC GOALS OF THE DEPARTMENT

The Department identified three strategic goals to focus on, to ensure that the Departmental mandate is fulfilled and Mpozolo clinic strives to attain these goals. They goals are:

- Prevent and reduce the disease burden and promote health
- Improve quality of care and
- Universal health coverage

VISION

An integrated health service that aims at improving the health and socio economic status of Mpozolo community through empowered individuals and families and ensuring provision of better quality care.

MISSION

To provide and ensure comprehensive health services, making use of the available resources to improve health and a quality of life of Mpozolo community

OBJECTIVES

- To create PHC practice that will exceed clients' expectations
- To provide high-quality health care to service consumers
- To create a PHC practice that helps meet the community needs
- To provide quality services at no cost to the needy people
- To conform to the Departmental policies and guidelines

VALUES

1. **Teamwork**
   Treat each other with respect- creating value by working together
2. **Customer focus**
   Strive on initiative and originality – encouraging risk taking and divergent voices
3. **Integrity**
   Rigorously uphold service quality and high standard of care – earning the trust of Mpozolo community
4. **Commitment**
   Dedicated to highest quality of health care to customers delivered with a sense of warmth, friendliness, individual pride and facility good spirit
4. **Responsibility**
   Work to improve the life of Mpozolo community – taking pride in serving the public interest as well as the interest of the Department
5. **Diversity**
   Attract and develop talented individuals- seeking to include the broadest range of people in the community in health related matters
6. **Agility**
   Move quickly – embracing change and seizing opportunity

LEGAL AND REGULATORY FRAMEWORK

Mpozolo clinic is guided and conforms to the implementation of the following policies:

1.SA Constitution, Act 108 of 1996

2. National Health Act 61 of 2003

3. Occupational Health and Safety Act 85 of 1993

4. National Infection, Prevention and Control policy and strategy of 2007

5. Service delivery charter of 2007

6. Quality Assurance Policy of 2007

7. Nursing Act 50 0f 1978 as amended

8. PFMA 1/1999 as amended

RESOURCE ALLOCATION

The budget for the clinics is consolidated therefore Mpozolo clinic is with other 28 clinics in budget allocation as follows

Budget 2018/19

Cost centre	COE	Goods & Services	COE Exp	G & S Exp	Total Exp	% Exp.
Clinics	54.416.920		49.426.950			90%
		23.652.054		19.746.930	72.301.131	83%
G&S COE						96%

ACCESS CONTROL

The guardhouse has been newly constructed as the facility is in the revamping programme by Infrastructure Department of Health but still to be electrified.

Access control is provided by a contracted security company. There are 2 security guards in the facility, one is on night duty and the other one is on day duty.

Occurrence book is available at the guardroom which shows that their functioning is accordance to the service level agreement that is also available in the facility.

The clinic yard is well fenced as part of the revitalization programme

INFORMATION, COMMUNICATION AND TECHNOLOGY (ICT)

5 computers were received for HPRS but due to poor network the project is on and, they are still capturing off line

ICT technician is visiting the facility to fix up the challenges

PHARMACEUTICAL SERVICES

At Mpozolo clinic Drug availability is at 66.7%

No pharmacy assistant, nurses are managing and controlling drugs

Stock Visibility (SVS): There is a functional SVS device that is used weekly to monitor stock level

SERVICES RENDERED

The following services are provided from 08h00 to 16h30:-

HIV Counselling and Testing

Integrated Management of Childhood Illnesses (IMCI)

Antenatal Care Services

Rehabilitation Services

Minor ailments

Chronic illness maintenance

Reproductive Health Services

MODE OF TRANSPORT TO CLINIC

Communities travel long distances by feet as there is no transport to convey to them to the clinic hence they opt for seeking services from other clinics where buses pass by like Willowvale CHC and Gwadu clinic. The facility is not centrally located

DISEASE BURDEN

The following conditions are observed in the majority of community members accessing services in this facility

- Tuberculosis – as clients are living below poverty line, the majority is not employed and some have inadequate housing to accommodate all family members resulting to congestion a fertile ground for communicable diseases

- Epilepsy – this condition has been noticed and in most cases it manifests itself post trauma, and children with a history of having it from early childhood and mothers and caregivers are educated on danger of use of concentrated traditional medicines to neonates. This has led to working together with local traditional healers to exchange information and advises and promotion of referral to the facility
- Sexually Transmitted Infections - These are more prone to children and adults of an age group ranging between15 to 49 years. Use of dual protection is emphasized as teenage and unwanted pregnancies are also prevented,
- HIV and AIDS - HCT is promoted with the assistance of the supporting partners, HCT campaigns are done. Linkage officers are tracing clients and linking them back to care
- Diabetes Mellitus and Hypertension – Diabetes and Hypertension are monitored as they are amongst the important vital signs to measure. Hypertension is also detected to pregnant women and need constant monitoring

  Clients are put on anti-diabetic treatment by the doctor and referred to the facility for monthly supply. There are clients that are on oral medication as well as Injectable. All are advised to come back for review on a monthly basis and anytime the clients feels that there is a need to visit the facility.

See Mpozolo clinic performance report below 4th Quarter 2018/19

HIV Indicators	%	Raw data	TB indicators	%	Raw data
HIV test done		192	Screen for TB symptoms 5 years and older screening	52.5%	3261/6215
HIV test positive including ANC	6.5%	11/192	Screen for TB symptoms < 5 years	100%	345/345
HIV positive client start on ART		10	TB suspect smear test positive	100%	15/15
Total remaining in care		1023	Cure rate	81.8%	5/9

Child Lost to follow at 12 months	0%		Treatment success rate	100%	11/11
Child Viral load done rate 12 months	0%		Lost to follow up	0	
Child Viral load suppression 12 months	None due				
Adult Lost to follow at 12 months	16.7%	4			
Adult Viral load done at 12 months	50%	9			
Adult Viral load suppression at 12 months	100%	9/9			
Cervical cancer screening	24%	7			
Immunization coverage	32.5%	9/11			

GOVERNANCE STRUCTURE

Health Committees (Health Forum)

Health forum is functional, Mpozolo clinic committee chairperson and secretary are members of the health forum formed for Willowvale cluster

Clinic committee revived with 15 members as previously representation was not according to the policy. Submission of the committee will be done for stipend

SUPPORTING PARTNERS AND INTERSECTORAL COLLABORATION

The relationship between NGO's and other stakeholders continues to be excellent as forged by the department at higher level. The supporting partners have a contribution especially with supplying modern medical equipment and ICT equipment

AIDS Health Care Foundation

AHF currently provides the following services: Mentoring and Coaching, HTS, Monitoring and Evaluation and as they are fully supporting the facility they will after assisting other facilities in pipeline look at this facility

TB/HIV Care Association

TB/HIV Care provides direct service delivery at Mpozolo clinic. They appointed personnel to do HTS, Treatment initiation and tracing of lost to follow clients (resources provided are nurse mentors and linkage officers responsible for linking clients back to care)

REFERRAL SYSTEM

Mpozolo clinic refers clients to the Willowvale CHC and Madwaleni hospital for further assessment, management and care. Doctors from Madwaleni hospital are providing outreach services to all Xhora clinics including Mpozolo clinic although it is in Willowvale area because of its proximity to the hospital

CHALLENGES

1. Infrastructure:

Mpozolo clinic has an old dilapidated structure that is not accessible to all community members due to its location

Inadequate space to accommodate the entire community that has come to access services

Nursing personnel have no accommodation as only 2 nurses' rooms that are available

2. Personnel

Gross shortage of both clinical and non- clinical staff as there are no support services like admin clerks

Drugs

3. Drug availability at Mthatha Depot negatively affects the facility but pharmacists visit Depot to pick up medicines

RECOMMENDATIONS

Fastracking the building of a new structure for Mpozolo community that is centrally situated as promised as this will promote trust of the Department of Health by the community.

Compiled by

N. Qasana
Clinic supervisor

Date: 21 January 2019

Signed off by

D. Nyengule:
Sub District Manager Date: 23
January 2019

7. ANNEXURE B – LAND OWNERSHIP

Province of the
EASTERN CAPE
PUBLIC WORKS & INFRASTRUCTURE

INTERNAL MEMO

IMMOVABLE ASSET MANAGEMENT
Department of Public Works and Infrastructure • Amathole District • Corner Scholl and Amalinda Main Road • East London • Eastern Cape
Private Bag X 13004 • East London • 5200 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)43 7115899 • Email: vuyolwethu.fono@ecdpw.gov.za • website: www.ecdpw.gov.za

To: **Town Planning Services.**

From: **D.D. Immovable Asset Management.**

Date: **11 September 2023.**

Subject: **Request for subdivision of communal land (Farm 442 Gatyana) identified for development of Mpozolo Clinic in Mpozolo Village Willowvale.**

The Department of Public Works and Infrastructure has been approached by the Department of Health to facilitate the acquisition of land for development of a clinic in Mpozolo Village Willowvale (see attached letter).

DPWI has then requested the Department of Agrarian, Land Reform and Rural Development to grant permission to subdivide, valuate and donate the portion of the farm mentioned above (see attached letter).

DALRRD has since granted permission to DPWI to subdivide and valuate the portion of the land in question (see attached email).

The following community members or anyone of them must be contacted during the exercise of subdividing the land.

1. Mr. S. Mondi; Chair Mpozolo Clinic, Cell No. 078 258 0248/082 667 7593.
2. Mr. M.M. Siko; Ward Councillor, Cell No. 066 138 0132/078 987 1001.

Your good office is therefore humble requested to subdivide the portion of land mentioned above in Mpozolo Village Willowvale (see attached image).

Your assistance will be highly appreciated.
Kind regards

MR. M. KWEBA
DEPUTY DIRECTOR: IMMOVABLE ASSET MANAGEMENT
BCM AND AMATHOLE DISTRICTS

11/09/2023

EXPANDED PUBLIC WORKS PROGRAMME
CONTRIBUTION TO A NATION AT WORK
2030 NDP

Province of the
EASTERN CAPE
HEALTH

Room 707 • Dukumbana Building • Bhisho • Eastern Cape
Private Bag X0035 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)40 608 1175 • Email: sinethemba.dlepu@echealth.gov.za

MEMORANDUM

TO	**DPW&I AMATHOLE REGION PROPERTIES MANAGER – MR. M. KWEBA**
FROM	**ECDOH CANDIDATE CONSTRUCTION PROJECT MANAGER – MS. S. DLEPU**
SUBJECT	**REGISTRATION OF IDENTIFIED LAND FOR MPOZOLO CLINIC IN WILLOWVALE**
DATE	**03 JULY 2023**

1. PURPOSE.

The purpose of this memorandum is to request the Department of Public Works and Infrastructure Properties Section to register the identified site for Mpozolo Clinic in Willowvale.

2. BACKGROUND.

Mpozolo Clinic is situated in the Amathole District, in the Mbhashe Sub-District in Willowvale. The Clinic is currently operating from an old dilapidated structure which has greatly inconvenienced both the community and Clinic staff.

Over the years, the Clinic has forwarded correspondences to the Department requesting construction of a new structure. Unfortunately, due to fiscal constraints and the Departments budget reprioritization due to Covid, the Department was therefore unable to honour the request.

The construction of a new clinic has now found expression in the 2024/2025 B5, however, due to current state of the facility, the Department is obliged to provide a temporary solution in the form of an ABT Structure.

Furthermore, the community has identified a new vacant site for the Clinic, where the new structure will be erected. This land is currently under the ownership of the Chief, the Department of Health is therefore unable to do anything to the land until it has been surveyed and registered by the Department of Public Works and Infrastructure, as the custodians of Government properties.

3. **RECOMMENDATION:**

It is therefore recommended that the Department of Public Works and Infrastructure commences with the processes that will lead to the survey and registration of the vacant land for Mpozolo Clinic.

The Eastern Cape Department of Health would further like to extend an invitation to the Department of Public Works and Infrastructure – Properties Section to interpret these processes to the community of Mpozolo in an effort to keep the community updated and ensure trust and transparency between both Departments and the community.

PS: The community correspondences are attached to this Memo as **"Annexure A".**

Regards,

MS. S. DLEPU
CANDIDATE CONSTRUCTION PROJECT MANAGER

03/07/2023
DATE

RECOMMENDED / NOT RECOMMENDED

MR. M. MAGALELA
ASSISTANT DIRECTOR: PROPERTIES

03/07/2023
DATE

APPROVED / NOT APPROVED

MS. N. GOBOZI-MAGUGU
ACTING GENERAL MANAGER: INFRASTRUCTURE

06/07/2023
DATE

Province of the
EASTERN CAPE
PUBLIC WORKS & INFRASTRUCTURE

IMMOVABLE ASSET MANAGEMENT. Department of Public Works and Infrastructure • Corner Amalinda Main Road and Scholl Road • Amalinda • East London • Eastern Cape. Private Bag X13004 • Cambridge • 5247• REPUBLIC OF SOUTH AFRICA • website: dpw.ecprov.gov.za. Tel: +27 (0)43 711 5715 • Email: nandipha.sijadu@ecdpw.gov.za • Enquiries: Nandipha Sijadu

The Regional Director
Department of Agriculture, Land Reform and Rural Development
East London
5200

Dear Sir/Madam

REQUEST FOR ACQUISITION OF PORTION OF FARM 442 GATYANA REGISTRATION DIVISION THROUGH DONATION AND A PERMISSION TO CONSTRUCT A CLINIC

The Department of Public Works and Infrastructure has a custodial authority to facilitate the acquisition of immovable assets required for state domestic functions, such as clinics on behalf of the Department of Health.

The Department of Public Works and Infrastructure requires the portion of the land mentioned above for the purpose of constructing a clinic on behalf of the Department of Health. (see attached locality map)

Your good office is therefore requested to donate Portion of farm 442 Gatyana Registration Division to the Eastern Cape Provincial Government and to give permission to survey, evaluate and construct Mpozolo Clinic while the process of transfer is underway.

Your assistance will be highly appreciated.

Yours sincerely.

MS. Z. GANTSHO
DISTRICT DIRECTOR: AMATHOLE DISTRICT
DATE: 28/07/2023

Vuyolwethu Fono

From: Matshelane Molepo <MatshelaneM@dalrrd.gov.za>
Sent: Friday, 08 September 2023 09:46
To: Vuyolwethu Fono; Sazimzi Nibe
Cc: Mzuvukile Kweba; Nandipha Sijadu; sinethembamaliti.ecdoh@gmail.com; Mteteleli Magalela; mpozoloclinic@gmail.com; nomvuyoningiza6@gmail.com; mkhuseli.matshoba@ecotp.gov.za
Subject: RE: REQUEST TO ACQUIRE PORTION OF FARM 442 GATYANA FOR CONSTRUCTION OF MPOZOLO CLINIC

Good morning Mr. Fono

Following our leadership meeting yesterday and the response from the leadership of the Mpozolo Community, DPWI may proceed with the subdivision and valuation of the land parcel identified for the development of Mpozolo clinic.

Regards
Matshelane

From: Vuyolwethu Fono <Vuyolwethu.Fono@ecdpw.gov.za>
Sent: Friday, September 8, 2023 9:43 AM
To: Matshelane Molepo <MatshelaneM@dalrrd.gov.za>; Sazimzi Nibe <SNibe@dalrrd.gov.za>
Cc: Mzuvukile Kweba <Mzuvukile.Kweba@ecdpw.gov.za>; Nandipha Sijadu <Nandipha.Sijadu@ecdpw.gov.za>; sinethembamaliti.ecdoh@gmail.com; Mteteleli Magalela <mtetelelim20@gmail.com>; mpozoloclinic@gmail.com; nomvuyoningiza6@gmail.com; mkhuseli.matshoba@ecotp.gov.za
Subject: RE: REQUEST TO ACQUIRE PORTION OF FARM 442 GATYANA FOR CONSTRUCTION OF MPOZOLO CLINIC

EXTERNAL EMAIL: This email originated outside of "DALRRD Environment". CAUTION: Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Colleagues!

Emanating from yesterday's meeting, is the DALRRD in a position to grant permission for DPWI to subdivide the land and conduct property valuation to take the process further?

Regards

Province of the EASTERN CAPE
PUBLIC WORKS & INFRASTRUCTURE

Customer Care - Tel: 0800 864 951
Switch Board - 043 711 5700

Vuyolwethu Fono
Assistant Director: Property Holdings Amathole
Department of Public Works & Infrastructure
Tel: 043 711 5899
Cell: 076 942 4921
Email:Vuyolwethu.Fono@ecpdw.gov.za
Web: www.ecdpw.gov.za

From: Matshelane Molepo [mailto:MatshelaneM@dalrrd.gov.za]
Sent: Monday, 31 July 2023 09:58
To: Vuyolwethu Fono <Vuyolwethu.Fono@ecdpw.gov.za>; Sazimzi Nibe <SNibe@dalrrd.gov.za>
Cc: Mzuvukile Kweba <Mzuvukile.Kweba@ecdpw.gov.za>; Nandipha Sijadu <Nandipha.Sijadu@ecdpw.gov.za>;

Corporate Viewer
for Department of Public Works & Infrastructure
Website
Search place or address

Province of the
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HEALTH

Room 707 • Dukumbana Building • Bhisho • Eastern Cape
Private Bag X0035 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)40 608 1175 • Email: sinethemba.dlepu@echealth.gov.za

MEMORANDUM

TO	**DPW&I AMATHOLE REGION PROPERTIES MANAGER – MR. M. KWEBA**
FROM	**ECDOH CANDIDATE CONSTRUCTION PROJECT MANAGER – MS. S. DLEPU**
SUBJECT	**REGISTRATION OF IDENTIFIED LAND FOR MPOZOLO CLINIC IN WILLOWVALE**
DATE	**03 JULY 2023**

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The construction of a new clinic has now found expression in the 2024/2025 B5, however, due to current state of the facility, the Department is obliged to provide a temporary solution in the form of an ABT Structure.

Furthermore, the community has identified a new vacant site for the Clinic, where the new structure will be erected. This land is currently under the ownership of the Chief, the Department of Health is therefore unable to do anything to the land until it has been surveyed and registered by the Department of Public Works and Infrastructure, as the custodians of Government properties.

3. **RECOMMENDATION:**

It is therefore recommended that the Department of Public Works and Infrastructure commences with the processes that will lead to the survey and registration of the vacant land for Mpozolo Clinic.

The Eastern Cape Department of Health would further like to extend an invitation to the Department of Public Works and Infrastructure – Properties Section to interpret these processes to the community of Mpozolo in an effort to keep the community updated and ensure trust and transparency between both Departments and the community.

PS: The community correspondences are attached to this Memo as **"Annexure A".**

Regards,

MS. S. DLEPU
CANDIDATE CONSTRUCTION PROJECT MANAGER

03/07/2023
DATE

RECOMMENDED / NOT RECOMMENDED

MR. M. MAGALELA
ASSISTANT DIRECTOR: PROPERTIES

03/07/2023
DATE

APPROVED / NOT APPROVED

MS. N. GOBOZI-MAGUGU
ACTING GENERAL MANAGER: INFRASTRUCTURE

06/07/2023
DATE

MENDU A/A
MPOZOLO LOCATION
IDUTYWA
5000
19/04/2010

DEAR SIR/MADAM

SINGUMZI WASE MENDU SICELA
NIZOKUSICANDELA INXIWA LE CLINIC
KWINDAWO EYAYIFUDULA IYI PRE-SCHOOL
KUFUPHI NESIKOLO SASE MPOZOLO J.S.S

ENKOSI

NKOSI DALIWONGA (Z. L. SOLONTSI

SIGN. [signature] (0735183521)

HEADLADY: L. SOLONTSI
MENDU A/A
WILLOWVALE

DATE: 21-04-2010

MPOZOLO J.S.S.

THE SKY IS THE LIMIT

MPOZOLO J.S.S.

P.O. BOX 324
WILLOWVALE
5040

23/02/10

THE CHAIRPERSON
DEPT OF HEALTH.
MPOZOLO BRANCH.
WILLOWVALE

SIR / MADAM.

RE: CONFIRMATION LETTER.

THE ABOVE-SCHOOL'S SGB, AND STAFF CONFIRMS THAT THE PRE-SCHOOL BUILDING/SITE HAS GOT NOTHING TO DO WITH THEM. THE PRE-SCHOOL HAS DISSOLVED AND PLACED INSIDE THE SCHOOL PREMISES, WE THEREFORE RELEASE THE SITE SO THAT DEPT OF HEALTH CAN TAKE OVER.

IF THERE IS ANYTHING THAT IS UNCLEAR, DO NOT HESITATE TO WRITE TO US ON THE ABOVE ADRESS.

WE THANK YOU.

MPOZOLO J.S.S.
P.O BOX 324, WILLOWVALE 5040

CHAIRPERSON: N. Sihwanda
PRINCIPAL: Principal: Date: 23/02/10
SECRETARY:

Mr. Mbhashe M/M
Mpozolo Community
Ward 21
Willowvale
17 March 2010

Mr. Mbhashe Municipality
Dept of Agriculture
Willowvale

Mnumzane'

Isicelo Sokuba Mhlaba

Abahlali' bomphakathi ngokubambisana nabo Ward-2 Bacela ukuba isebe elo lize kubalandela umzabalazo wokwakha i Community Clinic kumhlaba osenkonjeni yesikolo sabantwana yi Creche le Mpozolo Location kufupi nje Mpozolo J.S.S

Oku kungenxa yokuvuvukalisana kwabo bantwana ngaphambi kwelomnyele ukuba le Clinic imiyokhiwe kulo mhlaba.

Ngenxa yoko kule ndlela ndinesicelo sokuba le meimbi yimiyokhiwe ingabelezo ukuze uphumliso kulenkomo kuchotshozwe

Enkosi'
Mbhashe Municipality
N. Gungqle 0835766916

MBHASHE MUNICIPALITY
17 MAR 2010
COUNCILOR
WARD 21

THE OFFICE OF THE XHOSA KING

ENQUIRIES: KONGELA D.T.

PHONE : 0739412637

R.A.1/4/2

OFFICE OF THE XHOSA KING

GCALEKA KINGDOM

P.O. BOX 58805

NQADU GREAT PLACE

WILLOWVALE

THE OFFICER IN CHARGE

DEPARTMENT OF AGRICULTURE

AND LAND AFFAIRS

MBASHE MUNICIPALITY

PRIVATE X 501

WILLOWVALE

5040

APPLICATION

FOR A CEMETERY SITE AND RESERVATION CERTIFICATE

NGADU a/a CMPOZOLO R/A)

DUTYWA. WILLOWVALE

1. The Gcaleka Kingdom recommended the abovementioned application for approval on the 08 December 2011

2. Your further approval of the abovementioned application will be highly appreciated.

SECRETARY: GCALEKA KINGDOM 08/12/2011

Province of the
EASTERN CAPE
HEALTH

Office of the MEC • Secretary • Room 538 • 5th Floor • Dukumbana Building • Independence Avenue • Bhisho • Eastern Cape
Private Bag X0038 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Enq: L. Banca Tel.: +27 (0)40 608 1114 • Fax: +27 (0)40 608 1118 •

TO : **THE COMMUNITY OF MPOZOLO**

FROM : **CHIEF OF STAFF**

SUBJECT : **PROOF OF MPOZOLO CLINIC COMMITTEE MEETING WITH THE CHIEF OF STAFF**

DATE : **25 MARCH 2014**

The community of Mpozolo,

This is to satisfy that the clinic committee of Mpozolo has had a meeting with the office of the MEC for Health on the 25th March 2014.

The purpose of the meeting was to obtain a certificate to build their clinic from Land Affairs. The department of Land Affairs would attend to the matter on the 26th March 2014 from Bahle Kakilane responsible for State Properties.

I hope you will find the above in order.

Mr G.L. Mlomo
Chief of Staff: Office of the MEC

WILLOWVALE HEALTH CENTRE: DEPARTMENT OF HEALTH
PROVINCE OF THE EASTERN CAPE / IPHONDO LASE MPUMA-KOLON
People first / Batho Pele /Abantu kuqala

ENQUIRIES : Mrs.S.B.SITYATA
CELL NO : 0730099220
TELEPHONE NO.: 047-499111

Subject Re –Mpozolo clinic new site.

This is to confirm that I have no object in moving the clinic from the old shopkeeper site to a new site.

The present site is in the forest away from the community and nurses are reluctant to stay in nurses' home resulting in high staff turnover

Thank you.

Mrs S.B.Sityata

14-03-2011

WILLOWVALE HEALTH CENTRE
PRIVATE BAG X [illegible]
2011 -03- 14
DEPARTMENT OF HEALTH

Province of the
EASTERN CAPE
AGRICULTURE & RURAL DEVELOPMENT

APPLICATION FOR A BUSINESS / PROJECT SITE

The application must comply with the requirements set out in the "Guide for completion of an application for business/project site attached ("EC/LUMG01")

I (We), the undersigned (give full names)..... .....

.....baa3025856087) Mbenso.....Ruaya.....

4512095373080 ..... W. Bor Vay.....

HH0501555100 8 Hhakana G.J. Binyanga.....

of residential address ...MENDU A/A.....Postal code...5040...

do hereby apply for a ...CLINIC SITE & RESERVATION CERTIFICATE site, at ...MR0204O.....

village, located in (nearest town)...Butterworth.....of .....

...MENDU..... A/A or Ward / local municipality,

in the ...~~Amatole~~ MBASHE..... district municipality, and furnish the following

particulars:

1. Full name (or particulars, if partnership) and style of firm:
   .....Clinic Site.....
   .....
   .....

2. Extent of land applied for (in ~~hectares~~): .....2000m²....

3. The site is *in the vicinity / ~~not in the vicinity~~ of an established or envisaged village. (* delete what is not applicable)

PROVINCE OF THE EASTERN CAPE

DEPARTMENT OF AGRICULTURE

The application must comply with the requirements set out in the "Guide for completion of an application for business/project site attached ("EC/LUMG01")

Umphathi / The Manager (Assistant)
Isebe Lezolimo / Department of Agriculture
Isetyana Lezosetyenziso nolawulo lomhlaba/
Directorate of Land Use Management
(Office Address & postal code)

Mhlekazi / Sir

Isicelo sesiza se/Application for a Grazing Site site

Mna (thina) sisayine ngaphantsi apha (bhala amagama apheleleyo) / I (We), the undersigned (give full names) Pumzile Mpetshwa 5306105608
(Mdamane Ruth) ID 6 2 2 5 8 6 0 5 7
CELL 0834932475
Qyana Mangaqa ID No 750716 5 22 4 08 Cell 082 122 3234
wa(ba)kule adilesi yokuhlala/ of residential address Mandela Mfa
Lusikisiki Ext 12 Lusikisiki Postal code 5120
ngokwenjenje ndenza (senza) isicelo seziza se/ do hereby apply for a Mandela Grazing site, kwilali yase / at Mandela Mfa Ext village,
ekwidolopu yase / located in (nearest town) Lusikisiki,
wolawulo lwase / of Mandela Mfa A/A or Ward / local
municipality, kwisithili sase / in the Mbizana district

.....Postal code.....

Ndi(si)yaqinisekisa ukuba yonke into ebhalwe apha ngokokuqonda kwam (kwethu) yenyanisekileyo / I (We) hereby certify that the information furnished in this application is to the best of my/our knowledge true and correct.

.....
Date

.....
Intsayino / Signature: Umceli / Applicant

Province of the
EASTERN CAPE
OFFICE OF THE GENERAL MANAGER
HEALTH FACILITIES DEV. & MAINTENANCE

Private Bag X0038 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)40 608 1170 • Fax: +27 (0)40 608 1201•

Umhla *Date:* *Datum*	07 JULY 2016	*Ifoni* *Telephone:* *Telefoon*	040 – 608 1170
Ireferensi Ref No: Verwysings		Ifaxi Facsimile Faksimile:	
Imibuzo Enquiries: Navrae	Ms N. Mdemka	Amakhasi: Pages: Bladsye:	1
Iposi E-mail: E-pos	Nosisa.mdemka@echealth.gov.za		

Mpozolo Clinic Community
Willowvale
MNQUMA

TO WHOM IT MAY CONCERN

RE: MPOZOLO CLINIC COMMITTEE

This serves to confirm that the Clinic Committee Board of Mpozolo Clinic visited the Eastern Cape Department of Health on the 07 July 2016. The purpose of the visit was to make a follow up to request made to the Department with regards to provision of a new clinic which will be accessible to the broader community.

During the discussion the clinic committee was informed of the following:

1. The Department is currently focusing on renovating and repairing the existing Clinic.
2. Due to bad economic conditions in the country the department is currently not in a position to make commitment of building a new clinic.
3. It is estimated that a new clinic will at least cost R25 million and the department does not currently haves such funds available.
4. The department is currently sitting with request of +- 300 for new clinics from various communities in the province.

In view of the above challenges the department and clinic committee members resolved on the following:

1. A possibility of renovating and repairing the existing building must be explored.
2. The department will send a team of Infrastructure Managers to the clinic firstly to assess current conditions and to provide suggestions on what to be done to make the clinic to be more functional as a health facility.

3. A team led by Mr Mdingi would visit the clinic on the 08 July 2016.

For any further information on the content of this letter kindly contact Mr Mdingi at this number 083 879 4576.

MR M. TUSWA
GENERAL MANAGER: HEALTH FACILITIES DEV. & MAINTANANCE

07/07/2016
DATE

Mpozolo Clinic
15/05/2018

Siyikomiti yeclinic yaseMpozolo ephantsi ko ward 21 sithunywa ngabahlali abasebenzisa iclinic yaseMpozolo. Ngenxa yokundululwa kokufika kuka Mr Thuso Lungwana wathi usuka kwa HDG othunywa ngusakhiwo health solution ezokwenza isurvey seclinic ogqibele esithi le clinic izaku dilizwa istructure kuqalwe phantsi –owayefike nge 27/02/2018.

Abahlali baseMpozolo bansesicelo sokuba bafuna iclinic ingalungiswa kwakhiwe kwisiza seclinic ngenxa yezizizathu zilandelayo

1. Iclinic ayifikeleleki ngenxa yoba isecaleni
2. Lendlu iyiclinic yindlu yomntu, siyi komiti siphengulule safumanisa ukuba le ndawo yi ***private company.***
3. Abahlali bayahlaselwa xa besiya eclinic ngenxa yokungabikho kwe ***transport*** eya eclinickuhanjwa ***i5Km*** xa besuka kwindawo ene ***transport***.
4. Ama nurse ayasokola xa esiza emisebenzini kwaye awekho selukhuselweni ngenxa yehlathi elijikeleze iclinic, ukanti kukwakho nezakhiwo ezihlala izigebenga,onqevu nezigila mkhuba.

SIGNITURE 1 T. Mpozolo Chair person.
2 N. Solanta Secretary
3 S. Manoli M-BAR
4 N. Mpetshwa Member
5 N. Nsenka member

8. ANNEXURE C - MPOZOLO CLINIC CATCHMENT ANALYSES & SMALL BOUNDARY – PROXIMITY ANALYSES

Province of the
EASTERN CAPE
HEALTH

Room 711 • 7th Floor • Dukumbana Building • Independence Avenue • Bhisho • Eastern Cape Private Bag X0038 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel: +27 (0)40 608 1180 • Website: www.echealth.gov.za • Enquiries: Asanda.Dipa@echealth.gov.za

DATA ANALYSIS REPORT – MPOZOLO CLINIC CATCHMENT.

Introduction

The Eastern Cape Department of Health (ECDoH) is guided by the Service Delivery Model of 2017 (SDM-17), when providing health care services to the members of the public. This is intended to promote a better life for all by providing a quality health care service.

In its approach to ensure the above mandate is achieved, the department utilizes the services of Geographical Information Systems (GIS) to compute a desktop feasibility study which analyses the catchment of the health care facility in question.

The approach looks at analysing the population dynamics and concentration of communities, together with their accessibility to public health care facilities in a linear and non-linear distribution. The linear distribution looks at the straight-line distance around each health care facility in all directions at a radius provided in the SDM-17, for the level of care under investigation. While the non-linear distribution focuses on the commuting channels or networks available, and the time taken to travel these channels.

The population dynamics include the demographic aspects of a community within each settlement under investigation. The population total and number of health care facilities falling within the set radius become the focus of the study, and the outcome of which seeks to advise on the service package which may be required within the catchment in question.

The population to be served by a level of care, and the maximum distances and travel time to each adjacent facility, are set out in the "Optimum Distribution Model" for the province, summarized in the following table:

Table 1: Optimum Distribution Model.

Level of Care.	Maximum Travel Time.	Minimum Population.	Distance from Patient.	Distance from Facility.
Clinic	30 min	8 000	5 km	10 km
Community Health Centre	2 hours	43 000	15 km	30 km
District Hospital	1 hour	300 000	50 km	100 km
Regional Hospital	2 hours	1 400 000	100 km	200 km

In addition to this model, the ECDoH also uses an 'efficiency model' in its planning which is based on 90% of the population within a set distance around a health care facility, with 6 clinics per community health centre (CHC) and 6 CHC per district hospital. This model has different figures for rural and urban areas:

- **Rural = 1 clinic per 10 000 population and 1 CHC per 60 000 population; and**
- **Urban = 1 clinic per 24 000 population and 1 CHC per 144 000 population.**

This, however, does not change the minimum population threshold obtained in the optimum distribution model as it sets a minimum population cover required while the efficiency model provides a bracket or range

Methodology

The study seeks to investigate the demographics of the communities and the geography falling within a catchment area around a health care facility or a central point within an enumeration area boundary (small place boundary), to get an understanding of what health care intervention, if any, may be deemed as suitable. The catchment area is provided by the SMD-17 and is based on the level of care under investigation or that for which is being applied. For the purpose of this study, the catchment area to be investigated is that of a PHC clinic - 5 km.

Datasets will be collected and collated from multiple data sources to get a desktop understanding of the catchment and based on this, provide advice on the required intervention.

The datasets to be collected include:

1. Adjacent facilities in all directions around the health care facility (sourced from the ECDoH facilities database).
2. The small place boundaries falling within the catchment area (sourced from the Municipal Demarcation Board).
3. The demographic composition of the settlements (from the 2011 CENSUS Data compiled by STATS-SA):
    a. the total population size;
    b. the age distribution;
    c. the household income for the economic classification; and
    d. the estimated population growth for the current year (2023).
4. The facility performance indicators of the adjacent health care facilities and/or the one under investigation, over the previous 5-year period (sourced from DHIS):
    a. PHC Headcount; and
    b. PHC Utilisation Rate.

These datasets will be analysed individually in line with the provisions of the SDM-17, and the outcome will be combined for decision making.

- **Mpozolo Clinic Catchment Composition.**

Mpozolo clinic is situated in the small place of Shukuma located in the Mbhashe local municipality of the Amathole district. The size of the service catchment area is 5 km as guided by the SDM-17, and the straight-line radius of this size around the clinic extracts the following number of facilities and enumeration areas:

…because there are no adjacent health care facilities within the 5 km catchment area, an additional catchment of 10 km will be introduced to get the sense of the surrounding health care services, and additional nearby higher-level facilities will be added for referral referencing…

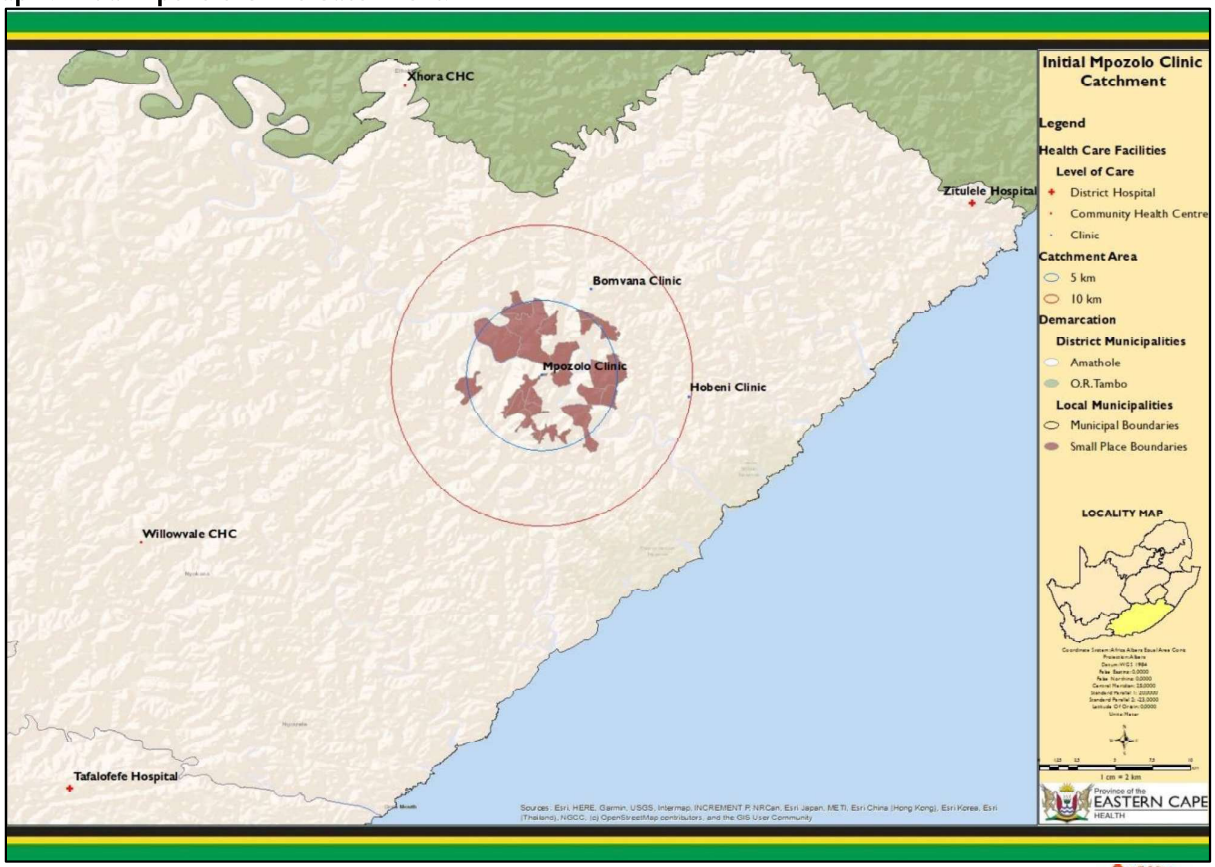
- The 5 km Catchment:
  - 1 health care facilities (Mpozolo Clinic).
  - 22 small place boundaries.
- The 10 km Catchment:
  - 2 clinics (adjacent facilities).

The information extracted above is per the straight-line radius data extraction technique used to get the maximum set of information available in the service area of the available facility and will be referred to as the Initial Mpozolo Clinic Catchment. Further investigation will have to be conducted to get a close to accurate representation of the actual catchment composition by investigating the drive time (travel distance and time) to the adjacent facilities and villages to get a sense of how much of the initial catchment is actually being served by the available PHC clinic.

The provincial department of health is tasked with conducting an analysis of the catchment area to provide guidance on possible health care interventions, if any are required. The study will focus on the positioning of the adjacent PHC facilities relative to the available service, the commuting channels to access these facilities, the facility performance indicators against the population dynamics, the population's dependency to public health care provisions, and the outcome will inform the PHC services required.

The following map represents the Initial Mpozolo Clinic Catchment.

Map 1: Initial Mpozolo Clinic Catchment.



As seen in map 1, there are no adjacent health care facilities available in the 5 km catchment area and the additional 2 PHC clinics are located between the 5 to 10 km radius. This suggests that their travel distance will be above that of the threshold, rendering them inaccessible to the community of the Initial Mpozolo Clinic Catchment.

Further investigations will provide detail.

1. Adjacent Facility.

A community must be within a 5 km distance to a PHC - clinic with a maximum travel time of 30 minutes, or a 15 km distance to a PHC - CHC with a maximum travel time of 2 hours, to be seen as having access to primary health care. As previously provided, there is 1 PHC level facility available within the 5 km straight line catchment area, and 2 within the 5 to 10 km radius.

The drive time from Mpozolo clinic to the adjacent facilities within the 10 km radius, and the nearby higher-level facilities outside of all constructed catchment areas, is provided in the table below.

Table 2: Travel Distance and Time.

Facility Name	Distance (km)	Longitude	Latitude	Classification	Level of Care	
Bomvana Clinic	16	28.812256391	-32.105672229	Rural	Clinic	Outside 5 km catchment area
Hobeni Clinic	29.2	28.875709628	-32.175090437	Rural	Clinic	
Mpozolo Clinic	Focal Point	28.780045959	-32.161350069	Rural	Clinic	
Tafalofefe Hospital	69.5	28.4741048	-32.42978698	Rural	District Hospital	Adjacent Higher Level Facilities
Willowvale CHC	40.1	28.51997266	-32.27042532	Peri-Urban	Community Health Centre	
Xhora CHC	38.9	28.69119498	-31.97374208	Peri-Urban	Community Health Centre	
Zitulele Hospital	57.1	29.06018109	-32.04918228	Rural	District Hospital	

The adjacent facilities are located at distances which render them inaccessible to the community served by Mpozolo. Those villages located close to the edge of the 5 km radius may be falling within the travel distance threshold, however, this will be determined in the proximity analysis that follows.

The adjacent facilities have catchment areas which may or may not overlap with the initial proposed clinic catchment, and this can ultimately lower the catchment seen as not having access to primary health care. The settlements within the initial catchment can be located at distances which are under the threshold of the SDM-17, when commuting to one of the closest adjacent facilities.

To get the actual or close to accurate representation of the catchment served by Mpozolo clinic, a proximity analysis will be done with the following approach being considered.

Approach:

- 5 km catchments will be constructed around each of the adjacent PHC clinics.
- These adjacent facility catchments will be merged and used to extract the small place boundaries which are within both the initial and merged catchments; and
    - the resulting output dataset will be used to show those settlements which may rely on the services received from adjacent facilities.
- Then all the small place boundaries, both in the initial catchment and the adjacent facility catchment, will be converted to point features through the CENTROID GIS function to get the central point of all boundaries,
    - this is done to achieve reference points from where the travel parameters (distance & time) to the adjacent facilities will be measured.
- Then, from here, a final proximity analysis will be done to highlight the following:
    - the travel parameters measured from these central points of settlement boundaries to Mpozolo clinic;
    - the travel parameters measured from these central points of settlement boundaries to the closest adjacent PHC clinic; and
    - then a comparison of the outcome from the two processes will be done to highlight all those settlements which:
        - fall in the adjacent facility catchment but lie closer to Mpozolo clinic than any other adjacent facility; and
        - all settlements that are closer to an adjacent PHC clinic but with distances which fall under 5 km

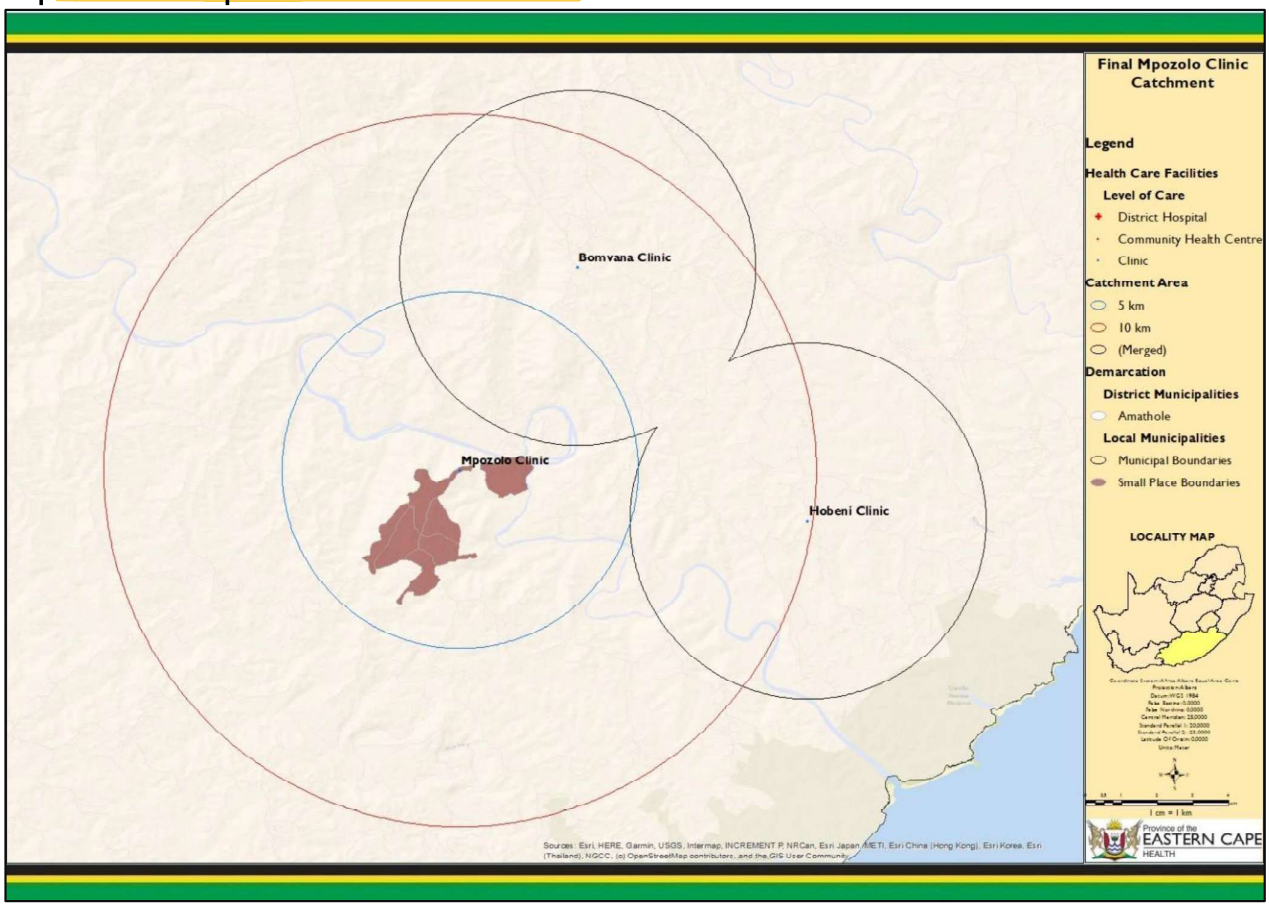
to get to Mpozolo clinic and the adjacent facility (mainly because services can be preferred from either of the nearby facilities, rendering both accessible and being the serving facilities); and

- all settlements with distances slightly above 5 km to Mpozolo clinic. *The measuring point is central to the settlement boundary, and therefore, means almost half the settlement is located at distances falling under 5 km to the focal point.*

- The outcome of the proximity analysis will provide all small place boundaries which will be seen as benefiting from the services provided by Mpozolo clinic, in the form of a table with the row of each benefiting settlement highlighted in 'green'. The rows highlighted in red will represent the settlements which will be excluded from the actual serving area.

The result of the process above is displayed in the map that follows **(Map 2: The Final Mpozolo Clinic Catchment Area)**.

Map 2: The Final Mpozolo Clinic Catchment Area.



The proximity analysis reduced the number of settlement boundaries in the Initial Mpozolo Clinic Catchment to 7, due to the travel distance to reach the facility from the central points of settlement boundaries. The initial population figure for all 22 boundaries is recorded as 5 368, and the remaining 7 is 1 864.

Attached hereto, representing the outcome of each of the steps highlighted in the approach followed to narrow down the serving catchment to a close to accurate representation of what is happening on the ground, are appendices I to IV, showing the following:

1. Appendix I – Map 3: Adjacent Facility Catchment Areas.
2. Appendix II – Map 4: Merged Adjacent Facility Catchment Areas.
3. Appendix III – Map 5: Small Place Boundary Overlay; and
4. Appendix IV – Table 3: Result of Proximity Analysis.

The total population seen as benefiting from Mpozolo clinic is 1 864, as of the 2011 community survey, which lies far below the minimum threshold of 8 000 for a PHC Clinic to serve.

2. Demographical Analysis.

2.1. Population Distribution – provided and projected population cover.

Looking at the demographic of community members in a given catchment can assist in making decisions which will be suitable for the majority of the population, providing necessary services where they are required. For this study, the demographic to consider will be for the population falling within a 5-km travel distance from Mpozolo Clinic.

There are 7 small place boundaries or villages available, and these recorded a population total of 1 864 in the community survey conducted by STATS-SA in 2011. This figure falls far below the required minimum population of 8 000 set out for a PHC clinic to serve. However, it is as of the 2011 community survey and the actual population total may have increased or decreased over the years.

In order to have a reflection of the direction followed by the population in the current year, the available population figures for the years 2011 and 2016 will be analysed and used to provide an estimate for the current year. The in-house calculated estimates will be compared to the produced mid-year population estimates from STATS-SA, for a more thorough reflection of the trend.

The close to accurate proposed clinic catchment area is situated in the Mbhashe local municipality in the Amathole district. The population total for this municipal boundary between the years 2011 and 2016, where there are published population figures, will be analysed to show the trend or direction over the period. This pattern will then be used to project the population for the following years, assuming that the trend prevails.

The population of the catchment served will be assumed to be following that of the municipal boundary in which it is located. The total population size will be compared to the municipal population and a percentage proportion will be computed and used to extract the estimates of the catchment in the projected years . *(Please be advised that this calculation is a simple proportional reflection and is not based on published and used calculation methods conducted by STATS-SA).*

The municipal boundary recorded the population figures provided in the following table, both the published and estimated figures

Table 4: Municipal Trend Analysis.

District	Sub District	Population Total - 2011	Population Total - 2016	Population Difference	Population Movement	Yearly Interval Movement	Estimated Population Total - 2023	Estimated Population Total - 2030
Amathole	Entire Catchment	892 254	880 791	-11 463	Decreased	-2 293	869 328	848 695
Amathole	Amahlathi	122 723	101 825	-20 898	Decreased	-4 180	80 927	43 311
Amathole	Great Kei	38 991	31 693	-7 298	Decreased	-1 460	24 395	11 259
Amathole	Mbhashe	254 782	277 251	22 469	Decreased	4 494	299 720	340 164
Amathole	Mnquma	252 258	246 814	-5 444	Decreased	-1 089	241 370	231 571
Amathole	Ngqushwa	72 165	63 694	-8 471	Decreased	-1 694	55 223	39 975
Amathole	Raymond Mhlaba / Nkonkobe	151 335	159 514	8 179	Increased	1 636	167 693	182 415

The percentage proportion size of the catchment served against the municipal boundary in which it falls, together with the projected population for the current year, is provided in the following table:

Table 5: Small Place to Sub District Boundary – Percentage Proportion.

Small Place Boundaries - Population Estimates					
District	Sub District	Population Total - 2011	Proportional Size 2011 (%)	Projected Population Total - 2016	Estimated Population Total - 2023
Amathole	Mbhashe	1 864	0,73%	2 029	2 193

The catchment population is displaying an increasing trend reaching 2 193 in the current year. In 2016 it is estimated to have increased up to 2 029 from the initial value of 1 864.

The population estimate still falls far below the minimum requirement for a PHC clinic to serve. The projected movement, even though requires physical verification, indicates an upward trend in the population concentration. The minimum requirement is not met using the available 2011 population figure and the projected 2023 figure, which means the prescripts of the SDM-17 are not satisfied.

The mid-year population estimates from STATS-SA and the projected catchment population figures calculated from these figures, are provided in the tables that follow (tables 6 & 7). This is intended to provide a closer representation of the population trend for the municipal boundary and the catchment population provided in tables 4 & 5:

Table 6: Mid-Year Population Estimates, STATS-SA.

Published Mid-Year Population Estimates			
Boundary Name	Population Total - 2011	Population Total - 2016	Population Total - 2023
Mbhashe	262 606	257 941	249 659

Table 7: Catchment Population Estimated from Mid-Year Estimates

Small Place Boundaries - Population Estimates Using Mid-Year Population Estimates STATS-SA					
District	Sub District	Population Total - 2011	Proportional Size 2011 (%)	Projected Population Total - 2016	Estimated Population Total - 2022
Amathole	Mbhashe	1 864	0,71%	1 831	1 773

The mid-year estimates provide a different trend in the population of the sub district boundary, and subsequently, that of the catchment. The movement provides a downward pattern which indicates a fall in the trend. While the in-house estimates represent a upward movement.

This gives a range in the population estimate of the catchment for the current year, with the minimum figure sitting at around 1 773, and the maximum figure being 2 193.

The projected movement, even though requires physical verification, does not support the prescripts of the SDM-17 for the provisioning of a PHC clinic to a community. The minimum requirement is not met using the available 2011 population figure and that projected for 2023.

2.2. Economic Classification of the Catchment.

The household income of the catchment population is reflected in the following table (table 6), as recorded in the 2011 community survey.

Table 8: Household Income.

Small Place Name	No Income	R1 - R1 600	R 1 601 - R 3 200	R3 201 - R12 800	R 12 801 - R 25 600	R 25 601 - R 51 200	R 51 201 - R 102 400	R 102 401 - R 204 800	R 204 801 or more	Unspecified	Not Applicable	Total Per Small Place
Kundlumbini SP	126	189	3	6	0	0	0	0	-	0	0	324
KwaMyataze SP	102	144	0	9	0	0	0	0	-	0	0	255
KwaXaso SP	66	78	0	0	0	0	0	0	-	3	0	147
Lucingweni SP	60	96	0	3	0	0	0	0	-	6	0	165
Mpozolo B SP	120	186	6	3	3	0	0	0	-	6	0	324
Msendo SP	117	87	0	3	0	0	0	0	-	0	0	207
Shukuma SP	198	237	0	12	3	0	0	0	-	0	0	450
Total Per Salary Bracket	789	1 017	9	36	6	0	0	0	0	15	0	1 872

- 96,47% of the population is composed of individuals with no income and earn below R1 600 per month.
- 2,72% of the population earn above R1 600 per month.
- 0,8% have an unspecified income.

It can, therefore, be deduced that the household income composition of Mpozolo clinic indicates a reliance to public health care.

2.3. Age Distribution.

Below is a table showing the age distribution of the community members in the catchment.

Table 9: Age Distribution.

Small Place Name	0 to 18	19 to 35	36 to 60	61 Plus		Total Per Small Place
Kundlumbini SP	153	60	71	40		324
KwaMyataze SP	116	54	50	34		254
KwaXaso SP	64	20	36	24		144
Lucingweni SP	82	24	35	24		165
Mpozolo B SP	139	68	68	47		322
Msendo SP	73	44	45	41		203
Shukuma SP	204	86	92	70		452
Total Per Age Group	**831**	**356**	**397**	**280**		**1 864**

- 55,42% of the population is composed of adults.
  - 27,11% of this are pensioners.
- 44,58% of the population are minors (18 years and younger).
- 57,05% of the population is recorded as having an income.

From the two datasets: household income and age distribution tables; it is clearly indicated that there are more adults than there are minors, the adult population plus a portion of the minors are recorded as having an income, and a majority of them earn under R1 600 per month.

This further emphasises the community's dependency to primary health care within the catchment. The community is composed of more adults than minors and the population recorded as having an income earn way below the breadline. Also, most of the community members can be seen as depending on public transport or walking for commuting purposes.

3. Facility Performance Indicators.

The facility performance indicators are provided to view the functioning of the facilities against the population served. The only indicators looked at in this document are the headcount and utilization rates for PHC level facilities. These indicators monitor PHC access and utilisation against the population served. This is intended to show whether the facility is functioning at a rate which is deemed 'suitable' for the catchment community served.

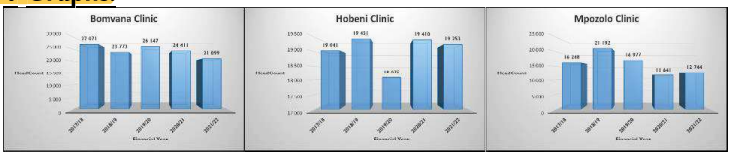
The period or range of data collected is for 5-years (over the 5 financial year calendar), ranging from 2017/18 to 2021/22. The facilities were assessed according to their annual headcount and utilisation rate.

Tables 10 and 11 along with the graphs in Graph Batch 1 and 2 provide the performance indicators highlighted above. Table 10 and Graph Batch 1 look at the headcount figures, while Tables 11 and Graph Batch 2 look at the utilisation rate.

Table 10: PHC Headcount.

Facility Name	Classification	Apr 2017 to Mar 2018	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022
Bomvana Clinic	Clinic	27 071	23 773	26 147	24 411	21 099
Hobeni Clinic	Clinic	19 041	19 451	18 075	19 410	19 253
Mpozolo Clinic	Clinic	16 248	21 192	16 977	11 641	12 744

Graph Batch 1: Table 10 Graphs.



Mpozolo clinic has headcount figures ranging between 11 641 and 21 192 over the data range. The population of the catchment seen as benefiting from the facility is 1 864, resulting from the proximity analysis followed point 1 of this document. The entire 5-km catchment population was recorded as 5 368.

The figures in the headcount table indicate that the serving catchment of the facility could be the Initial Mpozolo Clinic Catchment Area and even greater, as the annual visits indicate that the population being served may be more than the serving catchment population. Therefore, the facility can be seen as being adequate for the population served.

The two adjacent clinics within the 5 to 10-km radius are rendered inaccessible to the community members near Mpozolo clinic, and are therefore, not seen as having an effect on the functionality of the clinic.

The utilisation rate is provided below, with the highest recorded figure being 4,2. The rates represent a necessary service for each of the catchment areas served.

Table 11: PHC Utilisation Rate.

		PHC utilisation rate				
Facility Name	Classification	Apr 2017 to Mar 2018	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2020 to Mar 2021	Apr 2021 to Mar 2022
Bomvana Clinic	Clinic	3	2,6	3,3	2,2	1,9
Hobeni Clinic	Clinic	3,6	3	2,8	2,2	2,2
Mpozolo Clinic	Clinic	4,2	3,5	2,4	2,2	2,4

Graph Batch 2: Table 10 Graphs.

Although the performance indicators are showing that the facilities are adequately serving the communities falling within their catchment areas, each of the indicators must be aligned to their targets and norms provided in the department prescripts. Therefore, the above must be provided to the relevant program managers for input.

4. Conclusion.

Mpozolo Clinic is the only serving PHC facility in the initial catchment area and the provincial department of health conducted this study to analyse the demographic aspects of the population together with the accessibility to the adjacent facilities, to upraise the relevant department stakeholder for decision making.

Through careful analysis of the datasets collected at a desktop level, the findings are reflected as follows:

- The catchment area of focus has one serving primary health care facility.
- The provided and projected population figure falls far below the minimum requirement set out in the SDM-17 for a PHC clinic to serve, and the projection using both the in-house estimation calculation and the mid-year population estimates calculation methods, continues to reflect a very low population.
- 96,47% of the population is composed of individuals with no income and those earning below R1 600 per month, which reflects a dependency to public health care. A majority of the population can be seen as not being able to afford private health care.
- There are more adults than there are minors, both the adult population and a portion of the minor's population has an income, and a majority of those who do earn under R1 600 per month. 27,11% of the adult population are pensioners.
- The majority of the community members depend on public transport or walking for communing purposes.
- The facility performance indicators of the adjacent facilities reflect a service necessary for the receiving communities and cannot be used to support the population projection of the Initial Mpozolo Clinic Catchment.

The information provided in the study is intended to assist the relevant department stakeholders in decision making. It is intended to provide the baseline of demographical information and geospatial analysis which will give the relevant officials an outline of the composition of the population.

Yours in Public Health.

Mr. Lubabalo D. Cishe. **Date: 08/12/2023**
GIS Technician: Health Facilities Development and Maintenance.

Appendix IV: Result of Proximity Analysis							
Small Place Name	**Overlapping Boundaries**	**Distance to Mpozolo Clinic (km)**	**Travel Time**	**Nearby Facility**	**Distance to Nearby Facility (km)**	**Travel Time - Nearby Facility**	**Closer / Farther**
Bumbane SP	Yes	24,6	1 hr 01 mins	Bomvana Clinic	8,6	20 mins	Farther
Emantshilbeni SP		26,4	1 hr 04 mins				Farther
eNtilini A SP	Yes	6	16 mins	Bomvana Clinic	10	24 mins	Closer
Gobisandla SP		25	1 hr 01 mins				Farther
Hlakoti SP		9,8	20 mins				Farther
Kulobombo SP	Yes	9,7	25 mins	Bomvana Clinic	8	20 mins	Farther
Kulogojela	Yes	14,7	37 mins	Bomvana Clinic	10,8	27 mins	Farther
KuLozulu SP		14,9	36 mins				Farther
Kundlumbini SP		3,6	10 mins				Farther
KwaMyataze SP		4,6	12 mins				Farther
KwaXaso SP		1,8	06 mins				Farther
Lucingweni SP		3,4	08 mins				Farther
Mbashe A SP		8,2	20 mins				Farther
Memani SP		6,9	17 mins				Farther
Mganu SP	Yes	21,7	54 mins	Bomvana Clinic	5,7	14 mins	Farther
Mpozolo B SP		4,2	12 mins				Farther
Msendo SP		4,3	11 mins				Farther
Ngcay Echibi SP		5,9	15 mins				Farther
Ngekala SP		27,5	1 hr 06 mins				Farther
Ngqakayi SP		11	28 mins				Farther
Shukuma SP		1,7	06 mins				Farther
Singeni A SP		7,6	18 mins				Farther

9. ANNEXURE D – ECDOH ORGANOGRAMS

small

Head Count 5 382

ORGANISATIONAL ESTABLISHMENT FOR 8 HOUR CLINIC

PURPOSE: TO PROVIDE IMPLEMENTATION OF PRIMARY HEALTH CARE CLINIC SERVICES

FUNCTIONS

1. Render Primary Health Care services
2. Render cleaning services

1 Professional Nurse (Specialty) Grade 1-3

DRAFT

SECTION:PRIMARY HEALTH CARE SERVICES

PURPOSE: TO RENDER PRIMARY HEALTH CARE SERVICES

FUNCTIONS:

1. Provide preventive, promotive, curative and rehabilitative care to communities.
2. Provide Primary Health Care outreach services i.r.o households

1 Professional Nurse (General) Grade 1-3
2 Staff Nurse Grade 1-3

SUB-SECTION:ADMINISTRATIVE SUPPORT

PURPOSE: TO RENDER CLEANING SERVICES

FUNCTIONS

1. Perform cleaning services

2 General Assistant L2

STANDARD ORGANISATIONAL ESTABLISHMENT FOR 8 HOUR CLINIC – 2008 (OSD)

CLINIC

PURPOSE: TO ENSURE IMPLEMENTATION OF PRIMARY HEALTH CARE CLINIC SERVICES

FUNCTIONS

1. Provide clinic PHC services i.t.o preventive, promotive, curative and rehabilitative care
2. Render pharmaceutical services
3. Render administrative support services

1 Operational Manager Nursing (PHC) Specialty (Clinical Nursing Science & Health Assessment / Community Health Nursing Science))

DIVISION: CLINICAL SERVICES

PURPOSE: TO RENDER PHC CLINIC SERVICES

FUNCTIONS:

1. Provide preventive, promotive, curative and rehabilitative care to communities.

*2 Professional Nurse (Specialty)
2 Professional Nurse (General)
7 Enrolled Nursing Assistant

DIVISION: PHARMACEUTICAL SERVICES

PURPOSE: TO RENDER PHARMACEUTICAL SERVICES

FUNCTIONS:-

1. Provide dispensing and counseling service for patients
2. Pre-packing of medicines

1 Pharmacy Assistant (Post Basic)

DIVISION: ADMINISTRATIVE SUPPORT

PURPOSE: TO RENDER ADMINISTRATIVE SUPPORT SERVICE

FUNCTIONS

1. Render registry and filing services
2. Render tele-communication services
3. Perform reprographic services
4. Do inventory control
5. Perform cleaning services

1 Admin. Clerk – L4
2 Property Caretaker – L2

*4 Professional Nurse (specialty) : Community Health Nursing Science
2 Professional Nurse (specialty) : Clinical Nursing Science & Health Assessment

ORGANISATIONAL ESTABLISHMENT FOR GATEWAY CLINIC – 2008 (OSD)

CLINIC

PURPOSE: TO ENSURE IMPLEMENTATION OF PRIMARY HEALTH CARE CLINIC SERVICES

FUNCTIONS

1. Provide clinic PHC services i.t.o preventive, promotive, curative and rehabilitative care
2. Render pharmaceutical services
3. Render administrative support services

1 Operational Manager Nursing (PHC) Specialty (Clinical Nursing Science & Health Assessment)

DIVISION: CLINICAL SERVICES

PURPOSE: TO RENDER PHC CLINIC SERVICES

FUNCTIONS:

1. Provide preventive, promotive, curative and rehabilitative care to communities.

*6 Professional Nurse (Specialty)
4 Professional Nurse (General)
2 Enrolled Nursing Assistant

DIVISION: PHARMACEUTICAL SERVICES

PURPOSE: TO RENDER PHARMACEUTICAL SERVICES

FUNCTIONS:-

1. Provide dispensing and counseling service for patients
2. Pre-packing of medicines

1 Pharmacy Assistant (Post Basic)

DIVISION: ADMINISTRATIVE SUPPORT

PURPOSE: TO RENDER ADMINISTRATIVE SUPPORT SERVICE

FUNCTIONS

1. Render registry and filing services
2. Render tele-communication services
3. Perform reprographic services
4. Do inventory control
5. Perform cleaning services

1 Admin. Clerk – L5
2 Property Caretaker – L2

*2 Professional Nurse (specialty) : Community Health Nursing Science
4 Professional Nurse (specialty) : Clinical Nursing Science & Health Assessment

Medium

Head Count 13 858

DRAFT

ORGANISATIONAL ESTABLISHMENT FOR 8 HOUR CLINIC

PURPOSE: TO PROVIDE IMPLEMENTATION OF PRIMARY HEALTH CARE CLINIC SERVICES

FUNCTIONS

1. Render Primary Health Care services
2. Render pharmaceutical services
3. Render administrative support services

1 Operational Manager Primary Health Care (Specialty)

SECTION:PRIMARY HEALTH CARE SERVICES

PURPOSE: TO RENDER PRIMARY HEALTH CARE SERVICES

FUNCTIONS:

1. Provide preventive, promotive, curative and rehabilitative care to communities.
2. Provide Primary Health Care outreach services i.r.o households

1 Professional Nurse (Specialty) Grade 1-3
1 Professional Nurse (General) Grade 1-3
2 Staff Nurse Grade 1-3

SUB-SECTION: PHARMACEUTICAL SERVICES

PURPOSE: TO RENDER PHARMACEUTICAL SERVICES

FUNCTIONS:-

1. Provide dispensing and counseling service for patients

1 Pharmacist Assistant (Post basic) Grade 1-3

SUB-SECTION:ADMINISTRATIVE SUPPORT

PURPOSE: TO RENDER ADMINISTRATIVE SUPPORT SERVICE

FUNCTIONS

1. Provide registration data capturing and filing services
2. Provide tele-communication services
3. Provide administrative & data capturing services
4.. Do inventory control
5. Perform cleaning services

1 Administration Clerk Production L5
1 General Assistant L2
2 Cleaner L2

Large

Head Count 35 014

ORGANISATIONAL ESTABLISHMENT FOR 8 HOUR CLINIC

DRAFT

PURPOSE: TO PROVIDE IMPLEMENTATION OF PRIMARY HEALTH CARE CLINIC SERVICES

FUNCTIONS

1. Render Primary Health Care services
2. Render pharmaceutical services
3. Render administrative support services

1 Operational Manager PHC (Specialty)

SECTION: Primary Health Care SERVICES

PURPOSE: TO RENDER PRIMARY HEALTH CARE SERVICES

FUNCTIONS:

1. Provide preventive, promotive, curative and rehabilitative care to communities.
2. Provide PHC outreach services i.r.o households

3 Professional Nurse (Specialty) Grade 1-3
4 Professional Nurse (General) Grade 1-3
6 Staff Nurse Grade 1-3

SUB-SECTION: PHARMACEUTICAL SERVICES

PURPOSE: TO RENDER PHARMACEUTICAL SERVICES

FUNCTIONS:-

1. Provide dispensing and counseling service for patients

2 Pharmacist Assistant (Post basic)

SUB-SECTION:ADMINISTRATIVE SUPPORT

PURPOSE: TO RENDER ADMINISTRATIVE SUPPORT SERVICE

FUNCTIONS

1. Provide registration data capturing and filing services
2. Provide tele-communication services
3. Provide administrative & data capturing services
4.. Do inventory control
5. Perform cleaning services

3 Administration Clerk L5
2 General Assistant L2
3 Cleaner L2

DRAFT

Outlier

Head Count 49 253

ORGANISATIONAL ESTABLISHMENT FOR 8 HOUR CLINIC

PURPOSE: TO PROVIDE IMPLEMENTATION OF PRIMARY HEALTH CARE CLINIC SERVICES

FUNCTIONS

1. Render Primary Health Care services
2. Render pharmaceutical services
3. Render administrative support services

1 Operational Manager PHC (Specialty)

SECTION: Primary Health Care SERVICES

PURPOSE: TO RENDER PRIMARY HEALTH CARE SERVICES

FUNCTIONS:

1. Provide preventive, promotive, curative and rehabilitative care to communities.
2. Provide PHC outreach services i.r.o households

3 Professional Nurse (Specialty) Grade 1-3
3 Professional Nurse (General) Grade 1-3
4 Staff Nurse Grade 1-3

SUB-SECTION: PHARMACEUTICAL SERVICES

PURPOSE: TO RENDER PHARMACEUTICAL SERVICES

FUNCTIONS:-

1. Provide dispensing and counseling service for patients

2 Pharmacist Assistant (Post basic)

SUB-SECTION:ADMINISTRATIVE SUPPORT

PURPOSE: TO RENDER ADMINISTRATIVE SUPPORT SERVICE

FUNCTIONS

1. Provide registration data capturing and filing services
2. Provide tele-communication services
3. Provide administrative & data capturing services
4.. Do inventory control
5. Perform cleaning services

2 Administration Clerk L5
1 General Assistant L2
2 Cleaner L2