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Together, moving the health system forward

2030 NDP

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FROM THE EDITOR

Dear Impilo Reader

Welcome to the very first edition of this, the Impilo newsletter for the year 2017/2018. As we begin yet another year, the department strives to deliver on its mandate, which is to provide quality healthcare for the people of the Eastern Cape Province. This edition chronicles some of these strides.

Among those is the Ethembeni Clinic, a clinic from a rural area holding its own amongst the high performing clinics in the province. It is among the clinics that received the platinum status in the province under the Ideal Clinic Programme Realisation and Maintanance (ICRM).

We have also seen the the department once more taking the primary healthcare a step further by handing over a total of 32 brand new medical emergency vehicles to all Health districts.

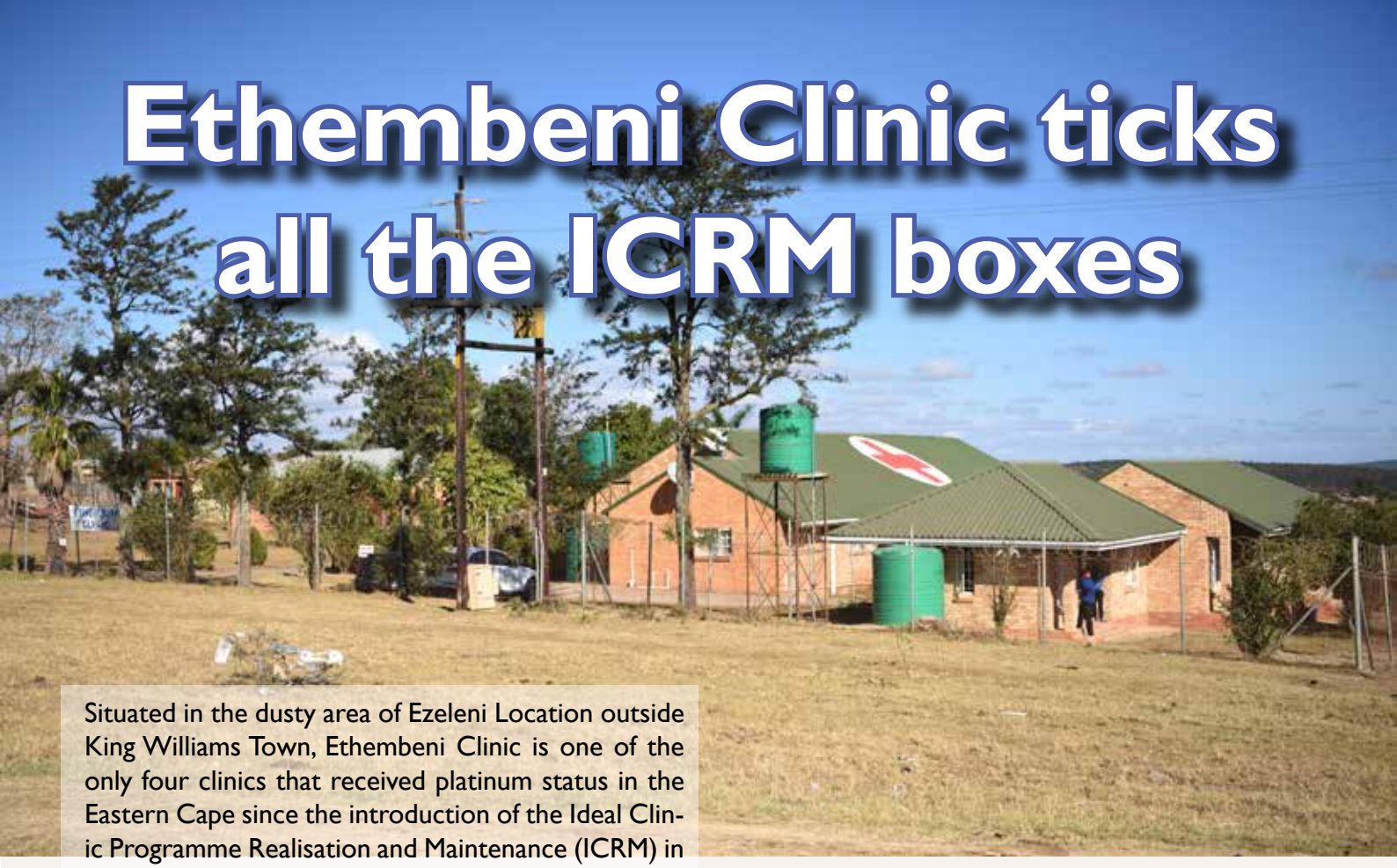
Despite these achievements, we recognise that the are challenges that require collective efforts. Tuberculosis remains one of these, as such TB Day commemoration for this year called upon all stakeholders, civil society and community based organisations to lead the fight against TB by actively engaging in various campaigns to inform, educate and support various communities in their respective areas.

With all that being said, we look forward to bringing you an informative and a quality publication aimed at highlighting the sterling work being done by the department.

Till the next read

Ziyanda Mkohliswa

Ethembeni Clinic ticks all the ICRM boxes



Situated in the dusty area of Ezeleni Location outside King Williams Town, Ethembeni Clinic is one of the only four clinics that received platinum status in the Eastern Cape since the introduction of the Ideal Clinic Programme Realisation and Maintenance (ICRM) in 2015. This is because the clinic meets the minimum required standards set by the national Department of Health for ICRM with adequate and clear signage inside and outside the precinct, security facility and personnel, designated parking and loading zones (for medical and private vehicles), clear waiting and sub-waiting areas and lines and adequate medical equipment and staff among others.

Sister Silvia Kopela who is the head nurse attributes the attainment of the platinum status to the use of the ICRM manual as the guide to making the changes in the way the clinic operates. "As directed by the manual we have introduced signages like disclaimer at the entrance gate outlining dos and don'ts within the precinct, put up service board with all the critical contact details" says Kopela. We have also tried to increase our space by erecting a gazebo as a sub-waiting area, changed toilets from pits to flushing, introduced waiting streams with different colours allocated to various patients streams with expected waiting times clearly printed for each stream, adds Kompela. Sister Kompela also recognises the impact of staff reinforcement. The additions include new professional nurse, enrolled nurse and enrolled nursing assistant. She also believes that the introduction of the Basic Life Support training and their clear leave schedule for the year have been critical in ensuring quality and reliable healthcare in the facility.

The clinic also boosts an active and devoted Clinic Committee with its primary mandate being that of improving and maintaining relations between the clinic and communities based on mutual respect, shared responsibility and accountability. Ms Vuyiswa Khethani who is the secretary of the Clinic Committee says their role is to ensure that the patients receive the best possible care and courtesy whilst ensuring that community members at large take full responsibility for the clinic. We want the highest possible patient satisfaction but also we need to protect this facility, equipment and the staff inside.

Mr Zamile Ntsomboyi who is one of the many clients who visited the clinic on the day says they are happy to have an ideal clinic and that they do experience the platinum status of the clinic as there is adequate equipment and drugs, reasonable waiting times and a very welcoming staff which "treat us with respect".

In total, the clinic has six professional nurses, operations manager, one enrolled nurse and one assistant enrolled nurse, two lay counsellors, five community care workers and a security guard. It services areas such as Mbaxa, Eluphondweni, Silositsha and Hokwana locations and six primary schools.

Ncedo Lisani

ICRM champions meet to rekindle the ICRM Programme flame

The team registers great progress

Fairly content following a relatively successful financial year, where it oversaw the progress of the Province from the worst performing in the country when it comes to the number of facilities that meet the Ideal Clinic Realisation and Maintenance (ICRM) standards to number three (3), the Eastern Cape ICRM team met to reflect on the progress, new targets and chart the 2017/18 ICRM implementation plan. The main objectives of the workshop were to share successes and lessons learned, review the implementation plan with the purpose of developing an all agreed upon implementation plan for 2017/18 financial year.

The workshop begun with the presentation by Ms Noxolo Makinana, a Provincial ICRM Coordinator who gave the provincial context of the programme including the provincial Primary Healthcare service delivery profile and platform, the current ICRM status in the province including the success, weaknesses and proposed interventions. In 2016/17 financial year, the province targeted 427 facilities out of 771 and managed turn 141 (43%) green.

During this year, 89 of the facilities turned green were silver, 48 gold and 4 platinum. This is really a great achievement considering that the province's set target for the 2016/17 financial year was to turn 24 facilities green and also considering that just the year before the province struggled to attain a significantly modest target.

Ms Makinana agrees that they have made tremendous progress from the 2015/16 financial year, attributing the shortcomings of the said year to the 'trial and error challenges inherent in the piloting of any programme'. She caution against labelling the 2015/16 as a total failure though, arguing that the work undertaken during this pilot stage set the stage for the good performance recorded in the 2016/17 financial year. "As much as we did not meet the target in the 2015/16 there was a lot of hard often ground-breaking work put in by the colleagues which made it possible for us to deliver in the following financial year" said Makinana. "We are now in the top three from the worst performing province in the country and

this is all because of the hardwork by this provincial team" added Makinana. Makinana was quick to point out that whilst it is great to earn the status, the focus of the programme is on the users (clients) and their experiences of the facilities. In this regard she proudly point to a number of areas of improvement including more spacing as the results of new or renovated facilities, improved and suitable medical equipment, improved drug management, cleaner facilities and reasonable waiting times.

Ms Evangeline Mthethwa who is the National Coordinator of the Eastern Cape ICRM Programme is equally excited about the progress and prospects of the programme in the province saying the province has made her proud. Mthethwa also referred to and applauded the province's leapfrogging from the worst performing to the third position in the country. She thanked the team for the commitment and called upon all to roll the sleeves to work harder towards and beyond the next target, which is turning 48 facilities green in the 2017/18 financial year.

An Ideal Clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, sufficient and adequate bulk supplies. It uses applicable clinical policies, protocols and guidelines, and it harnesses partner and stakeholder support. An Ideal Clinic also collaborates with other government departments, the private sector and non-governmental organisations to address the social determinants of health. Integrated Clinical Services Management is a key focus within an Ideal Clinic. The purpose of Integrated Clinical Services Management is to respond to the growing burden of chronic diseases in South Africa in an efficient and cost effective manner.

To fast track the implementation of the Ideal Clinic programme, the Department of Performance Monitoring and Evaluation, the National Planning Commission in the Presidency and the National Department of Health are spearheading the use of Operation Phakisa which is an 8-step methodology that facilitates the development of detailed plans to ensure successful implementation and effective monitoring of national priorities.

Ncedo Lisani

ECDoH delivers 32 medical emergency vehicles

A critical milestone in the EC's quest to deliver quality healthcare

A total of thirty-two (32) brand new medical emergency vehicles were handed over to all the Districts of the Eastern Cape (EC) marking yet another critical milestone in the EC's quest to deliver quality healthcare. These vehicles are made up of 21 Medical Response Vehicles (MRVs) and 11 Patient Transport Vehicles (PTVs). They were all handed over by the MEC for Health in the Eastern Cape, Dr Pumza Dyantyi in East London's Emergency Medical Services Base on the 8th May 2017. Speaking during the handover, Dr Dyantyi said the emergency services are critical to health services delivery as they make it possible for "us to collect patients from the scene of accident or home, provide initial assistance required (first aid) and then take them to the nearest health facility (hospital or clinic)".

Informed by the demand and service delivery challenges in various districts, the Eastern Cape Department of Health (ECDoH) allocated the new emergency vehicles as follows:

- Alfred Nzo received three MRVs and one PTV
- Amathole received six MRVs and one PTV
- Buffalo City Metropolitan received one MRV and one PTV
- Chris Hani received two MRVs and one PTV
- Joe Gqabi received three MRVs and two PTVs
- Nelson Mandela Metropolitan received one MRV and one PTV
- OT Tambo received four MRVs and two PTVs and
- Sarah Baartman received one MRV and two PTVs

Asked about the ostensible short life cycle of these emergency vehicles, Dr Dyantyi confirmed the existence of such challenge and attributed it to bad state of the roads in the province. She however assured the public that the province through Public Works is busy with road maintenance with special attention being given to roads leading to health facilities and schools.

Ncedo Lisani

Education and support key in the fight against TB

The Eastern Cape Province calls upon all stakeholders to lead the fight against TB by actively engaging in various campaigns to inform, educate and support communities within which they reside. Families; friends; political, civil society and church leaders; communities and community based organisations are cited as critical catalysts in the fight against the scourge of Tuberculosis (TB) in the Eastern Cape Province and thus challenged to play an active role in both educating and lending support to their communities. We all have a responsibility as families, leaders, communities, Non-Government Organisations and other interested and affected parties to go out and spread the message about TB, said the MEC for Health in the Eastern Cape, Dr Pumza Dyantyi. So what we must be doing is to take the message and teachings we are receiving from sessions like this and spread it, lend support to the infected and affected as opposed to discriminating against them, pleaded Dyantyi. In fact we must denounce any form of discrimination against people infected or affected by TB in our communities, added Dyantyi.

The MEC was speaking during the World TB Day Commemoration that took place in East London, Gompo Hall on the 13 April 2017.

Speaking at the same event, the Superintendent-General of the Eastern Cape Department of Health (ECDoH), Dr Tobile Mbengashe cautioned the patients against defaulting saying that whilst normal (drug susceptible) TB is relatively easy to treat, defaulting would lead to one acquiring the more complex drug resistant TBs, Multi-Drug Resistant (MDR) and Extensive Drug Resistant (XDR). It is true that people tend to default and one of the reasons is that when people take treatment for drug susceptible TB they feel much better within two months and stop treatment because they somehow consider themselves cured, said Dr Mbengashe. Now because the patient is not properly treated as he/she should be taking the treatment for six months to be completely cured, the TB develops resistance to drugs and progresses to the MDR and XDR, explained Mbengashe. Dr Mbengashe went on to argue that when these patients progress to the drug resistant TBs, they find themselves having to take about 17 or more tablets, from just about four or so tablets for the drug susceptible TB. These tablets are generally harsher with more and aggressive side effects, taken over a long period (9 – 20 months) making it more difficult to cope, added Mbengashe. He called upon patients to complete the drug susceptible treatment and echoed MEC's appeal to stakeholders saying families, communities and colleagues among others must support the patients and make sure that they complete the treatment.

Earlier in the day, the Eastern Cape Premier, the Honourable Phumulo Masualle together with MEC visited three houses (shacks) of the TB survivors who all attributed their successful treatment to the support they received from their respective local clinics, families and friends. A visible emotional Ms Amanda Nyoba who is one of the survivors said she had depression at one stage and was considering giving up but was encouraged by the support she received from the clinic, family and friends. Stating some of the challenges they faced in their treatment journey, the TB survivors identified poverty, congestion, unhygienic neighbourhood and TB ignorance among the community members. The Premier appealed to the people of the province to refocus their energy to the fight against TB as 'it has re-emerged as the number one killer disease in South Africa'. We have long realised the importance of the multi-sectorial approach in dealing with our challenges as the Province and true to our conviction we are thus calling upon all sectors

and elements of our communities to join hands within the spirit of Masiphathisane in this fight against TB, said Masualle.

Even though TB is a curable disease it still carries heavy social stigma and myths with some people still ignorant to the fact that TB is both preventable and 100% curable. Many patients and their families are still confronted with discrimination primarily because of the lack of education on the incredible developments that have been made in the treatment of the disease. Other contributing factors to the current gloomy state of affairs include limited stakeholder involvement and participation and lack of society empowerment including affected communities and families.

Footnotes

The World commemorates World TB Day every year on the 24th of March, since 1882. South Africa has recently started to intensify its activities on this day because TB has re-emerged as the number one killer diseases in the country. Approximately 450 000 South Africans become infected with TB every year.

The World TB Day is inter alia used as a day to highlight the key challenges pertaining to the epidemic in the country; increase levels of awareness in communities; educate the public about the dangers of TB and assess the progress made in responding to the TB epidemic.

The 2017 provincial World TB Day is aligned to the National World TB Day theme. The theme being "UNITE TO END TB AND HIV": South African leaders taking action".

In 2017, the National World TB day is amplified because it is utilised as a platform to launch the five year National Strategic Plan for HIV, TB and STI's 2017-2022. The province held build-up programme which consisted a number of public dialogues to popularise the strategy, particularly the areas that pertain to the TB epidemic.

Ncedo Lisani

Nurses hailed as the backbone of the healthcare sector

Nurses are hailed as the backbone and heartbeat of the healthcare sector with the MEC for Health in the Eastern Cape, Dr Pumza Dyantyi reaffirming her Department and the province's appreciation for the hard work put and sacrifices made by the nurses across the province. "There is absolutely no doubt that nurses are the backbone of our healthcare and we are acutely aware of the huge demands put on them by the profession, says Dyantyi. It is in this context that I wish to send words of appreciation to all our nurses in the province and let them know that my Department, the provincial government and the general population of the province recognise and appreciate the wonderful work they do, adds Dyantyi.

Reiterating her comments about the importance of nursing, Dyantyi reminded the nurses that they are the only professionals who witness the beginning and the end of life. You are the only people who open the eyes of a newly born and close those of the demised and to me there is no greater responsibility than that, says Dyantyi.

Dr Dyantyi was speaking during the commemoration of the International Nurses Day which took place at the Cecilia Makiwane Hospital's (CMH) newly built 500 seater amphitheatre on the 18 May 2017. The International Nurses Day is commemorated annually on the 12th May, the anniversary of Florence Nightingale's birth. Giving the reasons for commemorating and celebrating the nurses day, the MEC said given the immense demands put on the nurses by the profession which often lead to fatigue, it is important that 'we find time to recharge our energies, motivate each other and share experiences including the best practices'.

She added that the profession often receives widespread negative publicity and that the day is also used to highlight the positives whilst discussing ways and means to redeem it and hopefully regain its glory.

Whilst the setting was that of celebration with the day almost exclusively reserved for showing gratitude to the nurses for the sterling work they do, many other speakers echoed MEC's sentiments and called on nurses to rediscover their compassion for nursing to redeem the profession. Ms N Nyikana who is a retired nurse said nursing is a profession of compassion, advocacy and stewardship which calls on those serving in it to consistently exercise empathy, sensitivity and protection of patient's dignity at all times. Ms Zodwa Gqirana of Democratic Nursing Organisation of South Africa (DENOSA) echoed Ms Nyikana's sentiments, saying only the passion and compassion will carry nurses through to the 'finishing line'. Meanwhile, Dr Mtandeki Xamlashe who is the Chief Executive Officer at the CMH called on nurses to restore the dignity and central leadership of the nursing profession. He implored nurses to call on their activism by acting as community health educators, human and patient rights activists, community supporters and policy influencers among others.

The 2017's International Nurses Day is commemorated under the theme Nurses: A voice to lead - Achieving the Sustainable Development Goals. The day aims to raise awareness about the contribution of the nursing profession in the achievement of the sustainable development goals (SDGs). SDGs provide nurses with an opportunity to apply the knowledge they have to create a healthier and a better world.

Ncedo Lisani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AMBULANCE

Annual influenza vaccination continues

Provinces instructed to prioritise pregnant women and HIV-infected persons

The annual influenza vaccination in the Eastern Cape are currently underway and are expected to run up until the end of May 2017. The province has received 70 000 doses of influenza and these have been distributed to all the districts from the beginning of April 2017. Acting on the instruction of the National Department of Health, the Superintendent-General of the Eastern Cape Department of Health (ECDoH), Dr Tobile Mbengashe instructed all the districts and health facilities to prioritise pregnant women and HIV infected persons. "The second priority groups like persons older than 65 and children at high risk of influenza may be vaccinated but not at the expense of the two priority groups" says Dr Mbengashe.

The districts and health facilities have been further instructed to monitor the cold chain to ensure that vaccines are stored in the correct temperature which is two degrees celsius, record all the vaccines used and wasted using tally sheet and ensure that such data is captured weekly and sent to the relevant authority using influenza model.

To mitigate the effect of seasonal influenza, the Department of Health conducts annual influenza vaccinations targeting individuals at increased risk for severe disease. The influenza vaccinations are implemented alongside other public health measures, both pharmaceutical (e.g. promoting appropriate use of antivirals) and non-pharmaceutical (e.g. personal hygiene, in particular hand washing, cough etiquette, ensuring adequate ventilation and use of personal protective equipment).

In keeping with the recommendations of the World Health Organization's (WHO) Strategic Advisory Group of Experts (SAGE) on Immunisation, the objectives of the influenza vaccination strategy are to:

- Reduce influenza-related morbidity and mortality by protecting the vulnerable

- Reduce transmission of the influenza virus within communities, that is, limit the spread of infection and limit the burden on the healthcare system.

It is important to note that not everyone is at risk for severe influenza and due to limited availability of the vaccine in the public sector not everyone can be vaccinated against influenza. In consultation with the National Advisory Group on Immunisation (NAGI) for South Africa and provinces, priority groups for 2017 include:

- Pregnant women – irrespective of stage of pregnancy

- HIV-infected persons

- Adults or children at high risk for influenza-related complications because of underlying medical conditions including: chronic pulmonary disease (including asthma), cardiovascular disease (except hypertension), renal, hepatic, neurologic, haematologic or metabolic disorders (including diabetes mellitus), morbid obesity (BMI ≥40) and children aged 6 months to 18 years on long-term aspirin therapy and immunosuppression

- All persons aged ≥ 65 more years and Residents of old-age (nursing) homes

Ncedo Lisani

Dr Mandondo, a public servant par excellence

In a never ending catalogue of accomplishments and leadership roles performed, Dr Sibongile Mandondo has again been recognised, this time as the 2016/17 Buffalo City Branch (BCB) Local Hero. Dr Mandondo is recognised by South African Medical Association (SAMA) BCB for the outstanding service she has given to the region by among others strengthening obstetrics and gynaecological health services both at district and community levels. According to Dr Kim Harper who is the chairman of SAMA Border Coastal Branch she has done this through supportive supervision and promotion of good clinical governance.

Unanimously recognised and voted for by the branch council members, Dr Mandondo is further credited for having demonstrated strong commitment to the District Clinical Specialist Team (DCST) work and approaching her work with strong sense of duty and enthusiasm.

A hardworking public servant, Dr Mandondo has other leadership roles that she is currently performing. She is the Eastern Cape Chairperson of the National Confidential Enquiry into Maternal Deaths (NCCEMD), acting provincial Obstetric and Gynaecological (O&G) Specialist and an Essential Steps in the Management of Obstetric Emergencies (ESMOE) faculty member and master trainer among others. Her commitment to the ideals of high quality health services and aptitude has seen her being nominated as a Masters in Public Health Fellow to attend Harvard University course in October 2015. Whilst she is grateful for the opportunity afforded, true to her nature Mandondo views the Harvard training as a clarion call to do even more to serve the people of the province and her country. "I believe this course has empowered me with conceptual and practical skills and provided me with tools which will assist our government to deliver quality health care during this era of health reform piloting, the era of the National Health Insurance" says Mandondo.

Amongst many successes made over the years, Mandondo boasts supporting ESMOE saturation training of 80 % of maternity staff in Amathole District (with 380 nurses and 121 doctors), supporting training in other districts in the province, overseeing improvements in maternal health services with Amathole surging to top 10 districts in the country with cervical cancer coverage leading and stillbirth rates second best district in 2014/2015 barometer.

Her qualifications include her nomination as a Masters in Public Health Fellow to attend Harvard University course, Bachelor of Medicine and Bachelor of Surgery (MB,ChB) at the University of Cape Town and Fellowship of the College of O&G of South Africa {FCOG (SA)} at the Colleges of Medicine – South Africa. She is currently doing her Masters in Public Health Albertina Sisulu Executive Leadership in Health.

Mandondo who is an O&G Specialist for the Eastern Cape Department of Health (ECDoH) is attached to the Amathole District Clinical Specialist Team (DCST) with her primary role being that of strengthening obstetric and gynaecological health services. Amongst many, Mandondo's special strength and affection is in training, motivating and imparting knowledge and as such she found harmony in working with and sharing knowledge with teams that strive to improve health systems. She works closely with and mentors other doctors and healthcare workers to ensure the best care for patients. Mandondo is also an O&G lecturer at Walter Sisulu University, East London. She herself admit that she is a passionate teacher, mentor, motivator, coach and practical skills demonstrator/applicator.

Dr Sibondile Mandondo is married and blessed with three children

Ncedo Lisani

EC Launches the 2017 winter initiation season

Dr Dyantyi pleads with parents and legal guardians to take responsibility

Clearly disappointed with the persistent deaths of initiates over the past seasons, the MEC for Health in the Eastern Cape Dr Pumza Dyantyi made a compassionate plea to the parents and the legal guardians of the would be initiates to take full responsibility for and control of their children's fate during this initiation season. Dyantyi said she believes parents have a big role to play in curbing and even eradicating the challenge of fatalities among the initiates during the initiation season. Personally I think parents can be game changers in this struggle, says Dyantyi.

They must get involved in the entire process by firstly ensuring that their children are both physically and psychologically ready, that they use properly registered initiation schools and registered surgeons only and consistently monitor children's progress in the initiation school, adds Dyantyi.

Dyantyi re-emphasised the importance of pre-screening of the impending initiates saying parents need to ensure that their kids 'indeed do go through this process'.

We also implore the parents to act upon these reports by taking necessary steps to treat and ensure proper management of all the medical conditions diagnosed and relay such information to traditional leaders, surgeons and nurses", says Dyantyi.

Dyantyi concluded by challenging the parents to report any illegal or suspicious initiation schools or activities to the authorities immediately "as such actions may save lives". This is of special importance now as we have the new Customary Male Initiation Practice Act that allows law agencies to bring all those who continue to subject our children to this cruelty to book.

In preparation for this season, the Eastern Cape Department of Health (ECDoH) set aside R13m and this amount goes towards financing of the initiation inspection or monitoring vehicles, operations of the monitoring teams and treating the initiates where necessary. "We have hired 35 vehicles to be used to monitor initiation schools across the province over the 2017 winter season" says Dr Dyantyi. Dyantyi assured the people of the province that all the provincial hospitals are ready for the season whilst pleading with the communities to allow medical personnel to do their work whenever their interventions are needed including referring the initiates to the health facilities.

Other stakeholders who participated in the provincial launch include the Eastern Department of Co-operative Governance and Traditional Affairs (Cogta) led by MEC Fikele Xasa, Eastern Cape Department of Education, led by MEC Mandla Makupula, the Eastern Cape House of Traditional Leaders and South African Police Services (SAPS). MEC Xasa informed the stakeholders that the launch was preceded by province-wide awareness sessions and stakeholder meetings to mobilise support for effective monitoring in ongoing efforts to register zero deaths. The districts were also represented with the speaker from each district required to declare the state of the district readiness. All the district confirmed their readiness giving details of the activities undertaken in preparation for the season including awareness campaigns.

Ncedo Lisani

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