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The BMET News

The long road to good quality health care

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Information is Power: Feedback from the NHI monitoring exercise in Umgungundlovu and Lusikisiki

The Centre for Economic Governance and Aids in Africa (CEGAA) and Treatment Action Campaign (TAC) have had a long term partnership which started in August 2009, when the two organisations decided to work together to strengthen their health budget advocacy. The initial project was called the Budget Monitoring and Expenditure Tracking (BMET) Project. The project sought to monitor and improve HIV/AIDS, TB and health care service delivery in UMgungundlovu (KwaZulu-Natal) and O.R Tambo (Lusikisiki, Eastern Cape) Districts, using BMET as a tool to improve service delivery and social accountability. The project provided capacity building to and research activities involving civil society organisations, government officials and community health workers on health budget matters to enhance availability, accessibility and the quality of health care services. In December 2013 the project was re-launched with new funding from the Open Society

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Foundation of South Africa (OSF-SA) to focus more on the general health sector through the monitoring of the National Health Insurance (NHI) pilot at district level. Fortunately, both of the BMETA project districts were also chosen for the NHI pilot phase, which made the re-launch of the project in these two districts a smooth one.

NHI BMET Project Objectives

The project aimed to:

i. Increase civil society participation in NHI policy monitoring and evaluation for improved transparency and accountability of the duty bearers (Public participation).

ii. Increase the technical capacity of and opportunities for civil society to participate in budgetary allocation and expenditure monitoring activities of the NHI (Capacity building).

iii. Generate and use evidence by civil society at the local level on challenges, potential solutions and achievements in the provision of quality health care, so as to demand improvement on the NHI and budget policy implementation (Evidence generation and advocacy action).

Revitalising stakeholders and partnerships

Because the project had been closed in 2013, in January 2014 CEGAA and TAC hosted a district level stakeholders meetings to revitalise the relationships with various civil society organisations and to brief them of the NHI BMET project objectives, planned activities and inputs expected from the stakeholders in the districts. The stakeholders were informed of the key objectives of the project, and were motivated to attend quarterly stakeholder meetings to be used as a platform for sharing information and findings from monitoring efforts, and to develop joint advocacy messages and actions.

Evidence generation for informed advocacy

The NHI BMET team developed a community monitoring or research project, collecting information from select communities in Umgungundlovu and OR Tambo Districts. Specifically the TAC branches were used as sources of information. Focus group discussions were held with TAC support groups, followed by interviews with health facility operational managers on health care service provision, challenges faces and success stories to be told to promote good budget planning and implementation.

Since the NHI is piloted to improve the health care service delivery in general within the health facilities, the community research process sought to measure progress in the improvement of health care systems and the resultant service delivery. The TAC branches were targeted because of their regular access to health facilities and their relevant and practical experience of accessing services provided in the public sector.

Once data collection was completed, using a health facility monitoring tool and focus group question guide, data summaries of research results were prepared in Microsoft Office Excel. As the research tool consisted of themes or categories, the results were analysed thematically, resulting in the development of recommendations to overcome the challenges that occurred within the health facilities. Community members shared their stories of excitement and frustrations relating to their experiences and showing the amount of work that still needs to be done in order to overcome the challenges.

Challenges and achievements in health care service delivery in UMgungundlovu and O.R. Tambo Districts.

Issues regarding HIV/AIDS services

Although there were some improvements in the policy guidelines for HIV counselling and testing (HCT) services, other areas or clinics still faced serious challenges. These challenges were reportedly caused by insufficient space and human resources in the health facilities, especially in O.R. Tambo District.

The availability of condoms has improved and all clinics within the Treatment Action Campaign (TAC) catchment area did not report any shortages. This is because the TAC provided additional condoms to communities and clinics. Condom promotion has been improved in 84.6% of the clinics, that means most of the clinics now are issuing condoms, although there is still 15.3% of clinics that have insufficient condoms more especially at clinic in rural areas. Condoms should be increased in rural clinics and community education should be promoted accordingly.

HIV counselling and testing services

The research results showed that HCT services had improved at 41,6% of participating clinics compared to the last time they were assessed (2013). However about 58, 3% of the participating clinics were still experiencing problems more specially around staffing and space required to accommodate clients. Thus staff should be increased especially the lay counsellors, for whom proper training should be provided. Expansion of the physical space in the facilities should be taken into consideration as well.

AIDS treatment services (ART)

The initiative of bringing AIDS treatment closer to patients was welcomed, as it has helped people needing ART to receive it more conveniently and at places closest to them, thus reducing transport costs. The second achievement was the launch of the fixed dose combination (FDC) treatment for AIDS which has relieved stress among ART clients because they now take only one pill a day. AIDS patients are very happy with FDC, and report that such single pill is improving adherence. The health workers themselves reported excitement with FDC especially facility operational managers who are concerned with insufficient staff to stock and dispense medicines.

Although there was an improvement in ART service provision compared to other times, ART service delivery in remote areas serviced by mobile clinics proved to be a challenge because of access issues and sometimes

insufficient supply of medical supplies.

TB screening and testing still pose challenges because most of the clinics do not screen or test but they refer cases to mother hospitals or nearest hospitals. Of concern is that those hospitals are far away for the unemployed who cannot afford bus fares, or cannot get to hospital because serious sickness. Comparing with other times treatment has been slightly improved, there are few clinics where TB treatment is still a problem due to a high number of people taking TB treatment. The issue of MDR/XDR testing is still a problem because lot of people are dying and defaulting due to shortages of MDR/XDR treatments. Other facilities do not have proper infection control system to curb the spread of TB. In Lusikisiki, for example, one clinic that provides TB services requested that people left the building for them to cough, because there were no infection control measures inside the building and the risk of the spread of TB was very high.

Non-communicable services

There was a serious concern in both districts that non-communicable services were not given enough attention, in comparison to HIV/AIDS and TB, or the key communicable diseases. The issue of diabetes is a problem for chronic patients. It needs to be urgently attended. Medicines for heart conditions are not prescribed and there is no testing or check-ups conducted at local facility level. On immunisation, sometimes babies receive incomplete injections due to insufficient

immunisation packs. Ear and Eye care are not in place. People are referred to nearest hospitals, and usually do not go there because of lack of money for public transport, and ambulances have been very inaccessible over the years. Patients also reported shortage of proper medications, and there were numerous cases where patients were given painkillers instead of proper treatment for the presenting health problems.

Rural facilities in the Eastern Cape reported a chronic shortage of doctors and other health specialists. Hence there is a heavy burden of work on available health workers, mainly the professional nurses. In many clinics basic necessities such as stationery would run short, and because clinic operational managers did not know their budgets, they found it hard to manage the situations, thereby emphasising the importance of knowing your budget to effectively run a clinic or hospital.

Governance issues

Clinic committees are non-existent in most of the clinics and where they exist they are dysfunctional, the reasons behind this being the lack of knowledge regarding their duties, lack of financial resources for the committees to meet, and inappropriate or disinterested people appointed into the committee. The latter relate to the selection criteria where ward councillor who hold the power to appoint members autocratically appoint their acquaintances who fail to commit to the committee duties, and no one can hold them accountable for their poor performance. Because of lack of knowledge of what is expected from clinic committee members reportedly some committee members have been identified by community members performing some general duties, rather than the governance ones. These duties, which are usually assigned by the clinic operational managers to the committee members, include cleaning, gardening, and fetching of water from the distance. The irony in this is that clinic managers have the power over the committee when it should be the other way around. There is nothing wrong with the committee members to provide some assistance wherever they can, but it becomes a problem when they neglect their oversight and strategic work and perform duties for which they should bring proper systems and processes in place for the clinics to run smoothly. Most of the problems of the clinic committees could be resolved by improving coordination between stakeholders, i.e. clinic committee, ward counsellor, community structures and the operational manager of the clinic or hospital; clinic budgets should provide resources for the operations of the clinic committee, and; proper training should be provided to the committees to know what is expected from them and to perform their roles with confidence and the power assigned to them by the National Health Act which authorises clinic committees to be in charge of governance at clinic level.

On a positive note, given the shortage of qualified health workers in health facilities, Community Care Givers (CCGs) are active members of the community and play a big role in improvising and assisting nurses and patients with whatever is needed from time to time. They also provide the most needed home based care to patients, including collecting and delivering treatment from clinics to the patients' homes. This helps in reducing stress relating to shortage of transport money for patients to get to the clinic and back, as well as reducing the defaulting rate which increases if patients are unable to collect the treatment themselves.

Shortage of health staff and ambulances

Mobile clinics operate in communities that are without health facilities available to provide health care services. These mobile clinics provide basic health care services, and refer serious cases to hospitals which is not helping because there is also a serious shortage of ambulances to take seriously ill patients to hospital. Mobile clinics are staffed by nurses, and there are no doctors or any other specialist staff available in the mobile facilities. In other communities a doctor comes on a designated day and only on an appointment basis, meaning that cases without an appointment are not attended, and either have to be referred to hospital, or they have to wait until the doctor's next visit, which is undesirable. There are no doctors at all in other areas. The shortage of specialist staff is still a burning issue which compromises service delivery and causes negative attitudes in both available health workers and patients receiving the services.

Operations and cash-flow management

Clinics, especially in Umgungundlovu District, have celebrated their involvement in financial matters for their clinics. Clinic operational managers attend cashflow meetings with their district counterparts, and benefit from a new purchasing system which allows them to directly order what they need from suppliers, using the so-called *demander codes*, instead of waiting for goods to be delivered from their district hospitals.

The big question

Even though government officials are aware of the issues presented in this document, the main question remains: Who, how and when are they going to take action against all the issues identified herein? The health worker staffing issues need to be attended to urgently. How can the government improve health care facility systems and processes and thereby stop the brain-drain of health workers? The NHI pilot phase is supposed to provide the answers, but this is yet to be seen as most facilities and communities have not seen any changes since the beginning of the NHI pilot phase in 2012.

Wrapping up

Even though there are still serious challenges identified through community monitoring, there is some progress to be noted in terms of improving health care services especially on HIV/AIDS. There is still more to be done in terms of monitoring and evaluating the health care service delivery, to ensure that stories are collected and told on the impact of the NHI pilot phase on health care service delivery. People still wait for many hours for ambulances to come, long queues are still characteristic of health clinics, with shortage of staff being the main problem, resulting in some patients leaving facilities without the treatment they came for.

Analyses and monitoring of the health budgets and service delivery remain vital to ensure that the NHI pilot phase achieves its goals, eliminates the health facility problems, and prioritises staffing and clinic infrastructural expansion or upgrades in resource allocations and implementation.

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TAC
TREATMENT ACTION CAMPAIGN

Izindaba zeBMET NHI ngesiZulu

Iseyinde indlela ebheke kwezempilo egculisayo

Izindaba zokufezwa kwezithembiso ze NHI emitholampilo nasezibhedlela

Ngonyaka ka-2013 inhlangano i-Centre for Economic Governance and AIDS in Africa (CEGAA) kanye no-Treatment Action Campaign (TAC) bavala uhlelo lokubambisana ngobudlelwano olase luqhubeke iminyaka emine olaluhlose ukubheka nokuqinisekisa ukuthi uhlelo lwesifo sesandulela ngculazi nengculazi uqobo lwayo kanye nesifo sofuba kunakekelwe ngokuyikho yini endaweni yaseMgungundlovu (KwaZulu-Natal) kanye nase O.R. Tambo (Lusikisiki, eMpumakoloni), ngokusebenzisa uhlelo lwesabelo zimali, nokulandelela indlela yokusetshenziswa kwesabelo zimali kuphinde kuqikelelwe kugqugquzelwe ekusebenzisweni kwesabelo zimali ngendlela ekuyiyo kusetshenziswa i-project yeBMET. Uhlelo lokusebenza likwazile ukunikeza noma ukufundisa kanye nokwenza imisebenzi eyahlukahlukene ekuqoqweni kolwazi ngokusebenzisana nezinye izinhlangano noma izinhlaka ezizimele noma ezisebenzela umphakathi, abasebenzi bakahulumeni ikakhulu emnyangweni wezempilo, kanye nethimba lezempilo elisebenza emphakathini ezintweni ezithinta isabelo zimali ukuze kuqhubeke, kubelula futhi kube sezingeni elincono ukulethwa kwezidingo-ngqangi zezempilo.

Ngo Zibandlela kunyaka ka-2013 kwaphinda kwavuselelwa uhlelo lokusebenza (project) emva kokuthi inhlangano ka Open Society Foundation of South Africa (OSF-SA) yaphinde yalekelela ngemali yokusiza ekutheni uhlelo lokusebenza luqhubeke, inhloso kwangukuthi loluhlelo lokusebenza lugxile kakhulu ezizindeni zezempilo ekutheni kubhekwe noma kucutshungulwe ukusebenza kohlelo lwe National Health Insurance (NHI) ezindaweni ezikhethelwe ukuhlola ukuthi le NHI izowusebenzela yini umphakathi. Izifundazwe zombili ekwenziwa kuzo iBMET yizo ekuphinde kwasetshenzwa kuzo ngeze NHI.

Inhloso yohlelo lwe NHI

I-NHI uhlelo olusha lokuthuthukisa uhlelo lwezempilo eNingizumu Afrika. Umphathiswa wezempilo uDokotela Aaron Motsoaledi nguye oveze loluhlelo lwaqala ukuhlolwa ukusebenza kwalo ngonyaka ka 2012. Loluhlelo belungaka bekwa ngokusemthethweni, ukuba lubizwe ngomthetho kodwa luwuhlelo oseluvunyiwe ukuba aluqhubeke kuze kufike isikhathi sokuba lushicilelwe njengomthetho ophasile kwezempilo.

Ukuhlanganyela kuka-CEGAA no-TAC kwenza umsebenzi wabalula, njengoba u TAC uyinhlangano enamalunga amaningi alwela ilungelo labantu lezempilo, ikakhulukazi abantu abaphila nesandulela ngculazi nengculazi kanye nabantu abaphila nesifo sofuba.

Ngesikhathi kwenziwa ucwaningo kusetshenziswe amalunga akwa-TAC asetshenziswe njengomthombo othembekileyo njengoba kuyiwo amele umphakathi futhi avakasha ezibhedlela nasemitholampilo kahulumeni usuku nosuku ebheka ukuthi zinjani ezempilo.

Ukuvuselelwa kobudlelwano bezinhlangano

Ngenxa yokuthi uhlelo lokusebenzisana lwe-BMET lwavalwa ngenyanga ka August ku2013, ekuqaleni kwa 2014 abakwa CEGAA nabakwa TAC bahlela umhlangano nezinhlangano ezazibambe iqhaza kwi BMET kuzovuselelwa ubudlelwano njengoba kwase kufike enye imali yokuqhuba iBMET ezintweni ze NHI. Emva kwalomhlangano kwahlelwa ucwaningo lokuthola ukuthi kungabe i-NHI isebenza kanjani, kungabe izinkinga ebezitholakele ngesikhathi se BMET sezixazululekile yini, nokuthi iziphi izinto izinhle esezenzekile, nokusamele zenzeke ukuze kwaziswe umphakathi nohulumeni ngazo.

Ucwaningo lwezempilo emphakathini

Ucwaningo lwenziwa emagatsha akwa TAC ayishumi nesithupha ezifundazweni ezimbili esaKwa-Zulu-Natali (uMgungundlovu) nesase Mpumakoloni (O.R. Tambo, Lusikisiki). Inhloso yokuthi kuhanjelwe amagatsha akwa TAC ingoba iwona anolwazi olunzulu ekusebenzeni kwemitholampilo nezibhedlela isikhathi esiningi futhi ibo abalekelela umphakathi noma abantu abahaqwe igciwane lengculazi nesifo sofuba ngokuba nakekela, babafundise baphinde balwele amalungelo abo. Ngesikhathi kuqoqwa ulwazi kusetshenziswe inkulumo-mpikiswano (debates) ukuthola ulwazi oluqinisekileyo.

Yonke inkulumo ebikhulunywa ngesikhathi kuqoqwa ulwazi ibishicilelwa phansi ngaso lesosikhathi senkulumo-mpikiswano. Olunye ulwazi luqoqwe emitholampilo kubaphathi bemitholampilo (operational managers) ukuze kutholakale izinkinga nosekube yimpumelelo ekusebenzeni kwemitholampilo nezibhedlela. Ucwaningo luveze ukuthi abaphathi bezibhedlela nemitholampilo bakhononda ngomsebenzi omningi ababhekene nawo njengoba umsebenzi umningi kunabasebenzi. Lokho kuholela ukuba ukusebenza kubenzima kanti futhi nezinsiza kusebenza azanele.
Emva kokuqoqwa kolwazi emagatsheni akwa TAC nasemitholaphilo ulwazi lubeseluhlungwa nge 'computer' (Microsoft Office Excel), ukuze kucace ukuthi akade bephendula imibuzo babona kanjani.
Ngokolwazi olutholakele emva kokuhlaziya amalunga omphakathi aveze ukujabula kwezinye izinguquko, abe eseveza nokuthukuthela okukhulu kwezinye zezinto ezingakaguquki aveza nokuthi kubukeka kusenzima ukulindela ukuthola ezempilo ezisezineni elilindelekile. Kuvele ukuthi kuningi okusamele kulungiswe ukuze ezempilo zithuthukiswe ezibhedlela nasemtholampilo.

Izindaba ezimnandi kanye nezingqinamba ezitholakele kulolucwaningo

Ucwaningo luveze ukuthi kunezingqinamba ezinkulu ngobuncane bendawo yokusebenzela ezibhedlela nasemtholampilo. Kunezingqinamba eziningi ezakhiweni zezempilo ikakhulukazi esifundazeni saseMpumakoloni. Lokho kuholela ekutheni abantu abeze kulezizikhungo zezempilo banqwabelane ndawonye kungabi khona ngisho nendawo yokunyakaza kwazise izindlu zezempilo ikakhulu lezi ezibizwa ngamagumbi okulindela (Waiting Rooms) zincane kakhulu, azikwazi ukumumatha umthamo weziguli.

Ngenxa yobuncane babahlengikazi iziguli zigcina zilinda isikhathi eside futhi ngaphambi kokuba zithole usizo. Uma kuqhathaniswa ezempilo phakathi kwaseLusikisiki naseMgungundlovu kuvela igebe elikhulu kwezempilo, eMpumakoloni kubonakala isimo sezempilo singesihle ngempela. Umthethosisekelo uvikela zonke izakhamuzi zezwe ukuthi z ithole izidingo zazo ngokulinganayo. Kuyaxaka kakhulu uma kukhona izifundazwe ezehlulekayo ukufeza izidingo zabantu ngokufanele kube kukhona izifundazwe ezenza kahle noma kangcono ekuletheni izidingo zabantu.

Isikhathi sokuvula kwemitholampilo

Ithimba labacwaningi luthole ukuthi iningi leziguli eMgungundlovu nase Lusikisiki kazeneme neze ngokuvulwa nokuvalwa kwemitholampilo. Ngesikhathi se BMET project eminye yemitholampilo ibisivula amahora angu-24 kodwa muva nje isivula amahora ayisishagolombili (8), ngenxa yokusula kwabahlengikazi emsebenzini, lokho kuholela ekutheni abahlengikazi abasele bathwale kanzima ngenxa yobuningi nobunzima bomsebenzi ababhekana nawo. Ucwaningo luveze ukuthi into eyenza iningi labahlengikazi lisule emsebenzini, ukungabi sesimweni esihle sezingqala-sizinda zikahulumeni kwenza kubenzima ukusebenza, kubalwa imigwaqo, ukutholakala kwagesi (electricity), izindlu zokuhlala kanye nendawo bona abasebenzela kuyona engagculisi. “Ukushiya umuzi wakho omuhle nomndeni wakho owuthandayo kodwa ugcina uzohlala endaweni engagculisi akujabulisi neze”, lawo amazwi akhulunywa omunye wabahlengikazi oveze ngokusobala izinto ezenza izisebenzi zikahulumeni ikakhulu ezempilo zibaleke ezindaweni ezisemaphandleni ziyosebenzela emadolobheni.

Uhlelo olubhekene ne HIV/AIDS ne TB

Ucwaningo luveza ukuthi ohlelweni luka HIV/AIDS ne TB, zikhona izinguquko ezinhle ezenzekile uma kufaniswa nezikhathi ezidlule lapho abantu bebefa ngenxa yokushoda kwemithi. Nakuba phambilini uhlelo luka HIV/AIDS ne TB belunezingqinamba kodwa manje ucwaningo luveze ukuthi abantu sebeyayithola imishanguzo enjengama ARVs kanye neminye imithi yesifo sofuba. Ucwaningo luveze ukuthi kunohlelo olusha olwenziwe umnyango wezempilo olunikeza imvume kubaphathi bemitholampilo, ukuthi bakwazi ukuzifakela izicelo ezibhedlela uma befuna amakhambi athile baphinde futhi bazithengele ngokwabo uma izibhedlela zingakwazi ukubalethela imithi ethile. Lokhu kuyisiza kakhulu imitholampilo inciphise izinga lokushoda kwemithi.

Inkinga yokubancane kwamagumbi okulinda emtholampilo nasezibhedlela isekhona namanje, nakuba kweminye yemitholampilo sekwandiswe indawo yokusebenzela ngokuthi kubekwe ama 'Park homes' okuyizindlwana ezifika sezakhiwe. Kodwa iqiniso limile ukuthi amagumbi asadinga ukwandiswa ukuze akwazi ukumumatha umthamo weziguli nabasebenzi. Ngesikhathi kuqhubeka inkulumo-mpikiswano lapho kade kwenziwa khona lolucwaningo, kunomunye ubaba owaveza ukuthi endaweni yangakubo emtholampilo kunomsebenzi oyi Lay Counselor oveza izimfihlo zabantu kwabanye abantu, njengokuthi baphethwe yini. Lokho sekwenze abantu basabe ukuyohlola ngenxa yokusabela isithunzi sabo.

Abantu abaphila nesifo sofuba njengo MDR/XDR TB, isifo sofuba oluxakile, basenazo izinkinga ezithinta imithi nokuhlolelwa lesifo. Uma befika emtholampilo befuna usizo banikwa incwadi ebakhomba esibhedlela ngenxa yokushoda kwezinsiza kusebenza emtholampilo. Ukungabi nezinsiza kusebenza kuholela ekutheni abantu bahambe ibanga elide ukuze bafinyelele ezibhedlela, abanye bagcine bengayanga esibhedlela ngenxa yokuswela imali yokugibela. Iningi labantu abahambela imitholampilo abasebenzi, lokho kwenza kubenzima ukufinyelela ezibhedlela, futhi abanakho ngisho ukudla uma bethatha loluhambo.

Uhlelo ngezifo ezingathathelani (Non-communicable diseases)

Isifo senhliziyo

Ucwaningo luveze isimo esibi sokuthi iningi lemitholampilo ekuqoqwe kuyona ulwazi ayinayo imithi yezifo ezingathathelani, njengesifo senhliziyo, lapho kungekho ngisho imishini noma izinsiza kusebenza zokuhlola ukuthi umuntu uphethwe isiphi isifo senhliziyo. Abahlengikazi bavele bakunike incwadi ekukhomba esibhedlela, inkinga enkulu ukuthi iningi labantu emphakathini liyagula liphethwe isifo senhliziyo.

Imigomo yabantwana

Imigomo yezingane nayo ayipheleli, izingane zigcina sezithola umjovo wokugoma emlenzeni owodwa ngenxa yokungapheleli kwemithi emtholampilo. Lokhu kunikeza inkinga empilweni yabantwana ngenxa yezifo ezingena kubantwana ngenxa yokungazigomeli ngendlela eyiyo.

Isifo sikashukela

Izifo ezifana noshukela nazo zisenenkinga, imithi ayenele, kunezindaba ezibuhlungu ezenzekayo ogogo nomkhulu bavuka ekuseni ngovivi bezolanda imithi yesifo sikashukela kodwa bafike bangayitholi ngenxa yokungaphelele kwalemithi emtholampilo nakomahambanendlwane. Abaphathi bemtholampilo uma bebuzwa ngalenkinga yokungapheleli kwalemithi, baphendule bathi bayayikhohlwa abanye bakhale ngobuningi babantu abathatha lemithi.

Izifo zamehlo nezindlebe

Imithi yezifo eziphathelene namehlo nezindlebe ayitholakali emtholampilo eminingi. Uma umuntu egula ephethwe indlebe noma amehlo unikwa amaphilisi ezinhlungu noma anikwe incwadi kuthiwe akaye esibhedlela (referral). Izifo zesikhumba nazo azilapheki emitholampilo, izifo ezifana notwayi nombandamu kanye nokunye. Iningi lemitholampilo likhipha isigcobiso esaziwa nge Akhwasi" (Aqueous) ngaphandle kokuhlola ukuthi sifo sini sesikhumba esikuphethe.

Ezinye inkinga ezibhekene nohlelo lwezempilo

Ukusinda komsebenzi nokugqilazeka kwabahlengikazi

Inkinga enkulu eyenza kubekhona ukubambeka nokuhamba kancane komsebenzi emtholampilo umhlengikazi eyedwa wenza imisebenzi eminingi ngesikhathi esisodwa lokho kwenza kubenzima ukusebenza, umthwalo womsebenzi ubemningi kuze kugcine sekubambezeleka kwezinye indawo, kwande olayini emagunjini okulinda baze bakapakele ngaphandle. Indlela okwenzeka ngayo kuveza ukuthi emitholampilo kusafuneka kuqasheke izisebenzi eziningi ezinjengo dokotela, abahlengikazi, ama Social worker,

kanye nabanye, ukuze wonke umuntu ezobhekana nomsebenzi wakhe ukuze kunciphe umthwalo omningi kubahlengikazi. Emitholampilo engomahamba nendlwana (mobile clinics) abekho odokotela, nasemtholampilo uma ufuna udokotela kumele ufake isicelo kusenesikhathi. Kunohlelo oluhlongozwe umnyango wezempilo ebelizoqala ngo 2014 luzosabalalisa odokotela emitholampilo. Umnyango wezempilo kumele wenze imizamo yokuheha ugcine abasebenzi ukuze bangayeki umsebenzi ngenxa yokungagculiswa isimo sezingqalasizinda ikakhulukazi ezindaweni ezisemaphandleni, isibonelo kungaba ukuthi umtholampilo ungabi nocingo lokufona, i-computer yomsebenzi wasehhovisi, imishini yokukopisha amaphepha, ukushoda kwamanzi ngisho nogesi kwezinye izindawo. Umtholampilo nomtholampilo kumele ube nezinsiza kusebenza ezanele ukuze ukusebenza kwanelise izisebenzi. Kuneminye imitholampilo engenabo onogada, endaweni yaseMgungundlovu kunomtholampilo osulahlekelwe imithi cishe izikhawu ezintathu kusolakala ukuthi abantu ababandanyekayo kulobusela iwona amalunga omphakathi.

Kwezinye izindawo kushoda ngisho amafayela okugcina amakhadi eziguli, iningi lemitholampilo aliwakhiphi. Into eyenza ukuthi kungakhishwa ingoba akwenele futhi abahlengikazi bakhala ngokuthi iziguli ziyawalahla, lokho kwenza kubenzima ukuphinde ubanike futhi ngenxa yokushoda. Enye yemitholampilo endaweni yase Lusikisiki kutholakale ukuthi iziguli ziyazithengela amakhadi ngenxa yokungatholakali kwawo emitholampilo, kodwa iningi lalabantu alisebenzi kubanzima ukuzithengela lamakhadi.

Izithuthi zeziguli eziphuthumayo (Ama-ambulensi)

Emgungundlovu naseLusikisiki kusenezinkinga ezinkulu ezithinta ukusebenza kwama Ambulensi, ucwaningo luveze ukuthi namanje abantu basakhipha imali zabo ukuqasha izimoto ezizobahambisa ezibhedlela ngenxa yokushoda nokungafiki kwama ambulensi uma efoneliwe, noma athathe isikhathi eside ngaphambi kokuthi afike. Iningi labantu abasebenzisa ama-ambulensi likhale ngokuthi kwesinye isikhathi ama-ambulensi uwabona ezimele ezitolo ezinkulu zokudla, noma ngaphansi kwezihlahla, amanye uwabona ezihambela kancane emadolobheni kodwa kubekukhona abadinga usizo. Abantu bakhale ngokuthi ama-ambulensi kumele ukusebenza kwawo kubhekelelwe emahovisi ezempilo asondelene nomphakathi (kuma sub-district) ukuze kubelula ukusebenza nokunakekelwa kwawo.

Ukudla kokusiza iziguli ezidla amaphilisi

Ibukeka inkulu kakhulu inkinga yamaphasela okudla okutholakala emtholampilo kulabo abagulayo. Abantu bakhale ngokuthi sekudlule iminyaka emininginingi bengasakutholi lokudla okungamaphasela emtholampilo, nabaphathi bemtholampilo bebekhala ngezwi elilodwa ukuthi nabo abasazi benzenjani ngoba lokukudla akusafiki. Okunye iziguli ezikhalengakho ukuthi imitholampilo ayinabo abantu abaqashelwe ukunikeza lokudla, lokho kwenza kubenzima ukuthi kunikezwe abantu noma kukhona, abahlengikazi nabo babheke imsebenzi yabo yokulapha iziguli.

Ucwaningo luveze nokuthi kunabahlengikazi abathatha ingxenye yokudla okungamaphasela ikudayise noma iyopha izihlobo zayo nomakhelwane. Abaphathi bemitholampilo bachaze ukuthi abantu abanjani abathola lamaphasela okudla, baveze ukuthi abantu abanencwadi ebagunyazayo ukuthola lamaphasela okudla, ngenxa yobuthakathaka nangenxa yokuthi udla imishanguzo yegciwane lengculazi noma yesifo sofuba.

Kunezindaba ezithusayo ezenzekayo ngenxa yokushoda kokudla: Ngesikhathi ithimba lakwa CEGAA liqhubeka nocwaningo, kubenezindaba ezithusayo ezitholakalayo ezikhombisa ukuthi isimo sokulethwa kwezidingo zezempolo azizinhle. Isibonelo, kunendoda esikhulile eyaveza ukuthi isineminyaka eyishumi iphila negciwane lengculazi, ayisebenzi, ngezinye izikhathi idla amaphilisi (ARVs) ingenalutho eswini, kwenza kubenzima ngisho ukuhamba ibanga elincane ngenxa yokubantekenteke komzimba ngenxa yendlala. Uhlala yedwa endlini ewumjondolo. Lobaba ujwayele ukuvuka njalo ekuseni eyohlanganyela lapho amanye amadoda ephuza khona utshwala besintu, uthi ibona obuke bumsize ukuze akwazi ukugwinya amaphilisi.

Lokhu kuveze ngokusobala ukuthi ukungakhishwa kokudla emitholampilo kuholela ezimweni ezingezinhle neze. Umnyango wezempilo kumele uthathele loludaba phezulu ngoba uma kungenjalo baningi abantu abazofa kungakabi isikhathi ngoba amakhambi awasebenzi kahle kungekho ukudla okufanele esiswini.

Izinkinga ezibhekene noHulumeni

Abaphathi bemitholampilo bakhononda ngokuthi iziphathimandla ezibhekelele imitholampilo noma zivakasha emitholampilo zifika kuphela uma kuzoza omunye oyisikhulu sikahulumeni, kodwa uma kufanele bezobheka isimo sokuthi uhamba kanjani umsebenzi abavamile ukuza.

Ucwaningo luze luveze ukuthi iningi lemitholampilo alinalo ikomidi lasemtholampilo, uma likhona alisebenzi, ngenxa yokungazi ukuthi yini umsebenzi walo, okusho ukuthi lakhethwa nje kwagcina lapho. Ucwaningo luveze ukuthi imbangela eyenza ikomidi lasemtholampilo lingasebenzi ukuthi nendlela elikhethwa ngayo ayazeki, kwesinye isikhathi kuyenzeka ikhansela lendawo lizikhethele abangani balo ukuthi babesekomidini lomtholampilo. Uma kuzokhethwa ikomidi elithinta umphakathi kubalulekile ukuthi nomphakathi waziswe noma ubekhona ngesikhathi kukhethwa. Nomphathi womtholampilo kumele aziswe noma abekhona ukuze azi ukuthi usebenza nobani. Ikomidi lomtholampilo ligcina lenza umsebenzi okungamele liyenze, imbangela yalokho ukuthi alazi ukuthi kumele lenzeni ngoba akekho olifundisile, kwezinye indawo ligcine seligezela abahlengikazi izimoto, likhe amanzi liwalethe emtholampilo, lize lenze umsebenzi wokuhlanza umtholampilo kodwa kube kufanele ukuthi khona oqashelwe ukuhlanza nokunye. Kuvele nokuthi kwezinye izindawo ikomidi lomtholampilo liphoqa ukuholelwa, into eyenza ukuthi lifune ukuholelwa ingenxa yemisebenzi eligcine liyenza enzima, kuhlangene nokungabi nalo ulwazi ngomsebenzi walo nokuthi yini okulindeleke kulo.

Ukuze kuxazululeke lezinkinga kumele amakomidi emitholampilo aqeqeshwe, bese enikezwa amandla okubheka imitholampilo ayiqondise nasendleleni ukuze izinkinga eziphazamisa ukulethwa kwezidingo zomphakathi ziqedwe. Ukusebenzisana phakathi kubaphatha bemitholampilo, amakhansela endawo nomphakathi wonkana kungasiza kakhulu ukuthi ikomidi lomtholampilo libenenqubekela phambili ekusebenzeni kwabo nasekuxazululeni izinkinga ezibhekene nemitholampilo nezibhekene nomphakathi kusenesikhathi, futhi babike emnyangweni efanele.

Ukusebenza kanye nokusetshenziswa kwemali ngendlela efanele

Emitholampilo ikakhulukazi eMgungundlovu iningi lalabo ababhekene nokuphatha imitholampilo (operational managers) kubajabulise kakhulu ukuthi nabo ekugcineni sebeyakwazi ukuhlala phansi neziphathimandla zeminyango kahulumeni yezempilo bacubungule isabelozimali esizonikezwa imitholampilo yabo. Bathi lokhu kusiza kakhulu ekutheni bakwazi ukubhekana nezingqinamba ezisemtholampilo ezidinga imali futhi bazi nokuthi lingakanani inani lemali elinikezwe umtholampilo nanokuthi bakwazi ukubona ukuthi ingakanani imali esasele ngesikhathi unyaka uqhubeka. Baphinde bajabulele nohlelo olusha lokuthenga uma kunezinto abazidingayo elibizwa nge 'demander code' ukuze bangalindi isikhathi eside belinde imithi abangazi ukuthi iyofika nini. Loluhlelo alubambezeli ngoba konke abakuthengayo kufika ngesikhathi.

Umbuzo omkhulu

Nakuba iziphathimandla zikahulumeni zazi ngalezinkinga ezibhalwe ngenhla, umbuzo omkhulu umile: Ngubani, kanjani, futhi kunini lapho ezokwazi ukuthi athathe isinyathelo sokuxazulula zonke lezinkinga ezibhalwe kuleliphepha? Izinkinga eziphathelene nabasebenzi bezempilo kumele zilungiswe ngokuphazima kweso. Uhulumeni uzokwazi kanjani ukuxazulula lezinkinga esahluleka ukumisa ukwesula kwabahlengikazi emtholampilo nasezibhedlela? Uhlelo luka NHI lulindeleke ukuba lunikeze impendulo kulemibuzo, libuyisele nethemba lwezempilo emphakathini ngisho nakubona abasebenzi bezempilo abathwele kanzima.

Isiphetho

Noma kusekhona izinkinga noma izingqinamba kwezempilo, likhona ithemba uma kubhekwa kwezinye izinto esezingcono kunakuqala, njengokuthuthukiswa kwezinhlelo ezithinta isandulela-ngculazi nengculazi (HIV/AIDS services). Kuningi okusamele kwenziwe ukuthuthukisa ezempilo.

Ukucubungula ukufakwa kwezimali nguhulumeni kwezempilo nokusebenza kwalemali kubaluleke kakhulu ukuqiniseka ukuthi izinkinga ezikhona zixazululwe kuthi nokunye okuhle okwenzekayi kubonakale kuqhubekela phambili, ikakhulukazi ekulwisaneni ne HIV/AIDS ne TB.

Lomsebenzi uxhaswe abakwa Open Society Foundation for South Africa (OSF-SA)

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