



Report on State of Health Committees

Programme to Strengthen the Health Committees in Nelson Mandela Bay Health District

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Compiled by Therese Boule and Zingi Sofayiya (UCT School of Public Health and Family Medicine)

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Introduction

This report is based on field visits to the health committees in which their functioning was observed and focus groups were conducted.

Name of Clinic	Number of Members	Brief Update
SUB DISTRICT A		
Sub District Forums		<p>One forum convened for all health committees in Sub-district A. 21 health committees attended representing 12 health committees. (25 June 2013)</p> <p>One forum convened for Motherwell health committees. 19 people attended representing 8 committees. (16 May 2013)</p> <p>One forum convened for Old Ibhayi health committees. 21 people present representing 8 committees. (30 April 2013)</p>
Facility Managers in the sub-district	7	Held a workshop for facility managers to improve knowledge and understanding of health committees and health committee policy. Attended by seven managers.
Ikhamvelihle	4	<p>Committee has not been properly functional this year but is becoming more organised. Most members have been co-opted and not been trained. Request for induction training.</p> <p>Second meeting revealed tensions between chairperson and rest of committee. Chairperson had apparently been given control of the veggie garden by previous manager. Committee and new facility manager were challenging this and negotiating that the space be shared. A tense meeting.</p>
Kwa Magaxaki	6	Visited on July. From sub-district reports indicative that the committee meets regularly, although this year has been less active.

		<p>Biggest challenge is the size of the clinic and limited space. There have been two very active committee members and others who were supportive of the committee previously have been recruited back. They were eager to participate.</p> <p>Members always engage actively in the forums.</p>
KwaZakhele CHC	14	<p>A very active health committee which claims to meet fortnightly. The reality has yet to be proved. Team has met with the committee but on both occasions very few members were present. They have a very active secretary who mobilises for the sub-district forum and is a general community activist.</p> <p>There are good relations with staff who value health committee and actively promote their participation esp with social mobilisation. Facility manager actively promotes the committee.</p>
Kwa Zakhele Clinic	6	<p>Active committee. Chairperson of committee serves as chair of forum. The committee has actively supported the clinic in engaging with community. They were instrumental in locating thieves who had broken in to the clinic and stolen computers.</p> <p>They support an active soup kitchen which provides soup daily to the clinic.</p>
Lunga Kobese		<p>Has been disbanded. Have a plan with Mrs Lucas, supervisor to meet with facility manager to action a process to re-establish the committee.</p>
Max Madlingozi	5	<p>Reports in sub-district forum indicate that the health committee is active. First meeting was attended by only one member. He agreed to convene other members for a follow-up meeting. The facility experiences problems with security.</p>
Motherwell CHC	7	<p>Meets monthly. Minutes kept. Mr Lande an active and engaging chairperson. He is also active within the ward and is close to the ward councillor which has many advantages for the committee, as they are abreast of all developments in Motherwell. One member has passed away, which provoked some discussion about staff support for committee. Good relations with facility management and staff. Have opened a bank account.</p>
NU 2	4	<p>Meets regularly. Keeps a set of minutes. Were ten members now only four. Go to the clinic every week, provide support and monitor.</p>
NU 8	5	<p>Functioning efficiently. But have had some challenges. Security poses a problem. Require training in basics roles and functions of health committees.</p>
NU 11	6	<p>Committee active but complains of lack of space for meeting and more generally for clients. Nursing agency staff have been big challenge and currently not attending.</p>
New Brighton	15	<p>Meet monthly but have had many disputes that have needed to be resolved. Security has been a major challenge. Volunteer security guards are providing some safety for clinic patients. Hampered in progress with community because there has been no official launch and introduction of the members to the local community. Request that despite its lateness, that the introductions still take place.</p>

Soweto-on- Sea	5	Active and inspiring committee. Members work with NGOs and sports clubs to promote healthy living, especially amongst youth. Work actively with the health promoter.
Thanduxolo	5	Meet regularly but experience many challenges in area with informal dumpsites, many unemployed youth who do drugs, high rate of disease and many defaulting TB and HIV clients. Need training for five new co-opted members. Want formal recognition and have been waiting for the launch and introduction to the communities that was promised by Portfolio Councillor for Health in 2010.
Tshangana	6	There has been conflict between the staff and committee. Committee reports that there is broader conflict within the community about the services at the clinic. This has destabilised the committee which has not been meeting regularly.
Veeplaas	7	Very active committee. Meet monthly and keep records. Held a valentine's luncheon for the elderly in the area: organised a venue, fundraised for the lunch. More people attended than anticipated. Have also been to visit their clients at Jose Pearson TB hospital. Actively supported by facility manager.
Wells Estate	11	Committee meets every month. This is a lively committee that has managed to retain most of its committee members since 2010. They are enthusiastic and committed. Real constraints within the clinic mostly because of shortage of staff.
Zwide	6	Numbers have dropped to six. Secretary resigned but still meeting regularly. They are expecting some challenges as the facility manager is retiring.
SUB -TOTAL		All clinics visited and assessed. One committee at Lunga Kobese has been disbanded. Two committees had not been functioning effectively this year, but had made preparations for reconvening (Ikamvelihle and KwaMagxaki) Appointments made for follow up visits to health committees.
SUB DISTRICT B		
Sub District Forums		Two forums have been held. Dr Fourie was instrumental in supporting these forums. Mrs Langeni and Mr Meintjies have assisted in providing additional resources such as transport for attendance at the forums. One forum was cancelled due to poor attendance.
Facility Managers from sub-district		An afternoon session was held with facility managers and health committee members. Presentation on the policy for health committees and opportunity for committee members and facility managers to interact.
Du Preez Street ,	10	Worked very well until mid year 2012 but then chairperson relocated to Jo'burg and things disintegrated a little. Are keen to revive the committee. Have however managed a contingency plan by convening a Despatch forum of committees.
Edameni	5	Committee vocal and active. Mutually beneficial relationship between staff and health committee members is actively being promoted.
Nomangesi Jayiya	5	The committee is active; and meets regularly – sometimes two or three times per month. The bishop (chairperson) leads the health

		facility in prayer every morning. Committee members have photos of the committee displayed, and committee members all have nametags.
Gustav Lamour	6	Led by Mr Witbooi, this committee has entrenched itself within the clinic. Mr Witbooi is very involved and leads opening prayers at the clinic daily. This committee has decided to cluster with other clinics in Despatch.
Isolomzi	4	The committee is active, meeting fortnightly. Indicates that it has a shortage of members and is keen to recruit more. The members were provided with process for recruiting more members ie nominations from organisations within the catchment area of the clinic.
Joe Slovo	4	Four people remain on the committee which is active and has full support of the facility manager and the local ward councillor. Committee claims that community of Joe Slovo is well aware of the committee and regularly updates them with issues related to health. Want to recruit more members.
Kruisrivier	3	Apparently three members who are also members of the crime prevention forum and local school governing body. Still to meet them.
Laetitia Bam	6	Active committee with Mr Mpushe still chairperson. They are keen to be more visible and to support the centre. They have a roster for supporting the emergency casualty unit especially over weekends.
Lukhanyo	10	Has an active committee. Mrs Ndevu is the committee stalwart. She is an inspiration. Mobilised the councillor and the community to support the continued existence of the clinic. The lack of telephones poses a big challenge.
Mabandla	6	The committee has not met this year. Chairperson feels unsupported. One member died and another two left the committee. They consider that the lack of support and resources is a deterrent.
Masakhane		Not functioning. Have visited and spoken with operational manager. Real problem is transport. Previously transport was available at the clinic and the staff could collect and return the committee but this is no longer possible. Has posed a major challenge. District Management has agreed to help the process
Middle Street		Not functioning. Have visited twice and spoken with facility manager. She has agreed to reconvene previous committee members.
Park Centre clinic,		Not functioning. Have visited and a process of re-establishment has been agreed upon.
Rock lands		Not functioning.
Rosedale CHC	8	Health committee members are very active – they serve as health volunteers attending the facility daily; assist with managing the queue. Are highly commended by staff and facility manager.
Silvertown	6	Visit pending. Committee is active.
SUB TOTAL		Thirteen committees have been visited and reviewed. 5 committees are not functional. The three committees in Despatch have established a cluster to support and encourage their functioning. Remaining committees have been contacted and dates set for

		future meetings.
SUB DISTRICT C		
Sub District C Forum		No Forums convened
Algoa Park		No longer functioning. Had a committee which functioned for a short while. Seemed that there was conflict between staff and committee about the roles of the committee. At a subsequent meeting some of the committee members indicated a willingness to remain involved.
Booyens Park clinic,	6	An active committee well supported by facility manager. Committee enthusiastic and motivated. Actively liaise with community to promote the use of the clinic. One of the biggest challenges is community awareness about TB. Experience big problems with security for the facility.
Central Rose Street	5	Committee's chairperson died recently. Other members are composed entirely of one NGO, Healing Hands. The committee is very committed and has supported the clinic in getting a donation of paint and painting the clinic. They also hold a weekly soup kitchen.
Chatty	8	An Active and engaged committee. It was preoccupied in preparing for an end of year party for vulnerable children and the elderly. Needs a more thorough assessment.
Gelvandale	2	A depleted committee that felt overburdened by the workload. Have had to deal with many problems with clients who are rude to nursing staff – mostly this is provoked by excessive waiting times where patience is sorely tested.
Govan Mbeki		Not functioning
Gqebera	5	Although numbers of the committee have dwindled they are still an active committee. (were originally 12 community members) One of the few facilities that boasts a large framed photographic composition of health committee members with their names, portfolio position and contact details. Security at the clinic a major challenge. The committee have supported the circumcision process by promoting active engagement with the clinic.
Helenvale clinic	5	Committee meets regularly. Involved with RPHC programme and MBDA in Helenvale upgrade.
Korsten CHC	8	An active committee that has been reporting on processes in the clinic. A meeting has been set up for committee on 17 July.
Kwadwesi clinic	5	Very active small committee. Chairperson committed and works closely with the facility manager – Mr de Vos, who is pro-active in promoting the health committee and supports them in seeking training opportunities. Report from facility manager has indicated that teenage pregnancy is an escalating problem. Committee agreed to set up meetings with schools. A clustering of training for the committees is being arranged by the committee.
Linton Grange		Not functional. Process in place to re-establish the committee.
Mission vale clinic,	12	An enthusiastic and active committee led by a pastor. They have been supported with a workshop on planning skills. Meet monthly.
New Brighton CHC / Empilweni	5	Seems to be a divergence of opinions on the functioning of the committee. The committee indicate that they regularly attend and

		support the clinic; and hold meetings once a month on Fridays. Facility manager is sceptical about their functioning as the committee has not met all year.
PE Central CHC, Schauder	2	Small committee but very active and engaged. Help with provision of soup once a week. Have made valiant attempts to get other NGOs and service providers involved but with initial limited success, but seems to be paying off more recently.
West End CHC	5	Apparently committee meets regularly. Well supported by facility manager. Meetings at the facility with researcher have not been well supported, and in fact postponed.
Walmer 14th Ave CHC, Malabar	5	Active committee. Have been supportive in promoting TB awareness. No committee – was previously included with Korsten.
SUB TOTAL		13 visits have been conducted. One committee still to be visited. 12 committees are functional. 3 committees are not functional.
TOTALS		33 health committees are functioning. 9 committees not functioning Arrangements have been made for remaining committees to be reviewed. Clinics not included: Harrower Road, Schauder, Malabar

Some Recurring Challenges

Whilst there are many success stories, there are also a number of challenges. The comprehensive report will address itself to the successes. Below is a summary of some of the challenges that regularly recur.

Consistency of Committee members. Most health committees have lost members. Mostly the members who remain are very committed. Some have new co-opted members who require training.

Formal roles of Health committees. The formal policy-defined roles of the health committee are not being followed rigorously.

Oversight is seldom being implemented as outlined in the policy. Very few managers are presenting reports to their committees, on targets and indicators, PHC package and local health trends. Committee members are also not sufficiently familiar with the policy to recognise this gap.

The committees are very active in their support of health calendar days. The role of committees may be enhanced with an emphasis on social determinants of health. This would support the development of more active and engaged community members.

Most health committee are involved with the opening of suggestion and complaints boxes.

Fundraising is recognised as a role for health committees but most committees describe being unable to implement this. They are unsure how to proceed – should they establish an NPO and register with Department of Social Development. They have the necessary requirements of a constitution, committee with portfolio holders.

Process of Provincialisation. Committee members have found the process to be stressful. Many changes with staff members and especially facility managers have been made. Some committees considered that new facility managers were not aware of their role in the facilities.

The role of Facility Managers. It is very evident that the role of the facility manager is often the key determining factor in terms of the success of the health committee. The more the facility manager supports the committee, the more the committee thrives.

Formal recognition for committees is essential. For the committees to feel that they are valued, they require formal recognition. Photos on display at the clinics provide an opportunity for this. Only three clinics have photos of their health committees on display. Nametags are also a useful form of identification which committee members request.

Introduction to the Community. This presents a major challenge for many committees. They have been expectant of a launch of health committees or formal introduction to the communities as was promised by the former portfolio councillor for health.

Councillor involvement. Only two committee report active support from the councillors. This is an aspect that needs to be strengthened as it provides the avenue for communication and reporting to the District Health Council; potential access to funds (councillor discretionary funds) and opens communication with local community. Recommend that meetings and a plan of action is prepared with the Portfolio Councillor for Health, Mrs Pat Ndlovu.

Holding of Community Meetings. Without councillor engagement, this role is difficult. Committees report that it is more effective to talk with the local community via the clinic waiting rooms than trying to establish community meetings.

Role of the committee needs to be clarified. Does the use of committee members as volunteers within the clinic compromise the independence and objectivity of the health committees? Staff members are often heavily reliant upon health committee members to support the effective functioning of the clinic. They often become queue marshalls and generalised health volunteers. Whilst this is understandable, this is not the function of health committees. health committees are representative of the community. Confusion with their roles has the potential to cause conflict with the community. Already there have been some complaints levelled against the committee members for being partisan and taking the side of the staff.

Facility – based resource Challenges: Virtually all health committees complain of a lack of resources at their facilities: severe staff shortages; limited clinic space and stockouts of medication in their pharmacies. Other resource constraints include clinics no telephones and emails that are often not operating making contact difficult and expensive.

Waiting queues are a huge concern for community members, especially the elderly, and particularly in winter when it is cold and dark. As an outsider, it seems that there should be a solution to this

ongoing challenge. Not all, but most clinics appear to be empty in the afternoon which seems to provide a glimpse into the possibilities for possibly different management of the process.

Constant requests for Training: A constant request from all health committee members is for more training. The training requested is not to support and strengthen the health committees, but accredited training that builds and enhances their levels of skill such as counselling skills, home based care and first aid.

Stipend. It seems that there is still confusion about the issue of a stipend; with some members hoping.

Therese Boule