

**Maluti-a-Phofung
Nodal Municipality**

Project Information Report

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| <u>Project Name:</u> | <u>Primary Health Care Package</u> <u>Bluegumbosch – New Clinic</u> | Anchor Project |
| <u>Project Number:</u> | 0039 | |
| <u>Budget:</u> | R 1,513,000.00 | |
| <u>ISRDP Sector/Cluster:</u> | Social Cluster | |

Introduction:

The Free State Provincial Department of Health developed a primary health care package for Maluti-a-Phofung with a total budget of **R34, 435,219.65** for the 2001/2002 budget period, to align their project development with national policy.

National policy prescribe that the existing gap in primary health care, especially in the former homelands must be addressed.

The addition of a new clinic at Bluegumbosch is part of this package.

This project is part of the continued intervention by the municipality in partnership with the Provincial Department of Health to improve the health care facilities in the municipal area to ultimately provide the full scope of primary health care to the Maluti-a-Phofung community.

The new Bluegumbosch Clinic is situated in the rural area of Qwa-Qwa and is developed to provide primary health care for the people of the Bluegumbosch community.

Project Outputs regarding Goals & Aim:

Project Outputs are based on the National Department of Health's Policy Objectives as mentioned in the covering document of the Health Package to the Nodal Municipality.

Details of the proposed health sector strategies are set out below.

- a. The health sector will play its part in promoting equity by developing a single, unified health system.
 - b. The health system will focus on an integrated approach with the Maluti-a-Phofung Municipality as the major locus of implementation, and emphasis on the improvement of a primary health care (PHC) approach.
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- c. An integrated package of essential PHC services will be made available to the entire population at the first point of contact.

Goals:

1. Restructuring the health sector has the following aims:
 - To unify the fragmented health services at all levels into a comprehensive and integrated health delivery programme.
 - To reduce disparities and inequities in health service delivery and increase access to improved and integrated services, based on primary health care principles.
 - To give priority to maternal, child and women's health.
 - To mobilise all partners, including the private sector, NGOs and communities in support of an integrated health service.
 - To unify fragmented health services at all levels into a comprehensive and integrated health service delivery.
 - Re-organise the health care system based on primary health care services, with effective referral systems at the primary, secondary and tertiary care levels.
 2. The promotion of equity, accessibility and utilisation of health services:
 - Increased access to integrated health care services for all people, focusing on the rural poor and the aged, with an emphasis on vulnerable groups;
 - Establish health care financing policies to promote greater equity between people living in rural and urban areas, and between people served by the public and private health sectors; and
 - Distribute health personnel throughout the municipality in an equitable manner.
 - 3 To extend the availability and ensure the appropriateness of health services:
 - Establish a municipal health system in which all communities are covered by a basic health unit, which offers an essential package of care.
 - Ensure a functioning referral system at the primary, secondary and tertiary levels.
 - Improve access to comprehensive health services.
 - Ensure the universal availability of high quality, low cost essential drugs.
 - Ensure that every South African develops his or her potential fully, with the support of community-based nutrition promotion activities.
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4. To develop health promotion activities:

- Promote a healthy environment.
- Improve the psychological well-being of people and communities.
- Ensure access to health-related information, community support and health services for adolescents.
- Promote healthy behaviour to prevent sexually transmitted diseases (STDs) and HIV transmission.
- Prevent the transmission of communicable diseases such as tuberculosis, and the development of hypertension and diabetes.
- Help the disabled to become independent and reach their potential for achieving a socially and economically productive life.
- Reduce the incidence of intentional and unintentional injuries.

5. To develop the human resources available to the health sector:

- Promote the optimal use of the skills, experience and expertise of all health personnel.
- Develop education and training programmes aimed at recruiting and developing personnel who are competent to respond appropriately to the health needs of the people they serve.
- Ensure that the composition of human resources in the health sector reflects the demographic pattern of the general population.
- Promote a new culture of democratic management in the health sector.
- Ensure a caring and compassionate health sector.

6. To foster community participation across the health sector:

- Involve communities in various aspects of the planning and provision of health services.
 - Establish mechanisms to improve public accountability and promote dialogue and feedback between the public and health providers.
 - Encourage communities to take greater responsibility for their own health promotion and care.
 - Building capacity at local and community levels to develop plans based on priority issues and ensures appropriate and cost-effective interventions
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Project Status:

100% Complete.



**Figure 1: Bluegumbosch Clinic
Construction of New Clinic**

Financial investment:

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|------------------------------------|--|
| <u>Source of Funds:</u> | Free State Provincial Department of Health |
| <u>Budget:</u> | R 1,513,000.00 |
| <u>Committed Amount:</u> | R 1,513,000.00 |
| <u>Available Amount:</u> | R 209,987.40 |
| <u>Shortfall:</u> | R0.00 |
| <u>Location of Funds:</u> | Provincial Department of Health & Maluti-a-Phofung Municipality. |
| <u>Expenditure to date:</u> | R 1,303,012.60 |

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Human Resources:

| Designation | Name & Surname | Gender | | Telephone Number | Fax Number | E-mail | Address | Postal Address | Company/ Institution |
|----------------------|-----------------------|--------|---|---------------------|------------------------------|--|-------------------------------|-----------------------------------|----------------------------------|
| | | M | F | Cell Number | | | | | |
| Councilor | | | | | | | | | |
| | | | | | | | | | |
| Programme Manager | Mr. H F van Vuuren | M | | 058 622-1453 | 058 622-1453 082 785-5000 | svp.har@internext.co.za | | P O Box 571 Harrismith 9880 | SVP Quantity Surveyors |
| | | | | 082 785-5000 | | | | | |
| Municipal Official | Mr. Ungerer | M | | | | | | | Maluti-a-Phofung Municipality |
| | | | | | | | | | |
| Contractor | Mr. Mei Mofokeng | M | | - | - | - | 8038 Karafu Phuthaditjhaba | | Goodhope Construction cc |
| | | | | 073 213-2452 | | | | | |

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| Consultant | Mr. H.F. van Vuuren | M | | 058 622-1453 | 058 622-1453 082 785-5000 | svp.har@internext.co.za | | P O Box 571 Harrismith 9880 | SVP Quantity Surveyors |
| | | | | 082 785-5000 | | | | | |
| Other: 1. | Mr. C Bosch | M | | 058 623-3471 | 058 623-0844 | - | | P O Box 762 Harrismith 9880 | Bartsch Consultants Architects |
| | | | | | | | | | |
| 2. | Mr. W du Toit | M | | 058 623-0584 | 058 623-0263 | - | | P O Box 657 Harrismith 9880 | Conradie & Venter Electrical Engineers |
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Project Time Frame:

Starting Date: 21 January 2002
Completion Date: 4 September 2002

Employment: (Number of People)

| Employment (Number of people) | | | Social Impact on Employment | | | | | |
|-------------------------------|-------------------------|-----------------------|-----------------------------|---------|-------|-----------|---------|--------|
| Full Time (Quarterly) | Short Term (Monthly) | Part Time (Weekly) | Male | Fe-Male | Youth | Dis-Abled | Elderly | Age |
| 35 | 25 | 18 | 54 | 24 | 30 | 2 | 6 | 18-65+ |

Project Outcomes Regarding Objectives & Results:

- A fully equipped clinic providing a service for approximately 14,000 people.
 - Comprehensive level 1 health care is now available.
 - The project relieves the workload of local hospitals thereby allowing these hospitals to provide a more efficient service.
 - The health care costs of community members of Bluegumbosch will be reduced, as this project is central in the community.
 - The referral system of the Department of Health will be more efficient.
 - The project delivers on the defined Primary Health Care policy of the Department of Health's standards for health facilities in the municipality.
 - Gaps and shortfalls in the provision of service that were identified in this instance are now eliminated.
 - With the completion of this clinic the priorities for the implementation of HIV/AIDS policy is now a possibility in this community.
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Social Impact on Target Group:

| Social Impact on Target Group | | | | | |
|-------------------------------|---------|-------|----------|---------|--------|
| Male | Fe-Male | Youth | Disabled | Elderly | Age |
| 54 | 24 | 30 | 2 | 6 | 18-65+ |

- The project focuses on the continuous development program to fully develop the Maluti-a-Phofung municipal area to ensure a high quality of health care delivery within the context reasonable accessibility for all the residents of the area.
- This project relief the pressure from local hospitals.
- Service delivery to approximately 14,000 people from the Bluegumbosch community will be provided.
- Appropriate referral to secondary and tertiary health care services, if required, will now be available to the community.
- Reviewed tender process/contracts to retain income in local economy and develop local entrepreneurs was instituted by the Nodal Municipality of Maluti-a-Phofung and positive results are already evident of emerging contractors and distribution of funds over a wide range of the communities.

Envisaged/Anticipated Sustainability:

Although this facility is placed in the poorest geographical area, sustainability will be enhanced through the improved health conditions in the community as a whole.

Systems to collect service payments where due will be instituted in all the above facilities.

Municipal and Provincial contributions to sustain these services will be essential for the medium term.

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