

# FACILITIES SURVEY 2003



## Selected findings from the fourth national survey of primary health care facilities

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### Introduction

Public sector primary health care (PHC) services are the backbone of health care in South Africa. Therefore, ensuring equity, effectiveness and efficiency in the provision of these services is critical to the functioning of the entire health system. This survey<sup>1</sup> considers availability, accessibility and quality of care through quantitative measurement of indicators relating to services rendered, human resources, equipment, infrastructure, pharmaceuticals, facility management and clinical management. Where possible, comparisons with previous surveys<sup>2,3</sup> allow trend analysis and assessment of progress.<sup>a</sup> As a result, this survey aims to make recommendations for improvements to the District Health System and to promote the use of information for health service planning and management.

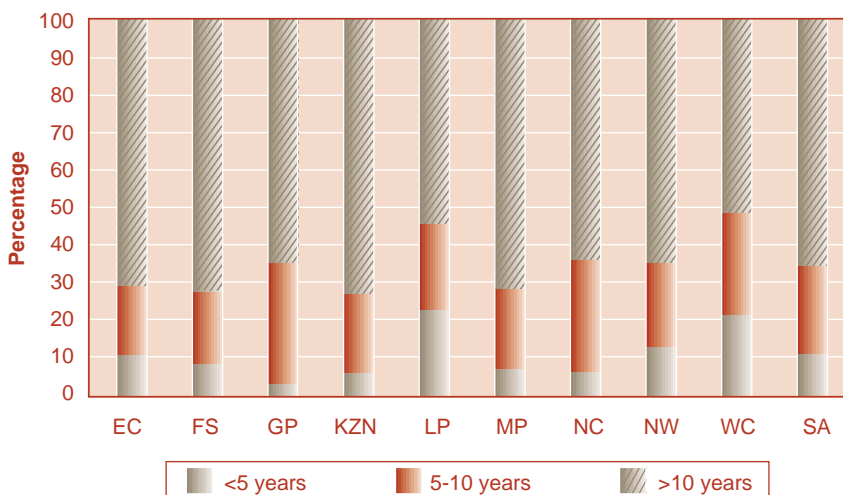
### Data and Analysis

#### Description of Facilities

Fourteen percent of all clinics and community health centres were included in the sample, with the majority of facilities located in rural areas.<sup>b</sup> A large proportion of facilities (35%) have been built and operationalised within the last 10 years (Figure 1).

Staff turnover of facility managers is an issue in all provinces except the Northern Cape, as indicated by the high percentage of facilities where the manager has been appointed less than one year ago. In order to provide ease of access, PHC facilities should be open for at least 5 days a week and for extended hours (10-15 hours). The facilities were open for a median time of 9 hours per day, with the vast majority of facilities open for at least 5 days per week. Only 30% of all facilities offered a 24-

Figure 1: Percentage of facilities by length of time open, 2003



<sup>a</sup> Only the 2000 Facilities Survey provided data on satellite and mobile clinics, so comparative data are only given for fixed clinics and Community Health Centres (CHCs).

<sup>b</sup> In this survey, urban was defined as cities and large towns, while rural was defined as small towns and the surrounding countryside.

hour emergency service, although this appeared to be an improvement<sup>c</sup> from 25% in 2000.

**Table 1: Percentage of facilities by management and service times**

	EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
Manager appointed <1 year ago (%)	32	23	13	17	16	12	1	22	27	20
Open ≥5 days/week (%)	97	100	86	98	98	100	92	100	97	96
Median hours open per day	9	9	8	9	10	9	10	13	9	9
24-hour emergency service (%)										
2000	22	8	7	25	56	11	33	37	7	25
2003	31	11	5	39	75	23	40	46	7	30

## Provision of Services

It is generally accepted that the most desirable and efficient way of providing comprehensive PHC services is for facilities to provide a wide range of basic services every day.

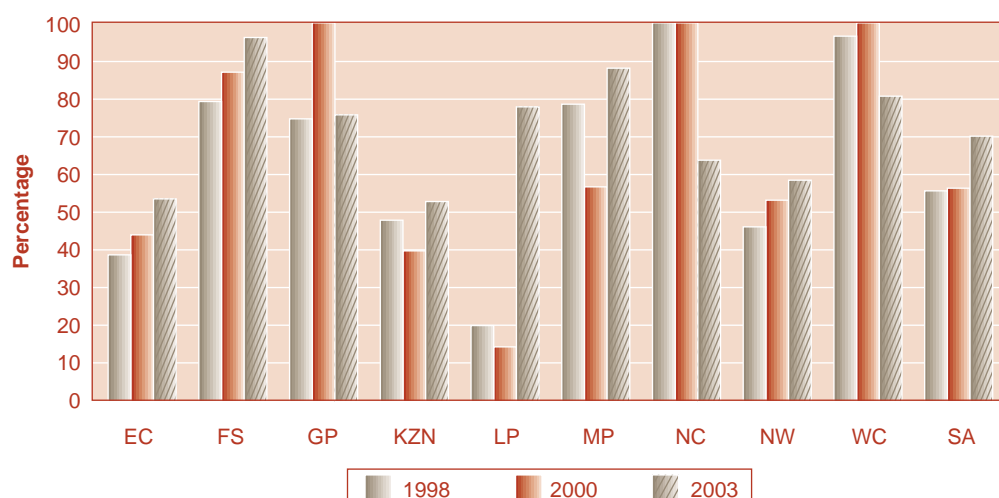
This survey found that only two thirds of all facilities provide immunisation services at least five days a week (Table 2). In the

more urbanised provinces, provision of some services is very low. It appears to be because these services are still supplied in a vertical manner by specialised facilities rather than providing comprehensive services at all PHC facilities.

**Table 2: Percentage of facilities providing basic services at least 5 days a week**

		EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
Immunisation (%)	1998	76	79	69	52	93	42	67	54	44	67
	2000	89	79	50	85	98	32	67	72	40	74
	2003	86	77	38	83	88	70	34	53	47	67
Family Planning (%)	1998	94	96	81	58	100	58	89	79	72	83
	2000	97	96	82	95	100	46	88	88	70	87
	2003	97	97	74	91	97	85	64	94	81	88
Antenatal care (%)	1998	59	71	25	26	91	33	33	39	22	51
	2000	78	44	32	70	96	21	50	56	10	59
	2003	70	52	22	72	92	59	26	67	16	55
STI services (%)	1998	100	93	94	94	100	92	100	93	78	94
	2000	98	100	89	95	100	82	83	100	90	95
	2003	94	100	85	94	96	100	87	100	96	94
TB services (%)	1998	85	82	94	65	82	79	90	89	84	82
	2000	95	100	89	58	81	61	83	94	87	84
	2003	92	100	74	91	88	89	88	97	97	89
PMTCT services (of facilities that provide labour ward and birthing services) (%)											
	2003	12	17	17	18	38	0	25	26	32	20

<sup>c</sup> Although not statistically significant.

**Figure 2: Percentage of facilities providing VCT for HIV at least 5 days a week**

The percentage of facilities providing STI services has remained high (about 94%) since 1998, and fairly similar between provinces. Availability of some HIV services is improving. Voluntary Counselling and Testing (VCT) was available in 70% of facilities (compared to approximately 56% in 1998 and 2000), ranging from 53% in KZN to 96% in the Free State. However availability of prevention of mother-to-child transmission (PMTCT), post-exposure prophylaxis (PEP) and specific HIV treatment (antiretroviral therapy) services are very low.

Laboratory services are essential for the effective functioning of PHC services. While the availability of some services was high (syphilis testing – 92% and TB sputum microscopy – 93%), some provinces had poor access to HIV (ELISA), CD4 and cervical screening laboratory services. In addition, the median number of days for results to be received was cause for concern in some areas. However, on-site testing is becoming more prevalent, with approximately 50% of the facilities having access to all the available on-site tests.

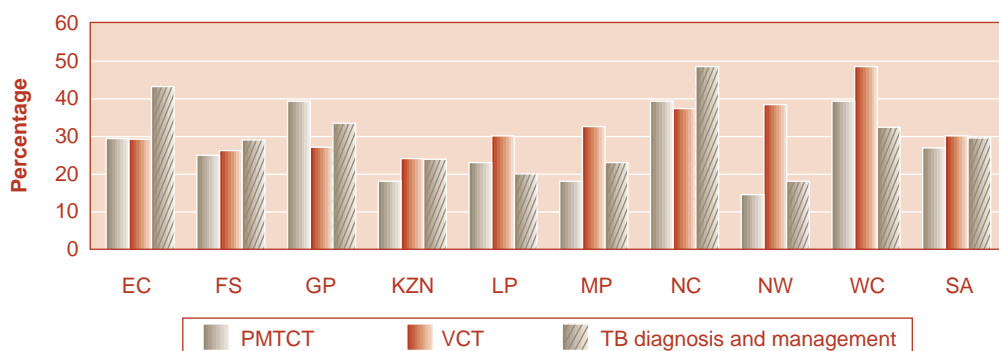
**Table 3: Percentage of facilities with the stated laboratory services available, 2003**

	EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
HIV rapid test on-site	31	22	37	27	64	77	55	59	93	47
HIV (ELISA)	78	96	90	56	59	66	43	40	72	70
Syphilis	83	100	96	90	85	96	93	97	100	92
CD4 count	26	38	16	14	16	24	24	10	41	22
Pap smear	60	80	80	63	22	50	76	55	93	64
Sputum microscopy for TB	92	100	99	89	79	100	100	97	94	93

## Human Resources

This survey showed poor availability of all types of key health care personnel at a national level, and the inequitable distribution across the provinces. There was also considerable variation in the percentage of professional nurses who received training updates in the past 12 months. Figure 3 shows the percentage who received training for the most frequent training topics.

**Figure 3: Percentage of professional nurses trained during past 12 months, 2003**



## Equipment

The availability of equipment by facility is generally good, and not significantly different since the 2000 survey. The availability of essential items (thermometer, stethoscope, BP apparatus, and otoscope) by staff is however poor, with fewer than 50% of professional nurses nationally having at least one stethoscope, BP apparatus or otoscope in working condition. Nationally, only 7% of professional nurses are each equipped with all four of these items.

Although almost all facilities have refrigerators and a high proportion are reportedly used exclusively for storing vaccines and drugs, there is room for improvement in the use of record cards for monitoring fridge temperatures (Figure 4).

**Figure 4: Percentage of facilities with adequate vaccine refrigeration, 2003**

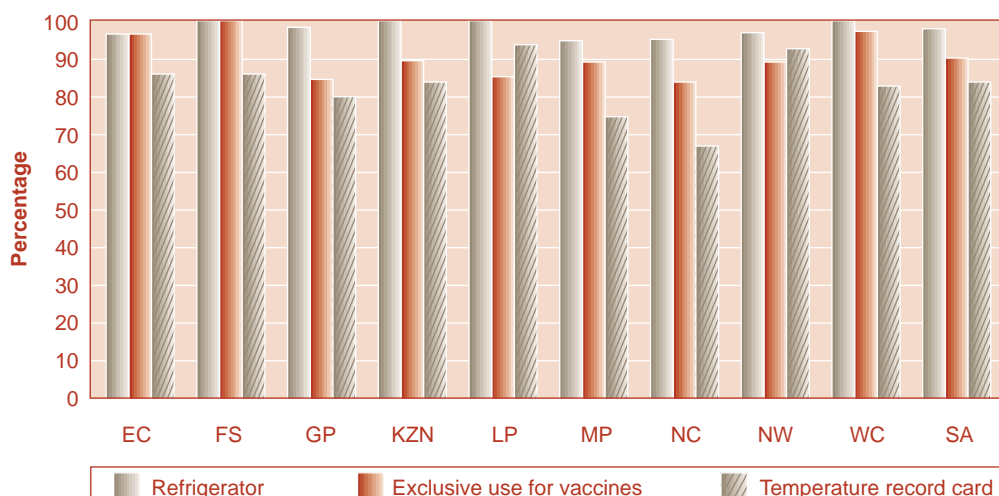
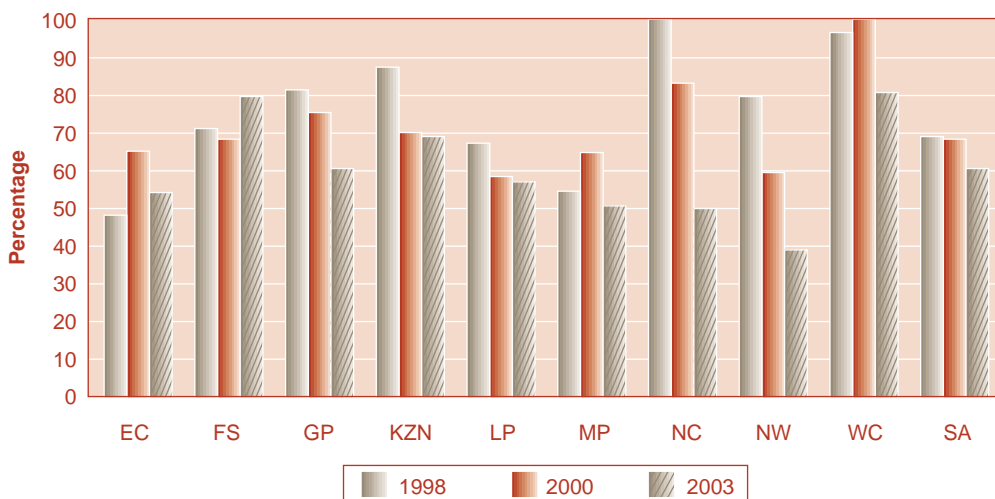


Figure 5: Percentage of facilities with uninterrupted electricity supply in the past month



## Infrastructure

The quality of the physical facilities is an important determinant of patient and staff satisfaction with the health service. The indicators measured in this survey showed much room for improvement; 59% of facilities had adequate consultation rooms; 48% had adequate waiting areas; only 24% were wheelchair accessible; and only 42% had adequate toilets for patients and staff. The quality of facilities varied substantially between provinces.

Seventy percent of facilities required urgent repairs, particularly in the Eastern Cape, Gauteng and North West, highlighting the need for ongoing maintenance to be given high priority.

Water and electricity supply have improved substantially since the first surveys, with 98% of facilities having a water supply on site<sup>d</sup> and 95% with electricity.<sup>e</sup> However interruptions in supply are far too frequent and there are substantial variations between provinces.

Nationally, 84% of facilities have at least one working means of communication (phone / fax / 2-way radio / Internet access). The availability of communications is worst in the Eastern Cape (64%) and North West (68%) and best in the Western Cape and Northern Cape (100%). There have been no significant improvements in any of the communication equipment indicators since the 1998 and 2000 surveys.

## Drugs and Pharmaceuticals

The availability of 25 tracer medicines and supplies on the essential drugs list (EDL) that would unequivocally be required at every facility was assessed. Less than 20% of facilities in any province had the full complement of tracer items in stock (8%

nationally). However, the vast majority of facilities did have the most commonly used items in stock, such as antibiotics, contraceptives, condoms, vaccines and anti-TB medicines.

Drug registers were used to collect dispensing data in most facilities, but the data are subject to serious inaccuracies or cannot be easily extracted. Low accuracy was considered to be because drug registers are time-consuming to complete and perceived to be of little value by staff. Although the tick register method used by the North West is user-friendly for data capture, data extraction is cumbersome and therefore could not be done. It is recommended that the manner in which data on drug dispensing are collected be revisited.

## Facility Management

Regular supervision and feedback is essential for improving the quality of services delivered. Although almost all (95%) of the facilities have official clinic supervisors, only 29% received official, written feedback from the last supervisory visit (range: 3% (NW) to 52% (EC)). Feedback from the monthly routine data is particularly poor in Limpopo and KwaZulu-Natal, and priority must be given to improving this aspect.

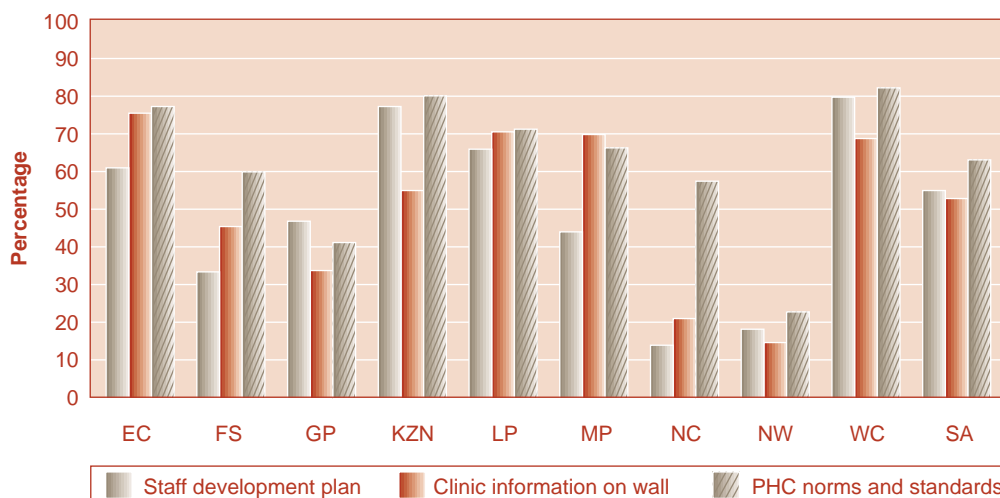
Community participation in the form of clinic or community health committees (CHCs) has remained relatively unchanged since the 2000 survey, with CHCs in 59% of facilities. Only 35% of these CHCs had met recently however, ranging from only 11% in Gauteng to 57% in the Eastern Cape.

Major shortcomings were found in the provision of information, education and communication (IEC) materials, with limited 'take-home' materials, a dearth of material in local languages and

d Water supply comprised of 83% with piped water, 14% water from a tanker, 7% rain water tank and 8% borehole.

e Electricity supply comprised of 91% Eskom grid, 1% generators, 3% solar panels.

**Figure 6: Percentage of facilities with various facility management materials, 2003**



no information on emergency contraception and PMTCT in more than half of facilities. The Western Cape is generally the best-supplied with IEC materials, and the Northern Cape the worst-supplied.

Other indicators of facility management such as staff development and utilisation of data require attention in most provinces (Figure 6).

### Clinical Management

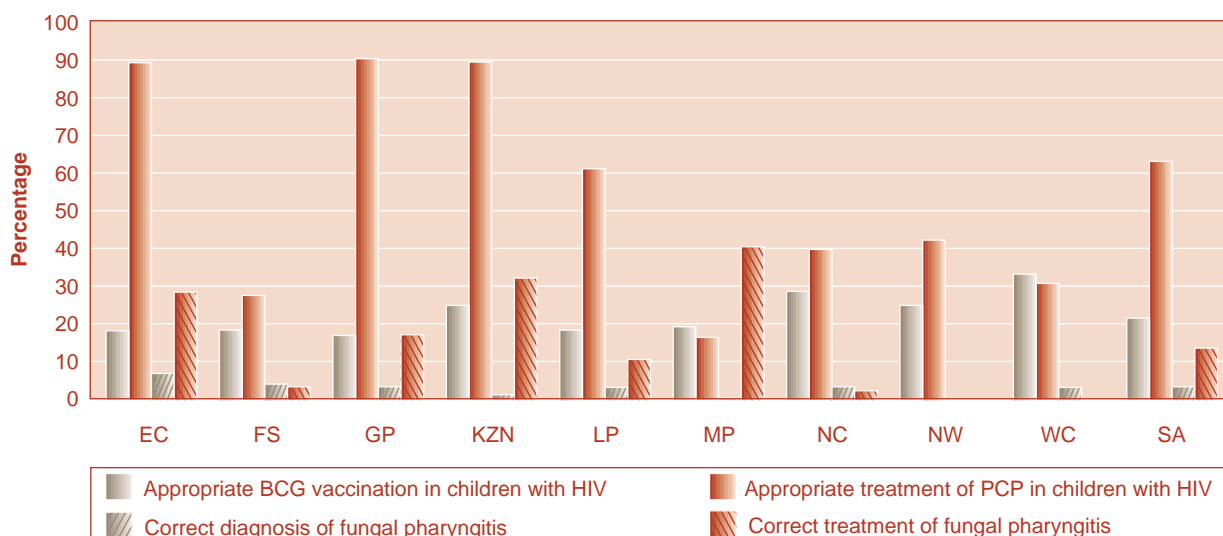
Preparedness for, and management of, STIs was considered adequate in 7 provinces, with 97% of facilities having syndromic management protocols available and 84% treating STIs effectively (overall). Knowledge on the prevention and management of diarrhoea is adequate, but in most cases lower

than expected for this common disease. Competency in TB treatment was demonstrated in most provinces.

However, the situation for care of HIV positive people is inadequate (Figure 7). Although ART is not yet widespread, correct diagnosis and management of opportunistic infections is expected to be one of the competencies of nurses.

Availability of protocols is one tool that can improve correct management of diseases. Protocols for the management of HIV related conditions have been produced fairly recently and availability in health facilities is still poor (Table 4).

**Figure 7: Percentage of facilities with correct management of selected HIV-related conditions**



**Table 4: Percentage of facilities with clinical protocols available, 2003**

	EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
Use of nevirapine for PMTCT	41	29	35	24	54	27	61	43	71	41
HIV in children	42	34	61	49	52	42	49	37	92	52
HIV rapid test quality assurance	39	27	43	33	69	67	56	36	97	49
Infant feeding and HIV	57	51	56	53	66	74	59	36	93	60
VCT	49	67	47	54	75	77	66	48	100	61
Opportunistic and HIV-related diseases in adults	69	45	80	62	76	61	74	56	93	70

## Conclusions and Recommendations

An indepth assessment of the results of the 2003 Facilities Survey is beyond the scope of this summary. A few points of interest are noted:

- ◆ Commissioning of new PHC facilities during the past 10 years is likely to have improved access to PHC services for many South Africans, and the improvements in availability of water and electricity are encouraging. However ongoing maintenance and further improvements in infrastructure to improve the quality of service provided to clients (especially those with disabilities) are still required.
- ◆ Substantial interprovincial inequities continue to exist for most indicators.
- ◆ Most PHC facilities provide family planning, STI services and TB services at least five days a week. It is however of concern that almost one third of facilities do not provide immunisation services five days a week, whilst antenatal care is provided by only half of facilities.
- ◆ New indicators, particularly those related to care of HIV-positive patients, show that the health system is inadequately prepared to provide the required level and quality of care.

Ensuring that an adequate number of health workers are recruited and retained to provide PHC services in both rural and urban areas remains a huge challenge. Ongoing training, development and supervision of PHC facility staff also represents an important challenge.

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