

**Report:  
Site Visits and Investigation  
Eastern Cape Hospitals**

**The South African  
Human Rights Commission**



**March - May 2003**

*Prepared by Legal Services: South African Human Rights Commission*

REPORT – SITE VISITS & INVESTIGATION –EASTERN CAPE HOSPITALS

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## Introduction

There were frequent complaints from NGO's and individuals about the poor quality of health services in a number of hospitals in the Eastern Cape. The media also carried features about the collapse of health services in the province. A number of hospitals were singled out for criticism, which covered shortage of medicine, staff problems, inaccessibility and corruption, which if found to exist would constitute violations of Section 27(1)(a) of the Bill of Rights that provides:

“27. (1) *Everyone has the right to have access to –*

*(a) health care services, including reproductive health care;*

The Commission is obliged to monitor and assess the observance of human rights in the Republic,<sup>1</sup> and further, it has the duty to investigate and report on the observance of human rights.

The breakdown in the provision of services in other portfolios as well received wide media coverage for some time now, so much so that the Department of Public Services and Administration appointed a special task team to look into these failures and into the collapse of good governance generally

Because of the gravity and widespread incidence of the problem, this Commission stretched its investigative scope to several hospitals, selected on the basis of the complaints and media reports. Further, it was appropriate for the Commission to make its presence felt in the Eastern Cape during Human Rights Week. A team of Commission personnel accordingly visited several hospitals in the Eastern Cape during that week.

The Commission visited eight hospitals during the period 17 March 2003 to 20 March 2003. They were Frontier Hospital, Queenstown; Fort Beaufort Psychiatric

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<sup>1</sup> Section 184 of the Constitution of the Republic of South Africa

Hospital; Hewu Hospital, Whittlesea; Bambisana Hospital, Flagstaff; St Elizabeth Hospital, Lusikisiki; Holycross Hospital (near Flagstaff); Madwaleni Hospital, Elliotdale and Umtata General Hospital. A questionnaire covering a wide number of issues was used as a uniform guide in seeking information from each of the hospitals.<sup>2</sup>

This report is based on the observations by Commissioners Tom Manthata, Zonke Majodina, Head of Legal Services Mogambri Moodliar and Legal Officer Mxolisi Maome – i.e. the persons from the Commission that conducted the inspections. The report is also informed by interviews that they had with Medical Superintendents, CEOs, matrons and patients at the hospitals visited.

A summary of the observations in, and information about, the hospitals visited follows:

1. FRONTIER HOSPITAL - QUEENSTOWN

i. Accessibility

This referral hospital serves 13 catchment areas. Some patients come from as far as Lady Frere that is about 40 kilometres from the hospital. The roads between the townships and hospital are tarred while in the villages the roads are gravel and are in a very bad state. As a result, the transport system is very poor. Some people have to leave their villages very early in the morning only to reach the hospital about two hours later.

Generally the hospital building is accessible to people with disabilities; there are ramps and it's a one-floor hospital. The hospital is open for 24 hours and is served by a functioning telephone service. Most villages have Telkom telephone services.

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<sup>2</sup> A copy of the questionnaire, in a reduced format, is attached to this report, as Appendix 1

ii. Resources

As there are no ambulances allocated to the hospital, it uses the Metro ambulance services. Metro ambulances are stationed in one area and respond as and when an ambulance is needed or summoned, subject to availability. Because Metro serves so many agencies there is often a delay in responding to emergencies, which affects the service rendered by the hospital. As the ambulances are not controlled by the hospital it is difficult to state whether they reach rural areas or not. According to one patient at the OPD they take time to arrive and mostly people have to hire vans from local people at a very high cost. There is an urgent need for a dedicated ambulance. Note too that the poor health care in the district clinics results in the need for patients to be transferred from the primary health care centre to the bigger hospitals.

The hospital has 233 beds. There is a problem of overcrowding because of the wide catchment area and the increased number of HIV/Aids patients

iii. Staff

At present the hospital has 420 staff members instead of the expected 637. There are 16 doctors: 11 are Cuban, 2 South African and 3 community service doctors. There are four paediatricians who each visit the hospital once a month. As a result of the shortage of staff the present staff members are overworked and there are no incentives. Doctors are not signing performance agreements because – according to informant – the terms will be impossible to perform if there is no infrastructure.”

iv. Primary Health Care (PHC)

The hospital finds itself providing primary health care due to the fact that many of the clinics in the vicinity are not functioning well. As a result patients choose to come straight to the hospital instead of going to a clinic that at times attend to a limited number of patients per day due to lack of human resources and they often prescribe only aspirin for medicine.

There is still overcrowding at the hospital.

v. Medicine, Drugs Food and Linen etc..

There is a frequent shortage of cleaning material and some types of linen. The bigger problem, however is with regard to orders and tenders not being finalised in time or deliveries being delayed. There is a 6 to 8 week waiting time. Some male patients complained about the non-availability of pyjamas (This situation prevailed for the last three years.)

vi. Anti-retroviral Drugs (ARD)

The hospital does have these drugs, but they are dispensed only for rape victims (PEP) and for MTC. General AIDS/HIV patients do not receive ARD. If that is so, it is a matter for concern, if one considers that 40 % of the patients are there, we are informed, suffering from HIV/AIDS related cases.

vii. Administration

This is a serious problem, which leads to the frustration of employees. The hospital has been managed by an Acting Superintendent for some time, because doctors are not attracted to government posts. Some nurses have not received their second or third notches although they

have been in service for many years. Even though they have trained and qualified as professional nurses many are still earning salaries as staff nurses. Management at the hospital is not doing enough to follow up on these problems. A long-standing problem is the cleansing section, where there has been one general assistant for a whole ward for years. There are only six General Assistants in the whole hospital. Shoe allowance is R6.00 per month and has remained so for the last – 20 years. No allowance for uniforms is paid.

## 2. FORT BEAUFORT PSYCHIATRIC HOSPITAL

### i. Accessibility

The hospital is unique in that it is not a direct hospital. It is a Provincial psychiatric hospital and receives referred patients. It services a number of areas including Fort Beaufort, Adelaide, Hiltown, Middledrift, Seymour etc. In terms of transport it is accessible. People go to the out-patients department and are referred to the Hospital by a nurse at the clinic. It functions 24 hours a day.

### ii. Resources

There is no ambulance specifically controlled by the hospital. Like Frontier Hospital, it uses Metro Ambulances with all the problems that accompany that practice. There is a problem in assessing their response time to emergencies because patients are not physically sick in the usual sense, but they do have a problem that is of a mental nature. For violent patients the hospital contacts the police.

The hospital has 400 beds and at present 369 are occupied. There is no problem of overcrowding.

iii. Staff

There are 40 professional nurses, which is well below the expected number. The cause of the shortage is that most nurses are recruited by overseas agencies and the provincial government takes time to fill the posts

iv. Primary Health Care

The hospital does not provide primary health care. Clinics in nearby districts assist by giving follow up medicine.

v. Medicine Drugs Food and Linen, etc.

The hospital has enough medicine and drugs, all of which are ordered from a depot in Port Elizabeth. Other items, like food and linen are ordered from other suppliers. Shortages are usually caused by delays in deliveries and not by shortage of funds. For HIV cases patients are transferred to other hospitals.

vi. Administration

Generally the administration is functioning well.

There are also many students from various universities doing their practicals in this hospital.

3. HEWU HOSPITAL (WHITTLESEA)

This hospital is managed and run by a private company on contract with the province. The province owns the building.



i. Accessibility

The hospital is accessible. That is because it serves an area that has an average radius of 30 kilometres, with the furthest catchment area being Zimthwakazi, which is about 50 kilometres away. There is transport between the hospital and the villages. The state of roads is generally good except during rainy seasons.

It is a ground level hospital and is accessible to wheelchairs.

People in the catchment areas usually use the telephones in the clinic in the area if they need to contact the hospital.

ii. Resources

Ambulances that serve the hospital are owned by Metro, which operates from nearby Queenstown. There is one Metro ambulance stationed at the hospital and is contracted to the provincial government. Management saw great advantage in having an ambulance at hospital. However, there is still a delay in attending to emergency cases. They would prefer to have their ambulances to be owned and controlled by the hospital.

The hospital has 250 beds and there are no patients using “floor beds”<sup>3</sup>. The inpatient turnover is approximately 120 and 100 outpatients are seen a day. There is no overcrowding in the hospital.

iii. Staff

There are 151 employees. The hospital employs 96 professional nurses and 40 assistant nurses. The normal ratio is 1 nurse to every 4 patients, but that is not happening due to the fact that many nurses are

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<sup>3</sup> A ‘floor-bed’ consists of a mattress, sheet and pillow, placed on the floor, under a conventional bed.

leaving for overseas. There are 11 foreign doctors; some of them have since become South African citizens.

iv. Primary Health Care

In terms of the contract with the province the hospital is not supposed to be providing primary health care but people from the districts do come straight to the hospital. Some of the many reasons for that are, like in the other hospitals visited, the lack of staff and medicines in those clinics. To avert that, the hospital doctors conduct personal visits to the clinics and the province is charged a *per patient* fee by the company. In cases where patients come direct to the hospital they are required to pay a “*by-pass*” fee of R50-00 in addition to the usual fee.

Medicine, Drug, Food and Linen

There is enough medicine and drugs in this hospital to the extent that most clinics refer their patients to this hospital mainly because of the availability of medicines. There is strict control over medicine and there is a regular stock taking by an outside company. Linen and food are not in short supply. Outsourcing has improved their service in this regard. Cleaning is also outsourced to a sub contractor and does not constitute a problem.

v. Anti-retroviral Drugs

The hospital does not have anti-retroviral drugs including Nevirapine. All cases of HIV AIDS (including those for MTC) – “one of the biggest ‘killer diseases’” are referred to Frontier Hospital (Queenstown). However the hospital does have anti-fungal drugs and ARD for TB cases. The procedure with rape victims is that the police are called first before a doctor attends to the victim to “avoid tampering with evidence”.

vi. Administration

The provincial government has outsourced its statutory function to a private company, Lifecare Health Services (PTY) Ltd. Management and administration appear to be effective and efficient. Many nurses choose to work at this hospital rather than at government-controlled hospitals. According to staff there are incentives for working long hours – an incentive not found in provincial hospitals. The private company also determines its own salary for all staff. Some retired nurses are working in this hospital.

4. BAMBISANA HOSPITAL

i. Accessibility

The condition of the road leading to the hospital is very bad. Access is thus extremely difficult. The adverse effect on health delivery is heightened by the fact that there is an outbreak of cholera in the area. As a result of inaccessibility the hospital has established re-hydration centres around villages.

The hospital has an old and a new section. The old structure is not accessible to wheelchairs while the new structure is wheelchair friendly. There are no telephones in the area so people have difficulty in accessing the hospital for emergency cases. The hospital has 18 catchment areas and all of them are very rural in nature.

ii Resources

This hospital does not have an ambulance service, and because of its remote location, it does not have convenient access to a Metro service. There is an old mini-bus (a “Venture”) that is used as an ambulance, at times as a mobile clinic and at other times it is used to collect provisions for the hospital. For emergencies it is necessary to call

Umtata to authorise use of the ambulance stationed in St Elizabeth Hospital. On many occasions it is found that the vehicle or the ambulance is committed to other emergencies. Ambulances do not reach rural areas.

There is a serious problem of overcrowding at the hospital. It has only 138 beds, at present they are all occupied. The hospital is obliged to use “floor beds”.

i. Staff

There are presently 90 nurses many of whom are nurse-assistants. In many instances, there are just two nurses in a ward full of patients. As a result nurses are seriously overworked. There are no incentives for them to perform optimally. The hospital relies heavily on nursing assistants instead of professional nurses, which is a serious risk to patients.

The hospital presently has two doctors (instead of the recommended four), and a medical superintendent. There is a big shortage of staff, “which needs to be addressed immediately or health service will be paralysed further”, said one interviewee.

ii. Infrastructure

The construction of a residential block for doctors was started some five years ago and to date they are not completed. The hospital section is a new building but it is very small compared to the number of people serviced by the hospital. The complaint here is that construction companies abandon building operations because the Government allegedly does not pay them.

iii. Primary Health Care

If systems worked smoothly, the hospital should not be providing primary health care but due to the number of people coming to the hospital phc service is rendered. “People cannot be turned away. There are five clinics around here but they are not fully functional, either because there are no nurses, no medicine, no doctors...” said an interviewee.

Medicine, Food and Linen

About a year ago, there used to be a shortage of medicine but it has now improved. Medicines and drugs are ordered at Central Medical Stores in Umtata. Most of the medicine however is shared with other clinics, which refer to this hospital.

There are anti-retroviral drugs for staff members in case of accidental needle infection. There is no PMTC or PEP. All patients are referred to St Elizabeth Hospital some distance away. Staff members say that HIV/Aids is prevalent in this area and the supply of Nevirapine is necessary. The number of admissions and deaths justifies the providing of more drugs and in particular drugs like Nevirapine. It was noted that nurses are not aware of Post-Exposure-Prophylaxis (PEP).

Food is a serious problem. When outsourced, there were frequent refusals to deliver, because the province did not pay the private companies. Because of the bad state of the roads, at times food is left at St Elizabeth Hospital and the hospital has to make means to fetch it from there. Patients have not been required to bring their own food although there is a frequent shortage of food.

Much of the linen seen by the SAHRC team left much to be desired! There is a serious shortage and the present linen is very old. The last time linen was bought was in 2000. It is difficult to even keep it clean.

There are times when linen has to be taken to St Elizabeth Hospital for washing. At other times, general staff had to wash linen by hand.

iv. Administration

Because of “old standing problems” management and administration are not functioning well. No one was prepared to talk about the details of the problems. It appears, however, that there are personal grievances between the Medical Superintendent and the general staff; in 1999 there was a *toyi toyi* demonstration against the Medical Superintendent, who is accused of being unwilling to perform his duties at the hospital; the investigating team from the regional office of the province failed to solve the problem, as no report was ever made on the outcome of the investigation. Hospital personnel hope for a solution in that the hospital now belongs to a new district, which promised to attend to the problem. Management should attend, *inter alia*, to the burning issues of allowances and notch increases then it can be said it is meeting the needs of staff.

The entire hospital has just one computer.

When asked about the reason for the SABC investigative journalists visiting the hospital, those interviewed stated that they did not know the reason for that<sup>4</sup>

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A few months prior to the SAHRC investigation, the SABC, investigative programme, Special Assignment carried out an inspection of the hospital

5. ST ELIZABETH HOSPITAL - LUSIKISIKI

i. Accessibility

In terms of transport the hospital is accessible to people in and in the immediate vicinity of Lusikisiki. However for patients further afield, they need to traverse very bad roads – and for many parts through difficult mountainous terrain. A helicopter service is what is required, says the Medical superintendent.

St Elizabeth is a referral hospital so patients who come here are usually referred by small hospitals like Bambisana or Holycross.

For contact with the hospital people use radios in clinics in their districts. Telkom provides a very limited service. In some villages there are no services at all.

The building is accessible to people with disabilities. There are a number of wheel chair ramps.

ii. Resources

There are two ambulances stationed in this hospital, but one is not working. The one has to also to serve other hospitals in the area like Bambisana and Holycross. Sometimes a helicopter is made available. Otherwise ambulances have to be summoned from Metro Ambulances, which is stationed in Umtata. That creates serious problems especially in emergency cases. About 11 other district hospitals refer to this hospital.

The hospital has 260 beds and at present all are occupied. There are plans to increase the total number of beds by 140.

iii. Primary Health Care

The hospital offers primary health, although it is supposed to be a referral hospital. About 300 people are seen per day, all of whom ought to have attended the district clinics. A clinic will be opening soon near the hospital to screen patients. Clinics in catchment areas are not functioning well in that they are under-resourced, which results in this hospital seeing patients who ought not to be coming to this hospital.

iv. Staff

This hospital ought to have 101 nurses but it has only 60. That, is the main problem of this hospital, there is a shortage of professional nurses. There are many causes for that; nurses are attracted by better packages outside the country, the area is too rural; there is no school for their children, there is lot of crime and no reasonable accommodation for staff.

v. Medicine Drugs Linen

There is no problem with medicine linen and food. Medicine and drugs are ordered at Central Medicine Stores in Umtata. Internal security and control is working well.

A major concern is that there are no anti-retroviral drugs for general Aids-HIV use. This hospital is waiting for government direction on supplying Nevirapine to the general patients. It is available for staff members who are possibly accidentally infected, for rape victims (PEP) and for PMTC.

There is no shortage of linen. Laundry machines are working well.



6. HOLY CROSS

i. Accessibility

The hospital is not easily accessible. Roads to the hospital are in a very bad state. It is not surprising that there is no public transport to the hospital. People are obliged to rely on private transport. The catchments are about 100 kilometres around Holycross. There is no telephone service in any of the villages. Telephones at the hospital are not properly working and Telkom is not assisting the situation. To make matters worse the cell phone network is very poor.

The building is wheelchair friendly.

ii. Resources

There are no ambulances in the hospital. That which existed was removed to Flagstaff. Initially the hospital had its own ambulance and things were much better. It was conceded that drivers did abuse ambulances. Removing the ambulance does not help the situation either. It takes about three hours for an ambulance to attend to an emergency or to come to the hospital. Ambulances, even if available, do not reach rural areas. Management would prefer to have a vehicle stationed at the hospital.

The hospital has 242 beds and usually eighty per cent of them are occupied. There is generally a problem of overcrowding. That is avoided by having a strict system of screening and admitting only serious cases. There is as a result an emphasis on community caregivers.

Many requisitions for a resident ambulance or at least a vehicle have been made but all came to nothing. No reasons have been given for the refusal.

iv. Staff

There is a serious shortage of staff, which is caused by nurses being disgruntled. Notch increases have not been attended to. In some instances people have studied and qualified as professional nurses but they are still earning the salary of a staff nurse. There are no incentives: for example, in KZN which is nearby (just across the border) nurses get an annual allowance of R700-00 for uniforms but in the EC a nurse gets R10-00 for shoe allowance. There is no “rural allowance” as in the case in other areas.

There are 105 nurses instead of the recommended 300; 3 doctors instead of 10. As a result of this shortage the hospital has decreased its intake of patients.

iii. Primary Health Care

At times 300 patients per day are seen in the primary health care section. Clinics in catchment areas are not functioning well and that leads to an influx to the hospital. The hospital is providing primary health care for people who cannot be referred to clinics that do not have medicines. However patients who by- pass clinics are in some instances charged a ‘by pass’ fee of R56-00

iv. Infrastructure

There is a new building that has been recently completed. Government has allocated R135m to kick-start the building projects, which include new wards and residences for doctors and nurses. A new clinic (gateway) will be opened soon near the hospital to cater for primary health care

v. Medicine Drugs Linen and Food

There is a shortage of medicine. However such shortage is sporadic and is caused by various factors. At times the hospital fails to make a proper estimation of medicine they will need, or delay in deliveries. Medicines are ordered from Central Medicine Stores. The hospital is supposed to have pharmacists but there is not even one. There is also lack of skilled people in various departments.

Holycross is one of the pilot hospitals for prevention -of mother-to-child (PMTCT) and post exposure prophylaxis (PEP)

iv. Administration

The hospital contends that it is trying but it seems to be failing. A number of issues have not been followed up: there is no report on filling of advertised vacant posts, over-time pay, and notch increases, rural allowance and incentives remain problem areas.

7. MADWALENI HOSPITAL

i. Accessibility

The condition of roads makes the hospital accessible but with great difficulty. The bad roads discourage transport operations.

There are no telephones in the surrounding rural areas. Even telephones in the hospital are not working. Telkom has been notified in time but they take many days to respond or come and fix telephones. Sometimes three weeks pass without telephones in the hospital. For example from 26 December 2002 – 24 January 2003 telephones were not working in the hospital. Even on the day of the Commission's visit the lines were down.

People with disabilities encounter problems with public transport, but within the hospital there are ramps for wheelchairs.

ii. Resources

Since 1997 there has been no ambulances stationed at the hospital. There is not even an ordinary vehicle in the hospital for emergencies. A motivation for an ambulance is always in the budget but it is never approved. Metro supplies an ambulance service that comes a day later after being called. As a result some patients die unnecessarily. There is no way that the hospital can deal with emergency cases especially when there is need to transfer patients to Umtata. The situation is worse with people in the villages who have to rely on private transport hired at exorbitant prices, as Metro ambulances do not even attempt to go to the deep rural areas.

The hospital does not have incubators. Instead blankets and kangaroo method are used.<sup>5</sup>

There is serious electricity problem. It goes off at any time. As a result the hospital relies on a generator. Whenever it is raining, electricity “is sure to be off” said one informant.

There are 220 beds. Although at present only 190 are occupied. There is a problem of overcrowding very often. Admitting only serious cases alleviates that. They also use “floor beds”.

Since 1993 the hospital has never had a pharmacist. That hampers dispatching medicine to patients. A pharmacist assistant who is not qualified manages the hospital pharmacy; all he has is a Std 10 qualification and his assistant has a Std 8 qualification. That is a definite risk to patients, who may be given the wrong medicine.

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<sup>5</sup> This refers to the practice of the mother hugging the child against her breasts for long periods.

iii. Staff

There is a shortage of staff. Apart for an urgent need for a qualified pharmacist, there are other staff problems: there are only two doctors, one is also the superintendent of the hospital. The hospital would function well if it had 8 doctors. There are 50 professional nurses and they cannot cope with the amount of work they have to do. Most nurses do not want to work in rural areas. Even those who are prepared are demotivated by low salaries and disparities, for example doctors receive rural allowances while nurses in the same hospital do not. Some nurses from the hospital are sent to clinics around. There seven clinics, which also have a severe shortage of staff

iv. Infrastructure

For no apparent reason, a structure, which was supposed to be completed in 1999 and which was to be used as an Out Patients Department, remains incomplete. but to date it has not. There have been promises since then that it will be completed shortly. The unexplained delay and its effect on service delivery are causing frustrations.

v. Primary Health Care

Like other hospitals in the area, this too is dispensing primary health care because there are very few clinics around. This makes the work of the few nurses unmanageable. Sometimes there are 200 patients per day, depending on the weather. However there is a gateway clinic that is catering for those patients that do no need to come to hospital and it also refers them to the hospital. Other clinics around do not have enough medicine therefore patients prefer to come to the hospital. The district office is not assisting these clinics.

The hospital has one vehicle, which is used, as a mobile clinic, sometimes as an ambulance.

v. Medicine Drugs Food Linen

There is enough medicine. However it has to be shared with clinics that have a shortage. One of the causes of shortages is the theft of medicine.

The available stock of anti-retroviral drugs is for staff accidental contacts. There are no drugs for prevention of mother to child transmission or post exposure prophylaxes. There is high prevalence of HIV and patients come at a terminal stage.

Because there are no paediatricians, many children and mothers die in this hospital.

A private company supplies food. To date there have been no complaints from patients, although the quality of food is questionable. So far there is enough linen and the laundry machines are working well for keeping linen clean.

vi. Administration

Administration is working but it needs improvement. If the superintendent can be relieved of other duties there can be an improvement. There should be follow-ups on appointments of professional nurses after nurses have vacated their posts including advertised posts. The present rural allowance to doctors is very low. R1600 when taxed is reduced to R900.00. There is no rural allowance for nurses.

## 8. ST BARNABAS HOSPITAL

### i. Accessibility

The hospital services an area of about 45 kilometres. Most people are from rural areas. It is situated on the main road from Umtata to Port St Johns. People from villages around have difficulty in accessing the hospital due to the bad state of roads in the villages.

The newly built wards, especially the offices are not accessible to wheelchairs. There are no plans to deal with that.

In some villages around this hospital there are telephones while some do not have such facilities and struggle to access the hospital for emergencies.

### ii. Resources

There is one ambulance stationed here but in most cases the Metro service is used. The one ambulance that the hospital has is used for transferring patients to other hospitals. There are serious problems with Metro in responding to emergencies and as a result there have been cases of deaths, although Metro does go to the rural areas when called.

The hospital has 268 beds. At present 140 are occupied. However overcrowding is experienced in cases where there are outbreaks like cholera. About 200 patients are seen per day and most of them are referred by the clinics. The OPD has a problem of overcrowding.

Furniture is limited and old and, there are no comput

iii. Staff

There is a shortage of staff. There are 101 nurses at present some are dedicated to night shift. The entire hospital has only four doctors instead of regulation seven. There is no dentist, no specialists, no pharmacist, no appropriate staff in the intensive care unit (high care unit).

iv. Infrastructure

There is a further new structure that is being built. It will be male surgical and female surgical. The number of beds will also increase.

v. Primary Health Care

The hospital does provide primary health care, although it is a role of the clinics. Due to the fact that some clinics are short staffed and have a shortage of medicine they refer patients to the hospital. There is a gateway clinic near the hospital. Patients who “by pass” clinic are charged a by pass fee of R56-00. Patients prefer coming to hospital. There are number of reasons for that. Their main complaint is that there are no medicines in the clinics.

vi. Medicine Drugs Food linen

There is no shortage of medicine, but there is no pharmacist at the dispensary. Orders are made in time. There are no anti-retroviral drugs in the hospital. Due to the high prevalence of HIV/ Aids the hospital would like to have drugs like Nevirapine. There is no prevention of mother to child programme.



There used to be a shortage of food when cooking was outsourced. Now the hospital does its own catering. The only problem is that there is no dietician. There are ordinary cooks, and one has been sent for a catering course.

Linen is not enough. Orders have been placed but there has been no response yet. To keep it clean laundry machines are used. Patients are not allowed to bring their own linen.

vii. Administration

Administration is not effective and one of the reasons is that there is no administrator. There is a post of CEO but it is yet to be filled. It is not known when it will be filled. The hospital still uses an old typewriter for typing letters. Many nurses are resigning and their posts are not filled. Administration must attend to filling vacant posts, pay salary notches and provide, rural allowances for nurses.

Because of frequent outbreak of cholera, government must supply clean water to people. Some people still depend on rivers for drinking water

9. UMTATA GENERAL HOSPITAL

i. Accessibility

The hospital is easily accessible to surrounding locations but it is difficult for people living in the deeper rural areas. There are patients who come from district hospitals who are referred. They have to come on their own. Some are very sick and they have to use public transport. Some referred patients are unable to come to the hospital because of the lack of funds for transport.

The hospital is open 24 hours a day. After 4 pm all cases are regarded as emergencies.

There are ramps for wheelchairs wherever necessary.

There is a serious problem with the switchboard. Telephones “ring forever” with no one answering. Most of the time staff members are on personal calls.

Signage in the hospital is not adequate.

ii. Resources

The hospital does not have important equipment. There are no ambulances stationed in the hospital, they rely on Metro. Metro has few ambulances and it cannot cope with all the hospitals in the area. It also appears they are short staffed. Radiation treatment for cancer is available. Cancer patients do get special diets as required. There is no mammogram, no ‘ultra sound’ machines. In such a big hospital only one theatre is working. It is not clear why. The other two are not used. The hospital has 430 beds and its full to the maximum. In the maternity wards beds are shared although some are in an advanced stage of pregnancy. For a patient to be seen by a doctor other patients have to move from the bed. Mothers-to-be are forced to use floor beds or to share beds. During the visit by the SAHRC team it was observed that in three different beds there were two apparently fully pregnant patients on each. There were also several patients on “floor beds”.

It must be noted that this a tertiary hospital which is supposed to be catering for small hospitals around

iii. Medicine Drugs Linen

There is a serious shortage of medicine. Corruption, theft and mismanagement are reputed to be the causes. Because security has just been beefed up, it is hoped by management that maybe things will improve. The pharmacy closes at 4 pm. Special cupboards are used to keep necessary medicine for after hours. There are three qualified pharmacists instead of the regulatory 19. Getting medicines is also a problem. Deliveries are delayed, but the main problem is internal where people just take medicine and drugs for their own use.

The provincial government has allowed supplies anti-retroviral drugs for rape victims and prevention of mother to child and needle prick incidents. There are no anti-retroviral drugs for general aids cases. The hospital is waiting for a directive from government.

The hospital is ready to roll out Nevirapine but is waiting for a directive from government. There are instances where patients go without food. Some beds have no linen. Linen is never adequate. One of the serious causes of that is that the laundry is not functioning well. At times linen stays dirty for days that result in shortage. The machines at the laundry are old. People end up using their hands to wash linen. Patients do bring their own linen. Administration is failing to deal with the problem.

iv. Administration

The hospital is lacking in administration. Most of the problems are as result of lack of leadership. Management is only concerned about outsourcing everything. Some have shares in the companies to which they want to outsource. Workers have brought most issues to the attention of management but it fails to deal with them. Problems with salary adjustments and allowances have to be attended by management

if the hospital is to function properly. Incentives for working long hours should be attended to.

v. Infrastructure

There s a new hospital built but it's not utilised, administration has to date not told staff members of the reasons.

iv. Primary Health Care

The hospital does not provide primary health care. There are clinics around but they are not functioning well. Most who are seen here could have been seen in clinics. The catchment area for the hospital is too big.

v. Staff

There is a big shortage of staff and the only way service can be improved is to hire more staff and fill the vacant posts.

10. THE WAY FORWARD

The information furnished by the people interviewed, the observations made personally by the SAHRC team, and the allegations made by the complainants, satisfied the SAHRC that there were many omissions in the health services in the hospitals visited which are in a sorry state and constitute - at least on the *prima facie* level - violations of human rights which call for responses from the relevant service providers.

The SAHRC team found also that many of those interviewed were somewhat defensive and/or reluctant to speak. More particularly, it appeared to the team that hospitals such as Holy Cross, Madwaleni and Umtata General, could have said more than was mentioned. So, the information gathered from the interviews may not constitute the whole picture. None of those interviewed

could, (or chose not to), speak to bribery and corruption, save for the theft of medicine.

As appears from a reading of the report above, there are many areas of hospital services crucial to health care that appear to be in dire straits. Highlights of some of these are:

i. Ambulance services

The problem here ranges from no service at all to inadequate services. The dependence on Metro services appears to have introduced a sense of lethargy, although that service, too, is far from satisfactory. It is not in the interests of the health services for so many hospitals to depend on a few Metros to provide a service. Most of the hospitals visited are crying out for a dedicated ambulance vehicle. When the demarcation (urban/rural) was mooted, it was stated that rural areas would stand to benefit immensely by the process. That improvement is certainly not visible in the rural hospitals visited.

This Commission is anxious to read comments/responses from the relevant role players in this regard.

ii. Access/Roads

Having a hospital in the deep rural area is good as having no hospital if physical access is impossible or difficult. Many of the roads travelled by the SAHRC team are in such a poor state that it is tantamount to a constructive closure of the hospital for the people it is meant to serve. The relevant roads agency should assist the SAHRC in its functions by making available its short, medium and long terms plans relating to the construction of roads in the province, and more specifically, in the areas in and around hospitals. Yes, some roads are under construction, but – according to informants – that has been the status for some time now.

With regard to access to buildings, a committal from Government (Public Works and Enterprises?) is required that no architect will be engaged, if working drawings do not provide for wheel-chair access to the hospital buildings. The recently opened wing of the St Barnabas Hospital is a case in point, where the rights of persons with disability were patently ignored.

iii. Telephone services

The parastatal Telkom appears to be in default, notwithstanding its advertisement about providing a service to the most rural of rural areas! It is not acceptable for a hospital to be without telephone communication for a whole three weeks stretch. (See detailed observation notes above). As an organ of state, Telkom needs to answer for this.

Because of Telkom's shortcomings, doctors are increasingly using their cell phones, but there too, the network service/reception is poor in some areas. The Human Rights Commission requests the service providers – MTN, Vodacom and Cell C to look into their respective coverages of the rural areas, particularly in the Eastern Cape and to consider improvements where possible. These service providers are also requested to check and report on whether they are complying fully with the conditions of grant of their respective licences, in so far as service to the rural areas is concerned.

iv. HIV/AIDS

Some hospitals spoke about the failure on the part of government to give directions on the rollout of Nevirapine. At least one hospital did not hear of PEP. Ironically most of the hospitals reported an increase in the intake of patients with HIV/AIDS and/or related diseases, yet hospital after hospital complained about the lack of anti-retroviral drugs for general use by HIV/AIDS patients.

Both the national and provincial departments of health services are requested to provide the SHARK with answers to the allegations made by the hospitals, as summarised on this report. More particularly, the national department is requested to state how it has rolled out the provision of Nevarapine for MTC cases, as ordered by the Constitutional Court.

v. Beds, bed linen and hospital equipment

The maternity section of the Umtata general hospital was a disappointing surprise: women, appearing to be pregnant to the full term, lying, (in at least a few cases), two to a bed and in another ward full of mothers who recently delivered, with just one ultra-sound machine!

Similarly, but in another hospital - patients not being supplied with pyjamas - a situation that obtained for three years - is not acceptable. Both the provincial and national departments are requested to respond to these very serious allegations.

The shortage of essential equipment – the SAHRC team was told - has resulted in many cases of doctors not signing performance contracts because they contend that they cannot perform without the essential infrastructure or tools.

vi. Staff

The lack of nurses, auxiliary services and doctors' and nurses' salaries are a problem in almost all hospitals. This results in poor performance and a brain drain in the health services. Nurses are leaving in big numbers because of salary and working conditions. Nurses are receiving a paltry sum of R6.00 per month as shoe allowance that has

not increased for the last ten years! While doctors receive a rural allowance, nurses do not.

A response from the relevant organs of state is requested.

vii. Division of health services into primary, secondary, etc.

This is causing a problem in that patients are "by passing" primary health clinics and going straight to secondary hospitals. If the reason for this is that primary health centres are not providing, then that problem must be tackled full on. Instead, what seem to be happening, is that those patients that by pass the district clinics – albeit for apparently very good reasons, are charged a "by pass" fee of R50,00 - in addition to the normal out-patient fee! That practice calls for a serious response from the health services department, both national and provincial.

viii Administration

Most problems emanate from poor administration. It was noted that some of the issues raised could be addressed internally or by approaching the provincial Department of Health, or the Public Service Commission. Thus it was that catering services, medical supplies, computer services and construction work all suffered because of a failure to pay.

The responsible organ or organs of state are obliged to provide answers to that apparently unsatisfactory state of affairs.



In terms of Section 7(2) of the South African Human Rights Commission Act, No 54 of 1994,

*“All organs of state shall afford the Commission such assistance as may be reasonably required for the effective exercising of its powers and performance of its duties and functions.”*

Extracts of the Commission’s mandate, powers duties and functions are set out in the introduction to this document. This report, which is the result of on-site visits, interviews, and complaints will be forwarded to the hospitals concerned, and to the various organs of state that are implicated in one way or the other. Their responses will be requested not only to the concerns summarised in the “Way Forward” section of this report, but also in the summaries noted under each hospital. Depending on the responses, the further course of action will be determined.

**DATED at JOHANNESBURG on this 24<sup>th</sup> day of JUNE 2003**

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