



**Commissioner
for Children**

**Are the services and budget of the Department of Health and
Wellness child-centred and child-friendly?**

**Submission by Western Cape Commissioner for Children and the Child
Government Monitors**

5 July 2024

Introduction

The Western Cape Commissioner for Children (WCCC) and her Child Government Monitors (CGMs) decided to trace the child-centeredness of the Department of Health and Wellness (DoHW) budget at the implementation level. One cannot easily discern allocations for children's health services at the high level, as information is not disaggregated in this way in the budget books. Additionally, the Head of the Department of Health and Wellness asserted in the Provincial Parliament that the entire health system is geared toward children and their families. The WCCC and CGMs also intended to review the child-friendliness of the health system.

The WCCC monitoring team visited various health facilities, namely the Crossroads Community Health Centre, Mitchells Plain District Hospital, Red Cross War Memorial Children's Hospital, and the Emergency Medical Services (EMS) Dispatch in Pinelands. The visits provided valuable opportunities for the WCCC and CGMs to engage with healthcare professionals, observe operations, and gain a first-hand understanding of the challenges and successes of the public health system.

The submission highlights the key findings from each facility, including the quality of care, resource allocation, and community outreach efforts. It also identifies areas for improvement and makes recommendations to enhance the delivery of healthcare services to children and families in need.



Commissioner for Children

1. Crossroads Community Health Centre (CHC/clinic)

The main observations at the CHC were the safety concerns, overcrowding, nurse-to-patient ratio, budget constraints, partnerships, and child health.

Safety concerns

The CGMs raised concerns regarding the safety of the community because we were escorted by the law enforcement agencies to the clinic and this left many CGMs confused. They heard staff safety was being threatened and wondered whether it was safe for the community to walk to use the clinic services.

"It was also mentioned how they [staff] have to sometimes be escorted because of how unsafe it is in different areas"- Lilitha.

Crowded and Overwhelmed Environment

For most CGMs it was a first visit to a community clinic in their teenage years, they were surprised about the demand for primary healthcare services. Layla said:

"When we came to the clinic there were a lot of people sitting outside. There were a lot of people sitting inside as well like the clinic was overcrowded."

The CGMs observed that the lack of space and the large number of patients waiting for treatment were concerning.

Staffing and hygiene

The CGMs also questioned the adequacy of staffing, Imi considered:



Commissioner for Children

"I expected to see more nurses in the waiting areas calling people in to be treated. I expected to hear intercoms of nurses or doctors calling the patients, but I didn't hear any of that."

Isabella said:

"When we walked into Crossroads I first noticed the amount of people waiting to be served."

They raised the issue of long waiting times for patients and suggested the need for employing more nurses to improve the efficiency of the clinic. The clinic seemed to be struggling to meet the demands of a large population.

The CGMs observed instances of unhygienic practices, Layla observed:

"When we went into the baby's room. There was a nurse working on a child, but she had no gloves on or a mask and so did all the other nurses. The equipment used on the child was also very dirty."

The budget is a critical factor in determining the clinic's ability to operate effectively and provide essential services.

Budget and Resource Management

The CGMs noted that the clinic's operations were constrained by budget cuts. They heard about strategies to save money, Imi reflected:

"...It's linked to the budget because they are trying to save money even though there wasn't a cut to their budget. They have processes to use the money wisely so they don't overspend on medicines or kits"

The CGMs were quite convinced that large investments should go into these smaller healthcare facilities at the beginning of the healthcare delivery chain.



Commissioner for Children

NGO Partnerships and Community Engagement

The presence of non-profit organisations, including Philani, Desmond Tutu and USAID was a unique feature of Crossroads CHC – this was not observed at the other health sites the team visited. This demonstrates the importance of NGO partnerships to supplement the provision of health services in austere contexts. Imi noted:

“...they have an organisation, Philani, going into the community door to door to check on the children's health if they got their immunisation, and if they missed any vaccinations they will ask the parent to take the child to the clinic. They can give a child vitamin A and deworming tablets if needed. Children have booklets called The Road to Health Booklet, that they have to keep to track their vaccinations. They have 97 community health workers”

This partnership demonstrates a collaborative effort to ensure the health and well-being of the local population. Imi said:

“Each community health care worker is paid R4 853 (per month) which is not a lot for the services they do. Some of [the organisation's] extra costs are not covered.

CGMs raised concerns and questioned the sustainability of relying on non-profit organisations for essential service elements.

Child health

The clinic focuses on preventive child healthcare. Johnlee described the clinic as follows:

“Crossroads is an 8-hour facility which is overcrowded but beneficial to the community, they have services which could help all of the community but especially the children in the sense that they have immunisation, monthly check-ups and [track] the growth of babies and children.”

The use of the “Road to Health Booklet” is an important tool for tracking child health. In addition, the BANC (Basic Antenatal Care) programme demonstrates the clinic's dedication to maternal and child health. Imi noted:



Commissioner for Children

"They have a program called BANC (Basic Antenatal Care) that's for pregnant ladies and they can take care of the children from their first 1 000 days."

Overall, the clinic's emphasis on these essential healthcare services reflected a comprehensive approach to infant and maternal health and well-being.

CGM Recommendations for CHC Services

1. Improve the infrastructure and facilities of Cross Road Community Clinic to accommodate the growing number of patients and provide a more comfortable and efficient environment for both patients and healthcare workers.
2. Attempt to address the challenges of overcrowding and long waiting times, in these facilities.
3. Strengthen the collaboration between government-funded healthcare facilities and non-profit organisations to address gaps in services and ensure the sustainability of support for healthcare delivery.
4. Implement measures to improve the cleanliness, safety, and security of CHC facilities, and ensure that proper hygiene protocols are followed to protect patients and staff from potential health risks.

2. Mitchells Plain District Hospital

Mitchells Plain District Hospital is the next stop in the health system after care at a clinic. At the District Hospital, the CGMs learned about referrals, budgets, hygiene, and patient care. Tara described the services:

"Mitchells Plain District Hospital is a 24-hour hospital which is mainly a referral hospital but it also sees patients through their emergency unit as well."



Commissioner for Children

Budgets and Resource Management

The CGMs learned about the hospital's budget and operations, Lilitha recounted:

"...they explained to us that it takes approximately R40 million per month to run the hospital, and how most of the hospital's budget is spent mostly on staff (approximately 800 permanent staff, and from that 800 it's like 480 nurses and also support staff) the hospital's budget also goes to things like food and security."

The CGMs heard about the hospital's efforts to save money without compromising the services offered, including budget allocation to different departments and the challenges of managing limited resources.

Hygiene

The CGMs noted hygiene at the hospital, Imi mentioned:

"Mitchells Plain District Hospital was way more spacious [compared to the CHC], and the place was really clean."

This indicates that the hospital maintains a high standard of cleanliness and provides a comfortable environment for patients and visitors. The CGMs also appreciated the art and design elements within the hospital. Tara commented:

"They had very pretty murals as well as wall art."

This suggests that the hospital has made efforts to create a visually appealing and welcoming atmosphere for patients and visitors, which for children is an important factor in a child-friendly health space.

Patient Care and Services



Commissioner for Children

There were parts of the hospital, for example, the adult ward which we were shown was busier than the rest of the spaces we visited, Tara said:

"It seemed like a very overwhelming situation as well."

There were no children in the emergency ward at the time of the visit and the equipment was explained to the team.

"What I didn't see is children in the pediatric section which I wanted to see"- Cai.

The CGMs were on the lookout for how children use the facility.

Security and Safety:

The CGMs also observed the security measures at the hospital, including bag checks and body scanners, Isabella mentioned:

"The first thing that I noticed besides how big it is [hospital], is the security officers when you enter the entrance doors."

This suggests that the hospital prioritises security and safety for its patients and staff, but also perhaps indicates that the hospital is located within an unsafe area.

Overall, the CGMs were impressed by the cleanliness, organisation, and commitment to children's healthcare at Mitchells Plain District Hospital. The Hospital is the busiest emergency centre in the province but also grapples with resource shortages and a deficit of medical specialists. The presence of foreign medical specialists at the facility highlights these challenges. The CGMs made no specific recommendations for Mitchells Plain District Hospital.

3. Red Cross War Memorial Children's Hospital (RCWMCH)



Commissioner for Children

The Red Cross War Memorial Children's Hospital (RCWMCH) is a tertiary hospital and provides specialist pediatric services. The team made two visits to the hospital to gain more insight. The CGMs noted the security features, patient care, and budgets.

Security

The Child Government Monitors (CGMs) noted a focus on safety and security, Cai said:

"As we arrived at Red Cross War Memorial [Hospital], it looked fancy and organised at the parking lot. Entering the premises [of] the hospital first thing I saw was the park in front of the entrance of the hospital. I felt safe and welcome on the hospital's premises because they had security and because we got nice food."

They also observed the well-maintained therapeutic park, which provides children with the opportunity to play and be kids while undergoing treatment.

Patient care

The way the hospital was decorated created a child-friendly space, Cai remembered:

"The Radiology department is incredible! The stickers and patterns on the walls are so fun, and the MRI and CT scan machines are so cool. I love that they have a special machine with a TV and lights to keep kids calm during scans."

The CGMs highlighted the hospital's policy of transferring adolescents, Ande noted:

"Although it is a children's hospital it doesn't necessarily cater to all children. Adolescents are transferred to adult hospitals once they are 13 years of age. This is due to how the pediatric system in South Africa is designed for children 12 years and under. This then leaves a void for specialised services and care for adolescents."

Imi added:



Commissioner for Children

"I felt so good to see the park and the flexible policy they have for adolescents that seek medical care at Red Cross Hospital. The policy is, that if the child has been at the hospital since they were young when they are 13 years old they will be [transferred] to Groote Schuur, an adult services hospital, and if that hospital doesn't have the service the adolescent is looking for, they will send a doctor from Red Cross to Groote Schuur. It was so good to see how much they care for the children at the hospital."

They also noted the hospital's commitment to ensuring that adolescents who have been receiving care at RCWMCH since a young age continue to receive the necessary services.

The hospital left a positive impression on the CGMs, Cai said:

"Overall, I'm so impressed by this hospital and all the amazing work they're doing to help children. As a child rights activist, I believe that all children deserve access to quality healthcare, and this hospital is definitely making that a reality."

Budget and Funding

The CGMs learned the budget and how it is used, Lilitha remembered:

"...they have a budget structure and [their] budget is approximately R1 billion but to be specific it is R973 million, where they have many specialised staff, and use [the budget] for machines and equipment. Most of the budget around 60 - 70% of the budget is mostly used for staff and how 30 - 35% of the budget goes towards goods and services (equipment, maintenance contracts and Acticoat dressing/dressing etc). ..."

Imi added:

"An x-ray machine costs 20 - 25 million so they try to keep that machine working for years. The Provincial [Equitable] Share provides them with the money. National Treasury



Commissioner for Children

Services Grant (NSTG) [is] 400 million; Human Resources Training Grant (HRTG) is 125 million

The hospital's budget is heavily invested in critical areas, Tara recounted:

"We have picked up that ICU (intensive care unit), surgeries and oncology take most of their budget. They ensure that children are accommodated and have their parents at their side as they have a parents' accommodation, both parents and kids get food from the hospital."

They also noted that the hospital receives donations and governmental funds, Lilitha noted:

"It was also mentioned how 100% of the [budget] comes from the government".

CGMs recommendation for RCWMCH:

1. Ensure that adolescents also receive specialised care and are not transferred to adult hospitals prematurely.

4. EMS Dispatch in Pinelands

By the end of the day the team was very tired but soon pepped up at the EMS services. They noted the equipment for patient care, budgets, and staffing.

First impressions of the facility were deceiving, Cai noted:

"When we arrived at EMS outside the building it looked like a lost old building. When entering the building I saw a big premises with lots of space and a few old and new ambulance vans and the incident command van."



Commissioner for Children

Tara added about the range of services offered:

"The facility is encompassing of various services such as paramedical, search and rescue and so forth."

Budget and Equipment

The cost of the equipment and vehicles at the EMS Dispatch is a significant factor, Imi remembered:

"An ambulance van costs R800 000 and with the machines and equipment, it costs 1.2 million rand. The drone that is used for finding people in the mountains during the day and night flies for 35 minutes. It can fly up to 15km, but they try to keep it top 3km to not waste the battery."

Ande added:

"It was good to see how the budget allocated is being spent wisely on up-to-date equipment designed to assist the officials deliver quality services to the people."

Layla reported:

"The drone was my favorite part I never expected them to have a drone."

The CGMs were impressed by the extensive equipment and technology used to find and stabilise patients.

Staff and Operations

The visit to the EMS Dispatch provided insight into the extensive work and dedication of the staff, Imi said:

"We learned that these people don't just drive the vehicles but are actually life savers. We did a few activities which were eye-opening."



Commissioner for Children

The children were shown how to use the jaws of life and the carrying stretcher for rescues. The staff members are constantly on call and often risk their lives to save others.

The visit to the EMS Dispatch shed light on the lack of public appreciation for the work of the staff, Tara noted:

"I'm really sad knowing that they don't get a 'thank you' from patients."

The staff also highlighted the importance of knowing emergency numbers and showing respect and kindness to the people who offer their lives to save others.

The visit to the EMS Dispatch left a lasting impression on the CGMs, with many expressing excitement and amazement at the equipment and operations they witnessed.

Children's understanding and reflections of the health system

Children's reflections on the budget allocation and funding sources for healthcare facilities provide insights into their understanding of the financial aspects of the healthcare system. They can articulate the budget structure, the percentage of funds allocated to staff and equipment, the reliance on government funding and the important contribution of the NGOs to the healthcare system. These reflections indicate that the children are aware of the financial constraints faced by healthcare facilities and the impact of budget decisions on the provision of healthcare services.

Additionally, their questions about the sustainability of non-profit organisations' support and the potential impact of budget cuts on healthcare services demonstrate their critical thinking about the long-term viability of healthcare funding.

Overall, the children's understanding and reflections of the health system, as evidenced in their journal entries, reveal their awareness of various aspects of



Commissioner for Children

healthcare delivery. Their observations and comments provide valuable insights into the physical environment, the quality of care, the availability of medical resources, and the financial challenges faced by healthcare facilities. These reflections emphasise the importance of considering children's perspectives in evaluating and improving the healthcare system, as their insights can contribute to a more comprehensive understanding of the strengths and limitations of the current system.

WCCC analysis – Adolescent Gap, Austerity Measures, and Ageism

Findings from the reflections and analysis of the #FollowTheMoney Campaign with the DOHW led to the discovery of three challenges within the system that would hamper child-centred and child-friendly budgets and health care: austerity measures, the adolescent gap, and ageism – a triple A framing.

Austerity

The children understood the impacts of the R807 million real shortfall in the DOHW 2024/5 budget and set about understanding the impact of fiscal austerity on the health service. They were heartened to note that each centre they visited had developed mitigation strategies for budget cuts. However, especially in primary health care, there is real concern about the moratorium on filling posts because more staff is sorely needed at this health service interface.

From the sites that we have engaged, we have noted that the approach to budget management is commendable, with a strategy that emphasises the wise use of funds. By ordering medical supplies based on actual patient needs, the health facilities avoid unnecessary expenses, demonstrating a commitment to fiscal responsibility without compromising the quality of care. Moreover, the partnerships, especially clinics have with organisations like Philani, which conducts door-to-door health checks, highlights the clinic's deep connection with the community it serves. This



Commissioner for Children

engagement not only enhances the clinic's reach but also ensures that health services are accessible to those who might not otherwise seek them out.

Adolescent gap

Tara Hendricks, a 15-year-old, who had experience with the health system noted a concern that adolescent health services are not well conceptualised and implemented. From 12 years old, child patients are placed in adult wards.

This difficulty with adolescent health is also noted in the realm of the provision of sexual and reproductive health services. Adolescent-friendly health care needs more attention.

Ageism

In WCCC, children are encouraged to be bold and ask basic and contentious questions to help them understand government service delivery for children. The Children's Commissioner observed that the health service professionals were not familiar with engaging children as equals or monitors. On our first visit to Red Cross War Memorial Children's Hospital, the team experienced what the Children's Commissioner refers to as: 'death by Powerpoint'. Services were trying their best to provide information but instead overwhelmed the children and the Children's Commissioner had to advise the presenters it was TMI (too much information).

The Children's Commissioner observed that some adults did not know how to pitch service and budget information to children, some health professionals scoffed at the children's basic questions, and others were condescending. This is not unfamiliar behaviour from adults considering the skewed power balance of adults and children



Commissioner for Children

in society; and contributes to ageism. The poster presented by the CGMs will recount some of their experiences of ageism on the visit to the health care system.

Conclusion

These triple AAA challenges of underdeveloped adolescent service models, fiscal austerity and ageism mean that the DOHW may need to reconsider its policy and practice to ensure closer alignment of health services to a child rights orientation which goes beyond the provision of services and protection from harm to children's participation in decision making.

List of contributing Child Government Monitors

Cai Damane

Ande Melane

Johnlee Plaatjies

Imivuyo Dyantyi

Layla Devajee

Lilitha Kopolo

Tara Hendricks

Isabella Dawood