

# **CITY OF MASVINGO**

## **HEALTH DEPARTMENT**

### **STANDING RULES/INSTRUCTIONS, SYSTEMS AND PROCEDURES.**

#### **PREAMBLE**

Health is a right, public concern and a social goal. However health is everyone's responsibility.

#### **INTRODUCTION**

At independence the Government of Zimbabwe approved a white paper "Planning for Equity in Health". It outlined the health policy consistent with economic policy embedded in "Growth with Equity" which sought to establish a socialist, egalitarian and democratic society in the country. The Primary Health Care concept was adopted; an approach that calls for a health care which is appropriate, accessible, affordable and acceptable to the beneficiaries.

The Municipality of Masvingo is no exception, the Health Department is charged with the task of providing a satisfactory and comprehensive health care service to its urban community in line with the Primary Health Care approach. The essential components of primary health care provided in the Local Authority include among other things: education concerning prevailing health problems and the methods of preventing or controlling them; promotion of safe food supply and proper nutrition; an adequate supply of safe potable water and basic sanitation; maternal and child health care including family planning; immunization against major infectious diseases; appropriate treatment of common diseases or injuries; and provision of essential drugs.

The Local Authority's goal to provide sound health services in its areas of jurisdiction is achieved through a clear political commitment, well trained and motivated breed of health staff who are prepared to shoulder new challenges of reforms that include decentralization of health services management from central government to local authorities. Accountability, performance, efficiency, quality (value for money) and effectiveness are the subcultures of the modern times that are essential for the efficient and effective management of health services in any organization.

#### **HEALTH DEPARTMENT'S MISSION STATEMENT**

We are committed to the provision of an efficient, cost-effective, convenient and a reliable health care delivery system that satisfies the needs of the patient and community in the urban settlement. We consider our contribution pivotal to the development of the economy and our success is measured by our ability to meet the ideals in a healthy environment.

#### **VISION**

Our vision is to be safest, patient-centred and a competitive health department in the provision of health services.

## **VALUES**

We aim to ensure that our patients and community get the best health services in a healthy environment e.g. “clean water, sanitary disposal of wastes and supply of safe food”.

## **SAFETY**

We believe that health and safety is everyone’s right especially at work places. Where there exist a conflict of interest safety should take precedence over other considerations.

## **ENVIRONMENT**

We aim, at all times, to ensure that our operations are environmentally friendly.

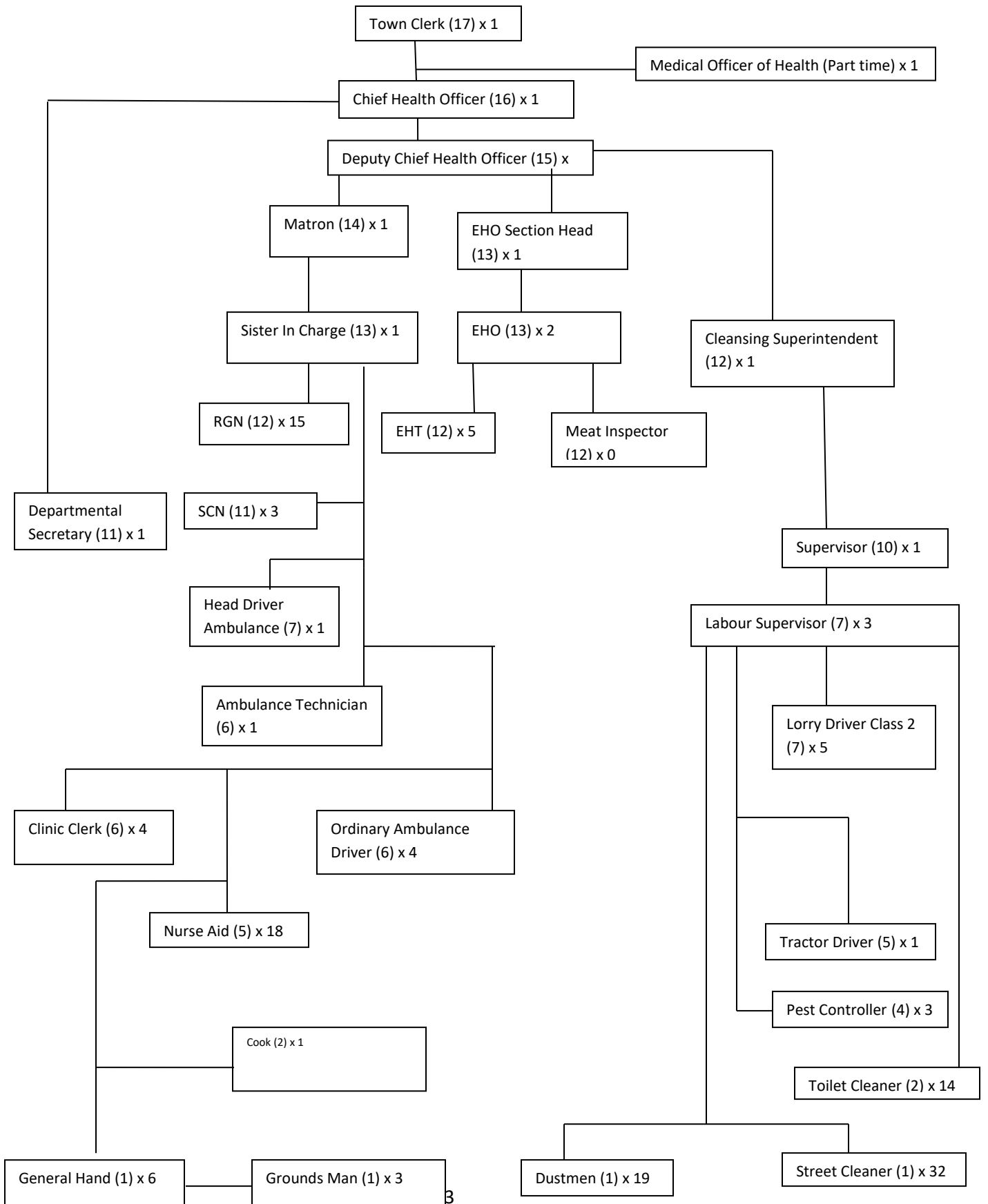
## **EMPLOYEES**

We believe in providing a good working environment which attracts and retains committed employees. Through training and effective communication we equip our staff with qualities, knowledge and essential competencies that help them fulfill their potential and contribute directly to the success of a sound health service delivery in the City of Masvingo.

## **DEPARTMENT’S POLICY OBJECTIVES**

1. To prevent and control communicable diseases.
2. To promote and monitor high standards of food hygiene and safety.
3. To implement and enforce the provisions of the Public Health Act Chapter 15:09; other pieces of legislation and to administer Council by-laws and policies related to health so as to ensure compliance of trading and residential premises.
4. To monitor and control air, water and land pollution in the urban environment.
5. To monitor and maintain water quality control.
6. To advise and educate urban workers on occupational health and safety in particular the control of physical, chemical and biological hazards.
7. To provide an efficient service for the provision and maintenance of public conveniences and street cleansing.
8. To ensure efficient and technically acceptable liquid and solid wastes/refuse disposal systems.
9. To monitor and control pests through chemical, biological, genetic and environmental manipulation.
10. To provide equal access to health care for both women and men, boys and girls.
11. To provide an outpatient curative service for common ailments.
12. To provide maternal and child health care services including immunization, nutrition, growth monitoring, antenatal and postnatal, child spacing and family planning.
13. To provide specialist visits and counseling and home based care to the aged, terminally ill, handicapped, HIV/AIDS patients.
14. To inform and educate the general public and our clients on health matters affecting them.
15. To undertake and arrange or programmes of research and surveys in matters pertaining to health.
16. To prepare informative reports to Committees of Council on public health issues.
17. To coordinate with other Council Departments and liaise with Government Ministries and other external agencies on matters pertaining to health.
18. To provide and retain adequate health staff to achieve the above policy objectives.

# OUR ORGANISATION CHART OF THE HEALTH DEPARTMENT



The Health Department is headed by the Medical Officer of Health (part-time) and is administered by the Chief Environmental Health Officer with the assistance of a Senior Environmental Health Officer. The Department has got four functional sections each headed by a Section Head:-

- a) Environmental Health (Inspectorate)
- b) Curative (Clinics, Maternity and Community Nursing Services).
- c) Cleansing and Refuse Disposal.
- d) Pest Control
- e) HIV/AIDS Control Section (DAAC)

### **1.1 Environmental Health Section (Inspectorate)**

This section comprises of Environmental Health Officers, Environmental Health Technicians and a Meat Inspector. It is a statutory section headed by the Environmental Health Officer.

#### **WHO IS ENVIRONMENTAL HEALTH OFFICER TECHNICIAN**

Environmental Health Officers/Technicians are responsible for carrying out measures for protecting public health, including administering and enforcing legislation related to environmental health and providing support to minimize health and safety hazards. They are involved in a variety of activities for example inspecting food facilities, investigating public health nuisance and implementing disease control. Environmental health officers are focused on prevention, consulting and education of the community regarding health risk and maintaining a safe environment.

They also bring to the position an understating of microbiology risk assessment, environmental science and technology, food science as well as skills and knowledge related to the tracking and control of communicable disease and the investigation and enforcement of legislation on related to public health and the environment. Working in partnership with Government Ministries such as Health, Agriculture, Environmental business, community groups and agencies as well as individual members of the community. The environmental health Officers/Technicians play a major role in protecting Health.

The staff work 40 hours per week i.e. 8 – 1pm and 2pm – 5pm from Mondays to Fridays.

#### **1.1.1 Section's Mission Statement**

We are committed to ensuring a safe and healthy living environment to the public through the implementation of corrective, preventive and promotive measures which relate to public health.

#### **1.1.2 Systems and Procedures The Scope of duties of Environmental Health Section are:-**

#### **1.1.3 DISEASE SURVEILLANCE**

This is an epidemiology practice by which the spread of disease is monitored in order to establish patterns of progressions. The main role of disease surveillance is to (i) Predict (ii) minimize the harm caused by outbreak, epidemic and pandemic situations as well as increase knowledge about which factors contribute to such circumstance.

1. **Investigation and Prevention of Infectious Diseases**

- a. Investigate the source, transmission route and destination.
- b. Institute corrective treatment and control/preventive measures.

2. **Food Hygiene Monitoring**

- a. Inspection of food commodities including meat inspection.
- b. Sampling of food items.
- c. Swabbing of surfaces.
- d. Medical examination of food handlers.
- e. Approval of design layouts and building plans.
- f. Health education relating to food handling and processing.

3. **Inspection of Premises (for licensing and health hygiene purposes)**

- a. Inspection for new licenses is done upon receiving application forms from the Town Clerk's Department. Town Clerk is advised in report form, on the health status of the premises and conduciveness of the building to accommodate the intended activity.
- b. Inspections for licenses renewal:- done as from October to December each year.
- c. Licence checking: - done in February of the preceding year with subsequent issuing of spot fines.
- d. Routine inspections: - done randomly to ensure health and hygiene compliance.

4. **Water Quality Monitoring**

Sampling of water for bacteriological and chemical analysis.

- a. Samples are collected in 750ml sterile bottles from Bush mead Water Works, Mucheke, Town Centre, Rujeko, Victoria High School, Runyararo and 4.1 Brigade.
- b. PH and residual chlorine checking at collection point.
- c. Despatch collected samples to a private laboratory for analysis. The other samples are analysed by the Environmental Health Department monthly.
- d. Read results in comparison with World Health Organization water standards.
- e. Interpret results and take any remedial action where results are bad.

5. **Environmental Hygiene**

- a. Inspection of source of pollution and prescribing abative measures.
- b. Monitoring of levels of pollutants, by way of sampling emissions, use of measuring implements.
- c. Advising traders on appropriate technologies e.g:-
  - i. For control at source
  - ii. Change of raw materials
  - iii. Modification of processes

6. **Health Education**

- a. Providing appropriate health education materials to health facilities as well as the community.
- b. Conducting domiciliary visits.

7. **Meat Inspection**

Meat Inspection is done by EHO<sup>s</sup>/Meat Inspector at Carswell meats and Montana meats. The main purpose of meat inspection is to detect and prevent hazards such as food borne pathogens or chemical contaminants if food of animal origin. This is achieved through antemortem and post mortem inspection.

**ANTEMOTEM PROCEDURES**-Antemotem inspection is carried out in adequate light where the animal can be observed both collectively and individually at rest and motion. The general behavior animals are to be observed as well as their nutrition status, cleanliness, signs of diseases and abnormalities.

**POSTMOTEM PROCEDURES**-This is done as soon as possible after the completion of dressing of a carcass in order to detect any abnormalities so that products only conditionally fit for human consumption through viewing, incision, palpation and olfaction techniques of the carcass by the meat inspector.

8. **Occupational Health and Safety**

- a. Ensuring the correct use of protective clothing.
- b. Supervising the use and disposal of chemicals and other potentially toxic substances.
- c. Inspection of industrial operations to continuously monitor and abate any physical, chemical and biological hazards that may be present.

9. **Legal Obligations**

Environmental Health (Inspectorate) activities are generally carried out according to various legislations which provide for the above activities. The following are the legislations being enforced by the inspectorate section:-

- a. Public Health Act Chapter 15:01.
- b. Food and Food Standards Act Chapter 14:04
- c. Hazardous Substances Act Chapter 15:05
- d. Dairy Act Chapter 107 and Dairy Registration 1977
- e. Masvingo Licensed Premises By-Laws
- f. Model Building By-Laws
- g. SI.50 of 1995
- h. Food Regulations
- i. Masvingo Refuse Removal By-Laws
- j. Shop Licences Act 14:17
- k. Factories Act Chapter 217
- l. Casino Act 10:03
- m. Drug Control Act Chapter 320

n. Liquor Act 14:12

## **1.2 Curative (Clinics, Maternity and Community Services)**

This section comprises of medical staff (state registered nurses and state certified nurses) and non-medical staff (nurse aids, ambulance drivers, cooks, revenue clerks and groundsmen). It is headed by a Matron and assisted by a Sister-In-Charge at each clinic and a Community Nursing Sister.

### **1.2.1 Section Mission Statement**

We are committed to up to date, accurate and safe patient management. Patients are assured the right to privacy during consultation, examination and treatment. Our code of conduct is based upon a concern for the maintenance of the highest standards of integrity and the protection of the interests of patients.

### **1.2.2 Systems in Place**

#### **Clinic Operational Times**

Clinics open at 7.30am to 1600 hours Monday to Friday  
7.30am – 1600 hours on Saturday  
7.30am – 1000 hours Public Holidays  
Closed on Sundays

Clinic keys are kept by the Sister In Charge. The three ambulances are kept at the Mazorodze Maternity Home overnight for emergencies. Security is present at Rujeko Clinic from 4pm to 6am. Gates are locked by the Security Guard at 4pm and open at 6am daily. Security is present at Mucheke Clinic from 4pm to 11pm. Thereafter we have no security.

#### **Outpatients Department**

1. First of all patients see the Revenue Clerk for assessment whether the patient is paying or non-paying. Then he issues the card that reflects the amount paid by use of a token and the date. For the non-paying patient it is indicated as “free”. The patient is registered in the Out Patient Department Register – name, age, diagnosis and treatment given.
2. The patient goes to the next station for observations i.e. temperature, blood pressure and weight.
3. At that point patients are screened and directed to the Family Child Health unit or to the Outpatients Department waiting room to await consultation by the nurses (trained).
4. The patient is consulted in private as this is where the history of illness is taken. We also note their social problems which may have a bearing on their condition.
5. Diagnosis and treatment is noted down and health education is given individually.

## **Treatment**

- a. The trained staff give treatment to the patients as prescribed. Principles of issuing drugs are strictly adhered to by a trained nurse.
- b. Dressings are done by trained nurses. Nurses aids can also do this function under scrupulous supervision of qualified staff where staff shortages are experienced. This procedure is also undertaken in privacy.

## **Drug Control and System of Ordering**

Drugs are ordered from Natpharm using requisitions and issue vouchers. The ordering is done monthly. Stocks of drugs are controlled by the use of stock cards and stock register book. Minimum stock being calculated as the total amount of drugs used over three months period. There is a stock card for each drug and medical equipment. The drugs are stored in a lockable room that is enclosed within another lockable room. Drugs are issued to the treatment room on a daily basis using the first in first out system to avoid wastage of drugs through expiring. In the dispensary a tally register is used to indicate when a supply of a drug is dispensed.

## **Family Child Health (MCH)**

In the Family Child Health Department the following services are provided:-

- Antenatal, Postnatal Care.
- Immunization for under 5 year olds.
- Family Planning Care.
- Counseling and Testing for HIV.
- Arv Therapy for Pregnant mothers is provided.

## **Mothers: ANC**

The following are the few examples of the type of patients referred to the Hospital or the doctor for further management:-

- a. Those with abnormally raised blood pressures.
- b. Previous caesarian section (operation)
- c. All abnormalities detected related to the baby in the womb and the expecting mother.

## **Maternity**

Booked and unbooked cases are attended to in the maternity. After full examination depending on the findings the patient is either admitted or transferred to the hospital. In the event of transferring a patient to hospital a nurse or nurse aid accompanies the patient.

The admitted patient is monitored at half hourly intervals up until time of delivery. After delivery the mother is thoroughly examined as well as the baby to exclude abnormalities and prevent further complications. The mother and the baby are discharged after 24 hours of delivery if all is well. Health education is given on discharge. The mother is given the necessary documents i.e. birth record and baby clinic card. We



ensure the birth is entered into the register before discharge. BCG vaccination is given to all babies delivered into the institution before discharge.

### **Dry Stores**

These are received by the Sisters-In-Charge of the Clinics and entered as received in the stock book after checking the receipts. All issues of dry stores are recorded in the book on a daily basis. Linen inventory is done annually and before ordering. All condemned linen is counter checked by the auditors before disposal.

### **Kitchen**

Inpatients are given breakfast, lunch and dinner.

### **Food**

Patients' food is ordered using Council ordering procedures (in place in the Treasury Department). All food items received are entered on stock cards. Daily supplies taken are recorded and signed for.

### **Condemns of Food**

The Environmental Health Officer or Technician is informed of any food that is not suitable for human consumption from the kitchen. After inspection the auditors are informed who come and check the stock and then order disposal.

### **Ambulance Drivers**

These are shift workers. Their roles as ambulance drivers:-

- a. Maintenance of ambulances, this includes: checking oil, water, fuel and cleaning of ambulances.
- b. Report any fault and accidents involving the ambulances.
- c. Recording all ambulance trips in the log book.
- d. Collect and receipt payment for ambulances services and bank with the clinic clerk every morning.
- e. Trips to collect patients are made within the Municipal Area. Can only attend to emergencies outside the Municipal Boundaries if it is a national disaster.

### **Protective Clothing**

Is worn at all times. The choice of uniform is according to the organisation's regulations. Nurses' uniforms are in accordance with regulations of the Zimbabwe Health Professions Council. In view of HIV infection and AIDS, protective clothing is used by all staff at the clinics i.e. labour ward nurses use goggles, masks, gowns, aprons, also plastic aprons and knee high gumboots as well as two pairs of rubber gloves.

### **Rujeko, Runyararo and Muccheke Clinics**

The nursing staff and all others aim to provide quality and comprehensive care to all patients offering equal access to both men and women through the delivery of Primary Health Care.

## **Community Services**

The Community Nurse supervises and assists various programmes within the communities. Domiciliary visits to the chronically ill – only those needing supervision at home (preferably referred by medical personnel). The Community Nurse assists in Health Education Programmes, facilitating at workshops, training of grassroot health workers. She also inspects institutions like:- Children’s Homes, Zimcare, Creches/Preschools etc.

### **1.3 Cleansing, Refuse Disposal and Pest Control**

This section is mainly constituted of semi skilled staff (drivers), dustmen, street cleaners, toilet cleaners and spraymen. The section is headed by the Cleansing Superintendent who is an Environmental Health Technician professional by qualification. He is assisted by Labour Supervisors.

#### **1.3.1 Section’s Mission Statement**

Our commitment and interest lies in ensuring a safe, sound acceptable and affordable cleansing services delivery system to the local community at all times.

#### **1.3.2 Systems and Procedures**

##### **a. Refuse Collection, Removal and Disposal Services**

All employees, drivers and dustmen report for duty at the Cleansing Office at 6:45am.

Drivers and dustmen proceed to their vehicles and before starting the engine check: tyres, water, oil, battery water, indicators and report any problems to the Workshop Foreman and the Cleansing Office. If everyone is alright they drive out to their respective working areas the driver being the group leader.

The crews enjoy tea breaks, lunch and knock off at 4pm after cleaning the vehicle on daily basis. All vehicle keys to be surrendered to the Workshop Foreman when knocking off. All drivers and crews to start and knock off at the workshop.

When going on vacation leave, off sick or annual leave each member of the crew has to discuss with crew members and report to the driver who will bring this to the attention of the Labour Supervisor and finally to the Cleansing Office.

##### **b. Street Cleansing Services**

All street cleansing staff report for duty at their respective depots i.e. Workshop, Showgrounds, Swimming Pool (Northleigh), Mucheke Administration, Pangolin Chiwororo Tarven, Manhede Beerhall, Building Brigade, Tanaiwa Green market.

Labour Supervisors to see to it that all street cleaners have started on time and knock off on time. Street cleaners ask for vacation leave, annual and sick leave to the Labour Supervisors who report to the Cleansing Office for further arrangements.

c. **Public Conveniences, Communal Latrines and Cleansing Services**

All toilet cleaners to report for work in their respective working areas at 6am. They clean walls, cisterns, floors and the surrounding at all times. Minimum number of times to clean:-

Walls – at least once a week inside and outside

Cisterns – daily

Floors – twice daily

Surroundings – whenever necessary

Labour Supervisor to supervise cleaners at all times.

d. **Pest Control Services**

All pest control staff to report for duty at the cleansing office at 6:45am. The group leaders report to the Pest Control Supervisor each day and go out to their respective working areas. The Pest Control Supervisor to make follow-ups and report to the Cleansing Office. He also arranges leave days for all pest control staff.

***NB- Every Monday all workers to report at workshop at 6.45am for register.***

1.4 **General Departmental Standing Instructions**

- Punctuality, work consciousness, reliability and good conduct is a must.
- Compilation and handling in of monthly reports on the last Tuesday of each month.
- Keeping and maintaining an asset register for movable equipment and furniture or any other movable object which has a useful life supplied to the department from any source.
- Boarding or writing off assets to be jointly done with the audit.
- Attending all departmental meetings.
- Making submissions for each year's annual budget and annual reports.
- Discipline of staff as per Municipal Conditions of Service and Code of Conduct regulations.
- Ordering of items to be done as per standing Municipal Treasury instructions.
- Vehicle accidents to be reported to the Head of Department and Management
- All uniformed staff are expected to put on their uniform and in a clean state all times
- Immediate positive reaction to all residents concerns and needs.

1.5 **Constraints/Problems Experienced by the Department**

While it is our sincere wish to provide efficient and effective health services to our residents and to focus our attention on the results that matter to the residents when compared to what they pay; we are sometimes limited by the following:-

- Staff turnover mainly due to uncompetitive remuneration e.g. health professionals (nurses, health inspectors and technicians) when compared to their Government counterparts. Morbidity and mortality amongst staff especially in the frontline workers is also a cause for concern.

- Under funding of the Public Health Services by Central Government is also a cause for concern. Health is a national responsibility whose policy and financing could not be left to each local authority. Central Government must honour its obligations of paying grants to local authorities.
- Ageing Refuse Collection Vehicles and the prohibitive expenses of acquiring new ones is also a cause for concern.
- Lack of laboratory facilities to monitor food, water quality and specimens. Presently we are relying on private laboratories whose prices we may not be in a position to control.
- Impact of HIV/AIDS and the harsh economic environment also impact heavily on the health services delivery.
- Pressures by the informal sector to do what they want in regards to selling their wares including food stuffs:- if allowed to happen unabated can impact heavily on the public health of the residents.
- Disposal Site which is now close to residents.
- Use of Sanitary lanes as toilets by street kids and vendors.

#### **1.6 Strengths**

- Unity between staff and councilors.
- Support from other departments.
- Support from the Provincial Medical Director (Ministry of Health & Child Welfare)

Having said all the above as a department we have always tried to capitalize on all opportunities and we managed to create enabling financing, culture, environmental policies, programmes and strategies for the fruitful implementation of Council health services.

Thank you