



Khula Natural Health Centre Impact Assessment June 2021

Impact Assessment conducted by

kimosabe
c o n s u l t i n g

Table of Content

INTRODUCTION.....	2
Khula Natural Health Centre	2
Rationale for the impact assessment	2
Methodology.....	2
EXECUTIVE SUMMARY	3
PUBLIC HEALTHCARE FACILITIES IN REGION	4
CAPACITY AND COVERAGE OF KNHC	5
Growth of KNHC.....	5
Areas serviced and travelling distances.....	6
Transport challenges.....	7
HEALTH PROFILE OF KNHC PATIENTS & NONGOMA COMMUNITY MEMBERS	8
SERVICE DELIVERY OF KNHC VS. GOVERNMENT CLINIC/HOSPITAL	9
Overall experience	9
Waiting time	10
Communication and attitude of staff	11
EFFECTIVENESS OF KNHC VS. GOVERNMENT CLINIC/HOSPITAL.....	13
SIX IMPROVEMENT OPPORTUNITIES FOR KNHC	15
1. Create greater awareness	15
2. Expand services	17
3. Increase resources	18
4. Offer transport	18
5. Improve treatment system	19
6. Educate on homeopathy	19

INTRODUCTION

Khula Natural Health Centre

The Khula Natural Health Centre (KNHC) was established in April 2017 and is registered as a non-profit, public benefit organisation in South Africa. Founded by the Khula Foundation in Switzerland, KNHC is committed to the promotion and improvement of primary health care in rural communities of Southern Africa through Homeopathy.

KNHC piloted the first homeopathy clinic in South Africa in the Khula Village which is located within the Mtubatuba Local Municipality in rural KwaZulu Natal (KZN). The efficacy of Homeopathy for the treatment of primary health care needs in South Africa has been successfully demonstrated at KNHC after four years of operation.

While initially the clinic operated for only one week per month in Khula Village, since July 2019 it has been operating for two weeks per month. The cumulative patient visits to KNHC since its establishment in April 2017 is currently recorded at more than 14,000 from the greater uMkhanyakude District and other bordering districts (Zululand and King Cetshwayo).

Rationale for the impact assessment

Four years into operation the time was ripe to assess the impact of KNHC on the primary health care profile of Khula Village and its surrounding areas. At the same time it made sense to develop a view on how the KNHC model currently helps, and could potentially help even more, to alleviate the healthcare burden on government facilities. With this in mind it was decided to also consider the health care requirements of a location with similar demographics to Khula Village – but which has neither access to a similar natural health centre nor adequate primary healthcare infrastructure of its own. The Nongoma Trading Centre (Nongoma TC), within the Nongoma Local Municipality of the Zululand District, was the location identified for comparative purposes.

While KNHC's funding has been anchored by the Khula Foundation in Switzerland, it requires significant additional support both locally and internationally in order to sustain current operations and potentially replicate the KNHC blueprint to other rural areas that could benefit from its services. Such an impact assessment could clearly illustrate the business case for additional support and funding for KNHC and could also open opportunities for increased collaboration with government, NGO's and other potential partners.

Methodology

The comparative impact assessment was conducted through a combination of desktop research, surveys and selected in-person interviews, across both Khula Village and Nongoma TC.

The research exercise specifically included:

- Two surveys which respectively targeted a sample of 60 KNHC patients from Khula Village and surrounding areas and a sample of 60 community members from Nongoma TC that were not KNHC patients.
- Interviews in Khula Village and surrounding areas with KNHC Staff, Patients, Community Leaders and NGO's, as well as interviews in Nongoma TC with Councillors, Community Leaders and Government Healthcare Staff.
- Patient feedback regarding the impact of their treatment at KNHC.

EXECUTIVE SUMMARY

Strong growth in demand for KNHC services is evident. Over the last three years, both the volume of patients seeking treatment at KNHC and the number of areas being serviced by the health centre has grown significantly. The number of repeat patient visits has also increased dramatically.

Geographic scope of the areas that KNHC supports has widened significantly. The majority of new patients are increasingly coming from communities further away. As a result, people are often travelling ever greater distances to reach the health centre.

Transport to access healthcare services is a huge challenge for communities. Remote locations mean patients often have to travel long distances to seek treatment. There is an absence of suitable and affordable transport solutions.

Similar health issues exist amongst KNHC patients and Nongoma TC community members. KNHC is therefore well positioned to alleviate the healthcare burden at public healthcare facilities and communities would benefit from knowing more about the health centre's offering.

Service and experience are rated much better at KNHC than at public healthcare facilities. This is strongly influenced by patient perceptions around effective, affordable and sufficient medication, as well as the quality of consultations with doctors.

Waiting time is far less of an issue at KNHC than at public healthcare facilities where it is regarded as a significant challenge. Public healthcare facilities are impacted by lack of resources, including staff shortages which result in long queues and waiting times, and slow service.

Communication and attitude of KNHC staff was rated far higher than that of staff at public healthcare facilities. This was mainly attributed to KNHC staff understanding of the health issues, effectiveness of doctors, clear communication during consultations and their excellent attitude towards patients.

Health improvements of KNHC patients are far greater than those who visited public healthcare facilities. Patients felt this was due to the excellent treatment received at KNHC – including the highly effective prescribed remedies/medications which never run short and the excellent quality of doctors who attended to them.

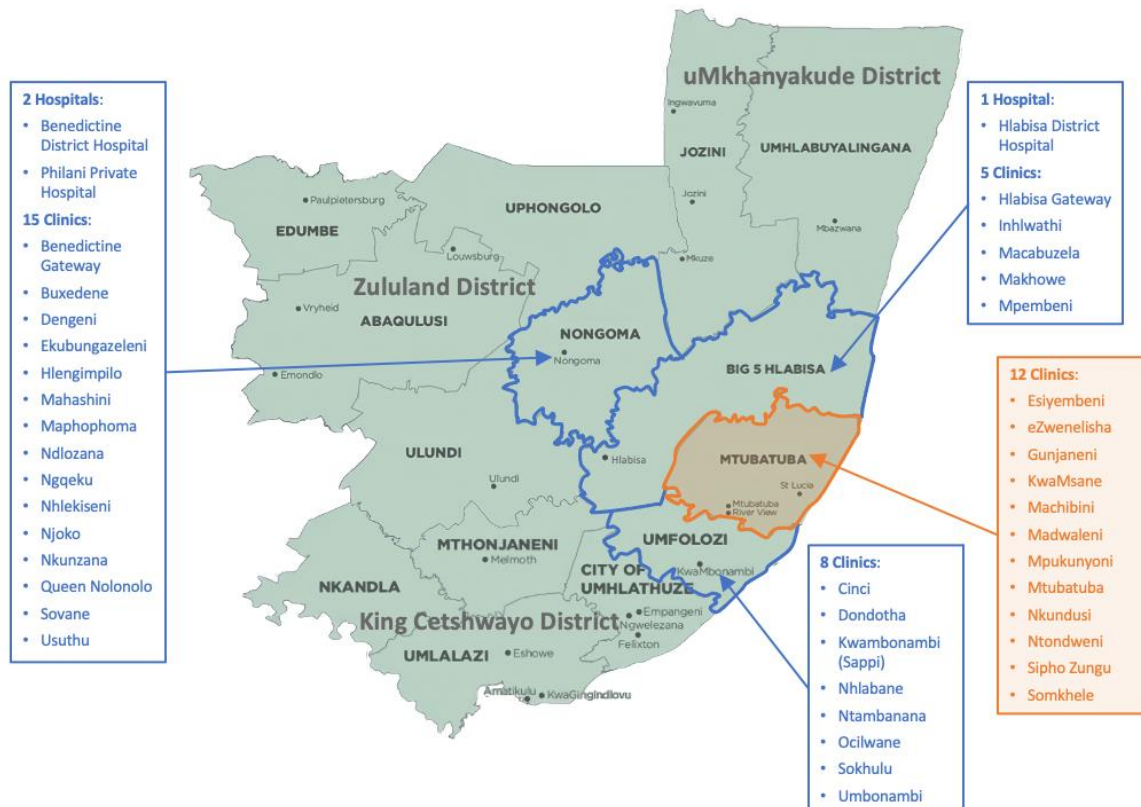
Greater awareness of KNHC is needed to build on the positive reputation the health centre enjoys. The fact that patients would recommend their services and communities would be open to receiving homeopathic healthcare, positions KNHC strongly to help alleviate the primary healthcare burden in the region.

Expanding services is a key improvement opportunity. Patients and community leaders would both like KNHC to operate full time and also consider replicating its model and building more centres in other areas, in response to the high demand for healthcare services in the region. Offering a transport solution or a mobile clinic service could be a first step towards expanding services.

PUBLIC HEALTHCARE FACILITIES IN REGION

There is currently a **shortage of healthcare facilities** (hospitals and clinics) in the **Mtubatuba Local Municipality**, where Khula Village is located, according to the municipality's Integrated Development Plan 2019/2020 (see Chart 1). The municipality does not have sufficient access to community healthcare facilities to adequately service the population. Only 12 clinics are listed on the website of the KZN Department of Health for the Mtubatuba Local Municipality. No hospitals are listed.

Chart 1: Map of local municipalities and public healthcare facilities



The Hlabisa hospital is a district hospital and serves communities in both the **Big 5 Hlabisa** and **Mtubatuba** municipalities. The hospital oversees 5 clinics in the Big 5 Hlabisa Local Municipality and all 12 clinics in the Mtubatuba Local Municipality. According to the website of the KZN Department of Health, there is also no government hospital in the bordering **Umfolozi Local Municipality** and only 8 clinics.

The situation in the **Nongoma Local Municipality** looks only slightly better in numbers. According to the municipality's Integrated Development Plan 2019/2020, the Nongoma Local Municipality has one district hospital (Benedictine Hospital), one private medical practice (Philani Private Hospital) and 15 clinics that are administered by the KZN Department of Health. In addition, there are 3 mobile clinics that provide primary health care and are available monthly. However, in terms of its overall health sector, the Nongoma Local Municipality is also characterized by **inadequate infrastructure and services**. The highest levels of health sector infrastructural development are centered in Nongoma Town where both the hospitals (Benedictine and Philani Private Hospital) are located.

Nongoma Clinic/Hospital Staff

A natural health centre, or indeed any health centre, could help to alleviate the huge burden on government facilities and there is potential for doctors to collaborate.

CAPACITY AND COVERAGE OF KNHC

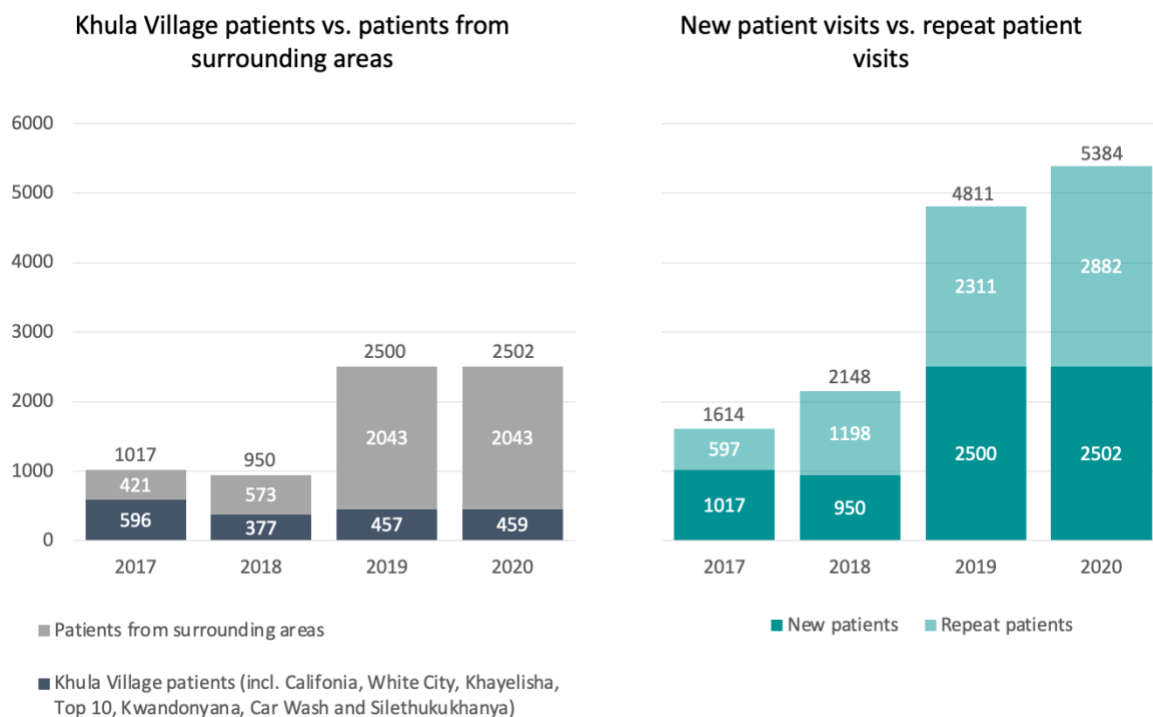
Growth of KNHC

Over the last three years the number of patients visiting KNHC to seek treatment has more than doubled. The **volume of patients has grown** from just over 1,000 in 2017 to more than 2,500 in 2020 (see Chart 2). In a clear indication of how widely and positively the reputation of KNHC has spread, more than 80% of patients are now coming to seek treatment at the health centre from surrounding areas, rather than just from within Khula Village and its immediate neighbourhoods – such as California, White City, Khayelisha, Top 10, Kwandonyana, Car Wash and Silethukukhanya.

In a further indication of how much demand there is for the healthcare services provided by KNHC, **repeat patient visits** to the health centre have more than quadrupled over the period 2017 to 2020 (597 to 2,882) and as of 2020, the clinic was handling a total of more than 5,000 new and repeat patient visits per year. Within its current operational model of opening for two weeks per month, KNHC is operating close to maximum capacity.

Chart 2: Patients growth of KNHC

[Absolute numbers of patients and visits 2017-2020]



Areas serviced and travelling distances

KNHC is increasingly **attracting patients from further away** with people often travelling great distances (sometimes over 100km) to access the healthcare services offered by the health centre. 68% of new and repeat visits are now made by patients from 20 of the more than 140 locations that are currently accessing KNHC's services (see Chart 3).

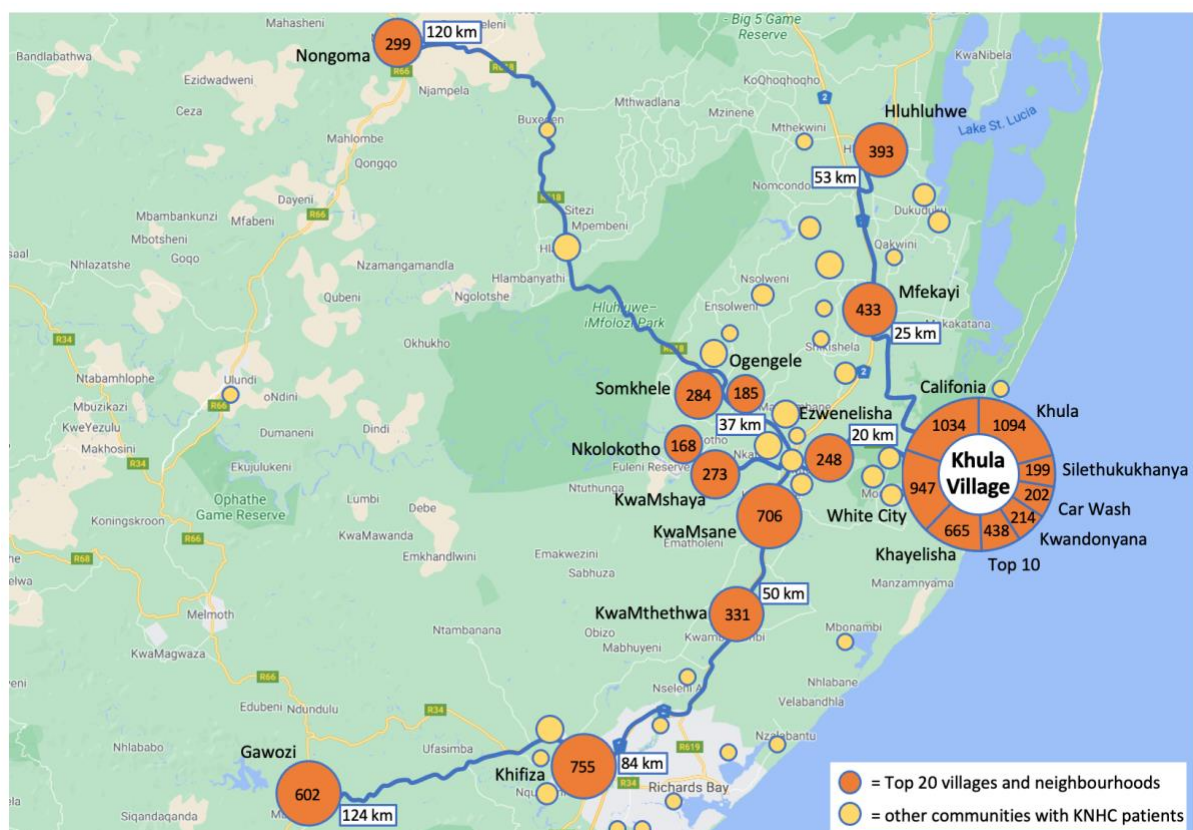
Apart from Khula Village and its immediate neighbourhoods, the **Top 20 locations** include areas that are further away such as Somkhele (37km), KwaMthethwa (50km) or Hluhluwe (53km). The patient visits from Khifiza which is 84km away and Nongoma and Gawozi which are 120km and 124km away respectively, accounted for a combined 1,656 patient visits to KNHC over the period 2017-2020. Several other communities beyond the Top 20 are also increasingly travelling to KNHC to seek treatment for their health concerns.

Nongoma Councillors

Accessing healthcare is a challenge for our community. There is a shortage of clinics and those that do exist are often overburdened. Transport is difficult because people who need treatment often live far away and in many instances cannot afford to pay to be transported to the clinic.

Chart 3: Where are the patients of KNHC coming from?

[Top-20 villages and neighbourhoods; absolute numbers of patient visits 2017-2020; travelling distances]



Transport challenges

Generally, accessing healthcare services for patients of both KNHC and public healthcare facilities is difficult. This is in large part due to the **long distances** that often need to be travelled and the **absence of suitable transport solutions**. Respondents indicated that they often travel long distances on foot, by taxi or bus, or on private transport to access healthcare services.

Nongoma Community Leaders

Travel to the clinic for those community members who are far away is very long (often walking up to 2 hours or more), unsafe and exhausting.

Walks of up to 2 hours or more were frequently mentioned. Transport is not always available and when it is, is often unaffordable for most people in the community. Many patients leave home in the early hours of the morning, walking before dawn and in isolated and unsafe conditions, in order to access health care. This is especially difficult for the elderly, infirm and seriously ill patients who are often not physically strong enough to make the journey.

According to Khula Village community leaders, while access to healthcare is generally not a problem for Khula Village itself, as there is a clinic close by – for many residents from further afield, government clinics and hospitals are very far away and transportation is often difficult and unaffordable.

‘Due to a very high rate of unemployment and poverty, our people are really poor and most of the time can’t even afford to buy food to eat before taking their medication.’

iNkosi Eugene Zulu (King) (Nongoma Leader)

Similarly, in Nongoma TC, community leaders confirmed that **access to health care** is very difficult and one of the main challenges experienced by people is **transportation**. While for a minority of residents the clinic or hospitals are relatively close, there are many parts of the community that are located very remotely and, as a result, are very far away from the public healthcare facilities.

Given the high rates of unemployment and poverty in the Nongoma area and the consequent **lack of financial resources**, for most people based remotely, hiring transport to the clinic or hospital is often not affordable. As a result, accessing medical treatment for the elderly and seriously ill members of the community is very challenging. While, in some instances, **mobile clinics** are operational, they do not visit the remote areas often enough and also, not all health issues can be addressed by a mobile clinic.

Nongoma Clinic/Hospital Staff

The long distances that ambulances need to travel in remote areas is a huge challenge – they often drive for up to 2 hours before they can reach a patient in need.

On the topic of transport, leaders in the Nongoma TC community have also highlighted the **limited availability of ambulances** as an issue – firstly, there are not enough ambulances and secondly, those that do operate often find they are unable to navigate the poor road conditions in the more remote areas. As a result, if you are seeking urgent medical assistance and unable to walk the long distances or organise your own transport, the chances of being helped are very low.

‘People die in the ambulances, because we are not trained to treat critical cases. We have seen cases who go into labour and deliver babies on the road.’

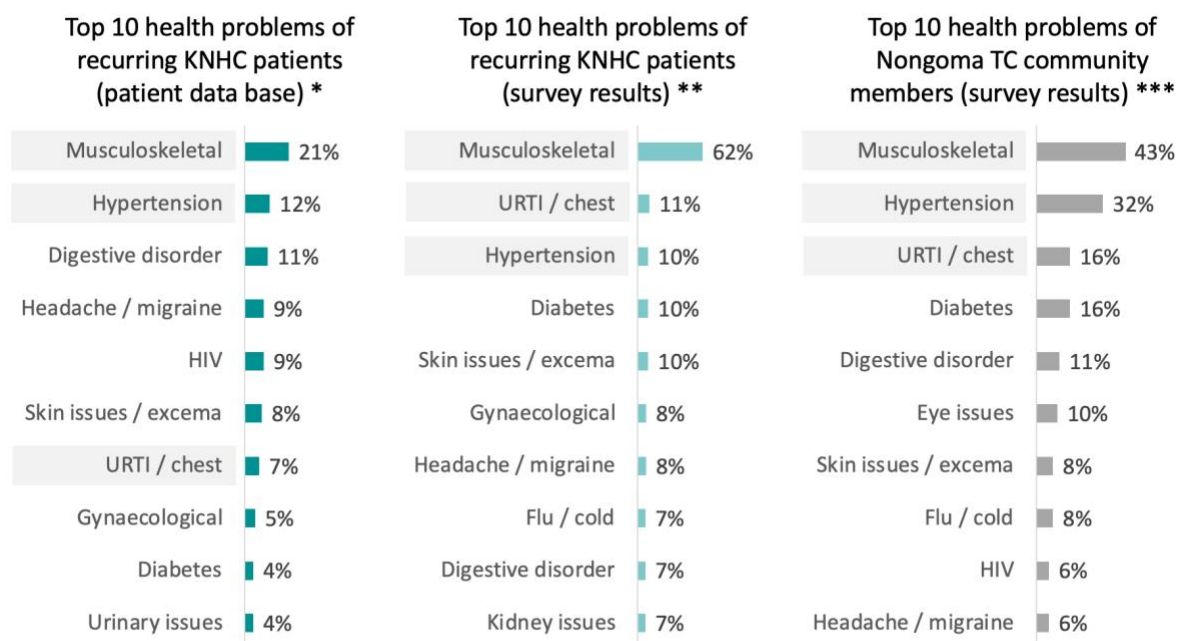
Ambulance driver

HEALTH PROFILE OF KNHC PATIENTS & NONGOMA COMMUNITY MEMBERS

The Top 10 health issues amongst KNHC patients and Nongoma TC community members appear to be very similar. This finding is based on the diagnosed health issues from the KNHC patient database over the period 2017-2020 and, in the absence of publicly available health records from hospitals and clinics in the area, was reinforced through a comparison of health issues that emerged in the surveys of both KNHC patients and Nongoma TC community members (non KNHC patients) (see Chart 4).

Given the similar health profiles of both groups, it is clear that KNHC is well positioned to alleviate the healthcare burden at the public healthcare facilities and that communities would benefit from KNHC creating greater awareness about its services and how it can support their health concerns.

Chart 4: Health problems of KNHC patients and Nongoma TC community members



Note: * All KNHC patient visits 2017-2020 (n=6,969). ** KNHC patients (n=61).

*** Non-KNHC patients from Nongoma TC (n=63).

Success Story: A. Mthembu

Health issue: Urticaria

Ms Mthembu suffered from a skin condition known as urticaria. She was continually restless and itchy. The doctor who treated her at KNHC was calm and confident and this also helped to calm her down. During the consultation he asked some questions and then made a medicine for her. According to Ms Mthembu, 'At first I did not believe I was only told to take 5 drops every 4 hours but I trusted him. I did as he said and slept beautifully.' After taking the medicine, her skin stopped itching and she had never felt better. Prior to the treatment she had covered her body due to the skin issue but by the second day of treatment, she was not covering herself anymore. Ms Mthembu says that her health has improved greatly after being treated by the doctor at KNHC – 'people hardly recognise me, my skin is now clear and I am happy.'

SERVICE DELIVERY OF KNHC VS. GOVERNMENT CLINIC/HOSPITAL

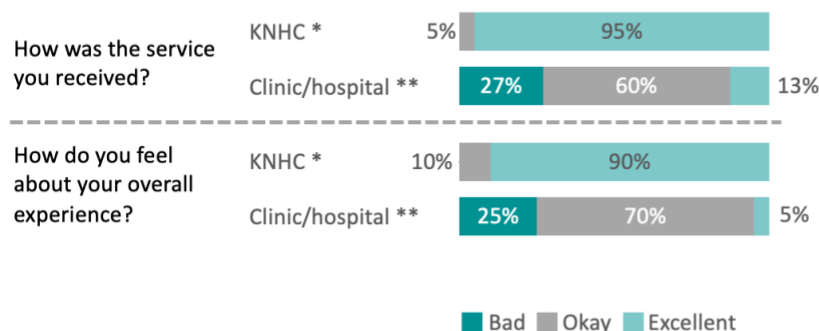
Overall experience

While 95% of KNHC patients rated **service** received at the health centre as excellent, only a small minority of non-KNHC patients from Nongoma TC (13%) rated the service received at a public healthcare facility (government clinic or hospital) in a similarly positive manner. In fact, more than a quarter (27%) indicated that they received poor service at a government clinic/hospital (see Chart 5).

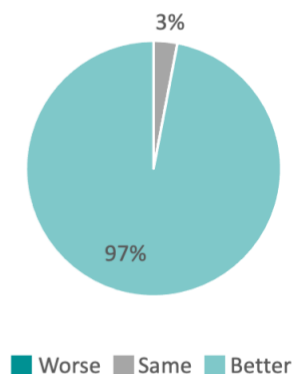
Similarly, an overwhelming majority (90%) of KNHC patients had a **positive experience** at the health centre, as compared to only 5% of non-KNHC patients from Nongoma TC rating their experience at a public hospital/clinic as positive, and a quarter indicating that it was a bad experience. In cases where KNHC patients had previously visited a public healthcare facility, almost all of them (97%) rated the service they received at KNHC as better than the public healthcare facility.

Chart 5: Overall experience at KNHC

Question: What was your experience at the KNHC or the healthcare facility (government clinic or hospital) that you visited?



Question: How does the service at KNHC compare to any previous visit you may have made to a government clinic or hospital? *



Note: * KNHC patients (n=61). ** Non-KNHC patients from Nongoma TC (n=63).

The **positive service and experience ratings for KNHC** is strongly influenced by patient perceptions across a few key areas. Firstly, the homeopathic medication provided by KNHC is highly regarded because patients feel that **the medication works**. Whereas in some instances, patients visiting public healthcare facilities mentioned that once the prescribed medication obtained at the clinic finishes, their symptoms often re-occur and therefore they feel these medications are ineffective. Secondly, most patients who had visited KNHC strongly emphasised the **cost effectiveness of the medication** provided by the health centre. Affordable medication provided at low rates was regarded as 'perfect for the community'. It is worth noting however, that a few patients indicated that KNHC needed to charge more to be taken seriously. Apparently, the R5 charge was sometimes met with disbelief by others in the community, who felt that the very low cost may be a sign that the doctors or the treatments offered at the health centre are not that good.

Finally, the fact that **KNHC never runs short of medication** was strongly highlighted and places the health centre in very good standing in the eyes of the community. Patients know that when they visit KNHC they will receive good service and be able to access the treatment and medication they need. By contrast, one of the main service issues at public healthcare facilities, mentioned by a majority of respondents, was an **ongoing and frequent shortage of medication** and in certain instances, medical equipment which did not work. This meant that often, after travelling great distances to access health care at government clinics/hospitals, in many cases patients were left without the treatment they needed.

Overall, patients who visited KNHC indicated they were given the time and attention that they needed and were happy with the service. The 'clean clinic' at the health centre was specifically noted and it was also mentioned that 'KNHC feels like a home'.

NGO operating in Khula Community

General access to healthcare in the community is hampered by the fact that public healthcare facilities are outdated and there is a shortage of staff. **Doctors and medication are usually in short supply.**

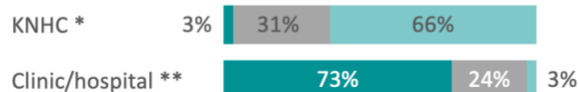
Waiting time

The dimensions of service and experience at both KNHC and public healthcare facilities were also very strongly influenced by **waiting times**. A significant majority of non-KNHC patients from Nongoma TC (73%) rated the waiting time at public clinics/hospitals as bad, while 66% of KNHC patients rated the waiting time at the health centre as excellent (see Chart 6).

Chart 6: Waiting time at KNHC

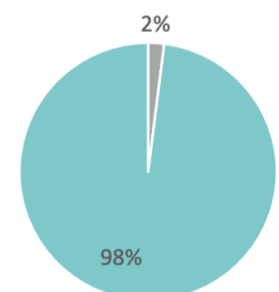
Question: What was your experience at the KNHC or the healthcare facility (government clinic or hospital) that you visited?

How do you feel about the waiting time?



Bad Okay Excellent

Question: How does the waiting period at KNHC compare to waiting at a government clinic or hospital? *



Worse Same Better

Note: * KNHC patients (n=61). ** Non-KNHC patients from Nongoma TC (n=63).

Waiting times at public healthcare facilities appear to be negatively impacted by the fact that there are long queues from very early in the morning resulting in prolonged waiting periods. Additionally, these facilities are often very full resulting in slow service and patients sometimes not even getting all the medical care and attention required in one visit. Some respondents attributed the long waits and slow service to clinics/hospitals being under-resourced and also to staff having a negative attitude.

Khula Village Community Leaders

Apart from transport, the main challenges encountered at a government clinic or hospital are a shortage of medication and consistent staff shortages. As a result, there are **very long waiting times** before patients can be attended to.

Unsurprisingly, when KNHC patients who had also visited a clinic/hospital were asked to compare the waiting times at the health centre versus the public facility, almost all respondents (98%) rated the waiting time at KNHC as better than at the clinic/hospital (see chart 6).

Nongoma Clinic/Hospital Staff

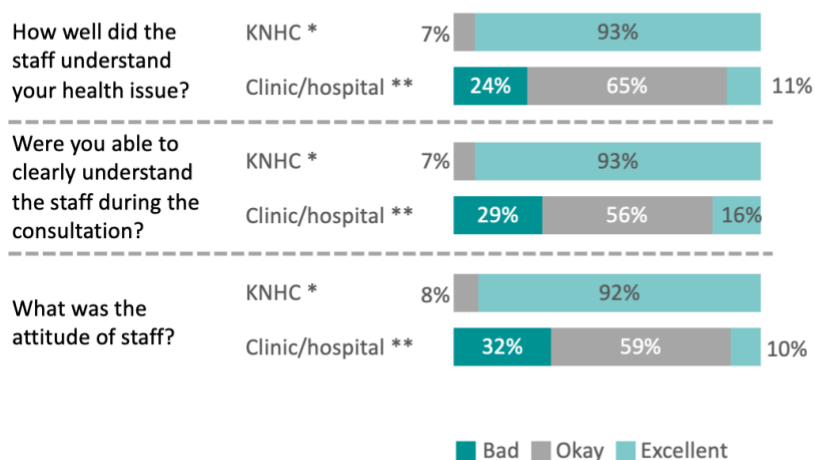
We have a shortage of staff (including specialists), medicines and equipment. **Public healthcare facilities are under-resourced** and staff struggle to cope with the demand for care.

Communication and attitude of staff

Staff attitude and communication were key factors in how patients viewed service and experience at both KNHC and public healthcare facilities. KNHC staff were rated far higher across the dimensions of communication, understanding and attitude than staff at public healthcare facilities. While more than 90% of KNHC patients rated **staff understanding of their health issue** as excellent, only 11% of non-KNHC patients from Nongoma TC rated understanding of their health issue by staff at a public clinic/hospital, in a similarly positive manner. In fact, close to a quarter of respondents from Nongoma TC were of the view that staff at the public clinic/hospital demonstrated a poor understanding of their health issues (see Chart 7).

Chart 7: Communication and attitude of staff at KNHC

Question: What was your experience at the KNHC or the healthcare facility (government clinic or hospital) that you visited?



Note: * KNHC patients (n=61). ** Non-KNHC patients from Nongoma TC (n=63).

KNHC patients specifically highlighted the **effectiveness of doctors** at the health centre. Their patience, the personal attention they give and taking enough time to consult were regarded as key factors which enabled KNHC doctors to develop a deep understanding of the health issues of their patients. The fact that doctors at KNHC make expert referrals in cases of need, such as accessing a psychologist to support mental health, was also positively regarded.

'We really need such gentle medical care doctors with sincere and pure passion for the medical field.'

Lucas Muzi Ngubeni (Khula Village Community Leader)

Once again, an overwhelming majority (93%) of KNHC patients rated **communication by KNHC staff** positively i.e. they were able to clearly understand staff during the consultation. By contrast, close to 30% of non-KNHC patients from Nongoma TC indicated that they had difficulty understanding staff at the clinic/hospital during consultations (see chart 7). In this regard, KNHC patients specifically mentioned that the translators at the health centre do a very good job of supporting the doctors in communicating, thus helping to overcome the language barrier and improving the quality of the consultation.

92% of KNHC patients rated **staff attitude** at the health centre as excellent versus almost a third of non-KNHC patients from Nongoma TC rating staff attitude at public healthcare facilities as bad (see chart 7).

Examples of poor attitude by staff at the public clinic/hospital included rudeness, impatience, treating people badly and keeping them waiting, even in instances where the clinic or hospital was not so busy.

Respondents often felt that they did not get the attention they needed at public facilities. On the other hand, the attitudes that KNHC patients most appreciated at the health centre were the courteousness and polite behaviour of staff, the fair treatment and friendly engagement and the fact that staff, including doctors, were patient and did not rush the consultation. The empathy, understanding and caring of the doctors at the health centre were highlighted by many KNHC patients.

Non-KNHC patients from Nongoma TC also indicated that there appears to be a **shortage of staff** (both nurses and doctors) at public healthcare facilities. Being under-resourced in the face of high demand for health care (as evidenced by long queues from the early hours of the morning) may explain to some extent why staff at public healthcare facilities are often perceived as impatient, rushing consultations and not giving patients the full attention they need.

Nongoma Leaders

Sometimes staff at public healthcare facilities do not have the right **attitude** towards patients, especially for emergencies at night or over weekends, when they claim to no longer be working.

Nongoma Councillors

The main challenges at government hospitals/clinics are a **shortage of staff**, especially doctors, and a shortage of medicines.

Success Story: Mrs Madlala

Health issue: Asthma

Mrs Madlala had been suffering from asthma since she was 8 years old. In 2018 she heard that doctors had opened a healthcare centre and that the medication they gave was very effective. Since by then she was already fully dependent on her pump, she figured it could do no harm if she tried something else. She had 'never been given such care and patience' as she received from the doctor at KNHC. In the consultation she was asked several questions to support an accurate diagnosis so the most effective medication could be selected. During the course of her treatment, doctors clearly explained to her what was happening in her chest and why, and that her asthma was caused by sensitivity to things like pollen, dust, perfume, smoke and the smell of grass and trees. Initially, when she started taking the medicines her asthma symptoms were exacerbated, especially the expulsion of phlegm. Once again, doctors at KNHC explained that the medication was helping to 'clean' out her chest'. Despite her initial discomfort, she continued taking her medicines until it was finished. According to Mrs Madlala 'what was amazing with the medication they gave is that even though the phlegm was so problematic at night, it made my chest even lighter and more free to breathe, even in times when I would get my episodes.'

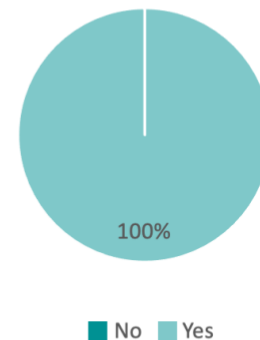
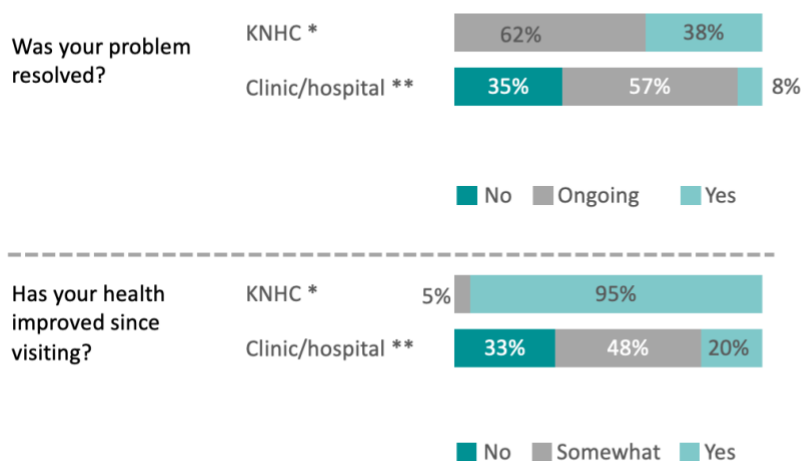
EFFECTIVENESS OF KNHC VS. GOVERNMENT CLINIC/HOSPITAL

Close to 40% of KNHC patients indicate that their **health issue was resolved** by the health centre with the remainder indicating that resolution is ongoing. Whereas only a small minority (8%) of non-KNHC patients from Nongoma TC indicated that their health issue was resolved at the public clinic/hospital but over a third indicated that there has been no resolution at all. An overwhelming majority of KNHC patients (95%) say their **health has improved** since visiting the health centre while almost one third of non-KNHC patients from Nongoma TC say they have experienced no health improvement after visiting a public healthcare facility (see Chart 8).

Chart 8: Health improvements of KNHC patients

Question: Was your problem resolved and has your health improved since visiting the KNHC or the government clinic/hospital?

Question: Did you feel the prescribed medication or remedies helped you? *



Note: * KNHC patients (n=61). ** Non-KNHC patients from Nongoma TC (n=63).

A resounding 100% of KNHC patients felt that the **prescribed remedies/medications** received at the health centre, helped them. Many respondents indicated that KNHC medications work well, their symptoms have improved and they have not experienced any side effects or re-occurrence of symptoms which they sometimes experience with certain medication dispensed at the clinic or hospital.

Health improvements that were mentioned by KNHC patients included:

- recovery from ulcers
- musculoskeletal improvements such as regaining sufficient strength to walk, reduction in pain, easing of swelling, improvement in arthritis
- hypertension controlled
- diabetes stabilised
- digestive issues improved including constipation, haemorrhoids, ulcers
- headaches and migraines cured
- eczema and skin inflammation reduced
- menstrual cycles restored
- respiratory issues such as wheezing and asthma resolved

- optical and sight issues improved
- better sleep
- recovery from flu

Importantly, for patients, there was **never a shortage of medication** at KNHC. This, together with the fact that such excellent doctors took their time in consulting with them and understanding their issues meant KNHC patients were very happy with the treatment received. They felt strongly that their health improved since visiting the health centre and ‘wanted everyone to know about KNHC’.

Khula Village community leaders were unanimous regarding the **positive impact** that KNHC has had on the community. It has been especially helpful for those who cannot easily access other medical services – such as the elderly or infirm or those with musculoskeletal problems. Leaders confirmed that the health centre is clearly alleviating the pressure placed on government facilities by offering their services for two weeks per month and that many community members are now full reliant on KNHC for their healthcare.

‘I once heard people in a taxi complimenting the doctors’ work at the health centre and the fact that the medication is working wonders especially for their blood pressure and sugar levels.’

Thabani Mgabhi (Khula Village Community Leader)

Khula Village Community Leaders

Feedback from our community has highlighted the accessibility and affordability of healthcare at KNHC, as well as the effective treatments. People feel the **medications work and have no side-effects**. It is often perceived in a similar way as ancestral traditional medicine within the community. This has resulted in greater trust in the doctors at KNHC.

Success Story: Nokuthula Khumalo

Health issue: Stroke, Diabetes Type II & Hypertension

Nokuthula suffered a stroke resulting in significant impairment to her functioning – she was unable to walk, talk, eat or use the toilet. Her condition was complicated by the fact that she was also diagnosed with Diabetes Type II and Hypertension. She decided to come to KNHC because she was discharged after 4 days in a government hospital despite there being no improvements to her condition. At KNHC, she felt that even though she was unable to speak, the doctor did a thorough consultation. From her first consultation in 2019, she immediately started to feel better after taking the homeopathic medication that was given to her. Since the stroke her left hand side was not functional, however after commencing treatment at KNHC the ability to do simple home tasks slowly returned and now she is fully functional. The medicine also cured her severe headaches and she could stop taking her diabetes medication because her glucose levels were stabilised. Her hypertension, which is triggered by stress, is still being treated. According to Nokuthula, KNHC ‘saved my life’.

SIX IMPROVEMENT OPPORTUNITIES FOR KNHC

When patients, staff and Khula Village community leaders were asked to identify potential opportunities for improvement at the health centre some clear themes emerged from their responses (see Chart 9)

Chart 9: Improvement opportunities for KNHC

reduce waiting times for emergencies provide clearer explanations
 develop health centre into clinic / hospital
 bigger bottles for medications create more job opportunities
 have toilets nearby expand and build centres in other areas
 operate full time / open daily
 be on standby / available more often / 24/7
 wheelchairs for weak patients more practitioners and specialists
 create more awareness have own transport
 allow to collect medication for other people charge more than R5
 Zulu speaking doctors more equipment for blood tests and x-ray/scans
 having enough medication provide injections

1. Create greater awareness

While almost all KNHC patients (97%) would be prepared to recommend KNHC services to friends and family, 73% of non-KNHC patients in Nongoma TC had actually never heard of the health centre (see Chart 10). This points to a critical need to increase awareness of and share information about the health centre and its offerings in the surrounding areas and, to build on the positive reputation KNHC already enjoys amongst its patient base.

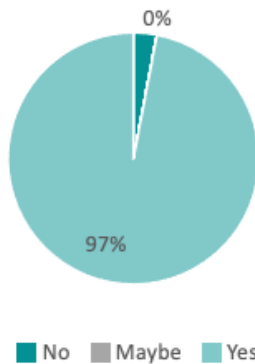
Amongst KNHC patients the most common ways in which news about the existence of the health centre was shared was through family members, friends, neighbours, community leaders and general word of mouth. In some instances, KNHC staff had recommended the centre, as did patients who had already visited and were successfully treated. In fact, the latter group were some of the strongest advocates for KNHC and its services. Amongst the 27% of non-KNHC patients who had heard about the health centre, most had heard of it via family, community leaders or word of mouth.

'People would use homeopathic health treatments because I normally see them opting for alternative treatment within the community.'

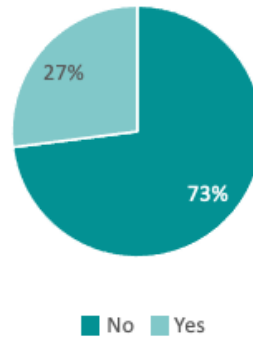
Mthunzi Nhlangothi (Nongoma Community Leader)

Chart 10: Awareness of KNHC

Question: Would you recommend KNHC to friends and family? *



Question: Have you heard of KNHC? **



Note: * KNHC patients (n=61). ** Non-KNHC patients from Nongoma TC (n=63).

Most community leaders in Nongoma TC, **had not heard of KNHC**. The few that were aware of the existence of the health centre had heard via family or word of mouth in the community. Without exception, leaders in Nongoma TC were of the view that the community would be **open to receiving homeopathic health care**. Similarly, while most councillors in Nongoma had not yet heard of KNHC they indicated that the community would be open to receiving homeopathic health treatments since any additional healthcare support would be helpful.

'I think people will gladly use homeopathic medicine because we need help and as Africans, natural treatment is not something new to us.'

Joachiam Nxumalo (Nongoma Community Leader)

Nongoma Leaders

The community needs all the assistance it can get and access to alternative treatments will go a long way towards helping to ease the healthcare burden on government facilities. **People will be open to homeopathy** because it will be regarded as similar to natural, herbal and (African) traditional treatments that were used in the past. Access to homeopathic treatments will also help to avoid the prolonged dependence on other chronic medications and their associated side effects.

'I am certain that the elderly would be glad because they love natural treatments such as herbs because that is what they grew up using.'

Amos Myeni (Nongoma Community Leader)

2. Expand services

More than 90% of non-KNHC patients from Nongoma indicated that they would be open to using a non-governmental health centre. Additionally, a large majority of KNHC patients (84%) would like the health centre to operate full time. (see Chart 11). They would also like the waiting times for emergencies to be reduced.

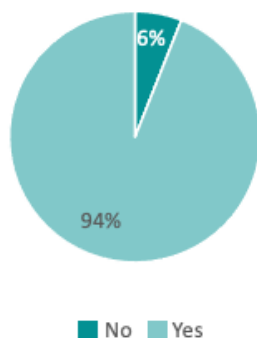
Community leaders in Khula Village also saw extending the availability of the centre to **full time operation** as one of the main improvement opportunities. They were also of the view that KNHC should **expand and build more centres** in other areas so that people would not have to travel so far to access healthcare services.

Khula Village Community Leaders

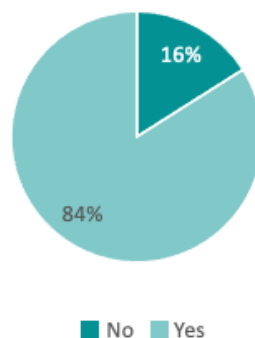
KNHC should consider changing to a **daily operational model**, with additional doctors on duty, to cater for the increasing demand. Providing a **bigger shelter for patients** to wait outside would also be helpful, especially in view of the increasing numbers of patients and repeat visits. The health centre should definitely consider **expanding or replicating** their model to other areas because it is so successful.

Chart 11: Increased services at KNHC

Question: Would you consider using a non-government health centre? **



Question: The clinic currently operates for two weeks a month, would you like to have a full-time service from KNHC? *



Note: * KNHC patients (n=61). ** Non-KNHC patients from Nongoma TC (n=63).

KNHC staff also suggested that the health centre look into **providing a mobile clinic** to cater for patients who cannot get to KNHC, either due to poor health or because they cannot afford to hire transport to get there. This would also help to create more jobs.

'We would also like for the place to be expanded so it can accommodate more patients.'

Thabani Mgabhi (Khula Village Community Leader)

KNHC Staff

Adding more buildings to **extend the consultation rooms and waiting area** would be helpful to recruit more patients from different areas. This would help to increase awareness about the health centre and its offerings. A **suggestion box for patients**, where they could share what they expect and what they think of the services received would also be good.

3. Increase resources

In the area of equipment, wheelchairs for frail and infirm patients were recommended. Regarding staffing, it was suggested that KNHC could have **more practitioners** – for example specialists and a **Zulu speaking doctor** – to cater for the increasing numbers of patients. It was also suggested that some doctors should operate on a more permanent basis at the health centre so that patients are able to consult with the same doctor, who already understands their health issues, on subsequent visits.

4. Offer transport

Given the fact that transportation is one of the biggest challenges in accessing healthcare, community leaders in Nongoma were unanimously of the view that helping the community with **free transport to KNHC** to access its services, would be a tremendous support.

Nongoma Councillors

Providing transport to KNHC would be a great help for the community and will contribute to alleviating the healthcare burden on public facilities.

‘It would really make it easier to access medical assistance. Please try and speed up the process, our people really need you.’

Mandla Zulu (Nongoma Community Leader)

Khula Village Community Leaders

Adding a KNHC **transport solution** that will enable doctors to go out and attend to the elderly and those patients who lack the financial resources to travel into the health centre, will be very helpful for the community.

NGO operating in Khula Community

Transportation is a key challenge to accessing healthcare and a transport solution for KNHC would go a long way towards helping to alleviate the healthcare burden in the community.

5. Improve treatment system

In the area of treatments, improvements suggested by some patients included using **bigger bottles** for the medications so that it lasts longer, as well as providing **clearer labelling and explanation** regarding which medicine is for which health issue, since most medications look the same. Another suggestion was that the health centre should consider providing injections in addition to medicines.

The point was also made that it should be allowed to send someone to **collect medicines** when people are too weak to walk or travel long distances to the health centre, especially considering the lack of affordable transport.

6. Educate on homeopathy

Regarding openness and acceptance of homeopathic health treatments in the community, KNHC staff were of the view that while homeopathic treatments are successful, people in the broader community are slowly becoming more understanding and accepting of homeopathy. As a result, staff at the health centre felt strongly that there was a need for **more community education on homeopathy**. Community workshops, talks at schools and sharing information at taxi ranks, bus stops and other communal meeting points were suggested as ways in which awareness and understanding of homeopathy could be improved.

KNHC Staff

Community education will enable people to both expand their knowledge and enhance their understanding of homeopathy which would help to counteract the myths and stigma surrounding alternative medicine. In some instances people are suspicious about the cheap consultation rates and would benefit from being taught more about homeopathy – what it is and how it works.

Khula Village Community Leaders

Creating awareness of the health centre, particularly at schools, is important. Making young people aware of homeopathy could potentially encourage them to study the field and come back to serve the community.

‘In one case I was translating, the patient who was immobile was eventually healed – that for me was the most successful story.’

Lindani Nomfundo Mabuyakhulu (KNHC Staff)

Success Story: KNHC staff

KNHC staff shared how their role at the health centre has contributed to their own development. Staff greatly appreciated the opportunity to help people from different areas and be of support to the community. They have been able to learn new skills and have grown both personally and professionally. They rated some of their main successes as being able to support and financially provide for their own families as a result of their employment at the health centre and, being able to assist so many in the community. Staff especially valued gaining new knowledge and skills – for example, learning about homeopathic medicine and how to negotiate with other stakeholders in the community.



Authors

Malini Merkofer

Director kimosabe consulting

+27 83 791 9703

malini.merkofer@kimosabeconsulting.com

Philipp Merkofer

Director kimosabe consulting

+27 83 686 5572

philipp.merkofer@kimosabeconsulting.com

Impact Assessment conducted by

kimosabe
c o n s u l t i n g