ADDRESS BY THE MEC FOR HEALTH IN KWAZULU-NATAL MS N.P. NKONYENI (MPL) ON THE PRESENTATION OF THE KWAZULUNATAL HEALTH BUDGET'S PROGRESS REPORT IN THE PROVINCIAL LEGISLATURE

27 NOVEMBER 2007

Honourable Speaker and Deputy Speaker

The Premier of our Province, Dr S Ndebele

Members of the Provincial Executive Council

Honourable Members of the Provincial Legislature

I first wish to remind honourable members, that as a Department, we are guided by the Constitution of the Republic of South Africa which requires us to honour the right of every citizen to have access to health services. It follows therefore that the primary purpose for the existence of the Department of Health is to develop and implement a sustainable, coordinated, integrated, comprehensive and accessible health system. It is with this regard that we have facilitated the process of promulgating the KwaZulu Natal Health Bill, with a focus to carry out the mandate as dictated in our National Health Act.

Also, health issues are at the heart of the socio-economic development agenda, and therefore, our efforts as a department rest very heavily on the collaboration and support from this House, especially the Executive Council through the provincial departments that they lead, as well as the chairperson

of Health Portfolio Committee, Ms Zanele Ludidi and the chairperson of the Finance Portfolio Committee, Mrs Belinda Scott. It is appropriate therefore that I commence my address today by thanking you all for the assistance and support that you have been able to offer the Department of Health during the first half of the 2007/2008 financial year.

I need to apprise the Honourable Members that the Head of Department is presently on suspension. The Premier has, therefore appointed Dr Yolisa Mbele as acting Head of Department until further notice.

At the beginning of the 2007/2008 financial year, we presented for your consideration a Budget Vote of R13.4 billion, having begun by highlighting a number of programs and deliverables that the Department needed to effect as it (Department) tackles head-on the challenges that we face in this province, which have a potential of derailing our efforts t towards a healthy province.

The report that we are about to give maps out the progress that has been made by the Department in line with the commitments that we made to this House during my budget speech. These were, and continue to be, to render District health services based on the Primary Health Care approach that espouses equity, community participation and inter-sectoral collaboration.

HEALTH SERVICE TRANSFORMATION

Honourable Members, to address the issue of Health Service Transformation, we have developed a Master Service Plan, and have also conducted a situational analysis on Monitoring and Evaluation (M&E) with a view to developing an M&E Framework. The Department is currently finalising the **Health Services Transformation Plan** (STP) that is set to re-shape the health services delivery system with the view of providing accessible and quality healthcare services to all.

This Plan has been developed to enable the Province to deliver on all health priorities through the implementation of the primary health care approach. It is based on the design principles adopted by the Province which are:

Quality of care, *Equity, Cost effectiveness* and *Relevance*.

All these however, will be reliant on the support of all sectors within the Province.

HEALTH DISTRICT MANAGEMENT AND PRIMARY HEALTH CARE

Honourable members, flowing from the STP, each district has had to develop a District Health Plan which seeks to integrate and align the provision of health services with health facilities planning and resources (human resources, finance, equipment etc) based on socio-economic, demographic

and epidemiological profiles. In this regard, significant progress has been achieved, both in terms of participation in the development and review of Integrated Development Plans.

As part of enhancing access to health service, we are strengthening our Primary Health Care facilities. Our Clinics offer both 24 hour open door and 24 hour on call services. The utilisation of the Primary Health Care Services (PHC) is reflected by the head counts and the rate of visits by clients to the facilities. During the reporting period 8,205,161 (7,999,769 last year) clients were attended to at PHC Clinics (including Local Government). Out of this 1,716,285 (20.9%) were children under 5 years of age.

All districts are offering the full package of PHC services, at selected PHC Facilities. As a means to increasing access to Health Care in the remote and rural areas, 51 additional Mobile Clinics were purchased and distributed to the Districts. In order to augment this service, we are also providing screening for non-communicable diseases such as cataract, diabetes, hypertension, to mention just a few, at various government functions within the Province.

Honourable Members, Community participation is essential for facilitating behavioral changes that are aimed at improving the health status of the community thereby bridging the gap between the clinical knowledge and

technical skills of healthcare workers and the local knowledge of community customs and practices.

In line with the departmental strategic objective to decentralise functions to the lowest possible level and to support community based health activities, dedicated capacity is provided in PHC Clinics to:

- Mobilise communities to participate in and support health service delivery initiatives.
- Coordinate the activities of community based structures to prevent duplication.
- Monitor and evaluate the outcomes of community based initiatives and to facilitate corrective action where required.
- Monitor and evaluate performance of community based structures in terms of norms and standards specified in Service Level Agreements.
- Coordinate activities to ensure that the number of treatment defaulters (especially TB) is decreased, and
- Coordinate and direct activities to increase the number of case findings.

The mechanism used by the Department to bridge the “gap” between its own staff and communities is the Community Health Carers and Home Based Carers programme. The Department is committed to continue to strengthen and develop local Non Governmental Organisations. We are working with

KwaZulu Natal Progressive Primary Health Care Network (KZNPPHCN) to ensure that the home care giver program succeeds in delivering services to our community.

We have had challenges with regard to the services as complaint after complaint has been received from various communities. We have since been able to streamline activities to ensure that we are able to provide optimal support to all community health carers so that they assist us in dealing with the burden of diseases by providing home-based care to the needy.

COMPREHENSIVE RESPONSE TO COMMUNICABLE AND NON-COMMUNICABLE DISEASES

COMPREHENSIVE TB MANAGEMENT

Our focus is on the promotion of a comprehensive plan for fighting communicable and non-communicable disease. We are implementing strategies to optimise TB management. We have ensured a stronger focus on subdictrict TB management. Ten (10) sub districts TB coordinators have been appointed and 118 dedicated TB nurses have also been appointed at hospital and Clinic level. We have also provided intensive training for 814 Health Care Workers in the national TB guidelines. To demonstrate our commitment to dealing with the management of the diagnostic workload, we have appointed 47 TB microscopists and two quality assurance teams.

We have also improved our TB surveillance by appointing 4 additional district surveillance officers and 14 TB data capturers. As part of improving the management of MDR TB, we have opened up two new MDR satellite TB centres, thereby increasing the number of MDR TB beds from 240 to 387. We have trained 119 Health Care Workers in MDR TB management.

We have experienced problems with defaulter rates. This is as a result of inadequate funding for the six-month provision of nutritional support packs, which translates to interruption in uptake of medicine. As a result of this, the cure rate in the management of Communicable diseases, especially TB and HIV and Aids has been severely compromised due to nutritional supplement or the short supply thereof. What is required is a collaboration between the Departments of Agriculture, Social Development and Health so that nutritional packs are provided, while at the same time people are encouraged to grow food gardens as a more sustainable measure.

COMPREHENSIVE MANAGEMENT OF HIV AND AIDS

Among the many service delivery challenges that we are faced with are, the management of the HIV and Aids pandemic as well as the management of TB, HIV and Aids co-infection. Reports from our own assessment of the programmes indicate that we need to improve the management of maternal and childhood conditions, and the effective management of HIV and Aids.

We have maintained and will continue to maintain that HIV and AIDS cannot be addressed in isolation to other developmental issues which include amongst others, poverty and disempowerment. Poverty and conditions precipitated by poverty are some of the underlying factors that have caused our Province to face the challenge of communicable diseases. The impact of HIV and AIDS is reversing the gains our government and society has made in the past 12 years of our democratic breakthrough. We have maintained our Human Rights approach to the management of the pandemic. This includes but not limited to privacy and confidentiality. However, we are mindful that each new infection limits the right to life which is a fundamental right enshrined in the Constitution of our country.

The statistics at our disposal indicates that the district of Amajuba has the highest incidences of HIV and Aids, at 46% of tested patients at Ante-natal care, which is higher that the national average of 29.1%. These statistics should clearly indicate to us that we need to step up our operations and drive the message home even more aggressively than we have done before. The group that was sampled was sexually active women between 15 to 39 years of age. On I December 2007, the Premier of our province will be commemorating with the people of this Province the Aids Day event in Newcastle, in the Amajuba District. We invite members of this house to join the Premier and other leaders in sending a clear message of support for those infected with and affected by HIV and Aids. This year's theme is the

same as last year. The theme therefore is STOP AIDS, KEEP THE PROMISE. IT STARTS WITH ME!

With a 16.5% prevalence of HIV and Aids in KwaZulu-Natal, the province still remains the highest in the country. HIV and Aids is therefore a top priority for this government.

The Province has to date established 636 public health facilities and 60 non-public health facilities for voluntary counselling and testing (VCT). This has now been expanded to a further 3 sites, making a total of 63 non-medical VCT sites. Partnerships are being forged with private consortiums and the business sector to expand VCT and sexually transmitted infections, prevention and treatment services to places of employment and to vulnerable populations such as farm workers who are often unable to access these services at health institutions. The prevention of mother-to-child transmission programme has now been expanded from 495 facilities to 536 facilities, and includes 4 non-medical sites. A total of 26 comprehensive HIV and Aids Management facilities which provide VCT and ART roll out, post exposure prophylaxis, nutrition and counselling have now been upgraded at various institutions to ensure that people access quality services in an appropriate environment (confidentiality and privacy is adequate).

The Department of Health has created employment to more than 1700 unemployed matriculants who have been trained and employed on a

permanent basis as counselors. The ongoing recruitment and training of these counselors is based on need.

More than 300 Primary Health Care facilities are involved in the provision of comprehensive care management and treatment of HIV and Aids. This includes screening for eligibility for antiretroviral treatment, preparation for counselling, treatment of opportunistic infections, nutritional support and the provision of antiretroviral treatment itself. More than 110 000 patients have been put on antiretroviral treatment since the start of the programme in March 2004.

Our contribution to the Expanded Public Works Programme has seen us recruiting and training more than 8479 care givers to date. The implementation of the home-based care programme has been integrated into the community health worker programmes and since the beginning of this year a total of 5 720 care-givers have been active in our communities.

Further and above this we have concluded partnership with the private sector. We have established Thuthuzela Centres in partnership with Sibaya Casino for victims of sexual violence. We have one in Mahatma Ghandi Hospital and another one in Prince Mshiyeni Memorial Hospital.

NON-COMMUNICABLE DISEASE

The major causes of death in the province in respect of non-communicable diseases are, Ischaemic heart disease (5.60%), Lower Respiratory Tract infection (4%), Homicide/Violence (3.90%), Diarrhoeal disease (3.50%), Diabetes mellitus (2.80%), Hypertensive heart disease (2.70%), Road Traffic Accident and Trauma (2.50%).

These diseases can be mitigated through healthy lifestyles and appropriate healthy diet and exercising, hence our programmes such as “walk for health”. With regard to the challenges posed by Cancer, we are driving programmes towards screening for early warning and treatment. We are busy finalising an effective Non-Communicable Disease Policy which will include integrated risk prevention, strategies to control proximal rather distal risk to health; high risk factor intervention required for secondary and tertiary prevention; patient centred care and services, patient support systems in the communities, protection and promotion of health as well as prevention, reduction and management of risk factors associated with ill health throughout life.

MATERNAL, CHILD AND WOMEN'S HEALTH (MCWH)

The MCWH programme focuses on investing in women and children to secure a healthy nation by rendering an integrated, sustainable and community driven direct and indirect nutrition services aimed at the most vulnerable groups in communities and the improvement of service for Maternal, Child and Women's Health.

To improve the management of pregnant women, a Policy with an Implementation Plan for Antenatal Care and Post-Natal Care has been developed and is in its final draft stage. Emanating from this policy will be a strategy and programmes to accelerate awareness which will serve to reinforce a message to pregnant women to attend Ante Natal Clinic (ANC).

To enhance the MCWH programme, all hospitals are encouraged to implement the Kangaroo Mother Care (KMC) programme. Nine (9) institutions are currently implementing the Child Health Problem Identification Programme (CHPIP) as an audit and reporting tool. The Perinatal Problem Identification Programme (PPIP) is implemented in 29 registered sites that are submitting data for the National Saving Babies Report. 22 public and 9 private on-line facilities provide Termination of Pregnancy services with two Districts (Ugu and eThekwini) entering into Service Level Agreements with private Service Providers to improve access to

Termination of Pregnancy (TOP). Family planning services, which include contraception and sex education is available in all health facilities.

Honourable members, we still have challenges of infection prevention in the department. We envisage putting more systems in place to arrest the situation through working with the Nelson R Mandela School of Medicine to train our staff in the area of Infection prevention. We have picked up a few challenges with regard to infection prevention. The very structural configuration of the wards in some hospitals is such that the likelihood of cross infection looms large. The second equally challenge stems from pharmaceutical companies who supply vials in multiple doses packages rather than single dose packages. This means that vials are therefore utilised a number of times. We have therefore resolved to engage pharmaceutical companies on this problem.

The most critical but preventable issue is the slack observance of infection prevention by Health care givers, for example with regard to frequent washing of hands. We have therefore as an immediate measure sort the assistance of specialist in Clinical care in the training in clinical care and infection prevention.

All facilities provide Cervical Cancer Screening services in an effort to ensure that all women over 30 years have at least three free Pap smears in their lifetime. We are still facing challenges with Breast Cancer Screening. We have

not yet acquired modern technology for screening for breast Cancer – the only method used to detect lumps is through manual palpation. We also conduct awareness programmes to women to assess themselves. Any subsequent high level investigation and management continue to be conducted in Addington Hospital, Inkosi Albert Luthuli Hospital and Greys Hospital. The Province continues to implement Youth-Friendly Services (YFS) in the hope that this intervention will improve the health-seeking behaviour of youth, improve access to information and youth-friendly health services, and change risk behaviours with a negative health impact. A 117 PHC services continue to implement the YFS standards towards accreditation, with 39 PHC services accredited as YFS (7 gold and 32 silver awards).

In order to increase the effectiveness in the immunisation programmes and to educate mothers, the Reach Every District Strategy has been piloted in the following Districts i.e. Ethekwini, Ilembe and Zululand. Furthermore Polio and Measles Campaigns were held Province-wide with a Polio coverage of 93% and a Measles coverage of 90% against targets of 90%. Adverse Events Following Immunisation (AEFI) are thoroughly investigated to ensure that standards of practice are maintained and corrective action is effective. 68% of suspected cases of acute flaccid paralysis are investigated fully.

Five Districts have initiated Management of Childhood Illnesses Community Component programmes to improve community education and participation and to improve the health seeking behaviours of parents.

DISEASE PREVENTION AND CONTROL

Disease prevention and control occur through the Health Promotions, Communicable Diseases, Chronic Diseases & Geriatrics, Dental Health, Mental Health & Substance Abuse and the Disability Programmes.

Health Promotion

100% of Districts offer the first phase of School Health Services as prescribed in the Provincial School Health Services Policy & Guidelines, as opposed to the National target of 60%. 72 Schools are implementing the Health Promoting Schools Programme (HPSP) in collaboration with tertiary institutions and the Department of Education. 20 PHC clinics are currently implementing the standards and criteria of the Health Promoting Clinics Programme [HPCP]. The Health Promoting Hospitals Programme [HPHP] is gaining momentum with 14 hospitals, in 8 districts, being accredited as Health Promoting Hospitals. The next focus in this programme will be collaboration with Local Government to enhance the Health Promoting Homes initiative. Healthy Lifestyle events are also held in accordance with the Health Calendar events at both provincial and district level.

Mental Health

To operationalise the imperatives set by the Mental Health Act, 2002, 100% of District Hospitals are now providing the 72 hour assessment service. Of these, 90% of designated Hospitals provide the complete package of care for the Mental Health Service. The targeted 6 formal development programmes have been developed and are implemented.

The provisioning of Mental Health Services has suffered from poor planning, racial inequities, fragmentation and inadequate budgets. People with severe psychiatric conditions were frequently treated for long periods in large centralised institutions and conditions were inhumane for many patients. The adoption of a new legislative framework in terms of the Mental Health Act (17 of 2002), giving substance to a range of Constitutional imperatives, requires the urgent transformation of the mental health services. We have appointed an interim Mental health Review Board, whose function is to assist the Department in identifying Mental Health challenges.

To reduce instances of substance abuse and the effects thereof on the health status of patients, 33 of the 45 identified institutions are already providing this service. Other targets include training 60% of Professional Nurses on Substance Abuse Prevention and Management, District-wide community initiatives for the prevention and management of substance abuse and 40 District campaigns to focus on the youth.

With regard to Oral health, eight Districts have the full complement of the standardised equipment for Dental Health Services.

Chronic Care and Rehabilitation

'Sight Saver' Hospitals, offering both Optometry and Cataract Surgery, are well established in 100% in all the districts. This services are currently rendered in the following hospitals: Port Shepstone, Edendale, Greys, Northdale, Ladysmith, Dundee, Madadeni, Nkonjeni (no optometrist appointed yet), Mosvold, Ngwelezana, Stanger, Christ the King, Rietvlei, St Aidens, IALCH, Mahatma Ghandi, and Addington Hospitals. Stanger Hospital is currently piloting a 'Low Vision Service' that caters for the blind and partially sighted. Cataract services continue, and outreach programmes are providing the vehicle through which sustainable partnerships with the private sector are formed.

To increase access to rehabilitation services 10 out of the 12 targeted Stroke Units and one Spinal Unit have been commissioned. 15 out of the 18 targeted Diagnostic Audiology Clinics are functional. At this stage, only 50% of the facilities have appropriate access for persons with disabilities, and the Department targeting a further 10% to be compliant by the end of this financial year.

Malaria Control

The Malaria Control Programme is very effective with the Incidence of Malaria at 1:1000 of population in affected Districts. During this season, we have had 564 cases of Malaria in Mkhanyakude and of these there was a total of five deaths. The low death rate is as a result of programmes and interventions that are in place to fight Malaria in the Province, the main being indoor residual house spraying with DDT as is protocol for the SADC region.

GOVERNANCE STRUCTURES

Governance Structures are functional at all hospitals with the exception of some specialised hospitals, especially the TB Hospitals taken over from SANTA. Processes are in place to ensure that all such hospitals establish these Governance Structures. Training has been provided to Board members but there is still scope for improving the functioning of some of these Boards. The development of the Hospital Governance Policy is reaching finalisation and will provide the framework to support and monitor functioning of governance structures.

EMERGENCY MEDICAL RESCUE SERVICES

Emergency Medical Rescue Services continue to strive for the efficient and effective provision of emergency, medical, rescue, non-emergency (elective) and health disaster management services. It currently has 231 rostered ambulances, with an average of 38% of Urban code red calls attended to within 15 minutes and an average of 47% of Rural CODE RED calls are attended within 40 minutes. An average of 52.50% of all calls is attended to within 60 minutes. To improve response times, Planned Patient Transport (PPT) is provided to 20% of Clinics. The establishment of halfway-houses is subject to the creation and filling of PPT posts in line with the Districts expansion plans. 600 new posts were created during this period for EMRS to improve its readiness of EMRS for the 2010 World Cup.

It is the mission of the Department to establish a fully fledged provincial base for EMRS at Wentworth Hospital during this financial year as a means of increasing the effectiveness of the Emergency Medical Rescue Services in the province.

ACCELERATED INFRASTRUCTURE DEVELOPMENT

In line with the acceleration of infrastructure development, we have worked closely with the Department of Public Works to fast track the construction of new facilities and also upgrade some of the facilities to meet our provincial

targets. As part of our initiative, we are working towards the revitalization of our infrastructure.

In the current financial year, 47 Primary Health Care projects are currently under construction. This includes the Community Health Centre in St Chads to address the absence of a district hospital. In places where there is a problem with the topography of the area and in keeping with ensuring maximum access, we are also in the process of constructing Health posts in areas where having a district hospital or a clinic will not be viable.

The Community Health Centres in Ezakheni and KwaMashu and the one in Turton will be ready for occupation by the end of the current financial year. In terms of the Spatial Development nodes, we are working towards ensuring our contribution to support the primary corridors through the infrastructure development in Inanda and KwaMashu.

We are in the completion stage of the following new clinics; KwaMbonwa in Ugu District, Buchanana in Uthungulu District and Mahatma Ghandi Crisis Centre in eThekwini District. We are also working towards the Completion of the following HAART (Highly Active Anti-Retroviral Treatment) clinics, which is Prince Mshiyeni and Northdale Hospitals.

The upgrading of King George V Hospital into a District Hospital and Specialised TB and MDR TB is progressing well but slightly behind schedule.

The Revitalisation of Rietvlei Hospital for the current phase is on track for completion in 2007/08. We are also undertaking revitilisation at the Empangeni complex hospitals which comprises of Lower Umfolozi War Memorial hospital and Ngwelezane hospital.

As part of our provincial priorities of ensuring an integrated investment in community infrastructure, we have concluded arrangements of building Dr Pixley Ka Seme hospital through an implementing agent. The Independent Development Trust (IDT) has been tasked to ensure that this happens. For the realization of construction of Dr John Dube Hospital, we are completing the Public Private Partnership arrangement to deal with the construction of this facility.

For the Dr Pixley kaSeme Hospital, Dr John Dube Hospital as well as Madadeni Hospitals, appointments for the environmental impact assessment, geographical and traffic surveys have been done. An advertisement has been placed for the design and construction. The Hlabisa Hospital project is being undertaken by IDT as an extension of the current project.

The reduction in the MTEF allocation for 2008/09 and 2009/10 has adversely affected the Revitalisation Programme. There are plans to continue with those hospitals that are not included in the revitalization grant through Public Private Partnership. These plans are developed in close partnership with Provincial and National Treasury.

HUMAN RESOURCE PLANNING

The Department has developied a Human Resources Plan, based on national norms and standards, to address the needs of the Department. Furthermore, the Department is conducting a skills gap analysis to determine available skills and the skills gap. The Department will also be focusing on balanced and equitable use of skills to ensure optimal service delivery.

HUMAN RESOURCE DEVELOPMENT

The Department is expecting an intake of 396 medical students and 2495 student nurses for the 2007/08 financial year. There are currently about 590 students with bursaries from the Department. KwaZulu-Natal Provincial Training Academy will address other non-core training needs for the Department such as financial management, accountability and ethical issues as well as service delivery improvement and innovation.

It is hoped that the challenge related to scarce skill will be solved by the introduction of the Occupation Specific Dispensation (OSD). This then will enable us to attract and retain scarce skills and attract back those scarce skills who have left our Province to ply their trade elsewhere. In order to meet the demands for accommodation for nurses and doctors, we are upgrading and constructing new accommodation for staff in order to ensure that we keep staff in underserved areas.

We are still experiencing a serious shortage of nurses and doctors to service our Primary Health Care facilities. Presently, we are enjoying the assistance from a group of doctors who have volunteered their service to work in these underserved areas.

RETENTION STRATEGY

The Department has developed and implemented a Retention strategy for health services. In this regard, the Department has put in place a number of initiatives to enhance the retention of staff, especially those that fall within the scarce skills categories and for those institutions located in the rural areas. The Department continues to pay the rural and the scarce skills allowance to ensure the retention of staff.

The Department has also prioritized infrastructure for the accommodation and recreational facilities for staff, especially in the rural areas to ensure retention of staff who fall within the scarce skills categories.

The vacancy rate for Professional Nurses was 17% in 2006/07 as compared to 19% in 2005/06, and attrition rates 13% as compared to 12% in 2005/06. Attrition rates for doctors were 60% as compared to 90% in 2005/06. In response to the high attrition and migration rates the Department finalised the review of the Human Resource Recruitment Strategy, and aligned the existing Human Resource Retention Strategy to the DPSA Framework for the

retention of staff. Recruitment of foreign health professionals continues to address gaps in professional categories.

The House will be reminded that during the month of June, the Department of Health was hit by a public service strike which resulted, for the most part in the Department soliciting the services of the private sector. This had a tremendous negative effect on the Department's budget.

INFORMATION TECHNOLOGY

Telemedicine is the practice of medicine over distance using information communications technology (ICT). It includes the use of ICTs for education in healthcare over distance. The Provincial Department of Health does not view telemedicine as a stand alone and separate entity but it is planned and implemented as a transversal service across all Hospitals and PHC Facilities in the Province within the context of the Provincial Health Services Transformation Plan.

The implementation of telemedicine in the Province is planned as a gradual bottom up process, driven by local "champions" who will implement and promote change in their environments and not a top down, management driven "drop in" solution

Information Kiosks, the Departmental website, Telemedicine and Teleconferencing is used for information dissemination to build capacity and raise awareness of staff and customers. The Medical School of the University of KwaZulu-Natal conducts tele-education, and tele-dermatology.

PREPAREDNESS FOR 2010 WORLD CUP

A General Manager and a Manager have been assigned to co-ordinate 2010 activities for the Department of Health. A Project Manager is in the process of being appointed on a three year contract basis. A detailed plan has been developed outlining the roles and responsibilities as well as the extent of involvement of the Department for the period before, during and after the 2010 World Cup. As I alluded earlier in my speech, there are 600 new posts were created during this period for EMRS to improve the readiness of EMRS for the 2010 World Cup.

SUSTAINABLE ECONOMIC DEVELOPMENT AND JOB CREATION

The Department has established Targeted Enterprises Development Unit in compliance with BBBEE initiative of the government of the day. The unit deals specifically with providing assistance to the emerging businesses in order to enhance their chances of benefiting in the departmental procurement system. The Unit was established in May 2005. The 2005/06 we spent R12 million. In 2006/2007 more than R94 million was spent. In 2007/2008 already the DOH has spent more than R80 million on the targeted groups.

In its annual procurement, the department provides for certain commodities to be procured from co-operatives and SMME's. Disposable diapers, toilet paper and serviettes, gardens and grounds, cleaning of buildings are examples of services and commodities that are targeted for co-operatives. This has been achieved considering the values of awards as already indicated;

- Cleaning of buildings- 2-3 Year contract: R43,013,470.00 Co-ops & SMMEs
- Disposable Material - Ongoing: R3,835.773.00 Co-ops & SMMEs
- Sewing – Hospital Linen - Ongoing: R10,191,137.00 Co-ops
- Gardens & Grounds - 2-3 year Contract: R6,173,312.40 Co-ops
- Minor Repairs & Renovations – Ongoing: R45million SMMEs
- Suppliers of general items – Ongoing R10 million SMMEs

In total, an amount of <u>R118,213,692.00</u> million was awarded to the emerging suppliers.

IMPROVED CLINICAL GOVERNANCE, BATHO PELE AND PATIENTS' RIGHTS CHARTER IMPLEMENTATION.

The Department continues to effectively manage a comprehensive health system for the Province. Aims at providing a caring and quality health service include amongst others strengthening the provision of a quality and compassionate health services. Monitoring of the compliance of health facilities with service standards such as Batho Pele Principles, Service Rights and Service Commitment Charters as well as adherence to Infection Prevention and Control Protocols continues.

The Department has intensified staff awareness towards the implementation of Prevention and Control Practices to promote the achievement of quality patient care.

Ladies and gentlemen, true to our mission, we continue to strive for optimal health for all

Thank you