PROGRESS REPORT ON KEY HEALTH SERVICE DELIVERY INITIATIVES IN HEALTH

PRESENTED BY KZN HEALTH MEC, DR SIBONGISENI DHLOMO

AT THE KWAZULU NATAL PROVINCIAL LEGISLATURE

1st SEPTEMBER 2011

Madam Speaker

Honourable Premier – Dr Zweli Mkhize, Gubhela

The Chairperson of the KwaZulu-Natal Portfolio Committee on Health – Ms Zanele Ludidi

Fellow Members of the Executive Council

Honourable Members of the Provincial Legislature

The Head of Department, Dr Sibongile Zungu

Senior Managers in the Department of Health

Health Workers in the length and breadth of the Province

People of KwaZulu-Natal

Distinguished Guests

Ladies and gentlemen

The health sector is in an exciting era which carries the spirit of the vision of the Ruling Party since 1994 – A BETTER LIFE FOR ALL. The universal access to healthcare is a rights espoused in the Constitution of the Republic of South Africa, which all citizens aspire to.

On the 12th August 2011 the Green Paper on the National Health Insurance was gazette and on the same day the regulations on the designations of health facilities were published. This moves the Health sector a step closer to the implementation of the National Health Insurance which will be in staged over the next 14 years commencing 2012.

The report that I am now tabling highlights the initiatives that will ensure that the citizens of KwaZulu-Natal will eventually gain universal access to health care.

It is unfortunate that there is misinformation regarding the under-spending in the Department of Health for the financial year 2010/11. The under-spending in the Department of Health amounted to R 1.4. billion in the financial year 2010/11 due to various factors. The document attached as Annexure A contains the details of the under-spending. The main areas of under-spending were the Equitable Share of R 936.6 million and R 501.2 million in Conditional Grants especially the Revitalization Grant. The under-spending in Infrastructure was mainly due to delays in procurement, especially around the appeals process where projects amounting to more than R 200 million could not be implemented and delays in expenditure due to capacity issues and court processes with contractors e.g. Rietvlei Hospital.
The cost containment measures implemented in the Department, as prescribed by Provincial Treasury, contributed to the savings through the moratorium on the filling of posts except for clinical posts and the austral measures in general. Another major contributor was the incomplete implementation of OSD paybacks and the delay in the delivery of ambulances and major medical equipment. The efforts to eliminate fraud and corruption activities have assisted the Department to realize savings.

Fraud and Corruption

The total number of disciplinary cases on fraud and corruption are seventy six (76). Six (6) General Managers were disciplined; four (4) of which tendered resignations and two (2) were dismissed. These were all in post level 14 based at Natalia, Supply Chain Management and Infrastructure.

A total of twelve (12) level 13 Managers disciplined for fraud and corruption. Five (5) Managers were dismissed and three (3) were given final written warnings, two (2) resigned and the other two (2) hearings are in progress. These Managers were based at Natalia, Infrastracture, Ethekwini District Office, Ugu District, KwaMashu Clinic, Sisonke District/ Christ the King Hospital and Church of Scotland.

Deputy Managers between levels 11/12 disciplined for fraud and corruption were ten (10). Two (2) hearings/investigations are in progress, four (4) dismissed, two (2) found not guilty-case withdrawn and two (2) resigned. These Deputy Managers were based at Ugu District, Supply Chain Management, Strategic Health Programmes, Eshowe Hospital, Natalia and Ngwelezana Hospital.

There are forty eight (48) officials between level 4 to 10 who were also disciplined for fraud and corruption. Twenty four (24) disciplinary hearings and or investigations are in progress, nineteen (19) dismissed/written warning/final written warning/ suspension without pay, two (2) resigned and two (2) found not guilty. These employees are based at Natalia, Central Provincial Stores/ Supply Chain Management, Murcheson Hospital, Ugu District Office, GJ Crookers Hospital, Lower Umfolozi District Hospital, Uthungulu District Office, Ethekwini District Office, Christ the King Hospital, Greys Hospital, Addington Hospital and KwaDabeka Clinic.

A summary of all disciplinary cases, inclusive of fraud and corruption, is depicted below:

STATUS	NUMBER CASES
Charged & dismissed	17
Charged and resigned	13
Pending matter – Labour Court	1
Suspension pending disciplinary hearing	28
Charged and issued with written warning	14
Found not guilty and charge withdrawn	5
Hearing in progress	29
Matters referred to other stakeholders (SAPS/HAWKS)	17
Total amount recovered to date	R 1 720 000

10th All Africa Games

The Mozambican Government will be hosting the 10th All Africa Games in Maputo 2011 from 3rd to 18th September 2011. The KZN Department of Health has been requested to assist our Mozambican counterparts with health and medical services; this will include the assistance with the command and control of health and medical issues as well as the drafting of contingency plans for emergencies and mass casualty situations. A delegation of Health Officials, comprising of EMRS, Primary Health Care and Environmental Health Services, is currently in Mozambique working with the Mozambique Health Department in ensuring that the 10th All Africa Games is a success.

Output 1: Increasing Life Expectancy

The 2002 World Health Report on "Reducing Risks, Promoting Healthy Living", lists physical inactivity among the main risks contributing to non-communicable disease (NCD), global morbidity and mortality.

Emphasis must be placed on disease awareness / prevention and the on-going development of healthy behaviour patterns in all people in KwaZulu-Natal as well as the staff of KwaZulu-Natal Department of Health.

Physical activity at Head Office commenced in 2011 as a team building initiative to:

- To decrease the number of staff who lead sedentary lifestyles.
- To improvise and make use of existing resources within the Department to make physical activity fun.

Nutrition & Physical Activity [NAP]

In 2006 NAP was introduced to the Department by a doctorate student in health promoting schools and non-health promoting schools. The study indicated the benefits of including NAP in schools to address discipline issues with physical activity and hungry learners had shared food with peers. Subsequent to the study the 11 District's Health Promotion, Nutrition and Chronic disease Coordinators participated in one day training in the three (3) Health Areas. UKZN assisted with the training. NAP is being rolled out in all Districts and with the Department of Education in health promoting schools to sustain the HPS process in schools

The Department is strengthening healthy lifestyle through promotion of active ageing amongst senior citizens. Wednesdays have been declared as "Golden Wednesdays" where older persons, either in old age homes or in the community, participate in various physical activities.

The Golden Games initiative is a National sport event aimed at promoting healthy lifestyle amongst senior citizens in the country. The initiative for healthy lifestyle has the following benefits:

- Reduce the burden of diseases amongst elderly.
- Improve quality of life
- Adding life to years other than years to life

Disability & Rehabilitation

The Department has renewed Service Level Agreements with the Disabled People South Africa KZN and Magaye Visually Impaired Association which will involve wheelchair repair and maintenance. Approximately 22 Community Based Rehabilitation (CBR) workers have been contracted in all 11 Districts.

The Department is entering into a partnership with the South African National Deaf Association to provide training for health workers in basic sign language.

Output 2: Decreasing Maternal and Child mortality

A Roadmap for the reduction of the maternal and child mortality was launched by the Honourable Premier, Dr Z.L. Mkhize, in Kwa-Makhutha in 2010. The aim is to ensure that as a Province we have clear direction on how to address the MDG 4 and 5. It has been noted in literature that a strategy that promotes universal access to antenatal care, skilled birth attendance and early postnatal care will contribute to sustained reduction in maternal and neonatal mortality. The Roadmap draws on these findings from countries that have made noticeable progress in reducing maternal and child mortality.

Thus far, we have ensured that each District has least one specialized dedicated EMS vehicle for maternity and neonatal care. 12 such EMS vehicles have been deployed. This will address to a large extend appropriate care of patients whilst in transit and further alleviates the problem of shortages of EMS vehicles. More such EMS vehicles will be deployed in the next financial year.

In view of the distances that patients have to travel to reach skilled birth attended in the hospitals, the Department has established Basic Obstetric Emergency Care units in strategic positions within the

Districts. Patients who are expected to have normal labour without any complications can be delivered closer to their homes. The next big step is social mobilization to popularize the nurse-based maternity units. One such unit that is functioning very well is Gamalakhe CHC. Phase 1 which has been commissioned included Maternity care, OPD and casualty. We hope to commission the X-ray department shortly.

HIV and AIDS accounts for 40% of all maternal deaths. In a Province with such high prevalence of HIV, we are at highest risk of high maternal deaths, but also child deaths. We have been successful in initiating 79.3% of pregnant women on HAART. This is as a result of increased number of PHC facilities that are now in a position to initiate HAART. The biggest challenge around that will undermine the effectiveness of the programme is late booking by our patients. Patients still hide their pregnancies or present themselves late to initiate antenatal care. This delays their access to these life-saving interventions. We are continuing to educate our communities in various Forums on the importance of coming early to clinics for antenatal care.

Teenage pregnancy remains a challenge for the society at large. Districts such as Ugu have approached the problem head on. The district leadership has established an inter-sectoral teenage pregnancy project, where DoE, SAPS, DSD, municipalities of Hibiscus Coast, Ugu District and other NGOs are major partners. This three year project is targeting 30 schools in Ugu which were identified to have very high teenage pregnancy rates. The successes of the project are beginning to show. In 2009, one school had 90 pregnant learners who were pregnant, but in 2010 the number had reduced to 36 pregnant leaners. This is mentioned to encourage other District leaders to implement solutions in an integrated manner that will address this scourge.

Child Health and Nutrition

Up to two-thirds of deaths of babies can be prevented if mothers and newborns receive known and effective interventions. Studies have shown that home-based newborn care interventions can prevent 30–60% of newborn deaths in high mortality settings. Therefore, WHO and UNICEF now recommend home visits in the baby's first week of life to improve newborn survival. For babies born in a health facility, the first home visit should be made as soon as possible after the mother and baby come home. The Department has thus embarked on ensuring that all Community Care Givers in health are equipped with the necessary knowledge and tools to provide home-based visits for newborns and mothers. Training is currently

underway with the support of UNICEF. The Community Care Givers will be able to identify challenges and risk factors and refer accordingly and where basic intervention is needed they will be able to do so. Community Care Givers will now be able to hand out oral rehydration solution and vitamin A. The coverage of vitamin A to children 13-59 months remains a challenge since few children return to the health facility after their 18month immunization; the Sukuma Sakhe Programme should improve this. As a result the Provincial coverage of vitamin A remains 30-40%. Representations have been made nationally to the MCC for the approval for Vitamin A to be issued by Community Health Workers. This approval has subsequently been obtained and Provincial plans are now being developed to improve Vitamin A coverage using Community Care Givers. The Community Care Givers will be supported by the Family Health Teams led by a Professional Nurse.

Pneumonia, diarrhea and malnutrition account for 20% of deaths in children below the age of five years. These are preventable conditions by and large. The introduction of the Rotavirus and Pneumococcal vaccines has been very successful. In the first quarter of this financial year we have reached coverage of 94% and 98% respectively. This was made successful by the intensified catch up campaign which was conducted in communities where coverage has been consistently low. The diarrhoea and malnutrition campaign under the auspices of Operation Sukuma Sakhe has been very successful. The campaign targeted communities with high cases of diarrhoea and high rates of poverty. The Department is noticing a decline in the number of these cases being reported. In 2010/11 223 000 cases of diarrhoea and 412 000 cases of pneumonia was reported. In the first quarter of this financial year, we have recorded 38 000 cases of diarrhoea and 42 000 cases of pneumonia. If the trends continue this way, we will be able to reduce the reported cases by over 10% in this financial year.

Breast is best. This remains true to this day. The National Department of Health has successfully launched the Infant and Young Child Feeding policy that promote and support breast feeding. 1 703 lay councilors have been re-trained to support mothers in their choice of infant feeding practices. To date 76% (44) of our hospitals have been accredited as Baby Friendly. Community education and awareness activities take place through Operation Sukuma Sakhe. The first week of August was dedicated to the promotion of breastfeeding.

The KZN Department of Health was commended in the Breastfeeding Summit for being the first and only Province that has stopped infant formula feeds since January 2011.

The National Minister of Health, Dr Aaron Motsoaledi, convened the Consultative meeting to reposition the promotion, protection and support for breastfeeding as a key child survival strategy in South Africa on 22nd – 23rd August 2011. The objectives of the consultation were:

- Build consensus on Policy and programme changes to reflect new evidence on breastfeeding including in the context of HIV;
- To identify the critical next steps for South Africa to promote, protect and support breastfeeding as a key child survival strategy;
- To mobilize support and commitment to promote, protect and support breastfeeding.

Output 3: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis

Prevention

The initiatives at the HIV AND AIDS, TB and STI programmes were mainly guided by the Presidential announcement on the 2009 World AIDS Day. Responding to the call by the President of the Republic of South Africa, Mr JG Zuma, to have all South Africans know their HIV status in order to access treatment, care and support early in order for those that are negative remain so. The programme has been very successful, with

2 920 433 citizens testing for HIV in KwaZulu-Natal. Of these 19% (561 057) tested positive and were channelled immediately for appropriate care. 90% of HIV positive patients were screened for TB. HIV positive patients are provided with Isoniazid Preventive Therapy (IPT) to prevent them from getting active TB disease. As of April 2010, 100 188 patients have been initiated on IPT.

The success of the programme was mainly due to a number of strategies and events which included but was not limited to:

- Nerve Centre Meetings (Facility, District and Provincial)
- Inter-departmental events – Sukuma Sakhe
- HCT Fridays

- The Comrades Marathon event
- The Royal Show

The HCT campaign incorporated mainly TB screening and other infectious and chronic diseases. All districts were given targets in line with the Provincial target of 3,059 234 people to be tested Provincially. The targeted communities for the HCT campaign included

- Tertiary institutions
- High Transmission Areas (truck stops, taxi ranks etc)
- Businesses
- Government Employees
- Non Profit Organizations

Treatment

The focus of the ART Programme during the 2010/11 financial year was on ART expansion to Primary Health Care facilities with special focus on initiating of new patients at PHC level as per the Presidential Announcement of World AIDS Day 2009. The process included training updates for all staff categories on the revised treatment guidelines, increase in sites for initiation ART treatment and ensuring a more nurse driven care rather than doctor-driven care. At the end of March 2011 the achievements were:

- 2 339 staff members updated on the revised TB and HIV and AIDS guidelines
- 2 901 nurses were trained in various courses of HIV and AIDS management
- 489,801 active patients on ART
- A total of 518 facilities (78 % of our facilities) providing ART services which includes 429 PHC facilities initiating ARV's
- 282 nurse initiating patients on antiretroviral therapy under mentorship.

Care and Support

The Care and Support programme aimed at mitigating the impact of HIV and AIDS and other chronic illnesses in the communities. The Department is providing Care and Support services through the implementation of HCBC, Step Down Care and supporting the establishment of Support Groups for PLHIV. To strengthen the HCBC programme, the process of integrating all the activities conducted by different

community caregivers in the communities, with the intention of increasing coverage in the communities has been completed. The following activities have been successfully conducted:

- The integrated scope of practice for the Community Care Givers was developed
- 9,103 Community Care Givers and 400 Community Care Givers Supervisors signed contract with the department and were captured on Persal System
- Development of integrated M&E data collection for the Community Care Givers and Community Care Givers Supervisors
- Orientation of PHC and District management, Community Health Facilitators and Community Care Givers on the integrated framework, as well as on the data collection tools
- Training curriculum for the integrated framework for the Community Care Givers has been developed and training will commence in September 2011.
- 185,049 patients were served by the Community Care Givers and 3,785,346 home visits conducted.
- 25,957 patients were admitted in the 13 state subsidised Step Down Care facilities in the Province
- 546 support groups for PLHIV were established/strengthened with 12,220 participants

TB Control Programme

The TBC programme has focused mainly on improving case finding, case management and case retention of TB patients.

Improved case finding

The main activities in this regard have been

- Implementation of the TB suspect register screening system in all health facilities, with 3% of total facility headcount being screened for TB yielding a 7% TB positivity rate amongst suspects
- The TBC Programme has launched the Intensified Contact Tracing project which was launched by the National Minister, Dr Aaron Motsoaledi, on World TB Day on the 24th March 2011, at PMMH, using the new Gene Expert rapid TB diagnostic technology. South Africa is the first country to launch and use the new Gene Expert Rapid TB diagnosis technology for programme implementation, and is in consultation with WHO on its roll-out, impact on the programme, the TB

screening algorithms, and treatment outcome follow-up algorithms, as the technology will change the current WHO diagnosis and treatment monitoring of the TBC Programme.

- Since the launch of the campaign in the eThekwini District on the 24th March 2011, the programme has followed up 3178 Smear positive TB cases, visiting 3004 homes, screening 5472 household contacts, of which 1955 contacts had signs and symptoms of TB and were screened using the new Gene Expert TB diagnosis technology, yielding 52 (2,7%) positive TB cases who were all placed on TB treatment.
- To date we have 3 Gene Expert machines operational in eThekwini (Prince Mshiyeni Memorial Hospital, Tongaat CHC and KwaMashu Polyclinic), with another 14 planned to be operational in the next three months, giving full gene expert coverage to the eThekwini District
- Two (2) Gene expert machines have just been commissioned in Uthungulu District (Mbongolwane and Eshowe Hospitals), and five (5) gene experts are in the process of being installed in the Sisonke District (Christ the King Hospital, St. Apollinaris Hospital, Rietvlei Hospital, EG & Usher Memorial Hospital and Polela CHC) which should be operational by the end of September 2011

Improved Case Management

The Programme has targeted high burden facilities (>350 TB cases PA) with the following activities/interventions:

- Strengthening capacity at facility level to manage the TB burden, by the appointment of dedicated TB nurses in high burden TB facilities, with 174 nurses being appointed from 2006 to date for TB
- Development and implementation of the TB treatment and follow-up calendar and diary system in facilities, for better and timely management of patients for follow-up
- Improved transport to facilities for collection of diagnostic and follow-up specimens to laboratories, with all facilities now receiving daily collection of specimens
- Installation of the SMS system for more rapid feedback of laboratory results to facilities, with the system now installed in 354 TB facilities
- Intensified implementation of TB/HIV combined management activities
- Ongoing training and M&E support

Case Retention

The Department has created TB/HIV community outreach teams for education, contact and defaulter tracing, with 64 TB Community officers and 64 TB vehicles being appointed / purchased since 2006 to date.

Successes

The crisis plan activities and interventions have resulted in the following programme improvements since its inception in 2006 to date

INDICATOR	BASELINE 2006	CURRENT STATUS/ Q2/2011
Turn Around Time within 48hrs	51%	69%
Bacteriological Coverage	70%	80%
Smear Conversion Rate	36,5%	69%
Cure Rate	40,1%	70,6%
Interruption Rate	11,7%	7%
TBHIV Combined activities • No. of TB Patients being counselled for HIV	48%	90%
• No. of TB Patients being tested for HIV	63%	85% (with a 68%positivity rate)
• No. of TB/HIV+ve patients being put on CPT	42%	69,6%

MDR TB

The MDR TB control programme has focused in the following areas

- Implementation of the NTCP standardised reporting and recording register system for MDR TB in 2008, and Implementation of Electronic Drug Resistance (EDR) system for MDR TB reporting and recording system in 2009
- Decentralization of MDR TB treatment and management, with 5 district decentralized MDR TB units currently operational in the Province
- Implementation of Community based management of MDR TB, with 16 teams currently operational, and 70 additional teams being put into place during the current financial year

Medical Male Circumcision

Medical Male Circumcision was implemented in the Province, KwaZulu-Natal, as from April 2010. This implementation followed a call by His Majesty, the King of the Zulu Nation that the tradition of circumcision all males should be revived.

In November 2010 a progress report was given to His Majesty by the MEC for Health in the Province, Dr SM Dhlomo. At the time of the report the Department of Health had circumcised 17 690 males. That November 5th report alludes to the fact that more than 95% of the circumcised males were HIV negative.

As of June 2011 a total number of males circumcised was 54 773. As the Department does more than 5 000 circumcisions a month; by the end of August the Department had circumcised more than 65 000 males in the Public Sector with no deaths.

Initially the Department circumcised males between the ages of 15 years and 49 years. Due to enthusiasm from the community and the need to circumcise as many males at the ages where it is even more safer and easier to heal the department has reduced the 15 years mark to even lower.

The table below will show the numbers of males circumcised already listed according to their ages and Districts:

DISTRICTS	15-49 YRS	50 YRS	4 MTHS – 14 YRS	0-3 MONTHS	TOTAL
Amajuba	4 405	32	629	6	5 072
eThekwini	11 092	75	694	44	11 905
iLembe	961	55	164	4	1 184
Sisonke	1 264	3	46	1	1 314
Ugu	2 185	53	267	2	2 507
uMgungundlovu	12 401	119	714	2	13 236
Umkhanyakude	3 633	22	292	1	3 948
Umzinyathi	4 401	19	405	3	4 828
Uthukela	1 888	28	158	3	2 077
Uthungulu	4 744	94	268	3	5 109
Zululand	3 254	16	235	4	3 509

Unit direct cost calculation: cost per adult MMC – no complications

Forceps				
	Low – vol. site		HQHV site	
Cost category	Rands	US$	Rands	US$
Consumables	R 242.50	$33.7	R 242.50	$33.7
Non – consumables	R 23.23	$3.2	R 23.23	$3.2
Personnel (incl. training	R 104.00	$14.4	R 104.00	$14.4
Total unit cost	R 369.70	$51.3	R 369.70	$51.3

Tara Klamp				
	Low – vol. site		HQHV site	
Cost category	Rands	US$	Rands	US$
Consumables	R 200.70	$27.9	R 200.70	$27.9
Non – consumables	R 23.23	$3.2	R 23.23	$3.2
Personnel (incl. training	R 64.70	$9.0	R 64.70	$9.0
Total unit cost	R 288.60	$40.1	R 288.60	$40.1

The exchange rate used, for the purpose of this report, was $1=R7.20. The low volume refers to situations where less than 15 clients are done and high volume refers to situations where more than 30 clients are done. In the case of the Department, the camps are included. According to the above information, performing a medical circumcision by the Tara Klamp method is cheaper by R 81.10 when compared to the forceps guided method is used. The differences emanate from the dressings used in the forceps guided method, time spent on the client, number of reviews, the use of diathermy in the forceps and the use of paraffin gauze.

The cost per patient in the public health sector is:

- Using the Forceps guided method is R 369.70 per client;
- Using the Tara Klamp method is R 288.60 per client.

A costing of adult circumcision in the private health care sector is outlined below:

1.

1.1 Hospital fees: At about R 10000.00

1.2 Urologist: R1500.00

1.3 Anesthetist: R1200.00

2.

2.1 Hospital fees: R 8200.00 for thirty minutes in theatre

2.2 Urologist: R2000.00

2.3 Anesthetic: R1800.00

One of the urologist can do the procedure in his rooms for R1500.00 (Cash inclusive).

3.

3.1 Hospital fees: R 4184.00

3.2 Urologist: R1200.00

If the urologist does the procedure under local in his rooms at the same private clinic, he charges R1000.00 for cash which includes the local anaesthetic, the procedure and his/her fees.

4.

4.1 Hospital fees: R 13880.00

4.2 Urologist: R1500.00

4.3 Anesthetic: R900.00

5. GP's in the townships: R600.00 to R1200.00 (inclusive)

NB: Hospital fees are for general Anaesthetic and day procedure. No other night admission. Fees can fluctuate if the procedure gets longer. These were based on the minimum of 30 minutes theatre time.

All procedures quoted are –surgical excisions. No clamps procedure.

Output 4: Strengthening Health System Effectiveness

Provincial Health Council

In terms of Section 26 and 27 of the National Health Act, 2003, the Department of Health is required to establish a Provincial Health Council and the Act stipulates the functions of the Council accordingly. The Council consists of the Member of the Executive Council as Chairperson, one Councillor from the Metro and the District Municipalities' as well as three (3) members of SALGA and the Head of Department. The Provincial Health Council is supported by a Technical Committee which is chaired by the Head of Department and it's membership comprises of Health officials and officials of the various municipalities.

The Inaugural meeting of the Provincial Health Council was held on 12th August 2011.

Mental Health

Umzimkhulu Psychiatric hospital Infrastructure plan is now finalized for the construction of the Forensic Observation Unit for adults and youth prisoners. The unit is aimed at addressing the long waiting period for assessment of awaiting trial prisoners. This is done with the co-operation of the Department of Correctional Services. We are in agreement with them to undertake some of the assessments for minor crimes and major crimes are assessed at Fort Napier Hospital. The Department has now employed a Director for the Mental Health Unit who had to hit the ground running in terms of ensuring full compliance with the Mental Health Act.

Substance abuse amongst youth is major challenge. There is noted escalation of the Wonga especially among the learners. Whereas previously we have not been able to track the burden on the health system, we have now introduced the monitoring of drug abuse in our Health Information System. The system will provide information on para-suicide rates as well. We have also engaged various organizations to support the department in addressing this scourge of drug and substance abuse. Youth Ambassadors and Community Care Givers will be trained in KEMOJA Prevention Programme. Thus we have trained the PHC nurses and School Health Nurses.

Strengthening of Primary Health Care

We have successfully transferred Personal Health Municipal services in Endumeni and Umnambithi municipalities. The process is continuing with the target date of 1st October 2011 for a further 13 Municipalities.

A budget of R19 million has been set aside for piloting of 6 Family Health Teams. Each ward will be allocated a team led by a Professional nurse, with 3 enrolled nurses and several Community Care Givers. The team will be able to immediately respond to Operation Sukuma Sakhe needs and the promotion of health and prevention of diseases intervention at family and community level. The team leader will be an integral part of the ward war room.

A further R39 Million rand has been allocated to strengthen school health services. This will see the addition of 43 new school health teams. The first group will be allocated to the most deprived wards of

Umgungundlovu, eThekwini, uThungulu, uThukela and Sisonke districts. It is envisioned that each ward will be allocated a school health team.

Oral Health

The field of Oral Health is facing severe challenges. The Department has employed a Manager at Head Office to steer the service in the right direction. Overall assessments of the status quo and addressing some of the pressing issues has commenced.

The only centre in the whole of KZN that provides regional and tertiary Maxillofacial (trauma) services is King Edward VIII Hospital. There is currently only one Maxilo-facial specialist employed fulltime in the public sector, however, there is a part-time specialist at Greys and Newcastle hospital. This has created serious backlogs at King Edward VII Hospital, high transport costs to the Department and inconvenience to the patients in the outlying districts. The new Maxillo-facial centre will be commissioned at IALCH in September. As part of Private Public Partnerships, we are further in engagement with private specialists to provide services at Newcastle, Grey's, Port Shepstone, and Ngwelezane hospitals. This will see the spread of the service to five regional hospitals.

The Department recently approved R3.9 million towards the modernization of dental equipment. Approximately 30 dental health facilities will receive dental chairs, which will allow the institution to increase the number of dental restorations and thereby reduce the number of extractions. KwaZulu-Natal, as a Province, currently performs a huge number of extractions. This is unacceptable for our citizens; dental patients should receive a full complement service which includes dental restorations and oral rehabilitation.

Health promotion is an integral part of dental public health. September is oral health month; KZN oral health in partnership with Colgate SA will be conducting free oral health screening for school children. This event will take place at Ndlelayabasha Primary School in Willowfontein- Pietermaritzburg on the 19th September 2011.

Emergency Medical Services

Emergency Services has purchased 274 ambulances for the Province and have recruited 332 Emergency care officers, and 55 Emergency Care Officers Grade 3 to assist with patient care, improve on response

times and service delivery as a whole. The ambulance operational status would be increased to improve on the response times. The new recruits will commence duty on the 1st September 2011 to ensure that the additional ambulances have human resources to operate efficiently and effectively within the Province.

12 Obstetric units which are specialized in maternity and neonatal care have been strategically placed in all areas of the Province to assist with decreasing mother and child mortality. These units are appropriately equipped to assist with uncomplicated normal deliveries if the need arises. High risk pregnancies with complications would be referred to a definitive care medical facility promptly. The obstetric unit has an average of 97 cases per month.

25 seater busses have been identified and allocated to transport MDR & XDR patients from all parts of the Province to predominantly King George V Hospital and other hospitals that are dedicated to treat TB patients. This reduces the spread of TB to other patients using planned patient transport vehicles in the service. Patients utilizing these transport units are treated and medicated timeously thus stopping this disease from becoming a stronger and more resistant strain.

Essential equipment for the provincial ambulances has been purchased to improve and maintain the acceptable standards of care within the Department and service.

The Province currently has two emergency helicopters; one of which is a twin engine helicopter that has the capacity to fly extended hours leading into the night if the need arises. This is greatly beneficial to the Province as patient care is not compromised with emergencies that require movement of a patient at later parts of the day leaning towards evening or night.

For effective co-ordination of indigent patients transportation through a planned patient transport system, EMRS has established a hub situated in Uthungulu District. This hub is responsible for co-ordinating the transportation of patients from Umkhanyakude District, Zululand District and Uthungulu District. The introduction of the hub has reduced the number of patients missing transportation to their specialist clinics.

Information Technology

Network infrastructure is being rolled out to most clinics so as to provide the critical backbone upon which Systems operate. It is the intention of the Department to provide an on-line service to all our patients regardless of which facility they visit. Today, as we speak, Addington Hospital has gone live on Version 6.0

of Meditech which is a first in the Country.

To complement the traditional forms of consultation, 37 Tele-medicine sites are available which means patient's can get quality care without travelling long distances. A roaming mobile Tele-Medicine vehicle is connected to the network via Satellite Technology and this provides for on-site medical care from within the communities. This will complement the preventative medical care strategy of the Department.

Infrastructure Development

The Department of Health has officially opened 23 clinics across the 11 Districts of our Province in 2011. In addition, following my visit to St. Apollinaris in 2010, major challenges were identified with one major challenge being the appalling conditions in which the staff are housed in a bungalow type structure with no ventilation and privacy. I am proud to announce that three (3) residence blocks have been completed and the new doctor's accommodation has commenced.

New Major Projects

The Department has capacitated itself in order to ensure the effective management of the infrastructure portfolio. Amongst the major projects that the Department is implementing from this year is the Piling Contract for Dr Pixley ka Seme Regional Hospital. This 500-bed hospital is estimated to cost approximately R2 billion when it is completed. In this financial year the piling and bulk underground services will commence. It is envisaged that there will be a seamless operation between this contract and the building of the hospital in 2012/13. This hospital will provide jobs and training opportunities to communities of KwaMashu, Inanda and Phoenix area.

The Department will also award a tender for the new Provincial Pharmaceutical Services Depot (PPSD). This project is estimated at R100 million and will be constructed within the Clairwood Hospital. This is a 15 000m2 warehouse which is double compared the current Depot. The current Depot is not compliant with respect to air-conditioning, refrigeration storage and insufficient. Two wards will also be replaced at a value of approximately R80 million.

The Department has also set aside budget for the following infrastructure programmes:

- Standby Generator Replacement Programme
- Autoclaves Replacement Programme
- Lifts Refurbishment Programme
- Construction of Large EMRS Bases
- Refurbishment of Nursing Colleges

Provincial Health Summit

Members I would like to invite to further share the Department's challenges and achievements at the upcoming Provincial Health Summit scheduled for 2nd – 4th September 2011 at the Olive Convention Centre in Durban.

I thank you.