

## **BUDGET PRESENTATION BY KZN HEALTH MEC, DR SIBONGISENI DHLOMO AT THE KZN LEGISLATURE ON 7<sup>TH</sup> JUNE 2012**

Madam Speaker, firstly may I take this opportunity to congratulate all our department employees for participating in last weekend's Comrades – well done for setting an example as the Department of Health! It goes to show that it's not the race but the participation that matters!

Now to get on with matters at hand....

Our mandate as KZN Department of Health is to deliver a sustainable and comprehensive health care system based on the Primary Health Care approach through the District Health System. We need to do this within the social and economic challenges that our Province and indeed our country faces.

It has been noted time and again that KwaZulu-Natal has the highest burden of diseases including HIV, AIDS and TB. With this as a driving force towards our national vision of a Long and Healthy Life for all South Africans, the Department, through the Negotiated Service Delivery Agreement, identified 4 key targets **AND** also introduced a fifth output which our health sector must achieve.

Madam Speaker, the Department of Health is guided by the National Health System's Ten Point Plan which includes these 5 key outputs as follows.

- 1. Increasing Life Expectancy**
- 2. Decreasing Maternal and Child Mortality**
- 3. Combating HIV, AIDS and reducing the burden of disease from TB**

#### **4. Strengthening Health System Effectiveness**

#### **5. The reduction of non-communicable diseases.**

All of these crucial areas highlight our mandate as health care providers. They also reflect their critical importance in the statement made by our Honourable Premier, Dr Zweli Mkhize, during his last State of the Province Address, where he said: *“It is important to acknowledge that the burden of disease that is affecting South Africa has its epicentre in this province. Similarly, to improve the overall health outcomes in South Africa, Kwazulu-Natal must first improve.”*

I would like to draw your attention to our achievements in this regard as well as the many challenges that we are faced with as we head towards our country’s long awaited National Health Insurance plan.

#### ***OUTCOME 1: INCREASING LIFE EXPECTANCY***

As a Department, we are guided by the 2002 World Health Report on **“Reducing Risks, Promoting Healthy Living”** which identifies physical inactivity as the main contributor towards Non-communicable diseases, global morbidity and mortality. The Department is encouraging healthy lifestyles through health promotion and campaigns of active ageing amongst senior citizens.

To set an example, the Department has launched the Integrated Wellness and Healthy Lifestyle Programmes for our own employees to ensure that as health care providers they themselves are in good health. Organised physical exercise programs at Head Office; Districts and Institutional level are being planned as a way to reduce the number of staff who lead relatively inactive lifestyles. All facilities have been asked

to make use of existing department resources to ensure it remains cost effective and enjoyable.

I am pleased to add that the Department recently hosted a breakfast ahead of last weekend's 2012 Comrades Marathon, to acknowledge the participation of 44 Departmental staff in the Comrades – 38 males and 6 females. It was the first time that they had been acknowledged for taking part in the Comrades and they were deeply moved by this gesture. 27 of our participants completed the Comrades on time. Our best performing male completed it in 7 hours, 50 minutes and 52 seconds while our best female runner in 10 hours, 25 minutes and 54 seconds. Both will receive weekends away in KZN for 2 people, fully sponsored by the private sector.

## **OUTPUT 2: DECREASING MATERNAL AND CHILD MORTALITY**

- ***Maternal Deaths***

Madam Speaker, the World Health Organisation defines maternal death as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

As a Province, we have not overcome this challenge, with the 2008-2010 National Confidential Enquiries report into Maternal Deaths stating KwaZulu-Natal's maternal mortality ratio as being 192 per 100 000 live births.

In an effort to reduce this figure and strengthen mother and child health we are developing centers of excellence for **mother and child** services.

Ngwelezane and Lower Umfolozi plus Newcastle and Madadeni Hospitals have been selected for this initially. In addition, we will provide lodger mother homes in our facilities to ensure pregnant women close to their delivery date can be accommodated without having to travel long distances to give birth. We have also proclaimed that going forward; no health facility should be built without these homes, including the KZN Children's Hospital and the new Paediatric Unit at King Edward VIII Hospital.

To address transportation and skilled personnel shortages, each District has at least one specialized EMS vehicle for maternity and neonatal care with an additional 28 obstetric ambulances being procured. This brings the total number of obstetric ambulances to 40. We are also establishing Basic Obstetric Emergency Care units in strategic positions within Districts to improve access to essential health services, particularly those in rural areas.

Madam speaker, our major concern remains the late booking of pregnant women for antenatal care. This delays their access to life-saving interventions. It's a challenge we are continuously addressing through awareness and more recently, enhanced by the selection of our Province to launch the Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa [CARMMA] under the theme: "**South Africa Cares: No Women Should Die While Giving Birth**". Our campaign to address this will include major interventions, including:

- Strengthening access to a wide range of sexual health services, especially family planning
- Promotion of early antenatal care attendance and booking

- Better access to Skilled Birth Attendance through the provision of obstetric ambulances to every facility where deliveries are conducted
- Establishment of maternity waiting homes where necessary
- Strengthening Human Resources for Maternal and Child Health through training
- Promotion of breast-feeding,
- Intensifying efforts to manage HIV positive mothers and children through improved access to treatment and management of co-infections
- Elimination of Mother to Child Transmission of HIV

The package of measures is a major boost, especially for women in rural areas who are the most affected by maternal deaths.

At the same time, we are also working towards reducing the number of unplanned pregnancies, through our revival of Family Planning awareness workshops and contraception use. Since its launch last October, 55 Community Dialogues have been held with more taking place in the coming months.

- ***Child Mortality Rate***

None of us here today want to think that our country is faced with starving children. The images we see on our television screens in other parts of Africa appear foreign to us. The reality is that malnutrition remains a major contributor to morbidity and mortality in children in our country. Severe malnutrition among children under 5 decreased from 7.1/1000 in 2010/11 to 6.7/1000 in 2011/12 but continues to be of

concern, especially where children only receive a meal at school and go for days without a second meal. Malnutrition is actually a proxy indicator for poverty.

To address Child Mortality we have implemented Growth Monitoring; Oral re-hydration; Breast feeding; Immunisations, Female Education, Family Spacing and Food supplements. Through our Growth monitoring the weighing coverage increased from 75.2% to 85% in 2011/12, and the underweight for age rate increased to 1.9% [18.7/1000.

Nutritional supplements were issued to vulnerable groups including 114,913 patients 15 years and older and 19,004 children under 5 years. Improvement also comes as a result of Community Child Survival Campaigns linked to the Sukuma Sakhe Programme, especially the diarrhoea and malnutrition campaigns and may also be linked to the introduction of new vaccines to prevent opportunistic infections.

### **OUTPUT 3: COMBATING HIV & AIDS AND DECREASING THE BURDEN OF DISEASE FROM TUBERCULOSIS**

- ***HIV and AIDS***

HIV and AIDS remains a challenge for the province and indeed our country. Teenage pregnancies, especially involving older men, has often been linked to HIV and AIDS. To raise more awareness, we launched the Anti-Sugar Daddy awareness campaign and placed more than 89 billboards across the Province to highlight the dangers of sex with older men and to encourage community leadership and stigma of older men who seek sex with young girls particularly those between the ages of 14 and 21.

It's been documented that young girls not only fall pregnant and jeopardize their careers but in the process they are often infected with HIV and AIDS! A study by CAPRISA confirms that the increasing HIV prevalence amongst 15-29 year old females may be indicative of early sexual involvement with older men. The prevalence of HIV in children below the age of 10 years is less than 2% after which the pattern changes. Males between the ages of 15 to 19 years remain with a prevalence of less than 2%, while the prevalence in females shows a sharp increase of up to 6% reaching a peak of around 8% in the 20 to 24 age group. The males only experience the sharp rise in the 20 to 24 age group reaching a peak of around 9% in the 25 to 29 age group.

On the positive side, the prevalence of HIV is stabilising in the province, with the rate among antenatal women stabilising at 39,5 % in 2010. The only districts in the country with a prevalence of more than 40% are in our Province and they are Ugu (41.1%), UMgungundlovu (42.3%), UMkhanyakude (41.9%), Ilembe (42.3%) and eThekweni (41.1).

- ***Tuberculosis***

Madam speaker, Tuberculosis as we know, is a preventable and curable disease, yet it continues to be the leading cause of death in our country. We have seen gains in the TB cure rate in our province through a co-ordinated approach. The cure rate has increased from 62.9% in 2009/10 to 69.7% in 2011/12; while the TB defaulter rate has decreased from 8.1% in 2009/10 to 6.6% in 2011/12.

This is a positive move in the right direction.

- ***Drug-Resistant TB (DR-TB)***

The Department has decentralised Community-Based Management of MDR TB in 2008, and approved by the National Health Council. This allows for the transfer of DR-TB management to lower levels of the health care system provided all criteria are met.

The TB Crises Programme has initiated the Intensified Contact Tracing project which was launched by National Minister, Dr Aaron Motsoaledi, on World TB Day 24<sup>th</sup> March 2011, at Prince Mshiyeni Memorial Hospital also the site where the new **Gene Expert rapid TB diagnostic technology** was unveiled. South Africa is the first country to launch and use this new Gene Expert technology and we are very proud of this achievement.

The Gene Expert machine diagnoses TB within two hours – compared to four days or more without its use. We currently have 16 sites across the Province that uses this machine, and a total number of **88,068** cases that tested for TB using this method.

- ***Prevention of HIV and AIDS***

Madam Speaker, as a Province we have been able to reduce HIV Deaths though in a small measure.

We have responded to the call by our President, Honourable Jacob Zuma, to have all South Africans know their HIV status in order to access treatment, care and support early.

The HCT campaign has been very successful since it began in April 2010 and we already have 100% of our fixed facilities in the Province providing this service.



In 2010/11, a total of 2,920,433 people were tested; 561,057 of tested patients tested positive for HIV [19%]; a total of 2,305,000 patients were screened for TB and 356,761 of those patients were referred for clinical diagnosis. The campaign continues with a **new target of 3 944 873 for 2012/13 focusing more on men.**

- ***Male Medical Circumcision Programme***

The male medical circumcision campaign was launched by His Majesty the King in 2010. Since then, a total number of **135 429** male medical circumcisions have been performed as of end of March 2012.

In this financial year we hope to increase this number as 55 Traditional Co-coordinators have been contracted to mobilise more youth to participate and ensure that they maintain their negative status after circumcision as well.

Plans are underway to intensify this programme in the MMC camps during school holidays while our health institutions are also expected to undertake their own institutional camps once a month.

We are also collaborating with Indlondlo, an organisation that runs traditional initiation schools in Kokstad. The interaction with this group has provided health professionals with insight into traditions and values associated with circumcision.

Our collaboration with Amakhosi is also growing stronger as it is no longer limited to MMC matters but has expanded to discussions relating to HIV and other health issues. We are confident that through these interactions our objective of “zero new infections” is attainable.

- ***Treatment***

The focus of the **ART Programme** during the 2010/11 financial year was on ART expansion to Primary Health Care facilities with a special focus on initiating new patients at PHC level.

The total number of patients registered on ART increased from 408,238 in 2010/11 to a cumulative total of 535 910 as of the end of 2011/12 financial year. Of those registered, 9% are children; 59.8% female; and 31.2% male. The new target for 2012/13 financial year is 626 436.

74 of our facilities are providing **ARV PROPHYLAXIS** to **4,248** patients. Success in this regard can be attributable to our call that sexual assault victims must access PEP even before their assault matter is reported to the police.

- ***Care and Support***

We have the Care and Support programme which is aimed at mitigating the impact of HIV and AIDS and other chronic illnesses within 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 People Living with HIV.

There are currently 546 active support groups with an average of 20-25 PLHIV per support group. The programme commenced in eThekweni, Ilembe, UThukela and UMgungundlovu and will be rolled out to the rest of the Province in 2012/13.

## **OUTPUT 4: STRENGTHENING HEALTH SYSTEM EFFECTIVENESS**

### **HUMAN RESOURCES FOR HEALTH**

- ***Training***

Our Honourable State President, Jacob Zuma, prefacing the MDG Report 2010 said; *“We are aware that we have a massive backlog of skills and whilst we have achieved the MDG 2 of universal primary education, we remain aware that the quality of our education holds back our route to development. In this regard we shall strengthen our skills and human resource base.”*

Madam Speaker, as the Province that is over burdened with diseases, we have an added responsibility to train and produce more nurses to cope with this challenge. Our Nursing Colleges are succeeding- just last year alone we had **2203 student nurses graduating**.

- ***Training of Hospital Chief Executive Officers (CEO’s)***

The training of CEO’s is informed by the assessment of their competencies which identified the following 5 core competencies to be addressed:

- a) Financial management
- b) Strategic planning for the public service
- c) Project/programme management
- d) People management
- e) Change management

Madam Speaker, we have 12 Hospital CEOs registered for a Degree in Public Health to strengthen their leadership. Our Department has already engaged UKZN as means to fast track the programme. Two (2)

CEO's have completed the degree in Public Health and five (5) others have completed a Diploma in Public Health since the initiative began.

The Department has also engaged with various Higher Education Institutions to assist with hospital management training. Negotiations have started with UKZN, UCT and Mangosuthu University of Technology.

- ***Bursary Holders***

In 2011, the KZN Department of Health Bursary Component funded **694** students studying in Tertiary Institutions across South Africa in various fields of study, including Medicine, Nursing, Pharmacy, Optometry, Dentistry, Radiography, Physiotherapy etc. The amount allocated was R80 million.

For 2012/ 2013 financial year, we are providing bursaries to **668** students with an allocated budget of **R107 million**. It must be noted that at the end of 2011, there were 190 students who completed their studies at Tertiary Institutions. In 2012, there were 109 students granted a bursary for the first time.

- ***In-service Bursaries***

In line with our commitment to the 10 Point Plan to improved Human Resource Planning, Development and Management, we are also allocating in-service training bursaries. We currently cater for **292** of our personnel in various institutions throughout the Province and have allocated R2 million for this alone.

Madam Speaker, our Department has also recovered a sum of R2.5 million in respect of those who have breached their bursary contractual obligations.

- ***Cuban Medical Programme***

This year we celebrate 16 years of our Academic relationship with Cuba. Although long gone, it cannot be forgotten that that the Apartheid regime promulgated the Extension of University Education Act 45 of 1959, which limited the universities that Black South Africans could enter. Our collaboration with the progressive Cuban Government is therefore an effort to produce more doctors to address the backlog and challenges that apartheid health has left us with – still some 18 years later.

Through our Cuban partnership we have **12 students** studying Medicine in Cuba each year – selected from poor backgrounds but with academic potential. In total we have **69** existing students from this Province currently studying in Cuba.

We are also proud to announce that 105 have already completed their studies. 10 are in Internship; 25 performing Community Service and 70 already working as part of their bursary obligations at various health facilities in KZN.

Madam Speaker, the shortage of workforce especially doctors continues to put a strain on efforts to alleviate the challenges in public health service delivery especially within rural settings. We all have to acknowledge that the existing strategies to produce the health workforce are limited by amongst other things, the lack of capacity of the higher education institutions in the country to admit and train all deserving and qualifying aspirant medical students.

On 25<sup>th</sup> May 2012, Ministers of Health in South Africa and Minister of Health in Cuba signed the new agreement on the Cuban-Medical training of South African students.

This has now enabled us as a province to plan and send 400 students to Cuba by September 2012. The target for the country is 1000 students. We could increase our intake to more than 500 if other provinces are not able to participate and if we could identify more resources.

## **CREATION OF DECENT JOBS IN HEALTH**

- ***Mid-Level Workers***

For various disciplines, we also initiated a Mid-level worker programme as means to deal with the shortage of scarce skills professionals.

- For **Occupational Therapy** we have trained 20 Assistants and had 16 who graduated and registered with the HPSCA and the remaining 4 will rewrite their exams in September 2013.
- In the category of **Physiotherapy Assistants**, we have 31 still in training who will sit for their exams in June.
- We also have **26 Clinical Associates** of which 7 have already completed.
- For **Health Technology Engineering**, we already have 18 students who have passed with only two who dropped out from the programme due to personal reasons.

I have to indicate that recruiting scarce skills personnel is never easy as we are competing with the private sector.

- ***Community Care Givers***

Madam speaker, as an initiative to create decent jobs, we now have **8 922 Community Care Givers** that have been recruited through the Department of Health.

The Department of Health and the Department of Social Development are now collaborating to ensure that the CCG's are trained on an integrated CCG model which will assist in addressing problems faced by communities.

Previously the CCG programme (previously known as Community Health Worker Programme) was run by the non-profit organisations that had annual contracts with the Department. This fragmented arrangement led to a situation where government's services were disjointed and lacked community feedback.

Madam Speaker, we currently have **717 of the CCGs training as Nurses in a two year course**. This is our way of energising and retaining the high level of compassion and dedication they have been giving to the sick and frail.

- ***Career Pathing of CCG's and Youth Ambassadors to Nutrition Advisors***

Madam Speaker we have identified career opportunities within the Integrated Nutrition Programmes in the department for both the Youth Ambassadors and the Community Care Givers. To this effect, a group of 400 CCG's and Youth Ambassadors were identified for this career pathing opportunity and enrolled into the Nutritional Advisor one-year course which will be conducted by UKZN. In January next year we intend recruiting another 200 candidates for our Phase 2 intake.

The Department has employed a total of 100 Trademan's Aid which will assume duty on Monday, 11<sup>th</sup> June 2012, as well as other categories of maintenance personnel totally 214 posts.

In terms of **Job Creation**, our **target** is to fill all funded vacant posts. We have already filled 19 231 posts; 1139 with Bursary Holders; employed 6 510 Clinical staff; 8 922 Community Care Givers; 28 Professionals in Management positions, 214 maintenance personnel as well as 2 418 as admin and support staff.

## **QUALITY ASSURANCE AND MAKE ME LOOK LIKE A HOSPITAL PROJECT**

Before I dwell into this undertaking, I would like the Honorable Members to acknowledge the presence of the recipients of the Cecilia Makiwane Awards. We have 7 nurses from uMkhanyakude District which has been honored for seven consecutive years from 2003; we also have one nurse from uMgungundlovu District and one from Ugu District. Madam Speaker, these Awards are named after Cecilia Makiwane who was registered as the first Black professional Nurse in South Africa and the awards are given to nurses who excel in their duties and selected by their colleagues as being outstanding.

Furthermore, the Marilyn Lehana Award for devotion and dedication to nursing and community service was awarded to KwaZulu-Natal, Umgungundlovu District.

- ***Make Me Look like a Hospital Project***

Members will recall that in 2009 we initiated this project as a way of turning our health facilities around. I can report that this initiative is



starting to bear fruit especially when considering areas of improvement as follows:

- ***Prince Mshiyeni Memorial Hospital***

Reduction of waiting time in pharmacy

- Pharmacy waiting times have been reduced from **180** minutes in 2009/2010 to **60** minutes in 2011/2012 to now 45 minutes
- The pharmacy staff has decided to implement the projected 60 minutes reflected on the board because they want to set a new target for 2012/2013 to be at **30** minutes.
- All patients are going home with their treatment.

Reduction of waiting time

- Thanks to our Triaging system we now have critical patients being fully attended to within **30 minutes** in the Trauma and Emergency Units, while waiting time in the Out Patients Unit has been reduced from 3 hours to 1 hour.

- ***R.K Khan Hospital***

In the November 2011 National Quality Healthcare Seminar, this hospital scooped the Gold for best hospital in Reduction of Pharmacy Waiting times and Availability of Medicines

A further 12 hospitals have been added for the current financial year 2012/2013.

## **PREPARING FOR NHI**

Madam Speaker, we are pleased to announce that our Province is advancing well in the preparation for the National Health Insurance. Already 70 Hospitals; 17 Community Health Centres, and 557 Clinics {644 facilities in total} have been assessed through the National Core Standards Baseline Audit.

Our National Health Ministry had selected 10 districts for the NHI pilot phase, with 2 within KZN – being uMgungundlovu and uMzinyathi Districts. As a Department we selected an additional district for NHI testing, this being Amajuba district. The test phase will focus on innovative ways of improving the quality and access to Universal Coverage in health care delivery. This includes having state of the art mobile units with telemedicine (in some) which will offer comprehensive services in difficult to reach areas. This will see our people receiving quality care closer to their homes in a private and dignified manner while reducing congestions in our hospitals.

The Department works closely with NGOs and has scaled up integration with Operation Sukuma Sakhe to improve the community component of services. This also forms an integral part of the re-engineering of PHC including the establishment of PHC Outreach Teams, School Health Teams, and District Specialist Teams which include an Obstetrician; Paediatrician; Specialist Physician; Advanced Midwife and 1 Anaesthetist to provide leadership in clinical protocols before and after child birth processes.

## **FRAUD AND CORRUPTION**

In addressing this critical issue we have adopted a zero tolerance approach to fraud and have dealt with **139 INVESTIGATIONS** as follows:

- Charged and dismissed – 39
- Charged and resigned -20
- Pending matter – labour court 1
- Found not guilty and charges withdrawn – 5
- Charged and issued with final written warning – 49
- Hearing in progress – 23
- Suspension – 2

## **CORPORATE GOVERNANCE**

The Department has successfully established the Provincial Health Council in August 2011. This promotes integration of services between the provincial and local spheres of government and functions at a very strategic level chaired by the MEC. The District Health Councils will soon be launched in all Districts while plans are also afoot to implement the KwaZulu-Natal Health Act, 2009, this financial year.

## **EMERGENCY MEDICAL SERVICE [EMS]**

Madam Speaker, EMS is one of the three core functions within the Department of Health aimed at providing quality, efficient and caring emergency medical and rescue service throughout our province. It has been set up to ensure that patients receive proper emergency care even before they reach appropriate Health Care Institutions.

To improve this service, we have decided to overhaul and increase our vehicles by procuring a total of 386 ambulances. This means that we now have 212 manned and operational Ambulances to respond to any given situation across the Province.

We have also decided to increase the 12 ambulances dedicated to Obstetric services by 28 ambulances thus providing **40 ambulances dedicated solely attend to maternal emergencies**. Over and above this, we have added 88 Rapid Response and Support vehicles purchased to improve response times.

I am also pleased to report that for the first time EMRS will be having Emergency Care Officer Interns. Madam Speaker, this is a unique programme in comparison to the ordinary internship programmes. This one includes up-skilling and development of the candidates. You will recall that in preparation for the 2010 FIFA World Cup Soccer Tournament, the South African Military Health Services (SAMHS) trained many unemployed youth on a Basic Ambulance Assistant Course. These candidates were left unemployed after the World cup and we discovered that 148 of these candidates lived in KwaZulu-Natal.

As part of our focus on fighting poverty and giving hope, we have identified these 148 candidates to be the first beneficiaries of this programme. They will sign a 12 month contract whereby, during their training, the Department will provide free accommodation and they will earn a monthly stipend. These interns will be enrolled for a comprehensive training course which includes Basic Ambulance Assistant course; Batho Pele Principles; Professional Ethics and Conduct; Discipline; Computer training; Emergency Radio

Communication skills as well as Defensive Driver Training. Once complete, they will receive practical exposure in the EMRS field. At the end of their contracts we will assess them for eligibility for enrollment into Intermediate Life Support course or Mid-level Worker training. The MEC will also launch an **Operation Bring Back Order** this year to improve the level of discipline and focus by our EMRS Personnel.

We can also report that last month we graduated 85 of our EMRS students who were selected for enrolment in the Intermediate Life Support (ILS) course. Our Province as a whole will benefit from this development as these students were chosen from and will go back to serve all of our eleven [11] districts namely; Amajuba; EThekweni; Ilembe; Sisonke; Ugu; UMgungundlovu; UMkhanyakude; UThukela; UThungulu; Umzinyathi and Zululand.

It should be noted that before being trained, these recruits were qualified only on Basic Life Support (BLS). We have to mention that those that have Basic Life Support only, do not have sufficient skills in pre-hospitalisation care therefore they need to be upgraded to ILS which upskills them to ensure that they render the best treatment to the sick and injured. The qualification they now have opens up more opportunities as they can now enrol for courses leading to being **Emergency Care Technicians (ECT); Critical Care Assistants (CCA)** as well as enrolment for a **Bachelor of Health Science degree.**

- ***Patient Transport Services***

Madam Speaker, we also run a Patient Transport Service that caters for referrals between our health facilities for indigent persons with no other

means of transport. To this effect, we have purchased 40 Mini buses which are strategically located for this purpose.

- ***EMRS Infrastructure***

This financial year we will commence with construction of 3 EMRS Large Ambulance bases at Umzinyathi, Zululand and Ugu Districts.

The Department will also begin the development of a new 24 hour Emergency Management Centre within Natalia building. This new centre will cater for call taking and dispatch of EMRS as well as Forensic Pathology Services. It will also cater for the management of major incidents within the Province; be used for comprehensive health information, fraud and corruption reporting and also serve as a flight desk for the coordination of the Provincial air ambulance service.

- ***Rescue***

The Department complements some municipalities by providing limited rescue services; to this end fifteen (15) all-wheel drive light delivery vehicles have been purchased to be converted into rescue units and will be allocated to our EMRS bases that are located in municipalities that lack capacity in rescue personnel and resources.

- ***EMRS Recruitment***

Madam Speaker, in order to improve our efficiency in the provision of this pre-hospital service, we have increased our operatives by recruiting 332 Basic Life support; 55 Intermediate Life support and 13 Advanced Life support practitioners.

704 Ambulance personnel will be recruited to ensure that all ambulances in the Province are equipped with competent and appropriately trained staff.

## **INFRASTRUCTURE DEVELOPMENT**

Madam Speaker, allow me to inform members that we have been so fortunate to be selected as recipients of The Carte Blanche 'Making a Difference Trust' and BHP Billiton social investment initiative that has seen a new Paediatric Unit being built for the King Edward VIII Hospital.

Please also allow me to give some background to this generous gesture. In 2008 Carte Blanche requested that King Edward VIII hospital participate in their 20th Birthday celebration "Making a Difference Campaign" where they were giving back to the community. King Edward VIII Hospital is the only institution in KZN that was approached by Carte Blanche to take part in this Campaign and was competing with other institutions such as Johannesburg General Hospital; Kimberly Children's Hospital; Charlotte Maxeke and Free State Hospital. After we accepted the invitation to participate, they came to film our Paediatric and Neonatal Departments and became aware of the challenges that these two departments work under.

After televising this, corporates were urged to come forward with pledges towards making a difference. The initial plan was to renovate the current Paediatric Outpatients Department (POPD). However after a visit by the BHP Billiton and Carte Blanche team, they concluded that it would cost more to renovate the current building than build a new one. A site was then identified for the new Paediatric Unit. Today we report that

on 5<sup>th</sup> June 2012 the new building now called **BHP PEADIATRIC CENTRE OF EXCELLENCE** was officially opened and has started seeing patients. It consists of the Intensive Care Unit/High Care Facility; Consulting Services and Staff Facilities. Various other corporate companies have also donated medical equipment for the both Paediatrics and the Nursery.

## **HOSPITAL REVITALISATION PROGRAMME**

- ***Dr Pixley Ka-Isaka Seme Hospital***

Construction for this hospital is due to commence this October with completion expected in October 2015 which once up and running, will alleviate problems being experienced by Mahatma Gandhi Hospital which is currently overburdened by the work load.

- ***Lower Umfolozi District War Memorial Hospital***

Here Madam Speaker, we have completed Phase 1 which was the construction of the mothers lodge project and this was handed over to the hospital in 2011.

- ***Ngwelezane Hospital***

The upgrade to the hospital is an ongoing project. A new Therapy Department and a psychiatric outpatient's clinic are due for completion this year. We also have the electrical reticulation upgrade project; renovations to the mortuary and workshop; renovations to the nurses' home which are all under construction and due for completion in 2013.

- ***Rietvlei Hospital***



At this site we will be re-tendering this year due to the lack of performance by the contractor and we hope to now complete our projects there by April 2014.

- ***Edendale Hospital***

The new Communicable Disease Clinic as well as the Pharmacy is under construction and targeted completion date is December 2013. At this site we have also opened tenders for the upgrade of the accident and emergency unit as well as the out patients department.

- ***King George V Hospital***

For this facility, in 2011 we completed and commissioned 200 beds, wards and plan to commission the balance of 200 beds in this financial year.

Madam Speaker, we also have numerous projects under way in our attempts to upgrade this hospital, including construction of the TB Complex; the upgrade of the closed Psychiatric unit; the TB administration offices; the crèche, waste handling area as well as the TB surgical outpatients.

The Department has embarked on a process to rename King George V Hospital to King Solomon ka Dinuzulu following the announcement by the Honourable Premier in his State of the Province Address. It is envisaged that before the end of 2012 the renaming will be finalized.

## **CLINICS OPENED IN THE PAST FINANCIAL YEAR**

Madam Speaker, I would now like to mention the clinics that were completed and are already operational in the following deserving communities:

- **Efaye New Clinic** at uMgungundlovu District in the Umshwati Municipality
- **Phatheni New Clinic** at uMgungundlovu District in Richmond
- **Sgweje New Clinic** at the UThukela District in the Ndaka Municipality
- **Kwa Senge New Clinic** whose opening was graced by the presence of our Premier, Hon Dr Zweli Mkhize, at Umzinyathi District in the Umsinga Municipality.
- **Mumbe New Clinic** at the Umzinyathi District at Umsinga Municipality
- **Ombimbini New Clinic** in the Zululand District at Ulundi
- **KwaFuduka New Clinic** in the Zululand District
- **KwaMbiza New Clinic** in the UThungulu District at Obuka, Ntambanana

## **COMPLETED AND COMMISSIONED CHC'S**

- CHC Gamalakhe Clinic conversion to CHC Clinic, Phase 1 is complete and has commenced with the construction of Phase 2.
- KwaMashu Replacement CHC is complete and has been handed over to the community.
- St Chads New CHC is also complete and handed over to the leadership and community.

- Turton New CHC is complete and members will be invited for its commissioning.

## **NEW CHC'S**

Madam Speaker, our communities in rural settings have not been left out. Two (2) Community Health Centres will be constructed in Pomeroy and Dannhauser at a cost of R160 million each and will offer various services including Pharmacy; Radiography; Maternity; Waiting Mothers Lodge and ARV Units. We have also demanded that the construction companies must give sub-contracting of Electric Work; Plumbing; Fencing; Medical Gas and Air Conditioning to local companies as a way of providing quality work to these depressed areas.

## **MOBILE CLINICS**

In our quest to improve the lives of our people in all corners of our Province and as a means to re-engineer Primary Health Care Services, we are elated to announce that we have made an additional contribution to the 170 mobile clinics that are operational around KwaZulu-Natal.

Mobile clinic services are delivered to mainly isolated communities with vulnerable groups such as farm workers and their families.

Madam Speaker, we have observed that the design of the existing mobile clinics had several innate faults; our staff members were carried at the back of the vehicle; tall persons could not stand upright in them and the privacy of patients was also inadequate and packing space very limited.

The new 17 MERCEDES BENZ mobile vans are much larger and have double back axles for stability and 4X2 traction for slippery and dirt roads.

## **MORTUARIES**

Madam Speaker, as a way of respecting the departed we have ensured that their final journey is carried out in a dignified way through new forensic mortuaries all of which are now operational, namely: New Pietermaritzburg M6; Madadeni M1; Dundee M2; Park Rynie M3; Eshowe M3 and an upgrade at Port Shepstone mortuary.

## **KWAZULU-NATAL CHILDREN'S HOSPITAL**

It is pleasing to report that the restoration of the KwaZulu-Natal Children's Hospital has finally commenced with a cash injection of R10 million by the Department and the establishment of the KZN Children's Hospital Trust which will drive this R200 million project to restore the Children's Hospital to its former glory. The Department has committed R50 million to this project and the balance will be raised by the Trust. Almost R10 million has been raised by the Trust since its establishment nine months ago.

The proposed new facilities will include paediatric outpatient clinics, short stay wards, training facilities, relative's accommodation, research facilities and counselling centres. The scope of the work with respect to the restoration process entails, amongst others, complete and extensive restoration of the old Children's Hospital; the administration block; the restoration of the outpatients building as well as the Old Nurse's Homes.

## **MAINTENANCE PROGRAMME**

Through its Infrastructure Development Directorate we have also spent around R400 million on the maintenance programme working in conjunction with the Independent Development Trust [IDT]. Through this we have completed 10 projects and created 215 posts.

## **OUTPUT 5: REDUCE NON-COMMUNICABLE DISEASES**

### **DISABILITY AND REHABILITATION SERVICES**

Madam Speaker, the issue concerning physically challenged members in our society is a very sensitive one. As a nation, our capacity to care and feel will be measured against how best our programmes meet the needs of those within our community who have a disability. We cannot ignore the differing needs that they present to us.

In order to better their lives, our Department has signed a Service Level Agreement with Disabled People South of Africa – KZN to provide Community-based Rehabilitation Services. An additional two CBR workers are operating at sub-District level in each District to improve and address their concerns.

A proposed Memorandum of Understanding with the South Africa Social Security Agency on the management of social grants including the disabilities grant is also currently in the process of being finalized.

Madam Speaker, we are also very humbled by **Ukhozi FM** as well as the **Church of Jesus Christ of Latter Day Saints** who have decided to partner with us in identifying and sponsoring much needed wheel chairs to the disabled people around the Province. I have been personally

involved in the distribution of over 100 wheelchairs to the beneficiaries at eThekweni; Thukela and Amajuba Districts.

We have had our own share of issuing Assistive Devices for persons with disabilities in the form of 3 306 Wheelchairs: 1 660 Hearing Aids: 26 607 Walking aids including walking sticks, walking frames and crutches.

We are also very appreciative of the offer by a Danish company that donated more than 1,000 hearing Aids and 10 laptops as well as that of the Taiwanese government that gave us a donation of 120 wheelchairs which we distributed around the Provincial Hospitals in eThekweni District.

The Department is also introducing Tele-Audiology services to enhance testing and treatment of patients with hearing loss due to toxicity of TB and HIV-AIDs related drugs. This project will be piloted at Manguzi and Addington hospitals before being rolled-out provincially.

## **ORAL HEALTH SERVICES**

As a Department we seriously believe that Oral Health is essential to general and overall wellbeing of our people and have made huge investments in ensuring that this Directorate is up and running.

To raise awareness on Oral Health, our Dental Hygienists are embarking on outreach programs and visiting schools where pupils are taught how to brush and floss their teeth in order to eliminate oral bacteria; screened and referred for treatment. 34 966 Pupils have since been seen in schools across the Province so far.

## EYE CARE

As a Department we have done a lot of work to improve Output 1 by reducing child mortality due to blindness.

In October last year we launched a state of art Paediatric Eye Care Centre at Inkosi Albert Luthuli Central Hospital (IALCH), a unit that was established in partnership with Australian based NGO, Orbis International. This centre is the second in the Country after the Red Cross Children Hospital in Cape Town and provides the following:

- A fully equipped child eye health tertiary facility to ensure comprehensive services for the affected children in the province and beyond the boundaries of KwaZulu-Natal.
- Strengthening the capacity of health care personnel with paediatric skills at all levels with proper referral and follow- up of these children.
- Ensure uptake of paediatric services amongst adult parents, guardian and community through information sharing and education.

Madam Speaker this partnership has seen us accomplishing the following:

- Purchasing of ophthalmic equipment to the value of R720 000.00
- Employing a project manager that is based at IALCH.
- Attending to 167 children seen between October 2011 and March 2012.

In our partnership with the **International Centre for Eye Care Education (ICEE) – “Giving Sight to Africa project”**, by July last year

we were able to reach 1 million people whose vision needed to be improved and provided them with affordable spectacles thus contributing to their quality of life. This partnership sponsored by Standard Chartered Bank has also resulted in ICEE employing 20 extra optometrists who are instrumental in improving access to refractive services at 51 hospitals and 14 CHC as well as enabling 58 PHC facilities to provide spectacles on site. We have also been able to provide training to 240 traditional healers, 500 community care givers and 924 primary health care nurses on identification of minor eye conditions for referrals.

We are also very appreciative of Nissan's involvement in this sphere as they have donated a mobile van for eye screening and a further R400 000 to be available annually for two years to screen and treat eyes of the learners, already 9000 have been attended to.

We have also seen the **Plascon** company choosing **Cataract Surgery Services** as its area of social responsibility. In October last year they sponsored a cataract blitz at Charles James Memorial hospital which saw 86 operations conducted.

Our Orthopaedic services are based at Wentworth Hospital and in two other satellite centres, one in Pietermaritzburg and one at King Edward VIII Hospital. These three centres provide Orthopaedic services to the entire KZN Province, catering for the needs of approximately 45 outreach clinics which are travelled to either by driving or by flying with the Red Cross Teams.

Patients with disabling body conditions are assisted using specialised skills in manufacturing and fitting of orthotics and prosthesis where



needed. Last year a total of 22 449 people were serviced consisting of 19 495 Orthotic and 2 954 Prosthetic Patients.

Madam Speaker, Medical Orthotics and Prosthetics is a scarce skill offered only in one tertiary institution in South Africa, viz. Tshwane University of Technology and only producing 20 – 25 students a year and those that qualify are shared by the entire country. We have therefore engaged with DUT to offer this course and plans are afoot to register our own 30 bursary sponsored students in 2013, subject to meeting the University's criteria. We are in the process of contracting a Manager to drive the service in the Province.

## **2012/13 BUDGET ALLOCATION**

Before discussing the appropriation to the individual Programmes, it must be noted that the Department continues to implement cost efficiency controls and innovations for service delivery. We have allocated our budget in accordance with the Departmental priorities as follows:

- **Programme 1: Administration – R397, 7 million**
- **Programme 2: District Health Services – R11, 954 billion**
- **Programme 3: Emergency Medical Services – R1, 046 billion**
- **Programme 4: Provincial Hospital Services – R7, 568 billion**
- **Programme 5: Central Hospital Services – R2, 659 billion**
- **Programme 6: Health Sciences and Training – R998 million**
- **Programme 7: Health Care Support Services – R15, 170 million**

- **Programme 8: Health Facilities Management – R1, 917 billion**

Madam Speaker, Honourable Members, please accept our Budget Vote 7 of R **26 555 350** billions ***[twenty six billion, five hundred and fifty five million and three hundred fifty thousand Rand]***.

Madam Speaker I would like to thank the Head of Department, Dr SM Zungu, and the entire leadership of the Department, my family for their support, the Honourable Premier, Dr Z.L. Mkhize, and the entire Cabinet for guidance and support. I would also like to thank the Chairperson of the Health Portfolio Committee, Mrs Lydia Johnson, and the entire Committee for their matured leadership as well as my party, the ANC, for trusting me with such a responsibility and their guidance that they continue to give.

Thank you