



MEC FOR HEALTH | MS NOMAGUGU SIMELANE

THE DEPARTMENT OF HEALTH  
**BUDGET**  
**VOTE 7**  
— 2021 —



**KWAZULU-NATAL PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA



KwaZulu-Natal Department of Health



KZN Department of Health



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TOGETHER WE CAN BEAT THE CORONAVIRUS

**GROWING  
KWAZULU-NATAL  
TOGETHER**

# 2021/22 BUDGET POLICY STATEMENT

by KZN Health MEC,  
**Hon Ms Nomagugu Simelane,**  
21 May 2021

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Honourable Speaker  
Premier of KwaZulu-Natal – Hon Mr Sihle Zikalala, Khuzeni  
Fellow Members of the Executive Council  
Chairperson and Members of the KZN Health Portfolio Committee  
Honourable Members of the KZN Legislature  
Inkosi Chiliza, Chairperson of the KwaZulu-Natal  
House of Traditional Leaders  
Mayors, Councillors and Amakhosi  
Chairperson and Members of the Provincial AIDS Council  
Head of the Department of Health – Dr Sandile Tshabalala  
Healthcare workers across the length and breadth of the Province  
Esteemed citizens of KwaZulu-Natal and  
visitors following these proceedings online  
Distinguished guests  
People of KwaZulu-Natal  
Members of the Media,  
Ladies and gentlemen,

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We are extremely pleased to be presenting the 2021/22 Vote 7 Budget Speech, under the theme, *“Towards Defeating COVID – 19 and Prospering Together.”*

## REMEMBERING KING GOODWILL ZWELITHINI

However, before I proceed, I would like to start by paying special tribute to our recently-departed, dearly-beloved and precious leader and father, His Majesty King Goodwill Zwelithini kaBhekuzulu; Isilo SamaBandla; and to also register our sadness on the recent passing of the regent, Umntan'enkosi.

We also remember all the leaders, comrades, friends, colleagues, political mentors, and Members of the Provincial Legislature who sadly left us over the past year or so, due to a variety of ailments.

Here, I'm referring to comrades, **cadres, and dedicated ground forces** of our glorious movement, the African National Congress... such as uMam' uThandi Cecilia Memela, uBaba u-Peter Dhlomo (chairperson of the ANC Veterans League); uBab' uAlfred Maphamba Duma; uMam' uQueeneth Magwaza; uMam' uNomvuzo Shabalala; ama-comrades o'Ricardo Mthembu, Bheki Ntuli, Nonhle Mkhulisi, Bridget Ntshangase, Chris Ntuli, Thelumoya Jeke Zulu, and, Simo Ezra Mfayela, and many others whose dedication to community development and progress will never be forgotten.

May their dearly departed souls rest in peace.

## PAYING SPECIAL TRIBUTE TO ALL THE HEALTH WORKERS THAT WE HAVE LOST

When the first case of COVID - 19 was confirmed on the 5th of March 2020, we thought this was going to only last a few months.

But clearly it's a war whose end date we don't know. And we deeply appreciate the work that has been done by our health workers.

We, however, wish to pay special tribute to all the health workers that we have lost, both in the public and private sector.

We now have the names of all the 397 health workers that we have lost to COVID – 19, and when we commemorated International Nurses' Day nine days ago, we remembered the nurses that were lost to COVID -19.

It is on that basis that as a Department, from the 12th of May 2021, which was International Nurses' Day, we have declared 30 Days of Appreciating All the Health Workers within the public and private sectors.

We know that there are sentiments to the effect that we should be showing our appreciation in monetary value.

But we also should note that negotiations are underway regarding salaries. But these are not within our mandate. The ministers that are responsible for such matters are dealing with it. We appreciate that workers actually are under pressure.



## THE YEAR OF CHARLOTTE (Nee. MANNYA) MAXEKE

The year 2021 has also been declared by the governing African National Congress as “The Year of Charlotte Maxeke,” as we mark the 150th birthday of this pioneer of African liberation.

Charlotte Maxeke, who is also known as the “Mother of Black Freedom,” carries the distinction of being the first black woman from South Africa to hold a degree.

She is also respected for her exceptional contribution to the struggle for the rights of women in particular, and workers in general.

She spent all her life dedicated to the struggle for justice and peace.

She was a trailblazer, in that she led in areas that have always been traditionally reserved for men. She was able to break those barriers, even when patriarchy was at its strongest in our society.

It is, indeed, thanks to the bravery of women like Charlotte Maxeke and her ilk that in South Africa today, women are credited for the massive role that they have played in fighting COVID – 19, which is one of the deadliest and most devastating pandemics ever seen in history.

It is thanks to the courage that was first displayed by Charlotte Maxeke more than a century ago, that this generation of women dared to dream and pursue career paths in fields that were male-dominated.

We continue to draw inspiration and express our gratitude to imbokodo like uMama Maxeke, as well as other inspirational women such as uMam’ Lilian Ngoyi, uMam’ Albertina Sisulu, uMam’ Victoria Mxenge, uMam’ Adelaide Tambo, uMam’ Helen Joseph, uMam’ Florence Mkhize, uMan’ Winnie Madikizela-Mandela, and many others.

These are women who dared to stand up against racial segregation and injustice, so that we, and future generations, could one day reap the handsome fruits of freedom. May their precious souls rest in peace.



## UPDATE ON COVID – 19

In COVID – 19, we have been grappling with a unique and extremely complex challenge that no other Government has ever had to face.

During the course of this pandemic, the ANC-led Government, and the Department of Health in particular, have been the flagship that has been carrying the lives of millions of people through some of the stormiest seas.

We would therefore be failing in our duty if we did not express our heartfelt gratitude to all the stakeholders who have helped us weather this storm – from the President to the Health Minister Dr Zweli Mkhize; to our Hon. Premier Mr Sihle Zikalala, and all members of the Provincial COVID – 19 Command Council.

A special mention should go out to organised labour, for the support and co-operation that they've displayed.

We'd also like to thank our partners in the private sector, who have come to the party in the most heart-warming and humbling way. Here's I'm referring to the likes of the KZN Growth Fund, led by uBab' uMoses Tembe, in ensuring that the private sector becomes part of the battle.

We would also like to thank the KZN Church Council under the leadership of Bishop Nkosinathi Mnyaka and Cardinal Napier; The House of Traditional Leaders led by Inkosi Chiliza, kanye nabelaphi bendabukho.

And many, many others.

Of course, not forgetting contributions by Department's Senior Management Teams, Officials, Healthcare Professionals, Frontline Workers, Community Health Workers and the Support Staff, for their support and contribution in the fight against this pandemic.

Siyabonga. Izandla zidlula ikhanda.

## IMPACT OF THE PANDEMIC IN SA, AND IN KZN IN PARTICULAR

Chairperson, this is technically the third Budget Speech (if I include the Special Adjusted Budget speech that we delivered in September last year), that we are presenting under new and challenging conditions as determined by the "New Normal," which has been brought about by COVID – 19.

This virus has devastated the world, with countries such as India, Brazil, Malaysia, Spain, Italy, the United States of America, and parts of Latin America now facing a serious resurgence of infections.

To illustrate the seriousness of this pandemic, let's look at how a few countries have fared by considering their infection rates and deaths, as of 19 May 2021 according to the World Health Organisation:

- India, where 283 248 people have passed away, after 25, 772 million infections
- Brazil, where 436 537 people have passed away, after 15, 732 million infections
- Italy; where 124 497 have passed away, with 4,167 million infections, and
- The United States, where 580 983 have passed away, after 32, 676 million infections.

Here at home, we are facing a potential resurgence of the third wave threat of a third wave of COVID - 19, which is something that we need to start taking seriously.

So far, 1 621 million people have been infected in South Africa with COVID – 19, with 55 507 sadly losing their lives. There have been 1, 528 million recoveries, which amounts to a recovery rate of 94,2% as of 19 May 2021. As the Province of KwaZulu-Natal, we have registered 338 312 confirmed cases, and sadly lost 10 474 people to this pandemic as of yesterday 20 May 2021. May their souls rest in peace.

On the brighter side, 323 690 people from this province have thankfully recovered.

## POTENTIAL THREAT OF A THIRD WAVE: COVID - 19 COMPLACENCY IS DANGEROUS

As indicated in the theme of this Budget Speech, we have a huge responsibility on our hands to rise purposefully from the ruins of COVID – 19, to continue to soldier on, and deliver healthcare services to the people of this country, and this province in particular, while mindful of the threat posed by the possible third wave of infections.

We are thankful to those who are still wearing their masks, washing their hands regularly with soap and water or hand sanitizer, and maintaining social distancing.

We want to urge fellow compatriots to be mindful of the danger posed by reckless behaviour. Those who have stopped adhering to safety protocols need to return to those good habits.

To remind ourselves of the devastating impact of COVID – 19, perhaps it's important to revisit the words of sister Fikile Mjwara from Grey's Hospital, when reflecting on her work in a COVID – 19 ward over the past year.

She said: "As a healthcare professional fighting on the frontline, witnessing the pain and suffering caused by COVID-19 in person is a completely different experience from watching and hearing about it on the news, and seeing all of those statistics.



The biggest challenge, for me, was the fear of coming to work every day facing the risk of being infected. Nursing patients that you knew might not leave the ward alive was strenuous. The COVID – 19 ward was like a war zone where people fight for their lives, and the staff were racing against time trying to save lives. Sadly, we were not able to save all of them.

The hardest part was when I had to inform the relatives about their loved ones passing on and had to answer their questions.

My family members contracting COVID-19, particularly my mother, made things worse because of what I had seen happening with our COVID - 19 patients. I saw it all happening. My mother ended up in ICU. But by God’s grace she made it.”

Chairperson, this is a clear indication that COVID – 19 affects us personally; whether you’re a health worker or not; and also gives a face to those who have been on the frontline of this battle, and fighting it on our behalf.



## A SENSE OF HOPE FROM THE COVID – 19 VACCINATION ROLLOUT PROGRAMME

When briefing a virtual meeting on Africa’s COVID-19 Vaccine Financing and Deployment Strategy earlier this year, the Director-General of the World Health Organisation, Dr Tedros said: “The COVID-19 pandemic is testing us like never before, and now, even as we have developed vaccines in record time, it is testing us again.”

We are extremely grateful that we now have a weapon with which we can defend ourselves against this vicious killer, in the form of the COVID – 19 vaccine.

It is, however, important for all of us to note that the COVID – 19 vaccine is not a silver bullet.

Vaccinating at least 67% of our population, together with adhering to non-pharmaceutical interventions, continues to be important in order for our population to be safe.

We are pleased and relieved to have entered the second phase of the vaccination programme, which prioritises the vaccination of people who are aged 60 and above; as well as those who have co-morbidities.

This literally means that these high-risk population groups will have the immunity that their bodies need to be able to fight this deadly disease.

Sesingcwabe kwanele bakwethu. Izinhliziyo zethu zibuhlungu kakhulu emva kokuthi sishiywe abantu esibathandayo abaningi kangaka, ngenxa yalesi sifo.

Sithi manje abaphile ogogo nomkhulu, kanye nabafowethu nodadewethu abadla amaphilisi okuthiba izifo ezingalapheki; phecelezi chronic medication.

We are relieved that we have started Phase 2 of vaccination.

In this regard, the leadership of President Cyril Ramaphosa, and the Minister of Health Dr Zweli Mkhize is commendable. Their efforts in ensuring that the vaccine reaches all qualifying South Africans as soon as possible will never go unnoticed.

We wish to reiterate the call for all qualifying people to register under the Electronic Vaccination Data System (EVDS), so that we can achieve the much-needed population immunity in order to beat this virus.

Our target for healthcare workers to be vaccinated under the Sisonke Vaccination Implementation Study was 162 142. We were able to vaccinate 92 715.

The balance of the health workers will all be vaccinated by 31 May 2021.

In the first three days of Phase 2 of the vaccination programme this week, we have managed to vaccinated more than 38 000 people; but once we are over the initial teething problems, we should be able to vaccinate 30 000 per day.

We have a total of 689 prepared vaccination sites for the total rollout of both the Pfizer and Johnson & Johnson vaccines. These are made up of health facilities, community halls, Thusong Community Centres, and other public amenities.

However, for now, as we make a start, we have arranged a total of 27 health facilities and 6 community vaccinations centres, all of which commenced with the Pfizer vaccination on Monday.

We will be adding more sites incrementally.

The Royal Showground in UMgungundlovu and Clairwood field hospital are among the mass vaccination sites that started vaccinating as from 17 May 2021.

With a provincial daily target of 30 000 vaccinations (5 days per week), the Phase 2 of the Vaccination programme could be completed by September 2021. This will then enable us to commence Phase 3 earlier, in October 2021.



## APPRECIATION OF THE COVID – 19 GRANT FROM THE NATIONAL DEPARTMENT OF HEALTH

We wish to take this opportunity and express our appreciation of a R 302 million COVID -19 vaccination grant from the National Department of Health. These funds have enabled us to procure much-needed resources that will come in very handy, as we accelerate the vaccination process; and are an investment into the future.

They will assist the province in the implementation of NHI, as these are resources that have always been needed by the Province, but we were not able to afford them.

From these funds, R205,2 million will be spent on appointing 932 additional staff. We will also be spending R16,7 million on the procurement of 65 refrigerators that operate at minus 40 degrees; and a further 34 ultra-cold freezers to store the vaccines.

A sum of R8,4 million will be spent on the procurement of 34 vehicles, which will be utilised by the vaccination teams, during COVID -19; and will then be utilised by the outreach teams after COVID -19.

A further R2,7 million will be spent procuring IT equipment, which will again be used by our facilities, even after COVID – 19.

The rest of the budget will be utilised on consumables such as needles, syringes, cooler boxes, thermometer, among other things.

## IMPROVING THE QUALITY OF CARE THROUGH INVESTING IN HUMAN RESOURCES

Chairperson, we remain committed to achieving the Minimum Staff Establishment of 60% in our facilities in order to improve the quality of care for the public that we serve, and to relieve our overburdened staff.

However, the emergence of COVID – 19 has enabled us to employ, on a contractual basis, about 15 000 staff members to help us fight the spread of this pandemic.

This has greatly improved our capacity to deliver healthcare services, although we are aware that these human resources that we have added are not enough.

These contracts are due to expire in September. However, we are strongly convinced that these contract employees should be absorbed within the system because they are occupying vacant posts that should, in any case, be filled. As a result, we are currently working on reprioritising our own budget to make this possible.

These staffers have been deployed under the categories that are named hereunder:

- Professional Nurses (General)
- Professional Nurses (Specialty)
- Staff Nurses
- Nursing Assistants
- Administration Clerks
- Cleaners and Porters
- Physiotherapists
- Radiographers
- Clinical Psychologists
- Audiologists
- Optometrists
- Data capturers

## LESSONS LEARNT FROM COVID - 19

As a Department, we have been able to draw a number of important lessons from both the first and second waves of COVID - 19.

Over the past 14 months since confirmation of the first COVID – 19 case on the 5th of March 2020, we have corrected a number of blind spots, as though fixing an aeroplane while it's flying.

One of these lessons has been that we should not be quick to decommission our field hospitals, so that if the next wave of infections hits us quicker than we anticipate, we are able to respond speedily.

As a result, we have decided to retain Royal Showgrounds, Clairwood, General Justice Gizenga Mpanza and Ngwelezane field hospitals.

## OVERCOMING THE CHALLENGE OF REDUCED NUMBER OF PATIENTS WHO CAME TO FACILITIES AND OTHER NEW DYNAMICS UNDER THE NEW NORMAL

Chairperson, Section 27 of the Constitution provides that everyone has the right to have access to health care services, including reproductive health care services; and that no-one may be refused emergency medical treatment.



As a Government that is for the people, by the people, interacting with the public is absolutely critical in our quest to improve health literacy.

It is a vital part of helping our people gain a better understanding of health matters, so that they can adopt a preventative approach and take better decisions concerning their own health and well-being.

Members will remember that during efforts to contain the spread of COVID – 19, the public was urged to stay at home and only present to health facilities for emergencies.

As a direct result of this, fewer people came to our facilities over the past year. This has been the case for both health screening and testing, as well as continuous collection of medication and adherence to treatment schedules.

This is serious challenge, which threatens to negate the considerable progress that has been made.

COVID - 19 has also curtailed our ability to screen and test people for deadly diseases such as cervical and breast cancer – diseases that only have better treatment outcomes when they are detected and attended to early.

In fact, we have noted an actual sudden and massive drop in the rate of screening for cervical cancer.

By way of illustration, during the 2018/2019 financial year, the Department was able to screen 234 075 people for cancer; followed by 216 899 people during 2019/2020 financial year.



However, from April 2020 to date, only 142 168 people were screened, which is almost half the number of people screened in the previous year.

Between January and December 2020, the Province conducted 885 128 Gene Xpert Ultra tests compared to 1, 13 million tests conducted in 2019. This decline is as a direct result of COVID-19, which decreased the number of clients who visited health care facilities.

We can today also reveal that both our fixed Primary Health Care clinics and hospitals attended to just 12, 7 million patients during the first six months of 2020/21; as compared to 16,4 million during the first six months of 2019/20.

Be that as it may, we have found a number of creative ways to continue reaching out to our people and interacting with them through the usage of various communication channels.

These include our interactive TV/radio and online show, Health Chat, which connects us with multitudes of people in order to arm them with knowledge.

Overall, it is now clear that we have to double our efforts in order to make up for this lost time.

## GAINS MADE IN THE FACE OF ADVERSITY

Chairperson, despite setbacks from COVID – 19, we were nevertheless still able to register some notable achievements over the past year.

These include:

- Issuing a total of 9 093 assistive devices to persons living with disability between 01 April 2020 and December 2020. These include 3 037 wheelchairs; 2 146 Hearing Aids and 934 other different types of assistive devices.
- Furthermore, more than 2 900 wheelchairs were serviced and repaired at 23 wheelchair repair sites in the Department.
- A total of 20 Physiotherapists and 18 Audiologists were contracted in all districts to assist in the management of COVID-19 patients.
- Over the years, the Department has only had Wentworth Hospital manufacturing orthotic and prosthetic devices for persons living with disability. We have decided to decentralise these services by building similar centres in other districts.

## COVID – 19 RECOVERY PLAN

Chairperson, by virtue of being the second-largest province in the country, it follows naturally that any intervention that we make in reducing the burden of disease here, affects the whole country.

This is even more urgent now, given the disruption to our programme of action that has been caused by COVID – 19, as I’ve indicated.

We have therefore come up with a strong recovery plan, with a particular focus on programmes that are aimed at reducing some of the biggest contributors to the province’s burden of disease – which are:

- HIV/AIDS and TB;
- Maternal and Child Mortality,
- Non-Communicable Diseases; and
- The Impact of Incidents of Trauma and Personal Injury.

## RISING UP TO THE CHALLENGE OF HIV/AIDS and TB:

Chairperson, our Province remains the epicentre of HIV/AIDS together with TB, with an HIV prevalence rate of 27.2%.

**The top 8 districts hardest hit by HIV/AIDS are as listed:**

DISTRICT	ANC HIV Prevalence Survey, 2017 (> 35%)
Umgungundlovu	46%
Ethekwini	44%
Ugu	44%
Ilembe	43%
Umzinyathi	43%
Harry Gwala	39%
King Cetshwayo	39%
Zululand	38%

The Province currently has 1, 69 million patients on Anti-Retroviral Therapy; and it is our view that there are at least 492 136 people out there who have been lost to the system, whom we need to bring back as a matter of urgency.

We also have a huge responsibility to scale up our efforts to curb the spread of TB, which is closely related to HIV/AIDS, and to ensure adherence to treatment.

Although the rate of TB notifications has declined from 1128 reported in 2010 to 410 per 100 000 population recorded last year, TB continues to be a challenge, as it is more than two-fold what the WHO declares a crisis (which is, 200 per 100 000).

During the 2021/2022 financial year, we will be strengthening the following strategies to reduce the burden of HIV/AIDS and TB in the province:

- Firstly, re-packaging and invigorating our mass communication HIV/AIDS prevention messages to appeal to the younger generation. We had made significant progress in this regard, but unfortunately our programme was disrupted by the emergence of COVID -19;
- Accelerating the implementation of the basics of TB diagnosis and treatment by scaling up the use of GeneXpert Ultra as a replacement for the old GeneXpert cartridges;
- We have started strengthening case-finding in and beyond healthcare facilities to communities through our community outreach teams;
- Our community outreach teams have begun integrating COVID-19, TB, HIV and non-communicable diseases screening and testing. This is being done in line with the community-based Primary Health Care approach, which is a cornerstone of the Universal Health Coverage through NHI;
- We are strongly focusing on TB prevention for people living with HIV, particularly earlier initiation of Anti-Retroviral Therapy and continuous TB preventive therapy, by introducing the 3HP approach. This is a shorter regimen that is taken three times a week for three months, and replaces the 6 to 12 month regimen, which has been used until recently; and
- We are also pleased that new TB drugs, diagnostics and vaccines are being researched in order to further accelerate progress towards improved TB control in the country and beyond.

## **SOME GAINS IN THE FIGHT AGAINST TB**

Despite the challenges and high burden of TB and HIV, the province has maintained a TB treatment success rate of 79%, with loss to follow up of 9% and a death rate of 8%.

Chairperson, our fight against TB has been so successful that we have even had to decommission hospitals such as Don McKenzie & Charles James, which were designated TB facilities.

## **PROMOTION OF PRE-EXPOSURE PROPHYLAXIS (PrEP); AS WELL AS POST-EXPOSURE PROPHYLLAXIS (PEP)**

Chairperson, one of our priorities during the new financial year will be the promotion of Pre-Exposure Prophylaxis, or PrEP, which is a revolutionary method that prevents the acquisition of HIV/AIDS.



PrEP is defined by the WHO as antiretroviral drugs that are taken by HIV-negative people who are at substantial risk of acquiring HIV before potential exposure to the virus. It is an evidence-based HIV risk-reduction intervention.

The specific population groups who are considered to be at substantial risk of HIV infection include:

- Adolescent girls and young women
- Men who have sex with men
- People who have more than one sexual partner
- Those who inject drugs
- Those with a recent history of STI(s)
- Those who recognise their own risk and request PrEP;
- Sex Workers; and
- Sero-discordant couples - if the HIV positive partner is not virally-suppressed.

We have realised that although this type of medication is now available to qualifying individuals at most of our health facilities, many people are not aware of this, and therefore aren't benefitting from it.

That is why we will be mounting an awareness campaign to help prevent new infections.

Our target in this regard will be tertiary institutions. This will be a continuation of a programme that we had already started, which was disrupted by the emergence of COVID – 19. We will continue to utilise all forms of communication to engage with young people.

## POST-EXPOSURE PROPHYLLAXIS

We will also be working harder to ensure better and easier access to Post-Exposure Prophylaxis, which is also known as PEP.

This type of intervention is recommended for HIV-negative people, who believe they might have been exposed to HIV within a 72-hour period.

We are aware that some healthcare workers tend to “moralise” when young people seek such services, and sometimes even deny access to them.

We want to remind some of our healthcare professionals that they are not there to pass judgement on young people, but rather to provide a necessary services.

We want to urge our patients to report to the authorities, any healthcare professional who denies them access to medication on such grounds, so that we can investigate and take the necessary corrective measures.

## REVERSING THE FRONTIERS OF SEVERE ACUTE MALNUTRITION, AND SAVING CHILDREN'S LIVES

The rate of death-in-facility of children under 5 year years of age currently stands at 4%, with 3,465 deaths in the past financial year among children aged under 5, while admitted to hospital.

Though regrettable, these figures are comparable to the previous financial year (3.9% and 3,443 deaths); but lower than those from 5 years ago, which stood at 5.2%. This means we have made progress.

Deaths among new-borns remain the highest contributor to the rate of children who die aged under-5, while the greatest gains have been in the over 1-year age group.

The slight increase in this form of malnutrition is attributed to poor Household Food Security, as a result of loss of income for some families during the pandemic.

We will continue to implement the plan to reduce the rate of Severe Acute Malnutrition through the Family Mid-Upper Arm Circumference (MUAC) programme.

Our other intervention is the implementation of Micro-Nutrient Malnutrition Powder Intervention, which targets children aged between 6 - 24 months.

This programme is meant to improve the nutritional adequacy of complementary foods, thus preventing micronutrient deficiencies and other forms of malnutrition.

## MAKING STRIDES TO ERADICATE MALARIA:

Our province continues to report relatively low levels of malaria in the country and is working on strengthening capacity to ultimately eliminate this disease.

The closure of borders due to COVID – 19 also resulted in a significant decline in the number of imported malaria cases.

A total of 244 Malaria cases were reported between 1st April 2020 -19 March 2021, with an incidence of 0.34 per 1000; compared to the 193 in the previous corresponding year.

Thanks to our dedicated staff, we were able to improve the spraying coverage from 70% in 2019/20 to 85% in the year 2020/21 - despite covid-19 challenges. Our new recruits have also strengthened case surveillance and the dissemination of Information Education Communication within the communities.

In addition to the team recruited, 4 Malaria Surveillance Supervisors were appointed to strengthen field operations.

## NON-COMMUNICABLE DISEASES:

Chairperson, one of the areas in which we need to make urgent improvements is that of Non-Communicable Diseases, which remain a challenge in our society.

Due to COVID – 19, our lifestyles changed for the worse; and some of the gains we had begun making pre-2020 were reversed.

There is a lot that we as individuals and Government can do to reduce the prevalence of such diseases, through regular exercise, following a healthy diet, and getting a general health check-up at least once a year.

So, what are we as KZN doing to reduce the rate of Non-Communicable Diseases, in order to improve and prolong people's lives?

Well, we have decided to draw from the 90-90-90 Strategy and apply it within the context of NCDs, particularly with a focus on mitigating the impact of Diabetes and Hypertension.

In this instance, it will be 90-60-50. This means that:

- 90% of all people over 15 will know whether they have hypertension and/or raised blood glucose or not;
- 60% of people with raised blood pressure or blood glucose will receive intervention; and
- 50% who are receiving interventions will be controlled.

Let me hasten to add that this is a strategy that is still in the development phase, with the National NCD Pilot Project to be piloted at Amajuba, UMzinyathi, UGu and UMgungundlovu. This pilot project will be starting with training in the piloting districts from June 2021, and then implemented after two years.

## UPDATE ON E-HEALTH

Chairperson, as we have previously said, in this day and age, it is untenable and certainly not sustainable for us to continue performing our important administrative tasks in the old analogue way at our clinics, Community Health Centres, and hospitals.

The current paper-based system is riddled with serious problems that end up frustrating both the public who use our facilities, and our staff.

Files either get lost, stolen or take too long to find. They sometimes get damaged, and even tampered with. As a consequence, quite often, the Department is unable to defend itself during litigation because the necessary documents go missing.

That is why we have started piloting what we refer to as E-Health, which is a digital solution that is supposed to document and manage a patient's movement from the time they walk into a healthcare facility until they leave.



Prince Mshiyeni and Madadeni Hospitals went live as pilot hospitals for this system, from March 2020.

From a system development side, there has been significant progress mainly due to the employment of qualified officials on the development and programming of ICT systems.

The in-house developed system currently has a number of modules that are fully functional, including:

- Patient Administration,
- Patient Consultation (vitals recording, nurses and doctors' notes), ordering of clinical services, i.e blood tests, x-rays, urine tests, and
- Prescription of medication, among others.

Other modules are under development, including for ICU, theatre and mental health. This system will interface with other systems that have been developed and are being tested.

**These include the:**

- National Patient Demographics System,
- Radiology, and
- RX Solutions, among others.

Developments in this regard are progressing very well.

In addition to the above two hospitals, we have also been training staff on patient administration at 12 other hospitals, namely: Ngwelezana, Queen Nandi, Greys, Edendale, Port Shepstone, EG and Usher, General Justice Mpanza, Vryheid, Dundee, Bethesda, Emmaus, and Newcastle.

Due to the sheer number of facilities in this province, we appreciate the fact this process will require time. We will continue updating the Legislature about any progress made in this area. But we do consider the above 12 facilities that we have added to the initial two, as a step in the right direction.

We are in regular engagement with the State Information Technology Agency (SITA) regarding the upgrading of data lines and network points, so as to facilitate and expedite this work.

Although there are challenges, as you would expect when introducing such an innovative and ground-breaking system – especially in a rural province such as KZN - we will not be deterred from setting up and implementing these systems.

We believe that it is critical in improving efficiency and the overall client experience that our people should be able to enjoy.

## ESTABLISHING A TERTIARY HOSPITAL IN THE NORTH OF THE PROVINCE

Our commitment to build a tertiary hospital in the north of the province has not changed. In fact, we are more resolute now that the building of that hospital will, indeed, save the Department a lot of money, considering the fiscal position of Government over the Mid-Term Expenditure Framework.

In line with that commitment, our discussions with Umhlathuze Municipality are at an advanced stage.

The Department is working on establishing the nature of clinical services that will be provided at this facility. Although Ngwelezane is classified as a tertiary hospital, it does not provide a full bouquet of tertiary services, hence the need to establish a new fully-fledged tertiary hospital in the north.

Our main aim in this regard is to ensure that people in that region are not disadvantaged due to their geographical location, or their social circumstances.

## CONVERSION OF DISTRICT HOSPITALS INTO REGIONAL FACILITIES

As indicated in the previous Budget Speech, we are upgrading four facilities from district to regional hospital level.

**These are:**

- Vryheid,
- Bethesda,
- Dundee, and
- Christ the King hospitals.

Due to financial constraints, we will not be able to upgrade all of them at once. In this financial year, we will be focusing on Vryheid and Christ the King Hospitals.

We have already started with the clinical assessment of the regional services that are to be implemented in these two hospitals, and are looking into the infrastructure that will be required.

## MEDICO-LEGAL CLAIMS: TURNING THE CORNER

Regrettably, KwaZulu-Natal continues to be one of the provinces that are highly affected by a high medico-legal claims bill.

However, the recent Ngalenkulu court judgement reinforces the efforts that the Department has already put in place to reduce its medico-legal bill.

There were 327 new medico claims received during the 2020/21 financial year.

In 2019, we spoke about a multi-pronged strategy towards the reduction of the medico-legal bill. We have since established a Medico-Legal Directorate, which is meant to help us reduce our medico-legal bill.

We have also found that there have been some unscrupulous legal practitioners who have sought to defraud the system. We are therefore instituting an investigation that will scrutinise whether the money that has been paid out by the Department over the past five years has been used for purposes for which it was paid.

## CARING FOR CHILDREN BORN WITH CEREBRAL PALSY

Secondly, we have already established seven (7) Centres of Excellence for the management of medico-legal cases, particularly children born with Cerebral Palsy.

These Centres are located on the following Districts:

UMgungundlovu – Greys Hospital and Pietermaritzburg Assessment & Therapy Centres for patients in the Western Region.

At EThekweni, we have King Edward VIII Hospital, KZN Children Hospital and Phoenix Assessment & Therapy Centre, for patients from eThekweni, ILembe and UGu.

At King Cetshwayo, we have Queen Nandi Memorial and Ngwelezane hospitals for patients from the Northern Region of the Province.

Finally, we also promised that we would appoint a panel made up of medical and legal experts who would be assisting the Department in assessing and defending the Department where necessary.

The process of appointing this panel is in its final stages.

## CRACKING THE WHIP AGAINST THOSE WHO MISTREAT PATIENTS

Chairperson, we remain extremely concerned about complaints relating to the mistreatment of patients that we keep on getting, levelled against some nurses and doctors.

Although they form part of a minority, these are professionals who have sworn their allegiance to their professional pledges, and we expect them to uphold these pledges at all times.

Since 2019, we publicly issued the contact details of managers of hospitals, Community Health Centres, and district directors. The intention is that people know who to contact if they're unhappy about the level of service they are getting.

We will be releasing these contact details more regularly, at least on a quarterly basis, so that our communities are aware of who is running their facilities, so that they can turn to them for recourse.

We have continued to receive reports about disturbing conduct by some of our workers.

We have also encouraged the public to use our social media platforms to let us know when such instances occur.

While this has proven to be quite effective, it is clear that we need to step up our efforts in this regard.

## **WEARING OF NAME-TAGS IS COMPULSORY**

We want to remind our workforce that the wearing of name tags, and displaying them properly, is compulsory.

We have noted a tendency whereby people tend to not wear their name tags, or wear them back to front.

That is something we're going to be strict on, and insist that it is adhered to, or there will be consequences.

We are taking this stance because in a number of instances, the errant staff members get away with wrong-doing by not displaying who they are; and when our clients want to know who they are, they refuse to give out their names.

Often, you find people displaying behaviour that is abhorrent, and unthinkable. Things they would never allow to happen to their own loved ones. But they get away with it, because patients can't easily identify them. This must come to an end.

## **FORGING AHEAD WITH THE IMPLEMENTATION OF NATIONAL HEALTH INSURANCE (NHI):**

Chairperson, one of the programmes that have been hardest-hit by COVID – 19 is National Health Insurance. Members of this august house will remember that shortly before the emergence of COVID – 19, we had just had provincial hearings into NHI.

Most of the respondents had an overwhelmingly positive outlook about this programme, which is meant to remove the financial barriers that keep our people from accessing quality healthcare.

We were virtually forced to shift our focus away from this programme, as COVID – 19 demanded our full and undivided attention. But we are pleased to reveal that the Department did not stop working on NHI entirely, and has managed to make some progress - despite the challenges.



In so far as our Infrastructure Development is concerned, all of the facilities that we have reconfigured and upgraded during COVID – 19 were in line with NHI. The investment we made was to ensure that when the time came for the implementation of NHI, Government is ready.

In further pursuit of the Universal Health Coverage, we have achieved the following:

- Formalisation of operational partnerships between the Public and Private Sectors. As a result, in the previous financial year, we have contracted 104 Private General Practitioners (GPs) providing services to two hundred and thirty (230) Primary Health Care (PHC) facilities in all the eleven (11) health districts. We will continue to make progress in this area, and will all more GPs.
- We have also invested R4, 8 million from the National Health Insurance Indirect Grant to contract the services of private forensic Psychiatrists and Private Psychologists to clear the backlog of the provincial forensic psychiatric legal cases;
- We have also ensured that 9 provincial health districts have the Synchronized National Communication in Health (SyNCH) system installed, which ensures a standardized and automated electronic pharmaceutical supplies management system. This system is further complimented by the RX Solution system installed at 150 health facilities to manage pharmaceutical supplies stock levels.

These systems have now eliminated preventable drug supply shortages in KwaZulu-Natal health facilities; and have ensured un-interrupted service delivery during the COVID-19 epidemic.

During the 2021/22 to 2023/24 Mid-Term Expenditure Framework (MTEF), the department will pay special attention to Quality Improvement in Health Service Delivery and ensuring compliance with norms and standards for both the Public and Private Health facilities.

We have established a component to provide strategic leadership and oversight of National Health Insurance (NHI); Quality Improvement Programmes, Health Facility Licensing and Accreditation; and Clinical Governance.

This unit will ensure that all public sector hospitals progressively strive to achieve the Ideal Hospital and Ideal Clinic status.

## **CENTRAL CHRONIC MEDICINES DISPENSING AND DISTRIBUTION (CCMDD) PROGRAMME**

At the beginning of the COVID – 19 pandemic, there was confusion over the pick-up points for Centralised Chronic Medicine Dispensing and Distribution (CCMDD).

This was further complicated by the closure of some of our centres, such as churches, due to COVID – 19 – until we had to intervene and ask that they be re-opened – on the basis they would be used strictly for the distribution of medication.

Despite these challenges, there has been an increase in the number of patients introduced to the CCMDD programme. We have established more external Pick-up Points (PUPs) to increase access to chronic treatment and ensure adherence.

Furthermore, most patients were given medication for two or three months in advance, in order to reduce visits to health facilities, thus reducing their exposure to COVID - 19.

By 28 February 2021, at least 304 474 patients on chronic medicines were getting multiple months' supply of medicines (55 733 on 3 months' supply; and 248 741 on 2 months' supply).

These patients are collecting their medication at healthcare facility "fast queues", at 811 external pick-up points; and at mobile points facilitated by outreach teams. At least 822 949 patients had received chronic medicines via CCMDD programme by the end of February 2021.

Where patients have missed their appointments, health care facilities use outreach teams to track and trace patients.

In cases where patients are unable to pick up their medication, home delivery of medication is done through Bicycle and Van delivery services. Pill boxes have also been introduced for easier access to chronic medication.

Patients are continuously encouraged and educated on the importance of treatment adherence at every visit and through various media platforms.

## EMPOWERING IMPROVERISHED COMPATRIOTS THROUGH BURSARIES

As a caring Government that is sensitive to the material conditions of our people due to our country's painful history, we do try our best to mitigate against this, despite our limited resources.

In this regard, our Bursary Unit awarded 53 bursaries over the past financial year in the following categories: Audiology 2, Clinical Psychology 2, Dentistry 4, Dietetics 5, Emergency Medical Care 11, Medicine 4, Occupational Therapy 3, Optometry 1, Physiotherapy 7, Clinical Psychology 3, Radiography 8, Speech Therapy 2, and Ultra Sonography 1.

Six discretionary fund bursaries for medicine have been granted, which are linked to Operation Sukuma Sakhe.

For the 2021/22 financial year, we will be awarding 55 bursaries in the following categories: Audiology 7, Clinical Psychology 7, Dentistry 5, Dietetics 2, Occupational Therapy 3, Optometry 8, Physiotherapy 9, Radiography 7, Speech Therapy 1.

In spite of our limited resources, we will always endeavour to find ways to support, uplift, and empower those fellow compatriots of ours who are deserving of such support.

## STRENGTHENING GOVERNANCE AND OVERSIGHT THROUGH HOSPITAL AND CLINIC BOARDS

For quite some time now, many of our clinics and hospitals have been operating without boards that perform oversight and help ensure good governance. Despite the COVID – 19 pandemic, we have been hard at work in efforts to correct this.

No fewer than 29 hospital boards were finalised in 2020/21. And, where vacancies for membership might still exist, these will be advertised accordingly.

Our plan is to advertise and appoint another 32 hospital boards during the new financial year.

The appointment of hospital boards has not been an easy process, due to the fact that board members are not paid a salary, but a stipend. But we will not be deterred.

## MENTAL HEALTH REVIEW BOARDS

Following the expiry of the term of office of the previous boards, we are also continuing with the process of appointing Mental Health Review Boards. The Department has called for nominations and is currently conducting interviews as part of the process of filling posts in most important oversight structures.

## RSA/CUBAN PROGRAMME: A BOOST TO THE HEALTHCARE SYSTEM

Chairperson, a total of 128 final year students returned in 2020 to complete their 18-month integration training at local universities, and are expected to complete their studies in December 2021 and graduate early in 2022.

Meanwhile, we are expecting to receive another 43 final year students in June/July 2021 who will also complete their 18-month training at local universities. The actual dates for their return will be communicated once confirmed by the National Department of Health and the SA Embassy in Cuba.

The return of these students is beneficial to both the students and the people of South Africa; but also for our province in particular, especially with our renewed focus on Primary Health Care.

When these students come back, they get to re-familiarise themselves with the South African healthcare system and its realities so that they can graduate.

In this way, our hospitals and clinics also benefit from the extra hands and additional capacity, and are then able to provide an improved level of service to the public.

## CUBAN SPECIALISTS TO TRAIN SA MEDICAL STUDENTS

Chairperson, during this new financial year, we have decided to send 10 new students to Cuba in September, in line with the initial agreement between South African and Cuba.

This, we are doing to ensure that the programme that we started in 2019 to focus on Primary Health Care is strengthened through the roping in of additional foot soldiers on the ground.

However, we have also started engagements with the Cuban authorities through the ambassador; on our own initiative, to bring in medical specialists from Cuba, who will come and train our own medical students in the province.

This will enable us to broaden the understanding of Primary Health Care within the province.

## INFRASTRUCTURE DEVELOPMENT

### DR PIXLEY KA-ISAKA SEME MEMORIAL HOSPITAL

Chairperson, we are extremely pleased that the much-anticipated Dr Pixley Kalsaka Seme Memorial Hospital will finally open its doors at the end of this month. On the 15th of May, the Department conducted its own dry-run which was aimed at ensuring that all its systems were ready.

We have concluded more than 50% of our recruitment process, and are done with the recruitment of all professionals.

On the 31st of May, we will open a few wards that will be treating actual patients.

This will enable us to see whether the work flow is correct; and whether the facility is functioning properly.

More than 70% of our staff will be on site by then, giving us the opportunity to take these new recruits through processes and brief them on what is required of them, considering that many of them have never been employed by Government before.

As per the resolution of the African National Congress as the ruling party, staff across the board at the hospital has been in-sourced; in other words, employed by Government, and no contracts will be in place.

This hospital belongs to all the people of the Province, and we are looking forward to improving the quality of healthcare, and access thereto, for people of the Inanda, Ntuzuma, KwaMashu and surrounding areas.



## RENAMING OF FACILITIES

Chairperson, the names of places and public amenities ought to have meaning and symbolic value.

But some of the names of our health facilities do not resonate with the communities in which they are situated, because of the names that they carry.

In order for communities to identify with these facilities and have a sense of ownership, it is extremely important that they reflect the communities they serve, while offering an acceptable level of care, in the case of public health facilities.

## MFUNDO LUSHABA COMMUNITY HEALTH CENTRE

As a result of this, when we were approached by the leadership of Umzumbe Municipality about renaming Turton Community Health Centre after the late former mayor Mfundo Arnold Lushaba, we were able to take this process forward enthusiastically, and on 09 April 2021, we completed the renaming of this facility. Now the name of this dedicated community activist will live on forever.

## RENAMING EDENDALE HOSPITAL AFTER STRUGGLE HERO HARRY GWALA

As announced last year, we are continuing with the process of renaming Edendale Hospital after “The Lion of the Midlands”, uBaba uHarry Gwala. All processes that are entailed in the renaming process have been followed and concluded.

We will complete this process by renaming this hospital on what would have been Mphephethe’s 101st birthday, on 30 July 2021.

## RENAMING KING EDWARD VIII HOSPITAL AFTER VICTORIA MXENGE

We will also be renaming King Edward VIII Hospital after our fallen comrade and struggle heroine, uMam’ Victoria Mxenge. We have begun discussions with the Mxenge family in this regard, and we will be following on all the requisite steps in order for this process to be a success.

A community nurse and midwife who underwent her training at King Edward VIII Hospital before taking up law, uMam' uMxenge was gunned down by four men on her driveway in Umlazi, in front of her children, on 1 August 1985. She had just returned from a political meeting. She had been widowed at the age of 39, when her husband Griffiths Mxenge, was assassinated four years earlier, in 1981.

We will also be renaming another facility after Portia Ndwandwe, and we will announce further details at the appropriate time.

It is the blood of such fallen comrades that has watered the tree that has borne the fruits of the freedom that we enjoy today. May we never forget them.

## CONSTRUCTION PROJECTS

As I've previously indicated, one of the major spin-offs from COVID -19 has been in the form of equipment, systems and infrastructure that we've been able to improve upon.

When it became clear that our country was not going to avoid an outbreak of COVID – 19, we identified the first four facilities that were strategically situated to have isolation units, as prepared during the 2010 World Cup. These were Grey's, Addington, Ngwelezane and Manguzi hospitals.

As part of our preparations, we also identified facilities throughout the province that were generally vacant, dilapidated, or under-utilised; as well as wards or buildings that had not been upgraded due to lack of funding.

These buildings were upgraded without a major impact on existing services that were already being rendered at these facilities; and they were situated on premises with certain services and systems already available.

Our general design philosophy was to create facilities that included both isolation as well as quarantine wards; but also facilities that we will be able to utilise in future.

Ultimately, we ended up with buildings that have been converted into impressive, world-class single, two-bedded wards, with either en-suite or shared ablution facilities.

In some facilities, multiple bed wards were converted, with a maximum number of beds being at least 6 per wards.

The flexibility of these wards allows for the treatment of various categories of patients.

However, between the first and second waves of COVID - 19, it became clear that not all our facilities had piped oxygen points. Most of our wards had to be fitted with piped oxygen and Heating, Ventilation and Air-Conditioning systems, also known as HVACs.

This system allows for the creation of positive and negative air-pressured spaces that assist with the prevention of the spread of droplets of COVID – 19, therefore protecting both patients as well as staff.

To date, facilities have been upgraded in 10 out of our 11 health districts.

Naturally, due to its sheer size, eThekweni Metro, with more than 3.5 million people, has always had the highest number of COVID-19 cases and requires the highest number of facilities.

Facilities that have been upgraded include Doris Goodwin, Richmond, Clairwood, Dundee, St Francis, Siloah, Bethesda, Mosvold, Wentworth, GJ Crookes and Niemeyer Memorial hospitals.

As mentioned earlier, four Field Hospitals have also been created, providing temporary treatment wards with required HVAC systems as well as piped oxygen to beds. These are Royal Agricultural Showgrounds (RAS), Clairwood, General Justice Gizenga Mpanza and Ngwelezane Field Hospitals.

Also waiting in the wings, should the need to utilise them arise, are the new EMS College Accommodation Unit, the Infrastructure Maintenance Hub and Amatikulu Training Centre.

All of these facilities allow our hospitals to treat COVID-19 cases now; but will also cater for any potential future pandemic or infectious disease outbreaks.

Most importantly, they also provide long-term isolation wards for facilities that previously had none or limited capacity.

They have been constructed in line with the National Core Standards, and can still be used as general or specialised wards, such as TB wards moving forward.

## **OTHER INFRASTRUCTURE PROJECTS:**

The Department, while dealing with COVID-19, has had to continue with some projects, while putting others on hold, which allowed us to move the much-needed funds around.

The Infrastructure projects were completed in the 2020/21 financial year are to the value of R1.3 billion, as can be seen in annexure A.

The projects outlined below were completed as part of the Generator (90), Fencing (35) and Asbestos (15) programmes across all District Municipalities.

No.	DISTRICT	GENERATORS	FENCING	ASBESTOS
1	Amajuba	-	-	-
2	eThekwini	25	2	3
3	Harry Gwala	7	1	-
4	Ilembe	11	6	1
5	King Cetshwayo	6	1	0
6	Ugu	7	1	-
7	uMkhanyakude	6	8	-
8	uMgungundlovu	13	5	-
9	uMzinyathi	2	2	1
10	Uthukela	10	0	9
11	Zululand	3	9	1
	<b>Total</b>	<b>90</b>	<b>35</b>	<b>15</b>

The total expenditure on the Generator, Fencing and Asbestos replacement project equated to R 51.6 million as illustrated below:

No.	DISTRICT	GENERATORS	FENCING	ASBESTOS
1	Amajuba	2 423 454	0	
2	eThekwini	3 773 838	507 286	70 860
3	Harry Gwala	2 922 497	904 378	0
4	Ilembe	3 261 050	1 916 176	70 113
5	King Cetshwayo	3 145 958	2 869 899	0
6	Ugu	3 667 699	253 980	0
7	UMkhanyakude	8 028 351	2 155 959	0
8	uMgungundlovu	2 526 015	847 116	0
9	uMzinyathi	2 021 136	753 644	447 002
10	Uthukela	6 321 647	407 050	918 585
11	Zululand	805 755	543 922	0
	<b>Total</b>	<b>38 897 400</b>	<b>11 159 410</b>	<b>1 506 560</b>



The budget for the projects in the 2021/22 is R200 million, and is allocated as follows:

<b>No.</b>	<b>DISTRICT</b>	<b>GENERATORS</b>	<b>FENCING</b>	<b>ASBESTOS</b>
1	Amajuba	8 012 496	4 549 095	-
2	EThekwini	511 716	15 123 984	4 900 000
3	Harry Gwala	6 540 877	-	1 670 000
4	Ilembe	6 733 326	2 750 581	2 721 781
5	King Cetshwayo	16 935 296	2 819 000	36450000
6	Ugu	13 099 615	2 768 000	4 861 400
7	uMkhanyakude	11 901 017	467 000	2 924 610
8	uMgungundlovu	1 231 391	-	
9	uMzinyathi	19 000 000	-	1 107 000
10	Uthukela	8 152 817	3 920 329	2 970 823
11	Zululand	10 016 000	3 920 329	4 247 738
	<b>Total</b>	<b>102 134 551</b>	<b>36 318 318</b>	<b>61 853 352</b>

**A total 123 projects are planned for completion in the MTEF to the value of R4.3 billion. The top 20 projects are listed below:**

<b>NO.</b>	<b>PROJECT NAME</b>	<b>TOTAL PROJECT COST ( R )</b>	<b>DISTRICT MUNICIPALITY</b>
<b>20</b>	<b>20</b>	<b>3 729 604 445</b>	<b>20</b>
1	Dr Pixley ka Isaka Seme Memorial Hospital : New 500-Bed Regional Hospital	2 800 000 000	eThekwini
2	King Edward VIII Hospital - Upgrade Nursery	115461003	eThekwini
3	RK Khan Hospital- MV and LV switchgear replacement	29 515 445	eThekwini
4	Addington Hospital - Restoration Of Fire Services	29 088 852	eThekwini
5	Addington Hospital - Installation of a backup chiller	17 220 045	eThekwini
6	Clairwood Hospital : COVID-19 Replacement of Perimeter Fence	14 441 700	eThekwini
7	Prince Mshiyeni Memorial Hospital - Refurbishment of water reservoir	14 393 955	eThekwini
8	Cato Manor Regional Laundry - Reseal and waterproof flat roof and skylights	13 371 594	eThekwini
9	King Dinuzulu Hospital - Convert Ward A,G and H into obstetric wards and refurbish Theatre, CTOP	12 186 000	eThekwini
10	King Dinuzulu Hospital - New Psychiatric Hospital Phase 2 (Completion Contract)	106 686 785	eThekwini
11	McCords Hospital- Major refurbishment on Sinikithemba and Administration buildings	22 641 875	eThekwini
12	Addington Hospital- Replace 16 Schindler Lifts	18 000 000	eThekwini
13	General Justice Gizenga Mpanza Hospital - Covid-19 Modifications to the old Maternity Unit	36 000 000	iLembe
14	Catherine Booth Hospital - COVID-19: Alterations and Additions to existing wards: 0	85 155 292	King Cetshwayo
15	Catherine Booth Hospital- Phase 1& 2 Refurbish existing wards	62 000 000	King Cetshwayo
16	Kwamagwaza Hospital: Repair and Water proof roofs at OPD; Female and Male Ward and Theatres	15 400 000	King Cetshwayo
17	GJ Crookes Hospital - Upgrade the roof and plumbing in maternity ward	60 000 000	Ugu
18	Northdale Hospital- Renovate existing space for a 72-hour observation unit	27 441 398	Umgungundlovu
19	Mayor's Walk CPS - Replacement of roof and associated work	16 000 000	Umgungundlovu
20	Hlabisa Hospital- Upgrade OPD	234 600 500	Umkhanyakude

## AUDIT IMPROVEMENT PLAN

Chairperson, we are not where we want to be in terms of financial stability.

Our historical financial constraints have led to, among others, staff shortages resulting in a weak financial control environment.

We have nevertheless started to capacitate our internal audit controls and risk management by employing learners who will assist with financial management audits.

The nature of this Department is such that you need such people so that you are able to perform oversight on all facilities.

### **In spite of the historical challenges that we are facing, we have made the following achievements:**

- Reduction of accruals
- Improvements in Functional Loss Control, Financial Misconduct, and Performance of Finance Committees
- Improvements in Audit Qualification items including (Assets – existence and completeness of Fixed Asset Register; Commuted Overtime; Capital Work in Progress; Current and Capital Commitments)

The improvements that we are making will result in an improved financial situation for the Department.

## IMPROVING FINANCIAL MANAGEMENT THROUGH THE TRAINING OF HOSPITAL MANAGERS

As a result of the audit outcomes that have been faced by the Department, one of the strategies that we adopted to turn around its finances was the “Financial Management for Non-Finance Managers” course for Hospital CEOs.

Before the onset of COVID – 19, we were ready to implement this course, and the budget had already been approved for implementation during the 2020/21 financial year.

Although we were able to start with this process, we were unable to proceed with this course due to the pandemic. This training will now be reprioritised for the 2021/22 financial year and continue.

The New Normal has pushed us towards mastering the use of virtual platforms, so we will now be able to continue with this programme.

## EMERGENCY MEDICAL SERVICES

Chairperson, we remain committed to improving our ability to use our Emergency Medical Services to respond effectively to emergencies and come to the aid of those in distress.

## EXPANDING OUR AMBULANCE FLEET:

During the financial year 2020/21, we bought a total of 32 ambulances from equitable share, which amounted to R26,5 million; as well as 24 stretcher ambulances, worth R27 million from COVID funding.

We also bought three 65-seater buses, which cost us R6,2 million. This is in addition to the four buses that were procured in 2019, which amounts to a considerable boost in our Planned Patient Transport.

Before the procurement of those buses in 2019, the last time we had added to this fleet was in 2014 – a whole five years prior to that.

Chairperson, due to our limited financial resources, we have been unable to increase our fleet of ambulances as we would have liked, and have had to resort to replacing vehicles as they age and lose their roadworthiness.

In a bid to change this during the current financial year, we have devised a plan to expanded incrementally, which we will implement during this new financial year.

This will be made possible through the reprioritisation from programmes within the MTEF.

## NEW EMS HUB AT UTHUKELA DISTRICT

We have noted a bottleneck in the movement of patients from districts in the midlands, whereby patients wait for extended periods of time for transport to ferry them to districts with hospitals that offer a higher level of care, such as eThekweni and UMgungundlovu.

We will therefore be establishing a new EMS hub at UThukela District, situated at Ladysmith Hospital. This hub will be of immense benefit to patients from Amajuba, Zululand, UMzinyathi, and UThukela.

It means when these people leave their districts, they will get to the hub, be dropped off, and then board vehicles that will transport them to eThekweni.

They will no longer have to wait for lengthy periods, as there will be frequent movement. The Department will also be able to reduce costs for catering and related travel costs, and staff overtime.



## *Acknowledgements*

I would also like to once again convey a word of gratitude to all the Departmental stakeholders for playing a meaningful role in the noble task of providing healthcare services to the people of this province.

I would like to thank in particular, the thousands of healthcare professionals (Nurses, Doctors, Allied Workers) and front line staff members in our facilities who everyday ensure the realisation of health outcomes in the province. Siyababonga kakhulu. Sithi bangakhathali.

I am also immensely grateful to the Departmental executive under the stewardship of the Head of Department, Dr Sandile Tshabalala and his team led by Dr Tebeho Moji and Mrs Penny Msimango, the acting Chief Financial Officer Mr Phumelele Shezi and the rest of the team, for their resolve and dedication to serve our people. I wish to thank all staff in the Ministry, and all other support staff who helped out during the compilation of this Budget Speech.

Last, but not least, I wish to thank my family for all the love and support that they've given me over the years.

My mother uMaVilakazi, my dad Magutshwa, and my siblings S'thembile, S'celo, and Nokwazi; and my beautiful children, Lwazilwandile, Lethukwazi, Zihlelele, Abongwe, and Ayanqoba.

Chairperson, the allocation for Vote 7 is as follows:

**PROGRAMME 1:** ADMINISTRATION: R1,089 Billion

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**PROGRAMME 2:** DISTRICT HEALTH SERVICES: R25,257 Billion

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**PROGRAMME 3:** EMERGENCY MEDICAL SERVICES: R1, 581 Billion

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**PROGRAMME 4:** PROVINCIAL HOSPITAL SERVICES: R12, 066 Billion

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**PROGRAMME 5:** CENTRAL HOSPITAL SERVICES: R5,154 Billion

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**PROGRAMME 6:** HEALTH SCIENCES AND TRAINING: R1,210 Billion

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**PROGRAMME 7:** HEALTH CARE SUPPORT SERVICES: R341 Million

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**PROGRAMME 8:** HEALTH FACILITIES MANAGEMENT: R1,714 Billion





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**TOTAL: R48,412 Billion**

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ENDS

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