Annual Report
2011-12
SUBMITTING THE 2011/12 ANNUAL REPORT TO THE EXECUTIVE AUTHORITY

Dr SM Dhlomo
MEC for Health
KwaZulu-Natal Department of Health

SUBMISSION OF THE 2011/12 ANNUAL REPORT FOR THE KWAZULU-NATAL DEPARTMENT OF HEALTH

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the Period 1 April 2011 to 31 March 2012.

[Signature]

Dr SM Zungu
Accounting Officer
KwaZulu-Natal Department of Health
TABLE OF CONTENTS

1. GENERAL INFORMATION ................................................................. 3
VISION, MISSION AND VALUES .......................................................... 3
ORGANISATIONAL MACRO STRUCTURE ............................................. 4
LEGISLATIVE MANDATE ...................................................................... 4
MEC’S STATEMENT ............................................................................. 7
ACCOUNTING OFFICER’S OVERVIEW ............................................... 9
2. INFORMATION ON PREDETERMINED OBJECTIVES .......................... 15
2.1 OVERALL PERFORMANCE .............................................................. 15
2.1.1 VOTED FUNDS ............................................................................ 15
2.1.2 AIM OF VOTE 7........................................................................... 15
2.1.3 STRATEGIC OUTCOME ORIENTED GOALS ................................ 16
2.1.4 OVERVIEW OF THE SERVICE DELIVERY ENVIRONMENT ......... 19
2.1.5 OVERVIEW OF THE ORGANISATIONAL ENVIRONMENT FOR 2011/12 53
2.1.6 KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES ....... 56
2.1.7 DEPARTMENTAL REVENUE, EXPENDITURE AND OTHER SPECIFIC TOPICS .............................................. 56
2.1.8 DEPARTMENTAL EXPENDITURE .................................................... 56
2.1.9 TRANSFER PAYMENTS ............................................................... 60
2.1.10 PUBLIC ENTITIES ...................................................................... 60
2.1.11 CONDITIONAL GRANTS AND EARMARKED FUNDS ................. 61
2.1.12 CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN .................................................. 62
2.2 PROGRAMME PERFORMANCE ....................................................... 67
PROGRAMME 1.: ADMINISTRATION .................................................... 67
PROGRAMME 2.: DISTRICT HEALTH SERVICES ................................... 83
PROGRAMME 3.: EMERGENCY MEDICAL SERVICES ............................ 121
PROGRAMME 4.: REGIONAL AND SPECIALISED HOSPITALS ............. 127
PROGRAMME 5.: TERTIARY AND CENTRAL HOSPITALS ...................... 137
PROGRAMME 6.: HEALTH SCIENCES AND TRAINING ...................... 145
PROGRAMME 7.: HEALTH CARE SUPPORT SERVICES ..................... 151
PROGRAMME 8.: HEALTH FACILITIES MANAGEMENT ...................... 155
3. ANNUAL FINANCIAL STATEMENTS ................................................. 163
REPORT OF THE AUDIT COMMITTEE ON VOTE 7 ................................ 163
REPORT OF THE ACCOUNTING OFFICER .......................................... 167
REPORT OF THE AUDITOR-GENERAL ON VOTE 7 DEPARTMENT OF HEALTH .................................................. 174
APPROPRIATION STATEMENT .............................................................. 180
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTES TO THE APPROPRIATION STATEMENT</td>
<td>205</td>
</tr>
<tr>
<td>STATEMENT OF FINANCIAL PERFORMANCE</td>
<td>208</td>
</tr>
<tr>
<td>STATEMENT OF FINANCIAL POSITION</td>
<td>210</td>
</tr>
<tr>
<td>STATEMENT OF CHANGES IN NET ASSETS</td>
<td>211</td>
</tr>
<tr>
<td>CASH FLOW STATEMENT</td>
<td>212</td>
</tr>
<tr>
<td>STATEMENT OF ACCOUNTING POLICIES AND RELATED MATTERS</td>
<td>213</td>
</tr>
<tr>
<td>NOTES TO THE ANNUAL FINANCIAL STATEMENTS (INCLUDING ACCOUNTING POLICIES)</td>
<td>224</td>
</tr>
<tr>
<td>DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS</td>
<td>241</td>
</tr>
<tr>
<td>ANNEXURES (UNAUDITED SUPPLEMENTARY SCHEDULES)</td>
<td>255</td>
</tr>
<tr>
<td>ANNUAL FINANCIAL STATEMENTS OF PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT</td>
<td>287</td>
</tr>
<tr>
<td>4. HUMAN RESOURCE MANAGEMENT REPORT</td>
<td>310</td>
</tr>
<tr>
<td>4.1 SERVICE DELIVERY</td>
<td>310</td>
</tr>
<tr>
<td>4.2 EXPENDITURE</td>
<td>311</td>
</tr>
<tr>
<td>4.3 EMPLOYMENT AND VACANCIES</td>
<td>314</td>
</tr>
<tr>
<td>4.4 JOB EVALUATION</td>
<td>320</td>
</tr>
<tr>
<td>4.5 EMPLOYMENT CHANGES</td>
<td>323</td>
</tr>
<tr>
<td>4.6 EMPLOYMENT EQUITY</td>
<td>334</td>
</tr>
<tr>
<td>4.7 PERFORMANCE REWARDS</td>
<td>342</td>
</tr>
<tr>
<td>4.8 FOREIGN WORKERS</td>
<td>349</td>
</tr>
<tr>
<td>4.9 LEAVE UTILISATION FOR THE PERIOD 1 JANUARY 2011 TO 31 DECEMBER 2011</td>
<td>351</td>
</tr>
<tr>
<td>4.10 HIV ANDS AIDS &amp; HEALTH PROMOTION PROGRAMMES</td>
<td>354</td>
</tr>
<tr>
<td>4.11 LABOUR RELATIONS</td>
<td>356</td>
</tr>
<tr>
<td>4.12 SKILLS DEVELOPMENT</td>
<td>359</td>
</tr>
<tr>
<td>4.13 INJURY ON DUTY</td>
<td>362</td>
</tr>
<tr>
<td>4.14 UTILISATION OF CONSULTANTS</td>
<td>362</td>
</tr>
<tr>
<td>ACRONYMS</td>
<td>364</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1: Voted Funds for 2011/12 ........................................................................................................ 15
Table 2: Voted Funds 2011/12 ........................................................................................................ 15
Table 3: Trends in key Provincial service volumes ........................................................................ 21
Table 4: Emergency Services Vehicles Gap .................................................................................. 30
Table 5: Qualified Emergency Medical Services Staff ................................................................ 30
Table 6: Prevalence of Blindness in KwaZulu-Natal .................................................................... 32
Table 7: Maternal, Child & Women’s Health and Nutrition performance ..................................... 33
Table 8: Maternal, Child & Women’s Health and Nutrition performance ..................................... 33
Table 9: Assessment of accessibility of health care facilities to persons with disabilities .......... 44
Table 10: Specialised TB Hospitals, MDR TB Decentralised Units and MDR TB Satellite Units .... 46
Table 11: Specialised Psychiatric Hospitals per District ............................................................... 47
Table 12: Progress towards the Millennium Development Goals (MDGs) ................................. 49
Table 13: National Health Systems priorities for 2009-2014 - 10 Point Plan ......................... 50
Table 14: Over/ Under-Expenditure per Budget Programme ....................................................... 52
Table 15: Collection of Departmental Revenue – 2011/12 .......................................................... 56
Table 16: Departmental Expenditure – 2011/12 .......................................................................... 56
Table 17: Economic Classification Trends – an Overview .......................................................... 57
Table 18: Expenditure by Budget Sub-Programme (R’000) .......................................................... 57
Table 19: Trends in Provincial Public Health Expenditure for Provincial Hospitals (R million) ..... 59
Table 20: Summary of the Department’s Conditional Grants for 2011/12 ................................. 61
Table 21: Expenditure on Conditional Grants ............................................................................. 61
Table 22: 2011/12 Completed projects ......................................................................................... 62
Table 23: Infrastructure projects status in March 2012 ............................................................. 62
Table 24: Research proposals submitted and approved .............................................................. 70
Table 25: Fraud and corruption cases - 2011/12 ............................................................................ 74
Table 26: Public Health Personnel in 2011/12 ........................................................................... 75
Table 27: Situation Analysis and Projected Performance for Human Resources ....................... 76
Table 28: (ADMIN 1, ADMIN 2, and ADMIN 3) - Performance Indicators and targets for Administration ................................................................. 77
Table 29: Special Projects from Provincial Cabinet Lekgotla ....................................................... 80
Table 30: MDR and XDR TB cases .............................................................................................. 88
Table 31: (DHS 1) - District Health Service Facilities by Health District 2011/12 ...................... 92
Table 32: (DHS 2) - Personnel in District Health Services by Health District for 2011/12 .......... 94
Table 33: (DHS 3) - Situation Analysis Indicators for District Health Services – 2011/12 ........ 99
Table 34: (DHS 2, DHS 3(a), DHS 3(b), DHS 4, and DHS 5) - Performance Indicators and targets for District Health Services .......................................................................................... 101
Table 35: (DHS 4) - Situation Analysis Indicators for District Hospitals ...................................... 104
Table 36: (DHS 6, DHS 7(a), DHS 7(b), DHS 8, and DHS 9) - Performance Indicators and targets for District Hospitals ............................................................................................................. 106
Table 37: (HIV 1) - Situation Analysis Indicators for HIV & AIDS, STI’s and TB Control .......... 109
Table 38: (HIV 1, HIV 2, HIV 3, and HIV 4) - Performance Indicators and targets for HIV & AIDS, STI and TB Control .............................................................. 110
Table 39: (MCWH 1) - Situation Analysis Indicators for MC&WH&N ........................................ 113
Table 40: (MCWH 1, MCWH 2, MCWH 3, and MCWH 4) - Performance Indicators and targets for MCWH & Nutrition .................................................................................................................. 115
Table 41: (DCP 1) - Situation Analysis Indicators for Disease Prevention and Control
Table 42: (DPC 1, DPC 2, DPC 3, and DPC 4) - Performance Indicators and targets for Disease Prevention and Control
Table 43: Emergency Calls - 2010/11 and 2011/12
Table 44: (EMS 1) - Situation Analysis Indicators for EMS
Table 45: (EMS 1, EMS 2, EMS 3, and EMS 4) - Performance Indicators and targets for EMS and Patient Transport
Table 46: (PHS 1 (a), PHS 1 (b), PHS 2 (a), PHS 2 (b), PHS (c), PHS (d), and PHS 4) - Performance Indicators and targets for Chronic Hospitals (including Step-Down Hospitals)
Table 47: (PHS 1 (a), PHS 1 (b), PHS 2 (b), and PHS 2) - Performance Indicators and targets for Specialised TB Hospitals
Table 48: (PHS 1 (a), PHS 1 (b), PHS 2 (c), and PHS 3) - Performance Indicators and targets for Specialised Psychiatric Hospitals
Table 49: (PHS 1 (a), PHS 1 (b), PHS 2 (d), and PHS 4) - Performance Indicators and targets for Regional Hospitals
Table 50: (THS 1 (a), THS 1 (b), THS 2, and THS 3) - Performance Indicators and targets for Grey’s Tertiary Hospital
Table 51: (CHS 1 (a), CHS 1 (b), CHS 2, and CHS 3) - Performance Indicators and targets for Inkosi Albert Luthuli Central Hospital
Table 52: (HST 1 (a), HST 1 (b) and HST 2) - Performance Indicators and targets for Health Sciences and Training for 2011/12
Table 53: (HCSS1 (a), HCSS1 (b), and HCSS2) - Performance Indicators and targets for Pharmaceutical Services
Table 54: Infrastructure Project progress
Table 55: (HFM 1, HFM 2 and HFM 3) - Performance Indicators and targets for Health Facilities Management
Table 56: Main services provided and standards
Table 57: Consultation arrangements with customers
Table 58: Service delivery access strategy
Table 59: Service information tool
Table 60: Complaints mechanism
Table 61: Personnel costs by programme - 2011/12
Table 62: Personnel costs by salary bands - 2011/12
Table 63: Salaries, overtime, home owners allowance and medical assistance by programme - 2011/12
Table 64: Salaries, overtime, home owners allowance and medical assistance by salary bands - 2011/12
Table 65: Employment and vacancies by programme - 31 March 2012
Table 66: Employment and vacancies by salary bands - 31 March 2012
Table 67: Employment and vacancies by critical occupation - 31 March 2012
Table 68: Job Evaluation - 1 April 2011 to 31 March 2012
Table 69: Profile of employees whose salary positions were upgraded due to their posts being upgraded - 1 April 2011 to 31 March 2012
Table 70: Employees whose salary level exceed the grade determined by job evaluation - 1 April 2011 to 31 March 2012 (in terms of PSR 1.V.C.3)
Table 71: Profile of employees whose salary level exceed the grade determined by job evaluation, 1 April 2011 to 31 March 2012 (in terms of PSR 1.V.C.3)
Table 72: Annual turnover rates by salary band for the period 1 April 2011 to 31 March 2012
Table 73: Annual turnover rates by critical occupation for the period 1 April 2011 to 31 March 2012
Table 74: Reasons why staff are leaving the department
Table 75: Promotions by critical occupation
Table 76: Promotions by salary band
Table 77: Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2012
Table 78: Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2012
Table 79: Recruitment for the period 1 April 2011 to 31 March 2012
Table 80: Promotions for the period 1 April 2011 to 31 March 2012
Table 81: Terminations for the period 1 April 2011 to 31 March 2012
Table 82: Disciplinary action for the period 1 April 2011 to 31 March 2012
Table 83: Skills development for the period 1 April 2011 to 31 March 2012
Table 84: Performance Rewards by race, gender, and disability from 1 April 2011 to 31 March 2012
Table 85: Performance Rewards by salary bands for personnel below Senior Management Service, 1 April 2011 to 31 March 2012
Table 86: Performance Rewards by critical occupations from 1 April 2011 to 31 March 2012
Table 87: Performance related rewards (cash bonus), by salary band, for Senior Management Service
Table 88: Foreign Workers, 1 April 2011 to 31 March 2012, by salary band
Table 89: Foreign Worker, 1 April 2011 to 31 March 2012, by major occupation
Table 90: Sick leave, 1 January 2011 to 31 December 2011
Table 91: Disability leave (temporary and permanent), 1 January 2011 to 31 December 2011
Table 92: Annual Leave for 1 January 2011 to 31 December 2011
Table 93: Capped leave for 1 January 2011 to 31 December 2011
Table 94: Leave pay-outs for the period 1 April 2011 to 31 March 2012
Table 95: Steps taken to reduce the risk of occupational exposure
Table 96: Details of Health Promotion and HIV and AIDS Programmes
Table 97: Collective agreements from 1 April 2011 to 31 March 2012
Table 98: Misconduct and disciplinary hearings finalised from 1 April 2011 to 31 March 2012
Table 99: Types of misconduct addressed at disciplinary hearings
Table 100: Grievances lodged for the period 1 April 2011 to 31 March 2012
Table 101: Disputes lodged with Councils for the period 1 April 2011 to 31 March 2012
Table 102: Strike actions for the period 1 April 2011 to 31 March 2012
Table 103: Precautionary suspensions for the period 1 April 2011 to 31 March 2012
Table 104: Training needs identified 1 April 2011 to 31 March 2012
Table 105: Training provided 1 April 2011 to 31 March 2012
Table 106: Injury on duty from 1 April 2011 to 31 March 2012
LIST OF GRAPHS

Graph 1: Management of severe acute malnutrition in hospitals ................................................................. 24
Graph 2: Rotavirus coverage versus Diarrhoea with Dehydration Incidence .................................................. 25
Graph 3: Ten leading causes of Years of Life Lost ......................................................................................... 27
Graph 4: Staffing Demographics for Emergency Medicine ............................................................................ 29
Graph 5: Facility maternal mortality rate per district – 2011/12 .................................................................. 35
Graph 6: PCR test positive at 6 weeks rate 2011/12 .................................................................................. 36
Graph 7: Babies breastfed within an hour of birth - 2011/12 .................................................................... 37
Graph 8: HIV+ mothers exclusively breastfeeding at discharge ................................................................. 37
Graph 9: PCV3 3rd dose coverage versus Pneumonia Incidence .................................................................. 38
Graph 10: Provincial TB Outcomes 2007/08 to 2011/12 (ETR.Net) ............................................................. 41
Graph 11: Bed utilisation rate in District Hospitals 2011/12 .......................................................... 42
Graph 12: Average length of stay in District Hospitals 2011/12 .............................................................. 42
Graph 13: Distribution of Dental Facilities in KZN ....................................................................................... 43
Graph 14: Disease profile versus short and long incapacity leave and ill-health retirement .................... 55
Graph 15: National comparison of District Hospital bed utilisation rate in 2011/12 .............................. 86
Graph 16: National comparison of District Hospital average length of stay .............................................. 86
Graph 17: Antenatal visits before 20 weeks rate .......................................................................................... 89
Graph 18: Pneumonia cases and PCV 3rd dose coverage (DHIS) ............................................................... 90
Graph 19: Diarrhoea cases and Rotavirus 2nd dose coverage (DHIS) ....................................................... 90
Graph 20: Patient Activity – Regional Hospitals ....................................................................................... 129
Graph 21: Regional Hospital Bed Utilisation Rate – 2011/12 (DHIS) ....................................................... 130
Graph 22: Regional Hospital Average Length of Stay – 2011/12 (DHIS) ............................................... 130
Graph 23: PDE and Out-Patient Headcounts for Tertiary Hospital (DHIS) ............................................. 138
Graph 24: PDE and Out-Patient Headcounts for Central Hospital (DHIS) ................................................ 138
Graph 25: Caesarean section rate – Central Hospital ................................................................................. 139
Graph 26: Students with bursaries from Province .................................................................................... 147
Graph 27: Total budget versus expenditure previous years ................................................................... 158

LIST OF FIGURES

Figure 1: Provincial Strategic Goals and Objectives 2011/12 ................................................................. 16
Figure 2: KwaZulu-Natal Population Pyramid 2001; 2007; 2011 ........................................................... 20

LIST OF MAPS

Map 1: KwaZulu-Natal: Metro and Local Municipalities .......................................................................... 19
Map 2: Trends in Composite Deprivation Index in KZN ......................................................................... 23
Map 3: Percent change in poverty score ................................................................................................. 23
Map 4: Road Fright Routes vs. High Volume Road Accidents ............................................................... 28
PART A: GENERAL INFORMATION
1. GENERAL INFORMATION

VISION, MISSION AND VALUES

VISION
To achieve optimal health status for all persons in KwaZulu-Natal

MISSION
To develop a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System

VALUES
Trust built on truth, integrity and reconciliation
Open communication, transparency and consultation
Commitment to performance
Courage to learn, change and innovate
LEGISLATIVE MANDATE


- **Section 27(1):** “Everyone has the right to have access to ... health care services, including reproductive health care”
- **Section 27 (2):** “The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights”
- **Section 27(3):** “No one may be refused emergency medical treatment”
- **Section 28(1):** “Every child has the right to ... basic health care services...”
Schedule 4 list health services as a concurrent national and provincial legislative competence:

- **Section 195**: Public administration must be governed by the democratic values and principles enshrined in the Constitution
- **Section 195 (1b)**: Efficient, economic and effective use of resources must be promoted
- **Section 195 (1d)**: Services must be provided impartially, fairly, equitably and without bias
- **Section 195 (1h)**: Good human resource management and career development practices, to maximise human potential must be cultivated

In carrying out its functions, the Department is governed mainly by the following Acts and Regulations:

- **National Health Act (Act No. 61 of 2003)**: Provides for a transformed National Health System
- **Mental Health Care Act (Act No. 17 of 2002)**: Provides the legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions
- **Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations**: Provides for the administration of State funds by functionaries, their responsibilities and incidental matters
- **Preferential Procurement Policy Framework Act (Act No. 5 of 2000)**: Provides for the implementation of the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs
- **Division of Revenue Act (Act 7 of 2003)**: Provides for the manner in which revenue generated may be disbursed
- **Public Service Act (Act No. 103 of 1994) and the Public Service Regulations**: Provisions for the administration of the public service in its national and provincial spheres, and the powers of ministers to hire and fire
- **Medicines and Related Substances Act (Act No. 101 of 1965 as amended)**: Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines
- **Pharmacy Act (Act No. 53 of 1974 as amended)**: Provides for the regulation of the pharmacy profession, including community service by pharmacists
- **Nursing Act (Act 33 of 2005)**: Provides for the regulation of the nursing profession
- **Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended)**: Provides the legal framework for termination of pregnancies
- **Labour Relations Act (Act No. 66 of 1995)**: Provides for the law governing labour relations and incidental matters
- **Basic Conditions of Employment Act (Act No. 75 of 1997)**: Provides for the minimum conditions of employment that employers must comply with in their workplace
- **Skills Development Act (Act No. 97 of 1998)**: Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace
- **National Health Laboratories Services Act (Act No. 37 of 2000)**: Provides for a statutory body that provides laboratory services to the public health sector
• **Occupational Health and Safety Act (Act No. 85 of 1993):** Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace

• **Traditional Health Practitioners Act (Act No. 35 of 2004):** Regulates the practice and conduct of Traditional Health Practitioners

• **Health Professions Act (Act No. 56 of 1974):** Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals

• **Human Tissue Act (Act No. 65 of 1983):** Provides for the administration of matters pertaining to human tissue

• **Sterilisations Act (Act 44 of 1998) and Amendments:** Provides the legal framework for sterilisations

• **Promotion of Access to Information Act (Act 2 of 2000):** Amplifies the constitutional provision pertaining to accessing information under the control of various bodies

• **Employment Equity Act (Act 55 of 1998):** Measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action

• **State Information Technology Act (Act 88 of 1998):** Creation and administration of an institution responsible for the State’s information technology systems
MEC’S STATEMENT

The core values of the KZN Department of Health include, among others, transparency and open communication to all the people of KwaZulu-Natal.

The Annual Report outlines the achievements and challenges of the Department for the 2011/12 financial year, and is submitted to the legislature to ensure oversight and open communication.

The Department, as a subscriber to the Negotiated Service Delivery Agreement, remains committed to ensuring ‘A Long and Healthy life for all’ through:

- Increasing life expectancy.
- Decreasing maternal and child mortality.
- Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis.
- Strengthening health systems effectiveness.
- Reducing non-communicable diseases.

The quadruple burden of disease, including but not exclusive to heart disease, stroke, diabetes, hypertension; malnutrition and diarrheal diseases in children; injuries caused by road traffic accidents and violence; and the rise of infectious diseases with the advent of the HIV epidemic and TB, has a significant impact on health outcomes in the Province. The infant, child, and maternal mortality rates are high with the AIDS epidemic exacerbating the disease burden and increasing morbidity and mortality.

Access to ART has been massively expanded. By the end of 2011/12, more than 540,000 people living with HIV and AIDS had been initiated on Anti-Retroviral Treatment (ART). This, with other HIV and wellness programmes, contributes significantly towards increasing life expectancy.

The Medical Male Circumcision Campaign, launched in April 2010 as part of the comprehensive HIV prevention artillery, continues. Since the launch of the programme 135,429 males have been circumcised and of these 90,642 were circumcised in the 2011/12 financial year.

TB continues to be a challenge for the country as well as the Province of KwaZulu-Natal. Intensified integrated strategies at household and facility levels are beginning to show improved TB outcomes although a lot still needs to be done.

The Department launched the Family Planning Five Point Plan designed to guide the Department in revitalising interest in the utilisation of the contraceptive services to improve maternal and women’s health. The success of this plan would contribute massively towards decreasing maternal and neonatal morbidity and mortality.

The Department invested in specific targeted programmes to reduce youth risk behaviour including the introduction of Youth Friendly Services, the ‘Sugar Daddies’ campaign and educational programmes to prevent drug and alcohol abuse.

Non-communicable diseases and diseases of lifestyle are on the rise and as co-morbidity contribute significantly to the increasing burden of disease. The Department actively promoted physical activity both within and outside the...
The department healthy lifestyle programme was launched in October 2011 where all health care workers were called upon to be exemplary to their patients by living active and healthy lifestyles.

The eradication of fraud and corruption remained one of the core priorities in the Department and R10.9 million were recovered from the proceeds of crime during the 2011/12 financial year.

The battle against the challenges we face as a Department may be far from over but, in agreement with the statement made by an unknown person: “Life’s problems wouldn’t be called ‘hurdles’ if there was no way to get over them”, we will overcome them.

I want to commend the Head of Department, Dr Sibongile Zungu, and dedicated management teams at different levels for the leadership they provided to steer this ship safely.

Lastly, I wish to thank all the health care workers who worked tirelessly in enhancing the health and social well-being of the citizens of KwaZulu-Natal, in the last financial year.

I hereby endorse the 2011/12 Annual Report for submission

Dr SM Dhlomo
MEC for Health
KwaZulu-Natal Department of Health

Date: 03/08/2012
ACCOUNTING OFFICER’S OVERVIEW

This Annual Report provides an account of the 2011/12 financial year with the main focus on performance against the 2010-2014 Strategic Plan and the 2011/12 Annual Performance Plan.

The core priorities for 2011/12 were aligned with the Strategic Goals of the KZN Department of Health, while honouring the 10 Point Plan and the Negotiated Service Delivery Agreement.

Overhauling Provincial Health Services

Transformation of health services

The Department’s macro structure has been reviewed in order to ensure alignment of the health system with service delivery demands. The structure has been submitted to the Department of Public Service Administration (DPSA) for approval. The alignment of the sub-structures has commenced.

To improve health system functioning, the MEC approved the delegations for the filling of critical posts at Head Office, District, and Institution levels.

PHC services

Revitalization of PHC is still high on the Department’s agenda, and the Province played a leading role in the adoption and development of a ward-based Model which has been acknowledged by the National Health Council (NHC). The Provincial PHC Model has been approved following extensive province-wide consultations.

- Post establishments for PHC have been reviewed to make provision for operationalizing the PHC Model.
- Twelve (12) PHC Outreach (Family Health) Teams were established and linked with clinics as part of a pilot project in three Districts.
- 86 School Health Teams, linked with clinics, rendered health services to learners in schools including health screening and education.
- Recruitment and appointment of District Specialist Teams commenced in 2011/12.
- PHC services are provided by 152 mobiles, 568 fixed clinics and 19 Community Health Centres.
- The PHC headcount increased from 26,494,623 in 2010/11 to 29,314,618 in 2011/12.

District Hospitals

There are 39 District Hospitals (including two State-Aided Hospitals) in the Province. During 2011/12 more than 2.6 million patients were seen in Outpatient’s Departments.

Regional Hospitals

There are 14 Regional Hospitals in the Province. The Outpatient activity increased from 3,195,790 in 2010/11 to 3,336,687 in 2011/12.

Tertiary and Central Hospitals

The Province has one Tertiary Hospital (Grey’s) and one Central Hospital (Inkosi Albert Luthuli Central Hospital). During the reporting year, 188,637 and 178,484 patients were seen in the Outpatient’s Departments for Grey’s and Inkosi Albert Luthuli Central Hospitals respectively.
Emergency Medical Services

Poor ambulance response times remained a challenge due to inadequately trained staff, a limited number of operational ambulances and insufficient infrastructure.

- To ensure an adequate staff to ambulance ratio, the Department advertised 387 posts for Basic, Intermediate and Advanced Life Support Practitioners.
- During the 2nd quarter of 2011/12 a total of 332 Basic Life Support Practitioners were appointed.
- To ensure adequate number of operational ambulances, vehicles were procured in 2011/12 for distribution in 2012/13.

HIV and AIDS

- From 2010 to date, 135,429 males have been circumcised, and of these, 90,642 were circumcised in the 2011/12 financial year.
- Since the launch of the HCT campaign in April 2010, a total of 4,360,577 clients have been tested for HIV.
- A total of 547,411 patients were active on ARV treatment as at the end of 2011/12 financial year.
- 31,914,706 male condoms were distributed in 2011/12 compared to 27,690,135 in 2010/11.
- According to DHIS data, the proportion of HIV exposed babies testing PCR positive decreased from 6.8% in 2010/11 to 4% in 2011/12.

National Core Standards

The National Baseline Audit for Facilities was conducted in 2011/12 with the final report expected in 2012/13. This will serve as baseline for Quality Improvement Plans.

Improved Management Capacity

A Management Training and Development strategy to strengthen leadership and management, especially at facility level was developed and implemented in 2011.

Reducing morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses and develop an appropriate response to the burden of disease

The Department continues to sustain services to reduce morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses.

Maternal Health

- Maternal Mortality Ratio decreased from 195/100,000 in 2010/11 to 190.6/100,000 in 2011/12.
- The number of women under 18 years who delivered in the health facilities increased from 16,564 in 2010/11 to 17,933 in 2011/12.

Women’s Health

The low uptake of contraceptives is still a challenge.

- The couple year protection rate, which measures the percentage of women of reproductive age who are using or whose partners are using modern contraceptive methods, was 25.5% in 2011/12 compared with the target of 40%.
- The Department developed and disseminated the Family Planning Five Point Plan in 2011, to improve contraceptive uptake.

Child Health

The Department continued to prioritise child health in 2011/12.

- The immunization coverage (97%) exceeded the national target of 90%.
The number of confirmed measles cases decreased from 3,662 cases in 2010 to 22 cases in 2011.

The Department commenced with the implementation of the Infant and Young Child Feeding in an effort to reduce child mortality.

The number of children under-5 years treated for pneumonia decreased from 167,661 in 2010/11 to 162,178 in 2011/12.

The number of children under-5 years treated for diarrhea decreased from 181,080 in 2010/11 to 155,076 in 2011/12.

The facility infant mortality rate decreased from 9.1% in 2010/11 to 7% in 2011/12.

The facility child mortality rate decreased from 7.6% in 2010/11 to 4.8% in 2011/12.

Severe malnutrition incidence in children under-5 years decreased from 7/1000 in 2010/11 to 6.7/1000 in 2011/12.

**Tuberculosis**

- A total number of 103,333 new TB cases were reported at facilities in 2011/12. Of the total number of new cases registered in 2011, 32,842 (31%) cases were new smear positive; 28,422 (28%) new smear negative; 24,887 (24%) Pulmonary TB cases with no smear microscopy done and 17,182(17%) extra-pulmonary cases.

- Despite the challenges in the management of TB, a steady increase in the cure rate from 40% in 2007/08 to 69.8% in 2011/12 has been reported.

**Malaria**

- 531 Malaria cases were diagnosed in 2011/12 translating to an incidence of 0.79/1000, against the national target of 1/1000.

- The malaria case fatality rate was 0.75% (4 deaths) against the national MDG target of 1% by 2015.

**Non-communicable diseases**

- The number of new diabetes mellitus cases that were put on treatment decreased from 31,673 in 2010/11 to 23,307 in 2011/12.

- The number of new hypertension cases that were put on treatment decreased from 70,973 in 2010/11 to 70,821 in 2011/12.

The increasing burden of disease and concomitant demand for services require vigilant and dynamic interventions to keep abreast with solutions. Transformation and change is therefore unavoidable and an opportunity to right the wrongs of the past.

I wish to thank the MEC for Health, Dr Sibongiseni Dhlomo, for his leadership and support. To the Management Team and all service providers that stayed loyal to the Department, your contribution is significant and appreciated. Together we can do more.

Dr SM Xungu

Accounting Officer

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Date: 8 - 08 - 2012