

MEDIA SUMMARY OF THE BUDGET PRESENTATION BY THE KZN HEALTH MEC, DR SIBONGISENI DHLOMO, AT THE KZN LEGISLATURE

13 August 2014

The KwaZulu-Natal Department of Health is forging ahead with efforts to provide the best public health care possible and to live up to its noble motto of ***Fighting Disease, Fighting Poverty, Giving Hope***. The Department aims to achieve this in the 2014/15 financial year and beyond through a number of projects that includes:

CONSTRUCTION OF HOSPITALS

In a concerted effort to provide the best access to public healthcare possible, the KwaZulu-Natal Department will commence with major projects in 2014/15 financial year.

In eThekweni Municipality, the Department will this year start the construction of **a brand new 500-bed Regional Hospital in KwaMashu** which will cost **R2.8 billion** and will be constructed over a period of four years. This will be the first hospital to serve the densely populated areas of Inanda, Ntuzuma and KwaMashu (INK). It will serve as a referral centre for all surrounding public health care facilities and will provide a full spectrum of up-to-date world-standard medical services consistent with the norms and standards adopted for all public health facilities in South Africa. After the completion of this modern hospital, the Department will consolidate Mahatma Gandhi to offer District Services instead of the Regional operations it currently offers.

There are also a number of major and medium work operations worth more than a **BILLION RANDBS** underway in various hospitals within the Province; vis:

- In Amajuba District, the Department has commenced with maintenance projects that will ensure that **Newcastle and Madadeni** hospitals comply with the **NHI standards**.
- Similar work operations are underway at **Edendale; Northdale; Addington; King Edward; G J Crookes; Emmaus; Rietvlei; King Dinuzulu; Mbongolwane Hospitals**, just to mention a few.
- In **Ngwelezane Hospital**, the Department is building a **R400 million 196-bed Surgical Ward Block**. This project will be followed by the construction of the 8-Theatre Ward Block to ensure that regional and tertiary services in the northern part of the Province are improved and sustained.
- We also have **mini-hospitals**, Community Health Centres, that are about to be finished for **Pomeroy; Dannhauser and Jozini communities**.

Infrastructure Delivery Management System (IDMS)

- The Department has taken a decision to beef up capacity in its Districts and institutions for the sake improving the maintenance of our facilities. We are now ready to appoint a number of engineers, architects, quantity surveyors, project managers and **Health Technology** specialists. We have already approved the advertisement of 40 of these new posts which will ensure that the

Head Office Infrastructure Unit has the required capacity to manage its portfolio.

McCord Hospital Reconfiguration

We reported in this House last year that the Department of Health is taking over the operations of the McCord Hospital and that now it is run as a government institution. The hospital is now part of the EThekweni District Hospital pool.

Whilst still finalising the future usage of the facility, we have decided on its Nursing College, in that **it has now been allocated to the College of KZN Emergency Care for the training of Emergency Medical Service personnel** and members of the public in basic life responder courses.

Also in line with the new Higher Education Institution Training Framework, this college will be linked to the Durban University of Technology to deliver tertiary courses. The college is already operational.

We are also engaging with relevant stakeholders to turn the section of this historic Hospital into a **Specialised Eye Care** facility that this Province does not yet have.

Preparations are also at an advanced stage to **renovate** the McCord's **Hospital Doctors Quarters** which we intend using as quarters to house doctors that we employ in the EThekweni Districts.

Addington Hospital as Ebola Hub

We have prepared Addington Hospital as a facility to deal with any threats of **Ebola** that might emerge in this Province. We already have an isolation unit that has **8 wards** fully equipped with machinery to deal with any outbreak.

Doctors, nurses and radiographers have already been identified and trained, protective clothing has been procured and we are ready.

HIV and AIDS

We are very proud of the fact that the struggle against the spread of HIV and the decline in AIDS related deaths is gradually being won through innovations that are nurse-led in this Province.

Today the Province has **the largest antiretroviral therapy (ART) in the country** and probably in the world. The number of sites increased from **89 in 2008 to 608 by end of March 2013**. This is so because we utilised a special roving team of dedicated health professionals and the nurse driven HIV programme at PHC level to initiate therapy to all **841, 291 ART patients**, thus clearing the waiting list for anti-retroviral treatment.

From October 2013 we switched all stable Regimen 1 patients to a Fixed Dose Combination and on that programme, we now have a total of **274 151 ART** patients which include pregnant and breast feeding women. This fixed dose combination has a positive impact on budget as previously the package was provided at the cost of **R1 200 per person per month**, and the fixed dose is only **R89 per person per month**.

Also; notwithstanding our high HIV prevalence which is at 37%; working together we have succeeded beyond expectations in the Prevention of

Mother to Child Transmission (PMTCT) effort. This reduction is quantified in the report by the Medical Research Council (MRC), which indicated that the Province has managed to reduce mother to child transmission from 19% in 2007 to 2,1% in July 2012. Further progress has been gleaned through the routine Department of Health Information Survey which currently puts mother to child transmission rate at 1.6%. The progress we are making here is leading the Province to our quest of the complete elimination of mother to child transmission, [emtct].

HOSPITAL SERVICES

Madam Speaker, the KZN Department of Health has plans to improve the quality of services offered in our institutions as means to reduce waiting times. Our focus here is:

In order to replace existing **CT scanners** that have reached the end of their lifespan, **the Department of health will be installing new CT Scanners at Ngwelezana, King Edward VIII, Stanger, Madadeni and Addington Hospitals.** The Department of Health will be leasing these machines and this will include the service contract. These machines will be in place by October 2014.

The improved management of cases of trauma and violence through the establishment of Accident and Emergency Units, which will see us, starting with **Addington and Greys** hospitals this financial year.

These units will be led by Specialists in Emergency Medicine and our nurses will also be trained in Emergency Nursing.

TELEMEDICINE

Madam Speaker; we are also embarking on the use of technology as means to improve clinical outcomes. This initiative is also aimed at minimizing the impact of skills shortage as well as the reduction of transportation of patients over long distances as technology will now be used as a medium of consultation.

Currently, there are **34 telemedicine sites in the province**, which have videoconferencing facility in a board room setting suitable for distance learning.

We now do consultations using video conferencing technology for teleDermatology; telePsychiatry and teleOrthopaedics.

TUBERCULOSIS

We are very concerned that our Province has the highest prevalence of Tuberculosis and doing everything to positively contribute in the quest to create *'A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis.*

We have mechanisms in place aimed at screening, treating and managing Tuberculosis which entail:

- Efforts by health care workers; Operation Sukuma Sakhe in the community and the developmental partners who have all played a pivotal role in ensuring screening and adherence to treatment.
- The ground breaking innovative pronouncements on World AIDS day in December 2009 by Hon President, Jacob Zuma which called for the integration of HIV management and TB treatment and that those patients with TB-HIV be immediately started on ARVs. For

our Province, the integrated TB/HIV services are now accessible and available in all the 779 health public health facilities.

- The introduction of revolutionary Gene Xpert machines. Our country has the largest number of these in the world, 289 in all, with KZN allocated 86 of them spanned all over the Province. These machines have greatly assisted in the early diagnosis of TB and MDR-TB and allow initiation of TB treatment within 24-48 hours and also reduced the time for treatment of MDR TB from 2 months to less than 2 weeks.
- A programme of training 40 nurses to initiate MDR-TB treatment through the John Hopkins University. Already we have 9 professional nurses trained who are already initiating treatment at Murchison and Vryheid hospital.
- To ensure compliance to treatment, we also have TB defaulter tracing teams and TB/HIV outreach teams 102 all in all. Their function is to visit households to provide Directly Observed Treatment and watch patients drink medicine paying special emphasis on those with drug resistant TB who stay for 24 - 36 months on treatment.
- Efforts are also been made to identify TB hot spots in the communities; correctional facilities; hostels; Truck Stops and coal mines. Focus interventions in those areas are being initiated working in collaboration with sectors concerned.
- We also recognise that TB is a significant occupational health problem among Health Care Workers. We are thus implementing and sustaining effective surveillance programmes for Health Care Workers.

IMPROVING ACCESS TO QUALITY HEALTHCARE

- **Hospital Services**

The KZN Department of Health has plans to improve the quality of services offered in our institutions as means to reduce waiting times as well as minimising litigation cases caused by dissatisfaction of the service offered. Our focus here is;

The improved management of cases of trauma and violence through the establishment of **Accident and Emergency Units**, which will see us starting with **Addington and Greys** hospitals this financial year.

These units will be led by Specialists in Emergency Medicine and our nurses will also be trained in Emergency Nursing.

The units will be fitted with state of the art equipment machines like **Lodox, Mobile Ventilators etc.** These will provide a one stop facility for all emergencies. Gone will be the days of sending a patient from one area to another depending on cause of emergency.

DECONGESTION IN SERVICE POINTS

A. Pharmaceutical Services

We will establish functional PTC (Pharmaceutical and Therapeutic Committees) in Districts and Hospitals. These committees will review prescribing patterns and advice on protocols to be used in treating various diseases in line with scientific evidence based developments.

Plans are already at an advanced stage to appoint a service provider for the delivery of chronic medication to patients, which will assist us with distribution of chronic medication to the recipients.

This process has numerous benefits, namely:

- Relieve patients who by the way tend to be elderly from waking up early monthly to catch their queue for their monthly supply of medication.
- It will also assist in improving compliance with taking medication because no one will skip treatment because they did not have bus fare to collect their treatment.
- It will also assist in reducing queues and waiting times in our facilities.

R K Khan Hospital Pharmacy Decongestion plan

We are also very proud of the model that has been put in place at **R K KHAN HOSPITAL** as a Pharmacy Decongestion plan.

R K Khan was chosen as an overall winner in Africa in the **Innovative Partnerships in Service Delivery Category** at a ceremony that was held in Brazzaville, Republic of Congo on the 26th July 2013. The Prize pertained to innovations made to deal with congestion in the Pharmacy area.

The prevailing situation was that the pharmacy waiting area was an extremely congested place throughout the day with more than 1800 outpatients attending. What was initiated entailed pre-dispensing chronic medicines and issuing them from community centres close to

patients' home thus preventing patients on chronic medicines from visiting the hospital to collect their monthly repeat medicines.

EMERGENCY MEDICAL SERVICES

Indeed we are not happy that there is always dissatisfaction in as far as the provision of the Medical Emergency Services is concerned.

For the start, the Department has begun a process to **procure sixty three (63) fully converted ambulances** to replace the ageing ambulances amongst the existing fleet in a quest to keep up with the National Department of Health norms. The new ambulances are a mixture of different platforms to address issues of terrain and the road infrastructure in the province. This procurement is in response to challenges that have been experienced by **Emergency Medical Services**.

Ambulance Medical Equipment

The new ambulances will be ready to attend to incidents the day they are handed over to the districts as they will be fully equipped with **new medical equipment** that amounts to **R5 million**. This replenishment will be a continuation of where we left off when the Department distributed fully equipped new ambulances in 2012.

Ambulance personnel

The directorate will be recruiting sixty (60) **Emergency Care Technicians** and head-hunting qualified **Advanced Life Support** personnel to improve the level and quality of care for the benefit of our communities.

A Turnaround Strategy has been established to help improve access and reduce response times. This Strategy focusses on many areas where weaknesses and shortcomings were detected. We have put the following in place:

- The Provincial Operations Manager will henceforth guide operations and respond to the needs of the communities and the healthcare facilities;
- EMS District Managers are to be available at all times to deal with EMS issues;
- Monitoring mechanism of the Emergency Management Centres for all ambulance requests and prioritizing life threatening calls;
- Visiting of healthcare facilities and working together with CEO's and other managers.
- Emergency Medical Services will be appointing **forty two (42)** Station/Base Managers to oversee the daily station operations and release shift Supervisors to be on the road and be hands-on in the daily running of ambulances and attending to community needs.

AEROMEDICAL SERVICES

To improve access and the delivery of advanced medical and trauma care to our patients and victims of motor vehicle collisions, aeromedical hours of operations will be increased by the introduction of **Night Vision Goggles** and the reconfiguration of the Helicopters to undertake night operations.

An analysis of Landing Zones and the refurbishment of Landing Strips have started and priority facilities identified to enable aeromedical services to access them at all hours (weather permitting).

ROLLOUT OF MOBILE HOSPITALS

The KZN Department of Health has also procured Universal Mobile Vehicles to be utilised to offer Primary Health Care Services in designated areas at **EThekweni; Amajuba; Zululand; UThungulu and Ugu Districts.**

The aim here is to improve access and address inequalities to rural remote populations as well as those people residing in squatter camps.

These mobile hospitals will be instrumental in improving access to health services through their capability for taking **X-Ray; CTG; ECG; Otoscopy and Fundoscopy** as well as many common blood tests which can be to central points for interpretation and reporting.

WOMEN AND CHILD HEALTH [MDG 4 and 5]

KZN has made a significant stride with regards to MDG 4 which is about reducing child mortality as well as MDG 5 concerned about improving maternal health.

KwaZulu-Natal's maternal mortality rate in the year 2010 stood at 140 per 100 000 live births and child health was 67 deaths per 1000 births. In 2011/12 the recorded figure was 363. Then in 2012/13 financial years; we were able to record improvements of up to 165.5 per 100 000 live births. The reduction here can be attributed largely to the success of the Anti-Retroviral Treatment and Prevention of Mother-To-Child Transmission of HIV. Also, the launch of the **Campaign on**

Accelerated Reduction of Maternal and Child Mortality [CARMMA] for South Africa in 2012 has had a positive impact in this regard.

For our province this effort brought about the introduction of Maternity Waiting Homes that cater for women who experience transport challenges when their time of Labour has come.

The Department has also introduced 38 Specialized Obstetric Ambulances dedicated to the transportation of pregnant women – a first for the country!

As recent as yesterday; together with Minister of Health; Hon Dr Aaron Motsoaledi; we launched the **MomConnect** Initiative, intended to make use of cell phones to:

- Register each pregnancy in South Africa and once registered, send each mother stage-based SMS messages to support her and her baby.
- The messages will be in the form of reminders of what to do; or useful and interesting information which will help mothers to take better care of herself and her baby.
- Topics will be about non-pregnancy related infections; hypertensive diseases; immunisation; nutrition, as well as HIV.
- The system will also provide feedback to the health system so that it responds to the needs of pregnant women

FAMILY PLANNING

The rate of teenage pregnancy rate in South Africa is among the highest in the world, with more than one-third of our women experiencing a first birth by age 19 years. Teenage pregnancy accounts for 10% of pregnancies that result in 30% of maternal mortality rate; therefore teenage pregnancy is something to be avoided at all costs.

The time has come for all of us to go back to the basics. Family Planning can help save the women's and children's lives as it allows women:

- To delay motherhood;
- Serves as a mechanism for space births;
- Curbs unintended pregnancies and abortions; and
- Curtails childbearing when couples have reached their desired family size

As a Department, we are now in a position of offering various methods of family planning including the revolutionary **Implanon**. **This is the most convenient; highly effective and reversible contraceptive method, which provides protection against pregnancy for three years.**

It is revolutionary in that it is a small plastic rod about the size of a matchstick which is inserted under local anaesthetic in the upper arm. Good news is that between October 2013 when it was introduced and to date; **25 600** women have already used it. We also have **2500** of our health care workers trained in the insertion and removal of this Sub-dermal Implanon.

We are also in a position of offering permanent methods of contraceptives that entail sterilization for both men and women. As earlier indicated, we have already trained over 2500 health care workers in Sexual Reproductive Health and Rights as well as in the Sterilization Act which guides on precincts to be followed.

NEONATAL AND CHILD HEALTH

Our priority here is to ensure that all babies born in this Province are healthy and HIV negative. We have thus rolled out the Nurse Initiated Management of ARVs for HIV positive children using Integrated Management of Childhood Illnesses. In the past financial year, 1 528 597 under 5years children were screened for TB and **9 409** diagnosed with it and put on treatment. In the same reporting period, for the same category, 3264 of them were found to be HIV positive and started on ARVs.

We have also gone all out to promote the Baby Friendly Hospital Initiative (BFHI) as a way of making breastfeeding the universally accepted best method of feeding babies. Our Department working together with the University of KwaZulu Natal has embarked on a three year project aimed at improving exclusive breastfeeding rates in the Province.

This R32 million valued project titled, 'KwaZulu-Natal Initiative for Breastfeeding Support (KIBS)' generously funded by our Department and the Elma Foundation was launched during the International Breastfeeding week at UKZN on the 5th of this month. Here we aim to set up **human milk banks** in eleven regional hospitals as means to increase access of human milk for sick and small neonates by 2017.

Our Province has also embarked on Community Based Child Health Programme to prevent severe acute malnutrition and diarrhoea through **Phila Mntwana Programme**. These Phila Mntwana sites, which are now **755** in total are linked to the War Rooms (OSS) and since September last year to date have had 52 301 children screened as means to reduce morbidity and mortality from preventable conditions such as Pneumonia; Diarrhoea; Malnutrition; HIV related conditions and TB.

HUMAN PAPILOMAVIRUS (HPV)

Appreciating the fact that Cervical Cancer is caused by a common virus called the Human Papillomavirus (HPV), our progressive government has initiated a HPV Vaccination exercise directed at all Grade 4 girls who are 9 years and older.

- The first round of the campaign ran from Monday the 10th of March 2014 to Friday the 11th of April 2014
- Of the **79 657** girls in Grade 4 who were nine years and older, a total of **68 593** girls were immunised, therefore 86% of the target group received immunisation.
- A total of **11 064** eligible girls were not immunised either because they were absent from school on the day of immunisation or parental consent had not been granted.
- The second round of the campaign will commence from Monday the 29th of September 2014 and end on Friday the 31st of October 2014.

Evidence has shown that early detection of cancers can save lives and through the PHILA MA campaign, we rally everyone - businesses, health care institutions, families, communities and every single person – to play a role in preventing unnecessary treatable cancer deaths. We are very thankful that this programme enjoys the patronage of the First Lady, Ms **Thobeka Madiba Zuma**.

SCHOOL HEALTH TEAMS

We have also put in place a School Health Team service whose core function is to screen children from the most common health challenges that impact on learning. These include dental carries, resulting in pain and loss of teeth as well as dental abscesses; Refractive errors (loss of visual acuity) that require spectacles for school work and Intellectual development; Drug abuse; Family Planning and HIV Counselling and Testing.

Indeed; our communities are already reaping benefits from these programmes reflected by one incident where our School Health Team operating from Empathe Clinic in Wasbank intervened and saved the lives of three members of one family; this is what happened:

In August 2013, a 6 year old girl from Hattingspruit was discovered to be having Lymphadenopathy by our School Health Team which then immediately notified the Family Health Team that visits homesteads. Upon visiting the girl's family, it was discovered that she was HIV infected and not on treatment; the mother was also HIV positive, three months pregnant and also not on treatment.

The 6 year old was immediately put on the ART programme whilst the mother was initiated on both the Ante-Natal Care and ART.

The prompt response by both the School and Family Health Teams resulted in the mother delivering a healthy baby boy who is not HIV infected.

HUMAN RESOURCE DEVELOPMENT

It is worth stating that the KZN Department of Health competes with other Provinces as well as the Private Sector in terms of attracting skilled health practitioners. We thus have embarked on producing and financially sponsoring healthcare professionals for our own Province.

• Nurse Training

Madam Speaker; KZN Department of Health has its own Nursing College with Campuses spanned across the Province.

In September, this year, the College will once again add to the pool of trained nurses by graduating a total number of **2 523 nurses** across all categories.

In keeping with the priority of reducing maternal and infant mortality as well as improving maternal care, a total of 61 specialist nurses in the field of Midwifery and Neonatal Nursing Science have completed training at the KZN CN. This priority area will be further boosted by **36** nurses who have successfully completed the Advanced Midwifery training programme in a joint partnership between the University of KwaZulu-Natal and the KwaZulu-Natal College of Nursing.

This number will be enhanced by another **100** of these nurses who will complete in December 2014. This project is funded by the Atlantic Philanthropies.

This year also sees the completion of training of a critical group of specialist nurses who have been trained in Ophthalmology. The first group of twenty nurses will graduate from the college, armed with the necessary skills to improve eye care services in the province.

As means to support the rollout of the NHI in KwaZulu-Natal, a further **55 Primary Health Care** nurses have completed their training at the College of nursing. A further **200 PHC** nurses will complete training in June 2014 from a partnership between the College and the University of KwaZulu-Natal using a decentralized training approach. We also have a new batch of 200 students that commenced the same programme through this partnership at the beginning of June 2014.

- **University Bursaries**

The Department has a total **no of 777 students** enrolled in different Health Sciences fields in **15 Universities** around the country. The students are funded by the Department for Tuition; Accommodation; Meals and Books. All the bursary holders have signed the agreement compelling them to serve the Department on completion of their studies.

- **MANIPAL UNIVERSITY Initiative**

Two weeks ago we bade farewell to 30 students who have commenced their studies in B Pharmacy and BSc Medical Radiation Technology (Ultra-sonography) with the Manipal University of India. This is a fully sponsored initiative for which we are extremely grateful.

- **CUBAN DOCTOR PROGRAMME**

The shortage of doctors is a provincial, national and a global challenge. In this country it is exacerbated by the fact that there are only eight (8) medical schools producing only 1200 doctors annually for a total population of about 51 million people.

As means to address the shortage problem our democratic Government embarked on the special initiative through the **Cuban Medical Training Programme** to further intensify the provision of medical practitioners required to provide health services in the public health facilities.

Ever since we started participating in this Programme; 85 students have completed their studies, and have been placed at Institutions across the Province, either for Internship, Community Service or Work Back Obligation.

- KZN currently has **702** students studying in Cuba and **in September 2014; we will be sending another batch of 100.**
- This year, **10 of our students are returning to South Africa to commence final year training in the country for a period of 18 months.**

While still waiting for the students training in Cuba to come back as qualified doctors; we are also working with **African Health Placements**, an NGO, to recruit foreign health professionals to fill vacant posts that the Department has experienced difficulty in filling. For the period between the 1st of April 2013 to the 31st of March 2014, a total of **95 foreign health professionals** have been recruited and

have assumed duty at our various institutions rendering a much needed service to the local communities.

- KZN has also benefitted from an agreement that was signed between Cuba and the government of South Africa on cooperation in the fields of Public Health and Medical Sciences. In terms of this agreement the SA health professions council and the Cuban Department of Public Health identified **94 Cuban doctors of whom thirteen were allocated to KwaZulu-Natal**. These are highly qualified specialists whose much needed skills and experience are currently benefitting mostly our rural hospitals, ie, a **Family Medicine Practitioner at Nkonjeni** and a **Plastic and Reconstructive Surgery Practitioner at Ngwelezane Hospital**.

- **COLLABORATION WITH RED CROSS AIR MERCY SERVICES**

The Department is also supplementing professional healthcare services through its outreach programmes. These are co-ordinated through the Red Cross Air Mercy Services where an excess of **300 volunteer doctors** and other clinicians render services through what is commonly known as **the Flying Doctor Service**. This ensures access to quality health care services even in the most rural parts of our Province like Manguza and Khombe areas.

CLINICAL TRAINING AND DEVELOPMENT

- **Orthotics and Prosthetics Training Programme**

The programme 4 year Degree was initiated by the Department whereby Durban University of Technology (DUT) was approached to provide

training for Medical Orthotics and Prosthetics. The total value of the project is in the range of **R30 million** with DUT contributing **R10 million**.

It is a 4 year degree which was initiated by DOH to **address the shortage of qualified Orthotics and Prosthetics within the Province**.

The first cohort of 30 students who are DOH bursary holders enrolled for 4 year degree in August 2013 and the second group registered in January 2014 with 13 students who are DOH bursary holders and 17 private paying students. Wentworth serves as a training site and will not only be accessed by DUT students but will also be open to registrars and nurses studying orthopaedics and any other relevant health sciences qualification.

Honourable Members are invited to attend the official launch of the MOP course at Wentworth in August 21, 2014.

- **Clinical Associates Training Programme**

This programme commenced in 2008 and is offered by at 3 Universities across South Africa, namely; Pretoria; Walter Sisulu as well as the University of Witwatersrand. This is a 3 year degree which is aiming at addressing the shortage of medical practitioners. On completion of training, students are placed in various district hospitals and will in future be extended to cover CHCs as well.

LAUNDRY SERVICES

The Department always strives to provide clean laundry and to do so on time, while complying with infection control and disease prevention

measures. To improve this critical service, the Department has provided **39 hospitals** with new laundry equipment to the value of **R 26, 4 million**.

In August this year we will officially open a first line of the newly upgraded Durban Regional Laundry at Umlazi adjacent to Prince Mshiyeni Memorial Hospital. Here we have invested more than **R210 million** as this facility has a capacity to cater for the needs of all the hospitals in eThekweni; and surroundings areas as well as the hospitals along the coast.

In 2015/16, the Department will again commission the second line which will take care of the temporary shutdown of the **UMzinyathi Regional Laundry, which will also receive a R150 million upgrade**. The Charles Johnson Hospital Laundry at Nquthu is already complete.

We will also be revitalizing the **Vryheid laundry service** with minimal disruption of services, which will include inter alia distribution of staff to other minor local laundries, as well as sourcing reliable private sector capacity.

We are also working with FET Colleges in developing a **Laundry Management Course**, which will help with skills development.

With all the investments placed here, our plan is to ensure within the next three years the Department is able to provide a service that is at par with the international best practices in its Laundry operations.

NATIONAL HEALTH INSURANCE

KwaZulu Natal has its 3 NHI pilot sites which are **Amajuba; UMzinyathi and uMgungundlovu** as well as two central hospitals,

namely, **Inkosi Albert Luthuli Central Hospital and King Edward VIII Hospital.**

The focus is to ensure that all South Africans have access to quality health services. Our priority objectives during the NHI piloting phase are to:

- Improve the quality of care at Public Facilities
- Increase access to medical professionals
- Introduce a patient record system and support information technology and;
- Reduce the relative cost of health care.

The first such intervention is the implantation of a programme known as “Ideal Clinic” which has to be adopted by all clinics in both the NHI Piloting Districts and non NHI Piloting District Clinics. We are happy to announce that some of our clinics are already benchmarking for all the Districts in the country, i.e. Phatheni Clinic in Richmond. The focus is to ensure that **all South Africans have access to quality health services.** KwaZulu Natal has its 3 NHI pilot sites which are Amajuba; UMzinyathi and uMgungundlovu as well as two central hospitals, namely, Inkosi Albert Luthuli Central Hospital and King Edward VIII Hospital. Good progress has been made in all the three piloting districts, as well as the two central institutions.

Our priority objectives during the NHI piloting phase are to:

- Improve the quality and care at Public Facilities

- Increase access to medical professionals
- Introduce a patient record system and support information technology and
- Reducing the relative cost of health care.

Through the recently-launched office of the **Health Standards Compliance (OHSC)** we have done baseline assessments of quality service delivery in our health facilities. The results have assisted us to focus on evidence-based interventions towards the realization of the **National Core Standards (NCS)**.

All District Managers and Hospital Managers shall be held accountable for poor quality in their hospitals and catchment clinics and we declare this "A year for quality improvement in hospitals and clinics."

We have ensured that our Medical Doctors conduct regular visits to all NHI Piloting fixed clinics to provide medical care to patients. We are pleased by the willingness of the patriotic private family medical practitioners to work with the Department of Health and give some of their time to the Public Service. **Twenty eight private family medical practitioners** review patients in our rural public clinics before they engage in their private practice duties daily.

We will implement strategies to increase access to medical professionals in the NHI Pilot District Clinics through deployment of our employed medical practitioners, new doctors from the **Cuban Doctor Programme** and other locally trained medical professionals, the clinical associates and also by contracting more private medical practitioners.

