

HEALTH SERVICE DELIVERY REPORT BY KWAZULU-NATAL MEC FOR HEALTH, DR SIBONGISENI DHLOMO AT THE KZN LEGISLATURE

09 December 2014

As the Department of Health we appreciate the opportunity granted to constantly update the Members on the work done in the quest to better the lives of the citizens of this Province.

We are thus elated to utilise this opportunity to give an account of what the KZN Department of Health has done in pursuance of the stated objective of A LONG AND HEALTHY LIFE FOR ALL SOUTH AFRICANS.

A. NIGHT VISION GOGGLES

During our Budget Speech presentation we announced that we will be enhancing our Aeromedical Services with specialized equipment necessary to improve response times at all hours and also increase reach even to inaccessible areas.

On the 4th of September, 2014, at the Richards Bay Airport, led by our Premier, Honourable Senzo Mchunu, we launched the revolutionary Aero-medical Night Vision Goggles system for our Helicopter Emergency Services (HEMS). Previously, operational hours for this service was limited to daylight time, that is, from 07h00 to 17h00

These Night Vision Goggles are a specially designed pair of goggles that are generally used in military environments and allow the user better visibility in night conditions. Our crew on board the helicopter are now able to see a person standing over 183 metres away on a moonless,

cloudy night! With this kind of technology we would be able to improve the quality of life for our people, by reducing morbidity and mortality.

We are proud of the fact that the use of the Night Vision Goggles in Aeromedical Services is the First for the Province and a First for the Country and the Continent of Africa.

B. INGULA

It will be recalled that on World AIDS Day, 1 December 2009, President Jacob Zuma announced a number of significant changes aimed at effectively addressing the HIV epidemic in South Africa. These included a massive campaign to mobilise all South Africans to get tested for HIV.

ESKOM has been hailed for lending support to this initiative. It launched its own mass HCT campaigns at their Medupi and Kusile sites in 2011 and 2012 respectively.

For KZN, ESKOM has also come with a similar initiative which was launched on September 23, 2014 at Ingula Pumped Storage. Here our Premier, Honourable Senzo Mchunu hosted the Minister in the Presidency, Honourable Jeff Radebe who was representing the Chairperson of SANAC, His Excellency, Deputy President of the Republic of South Africa, Mr Cyril Ramaphosa; ESKOM Management; representatives from SANAC; National Department of Health as well as those from Free State and KwaZulu-Natal provinces.

For this particular effort, Eskom donated a **Primary Health Mobile Clinic**, better termed, **“Miracle on-wheels.”** This mobile clinic is customized to provide high end health care services to Primary school

learners from both uThukela and Thabo Mofutsanyane District Municipalities. The learners will have access to much needed eye care, dental hygiene and general health check-ups.

C. **MOM-CONNECT**

Our Minister of Health, Hon Dr Aaron Motsoaledi has initiated a very innovative system that speaks to all pregnant mothers directly. It has been created to register each pregnancy in South Africa and it sends each mother stage-based SMS messages to support her and her baby with messages that indicate what has to happen at all stages of development. Its objective is to help in the reduction of child mortality as well as to assist in improving maternal health outcomes.

The ***mom-connect*** initiative provides the mother with a Free Toll Number that she can send messages to, including the Please Call me one. This system centrally controlled and is monitored and queries responded to promptly.

Statistics that we have indicate that by end of October 2014, KZN mothers-to be registered with *Mom-connect* were **20 523**.

The mothers are also free to utilize the number to place complaints about the service they receive at a particular health facility.

Indeed complaints have been registered. In our National Health Council meeting in October, a report was shared with all the Health MECs about what the women were not happy about. For example in KZN, there were

two [2] complains; with one woman sighting the issue of continued supportive messages about her pregnancy coming to her yet she had had a miscarriage and that these messages were supposed to have been terminated.

In the same vein; through this system, we have also received **accolades** and **compliments** from our clients: *clients' words:*

- 'I would like to compliment one nurse at Ntuzuma clinic her name is Nomalanga she is very kind and she treats us patiently since day one; wish her all the best'
- '100% service at Ngcolosi Clinic'
- 'Kwa Msane Clinic at Mtubatuba is the best and would like 2 thank you all for this communication you have for us mothers-to be; it really means a lot'

We are indeed certain that this initiative will save a lot of lives and assist us in improving our services.

Already we have seen a lot of improvements brought about by our ART and PMTCT programmes which has resulted in mother to child transmission of HIV progressively decreasing from **22% in 2008; 10, 5% in 2010; 1, 6% in 2013** and eventually to **1, 2% currently**.

D. Human Papillomavirus Vaccine [HPV]

Members would know that Cervical Cancer is caused by a common virus called the Human Papillomavirus (HPV). We were thus elated when our Health Minister, Honourable, Dr Aaron Motsoaledi on March 12, 2014,

launched the HPV vaccine programme, directing that it be administered to all Grade 4 girls who are 9 years and older.

In KwaZulu-Natal, the first round of the campaign ran from Monday the March 10, 2014 to Friday the 11th of April 2014.

Out of the 79 657 girls in Grade 4 who were nine years and older, a total of 68 593 were immunised which equalled to 86% of the target group. A total of 11 064 eligible girls were not immunised either because they were absent from school or underage and also those that did not receive parental consent.

The second round of the campaign commenced on Monday the 29th of September 2014 and ended on Friday, the 31st of October 2014. Here I must state that we did not perform well as we only reached 72% of the targeted girls. The main factors here were that the campaign started in the week that most schools were closing. Time was also consumed by our compliance with the National directive that required us to immunise those girls that were left out during the first campaign which then brought about 94.4% coverage on the first dose.

E. IMPLANON

As a Province we have been very concerned about the high rate of teenage pregnancy as well as illegal abortions. We were thus very elated when our Minister of Health, Honourable Aaron Motsoaledi launched Implanon in SA in October 2013.

For KwaZulu Natal, we can report that the demand for Implanon is very high and is currently the Contraceptive of choice. The total number of

Implanon inserted since November 2013 to September 2014 is recorded at **189,503** also depicting that **the age group** with the highest demand are women between the ages **of 18 and 25 years**.

The choice of IMPANON as a preventative method is based on the fact that:

- Insertion takes less than one minute and is conducted under local anaesthetic, meaning little pain.
- Women do not have to return the clinic until it is removed;
- The rod can remain in place and provide continuous contraception for up to 3 years, and that;
- Once a woman decides to plan a pregnancy; the implant is removed and her previous fertility returns quickly thereafter.

F. Medical Orthotics and Prosthetics Unit

Last month we officially opened the Medical Orthotics and Prosthetics Unit for KwaZulu Natal Province. I have to mention that historically, in the Republic of South Africa only Tshwane University of Technology offered this qualification admitting only 25 students per intake and most of them opting for the private sector upon graduating.

Our biggest problem was that prior to 2012 these centers were manned by personnel ranging between 55 and 60 years of age who have since retired. At the same time, demand for these devices kept growing and the waiting list grew longer.

We thus report that in 2010 we approached the Durban University of Technology (DUT)'s Faculty of Health Science and requested them to

start offering training of Orthotics and Prosthetics clinicians/ technicians at Wentworth Hospital. DUT expressed interest and committed to offer a 4 year degree and Mid-level worker programme on MOP.

As a Department we funded the project with a total amount of **R35 million** which resulted in the first cohort of 30 students who are our Bursary holders enrolled for the 4 year degree in August 2013 and later joined by the second group of 13 students in January 2014. DUT also opened up for an extra 17 private paying students.

Working together; we have established a world class training institution which will not only serve KwaZulu-Natal but the whole country and Africa at large as attested by the total enrolment of **57** students from RSA and **3 from Angola**. KZN is today able to boldly say that the scarcity of ORTHOTICS/ PROSTHETICS professionals is now a thing of the past!

G. TAKING HEALTH SERVICES TO TAXI RANKS

We thank SANTACO and all Taxi Associations for the cooperation and warm embrace they have given to this initiative.

A quick assessment by our Department has made us realize that from dawn to mid-morning the people involved in Taxi business get very busy, ensuring that people get to work early and safe and also making it a point that students get to school on time and safe as well. It is common knowledge that around 10h00 taxis are parked; owners and drivers get a break until mid – afternoon before they start transporting commuters back home.

Working together with SANTACO and allied Taxi Associations we now have been reserved space to offer Health Services at EThekwini; Amajuba; Ulundi; UMzinyathi and UMgungundlovu Taxi Ranks for the benefit of Taxi bosses; drivers; assistants; vendors and passengers who leave home early and come back when some of our Clinics have already closed for the day.

H. CUBAN DOCTOR PROGRAMME

We also take pleasure in updating Members on the **Cuban Medical Training Programme** that we have intensified as means to get more medical practitioners required to provide health services in the public health facilities.

It is worth noting that ever since we started participating in this Programme; **85** medical students have completed their studies and are now serving at various healthcare institutions across KZN.

Currently KZN has **702** students studying in Cuba and last week we further dispatched another group of **96 who will be commencing their studies this year.** Come 2019 when all would have returned; the KZN people residing in the rural areas would have their fair share of Doctors.

I. NURSE TRAINING

Honourable members, the KZN Department of Health has its own Nursing College with Campuses spanned across the Province.

In September, we once again added 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 were graduated. This priority area was 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. Indeed, this number will be enhanced by another **100** of these nurses who will complete their studies in December 2014 in a project funded by the Atlantic Philanthropies.

Our Nurse graduation also saw us producing twenty nurses [20] in a new category as they have completed training as specialist nurses in Ophthalmology. They are armed with all the necessary skills to improve eye care services and would support us in the far-flung parts of 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. They now join the **200 PHC** nurses who completed training in June 2014. A further new batch of **200** students has also commenced the same programme through this partnership at the beginning of June 2014.

J. INTRODUCTION OF MOBILE HOSPITALS

On November 28, 2014, we officially launched the Mobile Hospitals under the Theme: “Bringing Health Services Closer to Communities and Making PHC Re-Engineering a Reality in Readiness for NHI.

These Mobile Hospitals are ready to be deployed in areas that do not have fixed clinics and are far removed from the hospitals. They can be docked anywhere; be it mountains; valleys; informal settlements and even at pension pay points. They come with qualified personnel and equipped to offer a full comprehensive Primary Health Care [PHC] package as they have:

- Waiting area
- Reception
- Computer equipment for patient registration, Data collection and importation.
- 3 consulting rooms
- X-ray Machine
- Ultrasound
- B/P and Blood Sugar Machine
- Gene expert machine that will be installed later

Wherever they are docked, people can access the following services:

- Minor ailments
- HIV Counselling and Testing
- TB Screening
- Medical Male Circumcision
- Child Health care services
- Eye screening
- Oral health
- X-Ray services
- Ultrasound
- Cervical Cancer Screening

- Ante Natal Care
- Post Natal Care
- Chronic Services

Honourable Speaker; alongside this Mobile Hospital, there is also a **Medical Male Circumcision Truck** fully equipped with the following:

- Reception
- 4 beds
- Diathermy machine and other equipment for doing circumcision

Working with the local leadership, we have committed to identify Mobile Points with high population densities where the Mobile Hospital will be stationed for a period of 1 WEEK and then move over to another area.

Our efforts here are aimed at the realisation of our President's quest for **A Long and Healthy Life for All South Africans**. We will continue doing everything possible to ensure that all South Africans know their status and that, they are screened early before treatable and manageable diseases escalate to chronic levels.

K. OPERATION PHAKISA (HEALTH SECTOR)

Madam Speaker, we were delighted that last month, our President, His Excellency, Jacob Zuma invited us to Makgatho Presidential Guest House, where he launched the Ideal Clinic Operation Phakisa Plan. This project fits in well with what KZN has already started in the NHI piloting Districts.

We already have three [3] clinics; that is Faye; Phatheni and Richmond where we are being evaluated to meet the standards of an Ideal Clinic.

Under the President's Operation Phakisa plan we have to follow **eight (8) strategic objectives**, which are:

- a) Service Delivery – Provisioning of Primary Health Care Services will provide holistic, person and community centred care.
- b) Waiting times – Implementing strategies to reduce the patient waiting times at clinic to a reasonable time and improve the patient experience.
- c) Human Resources for Health – Getting competent human resources for Primary Health Care Clinics that are efficient and effective in delivering quality public health services.
- d) Financial Management – to ensure that Primary Health Care is run with realistic sustainable budgets.
- e) Supply Chain Management – to ensure an efficient and responsive Supply Chain Management system that supports quality public health service delivery.
- f) Scale up and Sustainability – development of a plan to ensure that 35 clinics are rated above 80% of the Ideal Clinic Minimum Standards.
- g) Institutional Arrangements – to ensure that public accounting and oversight structures are established and made to be effective in all spheres of government.

Without fail the KwaZulu Natal Department of Health shall develop a Provincial Ideal Clinic Operation Phakisa Strategy to operationalize the National Strategy by December 2014.

L. UPDATE ON ADVERSE INCIDENTS

Madam Speaker; as our country observes 16 Days of Activism for No Violence Against Women and Children; we were disheartened by gruesome attacks that were perpetrated against a nurse and two minors in separate incidents in this Province.

The first incident involved a nurse who was shot and killed as she left her place of work at Kwa Dabeka Community Health Centre. She had just finished her shift when unknown assailants accosted her outside the facility.

Only a few days later, we then admitted at RK Khan Hospital a 10 year-old from Inchanga who had been raped, stabbed more than 20 times and then left for dead. She was found in a pool of blood while trying to crawl back home. Miraculously, she is still alive and when we visited her last week, the doctors informed us that she is recuperating well and that soon she will be able to breathe without the help of a ventilator.

As if that was not enough, we also learnt of yet another horrendous attack against a defenceless child – this time a four year-old girl who was molested at Greytown Hospital. The girl had been among a group of people who were visiting a patient at the hospital. Thanks to the vigilance of security guards, a 23 year-old man was caught molesting her and was promptly apprehended and then handed over to the police.

M. NATIONAL HEALTH INSURANCE (NHI)

I wish to report on the progress made since KwaZulu Natal began piloting NHI in three Districts which are UMgungundlovu and UMzinyathi which were identified by National Department of Health as well as

Amajuba District that was identified by the KZN Provincial Government due to its size; interesting mix of rural/urban settings; disease profile as well as its demographics.

Beside the massive infrastructure development that has and continues to take; the overall picture in as far as **improving access to healthcare** in all piloting Districts today looks like this:

Community Based Teams	UMzinyathi	UMgungundlovu	Amajuba	TOTAL in Piloting Districts
Family Health Teams	11	14	11	36
School Health Teams	15	23	9	47
District Clinical Specialists	3/7	4/7	2/7	9/21
Contracted Family Medical Practitioners	11	14	7 (to be contracted in 2014/15)	25
Phila Mntwana	54	47	37	138

Centres				
Pharmacy Assistants	17 by Aurum (13 to be absorbed by DOH)	9	10	36
Dental Assistants	2	0	0	2
Chronic Medication Distribution Sites	6	22	3	31
Community Care Givers	419	890	403	1712
Dental Cars	1	1	1	3
School Health Cars	14 (one NHI truck for school health)	23 (one NHI truck for school health)	9	46

Eye Care Vehicle	1	1	0	2
Contracted Doctors Cars	2	2	2	6

Our efforts in provision of quality healthcare as well as NHI piloting have been acknowledged and applauded by the Director of the Presidential Monitoring Team, Mugivhela Rambado, as pronounced in the September 10, 2014 New Age publication:

'We have made several unannounced visits to a number of state hospitals and clinics across the country and have to say that KZN leads the way in how they manage their service delivery and quality of care in their health facilities despite challenges they face. They are setting an example in how we want our facilities to operate within an NHI context.'

N. INFRASTRUCTURE DEVELOPMENT

We are also very thankful that the National Department of Health and the National Treasury have approved the adjustment of R200 million added into the Department's Infrastructure budget thus increasing the budget from R1.479 million to R1.679 million.

The additional budget is mainly to assist the Department with Maintenance of facilities and equipment as well as to kick start the construction of Dr Pixley ka Isaka Seme Regional Hospital in the INK Region which is due to commence in December 2014.

O. CONCLUSION

Lastly, we hope that when we report again, we will be able to tell a different story in as far as Audit outcomes for our Department is concern as we have committed to follow the directive given by our Minister, Honourable Dr Aaron Motsoaledi, that we regular hold meetings with the Auditor General to get guidance, support and advice.

Again, Honourable Speaker; as KZN Province, we profusely thank you for the opportunity granted to us and wish that Members will concur that progress tabulated does indeed give an indication that access to quality health care has been improved and expanded for the KwaZulu Natal populace.

I thank you