



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

BUDGET POLICY STATEMENT OF THE DEPARTMENT OF HEALTH (VOTE 7) DELIVERED ON THE 13th AUGUST 2014

Madam Speaker

Honourable Premier – Mr Senzo Mchunu, Macingwane

Chairperson and Members of the KwaZulu-Natal Portfolio Committee on
Health

Fellow Members of the Executive Council

Honourable Members of the Legislature

Mayors, Councillors and Amakhosi

Chairperson and Members of the Provincial AIDS Council

The Head of the Department of Health – Dr Sibongile Zungu

Senior Managers in the Department of Health

Health workers across the length and breadth of the Province

Distinguished guests

People of KwaZulu-Natal

Ladies and gentlemen

Madam Speaker, our Budget Presentation this year is very significant in that it happens at the dawn of the third decade of our freedom.

It is also presented at the crucial hour when we are just counting months to the President's 2015 final report-back session at the United Nation's General Assembly on the progress made in the attainment of the set Millennium Developmental Goals (MDGs). In that report, the President amongst other aspects will have to state how far we have gone in meeting the Health related MDGs, which are:

MDG4: To reduce child mortality

MDG 5: To improve maternal health

MDG 6: To combat HIV and AIDS and TB, Malaria and other diseases

We are presenting this Budget Speech just a few weeks after attending the 20th International Aids Congress in Melbourne, Australia, where the global response to Aids once again took centre stage. The World has agreed that the Aids epidemic must be under control by 2030. We all have a challenge to buckle up and ensure that this goal is realised come that time. For us to do that, we will have to pay special attention to those sections of our society that have been identified as the Key Populations, such as adolescent girls, truck drivers, sex workers and Men who have Sex with Men (MSMs).

Madam Speaker, our Budget Presentation is informed and forms the basis of our country's 2030 National Development Plan which commands us to draw on our collective successes and failures as a nation and commit to improve our future. As a Department, we are proud of the structural transformation of the Public Health System we have initiated.

Hundreds of new health facilities have been built or rehabilitated which affords us the opportunity to ensure that health care is free at the point of delivery for pregnant women; young children; persons with disabilities and all the uninsured masses.

Madam Speaker; the KwaZulu-Natal Department of Health has a good story to tell when considering that just five years ago, this Province was the pariah of the whole country with the highest prevalence in all the stated quadruple burden of diseases, which are:

- HIV and AIDS and Tuberculosis (TB);
- High maternal and child mortality,
- Alarming and ever-increasing incidence of Non-Communicable diseases (NCDs) as well as,
- The pandemic of violence and trauma.

This brings me to the pertinent issue of HIV and AIDS; we are proud to stand up and boldly state that as a province: **We have turned the corner!**

Tangible progress has been made to the extent that even in our townships; farms and neighbourhoods we all notice and can testify that ***the number of AIDS-related deaths has declined.***

Our Healthcare workers especially the nurses and Community Care Givers can be commended for having played a crucial role in ensuring an increase of the life expectancy of our citizens.

It was thus befitting that our term as a 2014 administration started with the commemoration of the 104th International Nurses Day under the

theme: **Nurses, a force for change**. We held this event at Addington Hospital at the beginning of June.

Indeed the commemoration presented us with an opportunity to impress upon the Nursing fraternity that they are the backbone of our country's health system. It also gave us a platform to thank them for the pivotal role they play in the management of HIV and TB; maternal and child health as well as all the ailments that revisit our populace.

Amongst us here today is our special guest; a 31 year old nurse, serving at Northdale Hospital, whom we consider as one classical nurse who truly adheres to her **Nurse's Pledge**; "to serve humanity and to practise her profession with conscience and with dignity."

Madam Speaker; Nonhlanhla Fortunate Dladla was just going about her duties when she came across a sum of R45 500 by a patient. Instead of living up to her names and keeping the money, she decided to follow her conscience and she reported the money to hospital security who then reported it to hospital management. The hospital then made contact with the patient's family, and the money was handed over to them. Although we have already handed her a certificate for her diligence and honesty, I wish to once again applaud her for her exemplary deed. MALIBONGWE!

Madam Speaker; our nurses have really done miracles in changing our pariah status as a Province to a level where we are now regarded as a model in which health care workers from other provinces come and learn.

We are very proud of the fact that the struggle against the spread of HIV and the decline in AIDS related deaths has come about through innovations that are nurse led in this Province. A good story about HIV in KwaZulu Natal now reads:

- Today the Province boasts 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 utilized 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 switching all stable Regimen 1 patients to a Fixed Dose Combination where 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 R1200 per person per month, and the fixed dose is only R89 per person per month.
- Succeeding to initiate all HIV infected children under 5 years of age.
- 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%. An AIDS free generation is thus possible in KZN. The progress we are making here is leading the Province to in our quest to the complete elimination of mother to child transmission.

- We are now also providing HIV Counselling and Testing (HCT) services in all our public health facilities which are complemented by an additional 105 non-medical sites. These non-medical sites comprising of tertiary institutions, truck stops, taxi ranks, farms and non-governmental organisations.
- Since the launch of HIV Counselling and Treatment in 2010, we have been able to screen more than 2.5 million clients utilizing “Hlola, Manje, Zivikele” Campaign; ‘First Things First” as well as “Graduate Alive” campaigns for the tertiary facilities in particular.
- As per our President directive to increase HIV Communication Awareness programme; all of our 10 Health Districts are already conducting periodic HCT campaigns with each campaign lasting at least one week.
- KwaZulu-Natal has also progressed well on Male Medical Circumcision (MMC) since its launch in April 2010. To date a total of 391 685 males of all ages have been circumcised. Successes here are attributable to the establishment of 15 roving teams which comprise of a Doctor, Professional nurse and enrolled nurse to provide outreach services and 17 MMC high volume sites in health facilities which conduct a minimum of 35 circumcisions per day.

- We have also put plans in place to ensure the safety of all our initiatives through the establishment of the Provincial MMC Centre of Excellence that was officially opened by Isilo Samabandla in July last year. This centre offers training on MMC procedures and has since trained a total of 1 563 health care workers consisting of 624 Nurses, 210 Doctors, six Traditional Surgeons and 32 other Health Care Workers which include Clinical Associates. The remaining 675 were trained during support visits on site, and 30 came from other countries.

TUBERCULOSIS

Madam Speaker, the same amount of effort is being exerted in the quest to create *'A world free of tuberculosis – zero deaths, disease and suffering due to tuberculosis.*

The province also has a high co-infection rate of TB and HIV which currently stands at 65%. The biggest impediment here is the issue of a delay in the diagnosis and treatment of TB in people with HIV.

Our TB situation in actual numbers as recorded in 2013 stood at **99 067** notified cases of which 6 916 [7%] were children under the age of 5. The leading Districts with more than 1000 cases per 100 000 population were Ugu; EThekwini and UThungulu respectively. The most worrying feature is that in the same reporting period we also had 3 992 Drug Resistant -TB cases identified and initiated on treatment:

- 3 754 MDR-TB, and
- 238 XDR-TB

I need to mention that even though our Province has the highest burden of TB and HIV; the TB treatment outcomes have substantially improved over the years; moving from 55% treatment success rate improved in 2005 to 83% in 2012.

Even the issue of the high statistics that are mentioned here are as a result of our intensified case finding interventions put in place both in the health facilities and in the community. Means aimed at screening, treating and managing Tuberculosis in this Province entailed:

- 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.
- Plans for this current financial year include 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.
- Appreciating that we are in a globalized world, South Africa is collaborating with SADC partners in addressing the scourge of TB. The National Department of Health leads in the efforts to establish a multi stakeholder committee on TB in the mining sector as means to provide an effective response to TB in that industry.

Fighting TB calls for all of us including the Members of this august House to play our part in fulfilling the mandate given at the 4th South Africa TB Conference which was held at the International Convention Centre from the 11th to the 13th of June, 2014.

This conference was held under the theme of; 'WORKING TOGETHER TO ERADICATE TB,' and calls for the involvement of communities in the prevention and case finding of TB.

Here, our own Minister of Health, Dr Aaron Motsoaledi, in his capacity as the World Health Organisation Chairperson for Stop TB Partnership gave direction of what needs to be accomplished in the coming two years; which is:

- Find every TB suspect
- Test every TB suspect
- Initiate on Treatment every TB patient
- Trace and screen all the contacts and relatives of every TB patient
- Trace every TB patient lost to treatment
- Test all suspect school children, and
- Test all the miners and prisoners

Madam Speaker; more effort is expected from us since our Province carries the highest burden; accounting for 31% of all TB cases reported in the country.

MDG 4 and 5

At this juncture, allow me to state where our contribution is as a Province with regards to **MDG 4** which is about reducing child mortality as well as **MDG 5** which is concerned with improving maternal health.

A recent review by the Wits University shows that South Africa has made insufficient progress on the MDGs for child and maternal mortality. It

indicates that a large number of maternal and child deaths could be avoided if some basic interventions are implemented. Especially on the demand side, where mothers need to visit antenatal clinics earlier and regularly seek appropriate help.

As a Department we have a lot programmes that are geared towards ensuring that they are protected from preventable diseases; cared for when ill-health beseech them and provided with a continuum of care for chronic diseases.

Madam Speaker; 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 ART and PMTCT programmes.

Firstly, we say it was very appropriate that the Campaign on Accelerated Reduction of Maternal and Child Mortality [**CARMMA**] for South Africa was launched here at Osindisweni Hospital on the 4th of May 2012.

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.

In February 2014, we hosted the inaugural MECs Annual Service Excellence Awards Ceremony (MASEA). Umzinyathi District was

recognized for its outstanding achievement in reducing maternal and child mortality rates.

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

We can now also boast to have Midwives Obstetric Units [MOU] where low risks or normal labours are managed by midwives and is close to the community.

Kangaroo Mother Care [KMC] is vigorously practised for normal low birth weight babies. With this regard we have designated two institutions; namely; Lower Umfolozi War Memorial and Newcastle hospitals, as mother and child health care facilities.

Just yesterday, together with the Minister of Health, Hon. Dr Aaron Motsoaledi a planning meeting was held for the launch of the **MomConnect** Initiative which will take place on 21 August 2014. This concept utilizes cell phones to achieve the following:

- 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; high blood pressure; 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

Again; we reiterate that women are a pillar of the society as they nurture; chastise; build and protect.

FAMILY PLANNING

Madam Speaker; not so long ago; the birth of a child was an occasion to be celebrated.

Today most of those giving birth are either too young or immune compromised to be falling pregnant. It is now a fact that the 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 results in 30% of maternal mortality rate, therefore teenage pregnancy is something to be avoided at all costs.

We thus say; the time has come for all of us to look back at what used to work for this nation in the olden days when maturing girls were advised to use contraceptives.

Madam Speaker; the fact of the matter is that **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 the 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.

Madam Speaker; we are also in the 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 at setting 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: Pneumonia, Diarrhoea , Malnutrition, HIV related conditions and TB
- Make use of Growth Monitoring: Mid Upper Arm Circumference Measurements (MUAC) to detect acute malnutrition in children 6-59 months. This also helps in equipping community leadership and war room members with a simple diagnosis of the status of the

children in the community, so that corrective measures may be taken when necessary.

- Provide comprehensive prevention and health promotion package for children at community level.
- To monitor the Nutritional and Health Status of all Children under - 5 years weekly and monthly.

It must be indicated that the smooth running of our initiatives for the under 5's have recently met with challenges in that the whole country is experiencing stock outs of some vaccines, i.e. polio and measles vaccines. We do wish to state that plans are in place to have a catch up campaign in August 2014 for all the children under the age of 5 years who have missed their immunization doses due to vaccine stock shortage. We have kept all the records of those children who were not vaccinated.

School Health Team

We have also put in place a **School Health Team** service whose core function is to screen the following most common health challenges that impacts on learning:

- 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
- HIV Counselling and Testing

All this done in order to ensure that school children receive adequate health screening; health information and education and are referred timeously for early treatment of diseases and conditions thus improving learner retention and reduce school dropout rate.

Human Papillomavirus (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.
- The target set by the National Department of Health was that of vaccinating at least 80% of eligible girls – the province exceeded this target.
- 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.

Madam Speaker; this much applauded initiative fit in well with our **PHILA MA CAMPAIGN** which we initiated and re-launched in April 2013 in Sisonke District. Our focus here is a quest to really improve access to timely breast and cervical cancer screening and other related services to women in rural and urban areas.

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.

Home Community Based Care

In an effort to contribute to job creation through Expanded Public Works Programme: Social Sector, the Department has contracted 9668 Community Care Givers and Supervisors and their contracts are renewable annually.

Madam speaker this initiative of contracting of CCGs has enabled the Department to reach out to more households and thus increasing access to health care at household level. The Primary Health Care Re-engineering system is designed to provide quality health care to communities where they live and through Ward Based Outreach Teams. Thus Community Care Givers have a support base of Professional and Enrolled Nurses who ensure that issues of ill health are identified at household level and dealt with effectively and efficiently.

The Department of Health embarked on the CCG Career pathing in 2011. It will be remembered that in this House we announced that we were going to reward those that have shown compassion to the frail by training them as Nurses. Today we wish to report that indeed we now have **1019** trained and qualifying as Enrolled Nursing Assistants and that they are now all employed in hospitals and clinics throughout the Province.

We also have 564 CCGs undergoing training at UKZN Westville as Nutritional Advisors and also now employed in our clinics.

Lastly, we have 90 CCG's enrolled into the Pharmacy Assistance course that is run in partnership with Khethimpilo.

Chronic Disease, Eye Health and Geriatrics

In order to achieve a long and healthy life for all South Africans, we have invested resources to address issues of chronic diseases and geriatrics.

In partnership with the South African Sugar Associations, we have also trained 280 Professional Nurses across 5 districts in diabetes management nutrition.

A total of 237 556 children were screened through the Child Eye Care Project and 190 798 were issued with spectacles. Cataract and refractive services saw a total of 32 127 cataracts surgery conducted since 2009, with 2 595 glaucoma surgeries completed and a total of 242 136 refraction defects corrected.

Our partnership with Orbis International; a UK based NGO has resulted in the strengthening of the paediatric ophthalmology service. Working

together we have been able to significantly reduce the waiting time from 6 to 3 months allowing us to attend to 520 children, perform 53 cataract surgeries and also make a 85% follow up on those needing to be seen again.

Oral Health

The KZN Provincial Oral Health Directorate has managed to fill four (4) Dental Therapists and two (2) Dental Assistants posts for the Oral Health Mobile units that are currently placed in the UMzinyathi and UMGungundlovu NHI Pilot Sites.

We have also placed Thirty Four (34) Community Service Dentists for 2013/14 financial years across the KZN Province in our Healthcare Institutions.

Since the launch of the School Health program in September 2012, we have visited 1594 schools where Oral Health Education has been provided to more than 600 000 Learners across the Province participated in the program. Our focus here is on school based tooth brushing programmes; oral health education; fissure sealants programme; oral health screening; infection control standards; reduction of extractions as well as regional/tertiary orthodontic service for school children

- **Disability and Rehabilitation Programme:**

The Disability and Rehabilitation Programme has recorded in own successes in that the service is now offered at more than 95% of our hospitals

For this Programme we have augmented with a total of 160 Community Service Therapists that we have placed across the Province.

We are also currently preparing a minimum of at least 10 Health institutions whereby we will have not less than 2 personnel trained in sign language.

HEALTHY LIFESTYLE

Promoting health and wellness is critical to preventing and managing lifestyle diseases, particularly the major non-communicable diseases among the poor, such as heart disease, high blood cholesterol and diabetes.

To become a healthy nation, South Africans need to make informed decisions about what they eat, whether or not they consume alcohol or should smoke and their sexual behaviour, among other factors.

People need information and incentives to change their behaviour and lifestyles. Leaders are implored to serve as role models in this sphere.

IMPROVING ACCESS TO QUALITY HEALTHCARE

- **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.

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.

- **McCord Hospital reconfiguration**

Madam Speaker; it would be remembered that 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 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**

Madam Speaker; 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.

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 advise 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.

Mpilonde Chronic Clubs

The province has embarked on innovative ways of dealing with increased numbers of patients and addressing issues of congestion and long waiting times.

We have thus established an integrated chronic model called Mpilonde Chronic Clubs which are run at facilities and caters for adherent, stable and virally suppressed patients.

The aim is to provide 2 -3 months' supply of ARV medication at each visit and with this we hope to reduce the number of visits by patients to facility or treatment collection point.

R K Khan Hospital Pharmacy Decongestion plan

Madam Speaker; we are 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.

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. 34 of these sites 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.

We also have the Teleradiology project at Inkosi Albert Luthuli Central Hospital (IALCH) is supporting 7 hospitals whereby CT images are being sent to IALCH for reporting.

There is also a TelePaediatric pilot using Microsoft lync; Pediatricians from Edendale Lower Umfolozi and King Edward are supporting Paediatricians from Christ the King, Itshelejuba and Mosvold hospitals

There is also a Data collection pilot at Gcumisa clinic using mHealth technology that entails the use of a digital pen, Cellular phone and Web based software to collect information from households by community care givers based at Gcumisa clinic. 17 community care givers have already been trained to use this technology.

The Department of Health is currently involved in the Msinga connectivity project whereby 26 WIFI routers sponsored by USASA and MTN to ensure that the clinics are in a position to send SMS alerts and reminders to patients per month.

Roll out of Mobile Hospitals

Madam Speaker; we have also procured Universal Mobile Vehicles to be utilized to Primary Health Care services in designated areas at EThekwini; 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.

Technology that comes with these Universal Mobile Vehicles is also 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 flighted to central point for interpretation and reporting.

HUMAN RESOURCE DEVELOPMENT

Madam Speaker; 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. Metro cities and urban areas are also the first choice for those seeking employment.

Before I expand on Human Resource training, allow me to indicate that amongst us here today is South Africa's youngest doctor who comes from rural Umdozo area in Newcastle. He is the last born of five children whose mother is a supermarket manager. Dr Sandile Kubheka matriculated at the age of 15 at Siyamukela High School in Madadeni and is now 20 years old and this year graduated at UKZN Nelson Mandela School of Medicine with a MB CHB Degree. His UKZN class mates of 2013 voted him the next likely Minister of Health. He currently treats patients suffering from diabetes, HIV and TB at Greys Hospital.

• NURSE TRAINING

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

Allow us to report that 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 September 2014.

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 KZNCN. 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. The MEC has had meetings with the Principals of Private Nursing Colleges and will continue to have engagements to resolve the backlog in the employment of privately trained nurses.

- **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.

Students are selected by the Districts in terms of what category of Healthcare Professional they need, ie; Pharmacy; Radiographer; Medical Practitioner; Dentist and all.

- **Manipal University Initiative**

Madam Speaker; two weeks ago we dispatched 30 students who be commencing 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. Of the 30 students, 20 will be studying towards the B Pharm degree, with five pursuing the pharmaceutical manufacturing stream and 15 the general pharmacy stream.

- **Cuban Doctor Programme**

Madam Speaker; we first have to appreciate that the shortage of doctors is a provincial, national and a global problem. 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. On the other hand a country like Cuba has more capacity to train and produce doctors with its 22 medical schools whilst having a population of only +/- 11 million.

Doctor Patient Ratio	
Europe	One medical school per 1.9 million people. There is a doctor density of 3 – 4 per 1000

	people
South Africa	There are 8 medical schools which translates into one medical school per 6.4 million people. Doctor density of 0.77 per 1000 people
Cuba	There are 28 medical schools in a population of 11 million people. One medical school per 0.38 million. This is much better than Europe no wonder they have the best health outcomes in the world.

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; this is what has been achieved:

- 85 students have completed their studies, and 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.
- On this RSA/ Cuba Programme; KwaZulu Natal Province also has a group of Parent Paying students who wanted to pursue Medicine but could not be accommodated in SA because of limited space.

We are quite satisfied with the performance of this **Cuban Programme** as it contributes to the provision of Doctors in Rural Hospitals where we normally experience shortages.

- **PLACEMENT OF FOREIGN HEALTH PROFESSIONALS**

Madam Speaker; whilst still waiting for all our children 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.

AHP assists in finding foreign health professionals and ensures that they are able to obtain the necessary documentation that will enable them to get work permits and registration with the relevant professional body. 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.

- **SA –CUBA Cooperation**

Madam Speaker; 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 which 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 orthopedics and any other relevant health sciences qualification.

Honorable 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.

We currently have **93 of our own students** enrolled in the programme for 2014 in different levels in the above mentioned Universities.

• Nutrition Advisor Training Programme

As part of career pathing for our Community Care Givers and Youth Ambassadors; we created this Programme. The training is being offered by UKZN and had its first intake in 2012. We are pleased to announce that 170 students graduated in April 2014 and were absorbed by the Department on salary level 4 and translated as Nutritional Advisors.

- **Internship Programme**

Madam Speaker; we are fully giving support to this Programme aimed at curbing the rising rate of unemployment amongst graduates. Our Department offers opportunity for them to gain work experience by serving for 12 months whilst receiving a stipend that is determined by DPSA. Just for the 2014/2015 financial year, we have **221 interns** that are enrolled in the programme.

EMERGENCY MEDICAL SERVICES

Madam Speaker; our Emergency Medical Services have recently experienced challenges to an extent that it required of us to come up with a Turnaround Strategy for this Directorate as means to improve access and reduce response times. This Strategy focusses on many areas where weaknesses and shortcomings were detected. In place now we have put the following:

- 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.
- Rationalizing ambulances;
- Restoration of discipline amongst the workforce.

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. The Department has purchased Night Vision Goggles and these will be launched shortly.

An analysis of Landing Zones and the refurbishment of Landing Strips will be finalized in the second quarter and priority facilities will be identified and repaired to enable aeromedical services to be available all hours (weather permitting).

- **New Ambulances**

The process has started 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.

- **Supervision and Discipline**

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 service delivery needs.

- **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 (five million rand). 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 Advanced Life Support qualified personnel to improve the level and quality of care for the benefit of our communities.

- **In Service Training**

In-service training in terms of driving skills, discipline and conduct and refresher courses in patient care has now been made compulsory for all officials to attend. The acquisition of McCord's Hospital facility will be utilised for this function that will be enhanced by the collaboration we have with the South African Military Health Service and the Durban University of Technology.

- **Emergency Management Centres (Control Rooms)**

Real time vehicle tracking and monitoring systems will now be augmented with driver tags. Each official in EMS will have their own tag to monitor their driving behaviour. The Tracking and monitoring system will also assist EMS to monitor the movement of all ambulances; patient transport vehicles; support vehicles and rapid response vehicles to enable dispatchers to send the closest unit to an incident and thus reduce response times.

- **College of Emergency Care**

The takeover of McCord's hospital by the department presented us with an opportunity to utilize its Nursing College premises for our College of Emergency Care.

Minor repairs will be carried out by the Infrastructure unit before the Education Committee of the Health Professions Council of South Africa (HPCSA) is invited for inspection which will then lead to accreditation of the facility to deliver the new Emergency Care Certificate as well as the continuation of the Emergency Care Technician courses.

Forensic Pathology Services

Madam Speaker; ever since forensic pathology service was moved from SAPS to the Health Department domain; we have ensured that the departed are given respect and dignity.

We have thus constructed state-of-the art mortuaries across the province which we will be commissioning, namely Madadeni, Estcourt, Pietermaritzburg, Kokstad, Eshowe and Park Rynie. We will also be opening the newly-refurbished Phoenix Mortuary and simultaneously launch all facilities that were built after take over by the department. Members of this august house are also invited to attend these ceremonies.

Madam Speaker, our focus here is to strengthen PIER (Public Information, Education and Relations) as means to fight against trauma, violence and injuries and sudden death due to non-communicable diseases like Heart Attacks, Severe Stroke, Diabetes Hyper or hypoglycaemic coma.

We will also be appointing Community Liaison Officers who will conduct public relations exercises on the prevention of injuries at campaigns that will target taxi ranks and also partner with the police in their Road Blocks.

We are also concentrating on the well-being of our staff who are exposed on a daily basis to serious cases of trauma and violent deaths by strengthening Employee Wellness Program.

We will also ensure that nurses trained in Forensic Medicine do not get lost to other areas within our health system.

Clinical Medico-Legal Services

We have made concerted effort to improve the management of survivors of rape, children and women abuse as well as domestic violence by providing Training to our staff, especially doctors and nurses in the management of rape victims and the filling of J88 forms for the courts.

We have also decreed that the **POST EXPOSURE PROPHYLAXIS (PEP)** be administered on the survivors even before they had reported the attack to the Police. This is our contribution to prolonging the lives of our women.

To further improve service; we have offered training courses to Fifty (50) Health care workers; eighty nurses and five doctors at PEP CHC and sites Thuthuzela centers on how to deal with sexual assaults victims.

The Operation Sukuma Sakhe (OSS), structure is also used to disseminate information to the community, about the importance of reporting early to health facilities for PEP. Our focus being sexually assaulted children less than 12 years as just during the past financial year 40.5% of the sexual assault cases (4695) were children less than 12 years.

INFRASTRUCTURE DEVELOPMENT

- **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. However, we have encountered various challenges with the laundry services over the past years. 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.

Madam Speaker; 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.

- **Primary Health Care infrastructure**

The Department has over the past years put its effort towards the provision of clinics across the Province of KwaZulu-Natal. Our focus here has been to improve of access of quality health care to people residing in rural areas.

In 2014/15, the Department will be opening two of the three state of the art Community Health Centres (Mini-Hospitals). One is the Dannhauser CHC which we will commission in July as well as the Pomeroy CHC which will officially open in August.

The Jozini CHC will only be opened in April 2015. The three CHC's combined have cost the Department in the value of R600 million and form part of the Department's National Health Insurance strategy.

We have also identified gaps in the eThekweni Region with respect to the issue of all the Clinics and CHCs not offering 24 hour service. We are already in discussions with eThekweni Municipality with a view to ensure that some of the municipal clinics in strategic areas offer a 24 hour service. A redress plan is being developed to attend to this matter during the current government term.

For all the areas that do not have nearby fixed health structures; as one of the interim strategies; we are ready to increase and dispatch mobile clinics that offer services which include Oral Health as well as Primary Health Care with mini theater for minor operating procedures.

- **Construction of Hospitals**

The Department will also commence with major projects in 2014/15 financial year.

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.

In eThekweni Municipality, the Department will this year start the construction of the 500-bed Regional Hospital in KwaMashu which will **cost R2.8 billion** and will be constructed over a period of four years. 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 that are underway in various hospitals within the Province; vis:

- In Amajuba District, the Department will be starting maintenance project to the value of R160 million that will ensure that Newcastle and Madadeni hospitals comply with the NHI standards.
- Similar work operations are planned for Edendale and Northdale hospitals.

We are also engaged in other major and medium projects totaling over a billion rand that entails refurbishments; expansions; maintenance and new project, most of which are currently ongoing and they include the following:

No.	District Municipality Name	Project Name	Project Description	Anticipated Completion Date
1	Metros KZ	Addington Hospital	Refurbishment of the hospital and upgrade 6 theatres	December 2014
2	Head Office	Durban Laundry (PMMH)	Upgrade Durban Regional Laundry	November 2014
3	Ugu	G J Crookes Hospital	Casualty, Trauma, Admissions	November 2014
4	uMgungundlovu	Edendale Hospital	Upgrade existing Accident & Emergency Unit, OPD, CDC & ARV Facility	December 2014
5	UThukela	Emmaus Hospital	New OPD, Casualty/Trauma Unit, X-Ray And Related Facilities	March 2015
6	Sisonke	Rietvlei Hospital	New Admin, Kitchen, Audio, ARV, New Staff Accommodation, Renovate existing accommodation	September 2014
7	Head Office	Phoenix Mortuary	New M6 Forensic Mortuary	August 2014
8	Metros KZ	King Dinuzulu Hospital	New TB complex, TB Surgical Outpatients, Psychiatric Unit	September 2014
9	Metros KZ	King Edward VIII Hospital	Staff Residence Renovation	01 October 2014
10	UMzinyathi	Church Of	Replace	12 February

No.	District Municipality Name	Project Name	Project Description	Anticipated Completion Date
		Scotland Hospital	Paediatric Ward With Male And Female TB Ward	2015
11	uThungulu	Ngwelezane Hospital	Construct 2 New Wards (Demolish Wards A & B)	30 September 2012
12	Regional	Edendale Nursing College	Extensive renovations and additions to existing building	August 2014
13	uMgungundlovu	Townhill Hospital	Replacement to Hospital Roof and renovations to the hospital	January 2015
14	Metros KZ	Ekuhlengeni Life Care Centre	Complete renovations of the Hospital	August 2014
15	uThungulu	Mbongolwane Hospital	Build new Pharmacy, 6 single accommodation units, renovate existing 7 houses	August 2014
16	Metros KZ	King Edward VIII Hospital	Renovations to Family Clinic, Psychiatric patients wards, Theatre Block Kitchens and Conversion of N Theatre Block Offices	July 2014
17	Amajuba	Newcastle Hospital	Construction of new VCT, ART, Pharmacy and	June 2014

No.	District Municipality Name	Project Name	Project Description	Anticipated Completion Date
			Physio % Upgrade 7 lifts	
18	Ugu	Gamalakhe CHC	Phase 2- HAST/ ARV Unit, Admin, Child Health, CSSD, Special Clinics, Lab & Stores	November 2014
19	Harry Gwala	Pholela CHC	Accommodation for 39 staff, 10 Flats and provision for park homes	August 2014

- **Infrastructure Delivery Management System (IDMS)**

As required by the Division of Revenue Act, Act 10 of 2014, the Department is gearing up 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. With this initiative we aim to continue to build capacity in the regions and institutions needed for the maintenance of our facilities.

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
- Reducing 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.

Last week, August 5, I undertook a trip to UMzinyathi District to assess the progress made in the implementation of the pilot. I met with the Doctors who visit rural clinics and the Clinic Ward based Outreach Teams.

Madam Speaker; I was really impressed with the excellent work being performed there. Allow me to report on one incident where our School Health Team operating from Empathe Clinic in Wasbank intervened and saved the lives of three members of one family; it goes like this:

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.

Madam Speaker, in all the NHI Piloting Districts, we have also ensured that Medical Doctors conduct regular visits to our fixed clinics, especially those in the rural settings to provide medical care to patients. Across the Province we already have twenty eight patriotic family medical practitioners who have shown willingness to work with the Department of Health to give some of their time to the Public Service. Their involvement has greatly assisted in attending to patients closer to their homes; working closely with Family Health teams; in broadening skills development to ensure appropriate and adequate care to our personnel at clinic level and most importantly, to reduce congestion of patients travelling to hospitals needing healthcare.

Through the recent launched office of the Health Standards Compliance (OHSC) we have also 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). The first of such interventions has been the implementation 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. To ensure compliance; all District and Hospital Managers have been informed that they shall be held accountable for poor quality in the hospitals and catchment clinics in their areas.

We have also committed a sum of **R643, 8 million** for infrastructure improvements that have to be performed in the NHI Piloting Districts. Through this investment, we are building mini-hospitals in the form of mini hospitals better known as Community Health Centres in Pomeroy and Dannhauser at the UMzinyathi and Amajuba NHI Piloting Districts, respectively.

All our fixed Primary Health Care Clinics in these Piloting Districts have been installed with computers as means to ensure reliable IT network connectivity. The NHI District Offices as well as non-piloting Districts will also be equipped with teleconference IT facilities in this financial year to minimize time hemorrhage and costs due to District Managers and Hospital Managers travelling Head Office to attend meetings.

COLLABORATION WITH SISTER DEPARTMENTS

Madam Speaker; we profoundly thank the colleagues in the other fraternal Departments for the sterling role they play in dealing with the socio economic determinants of ill-health within our communities.

- Madam Speaker; indeed for our Phila Mntwana campaign to succeed, we do need the support of Department of Agriculture with its programmes of Poverty eradication.
- We also hail COGTA and appreciate the good work done in the provision of clean water for our communities as this effort alone

has vastly contributed to the elimination of cholera. For this we have the most success story in that the Ngwelezane Paediatrics ward that was treating babies with diarrhoea has now been closed.

- We will always need the Department of Social Development and Community Safety and Liaison in the fight against substance abuse
- Human Settlement Department becomes a core in the diseases control especially with regards to Tuberculosis
- The Department of Sport and Recreation is the one that we can never do without in our quest to deal with Non Communicable Diseases
- Our partners in Education have really shown commitment and supported us in the implementation of the Integrated School Health Programme
- Our sincere appreciation is also extended to the Provincial Treasury for the allocation with the hope that our requests for additional support will be viewed favourably.

Lastly; we thank the **Honourable Premier; Macingwane**, for his leadership; support and guidance; the Health Portfolio Committee Chairperson, Honourable Lizzy Shabalala and all the Committee Members; the Head of Department, Dr Sibongile Zungu; Senior Management and all committed officials and workers of the Department who have made it possible for us to tell the good story about the enhanced health status of our citizens.

In conclusion Madam Speaker; whilst our efforts are paying off, we remain steadfast and committed to continue with our work. There is no room for complacency if we want to improve in all aspects and make a difference in the lives of our people. I present in this house budgets per

programme which in our view will further enhance health care service delivery in our Province.

Total Budget for 2014/15: R30 914 196 000

Programme 1 Administration: R581 340

Programme 2 District Health Services: R14 720 035

Programme 3 Emergency Medical Services: R1 073 438

Programme 4 Provincial Hospital Services: R8 788 275

Programme 5 Central Hospital Services: R3 079 392

Programme 6 Health Sciences and Training: R1 051 400

Programme 7 Health Care Support Services: R140 959

Programme 8 Health Facilities Management: R1 479 357

Madam Speaker and the house, we believe that the budget allocated to the Department of Health in KwaZulu-Natal will assist us in our quest of ensuring "A long and healthy life for all citizens of KwaZulu-Natal".

I THANK YOU.