health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

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Enquiries : Mr BP Sithole
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**HONOURABLE M.C. MASILELA**
**SPEAKER: MPUMALANGA PROVINCIAL LEGISLATURE**
**PRIVATE BAG X11289**
**MBOMBELA**
**1200**

Dear Hon Masilela,

**SUBJECT: SUBMISSION OF RESPONSES ON ANALYSIS OF THE THIRD QUARTER PERFORMANCE REPORT 2022/2023**

1. The above-mentioned subject, bears reference.
2. Attached, kindly find the ***responses from Mpumalanga Department of Health on the Analysis of the Third Quarter Performance Report 2022/2023*** as per your request.
3. Please do not hesitate to call should you require any additional information.
4. Hoping you will find all in order.

Yours sincerely,

**HON. S.J. MANZINI (MPL)**
**MEC: HEALTH**

26/02/2023
**DATE**

# DEPARTMENT OF HEALTH

# Responses on Analysis of the Third Quarter Performance Report (2022/2023)

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

MPUMALANGA
THE PLACE OF THE RISING SUN

# ANALYSIS OF THE THIRD QUARTER PERFORMANCE REPORT OF THE DEPARTMENT OF HEALTH (2022/23)

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td></td><td>QUESTIONS ON EXPENDITURE</td><td></td></tr>
<tr><td>I.</td><td>Did the Accounting Officer settle any Contingent Liabilities in this Quarter, if yes:<br>a. How much was settled.<br>b. To whom it was settled<br>c. for what claim<br>d. Who is held liable for the claim and how are they held liable?</td><td>Yes, the accounting officer did settle contingent liability for this quarter in the amount of R42 265 483.03
<table>
<tr><th>Facility</th><th>Amount Paid</th><th>Cause of action</th><th>Who was held liable</th></tr>
<tr><td>1. Standerton</td><td>R 3 900 000.00</td><td>Death of a Minor</td><td rowspan="7">Investigations are underway for possible consequence management.</td></tr>
<tr><td>2. Piet Retief</td><td>R 170 000.00</td><td>Tooth Loss</td></tr>
<tr><td>3. Matikwana</td><td>R 100 000.00</td><td>Neck Fracture</td></tr>
<tr><td>4. Matibidi</td><td>R 16 000 000.00</td><td>Maternity (Cerebral )</td></tr>
<tr><td>5. Amajuba</td><td>R 19 797 605.29</td><td>Maternity (Cerebral )</td></tr>
<tr><td>6. Themba</td><td>R 2 000 000.00</td><td>Blindness</td></tr>
<tr><td>7. Shongwe</td><td>R 150 000.00</td><td>Miscarriage</td></tr>
<tr><td>8. Evander</td><td>R 11 043.83</td><td>MVA</td><td>Recovery instituted from driver</td></tr>
<tr><td>9. Shongwe</td><td>R 75 055.95</td><td>MVA</td><td>Recovery instituted from driver</td></tr>
<tr><td>10. Middelburg</td><td>R 61 777.96</td><td>MVA</td><td>Recovery instituted from driver</td></tr>
</table></td></tr>
<tr><td>II.</td><td>Did the Audit Committee and Risk Committee of the Department hold their quarterly meetings in this quarter, if yes:<br>a. which areas of concerns have been highlighted by the Audit Committee and Risk Committee<br>b. and how is the Department going to mitigate those areas of concern?</td><td>The Risk Committee has recently held its meeting on the 20th of February 2023 and the Audit Committee is scheduled to hold their third quarter meeting on the 17 March 2023.<br><br>The issues raised by the Risk Committee are summarised as follows:<br>• Lack of monitoring of (RWOPS) remunerative of work outside public service<br>• Slow implementation of risk mitigating measures<br>• Delays in appointing the panel to dealing medico cases<br>• Slow progress on implementation ICT Risk interventions<br>• Risk Management unit capacity<br><br>The Department is developing mitigation plans for implementation.</td></tr>
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<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>III.</td><td>How much did the Accounting Officer plan to collect as own revenue for this quarter and how much was actually collected; if collected less than projected indicate the reason for under collection and measures put in place to improve revenue collection for the fourth quarter?</td><td>The Accounting Officer collected R 29 475 671 (129%) more than the planned target of R 22 802 237.</td></tr>
<tr><td>IV.</td><td>Did the Accounting Officer commence using speed-points in selected hospitals, if yes, how has this improved revenue collection; if not why not and when will they commenced being used in facilities?</td><td>Yes, the Accounting Officer did commence using the speed-points in all hospitals. The use of speed points eliminates the risk of theft of cash and improve patient convenience. The Department has collected R118,343.78 using speed points for the month of December 2022.</td></tr>
<tr><td>V.</td><td>Did the Accounting Officer incur irregular, unauthorised, wasteful and fruitless expenditure in this quarter, if yes, provide a detailed report of each of the expenditure and the steps taken thereafter by the Accounting Officer to report and to discipline those who incur them, if no, why not?</td><td>Yes, he Accounting Officer did incur irregular expenditure in the 3rd quarter amounting to R115,3 million which relates to previous financial years contract. Details of the abovementioned irregular expenditure are as follows:<br><br>
<table>
<tr><th>Description of incident</th><th>Amount R'000</th></tr>
<tr><td>Waste Management</td><td>12,050</td></tr>
<tr><td>New Middelburg Hospital</td><td>67,000</td></tr>
<tr><td>Aeromedical Services</td><td>36,250</td></tr>
<tr><td>Total</td><td>115,300</td></tr>
</table>
<br>The irregular expenditure is reported monthly to the Provincial Treasury in line with the PFMA. An investigation on Waste Management and Aeromedical (Air-Ambulance) irregular expenditure was completed. The report was submitted for consequence management and disciplinary action to be taken.</td></tr>
</table>

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | | The construction of the new Middelburg hospital, the investigation has been done by the implementing Agent (Department of Public Works, Roads, and Transport) and no disciplinary action has been taken as the official has resigned from employment. |
| VI. | Can the Accounting Officer indicate reasons associated with low spending in the following Economic Classifications and programmes:<br>a. CoE (73.5%)<br>b. Goods and Services (68.9%) and<br>c. Payment to Capital Assets ( 60%). | Yes, the Accounting Officer can indicate reasons associated with low spending in the following Economic Classifications and programmes.<br>a. Underspending on CoE was due to challenges with attracting of specialists and other categories of health professionals. There were delays in processing overtime for December due to holidays however the overtime was processed in January 2023.<br>b. The underspending on goods and service was due to slow spending on ARVs due to adequate stock procured at the end of 2022/23 financial year. However the Department will replenish the stock before the end of the financial year.<br>c. Payment of Capital Assets is underspending due to delays in the finalisation of new Middelburg hospital and delayed progress on the new Witbank tertiary hospital. The Department is currently expediting expenditure on the projects. |
| VII. | Can the Accounting Officer indicate the reason for the slow spending below 75% of the following grants and indicate how the Accounting Officer is planning to improve the spending of the grants as enumerated? In response, the Accounting Officer must briefly indicate the purpose of the grant and how its underspending affect service delivery and the provision of quality healthcare:<br>a. Social Sector EPWP Grant spending at 24.1% | Yes, Accounting Officer can indicate the reasons for the slow spending below 75% of the following grants and indicate how the Accounting Qfficer is planning to improve the spending of the grants<br>a. The projected under expenditure resulted from recruitment challenges that resulted in a delay in appointments, as well as misallocations. Remedial Action: Journals were effected to correct the misallocation and appointment data was corrected |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | b. National Treasury Services Grant at 63.5% | b. Outstanding deliveries of medical equipment amounting to R21 million. Underspending is due to difficulty in recruiting medical specialists and specialised nurses. X1 dermatologists and x1 ENT specialists have been interviewed. |
| | c. NHI Grant at 69.9% | c. The projected under expenditure resulted from recruitment challenges that resulted in a delay in appointments, as well as misallocations. Remedial Action: Journals were effected to correct the misallocation and appointment data was corrected. |
| | d. Human Resource and Training Grant at 71.6% | d. Underspending due to vacant funded posts for medical specialists and registrar. Interviewed x1 General surgeon and x1 physician on the 26 January. 13 registrars appointed in January for the 2024 academic year. |
| | e. Health Facility Revitalisation Grant at 68.0% | e. The projected under spend resulted due to the working in progress projects slower than the planned schedule and maintenance commitments not invoiced timeously by the service providers, furthermore compensation of employees underspending due to vacant posts not filled. The Department will follow up invoices from service providers and expedite the payment of invoices. |
| | f. District Health Program Grant at 69.7% | f. Follow up with service providers for timeously submission of the invoices for payment where service already been rendered. Reduce compensation of employee's budget to fund backlog maintenance during 2023/24 financial year and monitor the service providers in relation to work in progress to align with the projected benchmarks. |
| VIII. | Can the Accounting Officer indicate the budget pressures affecting Programme One and Seven as well as how would the overspending be mitigated? | The reasons for overspending in programme 1 are provided above in the responses to programme 1. |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td></td><td></td><td>Programme 7 shows higher spending due to medicines procured for Programme 2, 4 and 5 which will continuously be issued to hospitals and clinics. The expenditure will be charged against the hospitals and clinics when delivered to the facilities. The high expenditure will reduce when the medicine is issued to health facilities.</td></tr>
<tr><td>IX.</td><td>Can the Accounting Officer provide a list of all building it has rented in this quarter, and provide the amount of rent paid per month per each building rented?</td><td>Yes, the Accounting Officer can provide a list of all building it has rented in this quarter, and provide the amount of rent paid per month per each building rented as follows:
<table>
<tr><th>Building</th><th>Responsible Office</th><th>Amount per Month</th><th>Amount la Quart</th></tr>
<tr><td>Provincial Office</td><td>Provincial Office</td><td>R616 238,74</td><td>R1 848 716.2</td></tr>
<tr><td>Kaapmuiden Clinic</td><td>Ehlanzeni District</td><td>R76 102,85</td><td>R228 308.5</td></tr>
<tr><td>Valencia Warehouse</td><td>HAST (Provincial Office)</td><td>R64 860,47</td><td>R194 581.4</td></tr>
<tr><td>Doctors Accommodation</td><td>Embuleni Hospital</td><td>Facility Name</td><td>R487 998.1</td></tr>
<tr><td>Mayflower EMS</td><td>Mayflower (Provincial Office)</td><td>Mbombela Square Offices</td><td>R107 515</td></tr>
<tr><td>Nurses Home</td><td>Dandonuld CHC</td><td>R33 000,00</td><td>R99 0</td></tr>
<tr><td>Ermelo Absa Old building Offices</td><td>Gert Sibande District Office</td><td>R115 928,73</td><td>R347 786.1</td></tr>
<tr><td>Balfour Town Clinic</td><td>Gert Sibande District</td><td>R16 829,76</td><td>R50 489.2</td></tr>
<tr><td>Secunda EMS</td><td>Secunda ( Provincial Office)</td><td>R7,600,00</td><td>R22 800.0</td></tr>
<tr><td>Bethal Police Station Mortuary</td><td>Forensic Pathology Services</td><td>R18 629,86</td><td>R55 889.5</td></tr>
<tr><td>Witbank Police Station Mortuary</td><td>Forensic Pathology Services</td><td>R18 629,86</td><td>R55 889.5</td></tr>
<tr><td>Delmas Clinics</td><td>Nkangala District Office</td><td>R44 013,75</td><td>R132 041.2</td></tr>
</table></td></tr>
</table>

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Witbank Warehouse</td><td>HAST (Provincial Office)</td><td>R65 918,53</td><td>R197 755.59</td></tr>
<tr><td>Doctors Accommodation X 8</td><td>Kwamhlanga Hospital</td><td>R65 598.82</td><td>R196 796.46</td></tr>
<tr><td colspan="3">TOTAL</td><td>R4 222 364.49</td></tr>
</table>
</td></tr>
<tr><th>NO.</th><th>QUESTIONS FOR PROGRAMME 1</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>I.</td><td>Can the Accounting Officer indicate hospitals without the full complement of hospital executive management teams as well as indicating the vacancies and the processes undertaken to fill those vacancies?</td><td>Yes, the Accounting Officer can indicate that 25/28 hospital has full executive management and the status of hospitals without the full complement of executive management are indicated below:
<table>
<tr><th>Name of posts</th><th>Institution</th><th>Status</th></tr>
<tr><td>Chief Executive Officer</td><td>Piet Retief Hospital</td><td>Post advertised and Selection process underway</td></tr>
<tr><td>Finance Manager</td><td>Rob Ferreira</td><td>Post advertised and Selection process underway</td></tr>
<tr><td>Finance Manager</td><td>Sabie</td><td>Shortlisting will be conduct on 03 March 2023</td></tr>
<tr><td>Chief Executive Officer</td><td>Sabie</td><td>Interviews conducted</td></tr>
<tr><td>Clinical Manager/CEO</td><td>Matibidi hospital</td><td>Appointed</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>II.</td><td>Did the Executive Authority and Accounting Officer undertake visits to Hospitals and Clinics in this quarter, if yes which facilities were visited and what did the MEC or Accounting Officer found and what would be the intervention of the department after the visits?</td><td>Yes, the following district hospitals and PHC facilities were visited by the MEC for support.
<table>
<tr><th>Hospital visited</th><th>Findings</th><th>Interventions</th></tr>
<tr><td>1.Standerton hospital</td><td>• The facility was clean, and patients were happy with the waiting time.<br>• It was note that intermittent meetings were conducted with organised labour instead of al least once a month as per the directive.</td><td>• To maintain good practice in maintaining the waiting time within the standard of not above three hours.<br>• To conduct meetings with Organised labour at least once a month.</td></tr>
<tr><td>2. Shongwe hospital</td><td>• The hospital was in a clean and patients were happy with the waiting time which is within the norm.<br>• The hospital has infrastructural challenges that are being addressed.<br>• Shortage of professional nurses cited.<br>• Shortage of transport for travelling to meeting was cited.<br>• Meetings are held with Organised Labour at least once a month.</td><td>• To maintain good practice in maintaining the waiting time within the standard of not above three hours.<br>• Infrastructural challenges are being addressed.<br>• To appoint identified skilled staff depending on the available budget.<br>• To minimize meetings for improved service delivery.<br>• To continue meetings with organised labour, as per the MEC directive.</td></tr>
</table></td></tr>
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| NO. | QUESTIONS | DEPARTMENTAL RESPONSES | | |
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| | | | | |
| | | **Sand River clinic** | • Facility was operating.<br>• Roof damaged by thunderstorm | • Roof repaired |
| | | **Stanwest Clinic** | • Facility in good condition. Patients were happy with the waiting time. | • To maintain good practice in maintaining the waiting time within the standard of not above three hours. |
| | | **Buffelspruit CHC** | • Facility in good condition.<br>• PHC facility very clean inside and out.<br>• Patients were happy with the waiting time. | • To maintain good practice in maintaining the waiting time within the standard of not above three hours. |
| | | Support visits conducted to district hospitals to strengthen compliance with the Norms and Standards using the general support visit tool. | | |
| | | **1.Caroline hospital** | **Among others were the following findings:**<br>• The hospital was very clean.<br>• Road infrastructure into the facility not in good condition due to potholes.<br>• Poor road signage from the arterial roads, showing directions to facility. | • To maintain cleanliness.<br>• The hospital to solicit support from Municipality for signage and road. Hospital Management to attend IDP processes.<br>• To solicit support from the Local Municipality. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES | | |
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| | | | • Pens for writing the complaint, compliments, and suggestion (CCS) disappearing from the CCS stations. | • The hospital advised to put a note indicating where to get a pen when needed. |
| | | **2. Embhuleni hospital** | **Among others was the following:**<br>• The hospital was very clean.<br>• Unavailability of the some of the required Standard Operating Procedures. | • To maintain cleanliness<br>• The hospital was advised to follow guidelines on development of SOP as stipulated on the Office of Health Standard Compliance assessment tool. |
| | | **3. Lydenburg hospital** | **Among others were the following findings:**<br>• Poor maintenance of hospital and road infrastructure.<br>• Unavailability of the some of the required Standard Operating Procedures.<br>• Shortage of non-negotiable items in the Emergency trolley. | • To solicit support from the Local Municipality. Hospital Management to attend IDP processes.<br>• The hospital was advised to follow guidelines on development of SOP as stipulated on the Office of Health Standard Compliance assessment tool.<br>• Procurement of non-negotiable items was prioritised. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES | | |
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| | | **4. Mmametlhake hospital** | **Among others were the following findings:**<br>• Unavailability of most of the required Standard Operating Procedures.<br>• Also assisted the hospital with investigating and reporting of Patient Safety Incidences. | • Shared SOPs from other hospitals with Mmametlhake hospital.<br>• The hospital was advised to follow guidelines on development of SOP as stipulated on the Office of Health Standard Compliance assessment tool. |
| | | **5. Piet Retief hospital** | **Among others were the following findings:**<br>• Unavailability of the some of the required Standard Operating Procedures.<br>• Shortage of non-negotiable items in the Emergency trolley.<br>• Long EMS response time which was reported to be up to ten (10) hours. | • The hospital was advised to follow guidelines on development of SOP as stipulated on the Office of Health Standard Compliance assessment tool.<br>• Procurement of non-negotiable items was prioritised.<br>• The hospital was advised to:<br>• Develop a register to record EMS response time in all relevant departments from where most patients are referred. e.g. Casualty, maternity. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | | • Reported shortage of human resources<br>• Keep track record on EMS response time.<br>• To then conduct an in-depth analysis of the response time.<br>• The hospital was advised to conduct an analysis (job description versus time management) to identify the precise place where resources are insufficient |
| III. | Did the Executive Authority convene MunMec in this quarter, if yes what were the issues coming from the MunMEC and how does the MEC seek to attend to them? | The Executive Authority did not convene MunMec during the quarter under review due to competing priorities however, it will be conducted in the next quarter. |
| IV. | Did the Executive Authority attend the National Health Council if yes what are the issues affecting the province raised in the Council and how is the MEC going to take forward matters emanating from the Council? | Yes, the Executive Authority did attend the National Health Council during the quarter under review and issues raised affecting the province are as follows:<br><br>**Budget and Finance Matters**<br>• Update on 2021/22 Health Sector audit outcomes<br>• Next steps on the mitigation of load-shedding impact<br><br>**COVID-Related Matters**<br>• Update on COVID -19 and the COVID -19 vaccination programme<br><br>**Policy and Strategic Issues**<br>• Update on the National Health Insurance (NHI)<br>• Primary Healthcare (PHC) benefit Package |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | | • Provincial needs for HR Funding<br>• Presentation on the National Indicator Data Sets (NIDs), 2023<br>• Priority list for health infrastructure<br>• Performance of the Health Facility Revitalisation Grant per province and key areas of improvement.<br>• Update on NMFC and recruitment of Cuban Specialists for rural provinces<br>• Progress on the Implementation of the TB Recovery Plan in each of the provinces.<br>• District performance on the 90-90-90 and fast-track plans towards 95-95-95<br>• Progress on the Implementation of the NSP for NCDs and plans for scale-up<br>• Performance of Mental Health Care Services and areas of Improvement<br>• Progress on the Implementation of Ideal Clinic Realisation programme<br><br>**Standing Items for Discussion**<br>• Update on Community Health Workers (CHWs) Issue<br>• OHS- related matters<br>• Occupational Disease in Mine and Works Act (ODMWA)<br>• Update on Medico-legal issues |
| V. | Considering that in the previous quarter the MEC indicated that MinMec or Health Council has discussed the issue of rural classification of hospitals, can the MEC indicate any progress to classifying some of the hospitals as rural hospitals and what are the challenges associated with this? | Yes, the National Health Council did discuss the issue of rural allowance in the previous NHC meeting, however there is no progress that was reported because the NHC Technical working streams are still working at reviewing all allowances in the health sector since some of them were deemed to be no longer serving the purpose. |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>VI.</td><td>Did the Accounting Officer reduce the turnaround time in misconduct and suspensions from six months to three months; in addition, can the accounting officer indicate the following:<br><br>a. Cases of the department referred to the OTP Integrity Management Unity and the progress per case.<br><br>b. Disciplinary Actions awaiting finalisation in the department and indicate the length of time those cases are awaiting finalisation?<br><br>c. Current number of officials suspended without pay and the reasons for suspensions as well as the length of suspension?<br><br>d. Current number of officials suspended with pay and the reasons for their suspension as well as the length of suspension.<br><br>e. Total cost incurred by the department for officials suspended with pay?</td><td>The Accounting Officer did not manage to change the turnaround time from six months to three months with regard to misconduct and suspension due to insufficient funds to accommodate investigators and presiding officers who were appointed to preside and investigate in matters referred above.<br>a. 0 – Cases<br><br>b. 65 x Cases are waiting finalisation.<br><table><tr><th>Length /Duration</th><th>Progress</th></tr><tr><td>30 cases delayed 1 year</td><td>30/65 are under investigation.</td></tr><tr><td>20 cases delayed 3 months</td><td>20/65 cases are awaiting disciplinary hearing</td></tr><tr><td>12 cases delayed 6 months</td><td>12/65 employees still to be charged</td></tr><tr><td>3 cases delayed 1 year 6 months</td><td>3/65 delayed by 1 year and 6 months. Employees already charged, cases handled in consultation with SIU.</td></tr></table><br>c. 2 x employees suspended with pay, these are punitive suspension due to a finding of guilty of misconduct. The two employees were suspended for three months.<br><br>d. 6 x employees suspended with pay due to precautionary suspension for misconduct investigation. It ranges from three months to a maximum of two years.<br><br>e. The total cost incurred by the Department for officials suspended with pay, equals to R 765 867.99.</td></tr>
</table>

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| VII. | Can the Accounting Officer provide an update on the progress made towards the establishment of the two bills responding section 31(5) and 42(2) of the National Health Act and whether the department the required political commitment and administrative will of tabling those Bills to the Mpumalanga Provincial Legislature? | The Accounting Officer can confirm that the 2 bills are planned to be tabled to the Provincial Legislature as soon as the officials who are responsible for drafting the establishment of the bills are recruited. |
| VIII. | Can the Accounting Officer provide details of any strikes and marches directed at the department in this quarter; indicate the content of the memorandum and the response of the department to the memorandum? | No strikes recorded in the quarter under review. |
| IX. | Can the Accounting Officer indicate media publicity (bad) covered by various media houses both print and television in this quarter and indicate the response of the department and provide the system of the department to track media publicity of the department in this quarter? | Yes, the Accounting Officer can indicate media publicity (bad) covered by various media houses as follows:<br>• Three Health officials arrested for theft of copper pipes (Rob Ferreira Tertiary hospital) – Mirror, Mpumalanga news, SABC radio and Daily sun. (Department of Health issued a media statement Condemning this incident)<br>• Sand river Clinic damaged by Storm – covered by Mpumalanga news and SABC TV. (clinic was fixed)<br>• Measles outbreak (3 laboratory confirmed) covered by Mirror, Mpumalanga news and SABC radio- Action taken (media statement issued to alert the community, Radio talk shows conducted to create awareness on the following radio stations: Ligwalagwala FM, Ikwekwezi FM, Rise FM and 14 Mpumalanga Community stations.<br><br>Department is monitoring media on daily basis from Social media, print, online and Electronic. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| X. | Can the Accounting Officer provide the following:<br>a. Challenges confronting the department in the implementation of the District Health System and how such challenges are currently being mitigated.<br>b. In addition can the Accounting officer indicate how the District health System implemented in Mpumalanga promotes what the World Health Organisation coined as " ... DHS is more than just a structure or form of organisation but it is also a set of activities including community involvement, integrated and holistic health care delivery, intersectoral collaboration and a strong and bottom up approach to planning, policy development and management"<br>c. Challenges confronting the department in the implementation of the PHC re-engineering programme or policy and how such challenges are currently being mitigated<br>d. Challenges in fully implementing the Ward Based PHC Outreach teams and how such challenges are currently being mitigated<br>e. Challenges in implementing the School Health Policy and implementation guidelines (school health services) and how such challenges are currently being mitigated<br>f. Challenges in implementing the District based specialist team and how the current challenges are being mitigated ( also indicate the District Specialist team compositions for | The responses are attached as per ***Annexure A.*** |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | the three district) . In the main further reflect on how the District Based Specialist Teams play the following functions:<br>i. Strengthen clinical governance at PHC level as well as in district hospitals;<br>ii. To ensure that treatment guidelines and protocols are available and are used;<br>iii. To ensure that essential equipment is available and that these are correctly used;<br>iv. To ensure that mortality review meetings are held, are of good quality and that recommendations from these meetings are implemented.<br>v. To support and supervise and mentor clinicians; and monitor health outcomes.<br>vi. Are all the District Specialist team having the following specialists, if not, how will the department ensure that all district teams have the following specialists: gynaecologist, paediatrician, anaesthetist, family physician, advanced midwife, advanced paediatric nurse and a PHC nurse?<br>vii. Can the Accounting Officer reflect on the role of the Pharmacists, Pharmacist technicians and Pharmacist assistants in the clinical specialist support teams, school health services and municipal ward-based PHC outreach teams and how would their role be improved?<br>g. Challenges encountered in the implementation of PHC supervisions and how are the challenges currently mitigated? | |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| XI. | Did the Accounting Officer complete the review of the Referral Policy and what are the changes and how are they envisaged to improve access and quality of healthcare? | Yes, reviewal of the Referral Policy has been completed and approved.<br>• The changes were on the reinforcement on establishment and functionality of District Referral Forums. Improvement in recording and reporting, e.g. referring institution should report all patients outside the province to the appropriate tertiary hospital.<br>• It is envisaged to improve access and quality of healthcare through the development of the district implementation plan for the referral policy. Improve monitoring and general management of patients. |
| XII. | Did the Accounting Officer complete the development of a single subdistrict model for Mpumalanga, what are the current challenges of having different subdistrict models and how does the envisaged new subdistrict model going to improve access and quality of healthcare in Mpumalanga and what is the total cost of implementing a new subdistrict model and how it be funded for implementation? | No, the single sub-district model is not finalised yet.<br>• The costing process for human resources is still in progress and the draft has recently been presented for approval by the Top Management, however more input has been made, which requires that the task team re-work the document, based on the input made.<br>• The current challenges of having different sub-district models poses inequity and non-uniformity in resources allocation and management.<br>• It is envisaged that the new sub-district model will improve sustainability, efficient and access to quality health care services through equitable distribution of resources.<br>• There is no dedicated funding of the developed single sub-district model: The aim is to improve efficiency, by ensuring that the available resources are rationalised. |
| XIII. | Can the Accounting Officer reflect to the causal factors for the department to underspend on programme 1 resulting in 10.4% spending in the third quarter? And what are the measures put by the Accounting Officer to ensure that this programme does not overspend considering that at the end of the third quarter, the department incurred a total expenditure amounting to 87.4%. | • Yes, the Accounting Officer can indicate the reasons for overspending in Programme 1. The overspending is due to the payment of contingent liabilities including legal fees related to the account.<br>• The Accounting Officer will shift funds from underspending programmes at the end financial year in line with the provisions of the PFMA and Treasury regulations. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| **7.1.3. QUESTIONS FOR PROGRAMME 2** | | |
| I. | Can the accounting Officer indicate the number of clinics without a visiting doctor, further indicate the number of clinics requiring other categories of health practitioners which are needed but still do not have those practitioners. Indicate in a tabular format the following:<br>a. Name of the Clinic<br>b. Categories of Health not visiting or doing outreach to the Clinic<br>c. Period in which the facility has not had such practitioners<br>d. Measures taken to ensure that the clinic access the practitioners required<br>e. Cost of ensuring that the clinic get all the practitioners required for visitation and outreach. | Yes, the number of PHC facilities without a visiting doctor are 144, excluding Kaapsehoop clinic which is now operating as a mobile clinic point, and Emthonjeni clinic that got burnt down (68 Ehlanzeni, 35 Gert Sibande and 41 Nkangala).<br><br>The number of clinics requiring other categories of health practitioners which are needed but still do not have those practitioners are 180.<br><br>***See Annexure B*** |
| II. | Can the Accounting Officer indicate the number of facilities without an appointed operational manager and indicate the process undertaken to fill the post of an operational manager? Further indicate the following:<br>a. General challenges encountered by operational managers in executing their responsibilities | There are 34 facilities without an appointed operational manager (02 in Gert Sibande; 14 in Nkangala and 18 at Ehlanzeni ). The recruitment process is in progress to fill the posts of operational managers:<br><br>a. General challenges encountered by operational managers in executing their responsibilities are in the main:.<br>• Shortage of staff like pharmacist assistants; professional nurses; and other lower categories of staff.<br>• Lack of Laptops; some without computer skills and Inadequate connectivity and or data bundles provided for reports submissions.<br>• Inadequate maintenance of facilities, lack of back-up generator for electricity in 211 clinics. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | | • Infrastructural challenges: Some clinics very small, the structures are very old, , no ramps and rails for disabled patients, no toilets for disabled patients.<br>• Shortage of medical equipment, among others Fetal dopplers, HB meters, double bell stethoscopes,<br>• Shortage of medical class two, and other supplies.<br>• Union office bearers dominating in the facilities and affecting the provision of services. |
| | b. How staff shortage especially of professional nurses affect the managerial responsibilities of operational managers ? | b. Where there is a shortage of professional nurses, Operational Managers must do more clinical work (More than the 20% clinical work vs the 80% administrative work stipulated), this compromises the Operational Manager's managerial work. Difficult to provide services for all 4 streams of care and to maintain waiting time worse when the staff need to take time off due to leaves and other reasons. |
| | c. How clinic supervisions, reports requires, meetings to be attended affect the efficient management of clinics by operational managers? | c. As managers themselves; operational managers have a responsibility to supervise their facilities; compile and submit required reports as well as attending to meetings. However, if having enough resources; staff and support; they are also able to execute all these functions including overall management of their facilities. |
| | d. Whether operational managers in the health sector have been conceptualised adequately to properly manage and account on the performance of the clinics? | d. Operational managers are trained on specific programmes and data management that allows them to plan and monitor their performance. Operational managers perform facility reviews and participate in sub-district reviews. |
| III. | Can the Accounting officer reflect on the challenges resulting in some facilities without a clinic committee and indicate for how long such facilities have been operating without a clinic committee and the process undertaken to ensure functional clinic committees in those facilities? ( further reflect how councillors are | The facilities have been operating without a clinic committee from June 2022. Department has nominated new clinic committees in 281/292 PHC facilities, in the financial year under review (2022/23 FY). The distribution is as follows: 90/92 PHC facilities have established clinic committees in Nkangala, 121/124 (excluding Kaapsehoop clinic which is currently operationalized |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | involved in the process of clinic committee nominations and appointment) | as a mobile clinic point) clinic committees in Ehlanzeni, and 70/74 (Emthonjeni Clinic got burnt on 07 January 2022 is excluded) in Gert Sibande.<br><br>Ward councillors support with community mobilisation for the nomination process to unfold, and they are also ex-officio members who link the health facilities with the communities. Clinic committees have been trained in 158/292 PHC facilities (90/92 in Nkangala and 68/75 in Gert Sibande) to be functional. The training process is under way in Ehlanzeni district. |
| IV. | Can the Accounting Officer indicate the challenges identified in the implementation of the Quality Improvement Plans by health facilities. Further indicate what are the areas of QIPs which the accounting officer struggle to finance and further indicate the activities put in place to improve the implementation and monitoring of the Quality Improvement Plans? | The challenge is co-ordinating, monitoring and evaluation of Quality Improvement Plans at the facility and district level.<br><br>The areas of QIPs which the accounting officer struggle to finance are in the main infrastructural challenges e.g., storage spaces for patient files and facility stock, maintenance of buildings.<br><br>The following activities have been put in place to improve the implementation and monitoring of the Quality Improvement Plans.<br>• Quality Implementation Plan training planned for the 4th quarter to all Quality Assurance district managers, EMS District Managers and District Technical Working Group (TWG) committee members.<br>• Integration of Quality Learning Centres over a period of 2 years to be 100% in Mpumalanga.<br>• Strengthening Technical Working Group committee meetings.<br>• Technical Working Group supporting facilities and be part of the Quality Improvement Plans. |
| V. | Can the Accounting Officer describe the Welcome Back to care strategy, its objectives and how it is aimed to improve access and quality of care? | The Welcome Back to care strategy is a strategy for tracking and tracing clients who are on chronic medication and who stopped coming to health facility to get their treatment particularly ARVs. Its objectives is to retain clients on treatment and care by encouraging them instead of judging them or victimising. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| VI. | Can the Accounting Officer indicate the progress towards implementation o the digital queues and further describe the digital queues and how they will improve waiting time in facilities? | The Accounting Officer has implemented the digital queue management solution in the big 5 hospital and it is envisage to improve long waiting time. The system measures patient activity from entry to exit and each consulting room or clinic has a tablet that queues triage patients. |
| VII. | Can the Accounting Officer indicate health facilities which have achieved an ideal status ( clinics and district hospitals)? And indicate generally the contributing factors for facilities' failure to reach ideal status? | Ideal status achievements:<br>• District Hospitals: 1/22 Waterval Boven Hospital.<br>• Clinics (PHC facilities): Audited performance of 173/191 in 2021/22 FY and 195/292 interim (3rd quarter 2022/23 FY). Final Ideal Clinic results will be reported at the end of the 4th quarter 2022/23 FY.<br>• Non-compliance with non-negotiable vital measures – all facilities must comply 100% to these measures because they can result with patient's death or severe impairment if not in place. The main contributory factor is insufficiently stocked emergency trolleys due to stock (surgical sundries) outage from the pharmaceutical depot. |
| VIII. | Did the Accounting Officer record any progress towards the electronic filling system in health facilities, indicate which facilities are prioritised and how will this programme be rolled out and at what cost? | The Accounting Officer can indicate that, they system has begun it is phase-in rollout and scanning has commenced on the big 5 hospitals (Witbank, Rob Ferreira, Ermelo, Mapulaneng and Themba Hospitals.) an assessment is not being conducted at district hospitals for the phase 2 rollout. The expenditure to date is at R 223 904 025. |
| IX. | Can the Accounting Officer outline programme to reduced, even though still low, the number of Born Before Arrivals? Can the Accounting Officer indicate the number of "Born before Arrival" in this quarter, and the reasons associated with the BBAs? | Yes, the Department encourages pregnant women for early booking for antenatal care, where health education is given at health facilities on dangers of home deliveries. Community awareness campaigns on the importance of delivering in health facilities are also conducted. The number of babies born before arrival (BBAs) in the quarter under review is 1235. The reason associated with BBAs is the delay in seeking health care by clients. |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>X.</td><td>Did the Accounting Officer increase the operational times for the following facilities as from 1 February 2023 as indicated in the second quarter responses, if no why not considering the commitment done in the second quarter :<br>a. Sr Mashiteng<br>b. KwaZamokuhle<br>c. Rockdale<br>d. Botleng Proper</td><td>
<table>
<tr><th>Name of facility</th><th>Increase of hours of operation from February 2023</th><th>if no, why not considering the commitment done in the second quarter</th></tr>
<tr><td>a) Sr Mashiteng</td><td>No</td><td>Awaiting appointment of PNs (shortlisting & interviews conducted)</td></tr>
<tr><td>b) KwaZamokuhle</td><td>No</td><td>Awaiting appointment of PNs (shortlisting & interviews conducted) and delivery of medical equipment: Emergency trolley, delivery packs and beds.</td></tr>
<tr><td>c) Rockdale</td><td>No</td><td>Waiting for appointment of PNs (shortlisting & interviews conducted)</td></tr>
<tr><td>d) Botleng Proper</td><td>The facility is currently operating for 12hours, Monday- Sunday</td><td>The facility has a full staff complement of staff to work for 24 hours but there is no electricity back- up (generator) to assist during the power outage.</td></tr>
</table>
</td></tr>
<tr><td>XI.</td><td>Can the Accounting Officer indicate the progress towards extending operating hours of Morgenzon Clinic as from 1 September 2023 as indicated in the second quarter?</td><td>
<table>
<tr><th>Name of the facility</th><th>Progress towards extending operating hours of Morgenzon Clinic as from 1 September 2023</th></tr>
<tr><td>Morgenzon clinic</td><td>Three (3) additional Professional Nurses appointed, will commence their duties on 01 April 2023.</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>XII.</td><td>Did the Accounting Officer conclude the consultations to close the following as indicated that consultation would be concluded in February 2023, and how did the consultation conclude and what actions will the Accounting Officer take regarding:<br>a. Greylingstad Clinic<br>b. New Scotland Clinic<br>c. And Langverwart Geriatrics Clinic</td><td>
<table>
<tr><th>Name of the facility to conclude the consultations to close as indicated that consultation would be concluded in February 2023,</th><th>How did the consultation conclude and what actions will the Accounting Officer take?</th></tr>
<tr><td>a) Greylingstad Clinic</td><td>The facility has been closed</td></tr>
<tr><td>b) New Scotland Clinic</td><td>The department has done consultation with the stake holders.<br><br>Public consultation will be concluded in February 2023.</td></tr>
<tr><td>c) Langverwart Geriatrics Clinic</td><td>The facility was closed as an 08 hour clinic and operates as mobile clinic visiting 3 times a week.</td></tr>
</table>
</td></tr>
</table>

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| **NO.** | **QUESTIONS FOR PROGRAMME 3** | **DEPARTMENTAL RESPONSES** |
| I. | What tool, system and mechanism does the Accounting Officer use to track response time of ambulances and how reliable is the tool? | The Accounting Officer can report that the Information gathered by call takers, dispatchers as received from callers and ambulance crews is collated to determine response times.<br><br>Response times are measured from when a call is initiated and received by the call takers and passed on to dispatch, an ambulance or Rapid Response Vehicle is dispatched, and the crew are on scene. The processes are currently paper based and cannot be utmost reliable. |
| II. | How many ambulances were in use in this quarter and indicate the number of ambulance:<br>a. Operating ambulances in the quarter<br><br>b. Ambulances not operating<br><br>c. Number of public request for an ambulance in this quarter<br><br>d. Number of patients transported through ambulances in this quarter<br><br>e. Number of patients transported through PPTS | The Accounting Officer can report the following:<br><br>a. An average of 60 ambulances were operational daily during the reporting period in the province.<br><br>b. 98 ambulances were not operating due to the following:<br>i. Shortage of staff<br>ii. Mechanical breakdowns<br>iii. Accidents<br>iv. Scheduled maintenance.<br><br>c. There were 29714 public requests for an ambulance in this quarter.<br><br>d. 33234 patients were transported by ambulances in this quarter.<br><br>e. 52833 patients were transported by Patient Transport Services vehicles (PPTS) in this quarter. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| III. | Can the Accounting Officer indicate the number of ambulances not in used and further indicate the following:<br>a. Number of ambulances not in used because of staff shortage ( which categories of staff)<br>b. Number of ambulance with mechanical breakdown<br>c. Number of ambulances involved in accidents<br>d. Number of ambulances on scheduled maintenance<br>e. Number of ambulances no longer road worthy | The Accounting Officer can report the following:<br>a. There was an average of twelve (12) ambulances not in use because of shortage of staff. (Basic Ambulance Attendants and Intermediate Life Support) The Ratio of BLS= ILS must be 50:50 as per the EMS Regulations.<br>b. Fifty-Five (55) ambulances suffered mechanical breakdowns. The number fluctuates daily when the ambulances are released by Service merchants and are returned to service.<br>c. Twelve (12) were involved in collisions. Damages to these ambulances can be fixed by Motor Body Repairers (Panel Beaters)<br>d. Twenty-Five (25) were on scheduled maintenance. These are the average number of ambulances that are sent to agents for services they spent a minimum of 1 day and sometimes more days due to parts that are on back order or not available in the country.<br>e. Six (6) ambulances are no longer roadworthy, five (5) are due to major mechanical repairs and are beyond economical repairs whilst one (1) was involved in an accident and is a write-off, GBP731MG. |
| IV. | Did the Accounting Officer in this quarter lease an air ambulance, if yes at what cost and how many patients have been transported by the air ambulance in this quarter? | The Accounting Officer can report that an air ambulance (Helicopter Emergency Medical Service) was leased during the reporting period, Sixty-six (66) patients were transported by the helicopter and the cost was R 4,896,563.22. |
| V. | Can the Accounting Officer indicate the following:<br>a. Patients that the Ambulance found dead in this quarter? | The Accounting Officer can report that<br>a. 720 patients were found dead during the reporting period. The cause of deaths can be broken down as follows. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | | • Motor Vehicle Collisions/Accidents,<br>• Pedestrian Vehicle Accidents,<br>• Gunshot Incidents,<br>• Assaults and Medical related ailments. |
| | b. Patients who died while in Ambulances? | b. 4 patients died while in the ambulance (2 X MVA, 1 X Gunshot, 1 x Chronic Illness) |
| VI. | Can the Accounting Officer provide a report on the following:<br>a. Recruitment of 406 mixed skilled personnel such as PPTS, Call takers and Dispatchers, BLS, ILS, ECA, ECT and ALS.<br>b. Establishment of six new stations<br>c. Refurbishment of the Moloto and Verena Stations<br>d. Procure Ten ICU ambulances, 24 obstetric ambulances and 45 response vehicles. | a. No personnel recruited in PPTS, Call Takers and Dispatchers, BLS, ILS, ECA and ALS due to financial constraints.<br>b. No new stations were established in the reporting period.<br>c. No refurbishments were carried out at Moloto and Verena stations . There are no EMS stations in the mentioned areas, however refurbishments were completed at Lydenburg and Komatipoort stations.<br>d. The Accounting Officer can report that 10 ICU ambulances have been procured and are currently being converted from panel vans into ambulances. There were no funds for the 24 obstetric ambulances and 45 response vehicles as such no procurement took place in the 3rd quarter. |
| VII. | How does the Accounting Officer perceive the achievement of targets of this programme while there is always an outcry of lateness of ambulances called by the public and called by the facilities? | Despite targets being achieved, the Accounting Officer can acknowledge that there are challenges in the provision of EMS services and that there is an outcry of lateness of ambulances by the public. This may be attributable to shortage of ambulances and staff as per the norm of 1 ambulance per 10 000 population which translate to 474 operational ambulances for a 4.7 million population. However, the Department currently operates on average 60 to 72 ambulances. The Department has prioritised procurement of 10 ambulances per annum and appointment of EMS personnel especially critical skills such as Advanced and Basic Life support in the 2023/24 FY as well as the Emergency Management centre system to improve call taking and dispatching of ambulances. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| NO. | QUESTIONS FOR PROGRAMME 4 | DEPARTMENTAL RESPONSES |
| I. | Did the Accounting Officer identify the shortage of specialist in regional hospitals, if yes what is the shortage and how does the Accounting Officer plan to fill them and at what cost to the department? | Yes the Accounting Officer identified shortage of specialists in the regional hospitals: |

**Mapulaneng Hospital**

| Discipline | Shortage |
|---|---|
| Obstetrics & Gynaecology | 2 |
| Anaesthesia | 3 |
| Internal Medicine | 2 |
| Orthopaedics | 1 |
| Paediatrics | 1 |
| General Surgery | 2 |
| Radiology | 1 |
| **Total costs: R18 732 192** | |

**Ermelo Hospital**

| Discipline | Shortage |
|---|---|
| Internal Medicine | 2 |
| Paediatrics | 2 |
| Anaesthesia | 1 |
| General Surgeon | 1 |
| Orthopaedic Surgeon | 2 |
| Psychiatry | 1 |
| **Total costs: R14 049 144** | |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th colspan="2">Themba hospital</th></tr>
<tr><th>Discipline</th><th>Shortage</th></tr>
<tr><td>Anaesthesia</td><td>3</td></tr>
<tr><td>Internal Medicine</td><td>3</td></tr>
<tr><td>General Surgery</td><td>1</td></tr>
<tr><td>Orthopaedics</td><td>2</td></tr>
<tr><td>Psychiatry</td><td>2</td></tr>
<tr><td>Radiology</td><td>1</td></tr>
<tr><td>Total costs: R 18 732 192</td><td></td></tr>
<tr><td colspan="2">The Department continues to headhunt specialists for the regional and tertiary hospitals. The department continues to train specialists through the Registrar programme.</td></tr>
</table>
</td></tr>
<tr><td>II.</td><td>Did the Accounting Officer take a decision to re-purpose some of the TB Hospitals, if yes, which TB Hospital and the reasons attached to the re-purposing?</td><td>Yes, the Accounting Officer did take a decision to repurpose some of the TB hospitals which is Barberton TB, Standerton TB, Witbank TB Specialized Hospitals. This is due to low bed Utilization rate of TB hospitals, which makes them uneconomical and inefficient to manage.</td></tr>
</table>

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| III. | Can the Accounting Officer provide the nominal numbers of the following for the first quarter :<br>a. Institutional maternal mortalities and which hospitals recorded those mortalities (indicate hospital and the nominal number)<br>b. Under five-year children diarrhoea case fatality (indicate hospital and nominal number)<br>c. Under five-year children pneumonia case fatality (indicate hospital and nominal number)<br>d. Under five year children severe acute malnutrition fatality cases (indicate hospital and nominal number) | The Accounting Officer can provide the nominal numbers of the following:<br>a. Institutional maternal mortalities: Mapulaneng: 0; Themba: 1 and Ermelo: 3<br>b. Under five year children diarrhoea case fatality: Mapulaneng: 0; Themba:2 and Ermelo:1<br>c. Under five year children pneumonia: Mapulaneng: 0; Themba:4 and Ermelo: nil<br>d. Under five children severe acute malnutrition: Mapulaneng: 0; Themba:1 and Ermelo: 1 |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td></td><td>QUESTIONS FOR PROGRAMME 5</td><td></td></tr>
<tr><td>I.</td><td>Did the Accounting Officer establish the vacancy rate for specialists in tertiary hospitals, and further indicate measures taken to fill those vacancies and the cost associated with filling the same vacancies?</td><td>Yes, the Accounting Officer established the vacancy for specialists in tertiary hospitals:<br><br>
<table>
<tr><th colspan="2">WITBANK HOSPITAL</th></tr>
<tr><th>Category</th><th>Shortage</th></tr>
<tr><td>Orthopedic surgeons</td><td>1</td></tr>
<tr><td>General surgeons</td><td>1</td></tr>
<tr><td>ENT</td><td>2</td></tr>
<tr><td>Maxilla-facial</td><td>1</td></tr>
<tr><td>Physicians</td><td>2</td></tr>
<tr><td>Neuro surgery</td><td>2</td></tr>
<tr><td>Trauma surgery</td><td>2</td></tr>
<tr><td>Paediatricians</td><td>0</td></tr>
<tr><td>Nephrologist</td><td>2</td></tr>
<tr><td>Oncologist</td><td>2</td></tr>
<tr><td>Neurologist</td><td>1</td></tr>
<tr><td>Urologist</td><td>1</td></tr>
<tr><td>Gynaecologist</td><td>2</td></tr>
<tr><td>TOTAL</td><td>19</td></tr>
<tr><td colspan="2">Total cost implications: R 29,659,304</td></tr>
</table>
</td></tr>
</table>

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|

| Rob Ferreira Hospital | |
|---|---|
| **Discipline** | **Shortage** |
| Orthopaedics | 2 |
| Ophthalmology | 1 |
| Dermatology | 1 |
| Oncology | 1 |
| Nephrology | 1 |
| Reconstructive & Plastic Surgery | 1 |
| Cardiology | 1 |
| Anaesthesia | 1 |
| Intensivist | 1 |
| Radiology | 1 |
| **Total costs** | **R17 171 176** |

The vacancy rate for specialists in tertiary hospitals is 18.8% on average but fluctuates due to turnover of specialists.

The Department continues to headhunt specialists for the regional and tertiary hospitals. The department continues to train specialists through the Registrar programme.

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| II. | Can the Accounting Officer indicate the Heritage Building take-over by the National Department of Health? What does the take-over entails and for how long will it take? | The planning, design and construction to the Heritage building responsibility has been taken over by the NDOH with their appointed Implementing Agent (IDT) and PSP's, which NDOH will fund and pay for.<br><br>Completion is anticipated in 18 months' time, although NDOH has not officially corresponded with MDOH in this regard. |
| III. | Can the Accounting Officer provide the nominal numbers of the following for the first quarter :<br>a. Institutional maternal mortalities and which hospitals recorded those mortalities (indicate hospital and the nominal number)<br><br>b. Under five-year children diarrhoea case fatality (indicate hospital and nominal number)<br><br>c. Under five-year children severe acute malnutrition fatality cases (indicate hospital and nominal number) | Yes, the Accounting Officer can provide the nominal numbers of the following:<br><br>a. Institutional maternal mortalities: Witbank:7 and Rob Ferreira: 2<br><br>b. Under five year children diarrhoea case fatality; Witbank:1 and Rob Ferreira:2<br><br>c. Under five-year children severe acute malnutrition fatality cases: Witbank; 0 and Rob Ferreira: 0 |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| | **QUESTIONS FOR PROGRAMME 6** | |
| I. | Can the Accounting Officer provide the progress on admission of students to the Mpumalanga Nursing college? | The process of the admission of students into the Diploma in Nursing for the academic year 2023 at the Mpumalanga college of Nursing is expected to be finalised in a meeting on the 14th of February 2023 |
| II. | Did the Accounting Officer establish vacancy rate of pharmacist assistants in the province, if yes how many pharmacist assistance is the department short of, and how many are going to be trained in this financial period? | The vacancy rate on the current establishment is 5.6% (232/246). The Department has prioritised to fill 65 posts for 2023/24 FY. |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES |
|---|---|---|
| **NO.** | **QUESTIONS FOR PROGRAMME 7** | |
| I. | Why did the Accounting Officer consistently fail to ensure 95% availability of medicine (worsen from the second quarter) and surgical sundries at the medical depot and how has these affected availability of medicine in hospitals and clinics | The Accounting Officer failed to ensure 95% availability of medicine. This was attributed to the following impending factors:<br>• Continuous part deliveries from contracted suppliers and prolonged delivery lead-times (insufficient quantities),<br>• Increased "Request for Quotation (RFQ)" Items list due expiry national or provincial tender contracts and incomplete Standard Bidding Documents (SBD) that delay the procurement process,<br>• Warehouse system (PDSX) is outdated and requires a large amount of human intervention with risk of human errors.<br><br>**Planned Interventions:**<br>• Continuous contact session with suppliers on booked Wednesdays slot (11:00-13:00) for technical support and mentorship purposes,<br>• The Provincial Tender (Heal 203/21) was awarded in addition to the National Transversal Tenders on Surgical Sundries,<br>• Acceleration of the provincial tender processes to advertise a supplementary tender for Surgical Sundries,<br>• Implementation of Rx-Solution in all health facilities & a new warehousing system to improve medicine supply management. |
| II. | Can the Accounting Officer indicate the backlog on issuing orthotic and Prosthetic devices and which hospitals have high backlogs and how does the accounting officer planning to deal with the backlog? | The backlog is only at Rob Ferreira Medical Orthotic and Prosthetic Centre. The backlog on 31 December 2022 was 79 devices. Accounting Officer plans to deal with the backlog by recruiting and filling of vacant posts and procurement of consumables. |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td></td><td>PROGRAMME 8</td><td></td></tr>
<tr><td>I.</td><td>Can the Accounting Officer indicate the causal factors for the slow spending of programme 8 and the measures put by the Accounting Officer to improve the spending pattern of this programme?</td><td>The Accounting officer can report the following factors of slow spending<br>• The projected under spend resulted due to the working in progress projects slower than the planned schedule<br>• maintenance projects / commitments not invoiced timeously by the service providers,<br>• Compensation of employees underspending due to vacant posts not filled.<br><br>Remedial Action<br>• The Department has committed to follow up with service providers for timeously submission of the invoices for payment where service already been rendered on monthly basis.<br>• Reduce compensation of employee's budget to fund backlog maintenance during 2023/24 financial year and monitor the service providers in relation to work in progress to align with the projected benchmarks.</td></tr>
<tr><td>II.</td><td>Can the Accounting Officer indicate the backlog of maintenance in health facilities?</td><td>The Accounting Officer can report backlog maintenance of 276 facilities (84%) that need urgent maintenance due to various issues like roof leaks however the accounting officer managed to repair and refurbish the following facilities.<br><br>
<table>
<tr><th>NO.</th><th>Project Name</th><th>Scope of work</th><th>Percentage</th><th>Project Value including VAT</th></tr>
<tr><td>1</td><td>Witbank TB 4 & 5</td><td>Renovations ward 4,5</td><td>95%</td><td>R 1 144 761,38</td></tr>
<tr><td>2</td><td>Witbank TB 2& 3</td><td>Renovations ward 2&3</td><td>95%</td><td>R 1 384 543,83</td></tr>
<tr><td>3</td><td>Sabie</td><td>Renovations to Xrat,Theatre,Nursing school,ablutions</td><td>95%</td><td>R 856 431,50</td></tr>
<tr><td>4</td><td>Bufflespruit Clinic</td><td>Renovations</td><td>100%</td><td>R 2 670 818,86</td></tr>
<tr><td>6</td><td>Mapulaneng hospital</td><td>Repair of main sewer line and stairs</td><td>100%</td><td>R 2 089 834,03</td></tr>
<tr><td>7</td><td>Lydenburg EMS</td><td>Repair of storm damage</td><td>100%</td><td>R 2 649 389,22</td></tr>
</table>
</td></tr>
</table>

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES | | | | |
|---|---|---|---|---|---|---|
| | | 8 | Lydenburg Hospital | Repair Storm damage | 100% | R 361 382,02 |
| | | 9 | Eziweni Clinic | Construction of toilets,Paving,palisade Fence | 100% | R 3 708 987,76 |
| | | 10 | Rob Ferreira | Repair of broken ceiling at Casualty | 100% | R 125 120,94 |
| | | 11 | Evander nursing collage | Renovations | 100% | R 3 838 562,15 |
| | | 12 | Moloto | Renovations | 42% | R 1 772 617,00 |
| | | 13 | Embuleni EMS | Construction of IBT structure | 40% | R 4 520 759,47 |
| | | 14 | Shongwe Hospital | Renovation of nursing school | 76% | R 4 092 453,14 |
| | | 15 | Sand River Clinic | Repair of storm damage | 0% | R 1 426 332,93 |
| | | 16 | Lydenburg hospital | Convert garage to laundry,installation of waste storage,convert parking to storage | 30% | R 3 681 384,16 |
| | | 17 | Witbank Kitchen | Renovations | 0% | R 2 889 262,53 |
| | | 18 | Kutung Malaria Centre | Construction of new offices | 20% | R 2 899 578,06 |
| | | 19 | Evander TRC | Removal of roof at kitchen, simulation and renovate Ems building | 20% | R 1 999 286,53 |
| | | 20 | Brooklyn Clinic | Renovations | 0% | R 2 900 000,00 |
| | | 21 | Thulamahashe Clinic | Renovation to OPD AND chest clinic | 0% | R 3 600 000,00 |
| | | 22 | Kwamhlanga Doctors quoter | Renovation of houses | 0% | |
| | | 23 | Boekenhouthoek | Repair storm damage | 0% | R 2 261 918,84 |
| | | 24 | Witbank TB | Renovation of ward 1 | 0% | R 4 050 352,46 |

| NO. | QUESTIONS | DEPARTMENTAL RESPONSES | | | | |
|---|---|---|---|---|---|---|
| | | 25 | Legogote Clinic | Renovations | 90% | R 2 745 000,00 |
| | | 28 | Gutshwa | Renovations | 100% | R 1 930 000,00 |
| | | 29 | Mbhejeka CHC | Repair of storm damage | 35% | R 1 396 442,31 |
| | | 30 | Embalenhle CHC | Installation of Fence | 100% | R 837 759,93 |
| | | 32 | Naas Malaria Centre | Renovations | 100% | R 2 783 881,71 |
| | | 33 | Pienaar Malaria Centre | Construction new offices | 40% | R 2 708 447,99 |
| | | 34 | Piet Kornhof offices | Renovation to 1st floor | 90% | R 3 646 524,62 |
| | | 35 | Diepdale Clinic | Construction of toilets | 100% | R 235 409,86 |
| | | 36 | Tonga Hospital Psychiatric | Installation of ceiling | 100% | R 859 881,04 |
| | | 37 | Bhuga CHC | Renovations | 90% | R 1 528 531,13 |
| | | 38 | Carolina Hospital | Renovation of theatre | 100% | R 3 614 967,50 |
| | | 39 | Allemandrift CHC | Renovation | 80% | R 1 489 607,08 |

<table>
<tr><th>NO.</th><th>QUESTIONS</th><th>DEPARTMENTAL RESPONSES</th></tr>
<tr><td>III.</td><td>Can the Accounting Officer provide an update on all new building being built in the province ( indicate the name of facility, progress of work in %, total expenditure incurred)</td><td>The Accounting officer can report the following progress and expenditure<br><br>
<table>
<tr><th>Project Name</th><th>Project No.</th><th>Total Expenditure</th><th>Progress to date</th></tr>
<tr><td>Mapulaneng HospitaL</td><td>PWRT/2400/20/MP</td><td>R 411 741</td><td>28%</td></tr>
<tr><td>Mapulaneng Hospital</td><td>PWRT/2425/19/MP</td><td>R 147 152</td><td>27%</td></tr>
<tr><td>Mapulaneng Hospital</td><td>PWRT/2426/19/MP</td><td>R 216 720</td><td>36%</td></tr>
<tr><td>KaNyamazane CHC</td><td>PWRT/2435/19/MP</td><td>R 72 664</td><td>39%</td></tr>
<tr><td>Middelburg Hospital</td><td>PWRT/2219/16/MP</td><td>R 1 370 737</td><td>85%</td></tr>
</table></td></tr>
<tr><td>IV.</td><td>Can the Accounting Officer indicate projects that a running behind schedule and further indicate actions taken against contractors who are behind schedule?</td><td>Kanyamazane Clinic: Running behind due to remedial work that had to be done to the platforms that was constructed by Mbombela Municipality.<br><br>The Accounting officer of the implementing agent has granted the contractor extension of time to complete the project because the delay was not caused by them<br><br>New Middelburg Hospital: project was delayed by the following:<br>• litigations between the contractor and DPWRT.<br>• The suspension of work by the Project Manager due to non-payment which was as results of AGSA findings on wasteful and fruitless expenditure.<br>• The suspension of work by the contractor for non-availability of the project manager who terminated their services.<br><br>The Accounting officer (DPWRT) has granted the contractor extension of time, after the court has ruled in favour of the contractor and has engaged the contractor and project manager to return to site not later than 28 February 2023.</td></tr>
</table>

MS DC MDLULI
ACTING HEAD: HEALTH

26/02/2023
DATE

HON. SJ MANZINI, MPL
MEC: HEALTH

26/02/2023
DATE

# DEPARTMENT OF HEALTH

# Annexure A

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

MPUMALANGA
THE PLACE OF THE RISING SUN

# ANNEXURE A

Mpumalanga Province adopted the District Health System as a vehicle for the delivery of Primary Health Care Services that are rendered at various levels ranging from Community Based Health Services to District Hospitals.

Delivery of Primary Health Care Services is aimed at achieving the following four (4) strategic outputs:

Output 1: Increasing Life Expectancy
Output 2: Decreasing Maternal and Child Mortality
Output 3: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis.
Output 4: Strengthening Health System Effectiveness.

Mpumalanga Province like the rest of the country faces a quadruple burden of diseases. HIV and AIDS, Tuberculosis, high Maternal and Child Mortality, Non-Communicable Diseases and Violence and Injuries. Compounding on these unfavourable conditions, are adverse socio-economic determinants such as poverty and inadequate access to essential services such as electricity, proper sanitation, and access to potable water.

**X. Can the Accounting Officer provide the following:**

a. Challenges confronting the department in the implementation of the District Health System and how such challenges are currently being mitigated.

**Goal 1: Improve district governance and strengthen leadership and management of the district health system.**

**Challenges:**

- Inadequate Strategic Leadership
- Inadequate Financial Management (Accruals, Irregular and fruitless expenditures) including Asset management.
- Inadequate Health infrastructure Management and Development

- Inadequate Health Information Management and Health Information Systems
- Inadequate Corporate Services – Document Management.
- Inadequate Human Resource Management and Development with evident Staff shortages, all categories of professionals and high turnover.
- Inadequate Health Waste management, (inadequate contract management).
- Non- compliance to National Core Standards.

**Mitigation:** To promote leadership and governance, the Department is busy with the development of standardized DHMOs which is in alignment to the National DHMO. The standardized sub-district model which is currently in the process of development will be aligned to the DHMO. This will promote equity, efficiency, sustainable, effective, and quality management of health care services.

**Goal 2: Improve the governance of primary health care facilities.**

**Challenge:** Inadequate community participation on matters pertaining to their own health.

There still a challenge with mobilisation of communities for nomination of clinic committees and there is inadequate functionality of the governance structures, as they are voluntary structures, and the department relies on ward councillors who link the health facilities and the communities.

There is also a high turnover of members due to the voluntary nature of the service and the issue of non-provision of stipend, especially clinic committees.

Recruitment of external board members is also a challenge as it requires expertise in certain identified fields (accounting, health information, legal, finance management and human resources management).

**Mitigation:** The Department is using the National Health Act, Act 61 of 2003 and the policy guidelines to establish governance structures who are also trained for all health facilities, to represent communities served by the health facilities.

- Hospital boards are established and trained in 32/33 hospitals, to be fully functional. Two hospitals sharing a board, i.e., Ermelo and Sesifuba TB Specialised hospital.
- All hospital boards will expire in March 2023. Process to advertise for nominations of new board members is underway.

- Clinic Committees established in 281/292 PHC facilities, in the financial year under review. The process of establishing outstanding clinic committees in progress.
- To be fully functional, training of established clinic committees conducted in 158/292 PHC facilities (90/92 PHC facilities in Nkangala, 68/75 PHC facilities in Gert Sibande and training is underway in Ehlanzeni district).

  The national department of health is in the process of reviewing the tool to measure functionality of the hospital boards and clinic committees.

  The issue of stipend for hospital boards will be dealt with at national level for uniformity.

**Goal 3: Improve Management of primary health care facilities.**

**Challenge:** Inequitable distribution of resources and non-standardised management systems by the districts in the same province.

Mitigation: For the primary health care facilities to have established uniform management structures, the process of development of a uniform or common management structure according to the draft sub-district model is underway and it, comprises the:

- The Director: DHS who will manage the Sub-district PHC Manager and district Hospital CEO.
- The sub-district PHC manager will support the PHC Supervisors and Program coordinators.
- The PHC supervisor will support Operational Managers at PHC facilities.

**Goal 4: Facilitate the establishment of a service delivery platform for provision of primary health care services within the District Health System**

**Challenge:** inadequate budget for infrastructure development and maintenance, inadequate skill, and capacity for service delivery.

Mitigation: District Health Plans are developed annually, and the three districts have draft DHPs for the 2023/24 financial year.

- The Department is working in collaboration with partners, that is, Right to Care (Ehlanzeni), and Broad reach (Gert Sibande and Nkangala).
- There is also intersectoral collaboration with sector departments like, Public Works, COGTA, DOE & DSD provincially and Home Affairs and SAPS nationally.
- The department configured the service delivery platform within each district based on the demographics and epidemiology of the communities to be served, and that is done during business cases and clinical briefs development.
- The province has an infrastructure plan, and the three districts have maintenance plans is in place, however, implementation thereof is subject to availability of budget.

**Strategic Goal 5: Improve the integration of services at all levels of the health system and between private sector and other government departments to address the social determinants of health.**

**Challenge:** Inadequate intersectoral collaboration during planning session and outbreak response.

**Response:** The Unit to establish /revise functional Outbreak Response Teams at all-health levels with letter of appointment and Terms of Reference (ToR).

Appointment of members from other related departments to form part of Outbreak Response Teams in the health department with clear ToR as intersectoral forums, specifically targeting the incidence of diarrhoea in children under 5 years of age are as follows:

- Ehlanzeni District has District Outbreak Response Team and five (5) Sub-district Outbreak Response Team.
- Nkangala District has District Outbreak Response Team and five (5) Sub-district Outbreak Response Team.
- Gert Sibande District has District Outbreak Response Team and eight (8) Sub-district Outbreak Response Team.

**Strategic Goal 6: Organise value-based health services in the community and in primary health care facilities optimally to meet the office of health standards compliance (OHSC) standards and to achieve targets set for population health outcomes.**

**Challenge:** Inadequate access to quality health care services

**Mitigation:** strengthening of health care services through:

**Ideal health facility framework**- All health facilities to attain the ideal health facility status, for accreditation by the office of health standards compliance (OHSC) in preparation for NHI implementation.

To date, the Department has 173/291 (59.4%) PHC facilities in the province that qualified as Ideal Clinics in 2021/22 FY.

-There is 1/23 District Hospital in the province that qualified as an Ideal Hospital.

**Comment:** Inadequate implementation of Quality Improvement Plans, which is aggravated by inadequate equipment, consumables and inadequate infrastructure which is also poorly maintained.

**Ward based PHC Outreach Teams** - There are 5581 Community Health Workers receiving stipends and led by Professional nurses (Team Leaders) who are stationed at health facilities, to which the teams are linked.

Comment: Inadequate number of ward-based outreach teams to cover all 402 wards in the province.

**Contracted GPs**: 146/290 PHC facilities (excluded Kaapsehoop clinic which is now operating as a mobile clinic point, and Emthonjeni clinic that got burnt down) are supported by a doctor in the province (56 Ehlanzeni, 51 Nkangala and 39 Gert Sibande). There are 31 contracted GPs that support district hospitals (11 Ehlanzeni, 15 Gert Sibande and 5 Nkangala). Doctors from district hospitals also do outreach services to PHC facilities.

**Comment:** There is a high turnover of contracted doctors which results in the frequent change in the number of PHC facilities that are supported by doctor at least once a week.

Inadequate transport for doctors who conduct outreach services is also a challenge.

**DCSTs-** All 3 districts have incomplete members and only Ehlanzeni has more than three members (i.e., five members).

**DCSTs status in the province is as follows:**

- **Ehlanzeni** has a pediatric nurse, a pediatrician, a PHC nurse, an O&G Specialist, and an Anesthetist.
- **Nkangala** has a PHC nurse and a pediatrician.
- **Gert Sibande** has none.

**Comment**: The status is challenged by the high turnover and difficulty to recruit and retain members of the DCSTs.

**School Health Teams to provide School Health Services**

The Department is currently having 83/121 school health teams that are required for the province.

**Comment:** The number of teams is inadequate to cover the number of targeted schools, and this is aggravated by inadequate transport and material resources. The recruitment process for 15 additional professional nurses is underway (2022/23 FY).

The need for medical equipment and other tools submitted as priorities.

**Strategic Goal 7: Strengthen the provision of environmental health services.**

**Challenge:** Inadequate management of Health Care Risk Waste due to inadequate contract management.

**Mitigation:**

- The Provincial Office has a Health Care Risk Waste Management (HCRW) Plan.
- The department has outsourced the collection, transportation, and disposal of HCRW due to non- compliant incinerators and improper management.
- This therefore, needs that the department prioritises employment of additional Environmental Health Practitioners to monitor the performance of the Service Provider and rendering of the service.
- General/Domestic Waste management is rendered at District/Local Municipality level.
- Only public health facilities situated in proclaimed areas/Townships are serviced by Local municipalities.
- All three (3) District Municipalities in the province met environmental health norms and standard.

**Comment:** There is still a challenge with collection of general waste in PHC facilities that are in rural areas, as it is a competency on the local municipality, and this is making it difficult to comply with the requirement for the Ideal Clinic Realisation and maintenance.

b. In addition, can the Accounting Officer indicate how the District Health System implemented in Mpumalanga promotes what the World Health Organisation coined as "… DHS is more than just a structure or form of organisation, but it is also a set of activities including community involvement, integrated and holistic health care delivery, intersectoral collaboration and a strong and bottom-up approach to planning, policy development and management".

**Response:** Yes, Mpumalanga province is implementing the District Health System Policy Framework and Strategy, which is developed by the national department of health, and is in alignment with the WHO directives. The strategy stresses integration and avoiding

fragmentation through intersectoral collaboration, which involves sector departments, in addressing social determinants of health, and partners who support with resources and skill for service delivery and community participation, which involves governance structures that represent communities served by the health facilities.

c. Challenges confronting the department in the implementation of the PHC re-engineering programme or policy and how such challenges are currently being mitigated.

**Response**: PHC re-engineering aims at health system strengthening, and comprises the five streams, which are Ideal health facility framework, GP contracting, DCSTs, ward based PHC outreach teams and integrated school health teams.

The main challenge in implementing the above streams is inadequate human, financial and material resources, that is, inadequate staff, equipment, budget (for running costs), inadequate infrastructure, infrastructure maintenance and transport.

d. Challenges in fully implementing the Ward Based PHC Outreach teams and how such challenges are currently being mitigated.

Response: There is inadequate number of teams to cover the targeted wards.

To prioritize budget to increase the number of CHWs.

e. Challenges in implementing the School Health Policy and implementation guidelines (school health services) and how such challenges are currently being mitigated.

Response: The number of teams is inadequate to cover the number of targeted schools, and this is aggravated by inadequate transport and material resources. The recruitment process for 15 additional professional nurses is underway (2022/23 FY).

The need for medical equipment and other tools submitted as priorities.

f.Challenges in implementing the District based specialist team and how the current challenges are being mitigated (also indicate the District Specialist team compositions for the three district) . In the main further reflect on how the District Based Specialist Teams play the following functions:

i. Strengthen clinical governance at PHC level as well as in district hospitals.

Response: 20% of the DCSTs time must be spent on clinical governance.

ii. To ensure that treatment guidelines and protocols are available and are used.

Response: DCSTs conduct training and mentoring for clinicians on treatment guidelines and protocols.

iii. To ensure that essential equipment is available and that these are correctly used.

Response: DCSTs conduct clinical audits and make recommendations for quality improvement.

iv. To ensure that mortality review meetings are held, are of good quality and that recommendations from these meetings are implemented.

Response: Yes, DCST are expected to monitor morbidity and mortality meetings in facilities and give guidance.

v. To support and supervise and mentor clinicians; and monitor health outcomes.

Response: DCSTs are expected to mentor clinicians.

vi. Are all the District Specialist team having the following specialists, if not, how will the department ensure that all district teams have the following specialists: gynaecologist, paediatrician, anaesthetist, family physician, advanced midwife, advanced paediatric nurse and a PHC nurse?

Response: No. the recruitment process is expected to be implemented subject to availability of funds.

| Rank | **Ehlanzeni** | **Nkangala** | **Gert Sibande** |
|---|---|---|---|
| Child (Doctor) | Filled | filled | Not filled |
| Nurse | Filled | Not filled | Not filled |
| O&G(Doctor) | Filled | Not filled | Not filled |
| Nurse | Not Filled | Not filled | Not filled |
| Anaesthesia | Filled | Not filled | Not filled |
| Family physician Doctor | Not filled | Not filled | Not filled |
| Nurse | Filled | filled | Not filled |

vii. Can the Accounting Officer reflect on the role of the Pharmacists, Pharmacist technicians and Pharmacist assistants in the clinical specialist support teams, school health services and municipal ward based PHC outreach teams and how would their role be improved?

Response: The DCSTs, ward-based outreach teams and school health teams use or refer patients for treatment, to health facilities they are linked to or are supporting, for management of their patients/ clients.

The facilities are supported by pharmacists and pharmacists' assistants, whose role is to monitor availability of medication, ordering and management of the central chronic medicines dispensing and distribution (CCMDD) programme.

Pharmacists issue prescribed treatment to patients, while in the absence of a pharmacist, qualified health professionals dispense their prescriptions.

g. Challenges encountered in the implementation of PHC supervision and how are the challenges currently mitigated?

The following are the identified challenges:

- Inadequate PHC supervisors, as a result some of the PHC supervisors are assigned which make them to pay less attention to their own responsibilities.

- Inadequate transport for PHC supervision, pool cars are used which are also inadequate.
- Competing activities, e.g., meetings, trainings, and campaigns, that results in inadequate PHC supervision.

The Department is currently developing a sub-district model that will ensure that each PHC supervisor is allocated at least 4-5 PHC facilities.

The districts to prioritize provision of additional transport to also cater for PHC supervision.

# DEPARTMENT OF HEALTH

# Annexure B

health
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# ANNEXURE B

**PROGRAMME 2**

**7.1.3.**

i. Further indicate the number of clinics requiring other categories of health practitioners which are needed but still do not have those practitioners. Indicate in a tabular format the following:

a. Name of the Clinic.
b. Categories of Health not visiting or doing outreach to the Clinic.
c. Period in which the facility has not had such practitioners.
d. Measures taken to ensure that the clinic access the practitioners required.
e. Cost of ensuring that the clinic get all the practitioners required for visitation and outreach.

Response:

| a.Name of the Clinic | b.Categories of Health not visiting or doing outreach to the Clinic | c.Period in which the facility has not had such practitioners | d.Measures taken to ensure that the clinic access the practitioners required | e. Cost of ensuring that the clinic get all the practitioners required for visitation and outreach. |
|---|---|---|---|---|
| **1.Dwarsloop CHC** | Optometrist<br>Dietician<br>Physiotherapist<br>Occupational therapist<br>Audiometrist | Ended coming in January 2023 and complaining about shortage of transport. | None | None |
| **2.Casteel clinic** | Optometrist<br>Dietician<br>Physiotherapist<br>Occupational therapist<br>Audiometrist | None | None | None |

| | | | | |
|---|---|---|---|---|
| | Orientation<br>Mobility Instructor | | | |
| **3.Orinocco clinic** | All Allied Health Professionals | Since its official opening | Discussed with the hospital (Mapulaneng hospital) and they indicated shortage of transport. | None |
| **4.Shatale clinic** | All Allied Health Professionals | From 2018 and they indicated that they cannot longer visit Shatale thus Shatale to refer clients to Dwarsloop CHC. | Discussed with the hospital (Mapulaneng hospital) and they indicated shortage of transport. | None |
| **5.Dwarsloop CHC** | Optometrist<br>Dietician<br>Physiotherapist<br>Occupational therapist<br>Audiometrist | Ended coming in January 2023 and complaining about shortage of transport. | None | None |
| **6.Arthurseat** | Pharmacist<br>sessional doctor | -Never had any visits<br>-May 2022 | Reported to sub-district | None |
| **7.Brooklyn** | Pharmacist<br>social worker | -Never had any visits -never had any visits | Reported to sub-district | None |

| | | | | |
|---|---|---|---|---|
| **8.Buffelshoek** | pharmacist<br>Social worker | -never had any visits<br>-Never had any visits | reported to sub-district | None |
| **9.Cottondale** | Pharmacist<br>Social worker<br>Medical doctor | - Never had any visits<br>-Never had any visits<br>-August 2021 | Reported to sub-district | None |
| **10.Moreipuso** | Pharmacist<br>Social worker<br>Sessional doctor | -never had any visits<br>-never had any visits<br>-May 2021 | reported to sub-district | None |
| **11.Murhotso** | Pharmacist<br>Social worker | -never had any visits<br>-never had any visits | reported to sub-district | None |
| **12.Cunningmoore Clinic** | Optometrist<br>Audiologist<br>Mental health<br>Psychologist<br>Social worker<br>Dentist | More than 12 months | Referral to hospital | None |
| **13.Kildare Clinic** | Optometrist<br>Audiologist<br>Mental health<br>Psychologist<br>Social worker<br>Dentist | More than12 months<br>Speech last visited 08 06 2022 | Referral to hospital<br>Referral to hospital | None |

| | | | | |
|---|---|---|---|---|
| **14.Lillydale Clinic** | Optometrist<br>Audiologist<br>Mental health<br>Psychologist<br>Social worker<br>Dentist | More than 12 months | Referral to hospital | None |
| **15.Justicia Clinic** | Optometrist<br>Audiologist<br>Mental health<br>Psychologist<br>Social worker<br>Dentist | More than 12 months | Referral to hospital | None |
| **16.Jim Brown Clinic** | Doctor<br>Dentist<br>Psychologist<br>Social worker | Doctor (2018) | None | None |
| **17.Madras Clinic** | Doctor<br>Dentist<br>Psychologist<br>Social worker | Doctor (2018) | None | None |
| **18.Marite Clinic** | Dentist<br>Psychologist<br>Ophthalmic | Never | . none | None |
| **19.Maviljan Clinic** | Dentist<br>Psychologist<br>Ophthalmic<br>Social worker | Never | None | None |

| | | | | |
|---|---|---|---|---|
| **20.Oakley Clinic** | Doctor<br>Dentist<br>Psychologist<br>Ophthalmic<br>Social worker | Doctor (2018) | None | None |
| **21.Xanthia clinic** | Doctor | January 2022 | Reported to next level | None |
| | Physiotherapist<br>Speech and hearing<br>Occupational therapist<br>Dietician<br>Ophthalmic | January 2019 | Reported to next level | None |
| | Social worker | Never visited | Reported to next level | None |
| **22.Arthurstone clinic** | Physiotherapist<br>Speech and hearing<br>Occupational therapist<br>Dietician<br>Ophthalmic | January 2019 | Reported to next level | None |
| | Social worker | January 2020 | Reported to next level | None |
| **23.Rolle clinic** | Social worker | Never visited | Reported to next level | None |
| **24.Belfast Clinic** | Doctor | January 2020 | Reported through the sub | Budget/Compensation of Employees costs |

| | | | | |
|---|---|---|---|---|
| | | | district manager to the District. | if Doctor is appointed/contracted. |
| | Ophthalmic, Dentist | They never visited since facility existed. | Checked with Matikwana Hospital Allied manager and she reported that they do not have such categories. | Budget/Compensation of Employees costs if these categories are appointed at Matikwana. |
| **25.Calcutta Clinic** | Doctor | One year (Dr. Khoza- Since January 2022) | Reported through the sub district manager to the District. | Budget/Compensation of Employees costs if Doctor is appointed/contracted. |
| | Ophthalmic, Dentist | They never visited since facility existed. | Checked with Matikwana Hospital Allied manager and she reported that they do not have such categories. | Budget/Compensation of Employees costs if these categories are appointed at Matikwana. |
| **26.Cork Clinic** | Doctor | January 2021 | Reported through the sub district manager to the District. | Budget/Compensation of Employees costs if Doctor is appointed/contracted. |
| | Optometrist, Dentist | They never visited since facility existed. | Checked with Matikwana Hospital Allied manager and she reported that they do not have such categories. | Budget/Compensation of Employees costs if these categories are appointed at Matikwana. |

| | | | | |
|---|---|---|---|---|
| **27.Gottenbug Clinic** | NONE | Last visit 27/01/2023 next visit 27/02/2023 | N/A | none |
| **28.Hluvukani CHC** | Ophthalmic team and Audiology team | Last visit 16/01/2023 next visit 17/02/2023 | Clients referred to hospital. | In most cases they report they don't have transport |
| **29.Islington Clinic** | Ophthalmic team and Audiology team | 12 months | Clients referred to hospital | In most cases they report they don't have transport |
| **30.Ludlow Clinic** | Ophthalmic team and Audiology team | More than 12months | Clients referred to hospital | In most cases they report they don't have transport |
| **31.Utah Clinic** | Ophthalmic team and Audiology team | More than 12 Months | Clients referred to hospital | In most cases they report they don't have transport |
| **32.Welverdiend Clinic** | NONE | Last visit 13/02/2023 | N/A | None |
| **33.Mbonisweni** | Audiologist<br>Physiotherapist<br>Speech therapist<br>Dentist | | N/A | none |
| **34.Legogote** | Audiologist<br>Speech therapist<br>Ophthalmology nurse | November 2022 | N/A | none |
| **35.Nkwalini** | Doctor<br>Physiotherapist<br>Speech therapist<br>Dietician | 26.09.2023<br>Never had an outreach for the others | N/A | none |

| | | | | |
|---|---|---|---|---|
| **36.Sandriver** | Oral health<br>Dietician<br>Social worker<br>Speech therapist | November 2022 | N/A | none |
| **37.Matsulu CHC** | Audiologist<br>Physiotherapist<br>Speech therapist<br>Dentist | November 2022 | N/A | none |
| **38.Zwelisha** | Audiologist<br>Dietician<br>Psychologist | Never visited | N/A | none |
| 39.Clau clau | Physiotherapist<br>Speech therapist<br>Dentist | December 2022 | N/A | none |
| **40.Shabalala** | Physiotherapist<br>Occupational therapist<br>Dietician | 14 November 2022 | N/A | none |
| **40.Gutshwa** | Audiologist<br>Speech therapist<br>Ophthalmology nurse<br>Physiotherapist<br>Occupational therapist | 01 December 2022 | N/A | none |
| **41.Khumbula** | Audiologist<br>Speech therapist<br>Ophthalmology nurse<br>Physiotherapist | 21 November 2022 | N/A | none |

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|---|---|---|---|---|
| | Occupational therapist | | | |
| **42.Manzini** | Speech therapist<br>Ophthalmology nurse<br>Physiotherapist<br>Occupational therapist | October 2022 | N/A | none |
| **43.Dwaleni** | Speech therapist<br>Ophthalmology nurse<br>Physiotherapist<br>Occupational therapist | No visit | N/A | none |
| **44.Sibuyile** | Speech therapist<br>Ophthalmology nurse<br>Physiotherapist<br>Occupational therapist | No visit | N/A | none |
| **45.Luphisi** | Speech therapist<br>Ophthalmology nurse<br>Physiotherapist<br>Occupational therapist | No visit | N/A | None |
| **46.Mpakeni** | Speech therapist<br>Ophthalmology nurse<br>Physiotherapist<br>Occupational therapist | No visit | | None |
| **47.Langeloop** | Doctor | 2016 | Patients are referred to go on | None |

| | | | | |
|---|---|---|---|---|
| | Allied health services<br>Social workers<br>Dental services | | their own to Shongwe hospital | |
| **48.Malelane** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **49.Buffelspruit CHC** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **50.Mzinti** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **51.KaMdladla** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **52.Phiva** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **53.Sibange** | Doctor | 2016 | Patients are referred to go on | None |

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|---|---|---|---|---|
| | Allied health services<br>Social workers<br>Dental services | | their own to Shongwe hospital | |
| **54.Sikhwahlane** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **55.KaMhlushwa** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **56.Mgobodi** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **57.Sihlangu** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **58.Ntunda** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **59.Boschfontein** | Doctor | 2016 | Patients are referred to go on | None |

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|---|---|---|---|---|
| | Allied health services<br>Social workers<br>Dental services | | their own to Shongwe hospital | |
| **60.Jeppes Rust** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **61.Richtershoek** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **62.Middelplaas** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **63.Schulzendal** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **64.Schoemansdal** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **65.Driekoppies** | Doctor | 2016 | Patients are referred to go on | None |

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|---|---|---|---|---|
| | Allied health services<br>Social workers<br>Dental services | | their own to Shongwe hospital | |
| **66.Jeppes Reef** | Doctor<br>Allied health services<br>Social workers<br>Dental services | 2016 | Patients are referred to go on their own to Shongwe hospital | None |
| **67.Komatipoort** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **68.Dludluma** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **69.Masibekela** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **70.Steenbok** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **71.Mananga** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **72.Mbangwane** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **73.Mbuzini** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |

| | | | | |
|---|---|---|---|---|
| **74.Ndindindi** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **75.Mangweni** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **76.Block C** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **77.Block B** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **78.Strydombloc k** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **79.Figtree** | Dental services<br>Social worker<br>Eye care services | 2019 | Patient are referred to Tonga hospital | None |
| **80.Cathyville** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **81.M'Africa** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **82.Barberton town** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |

| | | | | |
|---|---|---|---|---|
| **83.Barberton Gate** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **84.Renee** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **85.Glenthorpe** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **86.Louwscreek** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **87.Louiville** | Occupational therapist<br>Social worker<br>Dentist | 2years | Patients are referred to Barberton hospital | None |
| **88.Kaapmuiden** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **89.Boulders** | Occupational therapist<br>Social worker<br>Dentist | 2 years | Patients are referred to Barberton hospital | None |
| **90.Brondal** | Doctor,Allied Health,WBPHCOT ,supporting | Since 2020 | None | None |

| | | | | |
|---|---|---|---|---|
| | pharmacist from hospitals | | | |
| **91.Bourkes Luck** | Pharmacist from hospitals | Never | None | None |
| **92.Elandsfontein** | Pharmacist from hospitals | Never | None | None |
| **93.Glory Hill** | Pharmacist from hospitals | Never | None | None |
| **94.Simile** | Pharmacist from hospitals | Never | None | None |
| **95.Pilgrim Rest** | Pharmacist from hospitals | Never | None | None |
| **96.Kiwi** | Doctor, Allied Health, WBPHCOT, supporting pharmacist from hospitals | Never | None | None |
| **97.Sabie** | Pharmacist from hospitals | Never | None | None |
| **Total = 97** | | | | |

**NKANGALA DISTRICT**

| a.Name of the Clinic | b. Categories of Health not visiting or doing outreach to the Clinic | c. Period in which the facility has not had such practitioners | d. Measures taken to ensure that the clinic access the practitioners required | e. Cost of ensuring that the clinic get all the practitioners required for visitation and outreach. |
|---|---|---|---|---|
| 1.Ackerville | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | Two Sedan Vehicles at the cost of R800 000 |
| 2.Beatty | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to | |

| | | | |
|---|---|---|---|
| | | | visit PHC facilities |
| 3.Empumelelweni CHC | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities |
| 4.Hlalanikahle | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities |
| 5.Klarinet | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities |
| 6.Klipfontein | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities |
| 7.Kriel | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities |
| 8.Louise | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities |
| 9.Lynnville | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to |

| | | | | |
|---|---|---|---|---|
| | | | visit PHC facilities | |
| 10.Ogies | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 11.Phola CHC | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 12.Phola clinic | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 13.Poly Clinic | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 14.Rietspruit | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 15.Siphosensimbi CHC | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 16.Sinqobile Clinic | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to | |

| | | | | |
|---|---|---|---|---|
| | | | visit PHC facilities | |
| 17.Thubelihle CHC | Physiotherapist<br>Occupational therapist<br>Audiologist | 12 months | Allocation of dedicated transport to the allied health professionals to visit PHC facilities | |
| 18.Boekenhouthoek Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 19.Empilweni Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 20.Gemsbokspruit Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 21.Goederede Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 22.Kameelpoortnek Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 23.Kwaggafontein A Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 24.Kwaggafontein C CHC | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 25.Kwamhlanga CHC | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |

| | | | | |
|---|---|---|---|---|
| 26.Moloto CHC | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 27.Thembalethu CHC | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 28.Tweefontein C Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 29.Tweefontein D Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 30.Tweefontein G Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 31.Verena CHC | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 32.Vlaklaagte 1 Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 33.Vriesgewagcht Clinic | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 34.Vlaklaagte No 2 | Dietetics<br>Physiotherapy<br>Occupational Health | 8 months | Transport allocated to enable rendering the services | Vehicle; equipment costs |
| 35.Wonderfontein | Dentist<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| 36.Siyathuthuka | Dentist<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |
| 37.Sakhelwe | Dentist<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |
| 38.Belfast Gate | Dentist<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |
| 39.Machadodorp | Dentist<br>Doctor<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |
| 40.Emthonjeni | Dentist<br>Doctor<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |
| 41.Waterval Boven | Dentist<br>Doctor<br>Occupational therapist<br>Speech therapist | Past 10 years | Budget Constraints | Car, Equipment Cost |
| 42.Newtown | Dietician<br>Occupational therapist<br>Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 43.Middelburg Gate | Dietician<br>Occupational therapist<br>Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 44.Hendrina | Dietician | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| | Occupational therapist<br>Dentist | | | |
| 45.Eastdene | Dietician<br>Occupational therapist<br>Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 46.Sikhululiwe | Dietician<br>Occupational therapist<br>Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 47.Pullenshope | Dietician<br>Occupational therapist<br>Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 48.Middelburg Civic | Dietician<br>Occupational therapist<br>Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 49.Mhluzi Ext 8 | Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 50.Mhluzi Ext 6 | Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 51.Nasareth | Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 52.Doorinkop | Dentist | Past 10 years | Budget Constraints | Salary, Car, Equipment Cost |
| 53.Allemansdrift B Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 54.Allemansdrift CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| | Physiotherapist | | | |
| 55.Bloedfontein Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 56.De Beersput Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 57.Greenside CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 58.Haakdoringlaagte Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 59.Kalkfontein Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 60.Kamelrievier B Clinic | Dentist<br>Dietician<br>Speech therapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| | Occupational therapist<br>Physiotherapist | | | |
| 61.Kliplaatdrift Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 62.Leeufontein Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 63.Lefiso CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 64.Lefisoane Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 65.Loding Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 66.Marapyane CHC | Dentist<br>Dietician | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| | Speech therapist<br>Occupational therapist<br>Physiotherapist | | | |
| 67.Mmamethlake CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 68.Nokaneng CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 69.Pankop (Diphalane CHC) | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 70.Phake clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 71.Pieterskraal Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 72.Rhenostokop Clinic | Dentist | Past 10 years | Shortage of transport and | Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| | Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | | equipment to render services | |
| 73.RPL Moripe Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 74.Seabe CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 75.Senzangakhona Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 76.Siyabuswa CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 77.Troya Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |

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|---|---|---|---|---|
| 78.Vaalbank Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 79.Valschfontein clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 80.Waterval CHC | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 81.Weltevrede Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 82.Witlaagte clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist<br>Physiotherapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |
| 83.Wolwekraal Clinic | Dentist<br>Dietician<br>Speech therapist<br>Occupational therapist | Past 10 years | Shortage of transport and equipment to render services | Car, Equipment Cost |

| | | | | |
|---|---|---|---|---|
| | Physiotherapist | | | |
| **Total: 83** | | | | |
| **Grand Total: 180** | | | | |