

**DEPARTMENT OF HEALTH, BUDGET VOTE 5 SPEECH FOR 2022 /2023 DELIVERED  
BY THE MEMBER OF THE EXECUTIVE COUNCIL, HONOURABLE MONTSENG  
TSIU: 05 APRIL 2022**

Honourable Speaker and Deputy Speaker  
Premier and Members of the Executive Council  
Members of the Legislature  
Executive Mayors, Mayors, Speakers and Councillors  
Director-General, HoDs and members of Senior Management in Government  
Members of the Health Governance Structures  
Members of the Media  
Distinguished Guests  
People of the Free State  
Ladies and Gentlemen.

My greetings go to everyone in this august house, those who have joined this sitting through different virtual platforms and those listening from different radio stations.

We have gathered here today, just twenty-two (22) days before the anniversary of the National Freedom Day. We are in the 28<sup>th</sup> year of our democracy and on a trajectory to end inequalities, unemployment, and poverty.

Our world-renowned hero and icon and the first democratically elected President of South Africa, Nelson Rolihlahla Mandela, after the dawn of democracy said, "*After climbing a great hill, one only finds that there are many more hills to climb...*"

Honourable Speaker, Healthcare is a Complex Adaptive System (CAS), made up of many moving parts, which are all important at the same time. We believe this is the reality that Nelson Mandela was talking about. The Department of Health is the most complex of the configuration of government departments and impacts on everyone, from conception

through the cradle, youth, old age to the grave. We often find ourselves compelled to continue climbing one hill after the other, if not simultaneously.

It is the responsibility of leaders to make the world a better place to live in. This was emphasised by Madiba on one of his addresses when he said: *"It is in your hands, to make a better world for all who live in it."* He however acknowledged and anticipated that this ideal will not be realised without commitment, courage, and efforts hence, during his address at the London's Trafalgar Square in 2005 he said "Of course the task will not be easy. But not to do this would be a crime against humanity."

Paraphrasing the above, one would say: it is in our hands to make a better Free State for all who live in it. Her Excellency, *the* Premier of the Free State, Me. Sefora Ntombela, on her State of the Province Address (SOPA), has emphasized the narrative of **"#BuildingTheFreeStateWeWant."**

Speaker, the Free State Department of Health during the 2022 MTEF period commits to contribute towards the realization of this vision, through the tabling of this budget, that we believe amid challenges facing the Department, brings hope and courage to do better with our limited resources, to continue saving the lives of our people and ensure quality and accessible health care services to all. This is the constitutional obligation that we are committed to and that we shall always strive to achieve.

The war situation between Ukraine and Russia is directly impacting on the economies of the world. This is evident in the increase in price of fuel, food, and the inevitable latent medical inflation. Our country is at the receiving end due to its distressed economy and the high rate of inequality, unemployment and poverty that bedevils socio-economic development. The health sector in general has been hard hit because most of the life sustaining medicine, consumables and medical equipment that are utilised in our facilities are not locally produced.

Speaker, over the past two years, we have been fighting the COVID-19 pandemic. We are fortunate, as South Africans, to have been able to curb its spread and save more lives under the leadership of President Matamela Cyril Ramaphosa.

The sixth administration was, at the time tested through the major challenges presented by the COVID-19 pandemic. When everyone thought that Free State would be the epicentre of the virus because of the COVID-19 church outbreak, we quickly contained this threat through our dedicated trace and track efforts that were technology-based. We were the first province in the country to vaccinate 50% of the targeted population. It was not easy, but we managed to overcome and ultimately bring the situation under control.

We remain committed to our departmental mandate of saving lives and increasing the life expectancy of our people to seventy years (70yrs) as reflected in the National Development Plan vision 2030.

## **COVID-19 IMPACT**

In September 2021, the President of the Republic and the National Department of Health recognized the Free State for its outstanding efforts in the response against the spread of COVID-19.

We are now reaping the rewards of our relentless efforts to achieve excellent results in the fight against COVID-19. This was evident when Free State received recognition as the best performing province in response to COVID-19 under the following three categories:

- Equity among the Insured and the Uninsured
- Vaccination of High-Risk population and
- Overall vaccine coverage of more than 50% of the eligible population

Speaker, I am also proud to announce that the Free State Department of Health scooped further awards at the National Batho Pele Service Excellence Awards held on Thursday,

24 March 2022 at Birchwood Hotel, Ekurhuleni, where Dr Nicholas Pearce from the Universitas Hospital was voted Best COVID-19 Doctor in the country, whilst Palesa Moetsela from Dihlabeng Regional Hospital was voted Best Health Care Worker in the Country and Eunice Plaatjie, a Cleaner from Thaba-Nchu Clinic, earned herself the accolade of runner-up in the category of Best General Worker in the Country. **#BuildingTheFreeStateWeWant.**

We are now into the third year of living with a highly dynamic COVID-19 global pandemic. We have lost our loved ones, we have also seen others being hospitalised with severe illness, whilst social, economic, political and every facet of human relations have somehow been impacted. Whilst this is the case, we have also seen new opportunities emerge that require of us to harness and embrace them towards a new dispensation.

### **IMPACT ON STAFF**

In response to the COVID-19 impact, the department had to recruit several staff to match the demand. A total of **1 927** health workers were appointed on contract from March 2020. These include **2** medical specialists, **29** medical officers, **1 161** nurses of different categories, **51** allied health professionals, **59** pharmacists and pharmacy assistants, **3** biomedical engineers and **622** other support staff. We are proud to indicate that the reappointment of all these health workers for one more year is already underway. This is a significant contribution by Health to the fight against COVID-19, but also unemployment in our province.

These appointments, especially psychologists and social workers, were made to provide the much-needed psychosocial support to both the public and health care workers. About **7 939** officials tested positive for COVID-19, while **151** sadly passed away due to COVID-19 related complications. **May their souls rest in peace.**

There was a significant decline in the utilisation of health care services, particularly during the higher levels of the lock-down and the different waves. The Primary Health Care headcounts dropped from **5.4 million** in 2019/20, **4.8 million** in 2020/21 and further

decreased to **4.6 million** in 2021/22. Similarly, the OPD headcounts dropped drastically from **1 million** in 2019/20 to **660 591** in 2020/21 and **701 077** in 2021/22. This had further adverse impact on the health programmes.

### **WBOTs & HOUSEHOLD VISITS**

The Ward Based Outreach Teams (WBOTs) could not conduct household visits as they focused on COVID-19 screening, which affected the related headcounts and the critical function of early detection of diseases and referrals.

### **HEALTH PROGRAMMES**

On the HIV/AIDS programme, HIV Counselling and Testing services were adversely affected. The patients that were initiated on ARV treatment dropped from **35 058** to **23 691**. Fewer patients were diagnosed HIV positive, therefore reducing the number of HIV positive patients to be initiated on ARV treatment and currently, the Free State is at **91 – 81 – 92** of the **90 – 90 – 90** targets.

### **TUBERCULOSIS**

The total number of patients diagnosed with TB has declined from **10 266** in 2018, **9 203** in 2019 to **6 256** in 2020. This significantly increased the number of eligible patients that could not be initiated on treatment and those who defaulted on the treatment. To date **893** defaulting patients were traced back to care.

### **NON-COMMUNICABLE DISEASES**

The impact of the pandemic was further felt on the management of non-communicable diseases as fewer clients were screened for conditions such as diabetes and hypertension.

Informed by the above, at our strategic planning session, we assessed our performance over the recent past years and drew a roadmap for this financial year. Our budget outlook

is dedicated towards progressively strengthening the Primary Health Care in line with the District Health System. Resources shall be utilised towards the success of this model that, we are confident, shall further improve our endeavors in ensuring that all citizens of the Free State have access to quality health services.

Speaker, we also wish to express our immense gratitude to the Sasol Firm, World Health Organisation, UNICEF, ESKOM Foundation, DG Murray Trust, Right-2-Care, Wits RHI, the Solidarity Fund, Transnet Foundation, University of the Free State, Central University of Technology, Red Cross, Beyond Zero and others for their roles in providing material support for our fight against COVID-19.

As the country ushers in the District Development Model, we shall not be left behind as the model would propel us towards the realisation and monitoring of the National Health Insurance (NHI).

Speaker, I rise today to table the 2022/23 total Budget of the Department of Health in the Free State, amounting to **R12 711 441 000**, which represents a marginal increase of **0.9%** on the 2021/2022 allocation against the headline CPI projection of **4.2%**. This budget is distributed amongst the following budget programmes:

<b>1. Administration</b>	: R311.2 million
<b>2. District Health Services</b>	: R5.833 billion
<b>3. Emergency Medical Services</b>	: R787.3 million
<b>4. Provincial Hospitals</b>	: R1.604 billion
<b>5. Central (and Tertiary) Hospitals</b>	: R2.919 billion
<b>6. Health Sciences &amp; Training</b>	: R329.5 million
<b>7. Health Care Support Services</b>	: R186 million
<b>8. Health Facilities (Infrastructure) Management</b>	: R741.2 million

This budget will impact positively on the lives of the Free Staters whilst directing us to the fulfilment of our vision of delivering a Healthy and Long Life for the Free State community.

Alongside this noble vision, is our mission of providing accessible, efficient, and quality health care services to our community.

Speaker, we shall maximize the return on the funding allocated to the department as we ensure improved access to quality health services in our quest towards universal health coverage and increasing life expectancy for our people.

It is now 8 years towards the year 2030, our target year for meeting the Sustainable Development Goals, which are aptly expressed in the National Development Plan 2030. The clock is ticking, and every effort counts to change the fortunes of our world into a sustainable future that is characterised by the ethos of preservation, cooperation, collaboration, and human solidarity.

Since the 11<sup>th</sup> of May 2018, when I assumed the stewardship role as the MEC of Health, I asserted that our focus would shift from an expensive, unaffordable, curative, hospital-centered system of healthcare to a responsive and affordable preventative Primary Health Care system.

Ever since then, every effort has been directed at realizing this ideal. I have also cautioned that it would not be easy because we would be working against an established system that was meant for rich few at the expense of the masses and that our disruption would be resisted unless it was strengthened by a formidable force, such as the National Health Insurance.

This budget speech will therefore give an account of how far we have come and what more we still need to do to change the fortunes of our people.

## **PROGRAMME 1: ADMINISTRATION**

Health care service provision is highly human-resource intensive and health workers remain our most crucial asset. For that reason, the department is completing the review

of the organisational structure, which we anticipate finalising in the 2022/23 financial year. The staff establishment currently has a total of **22 822** approved posts, with **16 933** filled and **5 252** vacant, which equates to a vacancy rate of **26%**.

The allocation for compensation of employees has decreased over the years, and this has made it difficult for the Department to fill the posts and appoint the number of officials needed to achieve our mandate. As a result, **5 252** posts are currently frozen. In this financial year, we will endeavour to fill the **637** active vacant posts, while prioritising critical posts, but mainly the clinical ones.

During the 2022/23 financial year, a recruitment drive was undertaken to reduce the vacancies of medical officers through the Presidential Stimulus Package grant. A total of **34** Medical Officers who were government bursary holders and **956** nurses were employed. This significantly reduced the vacancy rate to meet the demand for health professionals who have high turnover. The retention strategy is under review to mitigate the skills losses for these cadres.

The department, amid COVID-19 Alert Level 5, has promoted qualified nurses that completed the bridging courses through Free State School of Nursing for career pathing and to improve nursing care.

## **TECHNOLOGY**

Speaker, the rollout of the COVID-19 vaccine programme, would not have been successful if it were not for enabling technology. The effective use of the Electronic Vaccination Data Management System at all the sites in the province is evidence of the readiness of the Department to embrace the 4<sup>th</sup> Industrial Revolution to improve health outcomes.

Additionally, the Department made significant strides in digitising support functions to improve operational efficiencies. These include the implementation of an online Learner

Management System for the Free State School of Nursing and the EMS College. Through collaboration with the University of the Free State and the World Health Organisation, we were able to develop cutting edge technology to assist the Department to track, trace and manage COVID-19 cases.

This year, working with the State Information Technology Agency, we will begin implementing an integrated Patient Health Information System in our large hospitals. This will enhance continuity of clinical care through real-time patient data, mitigate against medico-legal exposure by using digital patient files and maximise patient revenue collection. Other noticeable projects that are currently underway include the development of an electronic invoice tracking system to monitor the payment of suppliers in 30 days as prescribed by the PFMA.

We will also utilise electronic information security measures such as CCTV cameras, to complement our security personnel, especially at facilities where we keep losing critical assets, such as computers, to theft.

## **QUALITY ASSURANCE**

The department started to implement the ideal hospital framework in 2019 in preparation for the NHI accreditation. In the past two financial years, the COVID-19 pandemic has impacted negatively on the performance of our health facilities and the related assessment outcomes.

However, in 2021/22, the Boitumelo, Bongani and Dihlabeng regional hospitals, as well as Pelonomi Tertiary and Universitas Academic hospitals achieved the ideal hospital status.

Speaker, we acknowledge that half of our PHC facilities do not meet the threshold to be defined as "ideal clinics". Prior to COVID-19, we were at 69% compliance. This declined

to **43%** in 2020 as a result of COVID-19, and we have shown signs of recovery, with an achievement of 54% in 2021/22.

The department is committed to ensure our facilities regain the ideal status. This, we will achieve by making critical appointments, such as Operational Managers, Cleaners and Pharmacy Assistants. Much of our effort will also go into conducting ongoing maintenance, which have suffered partly because of funds being reprioritised in response to COVID-19 pandemic.

The initial implementation of the Ideal Hospital programme started in 2019/20, where **13%** of the district hospitals achieved the ideal status, which increased to **50%** in 2020/21, and declined to **44%** in 2021/22 due to the COVID-19 pandemic. The department will focus on continuous Quality Improvement to ensure we are NHI ready.

## **PROGRAMME 2: DISTRICT HEALTH SERVICES**

### **HIV/AIDS**

Speaker, I have already outlined the performance of this programme when outlining the impact of the COVID-19 pandemic. Indeed, the HIV testing services and the initiation of eligible patients on treatment were negatively affected.

A provincial Catch Up plan is being progressively implemented to improve performance. Weekly accountability monitoring meetings were introduced to monitor HIV testing services and treatment initiations, focusing more on children under the age of 5 years. To address the challenge of the health seeking behavior of male, this intervention will also focus on men.

In addition, same-day ARV initiation of HIV-positive patients, 6-monthly Drug dispensing, including Decanting of stable patients to Central Chronic Medicine Dispensing and Distribution and External Pick-up Points is continually expanded to all

the facilities and to date, **134 736** patients are registered on CCMDD. This has reduced congestion at health facilities.

In this financial year we shall focus on the following:

- Distribution of **48.9 million** male condoms and **750** female condoms
- Counselling and testing of **646 918** people
- **20** HIV-positive patients will be started on TB Preventative Therapy
- **32 664** eligible patients will be started on Antiretroviral Therapy

## **TB PROGRAMME**

This year's TB Day theme is, "**Invest in action to end TB now, Get screened. End stigma. Save lives!**". The National commemoration of the World TB Day was on the 24<sup>th</sup> of March 2022 in the Northern Cape. The Provincial event was on the 1<sup>st</sup> of April 2022 in Bethlehem.

The total number of patients diagnosed with TB has declined from **10 266** in 2018, **9 203** in 2019 to **6 256** in 2020. This matches the decline in PHC utilisation rate. However, the TB **90-90-90** strategy showed some improvement to **91.3%** of PHC clients screened, **94.6%** treatment initiation and a decline to **73.3%** in patients who successfully completed treatment. This is attributed to high number of deaths and patients that were lots to follow up.

We have intensified the implementation of the "Finding the Missing TB Cases" strategy which was introduced country wide. This includes strengthening of TB screening of clients in health facilities and household members of the index cases (community screening).

In this financial year, we will focus on:

- Initiating **90%** of eligible TB clients on Drug Sensitive TB Treatment
- Tracking and tracing of treatment defaulters for loss to follow-up rate for Drug Sensitive TB clients of less than **9%**
- Drug Sensitive TB client treatment success rate target of **80%**
- Initiating **100%** of eligible on XDR-TB clients on Treatment

## **MATERNAL AND WOMEN'S HEALTH**

Maternal health is one of the priorities of the department and we spare no effort in our power to prevent avoidable deaths of mothers. The province has a high maternal mortality ratio of **153.6 per 100 000** live births against a target of **125 per 100 000** live births, with the most affected district being Lejweleputswa.

It is to this end that the department has trained **80** health care providers on the Essential Steps in Management of Obstetric Emergencies (ESMOE), **36** on Advanced Antenatal Care (AANC) and **20** doctors on management of emergencies during anaesthesia.

To mitigate the high mortality rate, a maternity hub has been created in Lejweleputswa where Bongani provides caesarean section for the district, with the intention to capacitate Thusanong and Katleho hospitals to conduct deliveries. In addition, sterilisation outreach services and low risk elective caesarean sections are now provided at Albert Nzula Hospital.

## **TEENAGE PREGNANCY**

The department is on course to reduce teenage pregnancies and thereby contribute to the reduction in school drop-out rate. Strategies implemented include health promotion messaging on healthy sexual behaviour by increasing access to sexual reproductive health services to the youth.

We have also increased the number of Youth Zones from **50** to **122**. To date, **70 066** children and teenagers aged 10-19 years accessed health care services in the PHC facilities. Furthermore, the department collaborates with private health care providers to improve access to sexual reproductive health services.

Despite the establishment of the Youth Zones, there is still a challenge with teenage pregnancy where 10–19 years deliveries (which is a proxy for teenage pregnancy) is currently at **13.4%** against the target of **12.5%**. It is our view that we need to work in partnership with the civil society in addressing this social ill.

## **CHILD HEALTH**

Speaker, one of our deliverables of the year was to establish paediatric hubs as a way of decentralising specialised child health services, from regional to district hospitals. Three district hospitals, namely Thebe, Fezi Ngubentombi and National have recently established functional paediatric hubs and the impact will be monitored monthly. In the new financial year, we shall establish 3 additional paediatric hubs as well to increase access of the specialised child health services.

The Expanded Programme on Immunization is one of our child survival strategies. Community education has been maintained to improve our performance in this regard. Immunization under 1-year coverage is now at **77.4%** against the target of **80%**.

The province has experienced an increase in deaths of children under five, due to severe acute malnutrition which has increased from **3.1%** in 2020/21 to **9.6%** in 2021/22.

The following strategies are planned to address the above:

- Community engagement and education of the communities on Maternal and Child health services.
- Collaboration with the University of the Free State and the schools of nursing has been established to improve skills of health care providers on Maternal and Child health.
- Strengthening the intersectoral collaboration with the relevant government departments, e.g., Social Development, to prevent and manage all forms of malnutrition in children.
- Strengthening Sexual Reproductive Health Services to reduce unplanned and unwanted pregnancies.
- Increasing the number of facilities implementing adolescent and youth friendly services (AYFS) from **122** to **150**.
- Strengthening the provision of Integrated School Health Program (ISHP) in Early Childhood Development (ECD) centres and schools.
- Enhancing the capacity of delivery facilities to improve the care of women during and after birth.
- Conducting Immunization and Vitamin A supplementation drive to decrease morbidity and mortality of children due to vaccine preventable diseases.

## **MENTAL HEALTH**

In total, **285 211** people were screened for mental disorders. Of these, **282 476** were referred for mental health assessment and **1 374** were treated at PHC facilities. During the 2021/22 financial year, **629** mental Health care users who were lost to follow-up were traced back to care.

The department is implementing the strategy to achieve universal mental health access, which includes the contracting of mental health care practitioners. The two Clinical Psychologists who were contracted, managed to provide psycho-social services to **514** mental health care users. Through the CHWs, we have managed to trace **25** defaulters back to care during the 2021/22 financial year.

In this financial year, the department plans to contract **3** additional Clinical Psychologists. We shall also reduce the backlog for forensic mental evaluations and treatment of state patients waiting in Correctional Facilities.

## **PRIMARY HEALTHCARE OUTREACH**

*Ho matlafatsa phihlello ya PHC, lefapha le ile la eketsa palo ya basebeletsi ba bophelo bo botle ba Setjhaba (Community Health Workers) diterekeng tsohle tse hlano, ka ho netefatsa hore dihlopha tse **167** kaofela di sebetsa hantle, mme di na le baetapele ba tsona. Morero ke ho eketsa palo ea dihlopha tse teng hona jwale ho fihla ho tse **175**. Sena se tla etsa bonnete ba hore dihlopha tsa mabatowa a ditereke tsohle di ya sebetsa.*

*Ho fihla ha jwale, lefapha lese le hirile basebeletsi ba bophelo bo botle ba Setjhaba ba dikete tse pedi, makgolo a mane le mashome a mabedi a metso e meraro (**2 423**) e le karolo ya di Ward Based Outreach Teams tse ileng tsa fihlella **154 (50%)** ya mabatowa a a **309** ka hara profinse ya Foreisetata. Diketelo tsa malapa tse entsweng ke WBOT di eketsehile ho tloha ho dikete tse **77 822** ka 2020/21 ho ea ho dikete tse **116 023** ka 2021/22.*

*Motsamaisi wa Dipuisano, ke rata ho thoholetsa Letona la Bophelo bo Botle, Mohlomphehi Dr Joe Phaahla ka kgatelo-pele e entsweng ke Lekgotla la Naha la Bophelo bo Botle (NHC) tlasa boetapele ba hae ka ho hlahloba maemo a hona joale a mosebetsi le mahlomola a Basebeletsi ba Bophelo ba Setjhaba.*

*Ho matlafatsa ditshebeletso tsa bophelo dibakeng tsa mahaeng, lefapha le rekile di Mobile Clinic tse mashome a mabedi (**20**) ho kafihlella bakudi di tseo.*

## **PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)**

The EMS is crucial in ensuring access to various levels of care, in line with the referral system. The service includes pre-hospital and inter-hospital transport, as well as the planned patient transport (PPT).

Currently, we have an average of **138** rostered ambulances, which is a far cry from the **270** that are required to provide an agile, responsive and efficient EMS. Despite this anomaly, we continue to make amends by focussing our efforts on the improvement of response times. This has led to an improvement in our response times in rural areas from **65% within an hour** to **84.2%** and **55.4%** to **56.5%** within a 30-minutes in various urban towns.

Speaker, we acknowledge that the performance EMS is not at the level it should be. Our biggest challenge is the lack of skilled staff, such as Advanced Life Support personnel. In the 2021/22 financial year, we were able to recruit **68** call centre agents and **188** EMS practitioners.

In this financial year, we are due to replace **50** Ambulances through the Government Garage. To roster more of these ambulances, we will need to recruit the requisite skillsets.

We are proud to be currently rostering **14** dedicated Obstetric Ambulances, which represents a marginal increase from **9** in the previous financial year. Additionally, we managed to operationalise new EMS Stations, on satellite model, in Tweeling, Orangeville, Vredefort, Clarens and Ventersburg.

In this financial year, we will open new satellite stations in Hobhouse and Allanridge and advertise posts for Advanced Life Support to enhance the rostering of obstetric ambulances and interfacility transfers. We will also operationalise the Xhariep EMS District Control Centre in Trompsburg.

#### **PROGRAMME 4: PROVINCIAL HOSPITALS**

The program is responsible for accessible, appropriate and effective generalist regional hospital services, including rehabilitation services, as well as the specialised psychiatric hospital.

To enhance clinical efficiency, treatment compliance, and continuity of care at Primary Health Care, all of which will improve cost-effectiveness, hospitals will play an active role in providing outreach services, supervision, and support.

The 3-Feet model was piloted in Thabo Mofutsanyana District to decrease maternal and under-5 mortalities. Briefly, this is an Accountability model that emphasizes that all maternal and under-5 deaths must be reported within 24 hours, reviewed within 48 hours, and the recording the main cause of death and addressing the contributory and modifiable factors.

The review follows the patient's journey through all the different levels of care and Quality Improvement Plans (QIPs) are developed and implemented with lessons learnt to prevent recurrence. This model will be rolled out to other four districts in 2022/23 financial year.

The Regional hospitals will focus on strengthening maternal and child health by implementing the following strategies:

- Strengthening the clinical governance, including monthly morbidity and mortality reviews
- Strengthening outreach to district hospitals
- Implementing and maintaining safe caesarian section site accreditation
- Conducting targeted training on IMCI<sup>1</sup>, HBB<sup>2</sup>, ETAT<sup>3</sup>

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<sup>1</sup> Integrated Management of Childhood Illnesses

<sup>2</sup> Help Babies Breath

<sup>3</sup> Emergency Triage Assessment and Treatment

## **PROGRAMME 5: CENTRAL (AND TERTIARY) HOSPITALS**

The purpose of this programme is to provide tertiary health services and create the platform for the training of health care workers. It includes the Tertiary and Academic Hospitals.

To reduce tertiary referrals and improve access to specialised care services, Academic and Tertiary hospitals conduct clinical outreach to various hospitals in the province. Paediatric Orthopaedics and Paediatric Cardiology departments undertook outreach to Dihlabeng, Mofumahadi Manapo Mopeli and Bongani regional hospitals. The department of Anaesthesiology provided outreach services to Botshabelo, National, Dr JS Moroka and Albert Nzula district hospitals. The Urology and Dermatology Department conducts outreach to Bongani regional hospital.

Speaker, we do not have a regional hospital in Mangaung and Xhariep Districts. As a result, Pelonomi Tertiary Hospital often experiences an overwhelming demand for orthopaedic services, which is heightened by the inadequate availability of theatre time, thus leading to backlogs.

To address this, Albert Nzula Hospital is being used to perform specialised orthopaedic operations on pre-booked patients, including those on the backlog at Pelonomi Hospital. Similar programmes were carried out from Bongani and Boitumelo Regional Hospitals to the district hospitals in Lejweleputswa and Fezile Dabi respectively.

Pre-booked patients in other clinical disciplines were seen on outreach to various hospitals, where surgical procedures were also performed, thus reducing burden of transporting patients to the tertiary services in Bloemfontein and reducing backlog for theatres in Universitas Academic Hospital. A total of **125** medical officers were trained during these outreach visits.

In this financial year, we will expand the program to all regional hospitals and include Paediatrics, Internal Medicine, and Neurology departments. For these departments to undertake and fulfil the Outreach programmes, a significant number of critical medical posts will be filled.

We shall ensure compliance with the clinical governance policy, including the morbidity and mortality reviews. The **2** hospitals will attain the Ideal Hospital status in line with the regulated standards for health services.

### **PROGRAMME 6: HEALTH SCIENCES AND TRAINING**

Speaker, South Africa successfully implemented the Nelson Mandela Fidel Castro Medical Training Programme, which is based on the principle of international solidarity with the people of Cuba. We are immensely proud of the success of our students despite many challenges that include the language barrier and lack of necessities due to the inhumane blockade imposed on the people of Cuba.

At inception, the Free State Province had **210** students in this programme and the last two are due to return home in July 2022 to do their board examination for registration with the HPCSA. Twelve (**12**) students are on 18-month integration programme at various medical schools in South Africa and will complete in December 2022.

A total of **67** of these students are currently doing community service across the province. These are earmarked to be placed in permanent posts on completion to address contractual obligation and staff shortage. On the Medical Internship Programme, we have **162** students across the country.

Regarding the students on other international training programmes, there are currently three (**3**) nursing students who qualified from Manipal University in India. Two Pharmacy students from Manipal University passed the SA Pharmacy Council Board examinations, and they are due to start internship.

Speaker, we had 8 students who pursued their training in China. Three (3) of those students have completed their qualification, and recently won their litigation against the Health Professions Council of South Africa for their registration as members of the Council. The **three (3)** have been placed as Medical Interns at Bongani, Dihlabeng and Pelonomi Hospitals respectively for their community service. The remaining 5 students have also completed their qualifications but have not graduated as yet.

The Nelson Mandela Fidel Castro programme has benefited the province through the community service appointment of **70** Medical Officers in various districts as follows:

- Thabo Mofutsanyana – 15
- Lejweleputswa – 10
- Xhariep – 6
- Fezile Dabi – 10
- Mangaung – 14
- Outside the Free State – 15

### **EMS COLLEGE:**

The department continues to offer two higher education programmes, namely the 2-year diploma and 1-year higher certificate as a satellite of the University of Johannesburg as per the MOA signed between the two parties. Eight (**8**) students will graduate with a Diploma in Emergency Care and **6** in higher certificate.

For 2022 academic year, **12** first year students are registered for the Diploma in Emergency Care.

### **YOUTH SKILLS PROGRAMME**

In contributing to the reduction of alarming rate of youth unemployment, the department has enrolled **105** TVET learners on 18-Month program and **17** graduates on 24-Month programme.

## FREE STATE SCHOOL OF NURSING

Nursing is the backbone of the health sector, and we need to sustain the inflow of new skilled nurses. We have thus determined the need to restructure the curriculum to be in line with the current requirements of the profession. As such, we have already had new intakes and are awaiting SAQA registration for the Higher Certificate in Auxiliary Nursing.

To modernise our pedagogy in response to the demand for remote learning, we have implemented an Electronic Learner Management System, which will enable us to provide remote classes and conduct teaching and learning in a controlled digital environment.

The FSSON is accredited by the SA Nursing Council and the Council on Higher Learning to offer the following programmes:

- 3-year Diploma in Nursing : **155**
- Higher certificate in Auxiliary Nursing : **60**
- Advanced Diploma in Midwifery : **30**

The Department has a Memorandum of Agreement (MOA) with the University of the Free State (UFS) for the 4-year diploma, which will be phased out until 2025.

To address the above, our focus in 2022/23 will be on the following:

- Training of **400** healthcare workers on Basic Life Support
- Implementation of **2** youth skills programmes
- Training of **13** professional nurses on the initiation of MDR-TB treatment
- Reskilling of **200** doctors and nurses on ESMOE<sup>4</sup>.

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<sup>4</sup> Essential Steps in Management of Obstetric Emergencies

## **PROGRAMME 7: HEALTH CARE SUPPORT ON LAUNDRY SERVICES**

Laundry is one of the critical support services in the provision of the quality health services. The NHI policy perspective emphasises that it should be provided in-house on a continuous and uninterrupted basis.

Linen supply to institutions remains a strategic area of concern. Despite the challenges faced by the department on this area, there are considerable efforts taken to ensure consistent availability of clean linen in health facilities, including the use of our satellite laundries and private service providers.

The target for linen availability at health facilities for the year 2021/22 was 85% and the province managed to achieve **77%**. The Department currently processes an average of **2.8 million** linen items annually. This is despite the challenges experienced, including periodic mechanical breakdowns of laundry equipment, and frequent water and electricity supply especially around the Thabo Mofutsanyana area.

Speaker, true to our commitment to empower domestic enterprises, we have spent in excess of **R10.8 million** procuring linen from Cooperatives. **70%** of this, was procured from a Free State based Cooperative.

Feasibility study for the establishment of on-site laundries at Bongani, Universitas, Mofumahadi Manapo Mopeli, Pelonomi, and Dihlabeng is complete. We have incorporated the procurement of laundry equipment into the Provincial Health Infrastructure Plan. Additionally, we have procured laundry equipment at Bongani Hospital, which is currently at the commissioning phase.

In this financial year, we will focus on:

- Regular servicing and maintenance of laundry equipment in line with the Occupational Health and Safety Act and manufacturer specifications to improve production and efficiency of laundry services
- Implement laundry equipment replacement plan
- Conduct Linen audit at all CHCs and hospitals and procure additional linen
- Replace old vehicles with mileage over 300 000km to improve efficiency in transportation of linen
- Establish and maintain alternative water and power supply for regional laundries.

## **ORTHOTIC AND PROSTHETIC (O&P) SERVICES**

One of the key priorities is to restore the dignity and livelihoods of people with temporary or permanent disabilities through the provision of orthotic and prosthetic devices. We reduced the backlog for these devices from **5 195** patients to **2 662**, which translates to a reduction of **48.76%**.

We can confirm that we have strengthened our partnership with the institutions of higher learning on the training of medical Orthotists and Prosthetists, by signing the second MOU with the Durban University of Technology.

In this financial year, we will service **65%** of clients eligible for Orthotic devices and **51%** of those eligible for Prosthetic devices.

## **MEDICAL DEPOT (MEDICINE TRADING ACCOUNT)**

Consistent availability of medicines is a crucial metric in determining the quality of the health care service that we provide. The medical depot plays a critical role in ensuring ongoing procurement and distribution of medicines throughout the department.

In 2021/22, the Depot achieved **75.6%** availability of tracer drugs; **71.4%** of normal orders (orders delivered within 6 weeks) were met and **100%** for emergency orders (48 hours).

We are still committed to reincorporating the Medical Depot into the Department. The finalisation of this process is awaiting the conclusion of the current regulatory audit, which include clearing the current qualification matters. These are *Payables from Exchange Transactions* and *Sale of Goods and Rendering of Services*.

## **PROGRAMME 8: INFRASTRUCTURE**

Speaker, health infrastructure that is fit for purpose is critically important for the provision of quality healthcare services.

The focus of the Department is on upgrading and refurbishment of healthcare facilities, which include various clinics, hospitals, mortuaries and other facilities such as EMS and nursing colleges, as well as replacing those beyond repair.

Addressing the maintenance backlog of health infrastructure is important, as it improves the quality of care, and extends the facilities' life span. These projects also create employment and economic opportunities for the surrounding communities.

In the 2021/22 financial year, we completed upgrades and refurbishments, of the following facilities:

- Seadimo clinic in Thaba-Nchu
- Bophelong clinic in Odendaalsrus
- Universitas Oncology Department
- Oncology at Universitas Annex (based at National hospital)
- Fezi Ngubentombi District Hospital nurses' accommodation in Sasolburg
- Mafube District Hospital in Frankfort

- Katleho District Hospital Theatre in Virginia
- Opkoms clinic in Bloemfontein
- National District Hospital Pharmacy & Doctors' Quarters

Speaker, we are currently undertaking refurbishments, renovations and upgrades to the following facilities:

- Thembaletu clinic in Smithfield
- Kgalala clinic in Thaba-Nchu
- Doctors' accommodation at Dr JS Moroka Hospital in Thaba-Nchu
- EMS Station in Phuthaditjhaba
- OR Tambo Clinic in Virginia
- Kgotsong Clinic in Welkom
- Masilo Clinic in Theunissen
- Kgotsong Clinic in Bothaville
- Kopano Orthotic and Prosthetics centre in Welkom
- Maternity Wing, and other wards, at Bongani Hospital in Welkom
- Doctors' accommodation at Botshabelo Hospital
- White Block at National District Hospital
- FSSON at Mofumahadi Manapo Mopeli Campus

Speaker, I am happy to announce that in this year, we shall be completing the upgrade, refurbishment, and renovations to the following facilities:

- Gateway Clinic at Phekolong Hospital in Bethlehem
- Leratong Clinic in Allanridge
- Tshepong Clinic in Verkeerdevlei
- The HVAC at Universitas Operating Theatres (6 of 11 theatres completed in 2021/22)

It is important to note that apart from the above existing facilities, we will be building new clinics which are:

- Thandanani Clinic and Rheederpark Clinic in Welkom

## **NEW CLINICS AT PLANNING PHASE**

Technical planning for the following clinics will be completed towards the end of the 2022/23 financial year, and construction will commence before the beginning of the 2023/24 financial year

- Gariep Dam Clinic: *New replacement clinic*
- Vaalrock Clinic in Brandfort: *New replacement clinic*
- Bophelong Clinic: *New Replacement Clinic in Kroonstad*
- Bophelong Clinic: *Refurbishment of a CHC in Petrusburg*
- Phillipolis Clinic: *Refurbishment and upgrading*

## **NEW SUPPORT SERVICES:**

The mandate of the Department of Health includes other health support services such as the Emergency Medical Services, Mortuaries, Nursing colleges, Medical Depots, and various other services. The other facilities under planning include the following:

- New Ventersburg EMS Station in Mmamahabane
- New Forensic Mortuary in Welkom, Lejweleputswa

The Department is further focusing on upgrading the laundry and kitchen services within our facilities as these are also aged and are presenting challenges.

## **IN CONCLUSION**

My appreciation goes to my family for their patience and unwavering support, the Premier of the Free State Honourable Sisi Ntombela for her Leadership, members of the Executive Council for their guidance and support, the HoD of the Department Mr. Godfrey Mahlatsi, the management and the entire staff of the Department, for the decent work they are doing. Lastly, everyone who is in attendance at this sitting, including those who joined us through different virtual platforms and those listening from different broadcasts.

*“Courage is the most important of the virtues, because without it, no other virtue can be practiced consistently..., you can be kind and true and fair and generous and just, and even merciful, occasionally..., but to be that thing time after time, you have to really have courage”, said Maya Angelou to members of a graduating class on the 24th of May 2008.*

**We have courage and we are ready to deliver.**

I THANK YOU.