

Rapid Appraisal of the Health Content of selected Municipal Integrated Development Plans

by Rene Moodaley, Private Consultant

APPENDICES

Appendix A: Time Frames for Developing the IDP

| Envisaged timeframe | Months | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | → | |
| Phase 0 – Preparatory | | | | | | | | | | | | | | | | | | | | | | | | |
| Phase 1 - Analysis | ■ | ■ | | | | | | | | | | | | | | | | | | | | | | |
| Phase 2 - Strategies | | | ■ | ■ | | | | | | | | | | | | | | | | | | | | |
| Phase 3 - Project | | | | | ■ | ■ | ■ | | | | | | | | | | | | | | | | | |
| Phase 4 - Integration | | | | | | | | ■ | | | | | | | | | | | | | | | | |
| Phase 5 - Approval | | | | | | | | | ■ | | | | | | | | | | | | | | | |
| Selected tracer sites | | | | | | | | | | | | | | | | | | | | | | | | |
| EC DC44 Alfred Nzo DM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| MP DC32 Ehlanzeni DM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| MP MP322 Mbombela LM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| MP MP324 Nkomazi LM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| NC NC091 Sol Plaatjies LM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| NW DC39 Bophirima DM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| NW NW392 Naledi LM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| NW NW395 Molopo LM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| WC MM City of Cape Town MM | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |

Appendix B : Health Sector and Community Participation per Municipality

| Municipality | What was the involvement of the Health Officials? | What was the level of participation of the DoH? | How much consultation with local communities took place? |
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| EC DC44 Alfred Nzo DM | The involvement of technical officers is mentioned. The involvement of health officials is not specified. | No specific mention is made of the involvement of the Department of Health. They are however included and mentioned in the list of projects identified and sources of funding. | Consultation did occur with ward councillors and community representatives. Attendance registers are not included in the document. |
| EC EC05b2 Umzimkhulu LM | Yes. | Not specified. They are however identified as sources of funding in the project list depicted in Chapter 3 of the IDP | Dates of meetings are indicated. The IDP seems to indicate that a high level of community involvement and participation is evident. Developmental issues were also identified by the community and is described in Chapter 1 of the IDP. |
| FS DC19 Thabo Mofutsanyane DM | Department of Health and its officials were involved in the process. Health officials from the District and Local Municipality were involved in the process. | Department of Health was involved in formulating the IDP. | Representative forums were established. The representative forum represents the interest of the constituency. Various workshops were held to discuss, negotiate, take decisions and communicate. Active community consultation took place throughout the process. |
| GT MM Tshwane MM | Mention is made of the involvement of health officials from the municipality. | No mention is made of the participation of the Department of Health. | Ward Committees were fully involved in the process. |
| KZN DC22 Umgungundlovu DM | No specific mention is made of health officials and their involvement. | No specific mention is made of the involvement of the Department of Health. | No mention is made. |
| KZN KZ224 Impendle LM | Sector departments were involved in the process. | Not specified. | A series of workshops were held with communities with each ward and the representative forum at the municipal level. |
| KZN KZ225 Msunduzi LM | Not specified. | Not mentioned. | Mention is only made of four consultative meetings held with stakeholders to gather information on needs, issues and problems experienced. |
| LP DC33 Mopani DM | Not specified. | Not specified. | Consultation with the community did take place. The amount of involvement is not specified. |
| LP NP331 Greater Giyani LM | Not specified. | No mention is made of the participation of the Department of Health. They are only mentioned in the budget allocation as funding sources to various projects. | Not specified. |

| Municipality | What was the involvement of the Health Officials? | What was the level of participation of the DoH? | How much consultation with local communities took place? |
|---------------------------------|--|--|--|
| LP NP333 Greater Tzaneen LM | <ul style="list-style-type: none"> • Mr Ndhlovu - Traditional Healers Association. • Ms Hlahleni - Letaba North Youth Health and Development Project. • Ms Al Sondezi – Social Development Section of the Department of Health. • Mr MN Khoza - Anethuseng Ramalema Health Project and Department of Health and Welfare. | The Department of Health and Welfare was involved in the development of the IDP. | Attendance registers are not included, but mention is made of the involvement of ward councillors in identifying priority issues. Disadvantaged groups were also afforded the opportunity to prepare, present and debate priority needs. |
| MP DC32 Ehlanzeni DM | Health officials were involved in the process. It is not stated whether the same officials attended all the workshops held. | Presentations concerning localised strategy guidelines were presented by the Department of Health. Vertical and horizontal alignment was emphasized in the document. Horizontal alignment is between municipality and district to ensure that planning processes and issues are co-ordinated and addressed jointly. Vertical alignment is between local government (municipalities and district) and other spheres of government (provincial / national sector departments and also other stakeholders eg. Eskom, Telkom) to ensure that the IDP is in line with national and provincial policies and strategies so that it is considered for the allocation of departmental budgets and conditional grants. | Attendance registers are not included but mention is made of the involvement of ward committees and community representatives. |
| MP MP322 Mbombela LM | No specific mention is made of the involvement of health officials, but technical detail in the document indicates that they were involved. | The Department of Health is identified as an implementing agent in many of the projects tabled. It can therefore be assumed that they were involved in the process. | Communities participated in all phases. Mbombela Local Municipality regards community participation as very important in the planning and development process. Under-represented and unorganised social groupings such as organisations of disabled people, youth groups, women's organisations, organisations working in the field of children's rights and the rights of elderly people as well as the informal sector in sector specific forums participated. |
| MP MP324 Nkomazi LM | Sector departments were involved in the process. | The Department of Health was involved in the process. | 34 Meetings were held involving the members recorded in the report. |

| Municipality | What was the involvement of the Health Officials? | What was the level of participation of the DoH? | How much consultation with local communities took place? |
|---|--|--|--|
| NC DC09 Francis Baard DM | Functional specialists form part of the IDP Steering Committee. No specific mention is made of health officials, but it can be assumed that they were involved in the process. | Mention is made of the involvement of National and Provincial Departments once again they are not specified in the document. | A high level of community and stakeholder representation took place during the process. A low intensity involvement took place during the project planning and the integration process. |
| NC NC091 Sol Plaatjies LM | | | |
| NW DC39 Bophirima DM | Sector departments were involved in the process. | Not specified. | Consultation took place during all of the IDP phases. |
| NW NW392 Naledi LM | Sector departments were involved in the process. | Not specified. | Consultation took place in all phases. |
| NW NW395 Molopo LM | Sector departments were involved in the process. | Not specified. | Consultation took place in all phases. |
| WC MM City of Cape Town MM | Not mentioned. No mention is made of the involvement of Government departments and NGO's. | No mention is made of their involvement. | The document does not give a clear indication as to the amount of consultation that occurred during the process. Dates of meetings are not indicated. Mention is made of public hearings being held. |

Appendix C - Table 9: Health in Relation to Development Priorities per Municipality

| Municipality | Development Priorities |
|--|--|
| EC DC44 Alfred Nzo DM | The under mentioned development issues were identified. Development priorities were not addressed. <ul style="list-style-type: none"> • Economic Development • Institutional Development • Infrastructural Development • Social Development (Health) • Environmental Development Health is identified as a sub-component under social issues and is grouped along with education, welfare, community safety and sports arts, culture and recreation. |
| EC EC05b2 Umzimkhulu LM | During the study of the current reality, Health is depicted as a single, isolated main issue of concern. It is not coupled with other components and appears as an independent component. It further identifies community needs where various issues were raised. In this chapter health is coupled under social infrastructure issues and is dealt with under the subheadings of HIV/AIDS and clinics. It is also along with sport fields. This seems to indicate that health is not viewed as a priority among the community members. An In-depth analysis of issues was conducted and health does not appear in the analysis of issues. Health also does not feature in the strategic guidelines and vision. A list of projects is also depicted. Health is dealt with under social issues as HIV/AIDS and Health and is coupled with education and safety and security. Project templates seem to deal with health under health facilities and HIV/AIDS. This seems to indicate a lack of clarity concerning how health fits in terms of development priorities. |
| FS DC19 Thabo Mofutsanyane DM | During the study of the current reality (situation analysis), health is categorised along with disaster management, education and training, environmental management and care, safety and security, sports and recreation, emergency services and transport under the heading of Social Welfare and Development. The IDP also identifies the development objectives and identifies health services as an isolated, independent concern. Finally in the identification of projects, health is coupled with protection services. |
| GT MM Tshwane MM | Health is identified as an independent yet interrelated priority issue. |
| KZN DC22 Umgungundlovu DM | Health is identified as a strategic issue under the heading of social development along with gender equity, youth, education, HIV/AIDS, sport and recreation, arts and culture, disaster management and crime and security. It is not identified as a central key performance area. Health is listed as the second key performance area and the eighth strategic issue identified. There is no indication as to whether they are listed in order of priority. There are six key performance areas and nineteen strategic issues identified. |
| KZN KZ224 Impendle LM | The identified priority areas are: <ul style="list-style-type: none"> • Access to food security • Public facilities • Primary health care • Increasing rate of HIV/AIDS infection These issues are identified separately and not holistically under the heading of health. |
| KZN KZ225 Msunduzi LM | Health is categorised with welfare as a development priority. HIV is also identified as an isolated development priority issue. Health is also classified as a separate developmental objective and HIV/AIDS is included under health in this instance. |
| LP DC33 Mopani DM | The situational analysis does not discuss health issues in the document. Health is however identified as a priority issue and is common to three of the four municipalities falling within the Mopani DM's area. It is identified as a central, isolated yet integrated development priority. |

| Municipality | Development Priorities |
|-------------------------------------|--|
| LP NP331 Greater Giyani LM | Health is identified as a secondary developmental issue and is packaged along with education, sports arts and culture and safety and security under the heading of social development issues or priorities. It can therefore be assumed that it is not of central importance and is given equal status as its counterparts. |
| LP NP333 Greater Tzaneen LM | Health is identified as a central, isolated yet interrelated developmental priority. |
| MP DC32 Ehlanzeni DM | Health is identified as a development priority under the heading of HIV/AIDS. Health is not dealt with holistically. |
| MP MP322 Mbombela LM | Health is categorised as a development priority under the broad development goal of Social Transformation along with Environmental Management, sport facilities, outdoor recreational facilities and play parks, multi purpose community centres, cemeteries, land use management, land tenure, housing, food security, emergency services and education. Social transformation is a broad concept including many development priorities. The importance of health can be seen as under estimated. It is therefore not viewed as a central development goal or objective. |
| MP MP324 Nkomazi LM | Health is identified as a central isolated yet integrated developmental priority. The majority of wards have identified health as a development priority. |
| NC DC09 Francis Baard DM | Health is listed as the 7 th project identified. There is no indication as to whether the projects are listed in order of priority. Health is identified as a central isolated yet interrelated development priority. |
| NC NC091 Sol Plaatjies LM | |
| NW DC39 Bophirima DM | <p>Health is identified as a priority issue in 3 of the 6 local municipalities of Bophirima District Municipality, namely Kagisano Local Municipality, Schweizer Reneke Local Municipality and Molopo Local Municipality. It can therefore be assumed that health is not viewed as a significant priority throughout the entire district. Managing anticipated impact of HIV/AIDS was identified as a priority issue on a District Municipal level. The development objectives of Bophirima DM has the following focus:</p> <ul style="list-style-type: none"> • home based care for the terminally ill patients including HIV/AIDS • achieve 80% full immunisation of 1 year olds by 2006 • reduce non-HIV related maternal mortality rate by 20% by 2006 • implement integrated management of childhood illnesses by 90% by 2006 • improve TB cure to 78% by 2006 • improve access to emergency medical services at all municipalities by 2006 • improve the quality of emergency medical service by achieving 30% of personnel trained in advance emergency assistance by 2004 • establish health centre in each health sub district by 2006 • achieve 75% personnel establishment for clinics and health centres by 2006 • upgrade and establish clinics and health offices by 2006. |
| NW NW392 Naledi LM | <p>Despite being identified as a priority issue, only one Health project is identified:</p> <ul style="list-style-type: none"> • provision of quality emergency medical service at community level. <p>No funding has been allocated for this project.</p> |
| NW NW395 Molopo LM | <p>Even though, Health is identified as a priority issue, only two health projects have been identified:</p> <ul style="list-style-type: none"> • appointment of 2 doctors at Bray Hospital • improvement of health services to the community. |
| WC MM City of Cape Town | Health is singled out as an isolated yet interrelated priority. The city has pledged to secure a healthy city for its community. The management of HIV/AIDS is identified as one of the main development priorities, with making clinics more accessible as another. |

Appendix D : Health Content per Municipal IDP

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|----------------------------------|--|--|--|---|--|
| EC DC44 Alfred Nzo DM | <ul style="list-style-type: none"> Social infrastructure. Renovation and upgrading. | <ul style="list-style-type: none"> To upgrade clinics to an acceptable standard. To reduce congestion and to improve curative services. | <ul style="list-style-type: none"> Improve conditions of clinics. To improve health services. | <ul style="list-style-type: none"> Improve conditions of clinics. Construction of new hospitals. | <ul style="list-style-type: none"> R40m (2002 – 2006) R16m (2002 – 2006) |
| EC EC05b2 Umzimkhulu LM | <ul style="list-style-type: none"> Inadequate health facilities. HIV/AIDS is a threat. | <ul style="list-style-type: none"> Access to basic environmental health needs (water, sanitation, shelter and food). Reduce environmental health risk on food hygiene. Establish new health service centres. Improve / upgrade existing clinics / hospitals. Additional mobile clinics. Reduce number of people infected with HIV. Provision of balanced diet. Home-based care. Strengthen awareness at schools. Develop support groups and develop coordinators from all departments. | <ul style="list-style-type: none"> Budget from the Department of Health. Budget from the Department of Water Affairs. Budget from the Department of Local Government and Traditional Affairs. Use of available personnel. District and Local Municipalities coordinated. Reduce STI's. Encourage VTC and PMTCT. Embark on nutrition programme through LED and Agriculture projects. Increase home based care. Awareness Campaign ABC slogan as priority. Encourage partnership. | <ul style="list-style-type: none"> Renovation of Rietvlei Hospital. Renovation of St Margarets Hospital. Bulding of 7 clinics. District STI quality of care assessment. Support for people living with Aids. Plans for prophylactic treatment. Plan for accessible and reliable boosters. PMTCT programme VCT programme No project. Bambisanani home based care. HIV/AIDS Awareness Campaigns. Resource Center for training of councillors and for HIV/AIDS training and information. Promotion of peer groups. | <ul style="list-style-type: none"> R4 million. R2 million. R 12.5 million. Could not be established. |
| FS DC19 Thabo Mofutsanyane DM | <ul style="list-style-type: none"> Good access to health facilities | <ul style="list-style-type: none"> Efficient, effective and well equipped health facilities are available to all communities. | <ul style="list-style-type: none"> Coordinate the provision of equipment, staff and services where it is needed and promote better services by the DoH and all clinics and hospitals. Coordinate the provision of a functioning District Health System. Mobilise the Resources of | <ul style="list-style-type: none"> Promotion of well functioning clinics and hospitals. Establish a database of health services, records, etc.. Provide information on expenditure of clinics to DoH. Market the services rendered at different clinics /hospitals to all communities. | <ul style="list-style-type: none"> R0,00 R50 000 R0.00 R0,00 |

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|---------------------------------|---|--|--|---|---|
| | | | <p>CMIP, CBPWP and government departments to provide better clinics and roads.</p> <ul style="list-style-type: none"> Promote 24 hour services at clinics. Improve access to home based care. | <ul style="list-style-type: none"> Motivate the necessity of improvements and maintenance to health facilities and the provision of 24-hour service to the DoH. Develop step down facilities in all local municipalities. Establish home based care in all local municipalities. | <ul style="list-style-type: none"> R0,00 R0,00 R0,00 |
| GTMM Tshwane MM | <ul style="list-style-type: none"> Need for increased collaboration of health departments, NGO's and forums. Lack of integration. Primary Health Care Services HIV/AIDS | <ul style="list-style-type: none"> To actively collaborate with health departments of Gauteng and North West Province. To integrate all overlapping services between divisions and departments. Ensure that all facilities render a comprehensive health care service. To develop and implement a comprehensive HIV/AIDS strategy. | <ul style="list-style-type: none"> Take part in planning and decisions taken to manage the process of devolution of services. Integrate services by implementing functional changes in clinic services. Upgrade facilities. Implement HIV/AIDS strategy. | <ul style="list-style-type: none"> Devolution of Primary Health Care Services to Local Authority. Functional changes implemented as ongoing process. Various projects identified here¹. Establish HIV/AIDS Forum. | <ul style="list-style-type: none"> Could not be established. Could not be established. Could not be established. R200 000 |
| GTMMii | <ul style="list-style-type: none"> TB Community awareness | <ul style="list-style-type: none"> Deliver and expand a TB service at all facilities. Empower communities. | <ul style="list-style-type: none"> TB Control; Improve cure rate and contact tracing; Appoint a co-ordinator per sub-district for implementation, monitoring and evaluation of National TB programme. Capacity building programmes. | <ul style="list-style-type: none"> Implement a comprehensive TB strategy. Health Promotion Programmes | <ul style="list-style-type: none"> Could not be established. Could not be established. |
| KZN DC22 Umgungundlovu DM | <ul style="list-style-type: none"> Various factors impact on general health conditions of the population of the district including poor sanitation, lack of access to water, epidemics such as Aids & Cholera Limited health facilities and others. | <ul style="list-style-type: none"> Acquire status of a District Health Authority by the end of 2003 and developing an integrated health service. All residents of the district to have access to primary health care facilities within 5 km walking distance by 2004/5 financial year. | <ul style="list-style-type: none"> Establish a District Health Authority. The provision of basic services. Co-ordinate/facilitate the provision of health services | <ul style="list-style-type: none"> Establish a task team to investigate and explore the establishment of a DHA. Undertake capacity audit. Initiate the establishment of health forum in DM and LMs. Link to strategies on access to water, sanitation, electricity, roads, solid waste removal, cemeteries. Provision of mobile clinics in remote areas. | <ul style="list-style-type: none"> R50 000 R0,00 R0,00 R0,00 R1 million |

¹ For a detailed listing of all projects identified, please refer to page 277 of the Tshwane Metropolitan Municipality IDP.

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|--------------------------|---|--|--|---|--|
| | | | <ul style="list-style-type: none"> Establish programme of volunteerism. | <ul style="list-style-type: none"> Construction of clinics. Health awareness programme. Involve traditional healers. Volunteerism desk in DH System. ID and secure funding for programme. Establish database of volunteers. Greater involvement of people living with HIV/AIDS. Promote and manage homebased care. Community health workers. | <ul style="list-style-type: none"> R0,00 R200 000 R0,00 R100 000 Not mentioned Not mentioned Not mentioned Not mentioned R400 000 |
| KZN KZ224 Impendle LM | <ul style="list-style-type: none"> HIV/AIDS HIV/AIDS Health Care | <ul style="list-style-type: none"> To reduce the number of new infections and provide support to Aids victims. To reduce the number of new infections and provide support to Aids victims. To deliver health services within the norms and standards of the Department of Health within 5 years. | <ul style="list-style-type: none"> Collaborate with relevant government departments and NGO's in implementing Aids Awareness and Education Campaigns. To increase the number of gravesites by 100% within 5 years. Facilitate the development of stationary clinics in strategically located areas; Facilitate delivery of regular (at least once in two weeks) and reliable mobile clinic services; Facilitate delivery of training for home-based care. | <ul style="list-style-type: none"> Develop Aids Policy; Aids Awareness and Education Campaign; HIV/AIDS Support Centre. Expansion of Impendle, Compensation and Ukukhanya Cemetery. Mahlutshini Stationary Clinic; Ntshiya Bantu Stationary Clinic; Similobha Stationary Clinic; Improve mobile clinic services. | <ul style="list-style-type: none"> R2 365 300 R 150 000 R1 130 000 |
| KZN KZ225 Msunduzi LM | <ul style="list-style-type: none"> HIV/AIDS | <ul style="list-style-type: none"> Increase cure rate to 80% Acceptance of people living with HIV/AIDS Openness and awareness To create a continuum of care that is well known and well utilized and includes Nevirapine, counselling and support, nutrition assistance, home based and hospice care | <ul style="list-style-type: none"> Implement, evaluate and improve workplace Aids policy Draw up a referral system Support NGO's in in-patient hospice development Develop a system to access food support; Assist community based organisations to develop community support programmes; Support roll out of CDC and Nevirapine programmes | <ul style="list-style-type: none"> Voluntary Counselling and Testing Implement Msunduzi referral network Comprehensive nutrition and food; Vulnerable children support and care; Orphans housing workplace | <ul style="list-style-type: none"> R 190 000 R 92 000 R 310 000 |
| KZN KZ225ii | <ul style="list-style-type: none"> Health Services | <ul style="list-style-type: none"> Complete primary health care coverage and service throughout the municipal area. | <ul style="list-style-type: none"> Provide health services. Improve infrastructure. | <ul style="list-style-type: none"> Establish District Health Workers Finalise Clinic / CHC Establishment * Buildings * Staff costs * Running costs | <ul style="list-style-type: none"> R 20 000 R480 000 pa R 6 800 000 R 7 600 000 R 5 250 000 |

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|--------------------------------|--|--|---|---|--|
| | | | <ul style="list-style-type: none"> Provide environmental health services. | <ul style="list-style-type: none"> Implement DOTS Programme for TB Community Health Education Home based and hospice care Environmental Health Pollution monitoring and control. | <ul style="list-style-type: none"> R 80 000 R 100 000 R2 560 000 R 200 000 R 200 000 |
| LP DC33 Mopani DM | <ul style="list-style-type: none"> Primary health care facilities | <ul style="list-style-type: none"> Coordinate the improvement of primary health care facilities and services. Support and facilitate all programmes that are aimed at the reduction and prevention of the prevalent high incidence and infection rate of HIV/AIDS. | <ul style="list-style-type: none"> Coordination of primary health care programmes by establishing health centres, clinics, mobile clinics and renovating existing facilities in accordance with existing health standards. Coordinate the establishment of youth information centres in each sub district by 2004; Coordinate the development and implementation of programmes to combat HIV/AIDS such as awareness campaigns, home based care, involvement of NGO's by 2002. | <ul style="list-style-type: none"> To acquire land for development of health Support awareness campaigns, purchases of condoms, training on VCT Awareness Campaigns To coordinate, support/coach the implementation of quality primary health care services in the district. Training of staff, purchasing and maintenance, awareness campaign Provisioning training Purchasing of furniture and equipment Implementation of routine immunization programme Train staff in different programmes | <ul style="list-style-type: none"> R 100 000 R1 000 000 R4 000 000 R 187 000 R18 000 000 R 200 000 R 170 000 R 160 000 |
| LP NP331 Greater Giyani LM | <ul style="list-style-type: none"> Villages without health facilities. HIV affecting local economy Poor diet Poor facilities for disabled Limited clinic facilities | <ul style="list-style-type: none"> Completion of Nkhensani Hospital Community awareness Primary School feeding scheme Facilitate integration of disability issues. Construction of Ndengeze Clinic. | <ul style="list-style-type: none"> Finalisation of Nkhensani Hospital. Teaching awareness of HIV/AIDS Lobby for funds from Dept. of Education and Dept. of Health and Welfare. Liaise with Dept. of Health and Welfare. Erection of Clinic. | <ul style="list-style-type: none"> Building Nkhensani Hospital. Skills development : HIV/AIDS Primary School Feeding Scheme Establish Community Based Care facilities. Building Ndengeze Clinic | <ul style="list-style-type: none"> R54 million R522 000 R20 million R50 000 R2 million |
| LP NP333 Greater Tzaneen LM | <ul style="list-style-type: none"> Poor administration; Demand exceeds supply; Prevalence of HIV; Shortage of health facilities (clinics), trained personnel, equipment, vehicles and supplies | <ul style="list-style-type: none"> To facilitate the service provision with Department of Health by the upgrade of 4 clinics and situation analysis. | <ul style="list-style-type: none"> Upgrading 4 clinics Partnerships with stakeholders; Establish Aids Council; Drafting and implementing awareness programmes; Create communication channels; Establish and operate an Aids Centre. | <ul style="list-style-type: none"> Upgrade Clinics Aids Council / Centre | <ul style="list-style-type: none"> R9 089 000 R14 422 000 |
| NC NC091 Sol Plaatjies LM | <ul style="list-style-type: none"> HIV/AIDS | <ul style="list-style-type: none"> EDM must join the ranks of other service providers and stakeholders in a well co- | <ul style="list-style-type: none"> Primary health treatment of ill persons. Provision of medicine, doctors and nurses. | | |

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|------------------------------------|---|--|---|---|--|
| | | ordinated, integrated and sustainable onslaught against the HIV/AIDS pandemic with the goal of ultimately achieving a zero growth rate of infections. | Become involved in national strategies aimed at combating HIV/AIDS being prevention, research, monitoring, evaluation and human rights. - Poverty alleviation programmes - Care for affected orphans - Council and Institutional Structures | | |
| MP MP322 Mbombela LM | <ul style="list-style-type: none"> Food Control Upgrading clinics HIV/AIDS in workplace No HIV/AIDS workplace programme in place No local person to manage HIV/AIDS programme | <ul style="list-style-type: none"> Ensure by June 2004, that all foodstuffs sold to public are safe for human consumption. To facilitate by June 2004 access to quality clinic services for all residents of Mbombela within a 10km radius from homes. To protect and promote the rights of employees living with HIV/AIDS; To adopt a comprehensive management of HIV/AIDS in the workplace policy and programme by September 2002 Community awareness programmes; Contribute to treatment, care and support of employees infected with HIV/AIDS by 2005 | <ul style="list-style-type: none"> Enter into service agreement with Mpumalanga Department of Health for the management of environmental health. To apply on an agency basis through service agreements for the transfer of all day clinics to Mbombela; To improve mobile health care services to farms and small rural villages in partnership with provincial government; To form public private partnerships for the building of health facilities in consultation with the provincial government. To establish baseline data on prevalence and impact of HIV/AIDS among employees of Mbombela; Aids Awareness and Support Programmes in workplace. | <ul style="list-style-type: none"> Clinic alterations Provision of new clinics Health Education facilities | <ul style="list-style-type: none"> R500 000 R27 000 000 R60 000 |
| MP MP324 Nkomazi LM | <ul style="list-style-type: none"> Health Care and HIV | <ul style="list-style-type: none"> Provide and improve access to health care and the quality of care especially preventive and promote health. | <ul style="list-style-type: none"> Provision of new health centre and upgrading existing health centres; HIV/AIDS awareness; Construction of clinics; Provision of mobile clinics. | <ul style="list-style-type: none"> HIV/AIDS Centre Old age homes 3 Clinics 5x home based care programme 5x mobile clinics Prevention programmes | <ul style="list-style-type: none"> R 125 000 R 600 000 R 900 000 R 50 000 R 600 000 R 80 000 |
| NC DC09 Francis Baard DM | <ul style="list-style-type: none"> Mobile Clinics; Extending existing clinics & hospitals; HIV/AIDS awareness programmes; HIV/AIDS Centre; Training of Staff; Provision of medicine; Upgrading ambulances; Health care | <ul style="list-style-type: none"> To provide all households in district with adequate health services by 2012. Re-reduce the rate of infection of HIV/AIDS by at least 10% per annum. | <ul style="list-style-type: none"> Promote district health system; Implement the WHO declaration on health for all by 2012; Improve frequency and services of mobile clinics; Upgrade provision of health and ambulance services to | <ul style="list-style-type: none"> See page 87, 88, 89 and 90. | <ul style="list-style-type: none"> See page 87, 88, 89 and 90. |

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|--------------------------------|--|--|---|--|---|
| | programmes; Support and volunteer groups; Social management forum; Disabled facilities; TB prevention. | | Rural settlements; Enhance capacity of health institutions by training and recruitment of more doctors and nurses; Develop health standards for all service points; Train health professionals in management of opportunistic infections; Obtain resources and manpower to facilitate testing and counselling; Educate people on HIV/AIDS. | | |
| NC NC091 Sol Plaatjies LM | | | | | |
| NW DC39 Bophirima DM | <ul style="list-style-type: none"> • Home based care • Immunisation • HIV/AIDS • Childhood illnesses • TB • Emergency Medical Service • Emergency Medical Service • Health Centres • Personnel • Clinics | <ul style="list-style-type: none"> • To provide effective home based care for terminally ill patients including HIV/AIDS per health district by 2006 • To achieve 80% full immunisation of 1 year olds by 2006 • To reduce non-HIV related maternal mortality rate by 20% by 2006. • To implement integrated management of childhood illnesses by 90% by 2006. • To improve TB cure to 78% for the Bophirima DM area by 2006. • To improve access to emergency medical service at all municipalities by 2006. • To improve quality of emergency medical service by achieving 30% of personnel trained in advance emergency assistance by 2004. • To establish a health centre in each health sub district by 2006. • To achieve 75% personnel establishment for clinics and health centres by 2006. • To upgrade and establish | <ul style="list-style-type: none"> • Establishment of home based care at community level at identified public or government buildings by 2006 • Clinic based immunisation programme by health professionals. Community based immunisation with support of health professionals by 2003. • Community education and awareness on the impact of non clinic attendance. • Training of professional nurses in integrated management in childhood illnesses. • Training of community and family members to be DOT supporters by 2006. • Setting 24 hours emergency medical service station by 2003. Acquiring appropriate and adequate vehicles by 2006. • Training of 30% of personnel in advance emergency assistance by 2003. Training of 70% of personnel in Bophirima District Municipality by 2002. • Upgrading of the existing clinics to CHC and building of CHC. • Approval of personnel structures and funding thereof by 2006. • Upgrade and build clinics | <ul style="list-style-type: none"> • Training of health professionals to establish home based care. • Training of community and family members as DOT supporters. • Provincialisation of Emergency Medical Service. Setting up of 24 hours Emergency Medical Service Stations. • Training of personnel without any training in BAC. • Various Infrastructure projects | <ul style="list-style-type: none"> • No amounts indicated. |

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|-----------------------|--|--|--|---|----------------------|
| | | clinics and health offices in Bophirima District Municipal area by 2006. | according to clinic development plan. | | |
| NW NW392 Naledi LM | <ul style="list-style-type: none"> Home based care Immunisation HIV/AIDS Childhood illnesses TB Emergency Medical Service Emergency Medical Service Health Centres Personnel Clinics | <ul style="list-style-type: none"> Provide effective home based care for terminally ill patients including HIV/AIDS per health district by 2006 Achieve 80% full immunisation of 1 year olds by 2006 Reduce non-HIV related maternal mortality rate by 20% by 2006. Implement integrated management of childhood illnesses by 90% by 2006. Improve TB cure to 78% for the Bophirima DM area by 2006. Improve access to emergency medical service at all municipalities by 2006. Improve quality of emerg. med. service by achieving 30% of personnel trained in advance emergency assistance by 2004. To establish a health centre in each health sub district by 2006. To achieve 75% personnel establishment for clinics and health centres by 2006. To upgrade and establish clinics and health offices in Bophirima District Municipal area by 2006. | <ul style="list-style-type: none"> Establishment of home based care at community level at identified public or government buildings by 2006 Clinic based immunisation programme by health professionals; Community based immunisation with support of health professionals by 2003. Community education and awareness on the impact of non clinic attendance. Training of professional nurses in integrated management in childhood illnesses; Training of community and family members to be DOT supporters by 2006. Setting 24 hours emergency medical service station by 2003. Acquiring appropriate and adequate vehicles. Training of 30% of personnel in advance emergency assistance by 2003; Training of 70% of personnel in Bophirima District Municipality by 2002. Upgrading of the existing clinics to CHC Building of CHC. Approval of personnel structures and funding thereof by 2006. Upgrade and build clinics according to clinic development plan. | <ul style="list-style-type: none"> Training of health professionals to establish home based care. Training of community and family members as DOT supporters. Provincialisation of Emergency Medical Service. Setting up of 24 hours Emergency Medical Service Stations; Training of personnel without any training in BAC Various Infrastructure Projects | No amount indicated. |
| NW NW395 Molopo LM | <ul style="list-style-type: none"> Home based care Immunisation HIV/AIDS Childhood illnesses TB | <ul style="list-style-type: none"> To provide effective home based care for terminally ill patients including HIV/AIDS per health district by 2006 To achieve 80% full immunisation of 1 year olds by 2006 To reduce non-HIV related maternal mortality rate by 20% by 2006. | <ul style="list-style-type: none"> Establishment of home based care at community level at identified public or government buildings by 2006 Clinic based immunisation programme by health professionals; Community based immunisation with support of health professionals by 2003. Community education and awareness on the impact of | <ul style="list-style-type: none"> Training of health professionals to establish home based care. Training of community and family members as DOT supporters. | No amount indicated. |

| Municipality | Issue | Objective | Strategy | Projects | Allocation |
|----------------------------------|---|--|---|---|-----------------------|
| | <ul style="list-style-type: none"> Emergency Medical Service | <ul style="list-style-type: none"> To implement integrated management of childhood illnesses by 90% by 2006. To improve TB cure to 78% for the Bophirima DM area by 2006. To improve access to emergency medical service at all municipalities by 2006. | <ul style="list-style-type: none"> non clinic attendance. Training of professional nurses in integrated management in childhood illnesses; Training of community and family members to be DOT supporters by 2006. Setting 24 hours emergency medical service station by 2003. Acquiring appropriate and adequate vehicles by 2006. | <ul style="list-style-type: none"> Provincialisation of Emergency Medical Service. | |
| NW NW395ii | <ul style="list-style-type: none"> Emergency Medical Service Health Centres Personnel Clinics | <ul style="list-style-type: none"> To improve quality of emergency medical service by achieving 30% of personnel trained in advance emergency assistance by 2004. To establish a health centre in each health sub district by 2006. To achieve 75% personnel establishment for clinics and health centres by 2006. To upgrade and establish clinics and health offices in Bophirima District Municipal area by 2006. | <ul style="list-style-type: none"> Training of 30% of personnel in advance emergency assistance by 2003; Training of 70% of personnel in Bophirima District Municipality by 2002. Upgrading of the existing clinics to CHC Building of CHC. Approval of personnel structures and funding thereof by 2006. Upgrade and build clinics according to clinic development plan. | <ul style="list-style-type: none"> Setting up of 24 hours Emergency Medical Service Stations; Training of personnel without any training in BAC Various Infrastructure Projects | No amounts indicated |
| WC MM City of Cape Town MM | <ul style="list-style-type: none"> HIV/AIDS | <ul style="list-style-type: none"> Ensure a healthy city for all the people. | <ul style="list-style-type: none"> Anti Retrovirals; Aids information campaign; Limit the rate of infections due to aids; Equitable treatment of HIV positive staff; Aids budget; Develop aids strategy; Counselling and testing; Initiatives to care for orphans. | <ul style="list-style-type: none"> Plan and roll out phase 1 of HIV/AIDS strategy. | Not specified as yet. |

Appendix E: Description of Health Projects per Municipality

| Municipality | Project Description | | |
|----------------------------------|---|--|---|
| | Infrastructure Projects | Curative Projects | Preventative Projects |
| EC DC44 Alfred Nzo DM | <ul style="list-style-type: none"> Upgrade of existing clinics to an acceptable standard, by improving the conditions of clinics. An amount of R10m has been budgeted for the 2002/3/4 and 5 financial years by the DoH. Construction of new hospitals to reduce congestion and to improve curative services, by improving health services. Amounts of R10m, R5m, R500 000 and R500 000 have been budgeted for the 2002/3/4 and 5 financial years by the Department of Health and Public Works. | | |
| EC EC05b2 Umkhulu LM | <ul style="list-style-type: none"> To improve health services and to have clinics built and hospitals renovated. A total amount of R32,5m is allocated for the implementation of this project. (An amount of R8,5m, R10,5m R9m and R4,5m is allocated for year 1 – 4). | | <ul style="list-style-type: none"> Aids awareness. An amount of R125 000, is budgeted from year 1 – 4. Encourage and nurture people living with Aids. A total amount of R1,2m is budgeted for this project. (R75 000, R500 000, R225 000 and R100 000 is allocated for year 1 – 4). |
| FS DC19 Thabo Mofutsanyane DM | <ul style="list-style-type: none"> Promotion of well functioning clinics and hospitals - This project will be implemented in each of the 5 years. No funding is as yet budgeted for. Motivate necessity of improvements and maintenance to health facilities and provision of a 24-hour service - No funding allocated. This will be implemented in each of the 5 years. | <ul style="list-style-type: none"> Improve care of chronically ill patients - No funding allocated. To be implemented in year 1 – 5. Establish home-based care in all local municipalities - No funding allocated. To be implemented in year 1 – 5. Facilitate adoption of orphans of HIV/AIDS patients - R4000 allocated. To be implemented in year 1 – 5. Encourage Department of Health to increase care rates of TB - To be implemented in year 1 – 5. No funding allocated. Provide effective Environmental Health Services - To be implemented in year 1 – 5. No funding allocated. | <ul style="list-style-type: none"> Establishment of database for health services, resources etc. - This will be implemented in year 1 of the plan. An amount of R50 000 is budgeted for. Provide information on expenditure of clinics to Department of Health - No funding is allocated as yet. This will be implemented in each of the 5 years. Establish district HIV/AIDS consortium - To be implemented in year 1. R20 000 allocated. Train traditional healers and leaders on HIV/AIDS - No funding allocated. To be implemented in year 1. |
| GT MM Tshwane MM | <ul style="list-style-type: none"> Extensions, upgrades and maintenance to clinics. | <ul style="list-style-type: none"> Additional staff. Patient Record System. Expansion of primary health care facilities. | <ul style="list-style-type: none"> HIV/AIDS Program. Health Management Information system. |
| KZN DC22 Umgungundlovu DM | <ul style="list-style-type: none"> Construction of clinics and CHC's and specialised clinics is to commence on 1 July 2002. | <ul style="list-style-type: none"> Provision of mobile clinics in remote areas. The commencement date for this project is 1 July 2002. An amount of R1 000 000 has been set aside on the annual budget by the Department of health and the District Municipality. | <ul style="list-style-type: none"> Health awareness and promotion programme is the concern of the District Municipality. An amount of R200 000 has been budgeted for and the commencement date is 1 July 2002. Involvement of traditional leaders in health. This will commence on 1 July 2002. No money has been budgeted for this project. Volunteerism programme. An amount of R100 000 has been allocated for commencement on 1 July 2002. Community health workers. R4000 000 has been set aside by the Department of Health for |

| Municipality | Project Description | | |
|-------------------------------|--|---|---|
| | Infrastructure Projects | Curative Projects | Preventative Projects |
| | | | commencement on 1 July 2002. |
| KZN KZ224 Impendle LM | <ul style="list-style-type: none"> HIV/AIDS Support Centre. A total amount of R1 230 000 has been budgeted for by the National Development Agency. Impendle Local Municipality will serve as the service provider. This project will commence in 2004/5 to 2006/7. (See pg 45) Expansion of Impendle Cemetery, Compensation Cemetery and Ukukhanya Cemetery. A total amount of R150 000 has been budgeted for by the Umgungundlovu District Municipality. The projects will commence in 2002/3, 2003/4 and 2004/5 financial years respectively. (See pg 45) The construction of Mahlutshini Stationery Clinic. (R1 500 000) will be implemented from 2002 – 2004, Ntshinyabantu Stationery Clinic R1 700 000 will be implemented from 2003 to 2005, Similobha Stationary Clinic (R1 900 000 will be implemented from 2005 to 2007 and the mobile clinic service will be improved over the 5 years (2002 – 2007) at an amount of R6 200 000. The Department of Health has been identified as the funder. | | <ul style="list-style-type: none"> HIV/AIDS Awareness and Education Campaign. A total amount of R10 803 000 has been budgeted for. Umsobumvu is identified as the funder and Impendle Municipality will serve as the service provider. Amounts have been budgeted in each of the 5 years. |
| KZN KZ225 Msunduzi LM | <ul style="list-style-type: none"> Finalise Clinic / CHC Establishment HIV/AIDS Funding – Costs | <ul style="list-style-type: none"> Implement DOTS Programme for TB. Home Based and Hospice Care. Environmental Health. Pollution Monitoring and Control. Voluntary Counselling and Testing. Orphans Housing Workshop. | <ul style="list-style-type: none"> Establishment of District Health Services. Community Health Workers. Community Health Education. City Wide Education and Training Partnership. Implement Msunduzi Referral Network. Comprehensive Nutrition and Food. Vulnerable children support and care. |
| LP DC33 Mopani DM | <ul style="list-style-type: none"> To acquire land for development of health facilities (clinics, health centres, hospitals and youth information centres). (R100 000). Establish community based care facilities and funding thereof –Purchasing of furniture and equipment. (R200 000). Purchasing and maintenance of health care services (R187 000) | | <ul style="list-style-type: none"> To co-ordinate support/coach the implementation of quality primary health care services in the district: <ul style="list-style-type: none"> Support awareness campaigns, purchases of condoms, training on VCT (R1 million). Awareness campaign to decrease number of children and adults with malnutrition and decrease mortality and morbidity rates related to micronutrient conditions (R18 000 000). Training of staff to co-ordinate implementation of routine immunization programme, awareness campaign. (R170 000) Training of staff in different programmes (R160 000). Environmental Health awareness campaign (R4 000 000). |
| LP NP331 Greater Giyani LM | <ul style="list-style-type: none"> Social Worker Services for disabled and the establishment of community based care facilities. | <ul style="list-style-type: none"> Primary school feeding scheme to provide healthy foods in all primary schools. This has | |

| Municipality | Project Description | | |
|--------------------------------|---|--|---|
| | Infrastructure Projects | Curative Projects | Preventative Projects |
| | <p>This has been prioritised to be implemented in the 2002/03 financial year. An amount of R50 000 has been budgeted for.</p> <ul style="list-style-type: none"> • Completion of the New Nkhensani Hospital - This will be implemented from 2002 - 2005. The source of funding is the Department of Health and Welfare and an amount of R54m has been placed on the budget. It also includes the employment of medical practitioners and staff and better medication. • Erection of Ndengeza Clinic and the provision of better medication. An amount of R2m is budgeted for in the 2002/03 financial year by the Department of Health and Welfare. | <p>also been prioritised for implementation in the 2002/03 financial year. An amount of R20m has been budgeted for.</p> <ul style="list-style-type: none"> • HIV/AIDS Awareness Campaigns - Promoting community awareness and skills development. An amount of R522 000 has been placed on the budget for the 2002/03 financial year. | |
| LP NP333 Greater Tzaneen LM | <ul style="list-style-type: none"> • Upgrading of 4 clinics. Amounts of R8 392 000; R1 800 000; R1 695 000; R1 771 000 and R2 031 000 are budgeted by the Department of Health and Welfare for the five consecutive years (2002 – 2006) respectively. | | <ul style="list-style-type: none"> • Also the establishment of an AIDS Council and Aids awareness programmes. Amounts of R2 616 000; R2 572 000; R2 572 000; R2 587 000 has been budgeted for the five consecutive years (2002 – 2006). The responsible agency is GTM. |
| MP DC32 Ehlanzeni DM | <ul style="list-style-type: none"> • Youth centres. An amount of R500 000 has been allocated for each of the 5 years. The funding source is EDM. • Establishment of health care centres. A total amount of R4million annually has been budgeted for. The funding source is not stated. | <ul style="list-style-type: none"> • Workplace policy on HIV/AIDS and poverty alleviations and gender equity programme. The cost is to be complied by the Department of Corporate Services. No amount has been budgeted for. • Evaluate existing programmes. An amount of R10 000 has been budgeted for each of the 5 years. • Implement new strategies. No funding has been allocated. The funding agency is the Health Systems Trust. | <ul style="list-style-type: none"> • Prevention programmes – An amount of R100 000 has been allocated by EDM for each of the 5 years. • Legal support – victim protection centres. An amount of R300 000 has been allocated for the first 4 years of implementation. The funding source is unknown. • Institutional structures. Amounts of R600000, R640000, R680000, R720000, R750000 have been budgeted for the 5 respective years and SANCA were identified as the proposed funding agency. |
| MP MP322 Mbombela LM | <ul style="list-style-type: none"> • To facilitate by June 2004 access to quality clinic services for all residents of Mbombela within a 10km radius from homes. An amount of R250 000 has been budgeted for during the 2003/4 financial years for clinic alterations. • To ensure by June 2004 that all foodstuffs sold to the public within Mbombela's area of jurisdiction is safe for human consumption. An amount of R20 000 and R10 000 have been budgeted for during the 2003/4; 2005/6 financial year respectively for laboratory facilities. • Amounts of R2 500 000 and R500 000 has been allocated towards the provision of new clinics for implementation during the 2004/5 and 2005/6 financial year respectively. This will be funded by CMIP and Provincial Government. | <ul style="list-style-type: none"> • To improve mobile health care services to farms and small rural villages in partnership with provincial government. | <ul style="list-style-type: none"> • Health Educational facilities. An amount of R48 000 and R12 000 has been budgeted for during the 2003/4; 2005/6 financial year respectively for this. |
| MP MP324 Nkomazi LM | <ul style="list-style-type: none"> • 2 Maternity Sections (R100 000: 2002/2003). • HIV/AIDS Centres (R125 000: 2002 – 2006). • 3 Clinics (R900 000: 2002 – 2005). | <ul style="list-style-type: none"> • Evaluation: 5 x Home Based Care Programmes (R50 000 - 2002/3) | <ul style="list-style-type: none"> • Prevention Programmes (R80 000 - 2002 – 2006) |

| Municipality | Project Description | | |
|--------------------------------------|---|---|---|
| | Infrastructure Projects | Curative Projects | Preventative Projects |
| | <ul style="list-style-type: none"> Upgrading 4 x Clinics (R120 000: 2002 – 2005). 5 Mobile Clinics (R600 000: 2002 – 2004). | | |
| NC DC09 Francis Baard DM | | <ul style="list-style-type: none"> A need exists to increase the number of doctors and nurses available and also to increase the number of hospitals and clinics built. The activities include recruiting candidates for training, obtaining acceptance to appropriate medical schools, soliciting for sponsorship, applying for funding for new hospitals or clinics, tendering and advertising, appointing a consultant contractor and construction. An amount of R200 000 has been budgeted for during the 2002/3 financial year. | <ul style="list-style-type: none"> A need further exists to reduce the rate of infection of HIV/AIDS by at least 10 % per annum. This will be done by educating people on HIV/AIDS, advocating the merits of undertaking HIV/AIDS tests and obtaining resources and manpower to facilitate testing and counselling. Amounts of R288 500, R360 228, R396 250, R435 875 and R480 000 have been budgeted for during the 5 year period. Furthermore, a need exists for high public awareness on HIV/AIDS issues and changes in behaviour patterns. This is a holistic and comprehensive HIV/AIDS programme. Amounts of R232 000, R340 000, R374 000, R410 000 and R450 000 have been budgeted for during the 5 year period. |
| NC NC091 Sol Plaatjies LM | | | |
| NW DC39 Bophirima DM | <ul style="list-style-type: none"> Upgrading and establishment of health care services, health centres and upgrading of clinics have been identified as projects in Lekwa Teemane Local Municipality. An amount of R15 000 000 has been allocated for this project. The Health Department has been identified as the lead provincial department. The lead district department is the Department of Community Health and Social Services. | <ul style="list-style-type: none"> Emergency medical services in Naledi Local Municipality. No money has been allocated to this project. The Health Department has been identified as the lead provincial department. The lead district department is the Department of Community Health and Social Services. Two doctors for Bray Hospital, 2 mobile clinics, provision of health facilities have been identified as projects in Molopo Local Municipality. No funding has been allocated. | <ul style="list-style-type: none"> Improvement of health services, emergency medical service and a 24 hour health service in Amalia and Glaudina have been identified as projects in Schweizer Reneke Local Municipality. No money has been allocated to these projects. The Health Department has been identified as the lead provincial department. The lead district department is the Department of Community Health and Social Services. |
| NW NW392 Naledi LM | | <ul style="list-style-type: none"> Only one project is identified namely the provision of quality emergency medical service at community level. No funding has been allocated for this project. | |
| NW NW395 Molopo LM | | <ul style="list-style-type: none"> Appointment of 2 doctors at Bray Hospital and the improvement of health services to the community. No funding has been allocated for these projects. | |
| WC MM City of Cape Town MM | <ul style="list-style-type: none"> Health has been identified as a priority issue. The City of Cape Town has also planned for the implementation of an urban renewal strategy to deal with social problems such as health. It is the City/s mission to combat HIV/AIDS | | <ul style="list-style-type: none"> The treatment and prevention of TB and HIV/AIDS. |

Appendix F: Selected Health Activities per Municipal IDP

| Municipality | Environmental Health | Clinic Activity | Hospitals | HIV/AIDS | MCWH |
|----------------------------------|---|--|---|--|--|
| EC DC44 Alfred Nzo DM | It is dealt with under a waste management strategy. Issue - Waste management is problematic. Objective - Promote waste control and minimise diseases. Strategy - Develop a waste management strategy. | There are 33 clinics in the Umzimvubu Municipality. Of these, 7 are in Mt Ayliff, 16 in Maluti and 10 in Mt Frere. The majority of these need repairs and there is a programme in place to renovate them. The availability of clinics are seen as a strength. Weaknesses include under resourced, poor infrastructure, equipment, shortage of medication and doctors. Also poor service provision in that clinics fail to remain open for 24 hour and over weekends. Local doctors are also not entering the public service. | There are 2 hospitals, Mary Teresa Hospital in Mt Frere and Mt Ayliff hospital in Mt Ayliff to service Umzimvubu municipal area. Mary Teresa is an old dilapidated hospital, which is to be relocated to a new site. Construction of a new 250 bed hospital is due to start in 2002. Mt Ayliff is a 167 bed hospital. It has recently been renovated and still needs further work through renovations and extension. This has been identified as a project for implementation commencing in 2002. | Compared to the HIV status of the rest of the Eastern Cape Province, Alfred Nzo District Municipality has the highest HIV rates. (24,1% as compared to 20,2% in the rest of the Eastern Cape). Despite attempts to combat the disease, the spread is continuing. An in-depth analysis identifies the problems, causes, trends, extent of impact, affected areas and resources and potential. | Mention is made of an MCWH programme in operation. |
| EC EC05b2 Umzimkhulu LM | Diseases like TB / cholera and typhoid / diarrhoea etc. Polluted water. Land pollution pollutes water sources. Springs are unprotected. Sewage effluent from hospital. Smoke affect workers and community. Absence of abattoirs. Use of bucket system. Absence of proper water borne sewerage system. Septic tanks contaminating underground. Pit latrines result in outbreak of cholera. Cattle roaming and cow dung. Installation of purification plants for tap water system. Promote community health education. Manage waste disposal. | Establish well-equipped and accessible health institutions and food for patients. Refresher course for nursing staff and job rotation. Provision of more clinics. Identify unused buildings for clinics (mobile). Upgrade existing dilapidated buildings. Establish new health service centres. | Build and renovate hospitals Two hospitals extended by 2006 Upgrade existing dilapidated buildings Renovation to Rietvlei Hospital, St Margaret's Hospital at R4m and R2m respectively | District Municipality, all Government Departments, Traditional Leaders and Healers, Faith Leaders, the Church and Youth Groups. Resource centre developed and utilised by year 2003/4 Home-based care extended by 2002/3 Improve counselling and support Statistics for HIV/AIDS orphans gathered by 2004 Creation of incentives for volunteers through NGO's | No mention is made of MCWH. |
| FS DC19 Thabo Mofutsanyane DM | Provide support to Department of Health and Local Municipalities to provide effective Environmental Health Services. To provide a safe and healthy environment for all residents. Reduce the use of wood and coal as an energy source and encourage people to make use of alternative sources of energy. Promote implementation of alternative sanitation systems that are cost effective. Encourage municipalities to ensure that all | Urban areas are mostly serviced by clinics and health care centres while rural areas by mobile clinics. There are 69 Primary Health Care Clinics in the district. In small towns a 24 hour service is not available. Mobile clinics operate at more than 1000 points throughout the districts. Mobile clinic service is still not | Co-ordinate provision of equipment, staff and services where it is needed and promote better services by the Department of Health and all clinics and hospitals. Level 2 hospitals are situated in Bethlehem and Phuthaditjhaba. | HIV/AIDS scenario and statistics. People reluctant to talk about the disease. Provide support to children affected by HIV/AIDS. Co-ordinate efforts of NGO's, CBO's, traditional leaders and local government to fight HIV/AIDS. Publish statistics on HIV/AIDS. Establish a district HIV/AIDS Consortium. Facilitate adoption of orphans of HIV/AIDS parents. | No mention is made of MCWH. |

| Municipality | Environmental Health | Clinic Activity | Hospitals | HIV/AIDS | MCWH |
|------------------------------|--|---|----------------------------------|--|-----------------------------|
| | communities are educated in terms of the prevention of all forms of pollution. To ensure that the sanitation infrastructure of the entire region has sufficient capacity and functions properly. Advise municipalities on appropriate measures to control health risks at solid waste dumping sites. Assist local municipalities to control health and environmental risks in the management of solid waste. | adequate and does not cover all areas. Stock control is a major problem. Staff is not motivated and well trained and people with adequate training such as doctors, do not visit clinics regularly enough. Lack of trainer personnel, equipment and medicine, specialised services and operating hours. | | Train traditional healers and leaders on HIV/AIDS issues. | |
| GT MM Tshwane MM | Water pollution, land pollution, air pollution. Water and Sanitation Management Strategy. Food safety. Rodent Infestation. Accumulation of refuse in settlements. No portable drinking water available. Pit latrines, ground water pollution. Dumping and refuse. Lack of sanitation. Animal keeping in residential areas | Shortage of staff. Maintenance, upgrading, extensions and alterations required. Lack of facilities at clinics. Ill equipped. Statistics – health workers, doctors etc Utilisation of clinics. | No mention is made of hospitals. | HIV/AIDS strategy and programme. Fragmented approach to HIV/AIDS – community. Success support group Community mobilisation, prevention and care HIV/AIDS – Projects in Tshwane Project and budget | No mention is made of MCWH. |
| KZN DC22 Umgungundlovu DM | Solid waste High density development Lack of services Capacity of landfill Water pollution Industrial effluent Polluted run off from poorly serviced settlements Catchment degradation Inappropriate agricultural development Destruction of wetland areas Soil erosion. | Provision of mobile clinics in remote areas, construction of clinics, community health centres and specialised clinics. | No mention of hospitals is made. | Predisposing factors - Migrant labour system, extreme levels of poverty, stigma associated with HIV/AIDS approach to relationships, promiscuity, unprotected and unsafe sex, gender issues. Results - Lack of formal health care facilities; Support systems not established; Cemeteries no capacity; High number of Aids orphans; Impact on all development sectors; Outcome - Awareness programme for all; Integrate people with Aids into society; Facilities for orphans and sufferers; Co-ordination. | No mention is made of MCWH. |
| KZN KZ224 Impendle LM | No mention is made of environmental health. Reference is only made to sanitation and the spread of diseases arising from consumption of contaminated water. Air pollution and smell arising from poor sanitation is also mentioned. | Clinic upgrades and construction. Improvement to mobile clinics and medicine supply. Only 2 clinics service Impendle. | No mention is made of hospitals. | Statistics not available. Cemeteries and Cematoria Plan for District Council. Projected mortality rates. Need for awareness about disease. Social impact – increased number of orphans, poverty pressure. Economic impact – job loss. Pressure on health facilities and increasing need for cemeteries. Changes in population structure. Population decline. | No mention is made of MCWH. |
| KZN KZ225 Msunduzi LM | Inadequate environmental health service in Vulindlela. Inadequate sanitation in schools and homes | Entire municipal area is now well provided with primary health care nursing services | No mention is made of hospitals. | HIV/AIDS – 100 000 residents are HIV positive and 250 deaths per month. | No mention is made of MCWH. |

| Municipality | Environmental Health | Clinic Activity | Hospitals | HIV/AIDS | MCWH |
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| | in Vulindlela. Waste disposal. Littering and illegal dumping is wide spread. | (clinics) and the only areas not meeting standards of 1 per 200 000 people, 1 within 2,5km in urban areas + 1 within 5km in rural areas are: <ul style="list-style-type: none"> • Slangspruit • Kwa Mpande / Nxamalala area • 24 hour facility in Vulindlela Staff shortages mean that not all clinics are able to open 5 days per week | | | |
| LP DC33 Mopani DM | Air pollution – major environmental problem affecting most areas in Mopani. Magnitude of this problem is high.. Water pollution - Many people live in rural areas and depend on river water. Magnitude of problem is the overflow of sewage plant to the streams (Sewage leakage into streams). Refuse removal - Most people in Mopani reside in rural areas where there is no form of refuse removal done by the municipalities. Most of the disposal sites are not protected and children and animals can easily access them which can pose serious health risks. Projects - Implementation of environmental health services to decrease morbidity and mortality rates related to environmental health hazards or issues. Inspection of business facilities. | Identification of land for clinic facilities spatial project | Identification of land for hospital facilities, spatial project. | Facilitate the localization of District Aids Council by June 2002. To establish care givers for home based aids patients Train nurses on immunisation issues, cold chain maintenance etc. Integrated HIV/AIDS Programme HIV/AIDS Business Plan (2002/3) High rate of STI/HIV/AIDS/TB infection in District. Reduce infection rate Improve management control of STIS and TB Develop capacity towards strengthening and implementation of voluntary testing and counselling. Mother to child HIV transmission programme. Support and regular surveillance. | No mention is made of MCWH. |
| LP NP331 Greater Giyani LM | Air pollution, water pollution. No specific in-depth analysis of environmental health appears in the document. Mention is however made of littering and solid waste disposal sites not adhering to the requirements of the Department of Environmental Affairs and Tourism. No refuse removal system in rural areas. Sanitation is a major problem. | There are 17 Clinics and 10 Satellite Clinics allocated with 1 personnel each and 4 mobile clinics. Some of villages have no health facilities and community members are compelled to travel long distances to access health facilities. The construction of Ngengeza Clinic has been identified as a project for implementation in the 2002/03 financial year. | There is one Community Hospital in the Greater Giyani Municipal area and 2 health centres. The completion of the new Nkhensani Hospital is identified as a project for implementation between 2002 and 2005. | An unknown number of people have tested positive. Information of infected people is not available. The local economy is affected through absenteeism and termination of services on account of death. HIV/AIDS awareness campaigns have been prioritised for implementation in the 2002/03 financial year. | No mention if made of MCWH. |
| LP NP333 Greater Tzaneen LM | To control the impact of harmful activities, products or services on the environment by reducing water borne diseases; the number of non-compliance cases; and minimizing environmental stresses. To implement an environmental conservation education | To facilitate the service provision with Department of Health by the upgrade of 4 clinics and situation analysis. Shortage of clinics and staff. Shortage of ambulances | No mention is made of hospitals. | Negotiate with all private and public health care providers on the establishment of an AID-council / centre. Establishment of HIV/AIDS Council before 31 December 2002. Amalgamation of existing Aids forums. | No mention is made of MCWH. |

| Municipality | Environmental Health | Clinic Activity | Hospitals | HIV/AIDS | MCWH |
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| | programme. Improving the standard of hygiene in food handling / preparation premises to prevent food borne diseases. Administer support to provide for effective environmental health services. Prevent & control the occurrence and distribution of mosquito's, rodents & other vectors, which can lead to the transmission of diseases. | Shortage of trained personnel, equipment, vehicles and supplies. Upgrade 4 clinics. | | Awareness programs / strategies documented. | |
| MP DC32 Ehlanzeni DM | No specific mention is made of environmental health. It is dealt with under waste management and sanitation. | Upgrading and provision of clinic facilities. | No mention is made of hospitals. | Aids Council strategy/structure should be finalised and implemented. | |
| MP MP322 Mbombela LM | The document deals with environmental health in its Environmental Management Programme. It describes aspects of air and water pollution control and monitoring, disaster management and public safety projects. Access to clean water is a problem in Mbombela. Sanitation is dealt with as a development priority under the development goal of basic needs. Environmental health is dealt with as an issue under Environmental Management which is the development priority under the developmental goal of Social Transformation. Not much mention is made of environmental health. It is however covered in the subsection of sanitation and waste management (basic needs) | Improve frequency and services of mobile clinics. Upgrade clinics. Clinic alterations. Construction of new clinics. Most of the communities have access to clinic services 8 hours a day although the clinics are quite far from some homes. | No mention is made of hospitals. | Strategies: Community health forums. Develop more health facilities. Equip health facilities with medicine. Offer counselling. Recruit and train volunteers. Build multi purpose community centres. Make funds available to NGO's and CBO's. Establish links with Department of Social Services and other stakeholders to help orphaned children and street children. Develop workplace programme and policy. Form HIV/AIDS committee. Train all safety reps on HIV/AIDS and infection control. Identify and train workplace peer educators on HIV/AIDS and STD's. Train health care workers of clinics. | No mention is made of MCWH. |
| MP MP324 Nkomazi LM | Waste Management. Traditional Medicine Nursery. Pollution. | There are 29 clinics and 18 additional clinics, one of which will provide a 24 hour service are planned for Nkomazi. One community hall centre is planned for the future. 6 Ambulances (3 are new). | Shongwe hospital has 4 ambulances and 2 patient transporters. The remaining 2 ambulances are located to Tonga Hospital (360 beds) whilst Shongwe Hospital has 250 beds. | HIV/AIDS Awareness. Build Testing sites and HIV/AIDS Centres. Collaboration with government departments and the HIV/AIDS awareness. Increase of HIV/AIDS infected and affected people in Nkamazi. Ensure all existing home based care programmes are functional. Decrease and improve HIV/AIDS infection. Create awareness on HIV/AIDS, STD & TB. Encourage people to go for testing. Reduce stigma of HIV/AIDS. Increase HIV/AIDS services available to all. Reduce mother to infant infection. Provide counselling to HIV/AIDS infected pregnant women. Reduce HIV/AIDS infections to rape victims. Reductions of stereotypes and discrimination. Ensure follow up care and testing. Research the extent of the problem. Recruit personnel. Co-ordinate Aids Council. Programmes for orphans and child headed households. | No mention is made of MCWH. |
| NC DC09 | Municipal dump centres identified. Refuse and garbage disposal in specific | Improve frequency and services of mobile clinics. | Apply for funding for new hospitals. | Public awareness, engage all stakeholders and partners in fight against HIV/AIDS, design | No mention is made of |

| Municipality | Environmental Health | Clinic Activity | Hospitals | HIV/AIDS | MCWH |
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| Francis Baard DM | sites. Solid waste appropriately managed. | Upgrade provision of health and ambulance services to rural settlements. Recruit more doctors and nurses. Increase number of clinics built. Apply for funding for new clinics. | Increase number of doctors and nurses. Upgrade provision of health and ambulance services to rural settlements. | HIV/AIDS programmes, promote voluntary testing and counselling, promote condom usage, manage STD's. Provide medicine against HIV/AIDS Monitor gender and HIV/AIDS programmes. Home-based care services in rural and urban areas. Workplace policy on HIV/AIDS. Burial support services. Voluntary counselling testing sites. | MCWH. |
| NC091 Sol Plaatjies LM | | | | | |
| NW DC39 Bophirima DM | Water pollution Decline in water quality. Groundwater quality may be unsuitable for human consumption in some areas. Air pollution. Threats of animal disease outbreaks. Spread of infectious diseases. Sewerage treatment. Reduce and manage urban pollution and Waste. | Clinic upgrades and construction. Mobile clinics required. | Doctors and nurses required in Bray Hospital in Molopo Local Municipality. | Improving quality of residential areas, effective environmental management impact on economy. Small labour force lower labour productivity high cost pressures for companies lower labour income increased demand of health services less domestic savings Management of the HIV/AIDS pandemic. Pregnant women infected with HIV/AIDS. Approximately 56911 pregnant women in Bophirima District Municipality were infected by HIV/AIDS by 1999. 81 678 adults in Bophirima District Municipal area is infected by 2000. Institutional transformation. Counselling and testing of patients. Impact on cemeteries, education and social welfare. | |
| NW NW392 Naledi LM | Water pollution. Decline in water quality. Groundwater quality may be unsuitable for human consumption in some areas. Air pollution. Threats of animal disease outbreaks. Spread of infectious diseases. Sewerage treatment. Reduce and manage urban pollution and Waste. | Clinic upgrades and construction. Mobile clinics required. | No mention is made of hospitals. | Management of the HIV/AIDS pandemic. Pregnant women infected with HIV/AIDS. Approximately 56911 pregnant women in Bophirima District Municipality were infected by HIV/AIDS by 1999. 81 678 adults in Bophirima District Municipal area is infected by 2000. Institutional transformation. Counselling and testing of patients. Impact on cemeteries, education and social welfare. | No mention is made of MCWH. |
| NW NW395 Molopo LM | Water pollution. Decline in water quality. Groundwater quality may be unsuitable for human consumption in some areas. Air pollution. Threats of animal disease outbreaks. Spread of infectious diseases. Sewerage treatment. Reduce and manage urban pollution and Waste. | Clinic upgrades and construction. Mobile clinics required. | Doctors and nurses required in Bray Hospital in Molopo Local Municipality. | Improving quality of residential areas, effective environmental management impact on economy. Small labour force lower labour productivity high cost pressures for companies lower labour income increased demand of health services less domestic savings Management of the HIV/AIDS pandemic. Pregnant women infected with HIV/AIDS. Approximately 56911 pregnant women in Bophirima District Municipality were infected by HIV/AIDS by 1999. 81 678 adults in Bophirima District Municipal area is infected by 2000. Institutional transformation. Counselling | No mention is made of MCWH. |

| Municipality | Environmental Health | Clinic Activity | Hospitals | HIV/AIDS | MCWH |
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| WC MM City of Cape Town MM | <p>It is stated in the City/s mission that every person takes responsibility for the good order, high standards and upkeep of the City and its environment. The City also seeks to create safer physical environments and urban renewal programmes. Pollution will be prevented through clean-up and awareness campaigns (Pledge 2 – A caring City for all the people).</p> <p>Problems experiences:</p> <ul style="list-style-type: none"> Littering and illegal dumping Decrease in air quality resulting from increased motor vehicles Deteriorating water quality Unsafe river systems Main cause of water pollution is storm water discharge and littering Inadequate waste removal Lack of access to clean drinking water, sanitation and drainage leads to poor environmental health <p>Implications:</p> <ul style="list-style-type: none"> Control sources of air pollution eg. promote public rather than private transport Promote cleaner and safer energy sources Control sources of deteriorating water quality through effective management of all wastewater systems Combat illegal dumping and littering | <p>Better access to clinics and medical facilities is identified under priorities linked to corporate lead projects. The current reality concerning clinics is not described. This seems to indicate that there are enough clinics or that health facilities were not considered or that health facilities is not viewed as being a priority.</p> | <p>No mention is made of hospitals.</p> | <p>and testing of patients. Impact on cemeteries, education and social welfare.</p> <p>Equitable treatment of HIV positive staff and staff education Development of an Aids strategy Limit rate of infections due to aids Aids information campaigns Aids budget Counselling and testing Condoms – distribution Orphans Anti-retrovirals TB Infant mortality rate</p> | <p>No mention is made of MCWH.</p> |

Appendix G: PROPOSED CONTENT FOR A HEALTH CARE PLAN

A Health Care Plan does not stand alone, cannot be developed in a vacuum and its implementation will involve all of the agencies and groups that the municipality works with. The following is a guide to what a health care plan might contain²:

1. Vision, Mission, Objectives, Situational Analysis, Developmental Priorities, Strategies, Projects, Resources, Funding Sources, Budget.
2. Level of care and approach.
3. Health statistics.
4. Description of level of services
5. Types of health care facilities and services rendered.
6. Aspects relating to Health Information System; Food Safety; Legislative Reform; Methods of Improving Quality of Care Revitalisation of Hospital Services (National Planning Framework, Decentralisation of Hospital Management); Primary Health Care; Strategic Interventions to Reduce Morbidity and Mortality (Expanded Programmes on Immunisation, Infant and Child Health, Youth and Adolescent Health); Decreasing the Incidence of HIV/AIDS, STD's and TB; Communicable Disease and Malaria Control; Improving Women's Health and Reduce Maternal Mortality; Mental Health; Substance Abuse; Chronic Diseases; Geriatrics and Disability; Poverty Alleviation and Food Security Strategy; Tackling Violence Against Women and Children).
7. Resource Mobilisation, Allocation and Management (Strengthening, Planning, Budgeting and Monitoring Inter-provincial Equity; Social Insurance; Revenue Generation and Retention; Public Private Partnerships and Strengthening Co-ordination of Donor Funding).

² Interview with Dr Pailman 5th of February 2003