

Preface

The District Health System (DHS) is the vehicle through which the delivery of Primary health Care (PHC) services is taking place.

Some of the guiding principles for the vision for Health in South Africa are:

Coordination & decentralization of Health services to the lowest possible level of government,

Good quality services based on the health needs and priorities of communities

Special attention to vulnerable groups such as people suffering from TB, HIV and also women and children, effective management of resources.

The key to health for all South Africans is a **national development strategy** that incorporates PHC

The Integrated Sustainable Rural Development Program (ISRDP) is an initiative being driven from the President's office. Thirteen (13) of the most disadvantaged rural District Municipalities has been identified. The government is committed in improving the lot of the most impoverished communities and has linked with a multi-sectoral program to improve services in the identified rural nodes.

The ISRDP is a 10-year program with emphasis on integration of planning for services and a new major role for Local Government.

Local Municipalities are expected to coordinate all services in their area through the development and implementation of Integrated Development Plans (IDP).

The PHC approach is therefore regarded as an integral part of the IDP's.

The Greater Sekhukune District Municipal area has been identified as one of the 13 rural development nodes in the country. The National Department of Health (NDoH) has appointed Health Systems Trust on a 2-year contract basis to (in term of tender RT 1397 GP) assist this cross-boundary district municipality to improve the PHC management systems through the RDHS Project.

The main goals of this project are to

- Assist the District and Local Municipalities within Greater Sekhukune to establish relevant management and administration capacity in the delivery of PHC services. (Part A of the tender)
- Assist with the development and implementation of the District Health Management Information system. (Part B of the tender)

1. Introduction

This document tries to describe and analyses the situation regarding the health status and health services of the Greater Sekhukune District Municipality. An assessment of the extent to which health services address health needs was done, to explain what is happening and to identify factors that are facilitating or preventing progress in the district. As a result, it will also identify and highlight the priority health problems and needs of the district so that plans and strategies for addressing these issues can be developed, and help to form part of a District Health Plan.

The health care system is in the process of re-organising its services according to new local government (LG) boundaries. The challenges of this include:

- Health workers will have to make adjustments to new administrative areas.
- Local Government in Greater Sekhukune consists of two levels, 1 District municipality and 5 local municipalities, that will operate concurrently in the same geographical area.
- Three of the Local Municipality areas are situated in a cross-boundary area between Limpopo and Mpumalanga Provinces while the other two is situated in Limpopo Province.
- The size, population and resources of each municipality vary from area to area.

What is important is that:

- Health services are organised and managed efficiently and effectively.
- Equity is improved through the process of devolution by ensuring that municipalities share their resources fairly and equitably.
- Planning is based on an informed assessment of the local situation

It is critical that the LG councilors who were elected in December 2000 have the information required to make informed decisions about how the two tiers of LG can work together with the provincial DoH (Mpumalanga and Limpopo) to provide the “best deal” for the community.

For this reason, it was deemed important to under-take a detailed audit and analysis of the new district and local municipality areas with the intention of understanding how health care can be best organised to meet the needs of the community. Information is required for effective district health planning and management. Conducting a comprehensive situation analysis of the district can be seen as a step in the collection and use of information.

The basic approach was to look at various geographic, demographic and health system features and characteristics of the District Council, and its constituent local municipalities. Looking at these features and characteristics, the organisational, managerial and resource requirements for the provision of an effective service, were suggested.

This situation analysis can be helpful in a number of ways:

- To form the first step of a planning cycle for the health district
- It can be used as a monitoring and evaluation tool.
- It can bring the different types and categories of health worker together in a team-building exercise whereby the IDMT begins to work together and take responsibility for all the services in the district.
- It can form the basis for the District Health Plan and the District Health Report. Subsequent reports can be regarded as updates and improvements of the situation analysis.
- It identifies gaps or deficiencies in the information that is available, and in this way it contributes towards the development of a district health information system.

Greater Sekhukune District Municipality:

This cross-boundary District Municipal area consists of 5 Local Municipalities namely;

- Fetakgomo (NP03A3), situated within the boundaries of Limpopo Province,
 - Greater Groblersdal (CBLC4), a cross-boundary municipality between Limpopo and Mpumalanga Provinces
 - Greater Marble Hall (CBLC3), a cross-boundary municipality between Limpopo and Mpumalanga Provinces
 - Greater Tubatse (CBLC5), a cross-boundary municipality between Limpopo and Mpumalanga Provinces
 - Makhudutamaga (NP03A2), situated within the boundaries of Limpopo Province.
- (Schuinsdraai Nature Reserve - CBDMA3 was not included in this situation analysis)

Information in this document is mainly presented in table format to provide the reader with a quick comparative overview on the situation with regards to health services in each of the sub-districts.

(The term sub-districts refers to the Local Municipal area and is mainly a term used in the health department to differentiate between District and Local Municipal areas.)

Strategic priorities of the Provincial Department of Health and Welfare: Limpopo Province:

- To manage and improve health outcomes for HIV/Aids, STI's and TB
- To reduce Infant and Child mortality
- To control communicable diseases
- To develop the District Health System and the delivery of the PHC package
- To improve emergency and patient transport
- To improve logistical and other support
- To implement the hospital revitalization program
- To improve capacity and access to regional and tertiary services in the province
- To develop Human Resources for quality management and service delivery
- To generate revenue.

The following table provides an overview of Health Management aspects within Greater Sekhukune District Municipality.

Table 1: An overview of Health Management within Greater Sekhukune District Municipality.

	Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga
District Councillor for Health	Maggie Maditsi	Mrs Thembekile	Ms S Z Modige	Julia Makofane	Mrs G Tlaka
Integrated development plans	Available at Local municipal but minimal input from the Health Sub-district	In place	In process- at the stage of prioritising projects.	Done and include some health priorities	Yes document is available
Sub-District Management team for Health Services	0	0	0	0	10 members T N Mkosana BL Seleka M J Manchidi T S Malwa R J Thutse N H Thebjane D Matlala M M Tladi C M Makobe M M Mphela M S Mogale
Governance structures	Health portfolio committee and clinic committees.	Health portfolio committee and Clinic committees	Health portfolio committee and Each ward has clinic committee members	Health portfolio committee and Health committees but not active because they need incentives. Hospital board active.	Health portfolio committee and Hospital board, clinic committees
Community involvement in Health	Hospital board	None	Yes- through monthly meetings with clinic committees	Steering and ward committees and executive committee.	Yes, NGO. CBO, Traditional healers, Youth groups, Volunteers

Discussions:

- Local Municipalities developed integrated development plans and generic health issues are included. Local health departments had limited involvement in the plans
- District Councillors for health are active in all sub-districts and health portfolio committees are in place.
- Only Makhudutamaga has an Interim Sub-district Management Team. None of the other sub-districts have management teams in place.
- Governance structures are in place to some degree in all the sub-districts although the level of active participation in health related matters varies from no involvement to regular meetings and participation.

Implications for health management: Recommendations:

The main requirement for the successful integrated management of health services in the sub-districts and in particular in the cross-boundary Local municipalities, is the establishment of an integrated interim sub-district management team. Such a team should consist of representatives from both Limpopo and Mpumalanga Provinces, in the case of cross-boundary Local Municipalities. The Local Municipality should also be represented in the ISDMT.

Minimum requirement for an ISDMT:

- A Team leader (Manager)
- PHC coordinator
- Sub-District Information Officer
- Admin manager (Procurement, Finance, HR)
- Administrative support staff such as a clerk and a typist

The above-mentioned team should be provided with the necessary infrastructure such as offices, communication means, equipment etc. This should be provided as per agreement between the District/Local Municipality, and health district managers from both Provinces.

The lack of and/or active participation of governance structures and communities within the sub-districts should be addressed as part of the RDHS Project.

2. Geographical assessment of DC

Table 2: Geographical assessment of CBDC 3, per Local Municipality

	Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Total)
Square Kilometres	1 123	3 668	1 747	4 469	2 228	13 235
Area as % of DC	8.5%	27,7 %	13%	34%	17%	100%
Rainfall	Summer	Summer 500-600mm	Summer rainfall	Summer rainfall 400mm	Summer rains,	
Climate	Dry and Hot	Cold in winter, Warm in summer	Cold in winter and warm in summer.	Various climate from subtropical, middleveld to bushveld (mild to hot)	17.4- 38 Cold winters	
Roads	100% gravel	Main roads tarred the rest gravel	70% gravel	Mostly gravel Partly tarred	Mostly gravel	
Other	Rural. Limited employment opportunities.	Rural, Urban and Semi urban	Rural 88 and 10% urban 2% semi urban.	Rural	Rural	

DISCUSSION.

Travelling on gravel roads becomes problematic during raining reason. The climate in general is not conducive for the production of crops due to the low rainfall and hot summers.

Implication for the organisation and management of PHC: Recommendations

In some other areas it is difficult to provide PHC services during rainy seasons. The poor production of crops contributes towards malnutrition that is prevalent in the area.

Transport that will be suitable for the area such as 4X4 vehicles should be considered. This could be achieved by combining of resources from the DoH of both provinces (MP and LP) and the Local Government. Community projects should be initiated to enhance food production and food security to prevent malnutrition.

3. Demographic assessment (2002 Mid-year estimates)

Table 3: Population distribution (per priority age groups)

Population	Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Total)
Under 1	2839	6396	2793	7449	8245	27 722
1 year	2916	6465	2911	7238	801	20 331
2 – 4 years	9443	21257	9516	23052	26906	90 174
15 – 19 years (Female)	7728	15998	6606	21460	20269	72 061
15 – 45 years (Female)	31995	58515	25425	64335	69234	249 504
35 and older (Female)	17047	37399	16593	35282	47407	153 728
15 years and older (Male)	25848	62606	28171	60216	66279	243 120
Total Male	51242	51802	51276	121547	138184	414 051
Total Female	60407	200923	60336	144364	172441	638 471
Total Population	115008	252 725	111612	265911	310625	1 055 881
Population density (Average number of people per square km)	102	69	64	60	139	87
Population as % of DC population	10.89%	23.9%	10.6%	25%	29.4%	100%

(See population graphs per Local Municipal area in Annexure 1.)

Discussion:

The growth rate for the Limpopo Province is an estimate 3.4% per year since 1996, which is substantially higher than the average growth rate for South Africa. A possible reason for this could be the migration from neighbouring countries.

The distribution of gender is 39% male and 61% female. This phenomenon could be ascribed to the large number of males that work elsewhere in the country, especially in the mines and factories in Gauteng.

In the province as a whole, only 11% of the population is urbanised. The figure for Greater Sekhukune is expected to be even lower.

4. Socio-economical assessment

(The socio-economic profile per Local Municipality below, is based on information from the 1996 census)

Table 4: Socio-economical information per Local Municipality

		Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Total)
No. of Households		17334	42345	19410	42535	49957	171 581
Employment	Employed	27%	46%	53%	36%	30%	38.4%
	Unemployed	73%	54%	47%	64%	70%	61.6%
ANNUAL HOUSEHOLD INCOME	None	5399	9657	3783	13333	11494	43666 (24%)
	R1 - 2400	1856	4100	1831	4943	5780	18510 (10%)
	R2401 - 6000	4026	7933	4467	8662	12000	37088 (20%)
	R6001 - 12000	2181	5153	2781	4906	7860	22881 (13%)
	R12001 - 18000	832	2620	1456	2123	3017	10048 (6%)
	R18001 - 30000	840	2077	1092	1582	2338	7929 (4%)
	R30001 - 42000	363	1035	468	730	1197	3793 (2%)
	R42001 - 54000	225	740	321	457	781	2524 (1%)
	R54001 - 72000	149	551	240	354	532	1826
	R72001 - 96000	101	340	128	225	354	1148
	R96001 - 132000	71	291	116	171	255	904
	R132001 - 192000	45	211	68	112	160	596
	R192001 - 360000	33	216	51	124	123	547
	Over R360000	9	82	30	56	123	300
	Unspecified	0	7295	2576	4735	3927	18533
	N/A	11754	38	2	22	16	11832
TELEPHONE SERVICES	Dwelling	192	2558	994	683	970	5397 (3.4%)
	Neighbour	0	3057	527	1102	1814	6500 (4%)
	Public Phone	3053	15857	9380	11797	16292	56379 (35.3%)
	Other Nearby	2335	1666	2034	1368	1015	8418 (5.3%)
	Not Nearby	0	6213	2114	6322	7090	21739 (13.6%)
	No Access	0	12552	4233	20995	22504	60284 (37.7%)
	Institution Premises	0	34	2	9	12	57 (.03%)
Telephone Unspecified	0	407	126	257	251	1041 (.65%)	

		Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Totals)
ELECTRICITY	Local Electricity	2448	29332	10593	8610	12259	63242 (37%)
	Other	195	102	87	141	253	778 (.5%)
	Gas	143	239	126	310	162	980 (.6%)
	Paraffin	5956	1520	1907	6546	9821	25750 (15%)
	Candles	8391	10459	5985	26441	26958	78234 (46%)
	Electricity Other Source	0	693	707	484	7	1891 (1%)
SANITATION	Flush	105	2920	1721	1579	1289	7614 (1.5%)
	Pit Latrine	10485	36110	15583	26564	384751	473493 (91%)
	Bucket Latrine	90	265	163	183	185	886 (.2%)
	None	6566	2644	1824	13936	9469	34439 (7%)
	Unspecified	88	406	119	273	263	1149 (.2%)
WATER	Water Dwelling	0	4760	2962	2515	2997	13234 (8%)
	On Site	0	5687	4861	2552	5112	18212 (11%)
	Public Tap	8202	13069	4225	17734	14178	57408 (34%)
	Tanker	108	3076	306	397	318	4205 (2.5%)
	Borehole	1069	4798	2257	4504	4533	17161 (10%)
	Natural	5580	10019	4457	13459	21832	55347 (33%)
	Other	100	461	234	1054	692	2541 (1.5%)
	Unspecified	121	445	108	320	295	1289 (1%)

Discussion:

The unemployment rate (61.6%) for the District Council area as a whole indicates that this is a poverty stricken area. The highest unemployment rate is in Fetakgomo (73%) where the available health services is also less than in the other Local Municipal areas.

The unemployment rate for the province as a whole is 45.9% and for South Africa, 33.8%.

The majority of the communities have access to public phones although the high number of households that have no access to telephones at all (37.7%) remains a concern on the available infra structure in the communities.

Within all the Local Municipal areas paraffin (15%) and candles (46%) are still the main source of energy. It is mainly the more urban areas (towns) that have access to electricity. The high usage of Paraffin poses a health risk as it is evident that a high level of paraffin poisoning amongst children occurs and the winter months in particular sees a steep increase of burn wounds.

The majority of households have pit latrines (91%) for sanitation but the high number of households without any means of sanitation (7%) poses a health risk.

The high incidence of Diarrhoea amongst children under the age of 5 is indicative of the lack of safe water and proper sanitation in this District Council area.

The high number of households still dependent on natural water sources (33%) such as rivers and streams is a concern for the health status of the community.

The national average for households dependant on natural water resources is 20.2%.

Implications for Health Management:

The Integrated development plans of the District Council as well as the Local Municipalities should address issues around the provision of safe drinking water, sanitation and general infrastructure. Poverty alleviation programs should be a priority.

5. Health Services

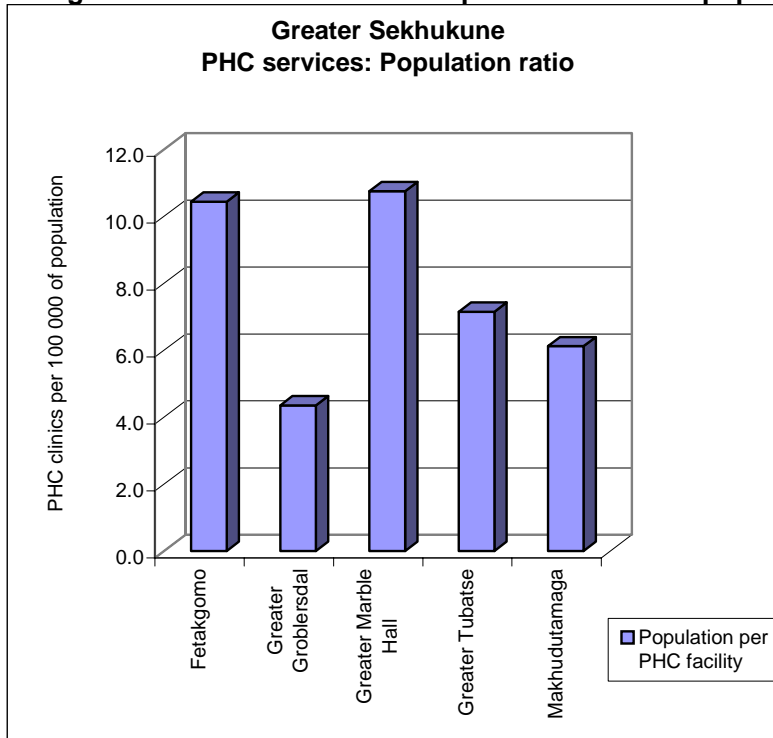
The table below shows the type of health facilities as well as the staffing within those facilities. This is displayed per sub-district to enable the reader to identify inequitable distribution of resources between the Local Municipal areas.

5.1 Primary Health Care

Table 5: Distribution of PHC facilities per Local Municipality, service hours and staffing

		Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Totals)
Fixed clinics	8-12 hour	5	9	10	6	15	45
	24 hour	6	0	2	10	4	22
	Professional Nurses	23	26	29	43	77	198
	Assistant Nurses	1	8	6	5	19	39
	Staff Nurses	7	10	13	30	11	71
Health Centres	24 hour	1	2	0	2	0	5
	Less than 24h				1	0	1
	Doctors	1 session doctor	2 doctors visiting once a week and twice a week.		1 visiting 3x p week.	0	
	Professional Nurses	8	13	N/a	30	N/a	51
	Assistant Nurses	1	1	N/a	5	N/a	7
	Staff Nurses	1	4	N/a	13	N/a	18
Mobile services	Number of mobiles	3	7	Under Matlala hospital suspended due to car hijacking. 3 formally Mpumalanga.	8	6	24
	Visiting points	21	9	8	85	51	174
	Frequency	Fortnightly Weekly	Once a week	fortnightly	Weekly, fortnight, monthly	Weekly	
	Professional Nurses	10	13	4	5	21	53
	Assistant Nurses	0	1	0	5	9	15
	Staff Nurses	2	6	5	0	5	18
	Average km per month	9227 km	3270 km	0	1765 km (MP)	2437km	16 699 km

Figure 1: Ratio of PHC facilities per 100 000 of the population.



Discussion:

The National ratio for PHC facilities per 100 000 population was 6.2 in 1998. Should this be applied as a norm, it seems like Greater Groblersdal and Makhudutamaga is still under resourced as far as the number of PHC facilities is concerned.

However, according to the *White Paper for the Transformation of the Health System in South Africa, Notice 667 of 1997, Government Gazette 382, April 16 1997*, the target is to have one PHC clinic per 10 000 of the population. See table below (table 6) for analysis of the need for PHC facilities in Greater Sekhukune.

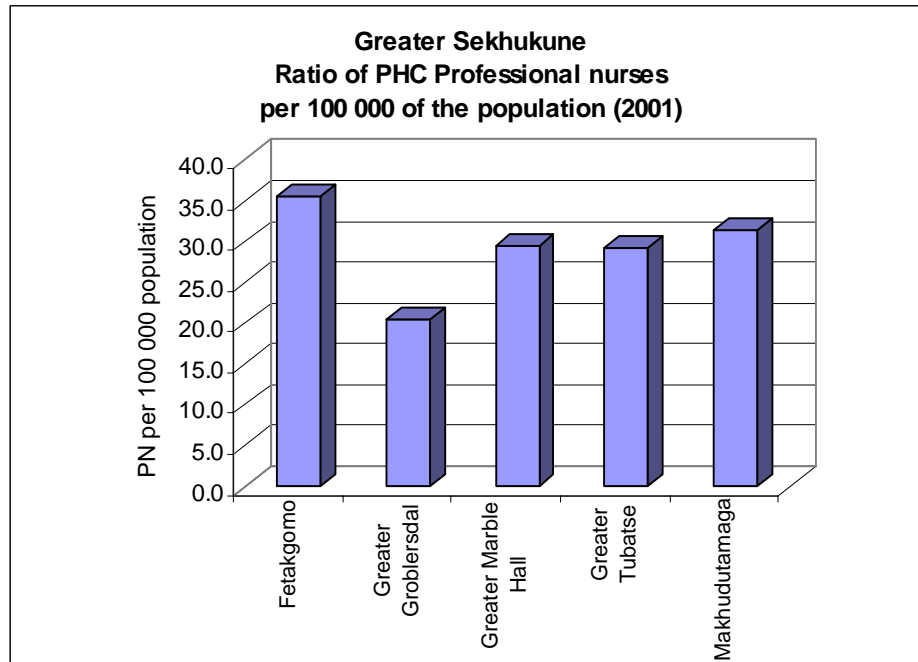
Table 6: PHC facilities per population, current situation and future needs

	Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Totals)
Population	115 008	252 725	111 612	265 911	310 625	1 055 881
Number of PHC facilities	12	11	12	19	19	73
Population per facility	9 584	22 975	9 301	13 996	16 349	
PHC facility deficit (based on 1 clinic per 10 000 pop.)	0	14	0	5	11	30

Table 7: Current PHC staffing norms and workload

SUMMARY							
		Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 (Totals)
Current PHC Staffing Norms and workload	Total PHC Professional Nurses	41	52	33	78	98	302
	Total PHC Headcount 2001	137492	131568	104839	339711	486696	1200306
	Average no of patients per PN per month	279	211	265	363	414	1532
	Average no of patients per PN per day	13	9.5	12	16.4	18.8	14
	PN : Population ratio	3.5:10 000	2 : 10 000	2.9:10 000	2.9: 10 000	3.1:10 000	2.9 : 10 000

Figure 2: PHC Nurses per 100 000 of the population



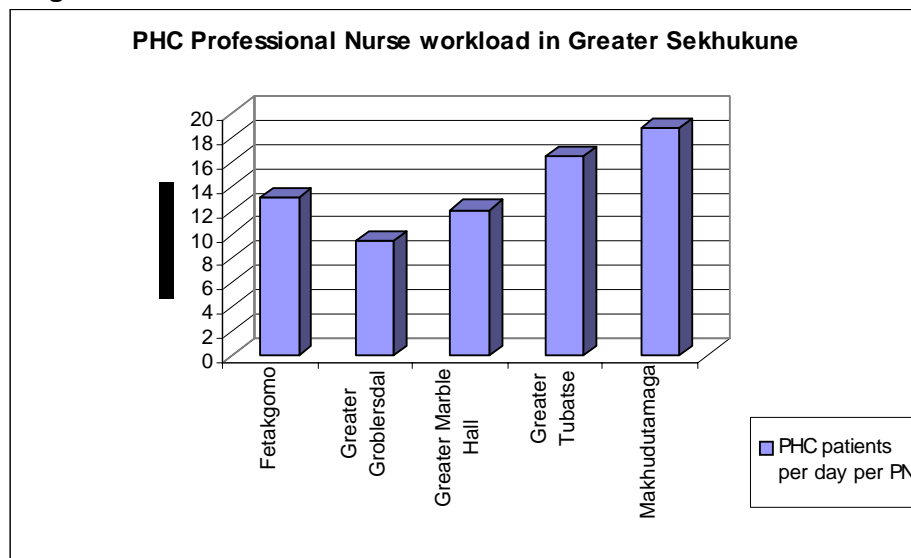
Discussion:

There is no national data available on the ratio of PHC nurses per population as all ratios are based on total nurses in the country.

Assessing the distribution of PHC Professional Nurses within Greater Sekhukune, it is evident that there is no equitable distribution of PHC PN's between the Local Municipal areas. The highest number of PN's per population is in Fetakgomo with nearly 35:100 000 vs. Groblersdal with 20:100 000.

However, the National average in 2001 was 120.3 per 100 000 of the population. This indicates that Greater Sekhukune is well below the National average.

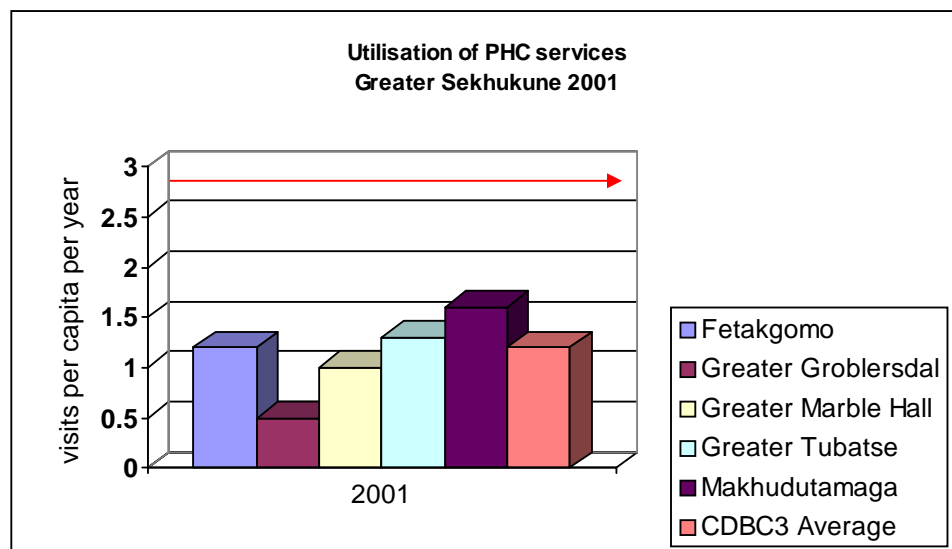
Figure 3: Workload of PHC Professional Nurses



Discussion:

The average number of patients seen by PN per day is lower than the current National average of 43. It is also lower than the suggested norm of 35 patients per nurse per day. When comparing the low number of facilities per population, the ratio of Professional nurses per population and the average workload in Groblersdal, it seems that the service is under-utilised. Inadequate access to health facilities affects utilisation of health services. Utilisation varies between 1 and 3 visits per capita.

Figure 4: Utilisation of PHC services



Discussion:

The national target for 2000 was 2.8 consultations per person per year, while the average visits per year for Limpopo province, was 2 in 2001. The average number of visits per capita in Sekhukune is 1.2 per year. This is 42.8% lower than the national average. The low utilisation rate may well suggest the inaccessibility and/or unavailability of services. The lowest utilisation rate is in Greater Groblersdal with 0.6 visits per capita per year.

Management implications for Primary Health Care services:

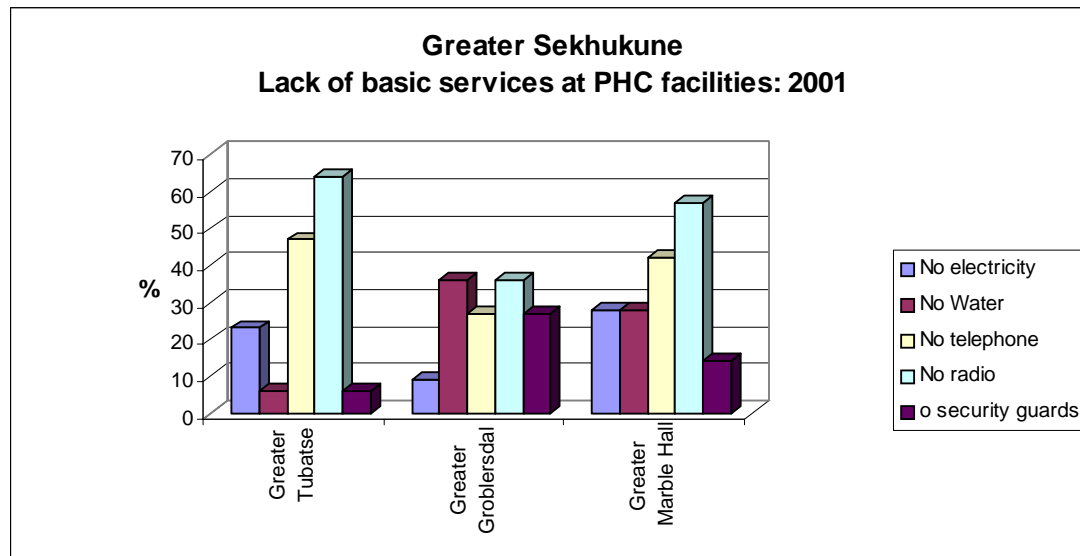
The equitable distribution of staff as well as the PHC facilities needs to be assessed to ensure access to basic health services for all communities.

The condition of the facilities ranges from new buildings to dilapidated. Maintenance of buildings is generally not up to standard and a plan for upgrading and maintenance of facilities should be put in place. Unsuitable facilities in poor condition impacts negatively on quality of care. Some clinics are in remote areas with bad road infrastructure. The department responsible for roads should be consulted in order to determine upgrading plans for roads.

Staff accommodation is available, but not sufficient and needs upgrading and maintenance.

Facilities have the basic equipment and are secured.

Figure 5: Health facilities with no basic amenities



Discussion:

Addressing the lack of basic services such as water and sanitation is one of the country's main objectives. However, in this case, these basic services are not even available in the health facilities.

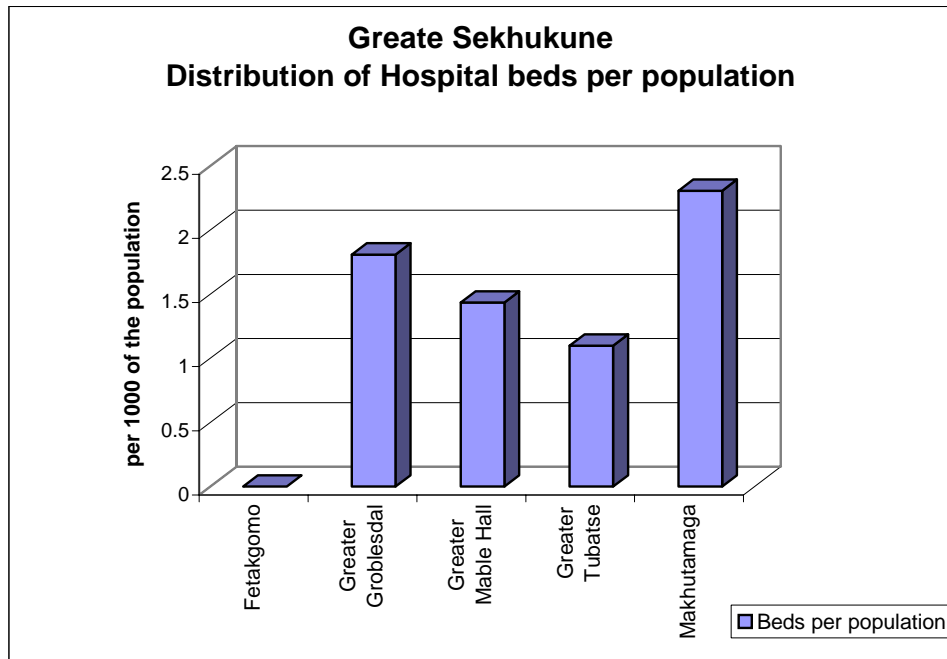
The absence of any means of communication in more than 40% of health facilities is unacceptable as it jeopardise the quality of services offered to the communities and lives might be lost due to the inability and/or difficulty in referring patients timeously and appropriately.

5.2 Hospital Services

Table 8: Hospital services per Local Municipality

	Fetakgomo	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 Totals
Number of hospitals	0	2	1	2	2	7
Names of Hospitals	Nchabeleng (not functioning)	Philadelphia (Regional referral Hospital) Groblersdal hospital	Matlala Hospital	HC Boshoff and Mecklenburg Hospitals	St Rita's (Regional hospital) and Jane Furse Hospital	
Number of beds	16	Philadelphia 421 Groblersdal 36	160	HC Boshoff 222 Mecklenburg 70	St Rita's 316 Jane Furse 400	1 625
Mortuary	0	Philadelphia 1 Groblersdal 0	1	HC Boshoff 1 Mecklenburg 1	St Rita's 1 Jane Furse 1	6
Theatre	1	Philadelphia 2 in use 1 Groblersdal 1 not in use	1	HC Boshoff 1 Mecklenburg 4	St Rita's 4 Jane Furse 4	16
Bed Occupancy rate	0	Philadelphia 30.8% Groblersdal 15.9%	74.1%	HC Boshoff 66.7 Mecklenburg 49.1	St Rita's 60.2 Jane Furse 44.7	48.8%
Average length of stay	1	Philadelphia 3.2 Groblersdal 1.3	6	HC Boshoff 6.2 Mecklenburg 3.1	St Rita's 3.9 Jane Furse 6.3	4.3
Clinics referring	0	Philadelphia 11	13	HC Boshoff 17 Mecklenburg 9	St Rita's 26	76
Bed per population ratio	N/a	1.8:1000	1.4:1000	1:1000	2.3:1000	1.5:1000
Professional Nurses	8	17	96	HC Boshoff 56 Mecklenburg 19	280	476
Staff Nurses	1	10	108	HC Boshoff 45 Mecklenburg 10	121	295
Nursing Assistants	1	11	28	HC Boshoff 22 Mecklenburg 5	93	160
Medical Doctors	1 sessional	12 7 sessional	2 4 sessional	HC Boshoff 3 Mecklenburg 3	22 3sessional dr	42 14 sessional

Figure 6: Distribution of Hospital beds per Local Municipality



Discussion:

Fetakgomo does not have a functional hospital and all patients from here are travelling and/or transported to Makhudutamaga. This might explain the high number of beds per population within Makhudutamaga.

However the number of beds per 1000 of the population in Greater Sekhukune is still lower than the National average in 1999 when it was 2.4 beds per 1000 of the population.

NOTE: There is a hospital building in Fetakgomo, but only a PHC service is offered at these premises.

Health Management implications:

Hospitals in Mpumalanga and Limpopo are charging different rates. (MP R13.00 per consultation and R26.00 per admission, LP: R35.00 per consultation and R150.00 per admission.)

Careful consideration should be given to the distribution of hospital beds. Although it is not foreseen that Hospitals will become the responsibility of Local Government within the immediate future. In the long term it can however have financial implications to local municipalities that need to purchase hospital services from another local municipality. In the immediate future the financial impact for transporting patients to hospitals (Fetakgomo with no hospital) should be considered. Currently all emergency medical services are located at hospitals. (See discussion under EMS.) Consideration should be given to the feasibility of re-opening the hospital in Fetakgomo. This should be included in the strategic plan for the District.

The overall bed occupation rate for the District is 48.8%. This is 51.2% below the National target of 80%. This suggests a gross under-utilisation and/or non-availability of services resulting in patient being treated elsewhere. Low admission rates may be due to poor geographical access.

5.3 Clinical Support and Paramedical Services (Brief description)

Table 9: Overview of Clinical support and Paramedical services

Service	Fetakgom o	Greater Groblersdal	Greater Marble Hall	Greater Tubatse	Makhudutamaga	CBDC3 Totals
Pharmaceutical	Supplied by Jane hospital	2 Pharmacists at Philadelphia	Matlala:4 Pharmacy assistants	HC Boshoff: 4pharmacists Mecklenburg: 1pharmacist 2 Pharmacy assistants Burgersfort HC: 1 Pharmacy assistant	4 Pharmacists 9 Pharmacy Assistants	13 Pharmacists 16 Assistants
Laboratory services	Service rendered from Jane Furse	Services provided in hospitals	Services provided in hospital	Services provided in hospitals for LP and to SAIMR in Lydenburg for MP	Services offered within the hospitals	
Radiography services	Service rendered from Jane Furse	Services available in hospitals	Services available in hospital	Services available in hospital	Services available in hospital	
Rehabilitation services	Service rendered from Jane Furse	Services at Hospitals	Services at hospital	Services at hospital	Services available in hospital	
Oral Health	Service rendered from Jane Furse	1 Dentist at hospital	1 Dental therapist	1Dentist 1Dental Thera	Services available in hospital	
Environmental Health	At Jane Furse	Services rendered from hospital	Services rendered from hospital	Services rendered from hospital	Services rendered from hospital	
Nutrition	0	3 Dieticians	1 Dietician	1Dietcian	3 Dieticians in hospitals	7 Dieticians
Health Promotion		2	1	0	2 based at hospitals	5
Mental Health	9	0	1	0	29 based as hospital	39
Social Welfare	7	0	5social workers	9	9 social workers based at hospital	23 Social workers
Community Health Workers	2 social development 4 Social security	0	2 social development 4social security	4social development 6social security	1 social development 1 social security	18
Lay Counsellors	54	0	0	1	0	55
DOT supporters	8	51	108	152	307	626

Discussion:

The DHS within Greater Sekhukune is centred around hospital services. All support services such as the provision of pharmaceuticals, Environmental services etc. are rendered from the hospitals. This has major budgetary and financial management implications as the budgets for PHC services are still centralised within hospitals.

Implications for health services:

The separation of budgets and financial management of PHC from Hospitals should receive priority in Greater Sekhukune. Local Municipalities will be unable to plan appropriately for PHC services with limited financial information and control. There is a need to decentralise the support services to ensure accessibility to the community.

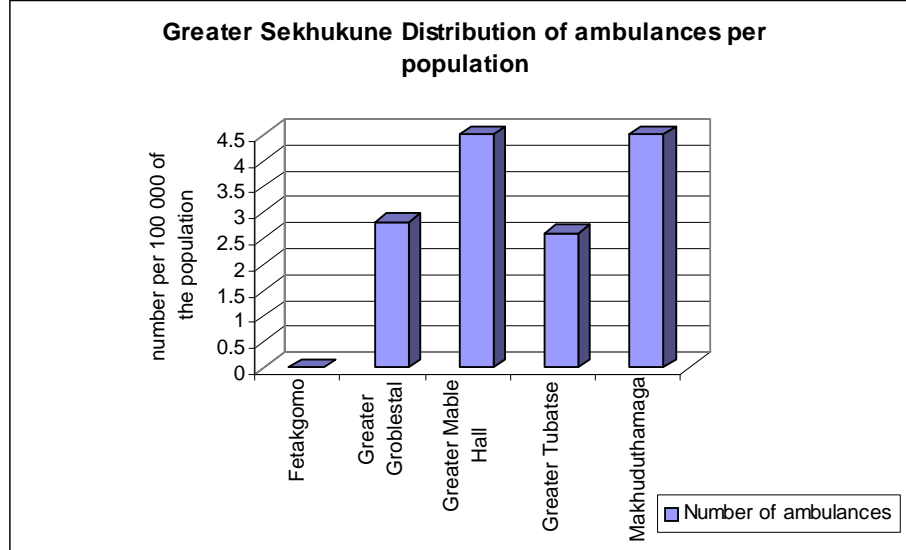
In order for the District Municipality to take responsibility for Primary Health care services, support services staff should be identified for District Health Services and they should perform accordingly.

5.4 Emergency Medical Services

Table 10: Distribution of Emergency Medical Services per Local Municipal area

		Fetakgo mo	Groblersdal	Marble Hall	Tubatse	Makhudutamaga	CDBC3 (Totals)
Vehicles (per town per sub-district)	Emergency response vehicle	0	1	0	0	1 rescue	2
	Ambulance	0	7	5	7	10 (hospital) 4 EMS	29 @ hospitals 4 EMS
	Patient transport vehicle (P3)	0	7	0	0	2	9
Vehicle: Population ratio	Response vehicle	0	0	0	0	0	0
	Ambulance	0	2.8:100 000	4.5	2.6	4.5	
	P3	0	2.8:100 000				
Average response time	Rural	1 – 2 h	45 min		2.5 hours	2 hours	
	Urban		30 min		3 hours	30 minutes	
Staff	Ambulance Emergency Assistant	0	52		2	3	57
	Para-Medic	0	2		3	BAA 12 AEA 3	20
	Rescue-Medic	0	0				0
Workload	Emergency call-outs per month (average)					210 (EMS)	

Figure 6: Number of ambulances per 100 000 of the population



Discussion:

Only one EMS station is situated within the Greater Sekhukune district – at St Rita’s Hospital. This station has 4 ambulances, while the rest belongs to the hospital. EMS vehicles are often despatched from as far as Pholokwane. Ambulances based at hospitals are mainly utilised for patient transfers and transport of P3 patients (non-emergencies). If only the 4 EMS vehicles are used to determine the availability of EMS services to the district, the ratio is 0.4 ambulance per 100 000 of the population. The norm in other districts within Limpopo Province is between 5 and 8 ambulances per 100 000 of the population. The Mpumalanga part of Greater Tubatse is dependent on EMS services from Lydenburg while Groblersdal and Marble Hall are dependent on Middelburg.

Implication for management of Health services:

The lack of means of communication at approximately 40% at the PHC facilities means that a significant size of the population has no direct access to EMS services. The provision of EMS services to the communities of Greater Sekhukune district Council area should receive urgent attention.