

ANNUAL REPORT ON HEALTH AND SOCIAL DEVELOPMENT

I S MFUNDISI

The combination of the two departments into one will remain a headache for a long time to come. Each of them is unwieldy and they have had to minister to very big constituencies.

The two departments come along with baggage from their stand alone past. They have not covered themselves in glory in their performances in their immediate past.

According to the report we are discussing HIV and AIDS accounts for 39,6 % of premature mortality in this province. This is even higher than the national average at 39,0%. Surely something has to be done to improve the situation. We cannot allow this to go on. The department has to find a solution. More and better awareness campaigns have to be launched.

Dr Aaron Motsoaledi is on record as saying that it is a disgrace if in this age we have such deaths when there is so much done and being done in health care.

It is unfortunate that the department has institutionalized the concept of clinics that operate for some hours during a five day week. The question that goes begging is whether the department has made arrangements with the One who has our destiny in His hands that people in those villages should not take ill at the times there are no medical personnel in their neighbourhood. The argument that they are to call at bigger villages that have 24 hour service facilities holds no water as this government said there was going to be equity in dispensing health care.

Without argument the Bojanala District has fewer hospitals than some districts because two of their hospitals Sikwane and Modimong were closed down years ago and the supposed replacement being built at Ledig seems to be in the mould of other government projects that do not reach completion. This too will be at a price to the health needs of the people in the district as the closure of George Stegmann Hospital is imminent.

The rural nature of the district is being disregarded as government is obsessed with taking facilities to urban and semi urban areas. The hospitals in white

areas have not been affected by this so-called rationalization of services. If areas such as Bray, Piet Plessis, Reivilo and Stella in Dr Ruth Segomotsi Mompoti Districts have their hospitals unaffected and those that served rural areas have been closed down is a question that begs explanation to the citizens in the province. The 10 hospitals in Segomotsi Mompoti have 635 usable beds while the 4 in Bojanala have 405. The ratio is 63:101.

The very report we are debating indicates that Bojanala has a population of 1268 621 while R S Mompoti has that 798 786. How do you justify that such a huge population should be served by fewer hospitals. The rationale of provisioning of services remains cockeyed and it will be difficult to convince those people that they are being cared for.

We continue to watch the distribution of facilities by the department even at present. It seems skewed towards the western parts of the province. First it was ambulances that went west and then the wheel chairs have gone far west while the wise men of east are left to their own resources.

We must commend this department because it has employees from all races across the spectrum. There is a semblance of South Africa being a home for all who live in it in this department.

While the Auditor general has noted that “the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2009” he still has reservations on some issues and has thus qualified the report based among others on the 149 million rand used without authority on staff expenditure non-compliance with the PFMA.

The department is surely in dire straits in financial management and there is therefore no doubt that the Premier acted responsibly in ordering a forensic audit in the financial affairs of the department.

It has been noticed that there is an acute shortage of office space for social workers. This impacts on the confidentiality of dealing with clients on a one on one basis. We hope, however, that with the combination of the departments more room will be available.

The training of Early Childhood Development care givers should be done with the greatest circumspection. Such people should love children because teaching is a labour of love. The institutions they are trained at should be accredited ones.

While we note that SASSA is responsible for dispensing old age pensions; we call on the department to ensure that such pay points are not turned into flea markets for unscrupulous vendors who sell almost everything up to medication to unsuspecting old people. The worst that could have happened is when deals are struck with some shop owners to use their precincts as pay points.

Social Development branch should strive to drive away poverty and not make people to be reliant on the doling of grants. People should be encouraged to live by the sweat of their brows. Handover are not sustainable but if people can be taught to produce their own food such as vegetables their dignity will be highly enhanced.