

**SPEECH OF THE FREE STATE MEC FOR HEALTH, Me OUMA TSOPO, ON THE OCCASION OF
THE HANDOVER OF AMBULANCES AND OPENING OF THEBE HOSPITAL MATERNITY WARD,
Harrismith, 23 March 2004**

Programme Director
Honoured Guests
Ladies and Gentlemen.

Introduction

The delivery of quality health services to our people is one of the cornerstones of the People's Contract that the ANC-led government has entered with the masses of our people. During its inception this government has gone out of its way to improve health condition of people of this country. As we celebrate ten years of our democracy we look back with much pride as we see many of breakthroughs that as a country have managed to make.

Programme Director, one of the critical programmes in quality health service delivery is services that we provide through the Emergency Medical Services. Without any doubt this is one of the health programmes that has undergone a lot of transformation since 1994. As we take stock as a country about the achievements of the past ten years, undoubtedly, major breakthroughs have been recorded during this period as regards EMS in our province. We meet today to bear testimony to the further advancement of these achievements in the form of the handover of these ambulances.

Bomme le bontate, ke ile ka bua nako ya ho feta hore ntlafatso ya ditshebeletso tsa tshohanyetso ke ntlha eo ke tla dulang ke e setse morao ka nako tsohle ka lebaka la bohlokwa ba ditshebeletso tse. Ha ho qeaqeo hore lefapha le kgathile tema e kgolo malebana le ho phahamisa maemo a ditshebeletso tse tsa tshohanyetso ka tsela ya ho reka makoloi a matjha le ho fetola meralo ya tsamaiso ya ditshebeletso tse. Ha re keteka dilemo tse tse leshome tsa boipuso ho bohlokwa hore re hopole hore re le mmuso ona o etelletseng pele ke ANC re fihletse maemo e le a sa jeseng ditheohelang ha ho tluwa ditshebeletsong bakeng la batho ba batsho. Ke ka hona lefapheng lena la bophelo bo botle re ileng ra reka diambulanse tse 164 dilemong tse hlano tsa bobedi tsa boipuso ba rona e le ho leka ho phahamisa maemo a ditshebeletso, haholoholo bakeng la batho ba rona ba neng ba kotetswe ka thoko dilemong tse ngata. Re kopana kajeno ho tswellisa morero ona pele dilemong tse tse leshome tsa boipuso.

Transformation of Emergency Medical Services in the Past Five Years:

Programme Director, before I dwell more into these specific ambulances that we are handing over today I think it is important that we reflect a little bit on the achievements in the last five years as regard Emergency Medical Services (EMS). It is important that we do so as part of the history of this decade of democracy that we are celebrating this year as a country. I have already noted that during the second five years of our democracy we managed to purchase a total of 164 ambulances as one of the ways of improving quality of service provided by our ambulances in the province. We will all agree that the first five years of our democracy was a learning curve for many of us who were deployed in government to transform the manner in which things have been done for decades. With regard to EMS this was also the case.

In the second five years of freedom we took the bull by its horns having learnt its tricks during the first five years. Fundamental and thorough transformation of EMS, as well as other services in this department, became conspicuous. One of the key developments was the provincialisation of EMS. Before October 1999 local municipalities ran ambulance services on an agency basis for the

department of health. Before November 1999 the service was provincialised and the provincial department took direct control of service from municipalities who ran this service on an agency basis, as I noted. After provincialising service, the two services of fire and ambulances were also separated so that fire services stood on their own, independently from ambulance services. The result of this process was the need to fill several posts, which were created as a result of separating the service of ambulances from fire. We were faced with a challenge of filling in 546 EMS posts if this service was to run smoothly. We rose to meet this challenge as we continued to fill gaps that were left by the provincialisation process. The need was also identified to purchase more EMS vehicles, including ambulances, response vehicles and commuter transport vehicles. By April 2002 62 new ambulances, 19 response vehicles and 35 commuter or patient transport vehicles had been procured. The commuter transport system was a new invention of the department to reduce the burden of having to transport non-emergency patients between institutions. The ambulance training college was also restructured to meet modern needs of EMS. The process of procuring new EMS vehicles continued unabated as the need to beef up the existing fleet was identified. More ambulances, patient transport vehicles, rescue vehicles and response vehicles were purchased.

Bomme le bontate, ha ho qeaqeo hore diphethoho tseo di bileng teng tshebeletsong tsena tsa tshohanyetso dilemong tsena tse leshome tsa tokoloho di tlisitse botsitso le tswellopele e kgolo profensing ya rona. Ditlitlebo tse ngata tse tswang baahing malebana le tshebeletso tsa tshohanyetso, tseo ke neng ke dula ke dithola hangata di fokoditsehile ka sekahla seseholo ke diphethoho tsena tseo re di entseng ditshebeletsong tsena. Empa le ha ho ntse ho le jwalo mosebetsi ha o so fele. Re sa tswela pele ka diphethoho ho fihlella diphephetso kaofela difokotseha. Re se re qetile mosebetsi o moholo wa ho theha sebaka sa kgokahanyo seo ka sona re tla kgona ho hokanyana makoloi a rona a tshohanyetso le dibaka tsa tlokotsi moo a hlokehang teng. Re salletwe feela ke ho tlatsa diposo tsa batho bao ba tla beng ba sebetsa moo mme hang feela re etse jwalo re tla be re se bula semmuso. Sebaka sena se tla bapala karolo e kgolo ka ho fetisisa malebana le ho etsa bonnete ba hore diambulanse tsa rona di fihla ka nako ha dibitswa, e leng phephetso e kgolo eo re ntseng re shebane le yona dibakeng tse ding tsa profensi ya rona. Ke batla ho toboketsa ntlha ya hore ditshebeletso tsena tsa rona dishebane le phephetso e kgolo ka lebaka la bongata baahi ba hlohang ditshebeletso tsena. Selemong sena sa ditjhelete ke mehala e 49 180 e keneng dibakeng tsa rona tsa tsamaiso ya diambulanse eo e neg e biletsa diambulanse tsena dibakeng tsa tlokotsi. Mehala e 33 455 yona e ne e le ya makoloi a bakudi bao e seng batshohanyetso.

Handover of New Ambulances:

Programme Director, honoured guests, ladies and gentlemen, I now want to take this opportunity to reflect on the new fleet of ambulances that we have just procured. I have stated that our aim is to continuously improve on our fleet of ambulances so that they are able to meet the challenges of today. Let me state from the outset that the current fleet of ambulances that we have purchased is different from the previous ones. In the past a sizeable number of Iveco and Mazda diesel vehicles were purchased. The Ivecos have however given mechanical problems, which required constant after sale service causing endless delays in fixing them. One of the problem with those vehicles is the Turbo systems that is fitted in them which is not fully understood by our personnel and is also not suitable to the type of work that the vehicles is used for. Moreover, these vehicles are sensitive to dirt and dusty roads, which are characteristic of many of our rural areas in this province.

Following these challenges with the previous fleets we have now purchased 32 new Hi-Ace ambulances, which will certainly overcome these challenges. These vehicles were purchased to the total amount of R3, 840 million and converted into ambulances with the total amount of R1, 840 million. To address the problems I have outlined regarding our Iveco vehicles we will redistribute these vehicles to areas with tarred roads were some of the mechanical problems experienced with regard to dirt and dust will be minimised if not totally removed. The new vehicles will then be

distributed bearing in mind the redistribution of Iveco vehicles that shall have taken place. These vehicles will thus be distributed as follows as per district and towns:

* Xhariep district will be allocated 7 new ambulances one of each will be distributed to the following towns: Reddersburg, Zastron, Trompsburg, Gariëpdam, Smithfield, Jacobsdal and Koffiefontein

* Motheo district will be allocated 4 vehicles, which will be distributed to the following 4 towns: Thaba Nchu, Botshabelo, Wepener and Ladybrand

* Northern Free State district will be allocated 5 vehicles which will be distributed to the following 5 towns: Kroonstad, Viljoenskroon, Parys, Sasolburg and Frankfort

* Lejweleputswa district will be allocated 6 vehicles which will be distributed to the following towns: Welkom, Odendaalsrus, Verkeerdevlei, Dealsville, Allanridge and Soutpan

* Thabo Mofutsanyana district will be allocated ten vehicles, which will be allocated to the following towns: Qwa Qwa (2), Harrismith, Senekal, Reitz, Vrede, Lindley, Ficksburg, Bethlehem and Memel.

Motsamaisi wa mosebetsi, bomme le bontate, ke se ke hlalositse nakong ya ho feta hore phano ya disebediswa ka hara profensi e latela leano la rona la tekatekano pakeng tsa ditereke le dibaka tsa tshebeletso. Phano ya diambulanse tse na le yona e ntse e ithehile hodima leano leo. Ke batla ho toboketsa hore leano lena hape le shebile moo ditlhoko tse ngata di leng teng. Ho latela phano ena e bileng teng ya diambulanse tse ntjha le ho tsamaiswa ha diambulanse tsa pele ho tloha dibakeng tse ding ho iswa moo di tla sebetsang hantle teng, jwale maemo a dipalopalo tsa diambulanse ka hara ditereke ke ana: Thabo Mofutsanyana (36); Northern Free State (29); Lejweleputswa (28); Motheo (36) le Xhariep (28). Ka kakaretso re se re na le diambulanse tse 157 ka hara profensi. Ke dumela hore jwale mosebetsi o ka tswellapele pele ntle le tshetiso ya letho. Ho setseng fela ke hore basebetsi ba tshebeletso tsa tshohanyetso ba etse mosebetsi ka ho itela le bopelo nolo bakeng la baahi kapa bakudi ba rona ba sebedisang makoloi ana.

Honoured guests, let me at this stage pay tribute to all the stakeholders who continue to ensure that these services run smoothly in the province. I must thank the Head of the Department, Dr Litlhakanyane, for providing overall administrative leadership to ensure that the challenges are addressed, the Executive Manager for Clinical Health Services, Mr Shuping, under whose direct supervision the services falls and the Senior Manager for Medical Support Services, Mr Mofokeng as well as Mr Sithole, the Manager for EMS who has to ensure the implementation of this service as well as all personnel in this directorate. Let me also acknowledge Mr Joe Voller and Mrs Renei Voller from Ambustar, which has converted these vehicles into the ambulances that we will be distributing to various districts and towns of our province. Their service is highly appreciated.

Launch of Maternity Ward:

Motsamaisi wa mosebetsi, bomme le bontate, baeti ba hlomphehileng, jwale ke rata ho kena temeng ya ho thakgolwa ha phaposi ya ho pepela mona sepetleng sa Thebe. Ho thakgolwa ha phaposi ena ya ho pepisa ho latela ho ahwa ha sebaka se sejha ka hohle-hohle bakeng la morero wa ho fana ka ditshebeletso tsa bagashane sepetleleng sena sa Thebe. Ho ahwa ha sebaka sena se setjha ka morero ona ho latela maemo a neng a sa thabise a ditshebeletso tsa bagashane sepetleleng sena. Maikemisetso a rona re le mmuso ke ho fana ka ditshebeletso tsa mantlha. Ke ka hoo ho leng bohlokwa hore dibaka tsa rona tsa tshebeletso e be tse maemong a loketseng. Mosebetsi ona wa ho aha dibaka tsa tshebeletso botjha le ho dintjhafatsa ke mosebetsi o kenelletseng ka hara profensi ena ya rona ya Free State. Ka la 24 Hlakola 2004 re sa tswa bula sebaka se seng sa ho pepisa mane sepetleleng sa Elizabeth Ross se ahuweng ka ditjeo tse etsang R7, 136, 129. 02. Phaposi ena ya ho

pepisa ya sepetlele sa Thebe yona e ahuwe ka ditjeo tse etsang dimilione tse R8, 463. Ke motlotlo ke hona ha e le mona ditshebeletso tsa bagashane dintse dintlafala ka hara setereke sena sa Thabo Mofutsanyana le ka hara profensi ka kakaretso.

Honoured guests, the building of a new maternity ward at Thebe hospital was a necessity that could not be avoided. The previous maternity ward that existed here consisted of only 8 beds due to the nature of the unit where maternal services were provided. This new maternity ward consists of 20 beds, which gives us an indication of the improvements in the physical structure that have occurred here. The maternity ward consists of the antenatal care unit with 6 beds, delivery room with 2 beds and post-natal care unit with 10 beds. The extra 2 beds are earmarked for examination purposes. This ward is also offering the Prevention of Mother-To-Child Transmission (PMTCT) of HIV and AIDS services.

Ladies and gentlemen, as I have noted before, this maternity ward and others like it in the province, underscores the seriousness of our undertaking to ensure that good and quality services are provided to mothers before, during and after labour. I want to again emphasise that it is one of our important resolves to ensure that healthy babies are brought into this world and to make sure that they grow up strong. It is also for this reason that we also make sure that our hospitals are as baby friendly as possible. Several of our health facilities in this province have even won the baby friendly awards because of the high level of quality service they provide. I have no doubt that with the building of this new maternity ward we have also placed Thebe hospital on a sound footing for the delivery of such services.

Motsamaisi wa mosebetsi, bomme le bontate, jwalo ka ke se ke hlalositse, ditshebeletso tse ding tsa bohlokwa tseo ho fanwang ka tsona phaposing ena e ntjha ya ho pepela ke ditshebeletso tsa thibelo ya kokwana-hloko ya bosolla-hlapi hore e se ke ya feta ho tswa ho mme hoyo ho ngwana. Phephetso e lebaneng le rona ke ya hore baahi ka kakaretso le bagashane haholoholo ba ye dibakeng tsa rona tsa tshebeletso moo ba ka kgonang ho etsa ditoko tsa madi hobona hore na ba na le tshwaetso ya kokoana-hloko ena kapa tjhe. Ha o le mogashane o tseba hore o na le tshwaetso o ka thusa ho thibela kokoana-hloko ena hore e seke ysa fetela ho leseala

Hao ka ha re fana ka sethethefatsi se thibelang hore kokoana-hloko e seke ya fetela leseeng. Le wena jwalo ka motho o na le melemo e mengata ka ho tseba hore na maemo a hao ke a feng. Ha o tshwaeditswe o ka nka mehato e itseng ho netefatsa hore o phela nako e telele.

Programme Director, honoured guests, ladies and gentlemen, the building of this maternity ward at Thebe hospital constitute part of a broader programme of the building and reconstruction of facilities in the province. Let me just mention in brief that there are other major capital work projects that have taken and are still taking place in this province. These are as follows:

- * Building of the new Ladybrand hospital to the total tune of R65 million
- * Building of Trompsburg hospital to the total tune of R71 million

A submission is currently being prepared for tabling to the Free State Executive Council for the approval of the financial models for the building of these two hospitals. Projects completed in the province include, amongst others, the following:

- * Installation of the new trauma unit at Pelonomi hospital to the total value of R10, 299. 000 and renovation of the maternity ward to the total tune of R9 655 864, amongst many other projects taking place at this institution

* Upgrading of maternity ward at Universitas hospital to the total tune of R5 220 000 and installation of new roof at the X-tray section of Universitas hospital to the total value of R2 420 000

* The building of the Multi Drug Resistance unit at Moroka hospital to the total amount of R2 424 923,59

* The building of new psychiatric ward and renal unit at Mofumahadi Manapo Mopeli hospital to the total values of R5 688 600.00 and R8 224 557.89

* Various projects at Boitumelo hospital to the tune of R31 million.

Conclusion:

In conclusion, programme director; it is critical that I must remind everyone gathered here about 14th April. All these developments that I have reflected upon today are a sequel of the 27th of April 1994. To ensure that these developments continue unabated it is incumbent upon us to ensure that 14th April in 2004 become a historical hallmark like the 27th of April 1994. This decade of the democratic spirit that engulfed our society since 1994 has been a truly remarkable decade for those who are true to themselves and their course. Many challenges still remain but a lot of ground has been covered. Let us all go to the polls on the 14th of April and make our mark to acknowledge this historical breakthrough.

I thank you.