

MUNICIPAL HEALTH SERVICES (MHS)

STATUS QUO REPORT



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ACRONYMS

| | |
|-------------------------|---|
| COGTA | Co-operative Governance and Traditional Affairs |
| CPD | Continuous Professional Development |
| CSEHPs | Community Services Environmental Health Practitioners |
| DM | District Municipality |
| EHPs | Environmental Health Practitioners |
| EPWP | Extended Public Works Programmes |
| FFC | Finance and Fiscal Commission |
| HPCSA | Health Profession Council of South Africa |
| HWSETA | Health and Welfare SETA |
| IDP | Integrated Development Plan |
| KZN | Kwa-Zulu Natal |
| LM | Local Municipality |
| METRO | Metropolitan Municipality |
| MHS | Municipal Health Services |
| MOU | Memorandum of Understanding |
| NDOH | National Department of Health |
| NGO | Non-profit Organisation |
| PDOH | Provincial Department of Health |
| SAIEH | South African Institute of Environmental Health |
| SALGA | South African Local Government Association |
| SLA | Service Level Agreement |
| WHO | World Health Organisation |
| DEA | Department of Environmental Affairs |
| SEMA_s | Specific Environmental Management Act |
| NEMA | National Environmental Management Act, No. 107 of 1998 as amended |

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FOREWORD BY CLLR BONGILE MHALENI: SALGA NEC MEMBER AND CHAIRPERSON OF THE COMMUNITY DEVELOPMENT NATIONAL WORKING GROUP



Cllr Bongile Mhaleni

It is my pleasure to present to you the 2017/18 Municipal Health Services Audit report, which reflects on the status quo of municipalities across all provinces of our country.

Section 163 of the South African Constitution (1996) calls for Organised Local Government (OLG) to represent municipalities in the intergovernmental and cooperative governance system and for that to be achieved, updated and accurate data is required. The Audit exercise is one of the many platforms used by SALGA to gain insight on the delivery of municipal health services in the country. This report gives us a picture of how far we have gone as a sector in delivering on our mandate of providing municipal health services as it reflects on both the successes and the challenges, and further highlights areas which require the attention of various role players in the sector.

SALGA remains committed to lobby, advocate and represent the interests of municipalities. To strengthen these mandates SALGA has in the current financial year established a National Working Group on Health and Emergency Services with its chairperson representing

local government in the National Health Council. The establishment of the working group was an acknowledgement that the delivery of health services by local government is not a by the way issue but an essential services which is at the heart of promoting safe and healthy environment.

SALGA has also strengthened systems for the rollout of the portfolio based councillor inductions to ensure that political leaders at local level are aware of the services rendered by municipalities their role in the delivery of such services.

We urge municipalities to objectively interact with this report, draw experiences and best learning practices from other municipalities. As SALGA we will also do the same with the aim of profiling the success stories and raising the plight of local government.

We once again wish to thank the South African Institute of Environmental Health (SAIEH) for the work done in mobilising its members to assist in the coordination of submission of information as well as the analysis and consolidation of the report.

We believe that this report will once again encourage all role players to work together in urgently safeguarding the gains in the sector and in addressing all the bottlenecks experienced.

MESSAGE FROM XOLILE GEORGE CHIEF EXECUTIVE OFFICER – SALGA



Mr Xolile George

The year 2017 has been an eventful one in the health calendar of our country. It included the acceleration of the implementation of the National Development Plan 2030 (NDP) which seeks to provide affordable access to quality health care while promoting health and wellbeing amongst its major goals and calls for collaborative approach across all sectors to achieve its health goals, the Gazetting of National Health Insurance (NHI) White Paper following its approval by cabinet and the commemoration of world environmental health day under the theme Indoor & outdoor air quality.

Section 153 (b) of the Constitution of the Republic of South Africa requires municipalities to participate in national and provincial development programmes and therefore as local government we need to position ourselves to play an active role in the implementation of both the NDP and NHI amongst other programmes. This will require amongst other interventions the strengthening of municipal health services delivery by municipalities.

We are currently in the first year of implementing the SALGA Strategic Plan 2017-2022 which aims to strengthen SALGA's role as the protector to enforce the rights of the local Government sector as well as to constructively disrupt where the existing overall system compromises the ability of local government to deliver on its mandate. This strategic plan asserts the notion that local government is the sector that is closest to the people and therefore, must be empowered, resourced and capacitated to assume its critical role of delivering quality services to the people.

In order to achieve this SALGA will continue to interact with municipalities through MHS Manager's Forums and Summits to establish any existing gaps and required interventions. The MHS Audit report also serves as an instrument which we use to assess the progress made in the delivery of the service and to map the way forward in addressing the bottlenecks.

We have seen a remarkable improvement in the delivery of municipal health services in the country in recent years however new emerging health conditions continues to undermine such gains. The recent listeriosis outbreak is one such example and therefore as local government we must be combat ready to respond to any threat to the health and safety of the environment.

We are also quite aware of the inadequate funding of MHS through both the Local Government equitable share and municipalities themselves and that this results in municipalities not being able to provide health services in line with the required norms and standards which eventually places our communities at risk.

SALGA is therefore through the IGR structures and other platforms lobbying and advocating for the review of funding of municipal services including municipal health services.

The continuous support by the South African Institute of Environmental Health and other role players remain crucial in our effort to strengthen municipal health services provision in the country.

EXECUTIVE SUMMARY

2017 has been a very eventful year for Municipal Health Services. Many of our local government politicians are now responding to the importance of MHS and driving this agenda in order to deliver comprehensive MHS to our communities. This has ensured that foundations for a clean and healthy environment have been put in place.

The 2013/2014 Municipal Health Services Summit agreed that a MHS survey should be held annually in order to determine the MHS status in Metropolitan and District municipalities in the country. It was the first time in the country that such a comprehensive audit was conducted for Municipal Health Services and as a result, the status of MHS in the municipalities has vastly improved. It has also been a learning exercise for many municipalities, its politicians, senior management and Environmental Health Practitioners along the way.

A majority of senior managers in municipalities and politicians are well informed of the work that MHS does and the legal mandates required in delivering these services to their communities. They have also come to realize that environmental health is a highly-regulated profession with a plethora of legislation governing this service.

This is the fifth MHS status report undertaken jointly by SALGA and the SAIEH. This report provides the details on the best practices in some municipalities and their successes regarding the implementation of MHS. This includes devolution and the many obstacles and issues facing many of the municipalities in delivering a sustainable and effective MHS to its communities. Many of the municipalities have made recommendations to improve MHS in their municipalities.

Globally, there is a definite shift in implementing environmental health services. Currently, what is being called for is a risk base approach to ensure that Environmental Health Practitioners can be able to deal with environmental health issues more effectively. There is a need to identify the risk, the cause of the risk, mitigation measures against the risks and a way to prevent the risk from recurring.

Managers in Metropolitan and District Municipalities have come to realize that it is becoming more and more

important that Environmental Health Practitioners become more highly skilled and trained. This includes being more academically qualified in order to meet the challenges they are facing in delivering MHS, e.g. epidemiology, physics and chemistry, project management etc. The EHPs need to become specialists in their field so that they can understand and deal with the challenges they face in the workplace. In this way, they can protect the communities in which they work and be able to better inform communities of the risks, impending dangers and hazards.

This report provides detailed responses from the municipalities within all nine (9) Provinces. It provides insight into the methodology used and gives a summary of the findings and the recommendations which were reached following the analysis of the completed questionnaires received from the DMs and the Metros.

There were many challenges identified from the questionnaires, but currently the most important challenges are:

The serious shortage of staff to carry out this service. The budget for MHS is definitely inadequate and no Municipality in the country meets the laid down norm for EHP personnel in South Africa, i.e. 1 EHP for every 10,000 population.

The lack of support from senior managers in the municipalities and the National Department and Provincial Departments of Health and their reluctance to address these challenges.

There is a request from municipalities that SALGA must approach COGTA to develop specific legislation/ policy with a clear mandate for local government on MHS.

Municipalities must ensure prioritization of MHS in their council budgets and service delivery package/ platforms.

Many of these managers have the impression, whether true or not, that MHS is not regarded as a very important service, therefore very little attention is paid to these issues.

The main objective of the survey was to assess the performance of municipalities in the delivery of municipal health services and identify existing gaps and areas for best learning practice.

The report was based on the findings of an audit conducted jointly by SALGA and the SAIEH on the status and impact of MHS on municipalities as well as an analysis of the responses provided by these municipalities on the challenges with MHS.

In the 2017 questionnaire, it was decided to improve the information gathered to ensure that improved recommendations can be made based on the findings. A lot still has to be done in order to ensure that all the municipalities are able to function at full capacity in order to provide a comprehensive MHS.

The report also looks at the progress made thus far since the first audit which was conducted in 2013, in order to demonstrate the improvements made and some of the key areas that still need to be addressed.

South Africa is made up of eight Metros and 44 DMs. A questionnaire was sent to all municipalities to report on the provision of MHS. The response to the questionnaire by the municipalities was excellent due to the extra effort by the nine (9) Provincial structures of SALGA and the leadership of the Provincial Branches of the SAIEH. They did a sterling job to ensure that every single DM and Metro submitted a completed questionnaire. We must place on record that we had a 100% return, which is excellent in terms of research principles and very good to make a reliable and informed conclusion.

Table 1.1. : MUNICIPALITIES THAT RESPONDED TO THE 2017 QUESTIONNAIRE

| EASTERN CAPE | YES | NO |
|--------------------------|-----|----|
| NELSON MANDELA BAY METRO | ✓ | |
| BUFFALO CITY METRO | ✓ | |
| ALFRED NZO | ✓ | |
| JOE GQABI | ✓ | |
| CHRIS HANI | ✓ | |
| SARAH BAARTMAN | ✓ | |
| AMATHOLE | ✓ | |
| O.R. TAMBO | ✓ | |
| FREE STATE | YES | NO |
| FEZILE DABI | ✓ | |
| LEJWELE PUTSWA | ✓ | |
| XHARIEP | ✓ | |
| THABO MOFUTSANYANA | ✓ | |
| MANGAUNG METRO | ✓ | |
| GAUTENG | YES | NO |
| SEDIBENG | ✓ | |
| WEST RAND | ✓ | |
| CITY OF TSHWANE | ✓ | |
| CITY OF JOHANNESBURG | ✓ | |
| EKURHULENI METRO | ✓ | |

| LIMPOPO | YES | NO |
|------------|-----|----|
| MOPANI | √ | |
| CAPRICORN | √ | |
| SEKHUKHUNE | √ | |
| VHEMBE | √ | |
| WATERBERG | √ | |

| KWA-ZULU NATAL | YES | NO |
|-----------------------|-----|----|
| ETHEKWINI METRO | √ | |
| UMKHANYAKUDE | √ | |
| HARRY GWALA (SISONKE) | √ | |
| UTHUKELA | √ | |
| ILEMBE | √ | |
| UMZINYATHI | √ | |
| UMGUNGUNDLOVU | √ | |
| UTHUNGULU | √ | |
| AMAJUBA | √ | |
| UGU | √ | |
| ZULULAND | √ | |

| MPUMALANGA | YES | NO |
|--------------|-----|----|
| GERT SIBANDE | √ | |
| EHLANZENI | √ | |
| NKANGALA | √ | |

| NORTH WEST | YES | NO |
|---------------------|-----|----|
| DR. RUTH SEGOMOTSI | √ | |
| MOMPATI | √ | |
| DR. KENNETH KAUNDA | √ | |
| BOJANALA PLATINUM | √ | |
| NGAKA MODIRI MOELMA | √ | |

| NORTHERN CAPE | YES | NO |
|---------------------|-----|----|
| FRANCIS BAARD | √ | |
| NAMAKWA | √ | |
| Z.F. MGCAWU | √ | |
| PIXELY KA SEME | √ | |
| JOHN TAOLO GAETSEWE | √ | |

| WESTERN CAPE | YES | NO |
|-------------------|-----|----|
| CITY OF CAPE TOWN | √ | |
| CENTRAL KAROO | √ | |
| WEST COAST | √ | |
| EDEN | √ | |
| CAPE WINELANDS | √ | |
| OVERBERG | | |

KEY CHALLENGES

A summary of the key challenges raised by the municipalities and these being common to most of them and the progress made thus far is as follows:

(A) DEVOLUTION OF MHS TO DISTRICT AND METROPOLITAN MUNICIPALITIES

The delivery of Municipal Health Services as determined in the National Health Act 2003 (Act 61 of 2003) clearly stipulates that Category A and C, municipalities must render MHS in its areas of jurisdiction. In the Government Notice No. 826 dated 13 June 2003, the Minister of local government and Housing entrusted the delivery of MHS to Metro and District Municipalities.

Therefore, this is a legal mandate and all spheres of Government must comply. The issue of devolution requires more and commitment to ensure that it is finally completed to ensure that the issues are addressed.

It must be remembered that the devolution of MHS is part of the national program on the transformation of the public sector and is a major move towards a functional health system in both DMs and Metros. The role of local government as the frontline agent also justifies the process which has come to be known as the devolution of environmental health i.e. MHS.

In the last 5 years, there has been very good progress in the devolution process, but there is a need for this process to be finalized urgently. In 2013 only 6 out of the 8 Metros had completed devolution and this remained the same in 2014 and 2015. In 2016 all Metros had completed the devolution of MHS, i.e. 100% completed. In 2013 only 20 of the 44 DMs had completed devolution. In 2014, 23 DMs had completed devolution and in 2015, 25 DMs had completed devolution. In 2016, 29 DMs finalized devolution. In 2017 there was further improvement in the devolution. All Metros had been devolved and 35 DMs devolved. We currently have over 82.7% of the municipalities that have completed devolution. A few of the DMs are in the final stages of completing the devolution of MHS, with a few issues still left to be resolved.

When SALGA and the SAIEH started this project in 2013, devolution was only 50% complete. Now at the end of 2017, the devolution has reached a completion rate of 82.7% .

SALGA and the SAIEH must be congratulated in driving this project and ensuring that there is improvement on an annual basis. Municipalities must be acknowledged for their efforts, co-operation and taking the initiative to make this possible.

A total of 20 L/Ms are still rendering MHS in the various DMs and out of these L/Ms only 11 have signed SLAs and the other 9 have no SLAs / MOUs in place. There has been some progress in these DMs, some are currently busy with negotiations to sign SLA/MOUs, while others have decided to cancel the SLA/MOUs and render MHS as the DMs as from the 1st of July 2018.

There has to be a very urgent intervention both by the Auditor General, COGTA and SALGA to ensure that both these L/Ms and DMs concerned ensure that they comply and have these SLAs / MOUs in place before the next financial year. The intervention needs to take place before they can continue to deliver MHS on behalf of the DMs. SALGA must bring this to the attention of the municipalities concerned, failure to do so will result in the matter being reported to COGTA to address.

In the Free State Province in Lejweleputswa DM, the PDOH is carrying out MHS functions such as inspections of clinics, initiation schools, hospitals and medical waste. This is a big improvement from the last audit which was conducted in 2015, where the PDOH was rendering MHS in 13 DMs. This situation must be corrected and the intervention of the NDOH together with COGTA is necessary to regularize this situation. In the interim a SLA can be signed while negotiations take place to devolve MHS to the DMs concerned.

it is now over 14 years since the decision was taken to Mandate DM's and Metros to render MHS. Due to the challenges being experienced in this regard, there is a need to ensure that municipalities render the service as part of their mandated function.

There is a need to assist and give wisdom and support to those municipalities that are still grappling with devolution.

Lastly it is important for good governance that the issue of devolution of MHS be finalized in the country. SSALGA will make representation to COGTA on the progress and way forward relating to the devolution of MHS to District and Metropolitan Municipalities.

The survey clearly pointed out that the municipalities applied different processes with devolution and there was a lack of guidance and assistance with the process followed. There were also different agreements, where some provinces still assisted DMs in a staged process with funding and personnel paid by the Province.

The summit need to deliberate on the processes relating to the SLA's and make recommendations on how the devolution process can be fast-tracked.

Table 1.2. : DEVOLUTION PROGRESS OVER THE LAST 5 YEARS

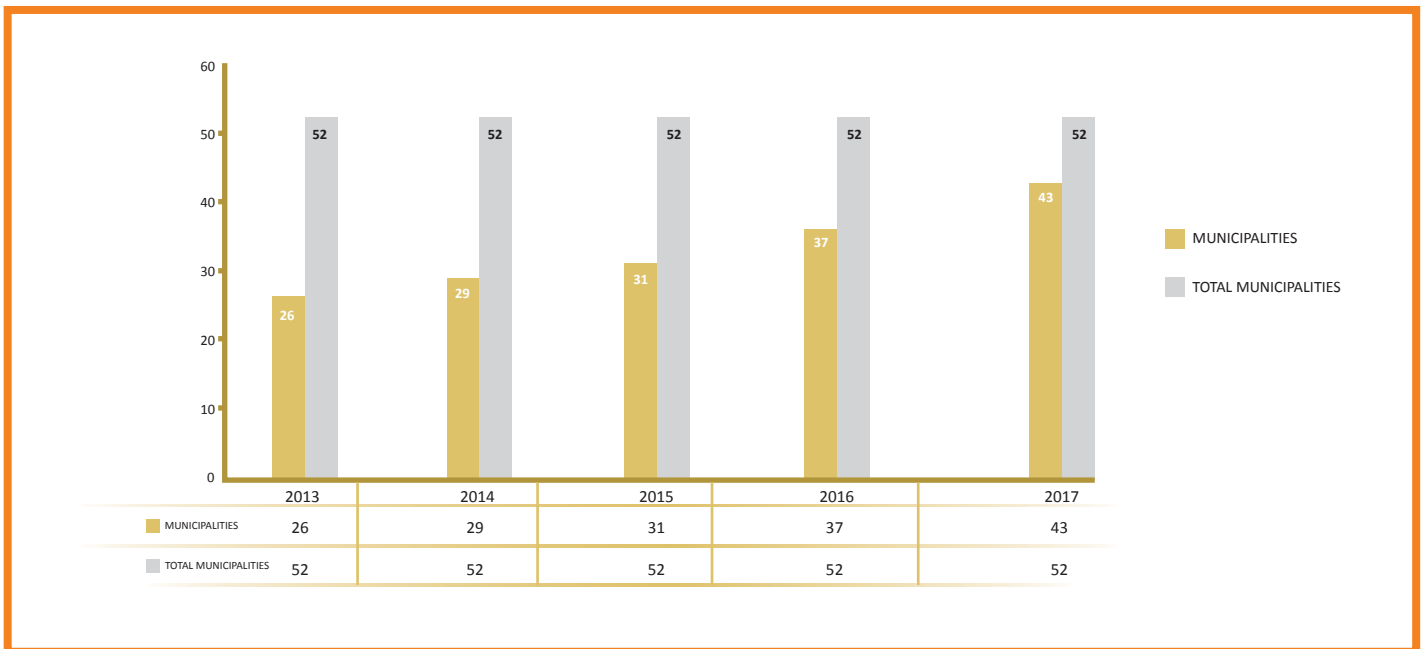
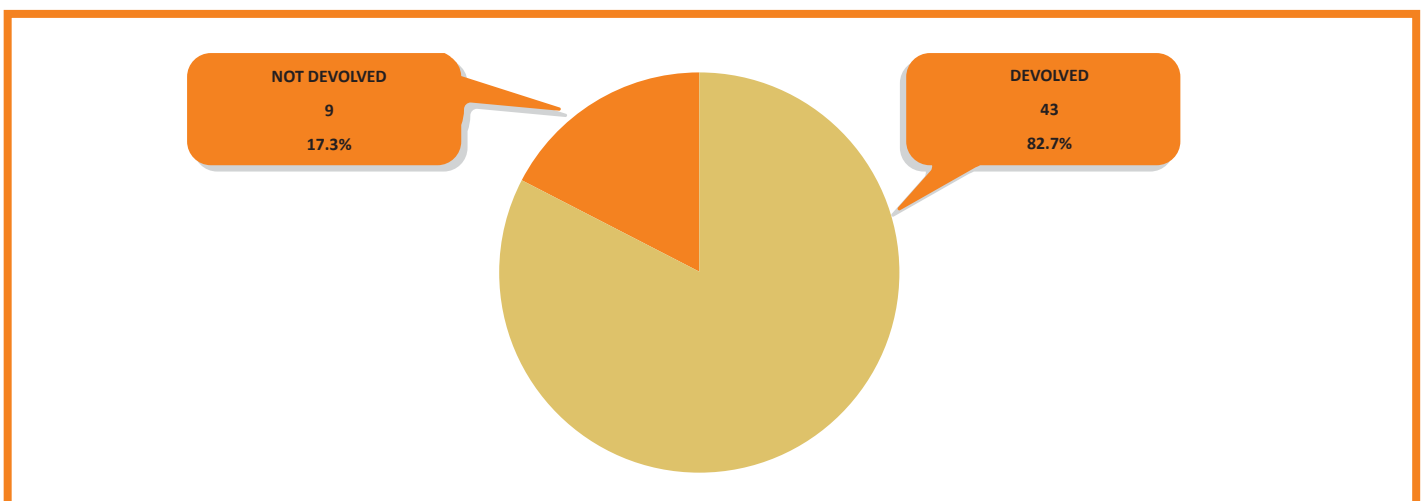


Table 1.3. : DEVOLUTION STATUS 2015

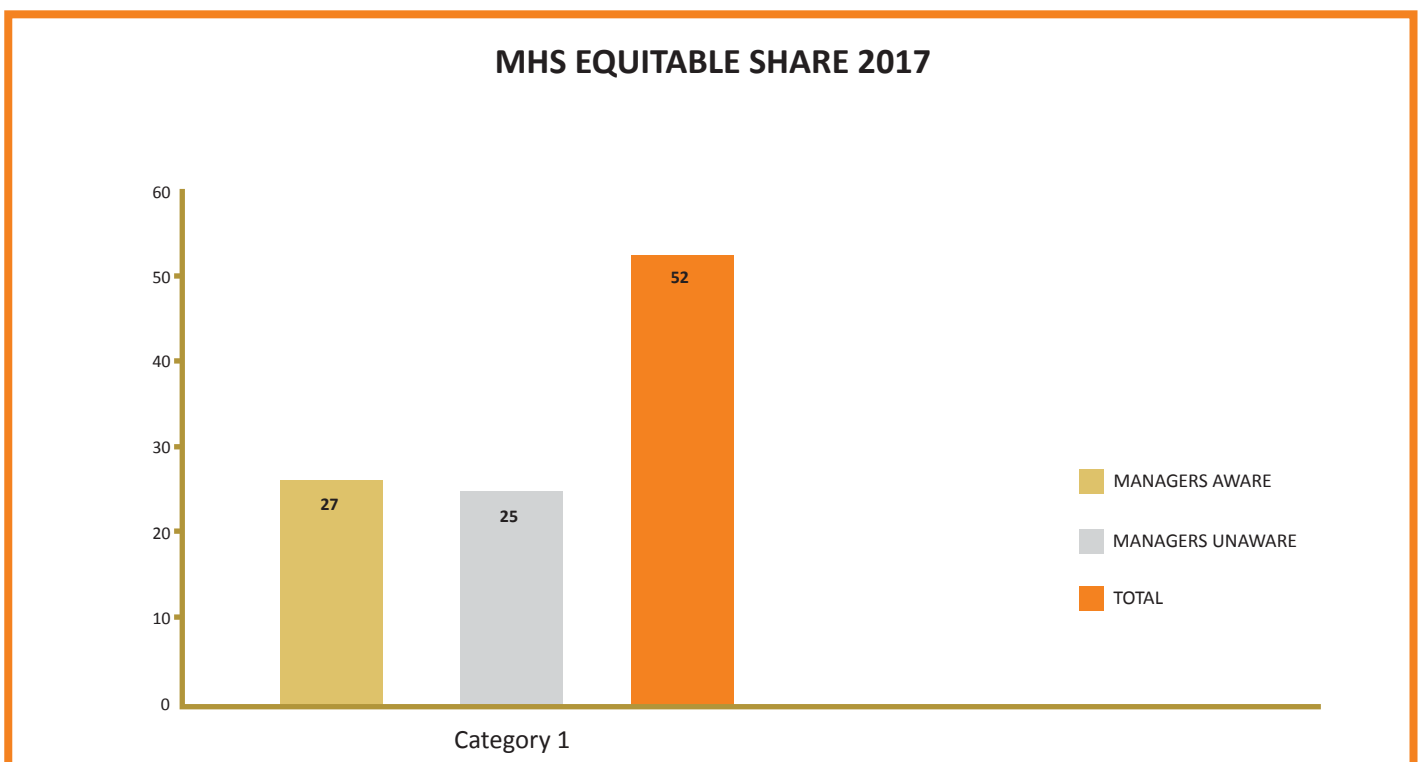


(B) EQUITABLE SHARE ALLOCATION -- MHS

After highlighting the issue of the equitable share for MHS from the National Treasury through COGTA over the above mentioned number of years, many MHS Managers are still uninformed on what their allocation for MHS is from the equitable share. The survey revealed that 25 out of the 52 MHS Managers are not aware of their equitable share for MHS. This means that 48% of the MHS Managers do not know what their allocation is for MHS from the equitable share.

If this is a result of these MHS Managers not receiving this information from the Financial Managers in the municipalities, then this is very disappointing. The graph below clearly depicts that only 27 MHS Managers know what their equitable share is, while 25 of them are not aware of what their allocations are. This equals to 48% of them being unaware of their equitable share.

TABLE 1.4. : MHS EQUITABLE SHARE ALLOCATION (KNOW / DO NOT KNOW)



The question then arises as to how budgets are prepared for these services without this information and how this is accommodated in the IDPs of the municipalities. National Treasury has made this process very transparent and it is difficult to understand why some municipalities are not empowered with information about the equitable share allocation for MHS. It is important to note that the amount for MHS cannot be published separately in the Division of Revenue Act due to possible legal concerns. It is only revealed in the allocation letters from COGTA to the municipalities.

The Summit needs to address the following issues and jointly ensure that the delegates can find a way forward regarding these challenges.

- The exercise of MHS costing and how these costs differ across various municipalities. SALGA,SAIEH and NDOH are currently in the process of costing the delivery of MHS by municipalities.
- Challenges faced by municipalities in prioritising the MHS – are we really serious about providing this service to our communities.

- the role of sector departments in assisting with the rendering of MHS by municipalities.
- How do we make the equitable share for MHS more transparent? Why is this so difficult for the Financial Officers in municipalities to make the equitable share allocations for MHS known to the MHS Managers?

SALGA will through the relevant structures initiate discussions with the municipalities CFO's on the allocation of budgets for MHS.

(C) COMMUNITY SERVICES FOR EHPs

Table 1.5. : MUNICIPALITIES THAT HAVE EMPLOYED COMMUNITY HEALTH ENVIRONMENTAL HEALTH PRACTITIONERS

| PROVINCE | MUNICIPALITY | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|----------------|----------------------------|-----------|-----------|-----------|-----------|------------|-----------|
| KWA-ZULU NATAL | ETHEKWINI METRO | 0 | 15 | 15 | 15 | 0 | 10 |
| | UMKHANYAKUDE | 0 | 5 | 0 | 5 | 5 | 4 |
| | HARRY GWALA | 0 | 2 | 2 | | 0 | 1 |
| | UTHUKELA | 3 | 3 | 0 | 3 | 3 | 3 |
| | UMZINYATHI | 3 | 3 | 0 | | 0 | 0 |
| | UMGUNGUNDLOVU | 0 | 0 | 5 | 5 | 7 | 5 |
| | AMAJUBA | 0 | 3 | 0 | | 0 | 0 |
| | ZULULAND | | | | 2 | 2 | 2 |
| | LIMPOPO | WATERBERG | 1 | 0 | 0 | | 0 |
| | MOPANI | | | | 3 | 0 | 0 |
| | VHEMBE | | | | | 5 | 0 |
| GAUTENG | CITY OF TSHWANE | 0 | 0 | 4 | 3 | 3 | 5 |
| WESTERN CAPE | CITY OF CAPE TOWN | 5 | 5 | 5 | 8 | 8 | 8 |
| | CENTRAL KAROO | 0 | 0 | 1 | | 0 | 0 |
| | WEST COAST | 0 | 0 | 3 | 2 | 3 | 2 |
| | EDEN | 4 | 4 | 0 | | 0 | 0 |
| | CAPE WINELANDS | 5 | 5 | 1 | 5 | 5 | 5 |
| EASTERN CAPE | JOE GQABI | 2 | 0 | 0 | 3 | 3 | 3 |
| | CHRIS HANI | 0 | 8 | 8 | | 0 | 2 |
| | O.R. TAMBO | 0 | 1 | 1 | 1 | 18 | 0 |
| | AFRED NZO | | | | | 35 | 0 |
| | NELSON MANDELA METRO | | | | | | 10 |
| NORTHERNN CAPE | PIXLEY SEME DISTRICT | | | | 4 | 4 | 0 |
| | JOHN TAOLO GAETSEWE | | | | 2 | 0 | 0 |
| | NAMAKWA | 2 | 2 | 2 | | 2 | 4 |
| MPUMALANGA | GERT SIBANDE | 0 | 0 | 5 | 5 | 5 | 0 |
| | NKANGALA | 0 | 0 | 0 | 3 | 2 | 2 |
| | EHLANZENI | | | | | 2 | 4 |
| FREE STATE | FEZILE DABI | 3 | 3 | 4 | | 0 | 0 |
| | LEJWELEPUTSWA | 3 | 3 | 3 | | 0 | 0 |
| | XHARIEP | 2 | 1 | 0 | 5 | 0 | 0 |
| NORTH WEST | DR. RUTH SEGOMOTSI MOMPATI | | | | | 5 | 5 |
| TOTAL | | 33 | 63 | 59 | 76 | 117 | 75 |

The audit raised serious challenges in dealing with CSEHPs:

- a) These cadres of posts are not catered for in the organogram of most municipalities.
- b) Most of the current CSEHPs working in the municipalities are either placed by the Province in the DMs and Metros, or they have been devolved to the Municipality during the completion of the devolution process. Also, while in some provinces, the PDOH has made funding available to employ CSEHPs.
- c) Lack of funding.
- d) The fear is that when the current group of CSEHPs have finished their year-long community service, the municipalities will not employ new CSEHPs from their budgets.
- e) It needs to be clearly stated who is responsible to pay and place CSEHPs. Is it the responsibility of DMs and Metros?

Some Provincial Departments of Health in the country still fund CSEHP posts; some are funded by municipalities and some are from the EPWP and the Health and Welfare SETA. There is no uniformity throughout the country in the employment of CSEHPs.

If some provinces can still fund these posts from municipal budgets (as indicated in the questionnaires) then why is there no uniformity throughout the country?

The Summit must consider the following proposal:

(A) National Government Departments e.g. Dept. Of Agriculture and Veterinary Services; Dept. of Water Affairs; Dept. of Environmental Affairs; Dept. of Labour and Dept. of Mineral and Energy Affairs, needs to be approached to assist with the placement of CSEHPs, bearing in mind the huge backlog we are now faced with.

(D) STAFFING NEEDS

Almost all municipalities in the country have raised the issue of additional workload with limited staff. This poses a serious health threat for South Africa as environmental health is seen as the foundation for preventative health worldwide and is critical to South

Africa's new health system. Environmental health is very critical for the new National Insurance to succeed. With all this said and done, very little attention is given to environmental health at all spheres of government and more attention and resources are being given to curative care.

Due to the increase in population, migration, emergence of new diseases, effects of climate change and devolving of services due to legislative changes, many of the municipalities are failing to cope with the delivery of a full package of comprehensive MHS to their communities in their areas of jurisdiction. It must be remembered that most of these municipalities started with these backlogs and before they could catch up, new issues have ascended.

The changes in legislation that seriously impacted on the ability of municipalities to cope with the additional workloads were, the repeal of the Health Act of 1977 (Act 63 of 1977) and the commencement of the National Amendment Act, 2013 (Act No. 12 of 2013) as from 2 September 2013 as per the proclamation No. 37 of 2013 dated 30 August 2013. These changes to legislation caught all spheres of government by surprise which impacted on communication and proper planning to meet these new demands.

Although the norm for employment of EHPs is 1:10000 population, no Municipality in the country currently complies with this norm.

Every Municipality in this survey has raised the point of additional services with limited staff.

The South African health system has undergone many changes and this has seriously affected the delivery of environmental health services. This is due to poor planning, lack of communication and the scarcity of resources and adequate finances to address these challenges. The challenges to be debated by the delegates at the MHS Summit are how to plan to meet the requirements of the National Environmental Health Policy and the National norms and standards for MHS.

Lastly, a key question for consideration is: **what plan does the NDOH have to ensure that the DMs and Metros are adequately resourced and staffed to ensure that the communities get efficient and sustainable MHS.**

(E) TRAINING AND DEVELOPMENT OF EHPs

In order to see an improvement in the quality of MHS to our communities, it is important to ensure that EHPs receive ongoing training and orientation on new methods and technology so that they are properly equipped to meet the challenges and rapid changes in the environmental health field. There is a need to make sure that EHPs are at the top of their game so that they protect communities and ensure that they live in a clean and healthy environment.

Due to the changing trends in environmental health and the emergence of new diseases, it is important that practising EHPs receive training and development on an on-going basis.

Furthermore, it is a legal requirement that practising EHPs undergo continuous professional development (CPD's) to expand their knowledge, share best practices and update their work methods. EHPs are encouraged to participate in CPD training programmes.

SALGA needs to intervene in this regard and inform the municipalities about the importance of this training in ensuring the highest standards of MHS delivery. Almost all the municipalities have raised this as a serious risk because their EHPs can be struck off the HPCSA register if they do not comply with the CPD requirements and will no longer be able to practise legally, putting further strain on the system.

(F) RESOURCES AND TOOLS OF TRADE

For EHPs to be able to deliver an acceptable service to communities they need adequate resources. Appropriate office accommodation and transport are two of the concerns that have been raised by the municipalities in the questionnaires. In some municipalities, EHPs do not have proper furniture, including desks, chairs and computers to do their reports, notices and other administrative duties. These are essential tools for EHPs to carry out their day to day functions. In some rural municipalities in provinces like the Northern Cape, Eastern Cape, and KwaZulu-Natal, the EHPs have to travel long distances to carry out their functions. Not having reliable transport will impact on their ability to deliver MHS. Most municipalities do not have a capital budget for MHS. There is a need for Financial Managers in DMs and Metros to encourage MHS Managers to participate in the budgeting processes.

When devolution was being done in some municipalities, a proper Section 78 exercise in terms of the Municipal Systems Act, 2000 should have been done to ascertain whether the municipality can afford to provide the services and its ability to sustain it in the future. These issues of resources would have been considered in the Section 78 reports.

SALGA needs to seriously take up this issue of resources and tools of trade with their member municipalities concerned.

This should not be happening for such a pivotal service for community health and safety.

(G) NATIONAL AND PROVINCIAL GOVERNMENT INTERVENTION

Almost all municipalities surveyed raised the issue of National and Provincial Government intervention to address the challenges they are facing. Currently they feel they receive little support and have raised serious concerns about communication between the spheres of government and the lack of guidance from national level especially regarding legislation.

Section 154(1) of the RSA Constitution Act 108 of 1996 clearly stipulates that the National Government and Provincial Government by legislation and other measures must support and strengthen the capacity of municipalities to manage their own affairs and to exercise their powers to perform their functions. This is what is called "Municipalities in Co-operative Government".

The issue of sharing best practices and twinning agreements between municipalities and cities needs to be organised by SALGA to improve and learn from best practice and without having to reinvent the wheel.

The time has come now for all 3 spheres of government to appoint champions for MHS to deal with all the challenges identified by these municipalities and have a proper plan in place to finalize these matters.

It is critical to reconsider how MHS and Environmental Health Services in South Africa are being delivered i.e. to re-engineer Environmental Health Services. An acknowledgement of interprovincial norms and standards is needed.

(H) LEGISLATION

Most of the DMs and Metros raised this as a critical component to deal with some of the challenges that MHS are confronted with. Many municipalities are anxiously awaiting the finalization of the adoption of the MHS by-laws. The tariff structure and charges must be uniform for MHS.

There is a recommendation to develop a policy and / or legislation with clear mandate for LG on MHS and this must be done by COGTA, with a submission from SALGA. This policy must cover the following:

- Financing of MHS
- Roles and responsibilities of COGTA, DMs and Metros concerning MHS
- Budgets and IDPs
- Community Services for EHPs, including funding
- Auditing and monitoring of MHS, including the Equitable share allocations
- Inclusion of the reporting by the municipalities on MHS to the Auditor General report for the Municipality
- Prioritization of MHS in the municipalities budget and service delivery package/platform

APPOINTMENT AND DESIGNATION OF ENVIRONMENTAL HEALTH PRACTITIONERS

Due to the numerous queries and debates around the legal mandates, status and qualifications of EHPs, it was decided to add a Part 5 to the Questionnaire we used to carry out this MHS Summit for 2017.

This became necessary to ensure that Government Departments acknowledge the functions that are carried out by EHPs including Air Quality Management, Waste Management and Environmental Management Inspectors in terms of NEMA.

(A) AIR QUALITY OFFICERS

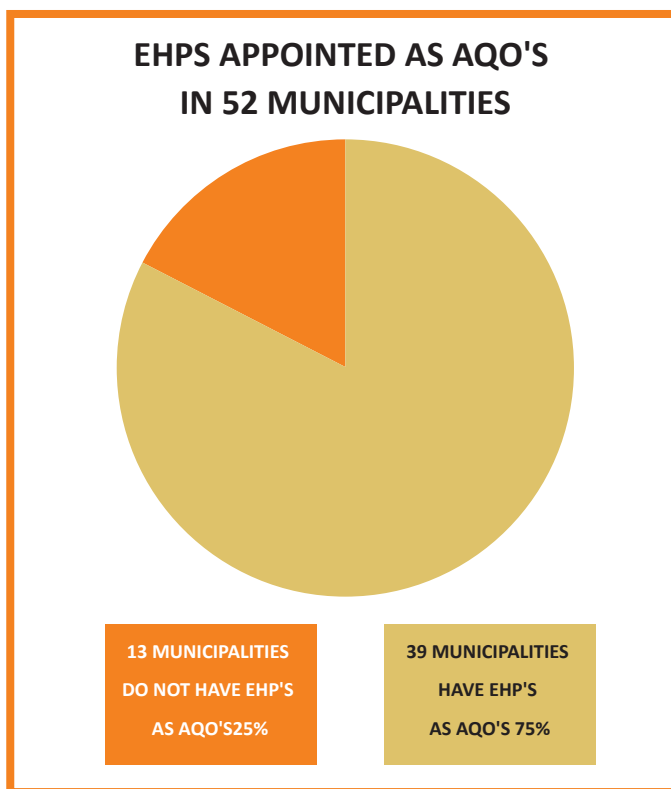
Air pollution is listed as a function of local government as set out in section 156(1) (a) as per Schedule 4 Part B of the Constitution of the Republic of South Africa, 1996, Act 108 of 1996. The National Health Act 2003, (61 of 2003), in Section 1 clearly defines Municipal Health Services (Environmental Health Services) and lists environmental pollution control as a MHS function. This Act also stipulates that in terms of Section 32 (1), all Metropolitan and District municipalities must render appropriate and effective Municipal Health Services (MHS). The Government Notice No. 698, dated 26 June 2009, approved Regulations defining the Scope of the Profession of Environmental Health: Amendment, detailing the Scope of Practice of Environmental Health Practitioners. In this scope item (7) (b) (g) (l), clearly lists Air Pollution as a function of EHPs.

Therefore, many District and Metropolitan municipalities have appointed Environmental Health Practitioners as Air Quality Officers as they do have the necessary credentials to be appointed as such.

Audit findings after correlating the data from the questionnaires found that out of the total of 52 municipalities both District and Metropolitan municipalities, 39 municipalities have appointed EHPs as Air Quality Officers in terms of the National Environment Management Act: Air Quality Act, 2004 (Act No. 39 of 2004), Section 14 (3).

This means that the percentage of EHPs that are functioning as Air Quality Officers in the District and Metropolitan municipalities are just over 75%.

GRAPH 1.6. : TOTAL EHPs THAT ARE APPOINTED AS AIR QUALITY OFFICERS.



(B) WASTE MANAGEMENT

Waste management, i.e. refuse removal, refuse dumps and solid waste disposal is listed as a local government function as set out in Section 156(1)(a), as listed as Part B of Schedule 5 of the Constitution of the Republic of South Africa, 1996, Act 108 of 1996.

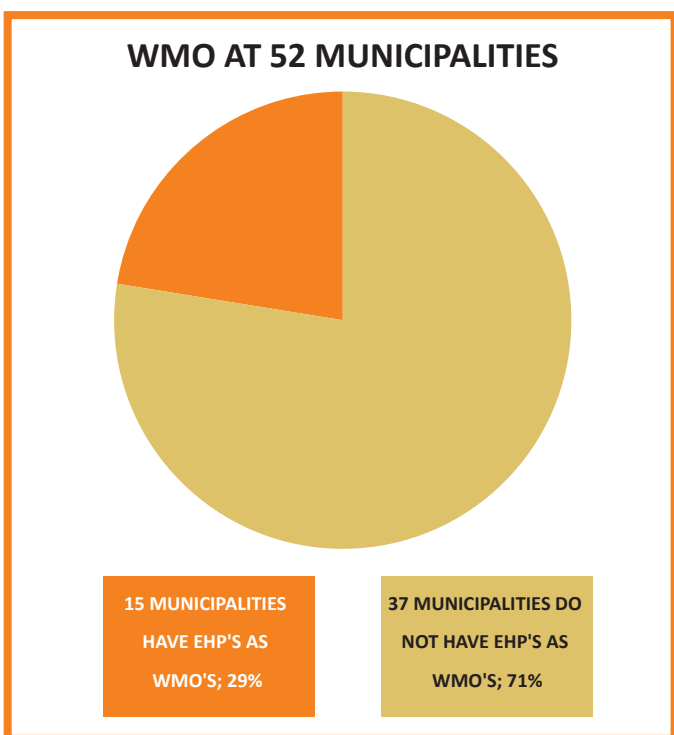
In terms of the National Environmental Management: Waste Act, 2008, Act no. 59, 2008,

Section 9 (1) & (2), a municipality must exercise its executive authority to deliver waste management services, including waste removal, waste storage and waste disposal services in a manner that does not conflict with section 7 or 8 of the above Act.

In terms of Chapter 3, section 10 (3) of the Waste Act, each municipality who is authorized to carry out waste management services by the Municipal Structures Act, 1998 (Act No. 117 of 1998), must designate in writing a waste management officer from its administration to be responsible for co-ordinating matters pertaining to waste management in that municipality.

Audit findings from the returned questionnaires found that out of the 52 municipalities, only 15 municipalities have appointed EHPs as Waste Management Officers, giving us a percentage of about 29%.

GRAPH NO. 1.7. : WASTE MANAGEMENT OFFICERS WHO ARE EHP'S



(C) FOOD CONTROL

In terms of the National Health Act, 2003 (Act No. 61, 2003), Section 1, definitions of municipal health services, food control is included, i.e. (b).

In terms of the Foodstuffs, Cosmetics and Disinfectants Act 1972, (Act 54 of 1974), Section 23(1), clearly stipulates that the National Minister of Health may by notice in the Gazette authorize any Local Authority to enforce within its area of jurisdiction, through its duly authorized officers, such provisions of this Act as the Minister may specify in the notice.

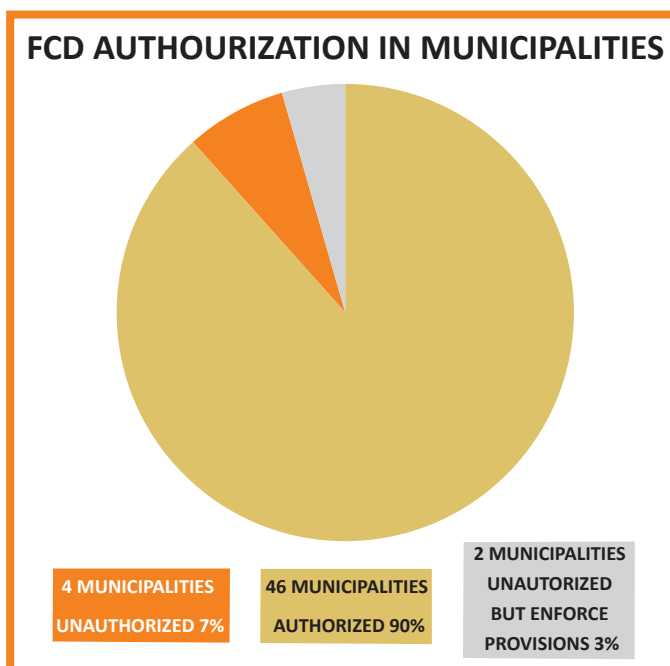
In terms of the Government Notice No. R. 698, dated the 26 June 2009, regulations defining the Scope of the Profession of Environmental Health: Amendment, in the Annexure, section 2, clearly outlines the Food Control functions as stipulated in 2 (a), (b), (c), (d), (e), (f), (g), (h) and (i).

The audit findings after analysing the data from the returned questionnaires are as follows:

- Out of the total District and Metropolitan municipalities, i.e. 52, only 46 municipalities are authorized by the Minister to enforce the provisions of the Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972.
- 6 municipalities are still not authorized to carry out the requirements of this Act and the amendments.
- 2 local municipalities (Category B), although carrying out Food Control functions are not authorized by the Minister to implement the requirements of this Act.

These municipalities that are not authorized by the Minister to enforce the provisions of the Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972 and its amendments, must immediately do so.

GRAPH 1.8. : MUNICIPALITIES AUTHORIZED IN TERMS OF THE FCD ACT NO. 54 OF 1972



(D) ENVIRONMENTAL MANAGEMENT INSPECTOR

The Minister of Environmental Affairs has powers under section 31B of the National Environmental Management Act 1998 (Act No. 107 of 1998), to designate persons as Environmental Management Inspectors (EMI'S).

The MEC acting in terms of section 31C of this Act; or a person to whom the MEC's power contained in Section 31C of this Act to designate persons as Environmental Management Inspectors, has been delegated in terms of section 42A of this Act.

Designating authorities may designate persons referred to in section 31B or 31C of this Act as EMI's, only if such persons have completed any relevant training course approved by the Director-General of the National Department of Environmental Affairs.

In the case of EHP's, in 2012 there were discussions with the DEA, NDOH, HPCSA, Academic Institutions and the South African Institute of Environmental Health and an MOU was signed so that EHP's could be designated as EMI's after completing a week bridging course at one of the identified Training Institutions.

A total of 308 EHPs have so far been trained and from the data submitted by the municipalities in the MHS Audit questionnaire, 160 EHPs have been designated as EMI's. The others are in the process of being designated. The Department of Environmental Affairs have not taken those that have been trained after May 2017.

At a meeting with the National Department of Environmental Affairs held on the 10th October 2017, all the parties to the original agreement decided that this EMI Training for EHPs must continue as it is critical for all EHPs to be designated as EMI'S, if they will be implementing the SEMA's and NEMA.

An appeal is being made to employers of EHPs in these municipalities to ensure that they attend these training sessions in the different provinces.

(E) DESIGNATION – HEALTH OFFICER

In terms of the National Health Amendment Act, 12 of 2013, section 80(1), the Minister, relevant member of the Executive Council or Mayor of a municipal council may designate any person in the employment of the national department, province or municipality, as the case may be, as a health officer.

Under the heading "environmental health investigation", section 83(5), it stipulates that only a health officer who is registered as an environmental health practitioner in terms of the Health Professions Act, 1974 (Act No. 56 of 1974), may exercise any of the powers conferred under this section.

On analysing the data collected from the returned questionnaires from the municipalities, our report is as follows:

- There are 1338 EHPs appointed as health officers in terms of the Act.
- In 7 municipalities, none of the EHPs are appointed as health officers.

It is important for all EHPs to be appointed as health officers in terms of the National Health Amendment Act, 12 of 2013, section 80(1). Those municipalities that have not done so must immediately comply with this Act.

(F) PEACE OFFICERS

Peace officers are appointed in terms of section 334 of the Criminal Procedure Act, 1977 (51 of 1977).

In terms of the National Health Amendment Act, 12 of 2013 under the heading "Appointment of health officer and inspectors", section 80(4) (c), stipulates that when a health officer or an inspector performs any function in terms of this Act, he or she has the powers of a peace officer as defined in section 1 of the Criminal Procedure Act, 1977 (Act No. 51 of 1977), and may exercise any of the powers conferred on a peace officer by law.

On analysing the data from the returned questionnaires from the municipalities, the following is reported:

- The total numbers of EHPs that are appointed peace officers in the municipalities are 1227.
- In 15 municipalities, none of the EHPs are appointed peace officers.

These municipalities must ensure that all their EHPs are appointed as peace officers as enforcement and compliance is a critical aspect of environmental health practice.

RECOMMENDATIONS

The following recommendations and matters need to be addressed urgently so that the issues raised in this survey can be addressed in a planned approach. The Summit needs to consider these recommendations seriously:

- a) A target date needs to be set by the delegates for the finalisation of the devolution process, both from the LMs and provinces to the DMs and Metros. Those LMs and provinces that are delivering MHS in the Districts and Metros without SLAs or MOUs must be finalized to legitimise the process. Special attention needs to be given to this process to be finalized by SALGA
- b) SALGA and the SAIEH are set to finalize the development of a costing model for MHS
- c) There is a need to capacitate Politicians and Financial Officers of the municipalities on MHS. SALGA is set to facilitate this process.
- d) SALGA needs to intervene to ensure that EHPs receive necessary training, by being given access to CPD opportunities, which is necessary for them to practice competently and to comply with the HPCSA requirements and legislation. Municipalities need to allow EHPs to attend these training and CPD activities.
- e) SALGA needs to advise the municipalities that they need to be more transparent about the equitable share for MHS and ensure that the managers of these services are kept informed.
- f) SALGA needs to continue to pursue with the National Treasury the issue of funding CSEHP posts at municipal level, provided that the municipalities have made allowance for these posts in their organisational structures as they have done for financial and engineering interns.
- g) The SAIEH submitted a proposal to NDOH on the placement of CSEHPs.
- h) Due to the serious consequences of not having a fully functional MHS, municipalities are called upon to prioritise MHS and ensure that they have plans in place to address the key challenges that MHS Managers are facing daily e.g. office accommodation, motor transport, office furniture and computers.
- i) The PDOH and NDOH to are set to become involved with the key challenges at local government level and to intervene and give proper guidance to municipalities.
- j) The issue of staffing is a serious problem in every Municipality in the country. There has to be a serious discussion at a National level between NDOH, SALGA, COGTA and National Treasury to find a way forward to address this crisis. Let us not wait for a disease outbreak and deaths before we act as this will be too late. The approved norm of 1 EHP per 10, 000 population, as per the National Environmental Health Policy needs to be implemented.
- k) COGTA needs to get involved together with SALGA on discussions concerning MHS and the funding model for this service.
- l) Municipalities must work towards complying with legislation on authorization and appointments.

STATUS REPORT OF MUNICIPAL HEALTH SERVICES PER PROVINCE

The summary details of the results of the survey as submitted by the District and Metropolitan Municipalities per Province in terms of the returned questionnaires are detailed below:

1. NORTHERN CAPE PROVINCE

The Northern Cape is made up of 5 District municipalities and 26 Local municipalities.

The devolution of Municipal Health Services from the Local Municipalities to the District Municipalities is complete in all the 4 District Municipalities, besides Frances Baard District Municipality. All district municipalities have raised the issue of the budgeting/funding model for MHS. There is an urgent call for National and Provincial Government to make urgent interventions to address these challenges.

There is a request for the development of common policies, legislation/by-laws for local government on MHS. There have been requests for the development of policies and legislation with clear mandate for local government on Municipal Health Services.

Council budget and service delivery package/platform of MHS needs to be highly prioritized. Municipalities must provide opportunities for Continued Professional Development. There is a call for continuous communication with all role-players including National and Provincial Departments involved in the delivery of Municipal Health Services. It is the view of the managers of MHS, that in smaller Rural District Municipalities, MHS is in serious financial crisis.

To provide proper MHS is becoming more difficult, as in the Northern Cape EHPs have to travel long distances. The issue of the 1:10,000 norm adopted by NDOH in the National Environmental Health Policy document needs to be implemented.

1.1. ZF MGCAWU DISTRICT MUNICIPALITY (SIYANDA)

The DM provides MHS in all 5 Local Municipalities in its area of jurisdiction. Khara Hais Local Municipality was devolved to the District Municipality with 5 EHPs on the 1st of July 2016. A Section 78 exercise was done. Devolution is now complete.

The main challenges and responses to MHS are:

- Limited budgets and staff shortages
- Reporting line
- Proper equitable share formula for MHS and the DM needs to budget properly for MHS
- Additional services with limited staff
- CPD training
- Lack of office accommodation
- Legislation including by-laws
- Tools of Trade e.g. motor transport
- National and Provincial Government needs to intervene and address the challenges

MHS is provided for in the DMs Integrated Development Plan. Air Quality Management has now been incorporated into the MHS package of services.

1.2. PIXLEY KE SEME DISTRICT MUNICIPALITY

The DM provides MHS in all 8 Local Municipalities within its area of jurisdiction. Section 78 was not done. Devolution is completed.

The challenges and response to MHS are:

- Funding - Proper budgets for MHS
- MHS equitable share to be strictly utilized by the Municipality to provide MHS services
- Inadequate Legislation and by-laws
- Equitable share for MHS to be strictly used by the Municipality to provide MHS
- Enforce the norms for employment of EHPS
- Continued Professional Development
- Prioritization of MHS in Municipality budgets.

- Develop policy and / or legislation with a clear mandate for local government with regards to MHS.
- DM has incorporated Air Quality Management services as part of the MHS package of services.

The DM has included MHS in their Integrated Development Plan of the Municipality.

1.3. JOHN TAOLO GAETSEWE DISTRICT MUNICIPALITY

The DM provides MHS in only 3 out of the 3 LMs within its area of jurisdiction. Gamagara Local Municipality is providing MHS in its area of jurisdiction from its own revenue and does not receive any portion of the equitable share. MHS at Gamagara Municipality was to be transferred to the District Municipality in the 2016/2017 financial year, but did not happen. There is no SLA/MOU in place to regularize this. Section 78 exercise completed.

The main challenges and responses to MHS are:

- The MHS function in South Africa is not standardized for example when audited in terms of the norms and standards every Metro and District uses their own checklists, by-laws and budget formats. (The Department of Environment are much more of assistance regarding AQMP's, IWMP's, CCS's and training to implement the NEA, Waste and AQ Acts.)
- The budget is not regulated properly and the NDOH and Treasury seem not to acknowledge the challenges.
- Organograms are not standardised to ensure proper service delivery; 1/10,000 ratio cannot be reached due to shortage of funds.
- The municipality does not have sufficient funding for skills development through the SDP.
- The filing system of the municipality is not assisting in providing file numbers for issuing of COA's and HC's.
- It is vital to ensure that funding of MHS is with a grant and not with the equitable share.

1.4. NAMAKWA DISTRICT MUNICIPALITY

This DM renders MHS for all 6 LM in its area of jurisdiction. The DM has completed a Section 78 exercise. The DM introduced Waste Management and Air Quality Management services. Devolution completed. 4 Community Services EHPs posts will be filled in the 2017/2018 budget cycle funded by the Provincial Department of Health.

Environmental Management Inspectorate (EMI's) training has been completed. EMI's, Climate Change, Air Quality Management and Waste Management has been now included in the MHS package of services. The Air Quality Management Plans and the Waste Management Plans are in place.

The main challenges and responses to MHS are:

- Budgeting /Funding model for MHS
- Need for legislation and by-laws
- Additional services with limited staff
- National and Provincial Government intervention to address challenges.
- Continued professional development for EHPs.
- Safety of EHPs.
- Training / co-operation of state departments.
- Specific budget allocation for related services through IDP.
- Develop policy and/or legislation with clear mandate for local government on MHS
- Guidelines to Metros and Districts to reach uniformity in MHS delivery in the province and throughout the country.

1.5. FRANCES BAARD DISTRICT MUNICIPALITY

The DM is only providing MHS in 2 of the 4 LMs i.e. Magareng and Dikgatlong. The other 2 LMs; Sol Plaatjie and Phokwane, provide MHS in their area of jurisdiction. Phokwane Local Municipality has a Service Level Agreement with the D/M to render MHS in its area of jurisdiction. Sol Plaatjie L/M has not signed a Service Level Agreement as yet, still negotiating. Section 78 assessment has been completed. Devolution has not been completed.

The main challenges and responses to MHS are:

- The funding and budgeting model does not address the required services that has to be rendered
- Additional services are required but with limited staff
- MHS equitable share to be strictly utilized by the DM to provide MHS
- Office accommodation
- CPD
- Prioritization of MHS in the DM budget and service delivery package/ platform.
- Senior management support.

2. MPUMALANGA PROVINCE

This Province has 3 DMs with 16 L/Ms. The devolution of MHS from L/Ms to DMs is completed. The devolution from the Province to the DMs is also completed. The DM has introduced new MHS services i.e. Environmental Management Services, Atmospheric Licencing functions, Air Quality Management, Climate Change and Biodiversity. There is a need to develop policy/or legislation with a clear mandate for local government on MHS. Section 78 exercise has been done for all DMs. Continuous Professional Development has been identified as another challenge. There needs to be a prioritization of MHS in the DMs budget and service delivery package/ platform. There is a need to accommodate Community Services EHPs at the Districts and place them accordingly with reasonable salaries.

2.1. GERT SIBANDE DISTRICT MUNICIPALITY

The DM provides MHS services to all 7 LMs in its area of jurisdiction. A Section 78 exercise has been done. 2 Community Services EHPs are to be employed for 2016/2017 budget year and are accommodated in their own organogram and funded. The DM introduced Air Quality Management Services to its package of MHS and is also intending to include climate change and biodiversity. Devolution is now completed from both the L/Ms and the province.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Limited staff but additional services are being added
- Continuous Professional Development
- Generally limited resources to carry out MHS e.g. motor transport
- MHS equitable share to be strictly utilized by the DM to provide MHS.
- Develop policy and/ or legislation with a clear mandate for local government on MHS.

2.2. EHLANZENI DISTRICT MUNICIPALITY

The DM is providing MHS to all its 4 LMs in its area of jurisdiction. Devolution from the L/Ms and the province is complete. The DM has completed a Section 78 exercise. The DM is now carrying out other MHS functions i.e. Air Emission Licencing and Environmental Management. 4 CSEHP posts will be filled in the 2017/2018 budget year. These posts are not included in the organogram.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Additional services required with limited staff
- Legislation including by-laws
- Management support
- MHS equitable share to be strictly utilized by the DM to provide MHS services
- Continuous Professional Development
- Safety of EHPs.

Develop policy and/or legislation with a clear mandate for local government on MHS.

2.3. NKANGALA DISTRICT MUNICIPALITY

The DM does provide MHS to all the 6 LMs in its area of jurisdiction. The devolution from the Province to the DM is now complete. Devolution is now completed. A Section 78 exercise has been done by the DM. 2 CSEHPs posts are provided in the organogram. 2 Community Services EHP posts will be filled in the 2017/2018 financial year. The D/M intends to introduce Industrial inspections in their MHS package.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Additional services required with limited staff
- Resources to carry out MHS functions i.e. office accommodation
- Continuous professional development
- Safety of EHPs – by insurance and cover their assets in case of riots.
- To address the MHS budget challenges from the National Treasury
- Accommodate Community Services EHPs at the Districts and place them accordingly with reasonable salary
- To comply with the staffing norms of 1 EHP to 10,000 population.

3. NORTH WEST PROVINCE

The North-West Province has 4 DMs with 18 LMs. The 4 DMs renders MHS in their area of jurisdiction. Devolution is complete. Only 2 DMs undertook a Section 78 exercise. Only 2 DMs have CSEHP posts in their organogram and only one DM will be filling 5 CSEHP post in the 2017/2018 financial from their own operating budget. There is a recommendation that MHS must be a directorate on its own.

The main challenges and responses to MHS are:

- Budget/Funding model
- Additional services introduced with limited staff
- National and Provincial Government should intervene and address the challenges
- Resources to carry out MHS is not provided e.g. office accommodation, transport and equipment
- Reporting lines
- Prioritization of MHS in the DMs budget and service delivery package / platform
- Senior management support
- Office Accommodation
- Safety of EHPs
- Develop policy and/ or legislation with clear mandate for local government on MHS

3.1. BOJANALA PLATINUM DISTRICT MUNICIPALITY

The DM provides MHS to all 5 LMs in its area of jurisdiction. The DM has completed a Section 78 exercise. There is a lack of resources to carry out MHS functions e.g. transport and office accommodation. The manager is not aware of the total budget for MHS and the equitable share allocation by the National Treasury. MHS is provided for in the DMs integrated development plan.

There is a recommendation that MHS must be a directorate on its own.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Additional services with limited staff
- Safety of EHPs
- MHS equitable share to be strictly utilized by the municipality to provide MHS
- Tools of Trade e.g. motor transport

- CPDs
- Office accommodation
- Reporting lines
- Management support
- Develop policy and /or legislation with clear mandate for local government on MHS.
- National and Provincial Government should intervene and address the challenges
- Prioritization of MHS in the DMs budget and service delivery package / platform

3.2. NGAKA MODIRI MOLEMA DISTRICT MUNICIPALITY

The DM provides MHS to all the 5 LMs in its area of jurisdiction. The DM has completed a Section 78 exercise. The DM has 5 CSEHP post in the organogram for MHS. These posts will be filled in the 2017/ 2018 financial year from the D/Ms budget. MHS is included in the D/Ms IDP. The DM does not know the equitable share given from the National Treasury. Devolution is finalized.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Legislation and by-laws for MHS
- MHS equitable share allocation to be strictly utilized by the DM to render MHS
- CPDs including in-service skills development training
- National and Provincial Government should intervene and address these challenges
- Office accommodation
- Management support
- Tools of Trade – transport

3.3. DR. RUTH SEGOMOTSI MOMPATI DISTRICT MUNICIPALITY

The DM provides MHS for all 5 LMs in its area of jurisdiction. The DM has not completed a Section 78 exercise. CSEHPs posts have not been created in the organogram of the DM and 5 will be filled in the 2017/2018 budget year, funded from the operational budget of the D/M. MHS is provided for in the IDP. A manager for MHS has been appointed in this DM. The manager for MHS is not aware what the equitable share for MHS is.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Legislation and by-laws for MHS
- Prioritization of MHS in the DMs budget and service delivery package / platform
- Reporting line
- MHS equitable share to be strictly utilized by the municipality to provide MHS.
- Tools of Trade e.g. equipment
- CPDs including in-service skills development training

3.4. DR. KENNETH KAUNDA DISTRICT MUNICIPALITY

The DM is providing MHS to all the 3 LMs in its area of jurisdiction. The devolution is finalized. The DM intends to introduce vector control and pollution control, including AELs to its package of service. No CSEHPs are employed by the DM and are not on the approved organogram. Section 78 exercise is not done. MHS is provided for in the IDP. The Acting Director of MHS is not aware on what the equitable share portion for MHS is.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Additional services with limited staff
- Safety of EHPs
- Legislation including by-laws
- Resources to implement MHS e.g. office accommodation
- CPDs
- Tools of Trade e.g. motor transport
- Develop policy and/ or legislation with clear mandate for local government on MHS
- Prioritization of MHS in the DMs budget and service delivery package/platform
- Filling of vacant posts is a priority

4. FREE STATE PROVINCE

The Free State is made up of 1 Metropolitan and 4 DMs with 18 LMs. The devolution transfer process of staff is complete, except that provincial EHPs who are carrying out Waste Officers functions i.e. managing medical waste at hospitals, water sampling at clinics, initiation schools and hazardous substances are not complete. None of the municipalities have done a Section 78 exercise for MHS besides Fezile Dabi District Municipality. Only 2 of 5 municipalities MHS Managers are aware of what their equitable share allocation is. There is a need to develop a policy/ and or legislation, with a clear mandate for local government on MHS. There is a call for senior management's support for MHS functions and the managers who run these services.

The main challenges and responses to MHS are:

- MHS equitable share must be strictly utilized by the municipalities to fund MHS
- Additional services with limited staff
- Need to develop policy legislation and by-laws for MHS
- Special legislation to enforce the ratio norm for EHPs i.e. 1 EHP per 10, 000 population
- Increase skills development for EHPs
- Prioritization of MHS in the municipalities' budget and service delivery package / platform.
- National and Provincial Government must intervene to address these challenges.

4.1. MANGAUNG METRO MUNICIPALITY

The Metro renders MHS services in its area of jurisdiction. This service division has also been appointed as the Licensing Authority in terms of the Business Act. It renders pest and vector control, pollution control and health educational services. The Metropolitan Municipality also runs a microbiological laboratory. The Metro has not completed a Section 78 exercise for MHS. The Metro does not employ any CSEHPs. MH is provided for in the IDP. The Acting Manager for MHS does not know what the equitable share is for this Metro from National Treasury.

Devolution is completed due to Metro status.

The main challenges and responses for MHS are:

- Additional services with limited staff
- CPDs including in-service skills development training
- Specific budget allocation for related services through IDP.
- Prioritization of MHS in the Metro budget and service delivery package/ platform
- Senior management support
- MHS equitable share to be strictly utilized by the Metro to provide MHS
- Develop policy and or legislation with clear mandate for local government on MHS

4.2. THABO MOFUTSANYANA DISTRICT MUNICIPALITY

The DM provides MHS to all 6 LMs in its area of jurisdiction. A Section 78 exercise was not done. The DM has no CSEHPs on their organogram and has not employed them. MHS are provided in the IDP. Devolution from LMs is completed. The manager for MHS is not aware what the equitable share for MHS is. There is no separate budget for MHS as it forms part of the community services directorate budget.

The main challenges and responses to MHS are:

- Budgeting/Funding model.
- Office accommodation
- National and Provincial Government needs to intervene to address challenges
- Safety of EHPs
- MHS equitable share to be strictly utilized by the municipality to provide MHS
- Additional services with limited staff
- Management support
- In-service skills development training
- Develop policy and/or legislation with clear mandate for local government on MHS
- Prioritization of MHS in the council budget and service delivery package/platform.

4.3. KHARIEP DISTRICT MUNICIPALITY

The DM provides MHS to all 3 LMs in its area of jurisdiction. The DM has not undertaken a Section 78 exercise for MHS. There are no posts on the organogram for CSEHPs and the DM has not employed them. MHS is provided for in the DMs IDP. Devolution is complete. The manager does not know what the equitable share for MHS is.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- Reporting lines
- Additional services with limited staff
- National and Provincial Government needs to intervene to address the challenges
- MHS equitable share to be strictly utilized by the DM to provide MHS.
- Safety of EHPs
- Develop a policy and/ or legislation with clear mandate for local government on MHS
- Prioritization of MHS in the council budget and service delivery package/ platform

4.4. LEJWELEPUTSWA DISTRICT MUNICIPALITY

The DM provides MHS to all 5 LMs in its area of jurisdiction. The Provincial Department of Health is providing MHS services with no SLA or MOU in place for initiation schools, clinics, hospitals and medical waste management. Devolution from LMs is completed. A Section 78 exercise for MHS was not undertaken by the DM. The DM Currently has 4 CSEHPs working in the municipality and funded by the Provincial Health Department.

The DM has included the Environmental Management functions to be part of MHS. MHS is in the IDP of the DM. The manager for MHS is not aware of the MHS equitable share from the National Treasury.

There is a need to develop a policy and / or legislation with clear mandate for LG on MHS.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- MHS equitable share to be strictly utilized by the DM to provide MHS
- Legislation and by-laws for MHS

- Lack of office accommodation and transport
- Additional services with limited staff
- Specific budget allocated in the IDP for MHS
- CPDs and in-service skills development
- Safety of EHPs
- Reporting lines
- Senior management support
- Prioritization of MHS in the DMs budget and service delivery package / platform

4.5. FEZILE DABI DISTRICT MUNICIPALITY

This DM provides MHS to all its 4 LMs in its area of jurisdiction. The devolution process was completed in 2004 and a Section 78 exercise was undertaken by the DM. There are no CSEHPs in the DM and no CSEHPs posts are on the organogram. MHS is provided in the IDP of the DM.

The DM has now included an internal laboratory service and this is now fully operational.

The main challenges and responses to MHS are:

- Budgeting/Funding model
- MHS equitable share to be strictly utilized by the Municipality to provide MHS
- Tools of Trade, e.g. Mobile Sampling Equipment
- CPD accreditation training for EHPs (both refresher and new)
- Additional services with limited staff
- National Treasury should revisit funding formulated for MHS, for effective delivery of MHS as per legislation
- Safety of EHPs
- National and Provincial Department Government must intervene to address the challenges

In terms of the MFMA, municipalities are only allowed to spend a certain percentage of total operations budget on salaries, while the EHP is also a tool in the rendering of MHS and the WHO and the NDOH norm of 1: 10,000 EHP per population. It becomes impossible with the Municipal Finance Management Act restricting salary expenditure, especially with the number of EHPs.

5. LIMPOPO PROVINCE

The Limpopo Province is made up of 5 DMs with 22 LMs. In terms of devolution of MHS all LMs have devolved to the DMs except 4 LMs i.e. Greater Tzaneen, Ba-Phalaborwa, Polokwane and Makhado. They still render MHS in their areas without a Service Level Agreement / MOU. In the Phalaborwa Local Municipality devolution of MHS is at the final stage and in Greater Tzaneen discussions are underway to devolve the MHS. Devolution from the Province is completed. Only 2 DMs, Waterberg District Municipality and Sekhukhune District Municipality have completed the devolution process. Only 2 of the 5 District Municipality Managers for MHS are aware what their equitable share allocations were.

The main challenges and responses to MHS are:

- MHS equitable share must be strictly utilized by the DMs to fund MHS
- Prioritization of MHS in the DMs budget and service delivery package/platform
- Develop policy and / or legislation with a clear mandate for local government On MHS
- National and Provincial Government must intervene and address the challenges
- Proposal to be submitted to National Treasury on the costing model for MHS.
- CPDs and in-service skills development training
- Senior management support

Only 3 DMs of the 5 DMs have undertaken Section 78 exercises.

5.1. MOPANI DISTRICT MUNICIPALITY

The DM does render MHS in the 3 LMs in its area of jurisdiction, the 2 other LMs i.e. Greater Tzaneen and Ba-Phalaborwa still render MHS in their municipal area with no Service Level Agreement or MOU in place. In the Phalaborwa LM devolution is in its final stages of implementation and the Greater Tzaneen LM discussions are underway to devolve the MHS to the DM. The MHS full package of service is rendered by the Provincial Department of Health and the LMs with no SLA. The DM has finalized the devolution of MHS from the PDOH. The DM intends to provide all MHS with effect from 1st July 2014 as per their council resolution no. 510/2007 unfortunately this still has not occurred. The DM has not undertaken a Section 78 exercise. The DM has no CSEHP posts in their organogram and will not employ any in the 2017/ 2018 financial year.

The main challenges and responses to MHS are as follows:

- Budgeting and funding model
- Tools of Trade e.g. motor transport
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Additional services with limited staff
- Senior management support
- Prioritization of MHS in the DMs budget and service delivery package/ platform
- Safety of EHPs
- Develop policy and / or legislation with a clear mandate for local government on MHS

5.2. CAPRICORN DISTRICT MUNICIPALITY

The DM provides Municipal Health Services to the 4 LMs in its area of jurisdiction and one LM i.e. Polokwane and also renders MHS in its municipal area with no Service Level Agreement or MOU in place.

A Section 78 exercise was done, but not implemented. There needs to be proper implementation of Section 78 exercise with standardised organizational structures for MHS.

A proposal needs to be submitted to the National Treasury for MHS funds. The District Municipality has no Community Services EHPs. The Chief Environmental Health Practitioner is unaware of what the equitable share for MHS from National Treasury is for the District Municipality. MHS is provided for in the IDP of the District Municipality.

The DM identified the following challenge and response to MHS:

- Budgeting/Funding model
- Reporting lines
- Lack of legislation and by-laws for MHS
- MHS equitable share allocation must be strictly utilized by the DM to provide MHS
- CPD Training and in-service skills development
- Inadequate office accommodation
- Safety of EHPs
- Specific budget allocation for related services through the IDP.
- Develop policy and/or legislation with a clear mandate for local government on MHS

5.3. SEKHUKHUNE DISTRICT MUNICIPALITY

This DM provides MHS to its 4 LMs in its area of jurisdiction.

The Provincial Department of Health has devolved MHS functions to the DM. 19 Environmental Health staff were transferred. A Section 78 exercise has been undertaken by the DM. There are no Community Services EHP posts in the DMs organogram and no posts have been filled in the last 5 years. The Manager of MHS is unaware what the allocation of the equitable share is for MHS.

MHS is catered for in the DMs IDP.

The DM identified the following challenges and responses to MHS:

- Specific budget allocation for MHS to be included in the IDP of the DM
- Budgeting and funding model
- Tools of Trade e.g. motor transport
- CPD Training
- Appoint champions / officials to be responsible for MHS
- Senior management support.
- Prioritization of MHS in the council budget and service delivery package/ platform

5.4. VHEMBE DISTRICT MUNICIPALITY

The DM renders MHS in its 4 LMs except Makhado LM, in its area of jurisdiction. Makhado LM provides all the components of MHS with no SLA or MOU in place. All EHPs from the Provincial Health Department in Vhembe District Regional Office were devolved / transferred to the DM and are now the MHS staff. There are no Community Services EHP posts on the DMs organogram. The DM intends to introduce hazardous substances and Air Quality Control services. Section 78 exercise is completed. MHS is catered for in the IDP of the DM.

The DM identified the following challenges and responses for MHS:

- Budgeting and funding model
- Additional services with limited staff
- Request for SALGA and the SAIEH to visit the municipalities to address these issues

- MHS equitable share to be strictly utilized by the DM to provide MHS
- Tools of Trade e.g. motor transport
- Develop a policy and /or legislation with a clear mandate for local government on MHS
- Filling in of vacant posts
- Senior management support
- Prioritization of MHS in the DMs budget and service delivery package/platform.
- In-service skills development training

Recognition of MHS and taking MHS as one of the core functions for service delivery to our communities.

5.5. WATERBERG DISTRICT MUNICIPALITY

This DM provides MHS to all its 5 LMs in its area of jurisdiction. Devolution in the DM is completed. A Section 78 exercise was conducted by the DM for MHS. There are no Community Services EHP posts on the organogram of the DM. MHS is provided for in the DMs IDP. The manager for Social Development and Community Services is unaware about the amount he receives for MHS from the equitable share from National Treasury. The DM also intends to include Environmental Management into its package of services as part of MHS.

The DM identified the following challenges and responses to MHS:

- Budgeting/Funding model for MHS
- MHS equitable share to be strictly utilized by the Municipality to provide MHS
- Specific budget allocation for related services through the IDP
- Additional services with limited staff
- National and Provincial Government should intervene and address the challenges
- Safety of EHPs
- Prioritization of MHS in the DMs budget and service delivery package/platform
- Legislation including by-laws

6. GAUTENG PROVINCE

This Province has 3 Metropolitan Municipalities and 2 District Municipalities. The 2 DMs have 6 LMs in their area of jurisdiction. All the municipalities are rendering MHS to all its areas under their jurisdiction except Sedibeng District Municipalities where the 3 LMs are rendering MHS in their respective municipalities as an agent for Sedibeng District Municipality and the MHS operational costs is mostly funded by the Sedibeng DM. In Sedibeng District Municipality, the province resolved that no staff will be transferred to municipalities as their staff is needed to render the provincial component of EHS within the Gauteng Province. Only one MHS Manager/ Director in this Province is aware what their equitable share for MHS is.

Another suggestion made is that there needs to be development of MHS performance strategies and performance measurements as per norms and standards.

All the municipalities in this province have emphasized the dire need for more personnel and funding for projects/ programmes and effective service delivery.

Some of the challenges in this province are as follows:

- Additional services after repeal of the Health Act 63 of 1977 with limited staff
- Review of the funding model and budgeting for MHS
- There is a problem with reporting lines for MHS
- Prioritization of MHS in the municipalities budget and service delivery package / platform
- Services are done more on a reactive basis with very little routine focus (planning)
- Develop common legislation and by-laws for MHS
- Training and retaining of EHPs and motivation of staff including CPD training
- Sufficient funding for projects and programs
- Safety of EHPs

6.1. SEDIBENG DISTRICT MUNICIPALITY

The 3 LMs render MHS within their respective municipalities as an agent for the DM. The DM completed a Section 78 exercise for the MHS. The Provincial Department of Health resolved that no staff will be transferred to municipalities as their staff members are needed to render the provincial component of EHS within the Gauteng Province. There are no Community Services EHPs on the DM organogram

and the DM has not employed any in the past 5 years. The MHS Manager is unaware what the equitable share for MHS is. MHS is included in the municipalities IDPs.

The DM has to deal with large rural and urban components plus additional pressure in terms of industrialization within the area. The additional load on the environment is also exacerbating the situation. The demand for services and the ever-changing environment places additional stress on the already limited resources.

Some of the key challenges listed by the DM are as follows:

- Budgeting/Funding model
- Additional services with limited staff
- Safety of EHPs
- Need for legislation and by-laws for MHS
- Reporting lines
- Prioritization of MHS in the DMs budget and service delivery package/ platform
- National and Provincial Government should intervene and address the MHS challenges
- Tools of Trade e.g. motor transport
- CPDs and in-service skills development training

6.2. WEST RAND DISTRICT MUNICIPALITY (WESTERN DISTRICT)

The DM is rendering MHS to all the 3 LMs in its area of jurisdiction. The DM did not undertake a Section 78 exercise. MHS devolution is completed in this municipality. The DM does not have any Community Services EHP posts on its organogram and has not filled any of these posts in the past 5 years. The Municipal Health Services Manager indicated that he is unaware of what the equitable share allocation for MHS for the DM is. MHS is provided for in the IDP of the DM.

The DM has identified the following challenges and responses to MHS:

- Budgeting/Funding model
- MHS equitable share to be strictly utilised by the DM to provide MHS.
- CPD Training
- Additional services with limited staff

- Lack of resources to carry out MHS e.g. motor transport
- National and Provincial Government to intervene to address these issues
- Office accommodation
- Legislation and by-laws
- Locomotion allowances issues – affects service delivery
- Tools of Trade to perform functions efficiently
- Developing MHS performance strategies and performance measurements as per norms and standards
- Develop policy and/or legislation with a clear mandate for local government on MHS
- Prioritization of MHS in the council budget and service delivery package/ platform.

6.3. CITY OF TSHWANE METRO MUNICIPALITY

The Metro Municipality provides MHS within its area of jurisdiction. Ambient Air Quality Monitoring is provided by the Agriculture and Environmental Management Department with no Service Level Agreement or MOU in place. The repeal of the Health Act 63 of 1977 has placed a severe burden on the workload for the Metro with limited staff. The Metro has completed a Section 78 exercise for the transfer of MHS. The Metro does not have Community Service EHPs on their organogram, but they will employ at least 5 CSEHPs for the 2017/ 2018 budget year. These posts will be funded by the NHI, Tshwane Leadership and Management Academy and FPD. The MHS Director is unaware of what the equitable share allocation for MHS for the Metro is. MHS is provided for in the Metro's IDP.

Some of the challenges identified by the Metro are as follows:

- Budgeting/Funding model
- Prioritization of MHS in the Metro's budget and service delivery package/ platform
- Additional services with limited staff
- MHS equitable share to be strictly utilized by the municipality to provide MHS

- Lack of office accommodation
- Staff shortages – Not meeting the norms and standards for staffing
- Municipalities must share best practice through SALGA e.g. by-laws for MHS
- Safety of EHPs
- Tools of Trade: transport

6.4. CITY OF JOHANNESBURG METRO MUNICIPALITY

The Metro provides MHS within its area of jurisdiction, including business licensing and animal pounds, excluding Air Quality Monitoring and Waste Management licencing. The equitable share for MHS is placed in a pool and allocated according to zero based budgeting process for deserving activities. The Metro does not have any capital budget this year and the capital funding allocation is zero. MHS is provided for in the IDP of the Metro. No Section 78 exercise was done. No CSEHPs posts are in the organogram and no such posts will be filled this financial year.

EHP Staff that are in the 7 Regions of the Metro do not report to the central Environmental Health Directorate.

The Metro had identified the following challenges and responses for MHS:

- Budgeting/funding model
- MHS are done mostly on a reactive basis with poor planning
- Reporting lines
- Capacitating of municipalities in terms of staff and budgets
- Additional services with limited staff, under staffed from the onset - Limited operational budget
- Devolution of provincial staff to LG never took place in the City of Johannesburg
- Prioritization of MHS in the Metro's budget and service delivery package / platform
- Develop policy and / or legislation with clear mandate for LG on MHS
- Senior management support is emphasized

6.5. EKURHULENI METRO MUNICIPALITY

The Metropolitan Municipality provides MHS within its area of jurisdiction. The Metro does not have Community Services EHP post on its organogram and as such has not appointed this category for the past 5 years. The Divisional Head: Environmental Health was aware of the equitable share for MHS for this Metro. The IDP provides for MHS in the Metro. Devolution is completed.

There must be alignment of budgets to be able to respond to additional services that are devolved to municipalities by National and Provincial Governments including the norms and standards.

The Metro identified the following challenges and responses to MHS:

- Budgeting/Funding model
- Additional services with limited staff
- Safety of EHPs
- Lack of office accommodation
- Specific budget allocation for related services through the IDPs
- The need to employ more EHPs to render a comprehensive MHS
- Tools of Trade e.g. motor transport
- MHS equitable share to be strictly utilized by the municipality to provide MHS
- Prioritization of MHS in the council budget and service delivery package/ platform.

7. WESTERN CAPE PROVINCE

This Province has 1 Metropolitan and 5 District Municipalities. The 5 DMs render MHS in the 24 LMs in its area of jurisdiction. All the DMs have completed a Section 78 exercise for MHS devolution. The Metro renders MHS in its area of jurisdiction. Devolution has been completed in this province in 2005. The repeal of the Health Act of 1977 has created an increased workload for DMs and Metro with no additional staff. Eden DM has planned to render Air Quality and Waste Management Services.

Some of the key challenges identified are as follows:

- Budgeting/funding model
- Need for legislation and by-laws for MHS
- Tools of Trade e.g. motor transport
- Lack of guidance/support from National Government pertaining to legislation
- National and Provincial Government should intervene and address the challenges
- Equitable share should fund MHS and not as a subsidy but as per real costs to render MHS within the districts
- Increased workload with limited staff
- Develop policy and/ or legislation with clear mandate for LG on MHS
- Request that National Health must fund MHS fully and not as a subsidy
- Safety of EHPs.
- CPDs and in-service skills development training
- Senior management support
- Prioritization of MHS in the council budget and service delivery package/ platform.

7.1. CITY OF CAPE TOWN METRO MUNICIPALITY

The Metro provides MHS within its area of jurisdiction. The Metro does not have Community Service EHP in its organogram. They intended to employ 8 Community Services EHP each year for the past 4 years. The Metro intends to fill 8 CSEHP post in 2017/2018 budget year from its own funding. Devolution is complete. MHS is provided for in the IDP of the Metro.

The National Treasury should reassess the equitable share allocation for MHS and allocate funding for the creation of CSEHP posts, like it does for other professionals that are required to do Community Services.

The Metro adopts a phased in approach to the implementation of the required norms and standards. They intend to fill an additional 11 EHPs posts in the 2017/ 2018 budget year.

Some of the key challenges identified are as follows:

- Budgeting/funding model
- Additional services with limited staff
- Tools of Trade e.g. motor transport
- Insufficient budget and staff to render the services as expected in terms of the national norms and standards.
- Prioritization of MHS in the Metro budget and service delivery package / platform

7.2. CENTRAL KAROO DISTRICT MUNICIPALITY

The DM provides MHS in all 3 LMs in its area of jurisdiction. The DM also renders Air Quality and Integrated Waste Management functions as part of the MHS package. Section 78 process was completed for the transfer of MHS functions from the LMs to the DM. The DM has no Community Services EHP post in its approved organogram and will not be appointing any this financial year. MHS is provided for in the IDP of the DM. Devolution is complete.

The MHS Manager also acts as the DMs Performance Management Officer since February 2016.

The DM identified the following challenges and responses to MHS:

- Budgeting/Funding model
- Additional services with limited staff- Lack of staff is now a huge concern
- Appoint officials responsible for MHS
- CPD Training, including in-service skills development training
- Resources to carry out MHS function e.g. motor transport
- National and Provincial Government should intervene and address the challenges
- Senior management support.
- Prioritization of MHS in the Council budget and service package/ platform.

7.3. WEST COAST DISTRICT MUNICIPALITY

The District Municipality provides MHS in all 5 Local Municipalities in its area of jurisdiction. The DM is also rendering an Air Pollution and Environmental Management Services function. The DM has no Community Services EHP posts in its approved organogram. The DM intends to employ 2 Community Service EHPs in the 2017/2018 financial year. The CSEHP posts will be funded through the EPWP and Provincial Treasury funding. MHS is provided for in the IDP of the DM. Devolution is completed.

The DM has identified the following challenges and responses to MHS:

- Budgeting/funding model
- Additional services with limited staff
- Safety of EHPs
- Legislation including by-laws
- MHS equitable share to be strictly utilized by the municipality to provide MHS
- Management support
- CPD Training
- Essential services such as monitoring cannot be carried out as it's supposed to be, due to budget constraints
- Lack of guidance / support from National Health pertaining to legislation
- National and Provincial Government needs to intervene and address the challenges.
- National Departments of Health must take responsibility and fund Community Services students
- Develop policy and / or legislation with clear mandate for local government on MHS

7.4 EDEN DISTRICT MUNICIPALITY

The DM renders MHS to all the 7 Local Municipalities in its area of jurisdiction. The DM intends to introduce Air Quality Control and Waste Management into its package of services for MHS. Section 78 exercise was done when the devolution/transfer from the LMs in 2005 was completed. The DM has no Community Services EHP posts in its approved organogram and does not intend to fill any this financial year. MHS is provided for in the IDP of the DM.

There should be a specific budget allocation for related services through the IDP.

The DM has identified some challenges and responses to MHS:

- Budgeting/funding model
- Additional services with limited staff
- Safety of EHPs
- Need for legislation and by-law for MHS
- Develop policy and/ or legislation with a clear mandate for local government on MHS
- Senior management support
- Prioritization of MHS in the DMs budget and service delivery package / platform
- In-service skills development training e.g. enforcement of specific MHS legislation

7.5. CAPE WINELAND DISTRICT MUNICIPALITY

The DM provides MHS in all 5 LMs in its area of jurisdiction. MHS was devolved from the LMs since 2004. The DM is providing Air Quality Services. The DM completed a Section 78 exercise for MHS. The DM has 5 Community Services EHP posts in its organogram. The DM intends to employ 5 Community Service EHPs from internal funding in the 2017/ 2018 financial year. MHS is provided for in the IDP of the DM.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/Funding model
- Reporting line
- Additional services with limited staff
- Safety of EHPs
- Legislation including by-laws
- National and Provincial Government should intervene and address the challenges
- Equitable share should fund MHS not as a subsidy but per real cost to render MHS within the DM

7.6 OVERBERG DISTRICT MUNICIPALITY

The DM provides MHS in all the 4 LMs in its area of jurisdiction. The DM has no Community Services EHP posts in their organogram and has no intention of filling any such posts in this financial year. MHS is provided for in the IDP of the DM. Section 78 was undertaken. Devolution is completed.

The MHS Manager was not provided with the MHS equitable share allocation.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/funding model
- Additional services with limited staff

- Lack of resources e.g. motor transport and office accommodation
- National and Provincial Government should intervene and address the challenges
- Legislation including MHS by-laws
- Develop policy and / or legislation with a clear mandate for LG on MHS.

The DM listed the following statement as the best way to address the challenges:

"National and Provincial Government must realize that MHS can be the spearhead of the National Health Insurance Plan by firstly preventing a lot of illnesses if properly budgeted for and with a fraction of the cost of the total plan".

8. EASTERN CAPE PROVINCE

This Province has 2 Metropolitan and 6 District Municipalities. The 6 DMs covers 31 Local Municipalities. Only 2 DMs have not completed the devolution process. Sarah Baartman and O.R. Tambo DM have taken a decision to complete devolution by the 1st of July 2018.

All the municipalities have completed a Section 78 exercise besides Nelson Mandela Bay Metro.

There is an appeal that the NDOH, SALGA and SAIEH must jointly assist in the process of efficient and effective MHS delivery.

The municipalities request that MHS be included in reporting for budget and treasury to the National Treasury, to ensure that each time they report it appears as a major item. There is a request that MHS be included in the IDPs and assessment tool from COGTA.

8.1. NELSON MANDELA BAY METRO MUNICIPALITY

This is a Metropolitan Municipality providing MHS in its area of jurisdiction. The Metro intends to introduce the following function in the MHS package of service.

- Climate Change Mitigation

The staff members from the province were seconded to the Metro. The Metro did not complete a Section 78 exercise when they seconded the MHS from the province. The process to undertake a Section 78 exercise is underway and the municipality is calling for proposals. The Metro does have 10 Community Services EHP post in its proposed organogram. 10 CSEHP posts will be filled in the 2017/ 2018 budget year from the municipality's operating budget. The Acting Director indicates that he is unaware of what the equitable share for MHS is in the Metro but there is discussion with Metro Treasury to resolve this. MHS is provided for in the IDP of the Metro. Devolution is finalized.

The Metro has identified the following key challenges and responses for MHS:

- Budgeting and Funding model
- Additional services with limited staff
- MHS equitable share allocation to be strictly utilized

by the DM to provide MHS

- Tools of Trade, e.g. motor transport
- Develop policy and /or legislation with a clear mandate for LG on MHS
- National and Provincial Government should intervene and address the challenges
- Section 78 Assessment to be concluded

8.2. BUFFALO CITY METRO MUNICIPALITY

This is a Metropolitan Municipality providing MHS in its area of jurisdiction. The Metro completed a Section 78 exercise for the devolution of MHS from the province to the Metro. Devolution has been completed. The Metro has 9 Community Services EHP post in its organogram and will be filling these posts in the financial year 2017/2018. MHS is provided for in the IDP of the Municipality. The Metro has provided for MHS in its IDP.

The Metro had identified the following key challenges and responses to MHS:

- Budgeting/funding model
- Additional services with limited staff – state premises
- MHS equitable share allocation must be strictly utilized by the DM to provide MHS
- National and Provincial Government should intervene and address the challenges
- CPDs including in-service skills development training
- Tools of Trade - motor transport
- Reporting lines
- Management support
- Develop policy and / or legislation with clear mandate for LG on MHS.
- Prioritization of MHS in the Metro's budget and service delivery package / platform

There is a request from this municipality for intervention by the Department of Local Government and Traditional Affairs (COGTA)

8.3. ALFRED NZO DISTRICT MUNICIPALITY

The DM renders MHS to all its 4 LMs in its area of jurisdiction. The devolution /transfers were finalized from the province to the DM on the 31st of August 2015. The DM did a Section 78 exercise for MHS. The DM has no CSEHP posts in their organogram and has not filled any of these posts in the past 5 years. The DM also received funding by agreement due to the devolution process from the Provincial Department of Health. MHS is provided for in the IDP of the DM.

The assessment of MHS is not included in the COGTA assessment tool and this is an issue that has to be taken up urgently.

There has been a request that the NDOH, SALGA and the SAIEH must assist in the process of efficient and effective MHS delivery.

The DM has identified the following key challenges and response to MHS:

- Budgeting/Funding model
- Safety of EHPs
- Legislation including by-laws
- Senior management support
- The National and Provincial Government should intervene and address the challenges
- Develop legislation and by-laws for MHS
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Develop policy and /or legislation with clear mandate for local government on MHS
- Prioritization of MHS in the DMs budget and service delivery package/platform.

8.4. JOE GQABI DISTRICT MUNICIPALITY

The DM renders MHS to all the 3 LMs in its area of jurisdiction. The DM intends to introduce Air Quality Monitoring and Waste Management in the MHS package of services. The DM has completed a Section 78 exercise for MHS. There are 3 posts for Community Services EHPs in the organogram of the DM and the DM intends to fill these 3 posts in the 2017/2018 financial year from the municipality's staff budget. The DM has provided for MHS in its IDP. Devolution is finalized in this DM. The MHS Manager does not indicate what the equitable share allocation for MHS is.

The DM has identified the following challenges and responses to MHS:

- Budgeting/Funding model
- Additional services with limited staff
- Safety of EHPs
- CPD Training
- Office accommodation
- Legislation and by-laws for MHS
- National and Provincial Government should intervene and address the challenges
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Develop policy and/ or legislation with clear mandate for LG on MHS
- Prioritization of MHS in the DMs budget and service delivery package / platform

Prioritising MHS on funding model as it is a preventative service to minimise mode of disease transmission in order to reduce the backlog experienced by our health facilities.

8.5. CHRIS HANI DISTRICT MUNICIPALITY

The DM provides MHS to all the 6 LMs in its area of jurisdiction. Devolution is completed in this DM. The DM completed a Section 78 exercise for MHS. The DM has created 2 Community Services EHP posts in its organogram for the 2017/2018 financial year and these posts will be funded by the Institutional Internship Programme. The DM has provided for MHS in its IDP. The MHS Manager is unaware of what the equitable share allocation is for MHS in the DM.

The DM has identified the following challenges and responses to MHS:

- Budgeting/funding model
- Additional service with limited staff-state premises
- CPD Training and in-service skills development training
- Lack of office accommodation
- Develop legislation and by-laws for MHS
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Develop policy and / or legislation with clear mandate for LG on MHS
- National and Provincial Government should intervene and address the challenges
- Prioritization of MHS in the DMs budget and service delivery package / platform.

8.6. SARAH BAARTMAN DISTRICT MUNICIPALITY (formally known as CACADU DISTRICT MUNICIPALITY)

The DM renders MHS to all the 7 LMs under its area of jurisdiction. The DM has signed SLAs with the following 7 LMs, which is renewed annually.

- KOUGA
- MAKANA
- NDLAMBE
- BLUE CRANE ROUTE
- DR. BEYERS NAUDE
- KOU-KAMMA
- SUNDAYS RIVER VALLEY

The DM has taken a decision to take back all the MHS functions from the 7 LMs by the 1st of July 2018.

The DM has completed a Section 78 exercise for MHS. The DM does not have CSEHP posts in their organogram; hence they have not employed any CSEHPs. MHS is provided for in the IDP of the DM.

The DM intends to include Environmental Management, Air Quality Monitoring and Climate Change Services to its p MHS package.

The DM had identified the following key challenges and responses to MHS:

- Need for legislation and by-laws for MHS
- Reporting lines
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Senior management support

8.7. AMATHOLE DISTRICT MUNICIPALITY

The DM renders MHS, except Chemical Safety to all the 6 Local Municipalities in its area of jurisdiction. The Provincial Department of Health has devolved all the MHS to the DM. The DM has completed a Section 78 exercise for MHS. The DM has no CSEHP post in its organogram and therefore has not filled any such posts. The Acting Senior Manager for MHS has indicated that the equitable share allocation for MHS is nil. MHS is provided for in the IDP of the DM.

The DM has identified the following key challenges and responses for MHS:

- Budget/funding model
- Additional services with limited staff
- CPDs
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Lack of legislation and by-laws for MHS
- Prioritization of MHS in the DMs budget and service delivery package / platform

8.8. O.R. TAMBO DISTRICT MUNICIPALITY

The DM provides MHS services to all 5 LMs in the area of jurisdiction. The King Sabata Dalindyebo LM is rendering MHS functions in the jurisdiction of this LM, with no SLA/ MOU with the DM. The KSD LM staff will be devolved before the 1st of July 2018. The devolution of Provincial MHS staff has been done. The DM has completed a Section 78 exercise for MHS. The DM has no CSEHP posts in its organogram. The DM has provided for MHS in the IDP.

The DM had identified the following key challenges and responses for MHS:

- Budgeting/Funding model
- Safety of EHPs
- National and Provincial Government should intervene and address the challenges
- Reporting lines
- Additional services with limited staff
- Office accommodation

9. KWA-ZULU NATAL PROVINCE

The province is made up of 1 Metropolitan and 10 District Municipalities with 43 Local Municipalities. The devolution process both from the LMs and the province to the Metro and the DMS is almost complete. There has been good progress in this province with devolution. 9 DMs have fully completed the devolution process. The Metro has fully completed the devolution process. 2 LMs still deliver MHS in their area of jurisdiction e.g. Newcastle LM and Msunduzi LM, without a Service Level Agreement or a MOU in place.

There is a request from this province to provide standardised organograms for MHS.

9.1. ETHEKWINI METRO MUNICIPALITY

The Metropolitan Municipality renders MHS in its area of jurisdiction. The Metro has not completed a Section 78 exercise for MHS devolution. The devolution of MHS from the province is finalized. The Metro does not have CSEHP posts in its organogram but will be filling 10 posts during the 2017/ 2018 financial year through the Skills Unit, using funds allocated for training. MHS is provided for in the IDP of the Metro. The Acting Head Health is unaware of what the equitable share for MHS is, as the block sum allocated in terms of the DORA is not specifically differentiated with the Metro.

The Metro identified the following key challenges and responses to MHS:

- Budgeting / Funding model
- Reporting lines
- Safety of EHPs
- Office accommodation
- In-service skill development training
- Prioritization of MHS in the Metros budget and service delivery package/platform
- Appointment champions/officials responsible for MHS
- Develop legislation and policy, with a clear mandate for local government on MHS
- The structure and funding are the key issues
- National and Provincial Government to intervene and address the challenges
- Senior management support

9.2. UMKHANYAKUDE DISTRICT MUNICIPALITY

The DM renders MHS to all the 4 LMs in its area of jurisdiction. The MHS staff members from the Provincial Department of Health have been devolved to the DM in 2013. A Section 78 exercise was done. The DM has provided for 4 CSEHPs post on their organogram. The DM intends to fill 4 CSEHP posts in the 2017/2018 financial year from the MHS equitable share budget. MHS is provided in the IDP of the DM. Devolution is finalized.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/Funding model
- Additional service with limited staff
- Office accommodation
- Management support
- Develop a policy and/ or legislation with clear mandate for LG on MHS
- The equitable share allocation for MHS must be strictly utilized by the DM to provide MHS
- Prioritization of MHS in the DMs budget and service delivery package/ platform
- Tools of Trade, e.g. motor transport
- National and Provincial Government should intervene and address the challenges
- Safety of EHPs
- CPDs including In-service skills training

This D/M is still under administration

9.3. HARRY GWALA DISTRICT MUNICIPALITY

The DM provided MHS to all the 4 LMs in its area of jurisdiction. The DM did complete a Section 78 exercise for the MHS devolution. Devolution in the DM has been finalized.

The DM does have CSEHP posts in their organogram and will fill 1 post in the 2017/ 2018 financial year. MHS is provided for in the IDP of the DM. The Social Services Director has not indicated what their equitable share is and also what the DM's budget is for MHS.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/Funding model
- Legislation including by-laws
- In-service skills development training
- Tools of Trade - transport and other resources
- Office accommodation
- Senior Management support
- National and Provincial Government should intervene to address the challenges
- The MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Develop policy and /or legislation with a clear mandate for local government on MHS
- Prioritization of MHS in the DMs budget and service delivery package / platform.

9.4. UTHUKELA DISTRICT MUNICIPALITY

The DM renders MHS to all 3 LMs in its area of jurisdiction. The DM did not complete a Section 78 exercise for MHS devolution. The DM has 3 CSEHP posts in their organogram and intends to fill 3 CSEHP posts in the 2017/2018 financial year from the district's budget. The devolution is finalized. MHS has been provided for in the IDP for the DM. The manager is unaware of what the equitable share allocation for MHS is. Management support is needed in order to understand the importance of the MHS role.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/ Funding model
- Additional services with limited staff
- Safety of EHPs
- Legislation including by-laws
- MHS equitable share to be strictly utilized by the municipality to provide MHS
- Develop policy and / or legislation with clear mandate for LG on MHS
- Lack of resources e.g. motor transport and office accommodation
- CPDs including in-service skills development training
- National and Provincial Government should intervene and address the challenges
- Senior management support
- Prioritization of MHS in the DMs budget and service delivery package/platform

9.5. ILEMBE DISTRICT MUNICIPALITY

The DM renders MHS to all the 4 LMs in its area of jurisdiction. The DM did not complete a Section 78 exercise for MHS devolution. Devolution is finalized in this DM. The DM has not provided posts for CSEHPs on their organogram; hence they have made no appointments for the category of staff in the past 5 years. MHS are provided for in the IDP of the DM.

The National and Provincial Government are set to monitor the district through regular visits and MHS audits.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/funding model
- Additional services with limited staff
- MHS equitable share to be strictly utilized by the DM to provide MHS
- Tools of Trade e.g. motor transport
- Senior management support
- Lack of office accommodation
- National and Provincial Government should intervene and address the challenges
- Develop a policy and/or legislation with a clear mandate for local government on MHS
- Prioritization of MHS in the DMs budget and service delivery package/platform
- Specific budget allocation for related services through the IDP
- Legislation including by-laws

9.6 UMZINYATHI DISTRICT MUNICIPALITY

The DM renders to all the 4 LMs in its area of jurisdiction. The DM completed a Section 78 exercise for the MHS devolution. This DM has finalized the devolution of MHS.

The DM has no CSEHP posts in their organograms none will be filled in the 2017/2018 financial year. The Environmental Health Services Manager is unaware of what the equitable share allocation for MHS for the DM is. Devolution has been finalized in the DM.

The DM identified the following challenges and responses to MHS:

- Budgeting/Funding model
- Lack of legislation and by-laws for MHS
- CPDs Training including in-service skills development training
- The MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- Develop policy and / or legislation with clear mandate for LG on MHS
- Prioritization of MHS in the council budget and service delivery package/ platform.

9.7. UMGUNGUNDLOVU DISTRICT MUNICIPALITY

The DM is rendering MHS to the 6 LMs in its area of jurisdiction. The Msunduzi LM is rendering MHS within its area of jurisdiction with no SLA/ MOU with the DM. The DM has not completed a Section 78 exercise for the MHS devolution process. The DM has no CSEHPs posts in its organogram, but will employ 5 CSEHPs in the 2017 /2018 financial year and these posts will be funded by the equitable share MHS funding for this DM. MHS is provided for in the IDP for the DM. Devolution has not been finalized.

The Social Services Acting Manager is not sure what the budget allocation for MHS in the DM is.

The DM has identified the following key challenge and responses to MHS:

- Budgeting/Funding model
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- In-service skills development training
- Lack of office accommodation
- The dominant challenge identified the equitable share which is not ring- fenced.
- National and Provincial Government to intervene to address these challenges
- Senior management support

9.8. KING CETSHWAYO DISTRICT MUNICIPALITY

The DM provides MHS to all the 5 LMs in its area of jurisdiction. The DM completed a Section 78 exercise for the MHS devolution. Devolution was completed in 2014. MHS is included in the IDP of the DM.

There are no CSEHP posts on the organogram and none will be filled in the 2017 / 2018 financial year.

The DM identified the following challenges and responses to MHS:

- Specific budget allocation for related services through the IDP
- Develop a policy and / or legislation with clear mandate for LG on MHS
- Legislation including by-laws
- Lack of office accommodation
- National and Provincial Government must intervene and address the challenges

9.9. AMAJUBA DISTRICT MUNICIPALITY

The DM renders MHS to only 2 LMs in its area of jurisdiction. Newcastle LM renders MHS in its area of jurisdiction without any Service Level Agreement or Memorandum of Understanding. A Service Level Agreement is currently being drafted. The devolution of MHS from the province is finalized. The DM did not complete a Section 78 exercise for the devolution of MHS.

There are no CSEHP posts in the organogram of the DM and no posts will be filled in the 2017/ 2018 financial year. The DM did provide for MHS in the IDP. Devolution has not been finalized.

The DM is making a recommendation that MHS be a stand-alone department in the DM.

The MHS Deputy Director is unaware of what the equitable share for MHS in this DM is.

The DM identified the following key challenges and responses to MHS:

- MHS equitable share to be strictly utilized by the DM to provide MHS
- Senior management support
- Legislation including by-laws
- Lack of motor transport to deliver MHS
- CPD Training
- National and Provincial Government should intervene and address the challenges
- Develop a policy and / or legislation with clear mandate for LG on MHS
- Budgeting and funding model

9.10. UGU DISTRICT MUNICIPALITY

The DM renders MHS services to the 4 LMs in its area of jurisdiction. The Provincial Department of Health MHS staff members have been transferred to the DM. The DM has completed a Section 78 exercise for the MHS devolution. The DM has not provided CSEHP posts in its organogram. MHS is provided for in the IDP of the DM. Devolution in this DM is now finalized.

The DM has identified the following key challenges and responses to MHS:

- Budgeting/funding model
- MHS equitable share allocation to be strictly utilized by the DM to provide MHS
- National and Provincial Government to intervene and address the challenges
- Prioritization of MHS in the DMs budget and service delivery package and platform

9.11. ZULULAND DISTRICT MUNICIPALITY

The DM renders MHS to the 5 LMs in its area of jurisdiction. The DM intends to introduce Air Pollution Control services to its package of MHS. The devolution of MHS from the Provincial Department of Health to the DM has been finalized. The DM has not completed a Section 78 exercise for the MHS devolution process. The DM has 4 CSEHP posts in its organogram but intends to fill 2 posts in the 2017/2018 budget cycle funded by internal budget funding of the DM. MHS is provided for in the DMs IDP.

The DM has identified the following key challenges and response to MHS:

- Budgeting / Funding model
- Safety of EHPs
- Tools of Trade e.g. motor transport
- Legislation including MHS by-laws
- In-service skills development training
- MHS equitable share to be strictly utilized by the DM to provide MHS
- Office accommodation
- Prioritization of MHS in the DMs budget and service delivery package / platform
- Develop a policy and /or legislation with clear mandate for local government on MHS
- Appoint champions/ officials responsible for MHS.

Drafting of by-laws is in place. A tool of trade assessment is completed. Office accommodation is awaiting council approval and skills audit is completed and awaiting implementation.

One of the priorities is for the DM to fast track the finalization of the organisational structure for MHS.

CONCLUSION

Another survey on the status of Municipal Health Services has been completed jointly by the South African Local Government Association (SALGA) and the South African Institute of Environmental Health (SAIEH). In the past 5 years, valuable information has been gathered about the status of MHS in the country. The surveys reflect the great improvement that has happened in the delivery of Municipal Health Services. This information has been gathered jointly by SALGA, SAIEH and Municipalities over a period of 5 years. It is now time to reflect on lessons learned and celebrate achievements made during these past 5 years. Further, it is imperative to recommit ourselves to addressing challenges still not achieved.

All the municipalities must be congratulated for the time they took to respond to these questionnaires. Once again, they were very honest and many expressed their concerns and frustrations as it is becoming difficult for them to deal with some of the issues in their municipalities.

It must be commended that a lot has been achieved since the first audit was conducted in 2013. Many of the DMs and Metros are becoming more and more aware of the importance of MHS and are starting to deal with some of the challenges that have emerged from these audits. It is time that some of these challenges are confronted head on and concretized plans are in place to address these challenges.

This year additional information has been collected in order to reflect and plan for corrective action to take place to ensure that we can all deliver a comprehensive Municipal Health Service to our communities.

This Status Quo report has substantial information and you are all encouraged to make use of the information and data and start seriously addressing some of these challenges.

These reports should be presented to municipalities, especially to the MMC for Health and Environment, so that the municipalities can act on the recommendations as adopted by SALGA's National Executive Committee.

Lastly, all managers of MHS, Municipal Financial Managers, PDOH, NDOH, COGTA and the National Treasury are called upon to support one another and work honestly and hard jointly with a purpose i.e. to ensure that we deliver a proper MHS to all our communities.

SALGA and SAIEH wishes to thank all the dedicated Environmental Health Practitioners who ensure that MHS reaches our people and it is due to your hard work that we are able to achieve so much and make this 2017 MHS STATUS QUO REPORT a reality.

Let us remind ourselves, when there is a World Cup in South Africa, the EHPs are very important people. When there is a cholera outbreak, we all look for the EHP. When there is a food poisoning incident, everybody wants the EHPs to act. Yes, the list is endless.

It is important to pay attention to Municipal Health Services / Environmental Health Services to ensure that issues are addressed on time and before they escalate.

It is crucial that proper plans are put in place on an annual basis to ensure that MHS remains an efficient, adequate and comprehensive package of services. In being more proactive than reactive, we will ensure that communities are provided with a safe and healthy environment which will thrive now and for generations to come.

ENQUIRIES

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