

REMARKS BY KZN HEALTH MEC Ms NOMAGUGU SIMELANE, ON THE OCCASION OF A MINISTERIAL BRIEFING TO THE NATIONAL COUNCIL OF PROVINCES, ON THE IMPACT OF LOAD SHEDDING AT HEALTH CARE FACILITIES IN THE PROVINCE, 21 FEBRUARY 2023

ACKNOWLEDGEMENTS

Thank you, Programme Director...

Chairperson of the National Council of Provinces (NCOP), Mr Amos Masondo

Deputy Speaker of the National Assembly (NA), Mr Lechesa Tsenoli,

Deputy Chairperson of the NCOP, Ms Sylvia Lucas,
House Chairpersons of both the National Assembly and the NCOP,

Members of the Media,

Distinguished guests,

Ladies and Gentlemen...

INTRODUCTORY REMARKS:

I would like to start by thanking the National Council of Provinces for affording us this platform, to highlight the impact of load shedding on healthcare facilities in the Province of KwaZulu-Natal.

OVERVIEW OF THE MAGNITUDE OF THE KZN DEPARTMENT OF HEALTH:

The Province of KwaZulu-Natal has a total of 68 hospitals, 23 community health centres, and 587 fixed primary healthcare clinics, and 173 mobile clinics.

These healthcare facilities are responsible for attending to the healthcare needs of nearly 24 million people each year (*23, 9 million people were seen at our facilities during financial year 2021/22*).

These are people who require various kinds of medical attention, in line with the quadruple burden of disease that our country is faced with.

This quadruple burden of disease is mainly made up of maternal, newborn and child morbidity and mortality; HIV/AIDS and tuberculosis (TB); non-communicable diseases; as well as incidents that involve violence, trauma and injury.

IMPACT AND MITIGATION:

The implementation of load shedding, irrespective of the stage at which it is being implemented, has a negative impact on health care service delivery in a variety of ways.

Apart from interruptions to certain critical clinical services, the strategies that we have put in place to mitigate the impact of load shedding have proven to be very costly.

In trying to mitigate the negative impact of load-shedding, all health facilities have emergency generators that serve as backup power supply during load-shedding.

However, none of these generators have the capacity to cover all operational areas during load shedding.

This means that these operational areas remain non-functional during load-shedding. This includes critical areas such as operating theatres and radiological equipment.

A CASE STUDY OF INKOSI ALBERT LUTHULI CENTRAL HOSPITAL:

Chairperson, in a highly specialised hospital such as Inkosi Albert Luthuli (IALCH), for example, with equipment that is highly technical and which consumes large volumes of power, it is impossible to have all the equipment connected to emergency generators.

This therefore has a huge negative impact on service delivery, and compromises patient care.

I will now proceed to give practical examples of how load-shedding disrupts the way this hospital functions:

Out of 16 theatres, only four can function during load-shedding, leading to severe delays and cancellation of theatre operations;

Two laboratories which we use to diagnose or treat heart conditions; as well as two angiography suites for neuro-vascular and vascular interventions, do not function at all during load-shedding.

A fully-equipped radiology department, with two CT scanners, two MRI scanners, two fluoroscopy units, six units of general digital X-ray and eight C-Arms, also does not function during load-shedding.

Furthermore, oncology services can only be rendered with one P.E.T Scan; one planning CT scanner; and three linear accelerators - all of which do not work when there is no electricity.

All of this means that appointments for patients are cancelled for as long as there is no electricity.

Furthermore, when the P.E.T Scan doesn't work and patients have already been injected with radio isotopes, which costs R8000 per dose, we are forced to incur fruitless and wasteful expenditure.

This is because these patients will need to be re-injected when they return to the hospital.

As a result of load-shedding, the waiting time for MRI Scans has increased to approximately 12 months, because when there is an outage there is no MRI service.

Only ultra-sounds do function during load shedding. These bedside units, which are rechargeable, are used for as long as there is battery life.

IMPACT OF LOAD-SHEDDING ON GENERATORS:

Following the escalation of load shedding from stages 2 and 3 in 2021/22 financial year to stages 4 to 6 in the current financial year, there has been a sharp increase in the rate of generator breakdowns.

This is partly because these generators have to be functional over longer periods of time than what they were designed for, and more frequently, per day.

THE ESCALATING FUEL COST IMPLICATIONS OF LOAD-SHEDDING:

Furthermore, due to our increased reliance on the use of generators, the projected annual expenditure on the cost of fuel has almost doubled from R127,1 million during the 2021/22 financial year, to R224,9 million for 2022/23.

GENERATOR MAINTENANCE COSTS:

Along with the escalation of load-shedding, the cost of maintenance of the generators has also increased from **R11, 3 million** in the whole of the 2021/22 financial year to **R 20,2 million** at the end of November 2023.

This includes the cost of scheduled servicing and repairs to the generators.

Additional expenditure to value of R26 million is expected to be incurred in repairs and maintenance work for the balance of the financial year ending March 2023. This will bring the total expenditure for maintenance to **R 46 million** during the 2023/24 financial year.

EXEMPTION FROM LOAD-SHEDDING:

Chairperson, from April to July last year, healthcare facilities in eThekweni District were completely exempted from load-shedding, as a result of the floods.

From the 1st of August 2022, this was modified to partial exemption during stages 1 to 3, which is still in place.

For now, three other healthcare facilities - namely, Grey's Hospital, Harry Gwala Regional Hospital, and Ladysmith Hospital - are also exempted from load-shedding.

We've had engagements with executives from Eskom, who've made an undertaking to exempt all facilities. They agreed to consider all possible options.

One of them is to alter the electrical infrastructure, in such a way that the electricity feeds directly from the power grid to these hospitals.

However, Eskom has indicated that the KZN Department of Health will have to come up with a funding strategy to support this initiative.

The average cost of this exercise is R4 million per hospital, and about R 144 million for the 36 facilities that form part of it.

INVESTIGATIONS INTO ALTERNATIVE ENERGY SOURCES:

We are currently also investigating the feasibility of alternative energy sources with low maintenance costs and no dependency on Eskom. These include electrical inverters, solar power systems, and wind turbines, to mention but a few. A first pilot project in this regard should be completed at the end of September 2023.

List of facilities to be directly supplied through Eskom		
1	Ekhombe District Hospital(Nkandla)	King Cetshwayo
2	Nkandla District Hospital(Nkandla)	King Cetshwayo
3	Ngwelezane Regional hospital(Empangeni)	King Cetshwayo
4	Mbongolwane District Hospital(Eshowe)	King Cetshwayo
5	Catherine Booth District Hospital(Eshowe/Gingindlovu)	King Cetshwayo
6	Eshowe District Hospital(Eshowe)	King Cetshwayo
7	KwaMagwaza/St Marys (Melmoth)	King Cetshwayo
8	Nseleni Community Health Centre	King Cetshwayo
9	Church of Scotland District Hospital(Umsinga	Umzinyathi

10	Pomeroy Community Health centre(Umsinga)	Umzinyathi
11	Christ the King	Harry Gwala
12	E.G USHER District Hospital(Kokstat)	Harry Gwala
13	St Apolinaris District Hospital	Harry Gwala
14	Umzimkhulu District Hospital	Harry Gwala
15	Rietvlei District hospital(Umzimkhulu)	Harry Gwala
16	St Andrews District Hospital(Harding)	UGu
17	Murchison(Portshepstone)	UGu
18	GJ Crookes District hospital(UGu
19	Gamalakhe Community Health Centre(Portshepstone)	UGu
20	Mfundo Lushaba Community Health Centre	UGu
22	Ceza District Hospital(Ulundi)	Zululand
23	Thulasizwe TB Hospital (Ulundi)	Zululand
24	Edumbe Community Health Centre	Zululand
25	Nkonjeni District Hospital	Zululand
26	St Francis District Hospital	Zululand
27	Itshelejuba District Hospital	Zululand
28	Benedictine District Hospital	Zululand
29	Vryheid District Hospital	Zululand

30	Madadeni Regional Hospital	Amajuba
31	Dannhauser Community Health Centre	Amajuba
32	Bethesda District Hospital	Umkhanyakude
33	Hlabisa District Hospital	Umkhanyakude
34	Manguzi	Umkhanyakude
35	Mseleni Community Health Centre	Umkhanyakude
36	Othobothini Community Health Centre	Umkhanyakude

Thank You

ENDS