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The District Health System (DHS) is the vehicle through which the delivery of Primary Health Care will take place. As Primary Health Care is the foundation of the health system it is critical for the overall functioning of the system that there is a well-functioning DHS in place.

During 2001 the concept of the District Health System (DHS) became more entrenched with a number of crucial milestones being reached:

- ◆ *The formal finalised version of the third sphere of government was put in place. This means that South Africa is covered by contiguous Metropolitan (Type A) municipalities and District (Type C) municipalities. Each of the District municipalities is sub-divided into two or more Local (Type B) municipalities.*
- ◆ *A health Ministerial Forum (MINMEC) decision endorsed the vision of a municipality-based DHS in South Africa where comprehensive Primary Health Care services will be delivered.*
- ◆ *A Health Bill was published for public comment. This Bill lays down the framework for the setting up of a District Health System as the foundation stone for a national health system. Although in general terms this Bill has advanced the progress towards a DHS immensely, there are still specific areas of confusion, which need clarification.*

The definition of Municipal Health Services in the Bill and the schedules setting out the functions and responsibilities of provincial and district levels have not succeeded in clarifying the roles of the various parties. If these are not clarified and simplified then the gains of the Bill as a whole will be nullified.

- ◆ *Many of the provinces established their Provincial Health Authorities (PHAs), which are the overall governance structures for the District Health System in the provinces.*





Introduction

The District Health System (DHS) is the vehicle through which the delivery of Primary Health Care will take place. As Primary Health Care is the foundation of the health system it is critical for the overall functioning of the system that there is a well-functioning DHS in place.

During 2001 the concept of the DHS became more entrenched with a number of crucial milestones being reached. This chapter outlines progress and highlights outstanding issues.

Provincial maps demarcating the new municipal boundaries are appended to this chapter (see Appendix 1). The naming of municipalities is an evolving process and though correct at the time of writing, names may change over time.



Legislation

The National Health Bill, 2001¹ was published for public comment on 9 November 2001 for a period of 3 months. This piece of legislation has been long awaited and has been anticipated in each of the previous 6 South African Health Reviews published to date. There are a wide number of aspects of this Bill which impact on the District Health System. Some aspects of the Bill are highlighted below:

- ◆ The establishment of a National Health Authority which will, *inter alia*, advise the Minister of Health on policy issues regarding the management of health districts.
- ◆ The establishment of a Provincial Health Authority (PHA) which consists of the provincial Member of the Executive Committee (MEC) for Health, the Councillors responsible for health in the Metropolitan and District Councils in the province and a representative of the provincial local government association responsible for health.
- ◆ The entire area of South Africa must be demarcated into health districts whose boundaries must be co-terminous with municipal boundaries.
- ◆ In addition to the requirements of the Bill, there is a stipulation that the Bill must be augmented by specific provincial health legislation that provides for the establishment of a District Health System in that province. This provincial legislation must provide for the establishment and management of District Health Authorities (DHAs) that will plan and ensure the delivery of health services in a particular health district.
- ◆ The Bill allows for the DHA to be a municipality, a provincial department or a body constituted by provincial legislation. This DHA needs to be approved by the MEC for Health in the province.





- ◆ The Bill defines provincial functions in Schedule 2. This Schedule is split into 2 components; part A (exclusive provincial functions), and part B (functions that are not exclusive to the province - see Appendix 2). Any District Health Authority may request the PHA to perform the non-exclusive provincial functions in part B.

Part A of the provincial functions includes ensuring:

- The co-ordination of funding and financial management of DHAs
- The provision of technical and logistical support to DHAs.



- ◆ The Bill defines district functions in Schedule 3 (see Appendix 3).
- ◆ In addition to defining the functions of the national, provincial and district spheres of government in the 3 schedules to the Bill, it also defines Municipal Health Services in Section 44. These services are:
 - Environmental
 - Promotive and preventive
 - Other municipal health services that are rendered at the time of coming into operation of this Act.



This Bill is a huge step forward in providing a legal framework within which a DHS can take root and flourish. When enacted, it will remove much of the uncertainty around roles, functions and powers which have prevailed within the three spheres of government around the DHS since the onset of the democratic government system in 1994.



However, the Bill has a number of areas where there is a lack of clarity or consistency, but hopefully after the Bill has been subjected to the scrutiny of the public and other interested parties these will be eliminated prior to enactment. Some examples illustrate this point:



- The definition of Municipal Health Services is vague and is based on 'other municipal health services that are rendered by municipalities at the time of coming into operation of this Act'. The purpose of this definition is to safeguard for the health sector that portion of municipal rates revenue already being spent on Primary Health Care. This revenue is largely applicable in the metropolitan municipalities and the large type B local municipalities such as Bloemfontein, George and Pietermaritzburg. It is estimated that this revenue is of the order of R1 billion per year.



Whilst the retention of this revenue for primary care is a real issue of concern, other routes should be sought for this retention. It is highly probable that the definition as it stands will continue the current confusion of roles, duplication and fragmentation between the provinces and the local authorities and will defeat the overall purpose of the establishment of the DHS.

A definition of Municipal Health Services which is very narrow



(*viz.* environmental health services only) or very broad (all Primary Health Care) will ensure that all the stakeholders have their roles clarified and is much more likely to set a sound platform for a DHS in the future.

- Part B of Schedule 2 which sets out non-exclusive provincial functions and Schedule 3 which sets out district functions, are all part of the District Health System responsibilities. By putting them in 2 schedules, the role of provincial level and the role of district level have been confused.
- In the schedules to the Bill setting out the functions of the national, provincial and district level, there is specific mention of equity at national and district level but not at provincial level. The districts are charged with ensuring equity within districts but the provinces do not have the same obligation to ensure equity between districts.
- The schedule to the district level functions goes into great detail such as providing ‘accommodation for staff where appropriate’, and ensuring ‘proper management and implementation of donor funded projects’ whereas the schedule to the provincial level functions does not have this level of detail. This inconsistency is confusing and undesirable.

Health MINMEC decisions and critical next steps in DHS development

The Health MINMEC meeting on 13 February 2001² took a number of decisions regarding the implementation of the DHS and the role of local government in health service delivery. These decisions are in line with the Health Bill discussed in the preceding section. The decisions of the MINMEC include:

- ◆ District and Metropolitan Council areas shall be the focal point for the organisation and co-ordination of health services.
- ◆ Provincial Departments of Health will be responsible for co-ordinating the planning and delivery of district health services within the District and Metropolitan areas, in collaboration with local government.
- ◆ Each Member of the Executive Committee (MEC) for Health shall establish a Provincial Health Authority (PHA) in her/his province by the 30 June 2001, whose function will be to advise the MEC for Health.
- ◆ The PHA shall comprise the MEC for Health and the councillors responsible for health for each District or Metropolitan Council in the province.
- ◆ The Head of the provincial department of Health will establish a Provincial Health Advisory Committee (PHAC) by 30 June 2001,



whose functions will be to co-ordinate the planning and delivery of health services and advise the Provincial Health Authority.

- ◆ The MEC for Health will facilitate the establishment of DHAs and community health committees within the District Municipalities and Metropolitan areas, using the criteria and guidelines agreed to by the PHA, with the participation of local government.
- ◆ District Health Services will be provided in every District municipality and Metropolitan area.
- ◆ Although the long-term vision is to capacitate municipalities to deliver comprehensive PHC services, in the short-term, these services will exclude services provided by district hospitals.
- ◆ After conducting an audit of services provided in each municipality, the MEC for Health may delegate the delivery of PHC services to the Metropolitan or District Council, a Local Municipality, or a group of local municipalities, with the appropriate capacity, support and resources and this relationship will be managed through a service agreement signed between the province and the municipality, with clearly outlined performance indicators.



DHS Terminology



For several years the terms health district and health sub-district have been used based on World Health Organisation definitions. However the demarcation process and final restructuring of local government in December 2000 has meant that boundaries and terminology have had to be adjusted.

To ensure consistency and prevent confusion, the term district should be used consistently by all three spheres of government; national, provincial and local. Since the term 'District Municipality' is a legal one contained in the Municipal Structures and Municipal Systems Acts, the term 'District' must refer to the 47 District Municipalities. These are illustrated in the maps attached to this chapter (See Appendix 1). If the 6 Metropolitan Municipalities are included it means that South Africa now has 53 'health districts' which cover the full surface area of South Africa.



Although the health sector would have preferred to have a 'health district' based on a much smaller geographical unit, all policy documents since 1994 have urged the need for 'health districts' to be consistent with political and administrative boundaries.



Thus the MINMEC meeting, referred to above, decided that the term 'health district' will refer to a District or Metropolitan Municipality and the DHS is now based on the borders of these 53 Municipalities.

Any sub-division of these District and Metropolitan Municipalities into smaller administrative or service delivery units, will be called a 'health sub-



district'. This arrangement of sub-divisions will vary from province to province. For example in the Northern Cape there are 5 District Municipalities and therefore 5 'health districts'. Because of the low population density there are no plans for sub-divisions and therefore there will be no 'health sub-districts' in this province. On the other hand in the North West it is proposed that all of the type B, Local Municipalities, within the boundaries of the District Municipalities, will be given responsibility for the delivery of health services, and these Local Municipalities will then become 'health sub-districts'.



Thus a 'health sub-district', in the case of a District Council, will be made up of 1 or more Local Municipalities. In the case of a Metropolitan Council a 'health sub-district' will be based on the administrative sub-division of the Metro.

Service Delivery



In terms of improving service delivery under the DHS the government is following a twin track approach and is trying to improve services in both the urban and rural development areas. It has used its leverage in terms of donor funding and used European Union donor funds to encourage each of the Metropolitan Municipalities to improve aspects of service delivery.



In rural areas the government is committed to improving the lot of the most impoverished communities and has linked with a multi-sectoral programme to improve services in 13 of the most disadvantaged rural District Municipalities. These District Municipality areas are called the Integrated Sustainable Rural Development Sites (ISRDS) and the initiative is being driven from the President's office.

These 13 ISRDS are situated as follows:

- ◆ Eastern Cape (4)
 - Chris Hani - DC13
 - OR Tambo - DC15
 - Alfred Nzo - DC44
 - Ukhahlamba - DC14
- ◆ KwaZulu-Natal (4)
 - Ugu - DC21
 - Umzinyathi - DC24
 - Zululand - DC26
 - Umkhanyakude - DC27
- ◆ Western Cape (1)
 - Central Karoo - DC5
- ◆ Free State (1)
 - Thabo Mofutsanyane - DC19





- ◆ Northern Cape/North West Cross border (1)
Kalahari-Kgalagadi - CBDC1
- ◆ Northern Province/Mpumalanga Cross border (2)
Greater Sekhukhune - CBDC3
Bohlobela - CBDC4

Progress towards the DHS – Provincial level



The circumstances in each of the provinces differ considerably. It is therefore not surprising that there has been varying progress made with the establishment of a DHS.

Table 1 below shows the progress made with governance issues³ related to the establishment, terms of reference and functioning of Provincial Health Authorities.

Table 1: Governance Issues - Provincial Health Authorities

Province	Establishment	Terms of reference	Functionality
Eastern Cape ^a	No	No	No
Free State	Yes	Yes	Yes
Gauteng	Yes	Yes	Yes
KwaZulu-Natal	No	Yes	Yes
Mpumalanga	Yes	Yes	Yes
North West	Yes	No	No
Northern Cape	No	No	Yes
Northern Province	Yes	Yes	Yes
Western Cape	Yes	No	No



^a The Eastern Cape has scheduled the launch of the PHA for the 4 February 2002.

To illustrate the progress made towards the establishment of the DHS a case study of the Free State⁴ is shown in the box below.

Box 1: Case study of the Free State

The Free State Province has arguably made the most progress in implementing the DHS and this progress forms the basis for this case study.

Health districts have been successfully re-aligned with the newly created local government boundaries.

All newly elected local government councillors were briefed on the DHS and the rendering of health services in the Free State. The Premier and the MEC for Health did this briefing in April 2001.

In line with the Free State Provincial Health Act, No 8 of 1999, structures for governance have been established. These include the Provincial Health Authority (PHA), the Provincial Health Advisory Board (PHAB), the District Health Authorities (DHAs) and the Health Committees.

Health services within the newly demarcated municipalities have been functionally integrated.

A provincial DHS conference, the first of its kind, was held in August 2001. At this conference the PHA and PHAB were officially launched in the presence of the Premier, Minister and MEC for Health.

At this conference the issue of equity, (especially the impact of poor infrastructure, roads, transport and human resources) and how rural communities are worst off was discussed. Solutions included better information, especially around expenditure reviews. Comparisons should be made between districts and also between different sub-divisions (health sub-districts) that could be used for improved planning and management.

The other major themes of discussion were around improved governance and community involvement and intergovernmental relations. A number of suggestions for strengthening these areas were highlighted, with improved communication from all parties being probably the most critical.

The five DHAs in the Free State were all launched by the first week of February 2002. These DHAs consist of the District Councillor responsible for health (chairperson) and the councillors responsible for health of all the Local Municipalities within the district.

In the Western Cape a different route has been taken and no provincial Health Legislation regarding the establishment of a DHS and a PHA has been passed. However the provincial Cabinet in October 2001 took a decision to endorse the principle of structural integration of the health services within the Unicity of Cape Town Metropolitan area. In terms of this decision provincial staff involved with primary care provincial services will be transferred to the Unicity establishment. Funding for these current provincial services will be provided to the Unicity of Cape Town via a service agreement. It is envisaged that the first transfer of the staff from province to the Unicity will take place on the 1 July 2002.

Conclusion/Outstanding issues

The MINMEC has provided clear direction with regard to what needs to be done to establish a well-functioning DHS and in some instances, has also provided some time frames. However, the task remains a large one and it must be carried out in the context of limited financial and other resources.

As expressed in numerous policy documents,^{5,6} the South African government is committed to the establishment of the DHS but it needs to provide clear leadership and vision so that progress can be accelerated.

These areas of leadership include clear and concise communication by the Ministers of Health and Provincial and Local Government on a range of issues.

- ◆ The definitions and differences between Municipal Health Services, Primary Health Care services, and District Level Services need to be clarified and simplified so that every health worker and every local government councillor understands how the system is to work.
- ◆ The funding arrangements, including the levels and route of the funding, for a municipality-based DHS need to be clarified.
- ◆ There are a number of cross-border District Municipalities where part of the Municipality is in one province and part is in another province (e.g. Kalahari-Kgalagadi District Municipality between the Northern Cape and North West). Clarity is required as to how the DHS will function in these cross-border district municipalities.
- ◆ The respective roles and functions of the Type C District Municipality and the type B Local Municipalities within the District Municipality need to be defined and clarified.

Other issues include setting goals and objectives for the setting up of a DHS that are reasonable and attainable and not to make these so tight that health officials, managers and workers get demoralised by unrealistic expectations.



References

- 1 Department of Health. The National Health Bill, 2001. Government Gazette, No 22824. Pretoria: 9 November 2001.
- 2 Pillay Y, McCoy D, Asia B. The District Health System in South Africa: Progress made and next steps. Pretoria: National Department of Health; July 2001.
- 3 Department of Health. National District Health Systems Committee Meeting. 18 October 2001.
- 4 Free State Department of Health. Implementing a District Based Health Care System in the Free State. Report on the First Provincial District Health System in the Free State 24-26 August 2001.
- 5 Department of Health. Health Sector Strategic Framework, 1999-2004. Pretoria: Department of Health; 1999.
- 6 Owen CP Ed. A Policy for the Development of a District Health System for South Africa. Pretoria: Department of Health; December 1995.



Appendix 1: Data and Maps for newly Demarcated Municipalities



In December 2000 the entire country was divided into a set of new local government structures, namely 6 category A municipalities (Metropolitan Councils), 47 category C municipalities (District Councils) and 232 category B municipalities (Local Councils). These 47 category C municipalities and 6 category A municipalities will comprise 53 'health districts'. In the case of category C municipalities, one or more category B municipalities can be grouped to form a 'health sub-district'. In the case of a category A municipality, it may be sub-divided into smaller geographic administrative units which would then form 'health sub-districts'.

Thus the South African terminology 'health sub-district' would be equivalent to the World Health Organisation terminology of 'health district' and also equivalent to the 'old health districts' that were in place prior to the final local government demarcation process.

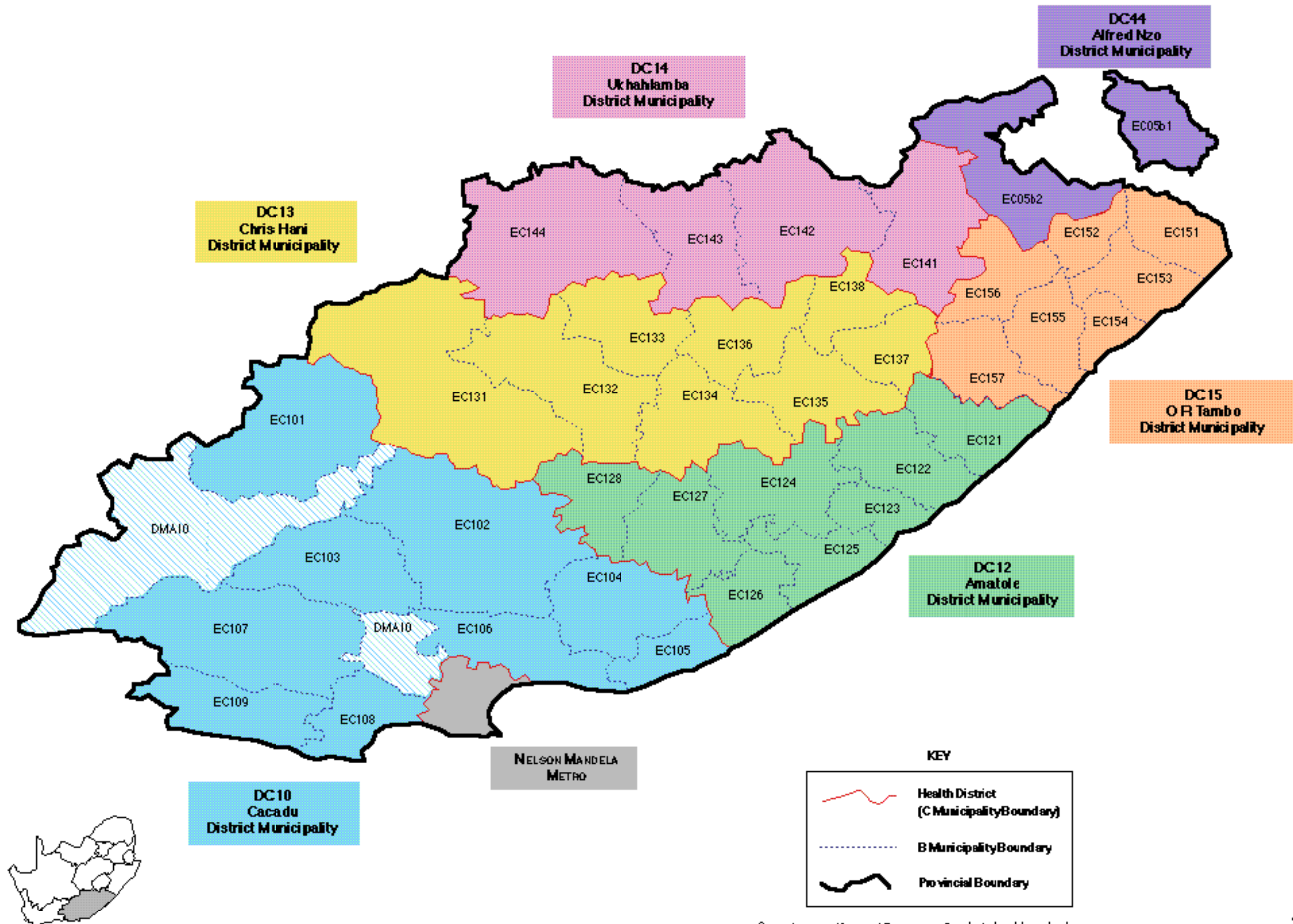
Basic information on the new municipal structures is provided for each province. Population estimates for 2002 based on Census 96 and land area (km²) are given for each category B municipality. Note that the summed area figures do not correspond exactly with the provincial totals given in the Health and Related Indicators section, mostly due to rounding errors and problems introduced by cross-border municipalities.

Eastern Cape

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
DC10				
Cacadu District Municipality	EC101	Camdeboo Municipality	51 403	7 233
	EC102	Blue Crane Route Municipality	38 889	9 831
	EC103	Ikwezi Municipality	11 905	4 450
	EC104	Makana Municipality	86 774	4 222
	EC105	Ndlambe Municipality	53 727	2 001
	EC106	Sunday's River Valley Municipality	49 419	3 508
	EC107	Baviaans Municipality	17 093	7 724
	EC108	Kouga Municipality	70 797	2 289
	EC109	Kou-Kamma Municipality	31 924	3 703
	ECDMA10	Aberdeen Plains District Managed Area	7 009	13 283
DC12				
Amatole District Municipality	EC121	Mbashe Municipality	276 417	3 030
	EC122	Mnquma Municipality	329 813	3 323
	EC123	Great Kei Municipality	45 354	1 736
	EC124	Amahlati Municipality	155 632	4 266
	EC125	Buffalo City Municipality	772 170	2 516
	EC126	Ngqushwa Municipality	106 318	2 246
	EC127	Nkonkobe Municipality	161 914	3 793
	EC128	Nxuba Municipality	28 056	2 734
	DC13			
	Chris Hanani District Municipality	EC131	Inxuba Yethemba Municipality	65 507
EC132		Tsolwana Municipality	39 708	6 087
EC133		Inkwanca Municipality	21 988	358
EC134		Lukhanji Municipality	202 235	4 191
EC135		Intsika Yethu Municipality	234 826	3 614
EC136		Emalahleni Municipality	141 672	3 238
EC137		Engcobo Municipality	169 229	2 259
EC138		Sakhisizwe Municipality	56 607	2 257
DC14				
Ukhahlamba District Municipality	EC141	Elundini Municipality	153 281	5 359
	EC142	Senqu Municipality	147 913	6 771
	EC143	Malethswai Municipality	36 470	4 358
	EC144	Gariep Municipality	33 506	8 837
DC15				
OR Tambo District Municipality	EC151	Mbizana Municipality	266 364	2 412
	EC152	Ntabankulu Municipality	140 641	1 260
	EC153	Ingquza Municipality	279 621	2 554
	EC154	Port St Johns Municipality	163 339	1 288
	EC155	Nyandeni Municipality	302 580	2 611
	EC156	Mhlonlo Municipality	219 893	2 704
	EC157	King Sabata D Municipality	447 704	3 020
	DC44			
Alfred Nzo District Municipality	EC05b1	Umzimkulu Municipality	187 007	2 436
	EC05b2	Umzimvubu Municipality	428 494	5 533
Nelson Mandela Metro		1 097 228	1 952	
Eastern Cape		7 130 427	169 580*	

*Total provincial area also includes some nature reserve areas that are not indicated on the table or map.

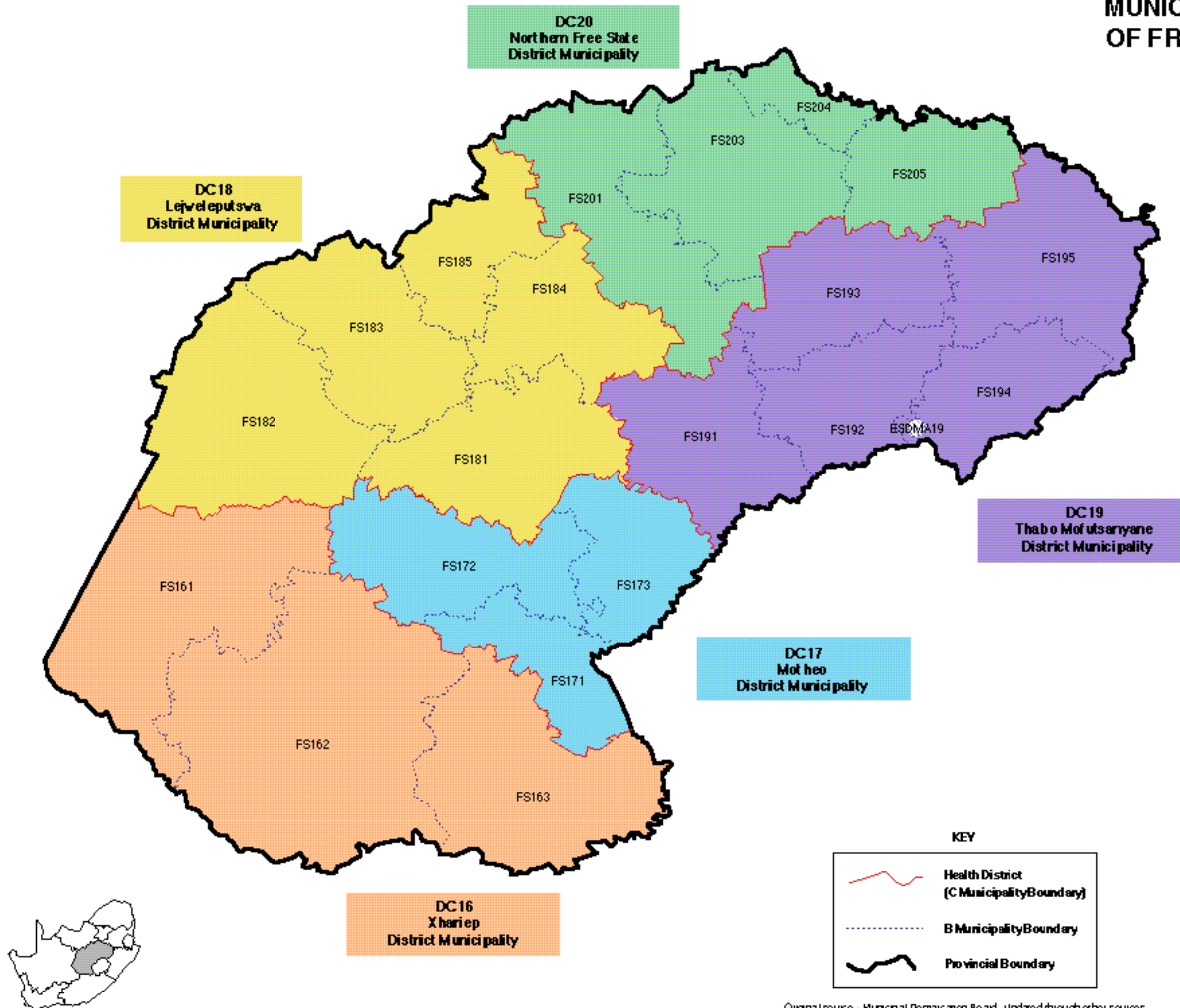
MUNICIPALITIES OF EASTERN CAPE



Free State

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)
DC16			
Xhariep District Municipality	FS161 Letsemeng Municipality	38 604	10 227
	FS162 Kopanong Municipality	54 150	15 243
	FS163 Mohokare Municipality	39 316	8 779
DC17			
Motheo District Municipality	FS171 Naledi Municipality	27 026	3 424
	FS172 Mangaung Municipality	654 922	6 283
	FS173 Mantsopa Municipality	54 344	4 290
DC18			
Lejweleputswa District Municipality	FS181 Masilonyana Municipality	71 457	6 797
	FS182 Tokologo Municipality	29 038	9 326
	FS183 Tswelopele Municipality	56 038	6 523
	FS184 Matjhabeng Municipality	517 193	5 155
	FS185 Nala Municipality	89 132	4 128
DC19			
Thabo Mofutsanyane District Municipality	FS191 Setsoto Municipality	119 112	5 966
	FS192 Dihlabeng Municipality	116 302	4 739
	FS193 Nketoana Municipality	69 756	5 611
	FS194 Maluti a Phofung Municipality	383 337	4 421
	FS195 Phumelela Municipality	49 151	7 548
	FSDMA19 Golden Gate Highlands National Park District Managed Area	670	61
DC20			
Northern Free State District Municipality	FS201 Mophaka Municipality	183 822	7 900
	FS203 Ngwathe Municipality	130 231	7 079
	FS204 Metsimaholo Municipality	116 000	1 739
	FS205 Mafube Municipality	57 918	4 583
Free State		2 857 519	129 480

MUNICIPALITIES OF FREE STATE

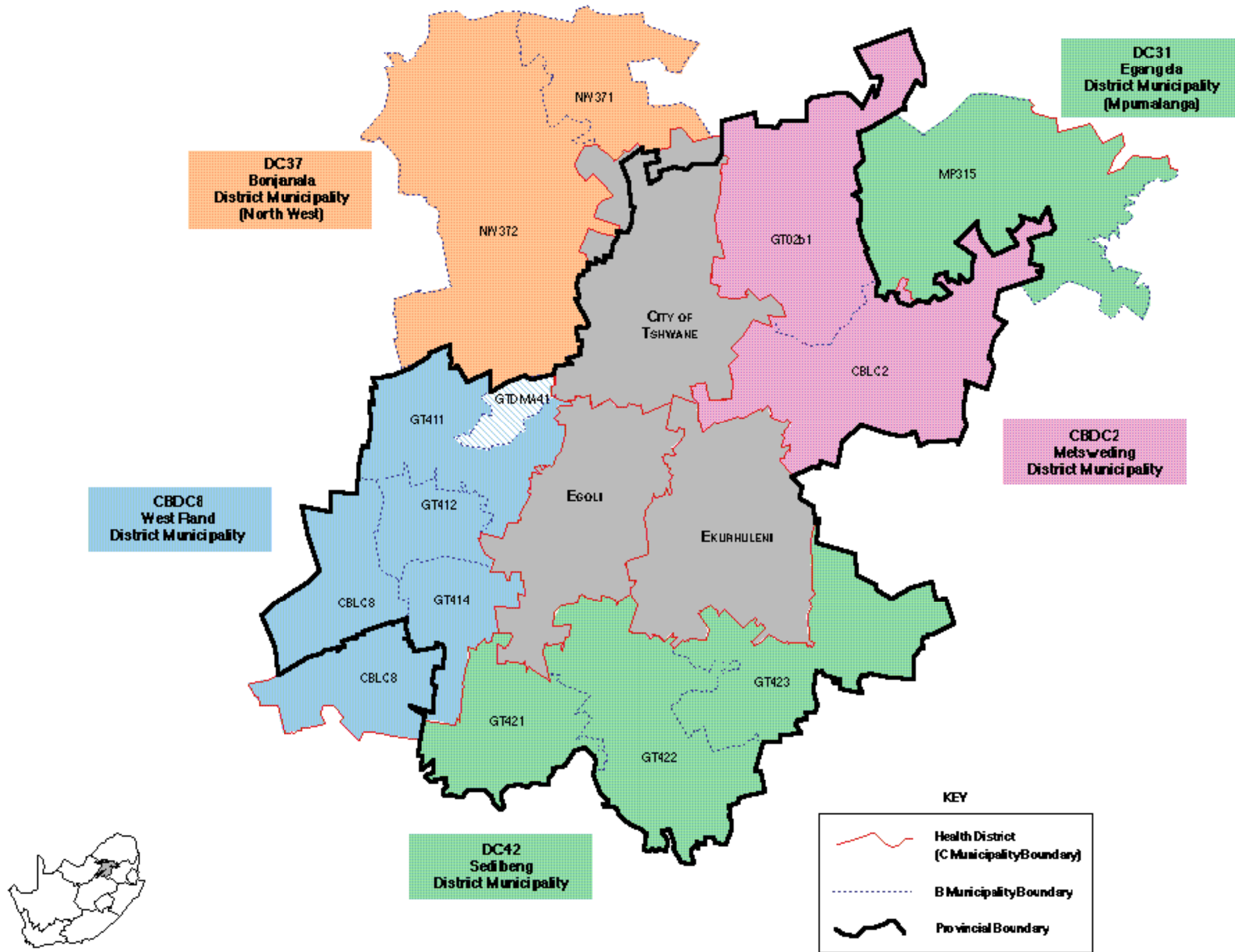


Original source - Municipal Demarcation Board. Updated through other sources

Gauteng

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
CBDC2				
Metsweding District Municipality	CBLC2	Kungwini Municipality	78 407	2 117
	GT02b1	Nokeng tsa Taemane Municipality	45 873	1 954
CBDC8				
West Rand District Municipality	CBLC8	Merafong City Municipality	230 758	1 630
	GT411	Mogale City Municipality	247 493	1 100
	GT412	Randfontein Municipality	118 784	477
	GT414	Westonaria Municipality	126 731	634
	GTDMA41	West Rand District Managed Area	2 525	243
DC42				
Sedibeng District Municipality	GT421	Emfuleni Municipality	659 303	987
	GT422	Midvaal Municipality	58 737	1 722
	GT423	Lesedi Municipality	73 007	1 491
Ekurhuleni Metropolitan Municipality			2 234 445	1 924
Egoli Metropolitan Municipality			2 910 009	1 625
City of Tshwane Metropolitan Municipality			1 855 563	2 198
Gauteng			8 641 635	17 010

MUNICIPALITIES OF GAUTENG

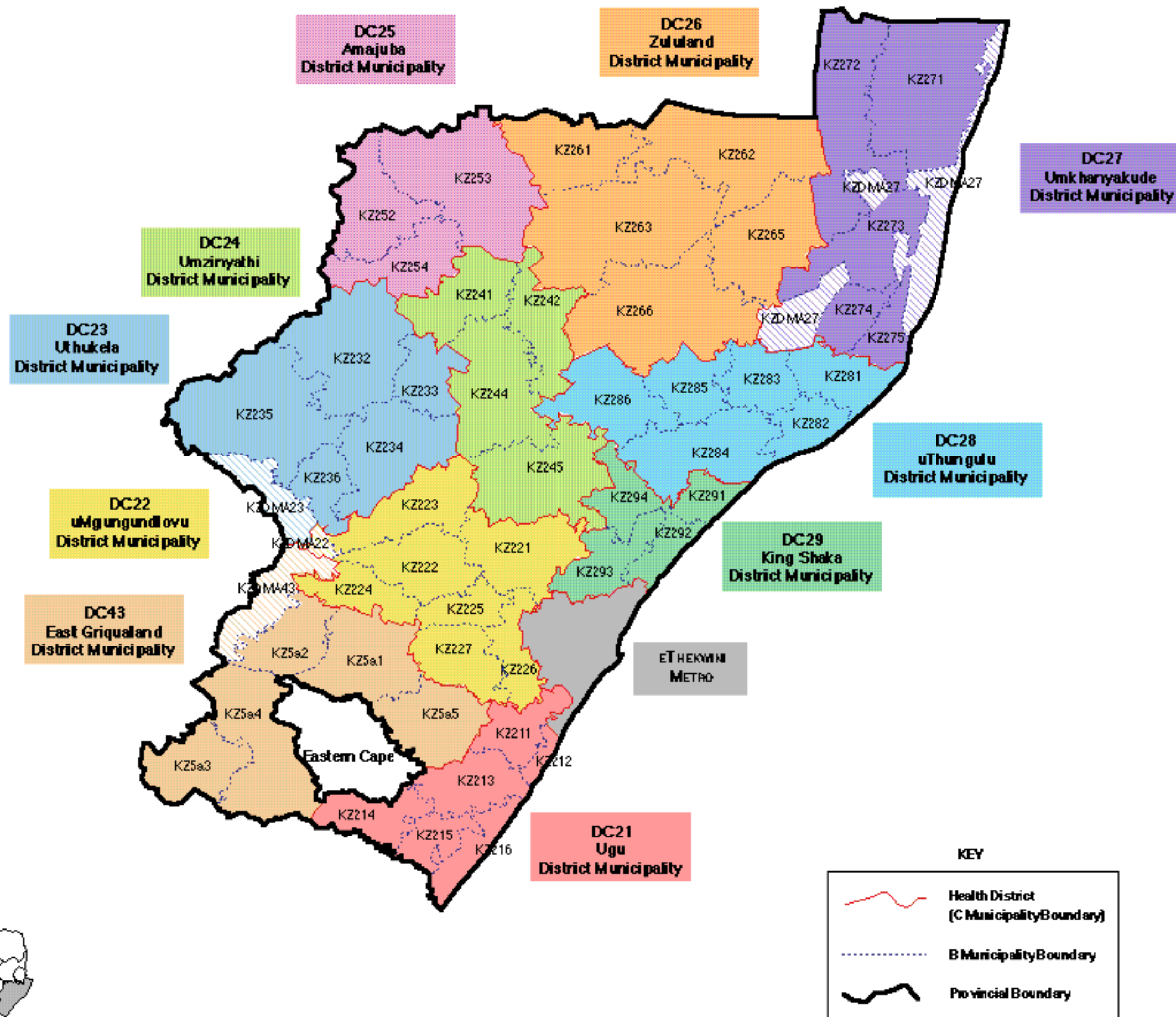


↑ Indicates cross boundary health District

KwaZulu-Natal

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
DC21				
Ugu District Municipality	KZ211	Vulamehlo Municipality	111 900	966
	KZ212	Umdoni Municipality	59 341	238
	KZ213	Umzumbe Municipality	180 366	1 259
	KZ214	uMuziwabantu Municipality	89 877	1 107
	KZ215	Izingolweni Municipality	51 487	630
	KZ216	Hibiscus Coast Municipality	211 170	839
DC22				
uMgungundlovu District Municipality	KZ221	uMshwathi Municipality	124 939	1 811
	KZ222	uMngeni Municipality	76 354	1 565
	KZ223	Mooi Mpofana Municipality	27 129	1 736
	KZ224	Impendle Municipality	38 693	946
	KZ225	The Msunduzi Municipality	574 728	648
	KZ226	Mkhambathini Municipality	50 447	915
	KZ227	Richmond Municipality	67 981	1 232
	KZDMA22	Highmoor/Kamberg Park District Managed Area	113	167
DC23				
Uthukela District Municipality	KZ232	Emnambithi/Ladysmith Municipality	195 435	2 965
	KZ233	Indaka Municipality	107 819	992
	KZ234	Umtshezi Municipality	51 709	2 186
	KZ235	Okhahlamba Municipality	130 157	3 483
	KZ236	Imbabazane Municipality	122 932	718
	KZDMA23	Giants Castle Game Reserve District Managed Area	643	908
DC24				
Umzinyathi District Municipality	KZ241	Endumeni Municipality	48 611	1 612
	KZ242	Nqutu Municipality	141 002	1 454
	KZ244	Msinga Municipality	176 613	2 502
	KZ245	Umvoti Municipality	101 130	2 509
DC25				
Amajuba District Municipality	KZ252	Newcastle Municipality	314 939	1 855
	KZ253	Utrecht Municipality	26 190	3 539
	KZ254	Dannhauser Municipality	108 626	1 516
DC26				
Zululand District Municipality	KZ261	eDumbe Municipality	71 561	1 947
	KZ262	uPhongolo Municipality	107 596	3 235
	KZ263	Abaqulusi Municipality	183 822	4 184
	KZ265	Nongoma Municipality	206 870	2 185
	KZ266	Ulundi Municipality	211 573	3 754
DC27				
Umkhanyakude District Municipality	KZ271	Umhlabuyalingana Municipality	133 895	3 693
	KZ272	Jozini Municipality	166 030	3 082
	KZ273	The Big 5 False Bay Municipality	28 790	1 161
	KZ274	Hlabisa Municipality	184 461	1 417
	KZ275	Mtubatuba Municipality	28 071	705
	KZDMA27	St Lucia Park District Managed Area	10 269	2 760
DC28				
uThungulu District Municipality	KZ281	Mbonambi Municipality	105 365	1 209
	KZ282	uMhlathuze Municipality	214 705	796
	KZ283	Ntambanana Municipality	79 596	1 083
	KZ284	Umlalazi Municipality	253 130	2 214
	KZ285	Mthonjaneni Municipality	40 319	1 086
	KZ286	Nkandla Municipality	141 759	1 827
DC29				
King Shaka District Municipality	KZ291	eNdongakusuka Municipality	122 490	582
	KZ292	Kwa Dukuza Municipality	143 482	630
	KZ293	Ndwedwe Municipality	183 234	1 154
	KZ294	Maphumulo Municipality	136 492	894
DC43				
East Griqualand District Municipality	KZ5a1	Ingwe Municipality	104 147	1 970
	KZ5a2	Kwa Sani Municipality	15 951	1 180
	KZ5a3	Matatiele Municipality	11 096	1 417
	KZ5a4	Greater Kokstad Municipality	38 034	2 683
	KZ5a5	Ixopo Municipality	85 986	1 627
	KZDMA43	Mkhomazi Wilderness District Managed Area	1 481	1 232
eThekweni Metropolitan Municipality		3 014 665	2 299	
KwaZulu-Natal		9 215 201	92 100	

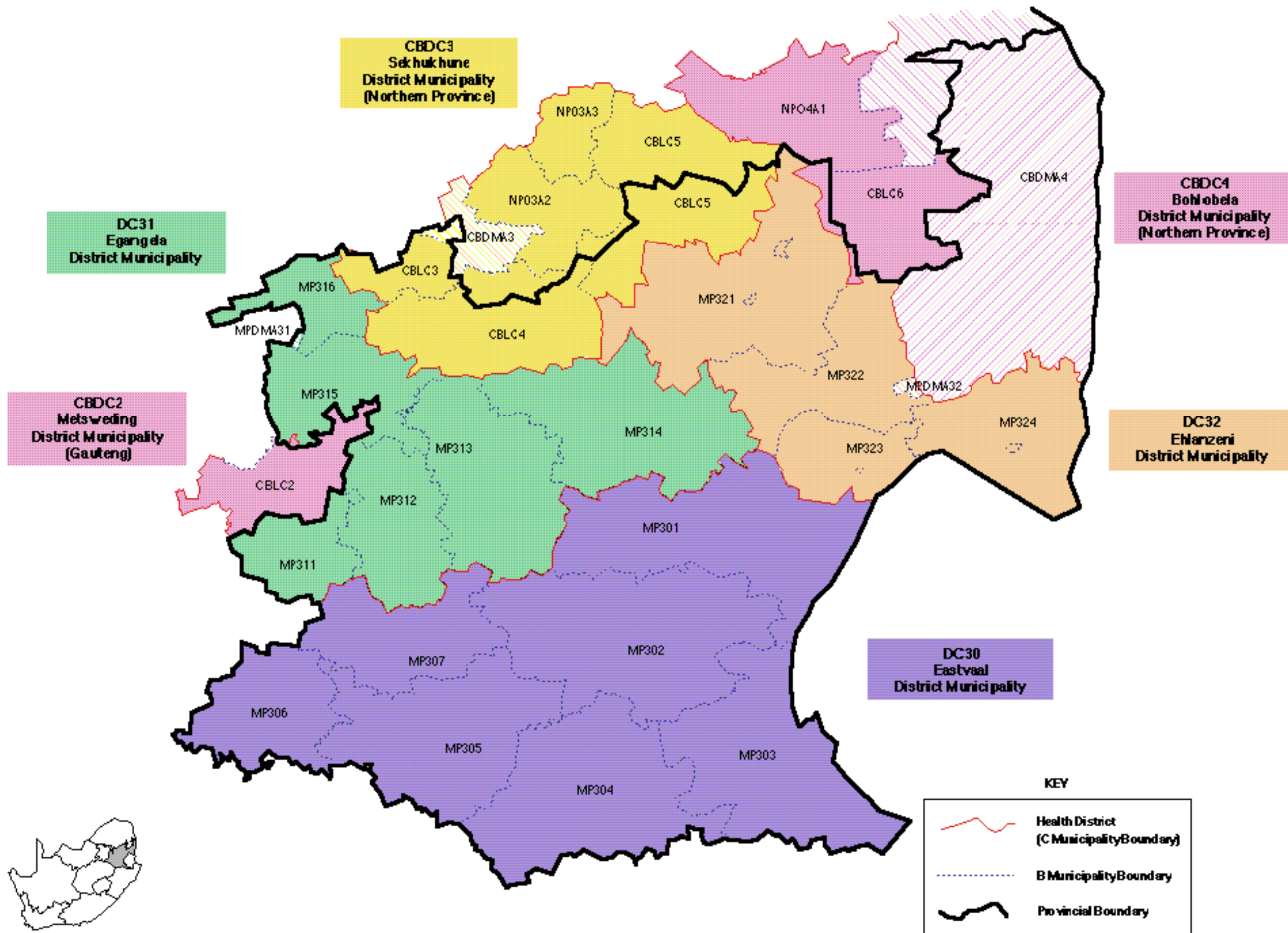
MUNICIPALITIES OF KWAZULU-NATAL



Mpumalanga

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
DC30				
Eastvaal District Municipality	MP301	Albert Luthuli Municipality	205 419	5 573
	MP302	Msukaligwa Municipality	119 429	6 017
	MP303	Mkhondo Municipality	112 920	4 868
	MP304	Seme Municipality	79 084	5 195
	MP305	Lekwa Municipality	101 519	4 586
	MP306	Dipaleseng Municipality	44 003	2 615
	MP307	Highveld East Municipality	236 212	2 959
DC31				
Eganga District Municipality	MP311	Delmas Municipality	59 262	1 567
	MP312	Emalaheni Municipality	266 701	2 673
	MP313	Middelburg Municipality	152 502	4 554
	MP314	Highlands Municipality	41 709	4 735
	MP315	Thembisile Municipality	273 997	1 938
	MP316	Dr JS Moroka Municipality	292 705	1 402
	MPDMA31	Mdala Nature Reserve District Managed Area	22	14
DC32				
Ehlanzeni District Municipality	MP321	Thaba Chweu Municipality	74 281	5 681
	MP322	Mbombela Municipality	479 490	3 331
	MP323	Umjindi Municipality	54 705	1 741
	MP324	Nkomazi Municipality	313 126	3 225
	MPDMA32	Lowveld District Managed Area	0	134
Mpumalanga		3 537 365	79 490	

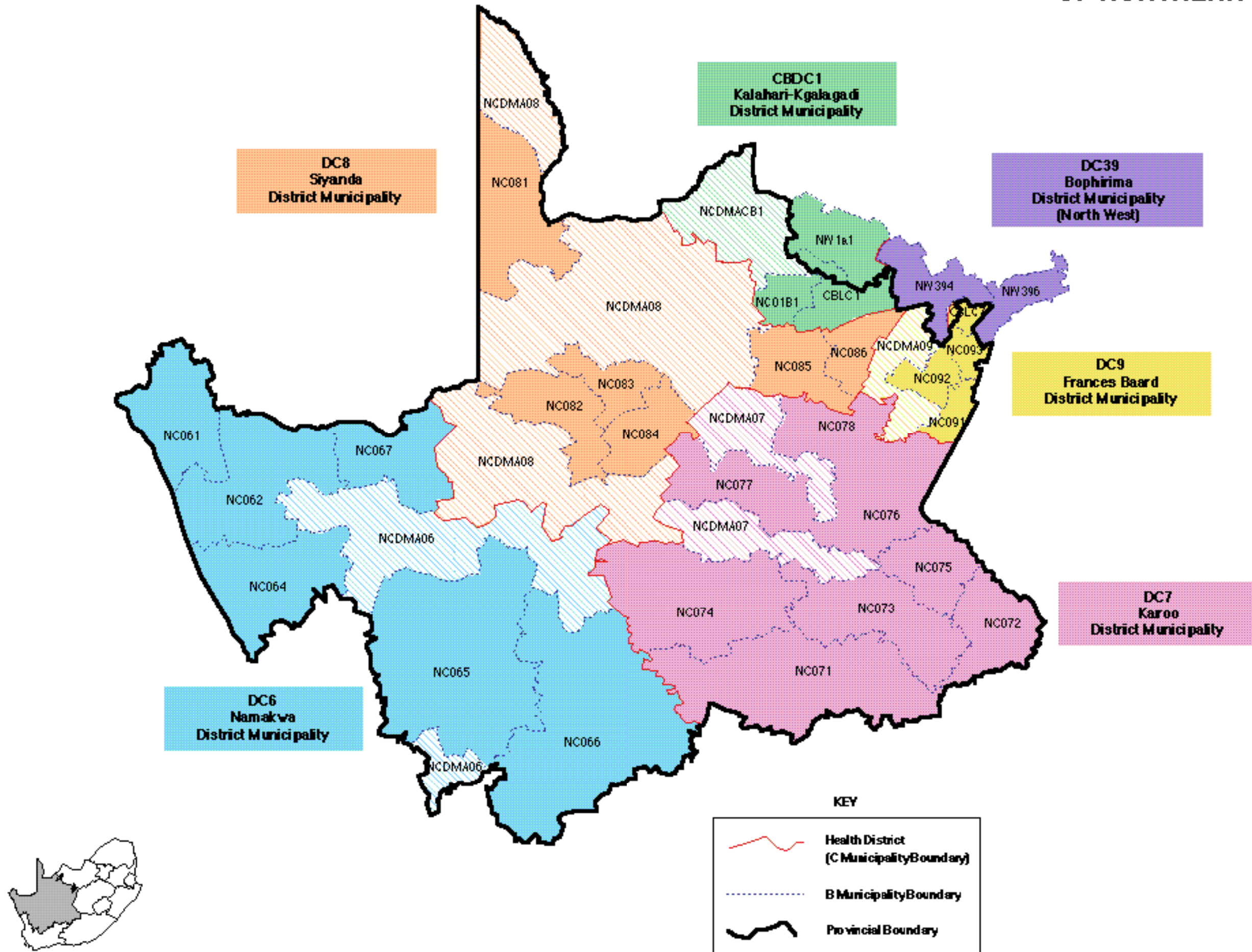
MUNICIPALITIES OF MPUMALANGA



Northern Cape

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
CBDC1				
Kalahari-Kgalagadi District Municipality	NC01B1	Gamagara Municipality	15 871	2 468
	NCDMACB1	Kalahari Cross Boundary District Managed Area	8 945	10 699
DC6				
Namakwa District Municipality	NC061	Richtersveld Municipality	12 406	9 670
	NC062	Nama Khoi Municipality	47 375	14 902
	NC064	Kamiesberg Municipality	11 655	11 737
	NC065	Hantam Municipality	20 185	27 975
	NC066	Karoo Hoogland Municipality	12 796	29 400
	NC067	Khâi-Ma Municipality	9 884	8 299
	NCDMA06	Namaqualand District Managed Area	1 552	24 765
DC7				
Karoo District Municipality	NC071	Ubuntu Municipality	20 831	20 389
	NC072	Umsobomvu Municipality	26 822	6 814
	NC073	Enthanjani Municipality	41 304	11 389
	NC074	Kareeberg Municipality	12 133	17 698
	NC075	Renosterberg Municipality	9 978	5 530
	NC076	Thembellile Municipality	14 021	6 978
	NC077	Siyathemba Municipality	20 470	8 251
	NC078	Siyancuma Municipality	35 938	10 027
	NCDMA07	Bo-Karoo District Managed Area	4 878	15 689
	DC8			
Siyanda District Municipality	NC081	Mier Municipality	6 632	11 745
	NC082	Kai! Garib Municipality	61 213	7 450
	NC083	!Khara Hais Municipality	80 436	4 308
	NC084	!Kheis Municipality	14 917	5 522
	NC085	Tsantsabane Municipality	32 606	5 947
	NC086	Kgatelopele Municipality	17 833	3 650
	NCDMA08	Benede Oranje District Managed Area	9 166	65 149
	DC9			
Frances Baard District Municipality	CBLC7	Phokwane Municipality	62 498	830
	NC091	Sol Plaatjie Municipality	215 857	1 877
	NC092	Dikgatlong Municipality	39 056	2 378
	NC093	Magareng Municipality	23 745	1 542
	NCDMA09	Diamondfields District Managed Area	4 819	5 720
Northern Cape		961 353	361 830	

MUNICIPALITIES OF NORTHERN CAPE



KEY

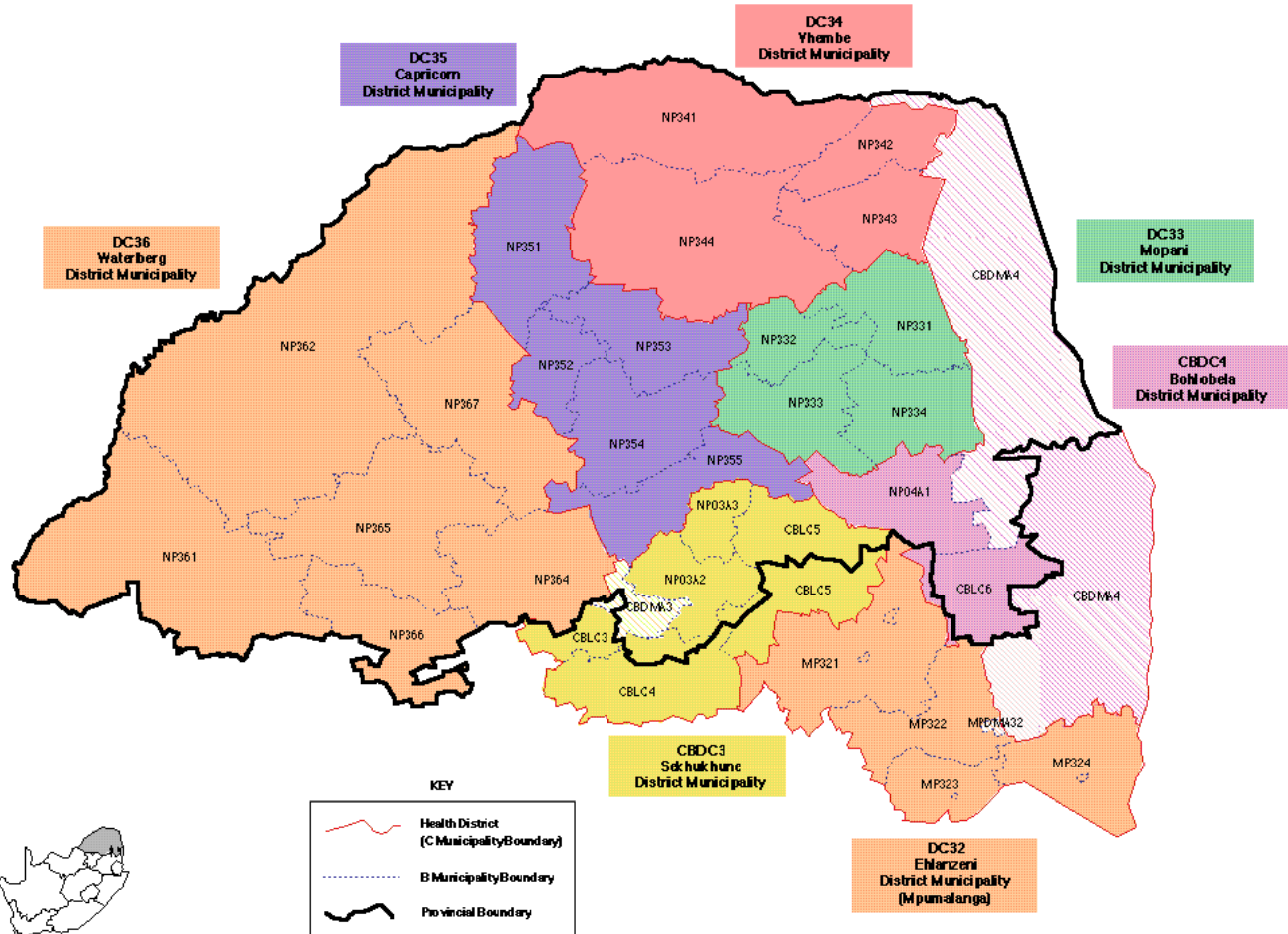
	Health District (C Municipality Boundary)
	B Municipality Boundary
	Provincial Boundary

Original source - Municipal Demarcation Board, updated through other sources

Northern Province

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
CBDC3	CBDMA3	Schuiandraai Nature Reserve District Managed Area	31	118
Sekhukhune Cross	CBLC3	Greater Marble Hall Municipality	111 612	1 747
Boundary District	CBLC4	Greater Groblersdal Municipality	252 725	3 668
Municipality	CBLC5	Greater Tubatse Municipality	265 911	4 469
	NP03A2	Makhudutamaga Municipality	319 953	2 228
	NP03A3	Fetagomo Municipality	115 008	1 123
CBDC4				
Bohlobela District	CBDMA4	Kruger National Park District Managed Area	3 884	21 271
Municipality	CBLC6	Bushbuckridge Municipality	644 861	2 591
	NP04A1	Maruleng Municipality	104 177	3 247
DC33				
Mopani District	NP331	Greater Giyani Municipality	257 531	2 967
Municipality	NP332	Greater Letaba Municipality	238 217	1 871
	NP333	Greater Tzaneen Municipality	408 849	3 260
	NP334	Ba-Phalaborwa Municipality	129 063	3 000
DC34				
Vhembe District	NP341	Musina Municipality	39 263	7 578
Municipality	NP342	Mutale Municipality	82 091	2 293
	NP343	Thohoyandou/Malamulele Municipality	636 576	2 988
	NP344	Makhado Municipality	542 623	8 548
DC35				
Capricorn District	NP351	Blouberg Municipality	179 104	4 541
Municipality	NP352	Aganang Municipality	174 485	1 852
	NP353	Molemole Municipality	127 579	3 347
	NP354	Polokwane Municipality	503 601	3 775
	NP355	Lepelle-Nkumpi Municipality	278 337	3 470
DC36				
Waterberg District	NP361	Thabazimbi Municipality	69 747	9 855
Municipality	NP362	Lephalale Municipality	103 095	19 605
	NP364	Mookgopong Municipality	17 280	4 284
	NP365	Modimolle Municipality	59 407	6 228
	NP366	Bela-Bela Municipality	56 459	3 373
	NP367	Mogalakwena Municipality	333 395	6 184
Northern Province			5 424 585	123 910

MUNICIPALITIES OF NORTHERN PROVINCE



KEY

	Health District (C Municipality Boundary)
	B Municipality Boundary
	Provincial Boundary

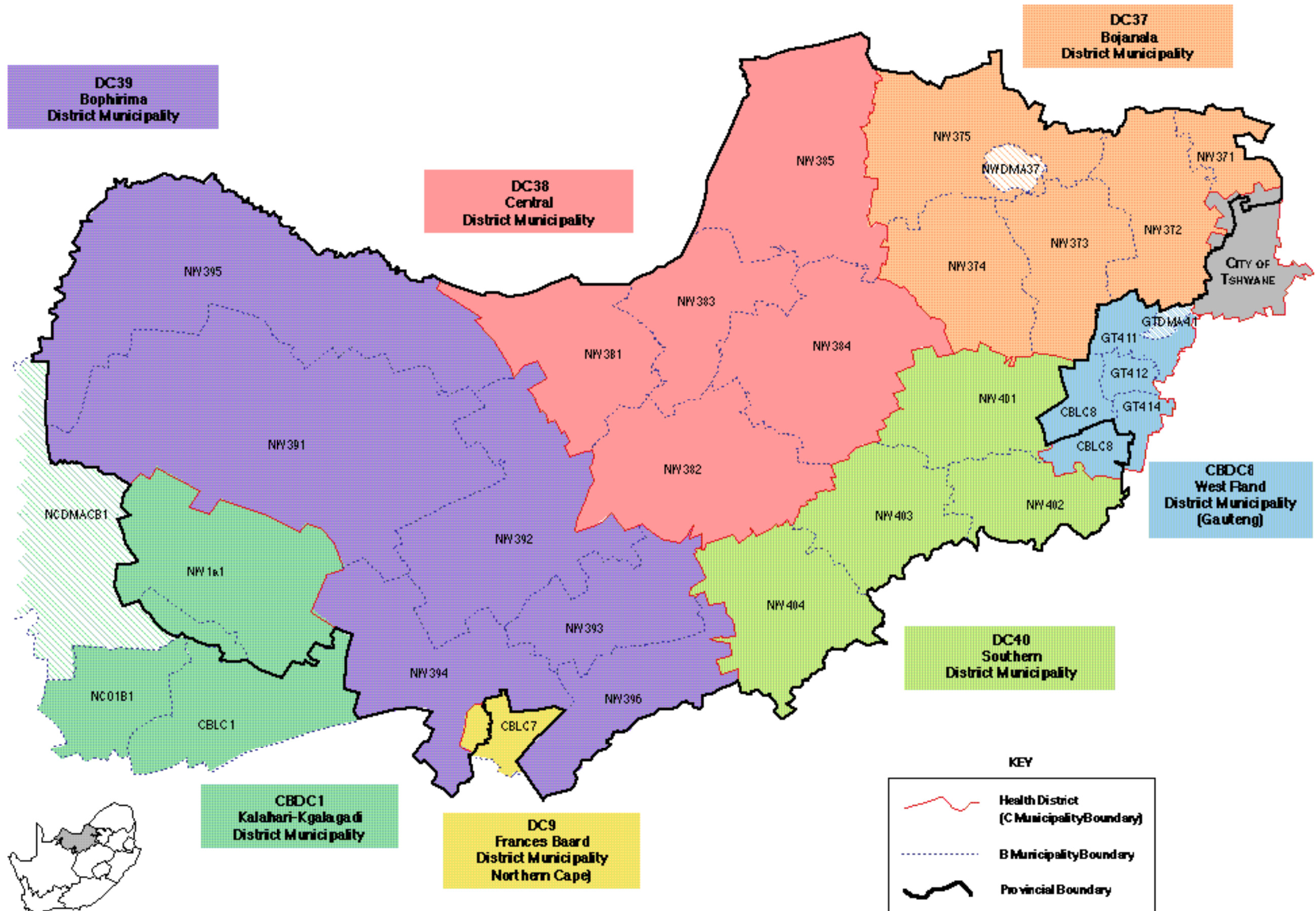


Original source - Municipal Demarcation Board, updated through other sources

North West

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)	
CBDC1	CBLC1	Ga-Segonyana Municipality	65 531	4 485
Kalahari-Kgalagadi District Municipality	NW1a1	Segonyana Municipality	104 146	5 863
DC37	NW371	Moretele Municipality	185 430	1 373
Bojanala District Municipality	NW372	Madibeng Municipality	349 841	3 812
	NW373	Rustenburg Municipality	339 388	3 492
	NW374	Kgetleng Rivier Municipality	35 768	3 973
	NW375	Mankwe-Madikwe Municipality	250 197	5 215
	NWDMA37	Pilansberg National Park District Managed Area	294	469
DC38	NW381	Setla-Kgobi Municipality	106 697	4 538
Central District Municipality	NW382	Tswaing Municipality	99 536	5 966
	NW383	Mafikeng Municipality	264 166	3 800
	NW384	Lichtenburg Municipality	142 230	6 358
	NW385	Zeerust Municipality	141 037	7 192
DC39	NW391	Kagisano Municipality	10 128	514 857
Bophirima District Municipality	NW392	Naledi Municipality	59 792	7 264
	NW393	Schweizer-Reneke Municipality	46 618	3 615
	NW394	Greater Taung Municipality	201 132	5 640
	NW395	Molopo Municipality	14 624	12 588
	NW396	Lekwa-Teemane Municipality	40 558	3 684
DC40	NW401	Ventersdorp Municipality	34 822	3 764
Southern District Municipality	NW402	Potchefstroom Municipality	135 326	2 612
	NW403	City of Klerksdorp	365 513	3 624
	NW404	Maquassi Hills Municipality	66 764	4 644
North West Province			3 085 164	116 320

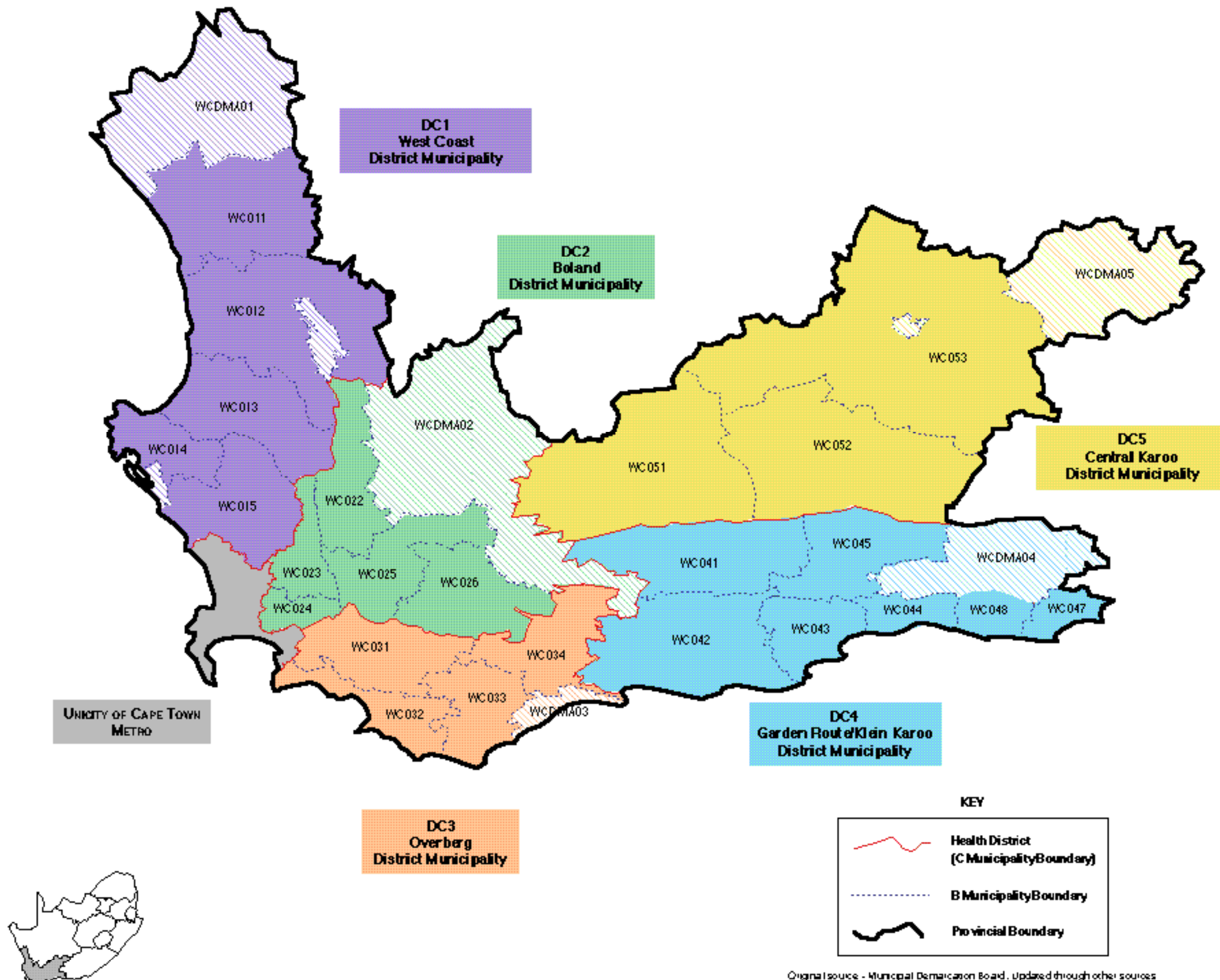
MUNICIPALITIES OF NORTH WEST



Western Cape

Category A and C Municipality	Category B Municipality	Population 2002	Area (km ²)
Unicity of Cape Town Metro		2 794 693	2 488
DC1			
West Coast District Municipality	WC011 Matzikama Municipality	43 371	5 539
	WC012 Cederberg Municipality	34 566	7 347
	WC013 Bergrivier Municipality	40 365	4 263
	WC014 Saldanha Bay Municipality	61 542	1 908
	WC015 Swartland Municipality	70 806	3 701
	WCDMA01 West Coast District Managed Area	5 102	8 353
DC2			
Boland District Municipality	WC022 Witzenberg Municipality	78 625	2 982
	WC023 Drakenstein Municipality	202 945	1 538
	WC024 Stellenbosch Municipality	113 088	812
	WC025 Breede Valley Municipality	140 546	2 864
	WC026 Breede River/Winelands Municipality	71 657	3 334
	WCDMA02 Brede River District Managed Area	7 128	10 759
DC3			
Overberg District Municipality	WC031 Theewaterskloof Municipality	81 284	3 246
	WC032 Overstrand Municipality	40 850	2 125
	WC033 Cape Agulhas Municipality	24 099	2 411
	WC034 Swellendam Municipality	26 947	3 001
	WCDMA03 Overberg District Managed Area	142	608
DC4			
Garden Route/ Klein Karoo District Municipality	WC041 Kannaland Municipality	23 104	4 759
	WC042 Langeberg Municipality	42 030	5 731
	WC043 Mossel Bay Municipality	65 191	2 008
	WC044 George Municipality	117 928	1 045
	WC045 Oudtshoorn Municipality	86 332	3 536
	WC047 Plettenberg Bay Municipality	20 094	991
	WC048 Knysna Municipality	47 046	1 059
	WCDMA04 South Cape District Managed Area	13 534	4 194
DC5			
Central Karoo District Municipality	WC051 Laingsburg Municipality	6 456	8 781
	WC052 Prince Albert Municipality	10 368	8 153
	WC053 Beaufort West Municipality	36 911	16 334
	WCDMA05 Central Karoo District Managed Area	7 446	5 585
Western Cape		4 314 196	129 370






MUNICIPALITIES OF WESTERN CAPE





Appendix 2: Schedule 2 – Provincial Functions

Part B

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1. Ensuring the provision of comprehensive primary health care services.
 2. Ensuring the provision of community hospital services.
 3. Ensuring appropriate human resources management and development.
 4. Ensuring the rendering and co-ordination of medical emergency services.
 5. Ensuring the rendering of forensic pathology, forensic clinical medicine and related services including the provision of medico-legal mortuaries and medico-legal services.
 6. Ensuring the rendering of health services to persons who have been detained, arrested or charged.
 7. Ensuring quality control of all health services and facilities.
 8. Ensuring the rendering of specific provincial service programmes.
 9. Ensuring the provision of non-personal health services.
 10. Ensuring the provision and maintenance of equipment, vehicles and health care facilities.
 11. Ensuring effective consultation regarding health matters at community level
 12. Ensuring the provision of occupational health services.
 13. Promoting health, healthy lifestyles and health policies
 14. Ensuring the promotion of community participation in the planning, provision and evaluation of health services.
 15. Ensuring the use of health systems research in the planning, evaluation and management of health services.
 16. Ensuring the provision of indoor and outdoor environmental pollution control services.
 17. Ensuring the provision of services for the management, prevention and control of communicable diseases.
 18. Ensuring the provision of services for the management, prevention and control of non-communicable diseases.



Appendix 3: Schedule 3 – District Functions

Part A - Health Care

1. Health promotion services.
2. Intersectoral collaboration with other government and non-government sectors in promoting health and rendering health services.
3. Community participation in health promotion and health service provision including the promotion of the capacity of community members to participate to their full potential.
4. Nutritional services, including surveillance, promotion and guidance.
5. Preventive, promotive, health services for children and youth, including services at schools and at institutions.
6. Preventive and promotive services for communicable and non-communicable diseases.
7. Family planning services (note: does not include provision of TOP).
8. Primary environmental care services, including maintaining the area in a hygienic condition; the promotion of environmental hygiene; investigating complaints; enforcement of environmental health legislation (sanitation, housing, smoke, noise, litter, food hygiene and occupational hygiene); and the identification and control of local health hazards.



Part B - Support Services

1. Accommodation for staff where appropriate.
2. Environmental health awareness and educational programmes.
3. Support for communities and community development projects.
4. Services for maintenance of equipment, facilities and other assets.



Part C - Administration and Finance

1. Ensure equity in health and health service provision within the district.
2. Ensure proper management and implementation of donor funded projects.



Part D - Planning and Human Resources

1. Collect and analyse environmental health data, and use it for policy development and service planning
2. Provide for appropriate human resources development.
3. Provide for co-operation between all health care providers in the district, including general practitioners, traditional and complementary healers and NGOs.



4. Render personnel management services.
5. Ensure the performance of any other health function or duty assigned or delegated.

