

2.11 COMMUNITY SERVICES AND FACILITIES

2.11.1 EMERGENCY MANAGEMENT SERVICES

Emergency Services: Fire Services

Emergency fire services forms a very important link between disaster management and other departments in terms of preventative actions, applying municipal bylaws for prevention, and responding to emergency situations that could include the lost of lives as well as property damage.

Fire cover is provided based on a fire risk classification system. The following table summarizes the risk classes for CTMM.

Type of Risk	Impact Rating	Description	Examples
Class A	High Risk - Urban	Areas where the risk to life and property due to fire occurrence and spread is likely to be high.	Tshwane CBD, Sunnyside, etc.
Class B	Medium Risk - Urban	Areas where the risk to life and property due to fire occurrence and spread is likely to be moderate.	Silverton
Class C	Low Risk – Urban	All structural hazards not included above, but excluding rural. Includes residential areas of conventional construction.	Farie Glen, Moreleta Park, etc.
Class D	Low Risk – Rural	Primarily natural surroundings but also involves rural areas of limited buildings and remote from urban areas	Winterveld Dwellings, Small Holdings to the north
Class D1	High Risk – Informal Housing	Predominantly densely informal housing – mostly non-brick structures.	Some areas within Mamelodi
Grass	Grass	No dwelling, just grass land	Rietvlei Dam Nature Reserve
Rescue	Rescue	Special risk class for areas with rescue sites	Mine shafts, open dams, etc.

CTMM uses a model to optimize fire station positions. These future positions are based on the risk identified above, travel times to all possible incidents, as well as station infrastructure requirements in the CTMM area. The position of the existing stations is indicated in table 2.25.

Response standards are a significant cost-driver of the emergency services. For each risk category there are recommended standards of first attendance and first attendance times.

The response standards for CTMM are the following:

Table 2.24: Fire Service Response Standards							
Type of Risk	Engine Comp.		Ladder Comp.	Truck Comp	Water Tanker	Rescue Vehicle	Grass Comp.
	First	Sec.					
	First	Sec.	First	-	-	-	-
Class A - Risk	5	7	5	5			
Class B – Risk	6	7	7	7			
Class C – Risk	7			7			
Class D – Risk	12				12		
Class D1 – Risk	5	7	12	7	12		
MVA	12					12	
Grass	-						12
Rescue	-						

The allocation of vehicles is based on how many emergency vehicles should be allocated to each station if the cost of fire is to be minimized. Vehicle placements have been modeled for CTMM and the following placements are available for each area.

Table 2.25: Emergency Vehicle Placements			
Station Name	Existing Vehicle Placements		
	Engine Co	Truck Co	Grass Co
Central (HQ)	1	1	1
Centurion	1	1	1
Erasmuskloof	1	1	1
Hatfield	0	0	0
Hazelwood	1	0	0
Innesdale	1	0	1
Magalies	1	1	1
Philip Nel Park	1	1	1
Rosslyn	1	0	2
Silverton	1	0	1
Temba	1	0	1
Jabulani	1	0	1
Mamelodi	0	0	0
Pyramid	0	0	0
Garankuwa	1	0	1
Mabopane	0	0	0

Emergency Services: Ambulance Services

The status quo of ambulance services can be summarized as follows:

- Ambulance Services uses historical incident data to determine high risk areas and does not use risk classifications for the optimization of services.
- Ambulances and Primary Response Vehicles (PRV) require fewer infrastructures and can be placed at existing fire stations.
- The response standards for emergency medical services are set by the Gauteng Department of Health. The following response times have been determined for CTMM:
 - P1 Calls - 15 Minutes in urban areas for 90% of all calls;
 - P2/3 - 40 Minutes in urban areas for 90% of all calls; and
 - Rescue - 7 Minutes.
- The allocation of vehicles is based on how many ambulance vehicles should be allocated to each station if the cost of health cover is to be minimized. Vehicles placements is based on the population in each area is indicated as follows:
 - 1 Ambulance per 30 000 population. The department therefore allocates a fleet of ambulances based on population of the area served; and
 - 1 Primary Response Vehicle per 5 ambulances.

Development Objectives and Priority Initiatives

Primary Objectives

There are many combinations of personnel, procedures, equipment, and station locations that can make up an emergency system. Certain combinations produce a better service at a lower cost. The goal of the fire administrator is to achieve the minimization of the total cost of fire to society. The main objectives are:

- Enhances the quality of life of citizens and visitors;
- Protects the productive capacity of society;
- Minimize the total cost of fire;
- Improve fire cover;
- Improve systems and fire modeling support; and
- Improve skills levels.

Priority Initiatives

CTMM Emergency Management Plan (EMP)

CTMM has identified certain initiatives needed to be achieved through the development of the EMP. These are:



- Minimize the total cost of fire;
- Improve fire cover;
- Improve systems and fire modeling support; and
- Improve skills levels.

Disaster Management

CTMM's Disaster Management is mainly guided by The National Disaster Management Framework as described in Sections 6 and 7 of the Disaster Management Act, 2002, and the Provincial Disaster Management Framework as described in Section 28 of the said Act. Close consultation with these organs of state has ensured that the CTMM Disaster Management Master Plan (DMMP) is aligned with the principles and objectives envisaged by them.

Disaster Management and their associated plans maximises economic growth and social development through reducing communities risk and vulnerability through the provision of contingency plans, and the co-ordination and identification of hazards. Based on the requirements identified, the following 7 components have been established:

- Organizational and Management Structure;
- The CTMM Disaster Management Centre;
- Inter-departmental DM Committee (IDMC);
- CTMM Disaster Management Advisory Forum;
- External liaison and stakeholder participation;
- The role of volunteers in Disaster Management; and
- Funding of Disaster Management.

Hazard and Vulnerability Status Quo

The CTMM manage hazards within the judicial area, using the annual Hazard Identification and Vulnerability Assessment program as the point of departure. The elements of the program, provide a tool to evaluate the effectiveness and efficiency of the CTMM's Disaster Management function in order to adjust and/or improve service delivery. The vulnerability assessment is therefore a dynamic process which is performed by the respective Lead Agencies.

These assessments cover physical risks, identifying hazards with potentially negative impacts on vulnerable communities, as well as areas where effort and resources should be concentrated. The results are summarised below:

Table 2.26: Emergency Hazards Identified	
Priority One Hazard	Recommended Leading Agency (Subject to review from time to time)
Dam failure	City Engineers Department
Fire	Fire Department
Terrorism/Weapons of mass destruction	Municipal Police Force / SAPS
Transport rail	Fire Department (or relevant agency)
Priority Two Hazard	Recommended Leading Agency (Subject to review from time to time)
Extreme heat	Health Department
Epidemic human	Health Department
Hazmat fixed facility	Fire Department
Hazmat transportation	Fire Department
Sporting/public events	Department of Sport & Recreation
Tornado	Fire Department (or relevant agency)
Transport motor vehicle	Fire Department
Transport aircraft	CTMM Disaster Management
Priority Three Hazard	Recommended Leading Agency (Subject to review from time to time)
Blight Infestation	Parks & Recreation
Demonstrations	Metro Police Department or SAPS
Drought	City Engineers Department (or relevant agency)
Earthquakes	CTMM Disaster Management (or relevant agency)
Epidemic Animal	CTMM Disaster Management (or relevant agency)
Extreme Cold	CTMM Disaster Management (or relevant agency)
Flooding	City Engineers Department (or relevant agency)
Hail	City Engineers Department (or relevant agency)
Hazmat Biological	Fire Department
Hazmat Radioactive	Fire department
Hostage Incident	Metro Police Department or SAPS
Riot	Metro Police department or SAPS
Sinkholes	City Engineers Department

Table 2.26: Emergency Hazards Identified	
Strikes	Municipal Police Department
Wildfires	Fire Department
Windstorm	City Engineers Department (or relevant agency)

The CTMM ensures that adequate contingency plans are in place to address each of the mentioned hazards above.

The following categories were identified in order to assess the susceptibility to disasters:

- Fatalities - most probable expectation;
- Injuries - most probable expectation;
- Critical facilities - electrical distribution, water pump stations;
- Lifelines - tunnels, roads, bridges;
- Property damage - most probable expectation;
- Environmental impact; and
- Socio-economic impact.

The CTMM uses the results of this assessment to focus its pre-disaster risk reduction activities.

Disaster Management Development Objectives and Priority Initiatives

Primary Objectives
<p>In order to address the requirements of the MSA, and to ensure that all communities within Tshwane have access to at least a minimum level of services, the CTMM identified the following developmental objectives related to Disaster Management :</p> <ul style="list-style-type: none"> • Set-up a Disaster Management Framework (DMF) for dealing with potential hazards in the CTMM area. The framework comprises of several policy components which can be summarized as follows: <ul style="list-style-type: none"> • Comply with Legislative, Provincial and National requirements; • Co-ordinate, facilitate and support Lead Agencies to fulfill the Disaster Management function; and • Maximize the use of existing capacity.

- Setting up disaster management plans, with roles and responsibilities defined;
- Deliver on present demands, but must anticipate future demands and find ways to provide services in an effective, efficient and sustainable manner;
- Apply its resources on the key development priorities of the municipality; and
- Adopt a strategic approach to planning and management.

Priority Initiatives

Disaster Management Plans (DMP)

The main initiatives are the following:

- Decrease in vulnerability;
- Compliance with legislation;
- Human resources performance management indicators;
- Debriefing after response and relief operations and corrective actions implemented after debriefings;
- Community feedback through surveys;
- Key Performance Indicators (KPIs) to determine progress;
- Building capacity;
- Pre-Disaster Risk Reduction;
- Post Disaster Recovery;
- Disaster Operations Centre;
- Volunteers; and
- Rehabilitation Programs.

Capacity Analysis

Capacity refers to the CTMM's resources available to respond to Disaster Management operations. Although resources are required for both the pre- and post-disaster phases, it is usually the response phase that draws on most of the municipality's resources. In order to enhance capacity in this regard, the municipality have implemented and assessed the following measures:

- An audit has been undertaken by CTMM Disaster Management to assess internal and external resources in order to achieve maximum benefit considering risks and vulnerabilities;
- Identified community facilities (schools, churches, clinics, etc.) to serve as staging points in an event of a disaster or training and awareness; and
- A policy to provide transport to volunteers in order to facilitate effective volunteer training and service.



Pre-Disaster Risk Reduction

The risk assessment process, as described, makes it clear that more attention must be given to the pre-disaster risk reduction aspects of Disaster Management. In this regard CTMM have focused specific attention in these fields of prevention, mitigation, preparedness, early warning systems, and development.

- Prevention - Short -, medium -, and long term objectives identified to ensure effective disaster prevention for the identified risks;
- Mitigation - Short -, medium -, and long term objectives should be identified to ensure effective disaster mitigation for the identified risks;
- Preparedness - Short -, medium -, and long term objectives should be identified to establish a disaster preparedness programme based on risks, hazards and vulnerabilities identified for the CTMM;
- Early Warning and Monitoring System - The implementation of early warning systems; and
- Early Warning by Weather Offices - The CTMM falls within the areas covered by Gauteng's Weather Offices. In accordance with the Weather Services Act, 2000, these two offices have the responsibility to inform the CTMM's Disaster Management Centre of any weather related events that might occur and has the potential to have disastrous effects on the district and its community.

Post-Disaster Recovery

With post-disaster recovery, CTMM intends to improve emergency response -, recovery -, rehabilitation and development actions in order to limit the effects of disaster situations and to normalise social and economic activities of the affected communities as soon as possible.

Disaster Operations Centre (DOC)

The Head of the DOC ensures that all individuals on the team execute their SOP's. *The DOC team is a consultative body that will set-out the parameters and the protocols for the requesting of external assistance from the individual team members' departments, private sector, organizations, neighboring district municipalities, and from national and provincial spheres of governance.*

Volunteers

The CTMM's Disaster Management Advisory Forum has appointed a Volunteer Leader, who serves on the forum as representative for all volunteers. The Volunteer Leader will also be responsible for the coordination of volunteer activities. The DMC has created a database of all registered volunteer reserves. Although a formal volunteer structure will be established,

the CTMM may still call on any other – not registered – general volunteers such as NGO's and CBO's to assist in Disaster Management when required.

Rehabilitation

Short -, medium -, and long term initiatives have been identified by the CTMM as a basis to develop an effective disaster rehabilitation programme.

- Establish a policy document describing norms and standards for rehabilitation;
- Establish close working relationship with role-players involved in rehabilitation programmes by means of action plans;
- Establish close working relationship with role-players involved in recovery and rehabilitation operations;
- Ensure coordinated compilation of rehabilitation plans by all departments; and
- Ensure community participation in compiling and implementing rehabilitation programmes.

Reconstruction

New developments, e.g. structures and infrastructure, should not only adhere to safety requirements, but must also be sustainable, since sustainability is a fundamental component of disaster prevention. The short- and medium term initiatives have been identified by the CTMM to ensure new and reconstructive development that reduces vulnerability.

- Formulate relevant preventive and mitigating strategies during reconstruction and development stages;
- Monitor new and reconstruction activities to ensure compliance with Disaster Management objectives; and
- Facilitate inter-departmental liaison and community participation.

Partnerships

A cost-effective disaster management program requires cooperation with both the public and the private sectors. One method for the establishment of a corporative working relationship is the formation of partnerships. The CTMM has established good standing relationships, inter alia, with the following organisations:

- S.A. Weather Services - Early weather warning;
- Dept Water Affairs and Forestry - Wildfires; and
- SA Radio League - Emergency Communication.



2.11.2 METROPOLITAN POLICE

Metropolitan Police is divided into three Divisions responsible for the following three functions:

- Pro-active Police Operations;
- Re-active Police Operations; and
- Police Administration and Licensing Services

Services such as Policing of traffic matters, Policing of Municipal By-Laws, Prevention of crime are rendered on a 24 hour basis in all 76 Wards of Tshwane.

As far as service rendering is concerned, the Tshwane Metro Police Department concentrates on, and addresses problems and needs identified by the Ward Committees related to the core functions of the Metro Police.

Since the establishment of the department in 2002 several strategies have been implemented. The following, amongst other, have been achieved:

Crime Prevention

- All targets set for the reduction in the statistics of reported crimes have been reached;
- Educational and awareness programs have been developed and implemented to address the causal and contributing factors to crime;
- Opportunities in the environment contributing to crime are addressed and resolved on a daily basis ;
- Specialized operations are executed in identified priority areas which are focused to address specific crime patterns and trends;
- An absolute holistic approach to policing and specifically crime prevention;
- Focus on property related and social fabricated crimes (e.g. alcohol abuse, domestic violence);
- Participate annually in the 16 days of activism against woman and child abuse;

- Safer School Projects (Ballot Boxes) have been implemented. The initiative is aimed to give school children that are aware of crimes being committed against others or themselves the opportunity to report these crimes; and
- Various strategies have been implemented which led to the reduction in cable theft, rape cases etc in various regions.

Road Policing

- Fatalities and serious accidents have been reduced;
- Fatal accidents have been decreased. In total fatal accidents decreased with 18% and the serious accidents with 10% over the period 2002 to 2004;
- Focus is placed on the top 20 accident hot spots throughout Tshwane which is covered by the Road Policing Directorate by means of speed law enforcement, operations, and overload control;
- In each and every one of the 8 Regions road policing activities are executed at the Regional top 20 accident hot spots; and
- Focus on speed and alcohol as well as on any moving violation.

By-Law Policing

- Huge increase of cases entered into the prosecution system;
- Established partnerships with other Departments in the Municipality as a means to attain by-law compliance;
- Holistic Policing by the Tshwane Metropolitan Police Service;
- Increased understanding of by-laws amongst the community, CTMM employees and Metro Police;
- Focused clean-up operations of the Inner City;
- Played a major role in the establishment of the Hatfield Community Court, which according to the State President in his State of the Nation Address, finalized 200 cases with 100% conviction rate in the first month of operations; and
- Focus on promulgated by-laws throughout Tshwane.



Licensing Services

- The first licensing authority to establish a call centre for the DLTC environment;
- Eradication of fraud and corruption as well as compliance with current legislation;
- Procedures for the registration and licensing of motor vehicles have been aligned in respect of current legislation contributing towards the fight against motor vehicle crime;
- Issuing and processing temporary permits were investigated and various schemes of abuse stopped;
- Testing methodology for Learner's Licenses has been improved;
- Capturing of warrants of arrest i.e. Road Policing contraventions have been piloted with great success in Tshwane; and
- Another highlight in the License Department, was the implementation of a Best Practice Model (BPM) for the Driving License Testing Centres (DLTC's).

Infrastructure Related

- New accommodation of the Tshwane Metro Police Academy, was set aside as a Provincial Academy to be the sole provider of basic training for Traffic and Metropolitan Police officials are being investigated;
- The Regional Offices in Hammanskraal, Region 2, are completed and will fulfill a huge need in Wards 8, 13, 14, 49, 73, 74, 75 and 76. The establishment of this facility is in line with the department's aim of decentralization to bring the service as close to the community as possible; and
- The decentralization of a unit of the Investigation Bureau, Prosecutions, Licensing and the Municipal Court at Station Square in Region 3, brings services closer to the communities in the Northern Regions, and will contribute to the decrease in the crime rate and improve general safety.

Metro Police Development Objectives

Primary Objectives

The reality of limited physical and financial resources has highlighted the fact that it is not within the Metro Police's capacity to completely satisfy the increasing demands and expectations of the community. Due to budgetary constraints the process of implementing the Department's main strategy will have to be extended and phased in over a period of approximately ten years. Part of the implementation plan will be to launch investigation into alternative methods of additional income such as private partnerships and funding from abroad.

The CTMM Metro Police endeavor to achieve four main objectives. These main objectives are the following:

Sustain there focus on core business activities

Objective 1: Ensure the effective and efficient delivery of safety and security services as a legal mandate and CTMM priority by thorough and comprehensive planning on an annual basis.

Objective 2: Continuously ensure effective and efficient Metro Policing through the delivery of the mandated core-functions (By-Law Policing, Road-Policing, Crime Prevention, Protection Services and Licensing Services) in accordance with the TMPS Strategy.

Objective 3: Enhance the decentralization of policing through the creation of active policing partnerships with relevant parties to capacitate the TMPD by 2008.

Objective 4: Perform and deliver a professional, effective and efficient Tshwane Metropolitan Police Service by 2009.

Build the Institution by Ensuring Sound Governance

Objective 1: Continuously define, implement and instill a chain of command within the department as well as with external role-players.

Objective 2: Strengthen responsibility, accountability and compliance mechanisms on all different hierarchical and horizontal levels of the TMPS to ensure consistent sound governance.



Objective 3: To continuously ensure sound financial management to comply with all legislation, policies and procedures and to support the delivery of effective and efficient metropolitan policing services.

Establish and Cultivate a Culture of Innovation, Learning and Growth

Objective 1: Ensure a fully representative Metro Police Department to comply with legal obligations and creating equal opportunity for all employees by 30 June 2007.

Objective 2: Holistically develop an innovative, skilled and productive workforce to ensure the delivery of professional, effective and efficient metropolitan policing by June 2008.

Objective 3: Invest in Research and Development to guide information driven and holistic policing interventions by the 31 July 2006.

Ensure Customer Care Through Service Excellence

Objective 1: To be customer orientated to ensure a professional policing service and to improve community perception of the TMPS by 2009.

Objective 2: Continuously and consistently ensure constructive and effective external communication, marketing and liaison by 30 June 2007.

2.11.3 SOCIAL SERVICES

The Social Development Department aims to provide an integrated system of social services, the related and requisite infrastructure to support the services, and programmes to promote social development of the Tshwane people.

The Department fulfills its function through the following three divisions:

- Health Care Services
- Educational Services
- Integrated Community Development

The Department recognizes the limited operational and capital resources available for the provision of services and infrastructure. The concept of clustering of various of the services at infrastructure points have been developed. To this end, services provided by the three Divisions of the Department have been suitably integrated to offer the varied services in a fashion that optimizes the utilization of infrastructure, equipment, space and operational staff.

The planning and the design configuration of infrastructure provision are therefore closely coordinated which results in highly effective multi-purpose type complexes.

Primary Health Care

Introduction

The vision that the CTMM's Health Care Division has for the city is that it should be a healthy city with an empowered community. It aims to realise this vision by enhancing the quality of life of all the people of Tshwane by promoting and protecting their health and well-being. The Health Care Division's goals and objectives support the priorities of the CDS.

The National Health Plan confirmed the District Health System as the vehicle for the delivery of PHC services. This system provides for a single authority to be responsible



for all PHC in a district. A health district is equated to a metropolitan or district council. Gauteng opted for the local government option for the governance of its health districts. This was confirmed by a joint declaration, which was signed by all municipalities and the MEC for Health in Gauteng in November 1998. The Gauteng Health Summit of November 2002 reaffirmed this position.

Municipal health services are defined as the range of environmental health services in the National health Act, 2003. The rest of the PHC services will be covered with a Service Level Agreement, which has to be signed by Gauteng Province and the CTMM for joint management of district PHC services in Tshwane. A process of negotiations between CTMM and Gauteng Province need to be established for the delivery of District PHC services in the Tshwane Health District.

Municipal Health Services are defined as:

- Water quality monitoring;
- Food Control;
- Waste management;
- Health surveillance of premises;
- Communicable disease surveillance;
- Vector Control;
- Environmental pollution control;
- Disposal of the dead; and
- Chemical safety.

A memorandum of understanding has been signed by Tshwane's Executive Mayor and the Gauteng MEC for Health to facilitate the process. The arrangement will materialise through a memorandum of agreement and annual service level agreements. Local government will thus be responsible for all PHC services within the municipal area. An interim District Health Advisory Committee and joint sub-district teams were established to facilitate joint planning and coordination.

The aim of the division is to improve the health status of the city by:

- Providing comprehensive PHC services;

- Ensuring that PHC services are accessible to the communities of Tshwane;
- Responding successfully to the HIV/Aids pandemic;
- Empowering the community of Tshwane through health promotion campaigns and community participation;
- Improving the environmental health conditions in the city; and
- Enhance health care service delivery processes by ensuring effective support services and continuous improvement of the quality of health services.

The municipality currently provides PHC services in the Pretoria, Akasia and Centurion areas. The Gauteng province provides PHC services in Soshanguve, Hammanskaraal and the Pretoria area, while the North-west provincial Government provides them in Garankuwa, Mabopane, Winterveld (Odi sub-district), Temba and Stinkwater areas (Moretele sub- district). After 1 April 2006 Gauteng Province should take over the North-west clinics, in the Tshwane area, from the North-west Province.

Impact of Income and Living Conditions on Health

Service levels in respect of basic amenities like access to safe water, sanitation, electricity and housing have a direct impact on the health and well-being of the community. Poor living conditions and a lack of income often increase the incidence of malnutrition and lower immunity against common infections.

The number of households in Tshwane is estimated at 568 661. Tshwane currently have an estimated 28 869 (5%) households without access to a basic water level of service and 96 426 (17%) households without access to a basic sanitation level of service.

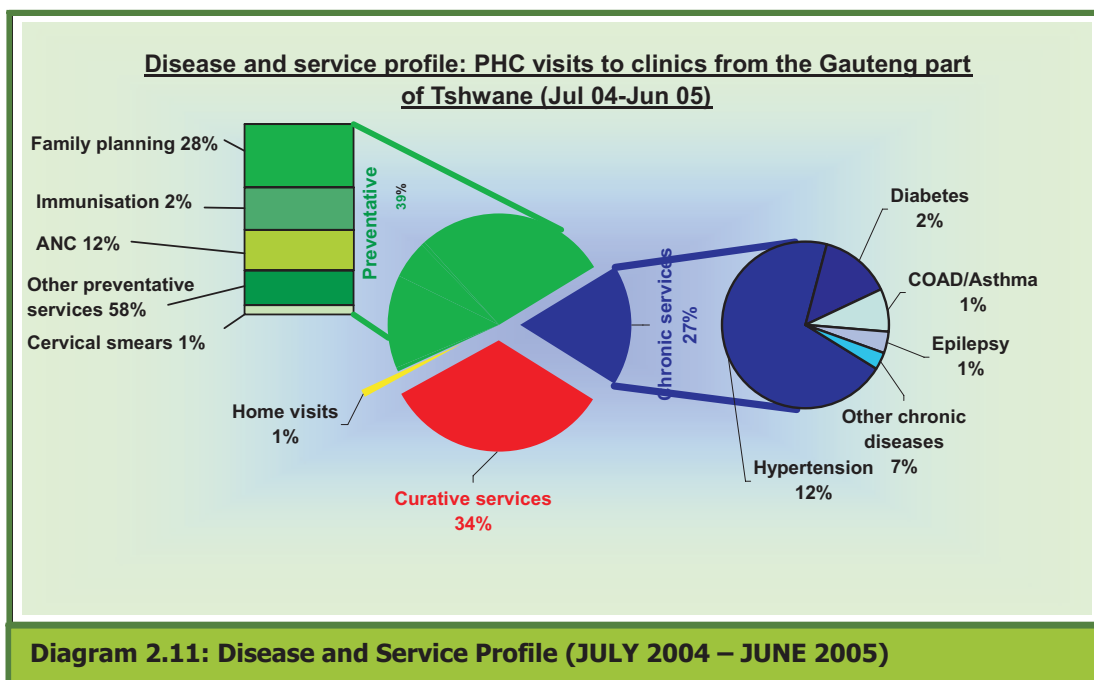
Ensuring PHC Accessibility

PHC services are aimed at promoting health, preventing illness and curing diseases without the admission of a patient to a hospital. PHC is provided from clinics, community health centres (CHCs) and district hospitals in the Tshwane area. A total of 3 167 297 patients visited public PHC and reporting private PHC facilities throughout the City of Tshwane (excluding district hospitals) during the period under review. This represents a 2.4% increase since the preceding period.



A comprehensive service package for the provision of PHC services was defined by the National Department of Health. This package of services is expected to be capable of tackling the leading causes of mortality and morbidity in the country, using cost-effective strategies. The Tshwane Health District is still in the process of implementing the package of services at all service points. A total of 57% of the municipality's clinics provide a comprehensive service.

Curative and chronic health services are available at 50 health facilities throughout the Tshwane area (66%). These services were traditionally provided by the provincial health facilities. A total of 68% of the municipality's clinics are now providing a general curative service. Since the introduction of curative and chronic services in the local authority clinics, a marked increase has been experienced in the use of these services. General curative and chronic services are provided as part of the comprehensive package of health services available at all PHC facilities. These services are being introduced incrementally through formal service level agreements with the provincial health departments. Services for chronic care are offered at 56% of the PHC facilities in Tshwane. The local authority clinics increased the roll out of chronic services from 39% to 52%. Preventive services are provided at 100% of the facilities.



Health Care Infrastructure

96% of the health facilities owned by the City of Tshwane are suitable for the rendering of primary health care. There is however a significant amount of facilities owned by the provinces that needs urgent upgrading. During the 2004/2005 financial year, the City of Tshwane started with the following capital projects, which will be completed during the next financial year, in order to provide improved health services to the public:

- Replacement of the currently rented clinic facility in Karenpark;
- Upgrading and extension of the Phomolong Clinic; and
- Building of a new CHC in Klipkruisfontein.

The following table indicates currently registered health related projects. The table reflects the need for capital projects irrespective of the owner of the health facility.

Capital Needs	Primary Goal	Start date	Completion date
Extension of Hercules Clinic	Health Care access in Central Tshwane	2005	2007
Extension of Soshanguve Block X	Health Care access in Northern Tshwane	2005	2007
New Garankuwa View Clinic	Health Care access in Northern Tshwane	2005	2007
Klipkruisfontein CHC	Health Care access in Northern Tshwane	2004	2007
Implementation of air monitoring networks	Air quality monitoring	2005	2009
Replacement Karen Park	Health Care access in Northern Tshwane	2004	2006
Upgrading of clinic dispensaries	Compliance to legislation	2007	2010
Extension of Majaneng Clinic	Health Care access in Northern Tshwane	2009	2011
Extension of Nellmapius Clinic	Health Care access in Mamelodi Area	2009	2011
Extension of Olievenhoutbosch x13 Clinic	Health Care access in Southern Tshwane	2009	2011
Extension of Phahameng Clinic	Health Care access in Mamelodi Area	2009	2011
Extension of Saulsville Clinic	Health Care access in Atteridgeville area	2009	2011
Extension of Stanza Bopape Clinic	Health Care access in Mamelodi Area	2006	2010
Extension of Danville Clinic	Health Care access in Central Tshwane	2009	2010
Sunnyside/Arcadia Clinic	Health Care access in Central Tshwane	2009	2011
Temba new community health centre	Health Care access in Northern Tshwane	2009	2011
Building of Tlamelong Clinic	Health Care access in Northern Tshwane	2009	2011

Table 2.27: Capital Project Needs for Health Care - 2004 to 2010			
Capital Needs	Primary Goal	Start date	Completion date
Building of Gazankulu Clinic	Health Care access in Atteridgeville area	2009	2011
Building of Lotus Gardens Clinic	Health Care access in Central Tshwane	2006	2007
New Pretorius Park Clinic	Health Care access in Central Tshwane	2008	2011
New Clinic Doornpoort	Health Care access in Northern Tshwane	2009	2011

Continuous Development of Health Care Proficiency

The Health Care Division has a quality assurance and continuous performance review approach to ensuring service delivery excellence. The approach comprises of the following:

- Service Satisfaction Monitoring;
- Review of Clinic Operations; and
- Personnel Development.

Monitoring of Service Satisfaction

Monthly Complaint Reports are generated from which the services shortcoming trends are identified and the related corrective actions are compiled for introduction of continuous improvement. The percentage of complaints resolved during the last quarter of the period under review has improved from a sub 90% rate for previous quarters, to 100%.

Rating Surveys are also conducted annually. These surveys measure, amongst other, the patients' satisfaction with the quality of care of the personnel and also the conditions at the clinics. The satisfaction rating for the period under review is respectively 89% and 94% for the aforementioned two service items.

Review of Clinic Operations

The supervision and administration of the individual clinics are monitored on a continuous basis. Monthly review and red flag tools are utilised by area supervisors to continuously facilitate improvement of the operations at the clinics. A supervisor's

manual is kept at each clinic in order to assist in providing the guidance on the expected level of operations at clinics.

Quarterly meetings are held with the regional Gauteng offices in order to coordinate efforts and to develop improved services.

Personnel Development

The division acknowledges the health care staff as the most valuable asset and that investment in their development is key to improving the health care to the public.

A training plan has been developed of which the outputs are defined by the following objectives:

- Workplace Skill Plan (WPSP);
- Career Plan Development;
- Professional Development; and
- External Training.

Tshwane HIV/AIDS Strategy

The CTMM is aware of the fact that more than 200 000 citizens are infected with HIV and that many more may become infected should the tide not be turned.

The CTMM is committed to perform its duty to serve and protect the people of Tshwane in partnership with the local communities.

The Tshwane HIV/AIDS strategy is aligned with the provincial and national HIV/AIDS strategies.

Status of Strategy

The Tshwane AIDS Unit, within the Health Care Division, was formed and tasked to develop a comprehensive AIDS Plan and to coordinate its implementation in a program management fashion.



The strategy has both an inward, towards the CTMM workforce and an outward, towards the communities focus and is based on the following pillars:

Pillar 1: Effective management and financing structures, systems and processes

- Enhancement of the Aids strategy;
- Effective data collection, processing and reporting to monitor the pandemic and the response;
- Community involvement through the Tshwane Metropolitan Aids Council; and
- Liaison with national and provincial departments of health and the Department of Provincial and Local Government, as well as other relevant stakeholders.

Pillar 2: Effective HIV/Aids services to the local communities

- Social mobilisation and communication with the community;
- Prevention services rendered by all relevant departments and divisions; and
- Care and support services for people living with HIV/Aids, including economic development, social welfare and health services, as well as the "Living Positively with HIV/Aids" programmes

Pillar3: Multi-sectoral solutions and coordinating and integrating the external parties' response to the pandemic.

- Optimal resource utilisation through coordination and integration between the different spheres of government, public and private role players, NGOs, CBOs and development agencies, as well as through area development plans;
- External funding;
- Involvement of business in prevention programmes, workplace programmes and community care programmes; and
- Partnerships and referral networks.

Pillar 4 Managing the impact of the pandemic on the Municipality itself in terms of employee programmes in order to minimise the impact of the pandemic on the Municipality's ability to render services.

- Aids management programmes in all relevant departments in the Municipality; and
- HIV/Aids workplace program.

Stakeholder Participation and Integration

Partnerships with several organisations and structures have been established and will be strengthened during future projects. The Tshwane Aids Unit, the Intersectoral Task Team and the Tshwane Metropolitan Aids Council (TMAC) all play an important role in ensuring that projects within the HIV/AIDS program are well coordinated and that resources are optimally used without duplications of efforts. The following external stakeholders, amongst other, have already participated:

- Gauteng Civil Military Alliance;
- Industry: BMW, Ford Motor Company, Putco;
- Workplace program support: Reserve Bank, Transwerk, Transnet, Telkom;
- Gauteng Province;
- Taxi Industry;
- Councillors and Ward Committees;
- NGO's, CBO's and FBO's;
- Private Agencies (Pharmacies);
- Tertiary Institutions; and
- OWA Organisations.

The HIV/AIDS Program is developed in collaboration with the following local and provincial plans:

- Tuberculosis Programs;
- STI (Sexually Transmitted Infections) Program;
- PHC (Primary Health Care) Program (Voluntary Counselling and Testing) and PMTCT (Prevention of Mother-to-Child-Transmission) Program; and
- Health Promotion Program.



The Tshwane HIV/AIDS strategy is implemented throughout Tshwane, including the cross boundary areas of the North West Province.

Other Municipal Health Related Strategies

The following strategies and policies have been approved:

- Water Quality Management Strategy;
- Food Safety Strategy; and
- Noise Policy.

The following draft strategies and plans are in the process of development:

- Vector Control;
- Tshwane Local Authority Energy Strategy;
- Integrated Waste Minimization strategy;
- Air Quality Management plan; and
- Health Care Risk Waste Plan.

Educational Services

The Division identified a number of key focus areas to be embarked upon during the 2004/05 financial year. These were:

- Establishment of a unified policy for Library and Information Services (LIS);
- Equal distribution of facilities, services and programmes throughout Tshwane;
- Establishment of consultative structure with stakeholders (Government and communities);
- Development, maintenance and management of existing facilities, services and programmes;
- Presentation and facilitation of developmental outreach programmes;
- Development and maintenance of a reading culture;
- Provision of Professional and Specialised Support Services; and
- Management and development of an Electronic Information Network.

Facilities

Tshwane currently offer the following facilities and related human resource service contingent:

Table 2.28: Educational Facilities		
Type	Number of Facilities	Number of CTMM Staff
Library Services	39	190
Museums and Art Galleries	4	43
Community Halls and Cultural Facilities	5	

The following infrastructure projects are planned for implementation:

- Garankuwa Community Library;
- Nellmapius Community Centre; and
- Upgrading of Museums.

The majority of library users in Tshwane are in need of study facilities for which only the permanent structures offer. However, the CTMM provides traveling library services in areas where library infrastructure is unavailable. Two new traveling libraries were acquired to extend the service.

Traveling library stops will be increased in the northern areas and the third new traveling service will be provided to accommodate the rural areas of Winterveldt, Suurman and the surrounding areas.

HUB System

Gauteng Department of Sport, Recreation, Arts and Culture have identified hubs in Tshwane at Soshanguve, Mamelodi and Hammanskraal, which comply with the Hub criteria and are also able to render the required services. A further Hub is being facilitated at the Hammanskraal Library and is operational. The Hub system includes



other community facilities that cater for sport, recreation and culture needs. Gauteng Province supports the Hub initiative by contributing resources.

The provision of Hub infrastructure has proven highly effective and is benefiting Tshwane communities in terms of a one stop service approach. The system is not only financially beneficial to the users, but also to the Department in so far as the savings on maintenance costs shared by its Divisions.

Sport and Recreation

Introduction

The sport and recreation for the city of Tshwane Metropolitan Municipality states that the overall goals for sport and recreation in the CTMM are:

- To provide sport and recreation facilities and services in order to develop the community in a holistic manner to contribute meaningfully to the improvement of the quality of life of the citizens of Tshwane; and
- To manage, develop and promote sport and recreation services by providing facilities, develop programmes and projects in partnerships with all stakeholders.

The Sports and Recreation Policy is set to ensure that every person in the CTMM has the right to enjoy and safely participate in a wide variety of sport and recreation activities. In order to fulfill its intensions concerning sport and recreation in Tshwane, the CTMM has set priorities in which strategies for change should be developed. These priorities are linked with the overall priorities for sport and recreation as stated in the National White Paper for Sport and Recreation. The priorities are to:

- Confirm the roles of key players involved in the provision of sport and recreation services to the people of the CTMM;
- Promote fundraising for sport and recreation in the CTMM and the equitable distribution thereof;
- Assist in the upgrading and provision of basic sport and recreation facilities, especially in the disadvantaged communities;

- Assist in the development of sport and recreation services and programmes for all, and geared towards promoting active lifestyles;
- Assist in the development of the human resources potential to effectively manage sport and recreation programmes in the CTMM, through the facilitation of training of people in areas of sport and recreation;
- Promote equity in, and access to, all spheres of the sport and recreation industry;
- Promote a culture of ethical behaviour in sport and recreation for participants, spectators and officials of the CTMM; and
- Encourage and consult with stakeholders in hosting international events.

Development Programs

The sport and recreation division is also assisting with the presentation of development programs in different sporting codes. This is done in conjunction with the Sport Federations. The main purpose of these development programs is to introduce the different sporting codes to the communities of Tshwane and to encourage them to participate in sport. Through this process talent is identified and members of the community provide with the opportunity to become part of a club team, and at a later stage, possibly a Provincial and then National team.

2010 Soccer World Cup

Tshwane's preparations for the 2010 Soccer World Cup not only support the success of the event and showcasing of the City to the world, but also support a positive legacy for residents by integrating infrastructural development with the CDS. Planning is being coordinated by the Chief Operating Officer, involving a range of divisions, including: Tourism, Disaster Management, Sport, Roads and Stormwater, Transport Development, Marketing and Metro Police.

The City is in a favourable position with a strong heritage in supporting rugby, cricket and athletics events. Loftus Versfeld hosted major matches in the 1995 Rugby World Cup and the African Cup of Nations in 1996, while Centurion Park featured as a major venue during the ICC Cricket World Cup in 2003. In addition, the city was nominated as one of the best organized cities during this tournament.



Tshwane is in the process of upgrading the following stadiums:

- Atteridgeville Superstadium;
- Giant Stadium;
- Temba Stadium;
- Hammanskraal Stadium; and
- HM Pitje Stadium.

Furthermore, substantial work has already commenced on the part of the Transport, and the Roads and Stormwater Divisions. Commuter Rail is also integrated into the intermodal transfer facility at Pretoria North Station with linkage to a service similar to the Gautrain.

The event is supported by a Host City Facilitation Committee, consisting of members of the private sector, to manage and facilitate the coordination of stakeholder planning. Internally, champions are responsible for the implementation of the different departmental strategies and actions, to ensure a successful 2010 World Soccer Cup, including communication via a website, pamphlets and advertising.

Facilities in CTMM

Currently there are 464 sport and recreation facilities in Tshwane. Most of the facilities are concentrated in the CBD and Centurion areas although quite a number facilities are also situated in Mamelodi, Atteridgeville and Eersterust. The Northern areas as well as parts of the Southern areas (Olievenhoutbosch) have fewer facilities in comparison with the above mentioned areas. This situation is currently under revision and it is being addressed through the building of new facilities and upgrading of existing facilities.

CTMM Soccer Stadiums

- Atteridgeville Super Stadium;
- H.M Pitje Stadium;
- Pilditch Stadium;
- Giant Stadium;

- Caledonian Stadium;
- Ga-Rankuwa Sports Fields;
- Hammanskraal Multi Purpose Sport Fields;
- Temba Stadium;
- Laudium Stadium; and
- Stanza Bopape Sport Complex.

The integration of various former local authorities into the CTMM has resulted in the Sport and Recreation Subdivision taking responsibility for various community recreation centres formerly run by these local authorities. Each local authority had its own operating procedures for the recreation centres, ranging from a Council-approved semi-autonomous operation in the case of the old City Council of Pretoria (CCP) facilities, to full subsidisation in most other areas, with varying degrees of operational autonomy and financial independence in between.

Each community centre is ideally managed by a Sport and Recreation Officer who is responsible for the rental of the halls for functions, as well as long-term leasing. This officer is also responsible for the management of sport facilities in his or her area, school holiday programmes, senior citizen programmes and sport development programmes. These functions are planned and administrated locally at the community centre.

Community Recreation Centres Operated by the Sport and Recreation Subdivision

- Hammanskraal Community Centre;
- Mabopane Indoor Centre;
- Winterveld Community Hall;
- Ga-Rankuwa Community Centre;
- Falala Gymnasium (Soshanguve);
- Lucas van der Berg Recreation Centre (Pretoria West);
- Eersterust Community Centre;
- Silverton Recreation Centre;
- Club Rendezvous (Pretoria North);
- Ikageng Community Centre (Mamelodi East);



- Rethabile Community Centre (Mamelodi Central);
- Stanza Bopape Community Centre (Mamelodi East);
- Mamelodi West Community Centre;
- Mamelodi Youth Centre;
- Atteridgeville Community Centre; and
- Mlambo Hall Community Centre (Saulsville).

Council approved the establishment of a Tshwane Sport Council on 20 September 2005 with the aim to establish formal structures at ward level. The Local Sport Councils in a specific area form part of an Area Sport Council, which in turn will be affiliated to the Gauteng North Sport Council.

Integrated Community Development

Tshwane Integrated Poverty Reduction Programme (IPRP)

The purpose of the IPRP is to develop an effective and comprehensive strategy on Poverty Alleviation for Tshwane.

The CTMM, like other Municipalities in South Africa, is faced with the challenge of reducing the level of poverty in local communities.

Hence services rendered by CTMM to the communities by their nature, seek to address poverty in Tshwane. It is however crucial to indicate that since the amalgamation of the previous 13 councils, CTMM need to revisit its strategies on poverty alleviation, in order to ensure that they are effective, comprehensive and that they make an impact in the lives of the people.

The Objectives of the IPRP are:

- To develop a strategy to ensure that poverty is eradicated in Tshwane;
- To identify poverty pockets in Tshwane;
- To develop baseline information in order to measure the effectiveness of intervention mechanisms;
- To guide co-ordination of intervention mechanisms in addressing poverty;

- To assist in identification of aspects of poverty which need urgent attention e.g. hunger & unemployment;
- To assist in determining the extent of poverty in Tshwane; and
- To identify other service providers dealing with poverty in Tshwane.

