EXTRACT FROM THE AGENDA AND MINUTES OF THE COUNCIL MEETING HELD ON ....12 FEB 2002............

CR/86/02/02	A	PLAN/DEV/LEGAL: 8/01/02 ITEM: 4 PAGE: 184 FILE REF: 15/2/2 #143971	MAYORAL COM: 5/2/02 ITEM 12 PAGE 373

NOTULE

POLICY: LAND USE MANAGEMENT (LUM) PERTAINING TO PROVISION OF MEDICAL AND RELATED FACILITIES/LAND USES

RESOLVED

1. That the policy document on Land Use Management which deals with medical and related land uses, titled "Short study and policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane Municipality: October 2001" be approved.

2. That the names of certain villages be deleted from the policy as will be indicated to the Acting Chief Town Planner by the relevant councilors, in view of the fact that they do not fall within Polokwane Municipality's jurisdiction.

Action: **Town Planning**

afskrif op 15/1/B

EXTRACT FROM THE AGENDA AND MINUTES OF THE MAYORAL COMMITTEE HELD ON 04 FEB 2002

ITEM 12 A	PLAN/DEV/LEGAL: 8/01/02 ITEM: 4 PAGE: 184 FILE REF: ~~15/2/2~~ #143971	15/2/2 /174) A/s 15/1/B

AGENDA

POLICY: LAND USE MANAGEMENT (LUM) PERTAINING TO PROVISION OF MEDICAL AND RELATED FACILITIES/LAND USES

RECOMMEND

1. That the policy document on Land Use Management which deals with medical and related land uses, titled "Short study and policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane Municipality: October 2001" be approved.

2. That the names of certain villages be deleted from the policy as will be indicated to the Acting Chief Town Planner by the relevant councilors, in view of the fact that they do not fall within Polokwane Municipality's jurisdiction.

Action: Town Planning

EXTRACT FROM THE AGENDA AND MINUTES OF THE MAYORAL COMMITTEE HELD ON ....04 FEB 2002..........

ITEM NO: 15/2/2 (174) **CLASSIFICATION:** **A**

REFERENCE: ~~15/2/2~~ Afs. 15/1/B.

AGENDA

#143771

APPROVAL OF POLICY ON LAND USE MANAGEMENT (LUM) PERTAINING TO PROVISION OF MEDICAL AND RELATED FACILITIES/LAND USES.

Report of the City Engineer

PURPOSE OF REPORT

To submit results of the investigation/study by the department and to accept a policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane municipality as part of policy on land use management.

BACKGROUND

The report served before the relevant portfolio committee twice during 2001 but has been referred back to provide Councillors with the opportunity to study the policy document and also to provide the opportunity that a workshop be held where interested parties and councillors had the opportunity to provide final input.

This workshop was held on 15 October 2001.

Policy issues

It should be stated for purposes of information, that this policy/matter forms pat of the Eastern Gateway/Corridor and associated development plan (land use management policy) for that area. However, this study also stand on its own as separate land use management policy.

Issues/matters of the Eastern Corridor Development Plan pertaining to business rights, office rights etc., has been dealt with and resolutions taken by Council on 7 November 2000.

The only outstanding issue/matter pertains to medical facilities/land uses in that area.

Council therefore resolved on 7 November 2000 the following w.r.t. the above mentioned subject, namely:

"2.4 *That the extension of the existing medical node as set out in the plan, be held back until the Department of the City Engineer completed further investigations and submit it to Council early 2001.*

2.5 *That other possibilities with regard to the location of medical facilities also be investigated and reported to Council early 2001.* "

A separate and detail study was therefore necessary to determine guidelines and the future approach of Polokwane municipality. It has been done and is hereby attached as **Annexure A.**

DISCUSSION

1. Proposed policy and revision (Annexure A)

1.1 Introduction

Since the commencement of the Development Facilitation Act (DFA), 1995 and subsequently the provisions of Chapter IV thereof relating to Land Development Objectives (LDO's), even more prominence was given to the medical node. In the Pietersburg/Polokwane Integrated Development Plan/Land Development Objectives (1998:67), the medical node is acknowledge as an important node/land use component in Functional Development Area 3, also known as the Eastern Corridor.

It is therefore set out in the Pietersburg/Polokwane Integrated Development Plan/Land Development Objectives that: "*It is inevitable that pressure for alternative land use will develop along this axis over time – especially in the area adjacent to the CBD and around the Savannah centre, as well as some specialized nodes in between – e.g. the medical node comprising the private hospital and associated functions to the east of the CBD.*"

However, since July 1998 no further direct policy resolution pertaining to the extension of the medical node has been taken by the local municipality, resulting in a shortage of earmarked land for purposes of extending medical facilities in the area of the private hospital and even Pietersburg.

However, Council approved 4 rezoning applications during 2001 in the area directly adjacent to the existing node that now forms part of phase 1 of the proposed extension of this node

1.2 Short summary of problems and analysis

Effective land use management (LUM) necessitates spatial forward planning and sufficient strategies/policy to deal with applications (e.g. rezonings) in this regard.

The purpose of this study was to undertake a short yet scientifically based study to determine the best possible solutions/policy to entertain the various types/categories of medical and related facilities when considering applications for land development and or land use change (rezonings). Furthermore, set a spatial development framework in place to accommodate such land uses in the total area of jurisdiction of Polokwane with an integrated approach.

The study *inter alia* focused on:

- The medical node in Burger Street;
- Other possible suburban areas in Pietersburg/Seshego to accommodate medical and related uses;
- Location of similar facilities in the total municipal area; and
- The various types of medical facilities and related uses to be accommodated in the development framework.

The current policy pertaining to the medical node mainly pertains to specialist medical consulting rooms and facilities associated to the private hospital. The policy doesn't accommodate the complete spectrum of medical facilities and categories of medical uses tobe found in the total area of Polokwane and how these two problems interrelate.

To deal with the problem statement, hypothesis and sub-problems were set in paragraph.

To make the study easier and logical, the following study areas has been identified and indicated in the study, namely:

- The primary study area is the area previously known as the area of jurisdiction of the Pietersburg/Polokwane Transitional Council as indicated in *Figure 3* in the document.
- The secondary study area is the area of jurisdiction of the Polokwane Municipality (Local municipality - NP354), which came into operation after local government elections on 5 December 2000 as indicated in *Figure 4* in the document.

1.3 Methodology and inputs

The methodology used, shortly entailed the following:

Although the study mainly focuses on the primary study area, all aspects and strategies will eventually be applicable to the larger area of Polokwane Local Municipality, thus including the secondary study area.

Apart from studying documents, and learning from previous decisions (precedents) and existing situations, some information was also obtained from the Provincial health authorities as well as other government departments. This sets the points of departure for this study and policy.

This draft policy (*1st draft document, dated 27 March 2001*) was published in the media (news papers) inviting stakeholders and interested parties/individuals to comment and give their inputs. (See further discussions below).

After this first draft and due to inputs received, amendment were made to the documents and a second draft policy was prepared (*final draft document, dated 11 May 2001*) and tabled to the relevant portfolio committee.

However, the committee requested that a final workshop be held where interested parties (e.g. provincial government health department) and councilors will have the final opportunity to provide inputs. This workshop was held on 15 October 2001.

During this workshop some further inputs were received, especially from the provincial government's health department. These inputs were incorporated and some adjustments made to the document.

The policy document was finalized during October 2001 and now tabled to Council for final approval. (See Annexure A)

1.4 The crux of the policy

It was concluded in part 4 (Analysis) of the study, that the provision of medical facilities and land use rights should be dealt with on **different categories** in a **hierarchic system** and according to each category's **function within the greater area** and/or regional context.

The hierarchy and distribution will be influenced by the following key components, namely:

- Macro spatial planning issues;
- Function (regional vs. local);
- Standards (distance, population, access)

1.5 Short summary of Spatial Development Framework

The study arrives at the Spatial Development Framework in part 5. It deals with the following:

- Classification of settlement in Polokwane;
- The provision of health facilities with reference to the hierarchy of settlements;
- The Hierarchy of medical facilities;
- Spatial manifestation: Nodes and facilities;
- The provision of facilities;
- The Spatial Development Framework.

1.5.1 Classification of settlements

The proposed future urban structure which exists of a functional hierarchy of settlementsfor Polokwane, will consist of clusters and settlements:

Clusters are:

- **Urban towns**: 1st Order (Growth points)· Pietersburg/Seshego & Mankweng;
  Rural towns: 2nd Order (Population concentrations): e.g. Perskebult/Bloedrivier; Sebayeng; Dikgale.

3rd & 4th Order settlements are:

- **Large villages**: 3rd Order Settlements.
  Small Villages: 4th Order settlements.

1.5.2 Hierarchy of medical facilities

The hierarchy of medical and related facilities should mainly be based on the following criteria, namely:

- Macro spatial planning criteria;
- Function of the facility/use;
- Population to be served by such facility;
- Accessibility.

The hierarchic order is set out in Table 13 of the study and the categories or order relates to either a regional or a local function, which consist of:

- 1: Regional nodes
- 2: Community Nodes
- 3: Neighbourhood facility
- 4: Local facility

The standards and criteria etc. are furthermore set out in Table 14.

1.5.3 Spatial manifestation

Regional node:

The Regional node is the highest order node within this hierarchic structure. In the case of Polokwane Municipality and the city, only 1 such node and specialized medical centre should be accommodated at this stage, and it should preferably be located in a 1st order settlement, or urban town.

Regional nodes contain facilities such as Tertiary and Referral hospitals, special clinics, rehabilitation centres, and medical centres for medical specialists. They are more focused in delivering a service to the whole province and region.

It is recommended that the current medical node in Burger Street, should perform this function of the Regional node or specialised medical centre of Polokwane due to its access, central location etc. In the long term it should grow towards the Provincial Hospital. Development (especially higher order uses) should be stimulated along two main axles, namely a north-south axle between Provincial hospital and existing medical node and a east-west axle between medical node and the CBD.

The possible further extension of this node should therefore not be denied and hold in remission.

The expansion and phasing is subsequently discussed in the study and indicated on the relevant map (Figure 13)

Community nodes:

The Community nodes are the second highest order nodes within this hierarchic structure. In the case of Polokwane Municipality and its settlements, more than 1 such node and medical centre could definitely be accommodated, and it should preferably be located in 1st or 2nd order settlements, urban or rural town.

These nodes contain facilities such as referral and district hospitals and medical centres for medical specialists and GP's. They are more focused on delivering a service to a specific community within an area or city district. They are therefore located throughout the municipal area based on the criteria, e.g. population density and service areas.

It is therefore recommended that the current hospitals, namely the Seshego Hospital, the Pietersburg Hospital and the Mankweng Hospital should perform the function of Community nodes or medical centre (district hospitals) in the urban towns.

It is however, possible when consideration is given to population sizes, that similar, but perhaps smaller nodes/medical centres could be justified in other towns/areas or even more than one such node within a town/area.

The following is therefore proposed in the study as also indicated in the relevant map, (Figure 14):

Existing nodes:

- Community Node 1 – Seshego Hospital;
- Community Node 2 – Pietersburg Provincial Hospital linked with Potgieter Avenue;
- Community Node 3 – Mankweng Hospital.

Proposed new nodes (long term):

Apart from the above, the following additional Community nodes and/or extensions of current nodes can be created/are proposed, namely:

- 1 node in the Pietersburg/Seshego area;
- 2 nodes in the Moletji/Matlala area;
- 2 nodes in the Dikgale/Soekmekaar area;
- 4 nodes in the Mankweng area.

(Please refer to map, figure 14 in study)

Neighbourhood and local facilities

The Neighbourhood and Local facilities are more locally orientated uses, which should aim in serving a specific community and target market within a neighbourhood or a city district.

They include uses such as health centres, clinics, and nursing homes, consulting rooms for GP's as well as other medical practices. They are directly focused on delivering a service to a specific community within a neighbourhood or city district.

For purposes of this study/strategy, no detail recommendation can be made with regard to specific location and occurrences of these facilities. Each case should be considered on its own merit according to the criteria set out in this policy. Facts such as availability of other health facilities, (e.g. medical consulting rooms and hospitals) as well as existing land uses, will influence the future development framework.

Nevertheless in respect of health centres and clinics, Table 16 of the study, provides a brief analysis of possible facilities required, considering population projections for 2003.

Estimated shortages in different areas are indicated.

1.5.4 Provision of facilities

Not only does the spatial manifestation as set out in paragraphs 5.2 and 5.3 influence the final provision of health facilities, but other standards should also be applied.

In respect of hospitals, health centres, clinics, nursing homes etc. with bed capacity, it is important to apply other standards of health authorities in determining the need for and the size of additional health facilities.

Although the World Health Organisation (WHO)'s standard of 2,9 beds/1000 of the population was used/accepted for purposes of this policy as an indication of number of beds required and size of each facility necessary in an area to provide the community with health services facilities, it should be kept in mind that the provincial government's policy/strategy in this regard will determine the final provision of beds. However, this policy still needs to be approved/accepted by the government.

Figure 17 in the study, provides the estimated number of beds required to serve the population of Polokwane with health services facilities.

It is indicated that a total shortage of 495 beds will exist in the Polokwane municipal area considering the estimated population for 2003 and the current provision of beds in the municipal area. Considering the set standard, the area should provide a minimum of 1860 beds in total, but only 1365 are supplied at this stage.

It can also be seen that the Pietersburg/Seshego areas (Primary study area) are served well in respect of bed capacity.

In the secondary study area, there exist a shortage of 896 beds in total.

Due to this "shortage" it is assumed that people without services in their area, will seek such facilities elsewhere, e.g. in the Pietersburg/Seshego area, therefore eventually causing a shortage of health facilities in the latter. This uneven distribution needs to be addressed and approach holistically.

The information (shortage) in Table 17 should be used as a broad guideline to determine the need of health facilities in areas. The final provision and size of such facilities is subject to detail assessment thereof.

1.5.5 Spatial Development Framework

A Spatial Development Frameworks for Polokwane Municipality in respect of provision of health facilities, are set out in the final paragraphs of the study and indicated in Figures 13 and 14 thereto, namely:

- **Macro Spatial Development Framework for Polokwane;**
- **Local Spatial Development Framework: Pietersburg/Seshego**

The latter is a more detail or Local Spatial Development Framework in respect of the primary study area of Pietersburg/Seshego. This mainly deals with provision of the Regional Node and some Community nodes within specific areas in these urban towns. Similar plans may in future be compiled for the other settlements identified in the macro plan as nodes.

RECOMMENDED

1. That the policy document on Land Use Management which deals with medical and related land uses, titled: "*Short study and policy pertaining to the provision of medical and related land uses within the jurisdiction area of Polokwane Municipality: October 2001*" be approved.

– ANNEXURE A –

SHORT STUDY AND POLICY PERTAINING TO THE PROVISION OF MEDICAL AND RELATED LAND USES WITHIN THE JURISDICTION AREA OF POLOKWANE MUNICIPALITY.

October 2001

Policy document on Land Use Management

Compiled by: Mr. WG Davel, Pietersburg/Polokwane Administrative Unit
Dept. City Engineer, Planning Division, March 2001 (Finalised October 2001).

Departmental information:

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Final draft document:	11 May 2001 (Docs # 98658) Workshop – 15 October 2001
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SHORT STUDY AND POLICY PERTAINING TO THE PROVISION OF MEDICAL AND RELATED LAND USES WITHIN THE JURISDICTION AREA OF POLOKWANE MUNICIPALITY.

1 INTRODUCTION

1.1 Background

The idea of a medical complex, clinic and private hospital already started back in 1988 when the former Pietersburg Town Council resolved on 23 October 1988, *inter alia*, as part of recommendations from a structure plan, that:

- Portion 4 of Erf 656 Pietersburg on the south western corner of Grobler and Dorp Streets be earmarked for a medical complex;
- That Erf 1340, Pietersburg Extension 4, (the so called nursery site) be earmarked for a day-clinic, private hospital and for consulting rooms;
- That doctors consulting rooms west of Biccard Street be allowed and after expiry of the consent, they be requested to rezone.

Apparently the development of Erf 1340 as a day-clinic and private hospital and the initiatives/proposals of the structure plan never realized and was "replaced" by alternative proposals to develop the Remainder of Portion 1 of Erf 780 and Erf 5891 Pietersburg, which is situated in Burger Street between Grobler Street and Thabo Mbeki Street, as a private hospital.

Therefore, the Pietersburg Private Hospital, or Pietersburg Medi Clinic as it is now known, was established during the early 1990's. In this regard, "Institutional" rights in terms of Pietersburg Amendment Scheme number 145 of the Pietersburg Town Planning Scheme, 1981, have been approved during 1989 by the former Pietersburg Town Council.

As part of the above mentioned rezoning application, it has been motivated that the proposed property is situated adjacent to an

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As part of the above mentioned rezoning application, it has been motivated that the proposed property is situated adjacent to an

existing node comprising doctor's consulting rooms, pharmacy, café, and garage. From records of proceedings during consideration of this application the regional function of the proposed hospital/node was already pointed out and it was confirmed by the applicant that it is so that the hospital should perform a strong regional function and that it is a specialist unit which should not only serve the residents of Pietersburg alone. To quote: *"...dit is so dat die hospitaal ook 'n baie sterk streekfunksie moet vervul, dit is 'n spesialis eenheid, wat nie net kan voldoen aan Pietersburg se inwoners nie."*

Subsequently, a medical node containing several medical consulting rooms as well as ancillary and related uses, came about as a result of the need in medical consulting rooms, especially for specialists, and other related consulting rooms, close to this hospital.

Concerning the background of the node it should be noted that the "Business 2" rights existed in this area with the commencement of the Pietersburg Town Planning Scheme, 1981, which enabled the use of professional rooms under such use zone. Therefore, it should be regarded to have formed the original node in this respect. Apart from that, the first medical consulting rooms as an extension of the new specialized medical node, were approved during May 1991. (For example refer to Pietersburg Amendment Schemes 158, 204, 239 for "Special" for Doctor's Consulting Rooms)

It can therefore be concluded that by the approval as mentioned above, the local municipality therefore accepted a clear policy in this regard, dated back early 1990's. This node has since 1991 been expanded approximately 3 times with not less than 15 rezoning applications due the demand in medical consulting rooms and related facilities, which are associated with activities of and reconcilable with the private hospital.

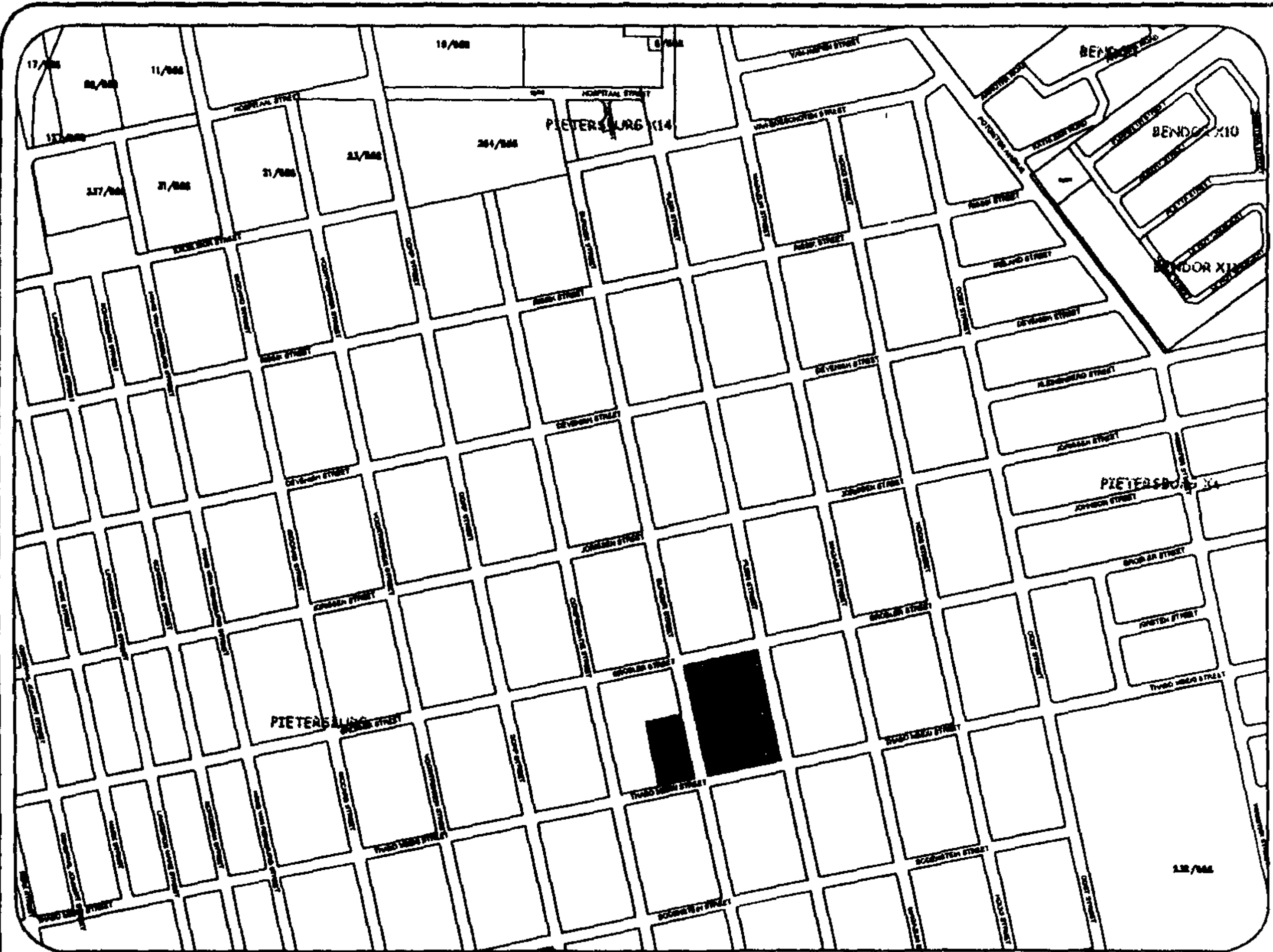
The last time the local municipality considered the extension of this node prior to LDO/IDP initiatives, was on 31 March 1998 with the approval of Pietersburg Amendment Scheme 797 and accepting

the extension of the earmarked area. It was resolved that the medical node be extended further up to Compensatie Street. Originally it was only allowed up to the mid-block of erven between Burger and Compensatie Streets. (See *Figure 1*)

Since the commencement of the Development Facilitation Act (DFA), 1995 and subsequently the provisions of Chapter IV thereof relating to Land Development Objectives (LDO's), even more prominence was given to the medical node. In the Pietersburg/Polokwane Integrated Development Plan/Land Development Objectives (1998:67), the medical node is acknowledged as an important node/land use component in Functional Development Area 3, also known as the Eastern Corridor.

It is therefore set out in the Pietersburg/Polokwane Integrated Development Plan/Land Development Objectives (1998:67) that: "*It is inevitable that pressure for alternative land use will develop along this axis over time - especially in the area adjacent to the CBD and around the Savannah centre, as well as some specialized nodes in between - e.g. the medical node comprising the private hospital and associated functions to the east of the CBD.*"

However, since July 1998 no further resolution pertaining to the extension of the medical node has been taken by the local municipality, resulting in a shortage of earmarked land for purposes of extending medical facilities in the area of the private hospital and even Pietersburg.


medical and related land uses within Polokwane municipality
Policy Document
Original extension of medical node in Burger Street
PIETERSBURG X14
BENDOR X10
PIETERSBURG X4
Pietersburg Administrative unit
Department of the City Engineer
Planning Division
Polokwane Municipality

1.2 Purpose of the study

The purpose of this study is to undertake a short yet scientifically based study to determine the best possible solutions/policy to entertain the various types/categories of medical and related facilities when considering applications for land development and or land use change (rezonings). Furthermore, to set a spatial development framework in place to accommodate such land uses.

It is therefore envisaged that this study will lead to a policy being accepted by the local municipality to ensure administrative fair decisions which is in accordance with Chapter I principles of the DFA, as well as the development framework of the promulgated LDO's of Pietersburg/Polokwane.

The purpose of the study is *inter alia* to focus on:

- The medical node in Burger Street;
- Other possible suburban areas in Pietersburg/Seshego to accommodate medical and related uses;
- Location of similar facilities in the total municipal area; and
- The various types of medical facilities and related uses to be accommodated in the development framework.

1.3 General problem statement

As indicated above, since 1998 no further resolution pertaining to the extension of the medical node has been taken by the local municipality, resulting in a shortage of earmarked land for purposes of extending medical facilities in this area. It is further complicated by the local municipality not acknowledging/realizing that a spectrum of medical facilities exist, which need to be catered for individually.

It should therefore be realized that the current policy pertaining to the medical node, mainly pertains to specialist medical consulting rooms and facilities associated to the private hospital.

Furthermore, the policy doesn't accommodate the complete spectrum of medical facilities and categories of medical uses to be found in the total area and how these two problems interrelate.

1.4 Definitions

In this policy document, unless the context otherwise indicates or point to, the following expressions shall bear the meanings to them herein, as follows:

CITY or TOWN as contemplated in paragraph 2.4.3- means urban settlement consisting of several CITY DISTRICTS with its different COMMUNITY GROUPINGS and NEIGHBOURHOODS. It is the highest order contemplated the urban structure hierarchy set out in paragraph 2.4.3 and *Figure 2*. A city or town should be seen in the context of the region and its role pertaining to the surrounding rural areas.

CITY and/or TOWN otherwise mentioned shall bear the meaning and definition as commonly understood and accepted. (E.g. the city of Pietersburg/Polokwane)

CITY DISTRICT as contemplated in paragraph 2.4.3- means an urban area consisting of several neighbourhoods as part of the urban structure hierarchy contained within a CITY or TOWN. (E.g of City Districts and names are: Pietersburg Town, Westenburg, Bendor, Welgelegen, Nirvana, Seshego). The urban structure is more fully set out in paragraph 2.4.3 and *Figure 2*.

FLORIST SHOP - means a building or place designed or used for the purpose of carrying out retail trade in and selling of flower bouquets, bunches of flowers, ornamental plants and nosegay, as well as the storage thereof, but excludes the growing of plants, shrubs, seed or flowers as contemplated in the definition of a nursery.

GIFT SHOP - means a building or place designed or used for the purpose of carrying out retail trade in and selling of decorative or

amusing items and nosegay that are intended to be bought as gifts or souvenirs as well as the subservient sale of reading material and magazines, and include the necessary storage thereof. A gift shop excludes the retail and selling of any refreshments and cold drinks.

INSTITUTION and/or INSTITUTIONAL USE ZONE - means a building that is designed or arranged and is used as a public institution or charitable institution, hospital, nursing home, sanatorium, clinic whether public or private, including ancillary but subservient medical consulting rooms and offices, place of public worship, or place of instruction, but does not include "Institutions" which are primarily used as offices or which primarily perform administrative work. The word Institution as used in other explanations or definitions, has a different meaning.

KIOSK - means a building or place designed and use for the preparation or retail sale of meals and refreshments as well as the retail sale of cold drinks, tabacco, reading material and sweets.

LARGE PRACTICE - means a building that is designed or arranged and is used as professional rooms for medical doctors and include general practitioners, medical specialists, pathologist, radiologist, dentists, ophthalmologist and may include a dispensing chemist which does not exceed $30m^2$ but not the uses which are included under the definition of "Institution", of which such practice consist of more than two (2) medical doctor or professional persons practicing and/or with more than a total of 5 people working from such practice.

LOCAL MUNICIPALITY - means the Polokwane Municipality as contemplated in Provincial Gazette Notice 307 of 2000, or its successor in title.

MEDICAL CENTRE - means a building or buildings that is designed or arranged and is used for several medical consulting rooms and ancillary uses, and may also include a clinic or health centre as well as ancillary but subservient administrative offices. However, a hospital, step-down facility or nursing home is excluded from this

definition.

MEDICAL CONSULTING ROOMS - means a building that is designed or arranged and is used as professional rooms for medical doctors and include general practitioners, medical specialists, pathologist, radiologist, dentists, ophthalmologist and similar uses such as veterinarians amongst others, and may include a dispensing chemist which does not exceed $30m^2$, but does not include the uses which are included under the definition of "Institution".

MUNICIPAL and/or MUNICIPAL USE ZONE and/or MUNICIPAL PURPOSES - means uses which the local municipality is legally empowered to exercise in terms of empowering legislation.

MUNICIPAL AREA - means the jurisdiction area of the Polokwane Municipality, the local municipality NP354.

NEIGHBOURHOOD - means a residential township and/or urban area or several townships as part of the urban structure hierarchy contained within a CITY DISTRICT area, which is commonly known by residents according to its specific name. (E.g of neighbourhood and names are: Flora Park, Fauna Park, Ster Park, Bendor Park, Silverkruin (Bendor Extension 8), Seshego Zone A). The urban structure is more fully set out in paragraph 2.4.3 and *Figure 2.*

NURSING HOME - shall bear almost the same meaning as a STEP-DOWN FACILITY, but is a more inclusive term, and in contrast to a STEP-DOWN FACILITY, it doesn't only provide interim care, but long term nursing. It may also be interpreted as a place for the treatment or nursing care of aged people.

PLACE OF REFRESHMENT - means a drive-in restaurant, café, tea room or coffee shop, being a building other than a hotel, residential club, or house, designed and used for the preparation or retail sale of meals and refreshments as well as the retail sale of fresh produce, cold drinks, tabacco, reading material and sweets.

PRIVATE HOSPITAL - means any hospital or any other institution,

building or place at which provision is made for the treatment and care of cases requiring medical and surgical treatment and nursing care, but excluding -

(i) a hospital or any such institution, building or place conducted by the State, a provincial authority/government, a local authority or municipality, private hospital authority, hospital board or any other public body;
(ii) any consulting room, surgery or dispensary of a medical practitioner or dentist which does not provide any bed accommodation;
(iii) an unattached operating-theatre unit;
(iv) a hospital or other institution licensed for the reception and detention of mentally ill persons in terms of the Mental Health Act, 1973 (Act 18 of 1973);
(v) an institution, building or place for the treatment or nursing care of aged people attached to an old age home as defined in the Aged Persons Act, 1967 (Act 81 of 1967), or a housing development scheme as defined in the Housing Development Schemes for Retired Persons Act, 1988 (Act 65 of 1988).

SINGLE PRACTICE - means a building that is designed or arranged and is used as professional rooms for medical doctors and include general practitioners, medical specialists, pathologist, radiologist, dentists, ophthalmologist and may include a dispensing chemist which does not exceed $30m^2$ but not the uses which are included under the definition of "Institution", of which such practice consist of only one (1) medical doctor or professional person practicing with additional staff or assistants not exceeding three (3) persons.

SMALL PRACTICE - means a building that is designed or arranged and is used as professional rooms for medical doctors and include general practitioners, medical specialists, pathologist, radiologist, dentists, ophthalmologist and may include a dispensing chemist which does not exceed $30m^2$ but not the uses which are included under the definition of "Institution", of which such practice consist of only two (2) medical doctor or professional persons practicing with additional staff or assistants not exceeding three

(3) persons.

SOCIAL REFUGE CENTRE/INSTITUTION - shall bear the same meaning as INSTITUTION, but with the exception that it is rather an institution, place or building that is designed or used as for primarily providing care, treatment, rehabilitation and counseling for patients/persons requiring psychological and emotional treatment due to a traumatic and/or violent experience. It is, however, also not a hospital, private hospital, clinic and/or a hospital, clinic, rehabilitation centre or institution licensed for the reception and detention of mentally or psychiatric ill persons. It is also not a place of safety conducted by the State, a provincial authority/government.

SPECIAL and/or SPECIAL USE ZONE - means a use zone and uses permitted in terms of Use zone 8 of the Pietersburg/Seshego Town Planning Scheme, 1999, and more fully indicated on the relevant annexures to the said town planning scheme.

SPECIAL CONSENT - means the special consent of the local municipality contemplated in terms of provisions of Clause 20 of the Pietersburg/Seshego Town Planning Scheme, 1999 and/or Section 20 of the Town-Planning and Townships Ordinance, 1986 (Ordinance 15 of 1986).

SPECIAL USE - means land or property used or a building designed or used for any purposes not defined in the Pietersburg/Seshego Town Planning Scheme, 1999, or contained in Table "A" thereof and/or any other or similar land use management system or zoning scheme applicable.

STEP-DOWN FACILITY - means an institution, nursing home, place or building that is designed and is used as used for providing sub-acute and non-acute nursing/hospital facilities and therefore provides interim care, intermediate health care facilities and alternative care for patients/persons requiring some form of medical attention and nursing care, and is neither a private hospital nor a sick bay of an old age home. Operating theatres, high care

and intensive care units is excluded from such facility.

TOWNSHIP - means any land laid out or divided into or developed as sites for residential, business or industrial purposes or similar purposes where such sites are arranged in such manner as to be intersected or connected by or to abut on any street, and a site or street shall for purposes of this definition includes a right of way or any site or street which has not been surveyed or which is only notional in character.

2 PROBLEM STATEMENT

2.1 Introduction

Effective land use management necessitates spatial forward planning and sufficient strategies/policy to deal with applications (e.g. rezonings) in this regard. This policy/strategy should therefore be clear. (Refer to General principles for land development. Sections 3(1)(g);(h) and (i) of the Development Facilitation Act, 1995.

In this instance, sufficient policy exists pertaining to the medical node and specialists medical uses in the primary study area, i.e. Pietersburg/Seshego. Policy and administrative practice are therefore clear.

However, policy and administrative practice isn't so clear when applications are first of all received outside of the area of the medical node, and secondly how the municipality should deal with similar nodes and the complete spectrum of medical and related uses elsewhere throughout the municipal area, which don't directly relate to the medical node.

Due to this confusion, the local municipality is reluctant to deal with issues concerning the extension of the current medical node as well as rezoning applications in this area - which are problematic and don't represent just administration. Furthermore it most certainly doesn't promote and encourage efficient and integrated development, nor does it create investment trust.

2.2 Problem statement

The current policy pertaining to land use management and medical consulting rooms, facilities associated with it and other medical related uses, don't accommodate the complete spectrum of medical facilities and categories of medical land uses. It is further

complicated by the uncertainty of where to accommodate additional medical facilities in the municipal area.

Resulting from this, the following problems exist and answers will be searched for in this study. The subsequent paragraphs will discuss the sub-problems and set hypothesis.

2.3 Sub-problems and hypothesis

2.3.1 Sub-problem 1:

How should the local municipality deal with land uses pertaining to medical facilities?

2.3.2 Hypothesis 1:

The local municipality should put a strategy/policy in place to deal with the provision of medical facilities on different categories in a hierarchic system and according to each category's function within the greater area and/or regional context.

2.3.3 Sub-problem 2:

How should this strategy/policy and hierarchic system according to functional categorization, be manifested spatially and where will the most suitable location for each category be?

2.3.4 Hypothesis 2:

No hypothesis is set.

2.3.3 Sub-problem 3:

Does the local municipality have sufficient spatial development strategies or initiatives in place to

2.4 Methodology and study area

2.4.1 Study Area(s)

The primary study area is the area previously known as the area of jurisdiction of the Pietersburg/Polokwane Transitional Council as indicated in *Figure 3.*

The secondary study area is the area of jurisdiction of the Polokwane Municipality (Local municipality - NP354) which came into operation after local government elections on 5 December 2000 as indicated in *Figure 4.*

2.4.2 Methodology

Although the study mainly focuses on the primary study area, all aspects and strategies will eventually be applicable to the larger area of Polokwane Local Municipality, thus including the secondary study area.

Apart from studying documents, and learning from previous decisions (precedents) and existing situations, some information was also obtained from the Provincial health authorities as well as other government departments. This set the points of departure for this study.

This first draft policy (27 March 2001) was published in the media (news papers) inviting stakeholders and interested parties/individuals to comment and give their inputs. The inputs were taken into account and a second draft policy (11 May 2001) was tabled before committees of Council. A final workshop was requested and held on 15 October 2001 where interested parties (e.g. provincial government, internal department and Councilors) were invited to provide inputs.

The policy document on Land Use Management, dated October 2001 is herewith submitted to Council for final approval.

Polokwane Municipality

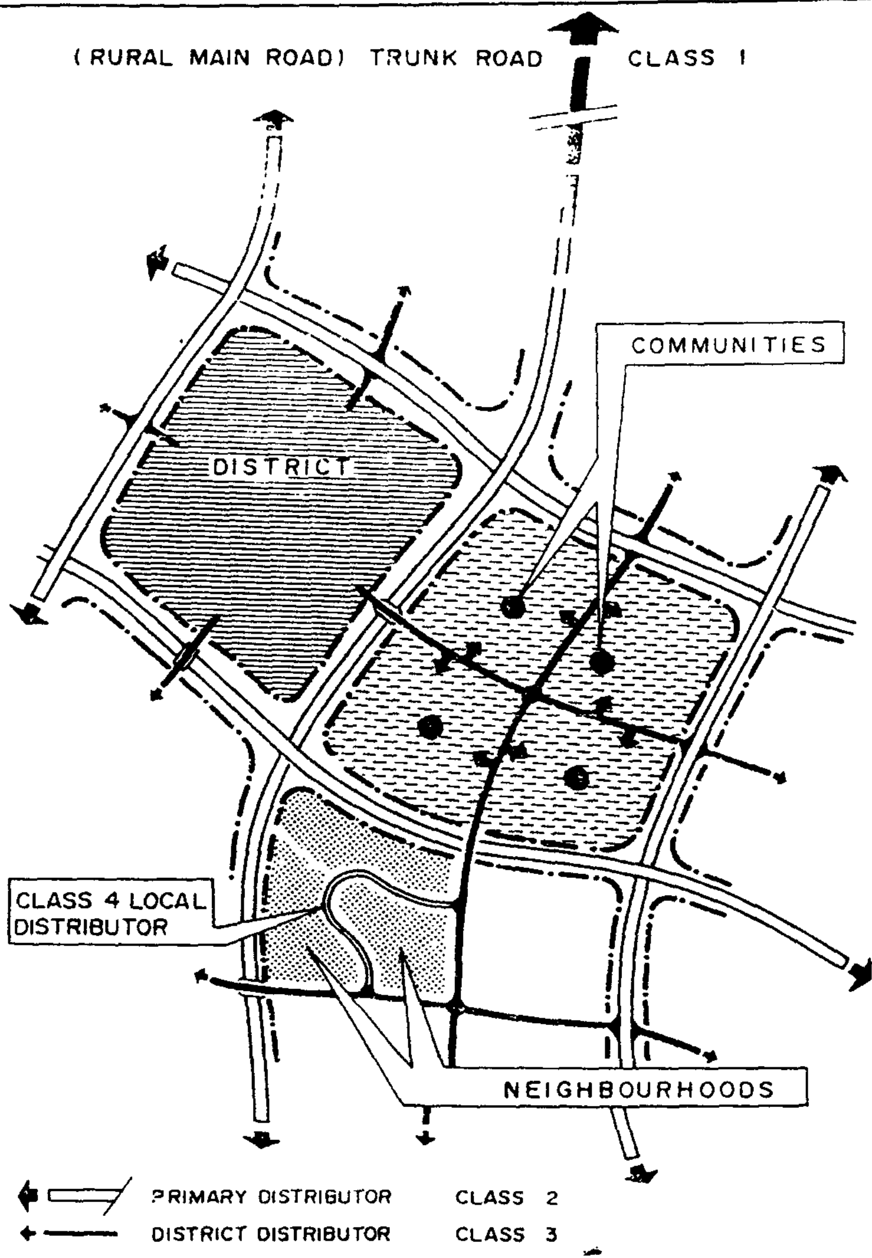


FIGURE 81

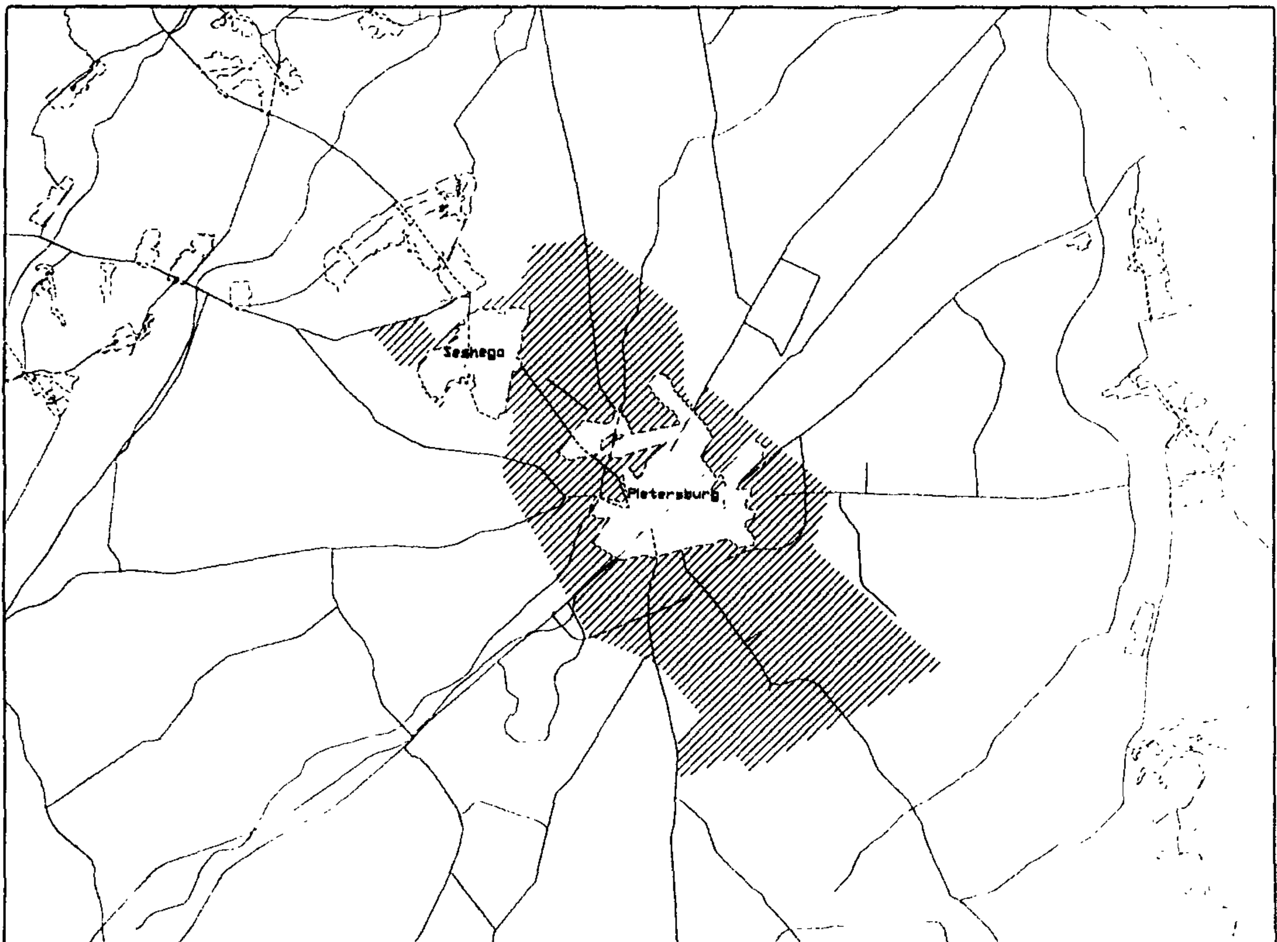
THE FUNCTIONAL ROAD HIERARCHY

Figure 2

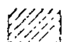
Schematic proposal of the urban structure hierarchy and road network

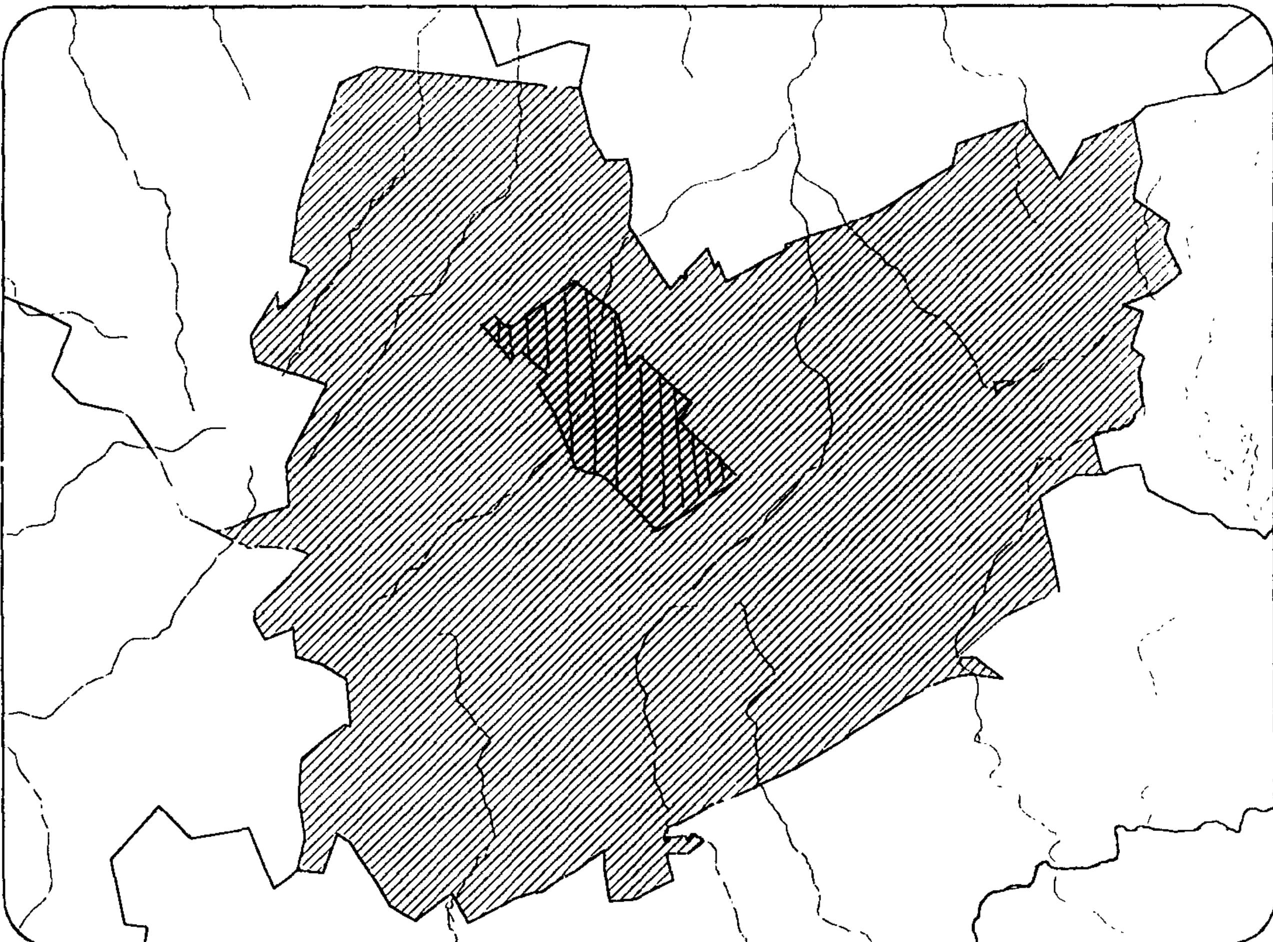
Pietersburg Administrative Unit
Department of the City Engineer
Planning Divisuion

21/05/2001



Medical and related land uses within Polokwane Municipality
Policy Document
Figure 3
Primary Study Area
Seshego
Pietersburg
Pietersburg Administrative unit
Department of the City Engineer
Planning Division
Polokwane Municipality
Sheet 1 of 1 sheet
Scale 1 : 5 000




Medical and related land uses within Polokwane Municipality
Policy Document
Figure 4
Secondary Study Area
Pietersburg Administrative unit
Department of the City Engineer
Planning Division
Polokwane Municipality
Sheet 1 of 1 sheet
Not to Scale
21/05/2001

2.4.3 Urban Structure

It is stated in Guidelines for the provision of engineering services for residential townships, 1983 that "*The function of the urban road network is to distribute between land use activities. Activities are linked at varying time and space scales in a physical hierarchy of urban districts (or sectors), communities and neighbourhoods, which are usually demarcated by road network. Thus, in the ideal system, the roads should divide districts into community groups and community groups into neighbourhoods.*" A schematic proposals of the urban structure is provided and is reflected in *Figure 2* hereto.

In the case of the city of Pietersburg/Polokwane, areas such as Pietersburg, the eastern suburbs of Pietersburg, the areas of Westenburg, Nirvana, Seshego and Annadale, form for example the city districts.

These districts contain several communities or community groupings. In the eastern suburbs of Pietersburg, the community groupings consist of, or is known as Bendor, Fauna and Flora Park, Ster Park, Welgelegen, Eduan Park. In the case of Seshego you will find Madiba Park andf Lethuli Park as groupings.

Within these districts and communities, you will find the neighbourhoods like Fauna Park (part of Pietersburg Extension 11), Ster Park, Silverkruin (Bendor Extension 8), the different zones in Seshego, e.g. Zone A, for instance may be a neighbourhood. In Madiba Park you will also find different zones.

Because the land uses under discussion in this study, depend in a great extent on accessibility and mobility, this hierarchic urban structure and approach, play an important role in depicting standards and criteria.

3 EXISTING SITUATION AND POLICY ON LAND USE MANAGEMENT (LUM).

3.1 Existing situation and policy on LUM - Primary study area

3.1.1 Existing policies of the local municipality pertaining to the medical and related facilities/uses:

The most recent policies of the local municipality in the management of land uses pertaining to medical and related land uses, can be set out as follows, namely:

(i) **The Central Business District (CBD) - Primary Activity node:**

The CBD is the Primary Activity Node of Pietersburg/Polokwane as well as the region. It is therefore inevitable and not strange to find very specialised functions, such as Medical specialists, General Practitioners, Optometrists etc. within the CBD. It was always and is still acceptable if such medical and related uses establish within the CBD, simply because this is the most accessible regional point and best located destination to serve the largest part of the community in the region and because the largest variety of services (including professional services) could be found in the CBD.

It is therefore understood that, with exception perhaps of a hospital etc., the CBD may accommodate medical and related uses if a suitable location exists within this area.

However, it should be noted that there exist a trend for these facilities to decentralize.

(ii) **Suburban shopping centres -Secondary Activity nodes**

Almost the same approach as in the case of the CBD, is

followed. However the functions in this regard and population served, are more based on a local market within the city districts and neighbourhoods itself. It therefore doesn't serve the region as in the case of the CBD, but specific neighbourhoods.

(iii) **Medical node and medical consulting rooms**

As set out above, the Pietersburg Medi Clinic with associated medical practices and uses surrounding it, form the medical node.

The local municipality earmarked the area situated between Plein and Compensatie and Grobler and Thabo Mbeki Streets, as can be seen in *Figure 5*, for purposes in this regard. The following land uses/rights in terms of the Pietersburg/Seshego Town Planning Scheme, 1999 are allowed in this area:

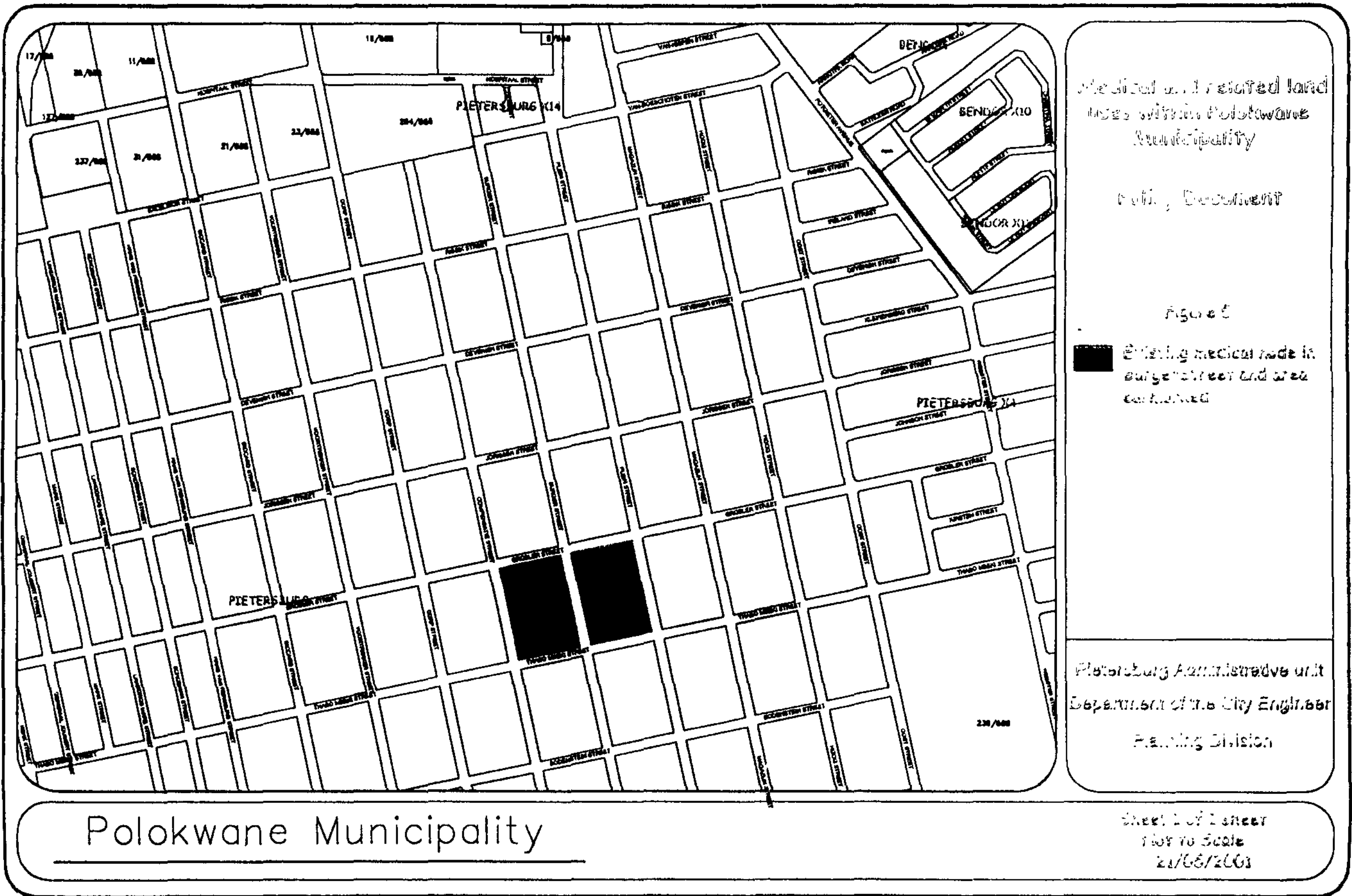
- "Special" for medical consulting rooms with specific conditions pertaining to aspects such as FAR; number of storeys allowed; coverage; parking ratio etc.
- "Institutional" with standard conditions.

In this regard it is clear that a definite policy exists.

Medical specialists and uses which mainly depend on the Pietersburg Medi Clinic (private hospital) and which deliver a regional function, should only be allowed in this area.

(iv) **Institutional rights and municipal uses**

Previously, "Institutional" zonings/rights as well as "Municipal" zonings pertaining to medical facilities i.e. municipal clinic were allowed all over the city depending on the need and desirability. In other words, it was considered on its own merits.


PIETERSBURG X14
PIETERSBURG X4
PIETERSBURG
Polokwane Municipality

However, no clear cut policy exists in this regard. As will be shown in paragraph 3.1.2 below and can be seen in *Figure 6*, the local municipality approved many "Institutional" rights in the upper and old parts of Pietersburg. It is clear that a precedent has been created which the local municipality and even appeal tribunals may not easily deviate from if it is not replaced with sufficient policy/guidelines.

"Municipal" zonings/rights were also treated in the same manner, but it should be realized that the placement of clinics was done in accordance with the need which the relevant health authorities identified.

(v) **Medical Consulting Rooms for General Practitioners**

Medical consulting rooms for General Practitioners (GP's), are approached differently from specialists around the medical node. The GP's which don't mainly depend on the private hospital and which doesn't deliver a regional, but local function within neighbourhoods, are allowed all over the city. However, proof should be submitted and the local municipality must be convinced that such a practice's main aim is to serve a very local market within a specific residential area or neighbourhood.

Although no written policy exists in this regard, a clear practice and policy based on previous decisions, not only by the local municipality, but also the Township Appeal Board, exist in this regard.

However, this approach leaves a back door open and could result in disputes, misunderstanding of this issue, and jeopardizing other policy strategies.

Medical and related land uses within Polokwane Municipality

Policy Document

Figure 6

Institutional primary use rights in terms of town planning scheme

Pietersburg Administration

Planning Division

Polokwane Municipality

Sheet 1 of 3 sheet
Not to Scale

3.1.2 Existing land uses

Several land use rights relating to medical facilities have been allocated in terms of the Pietersburg/Seshego Town Planning Scheme, 1999. These rights were mostly obtained through rezoning or amendment of the Pietersburg Town Planning Scheme, 1981. Many other uses pertaining to medical practices/uses, were also allowed in terms of the latter town planning scheme by means of consent uses.

(i) **Institutional zonings**

"Institutional" zonings/rights have been granted mainly in the older parts of Pietersburg, known as the "upper town".

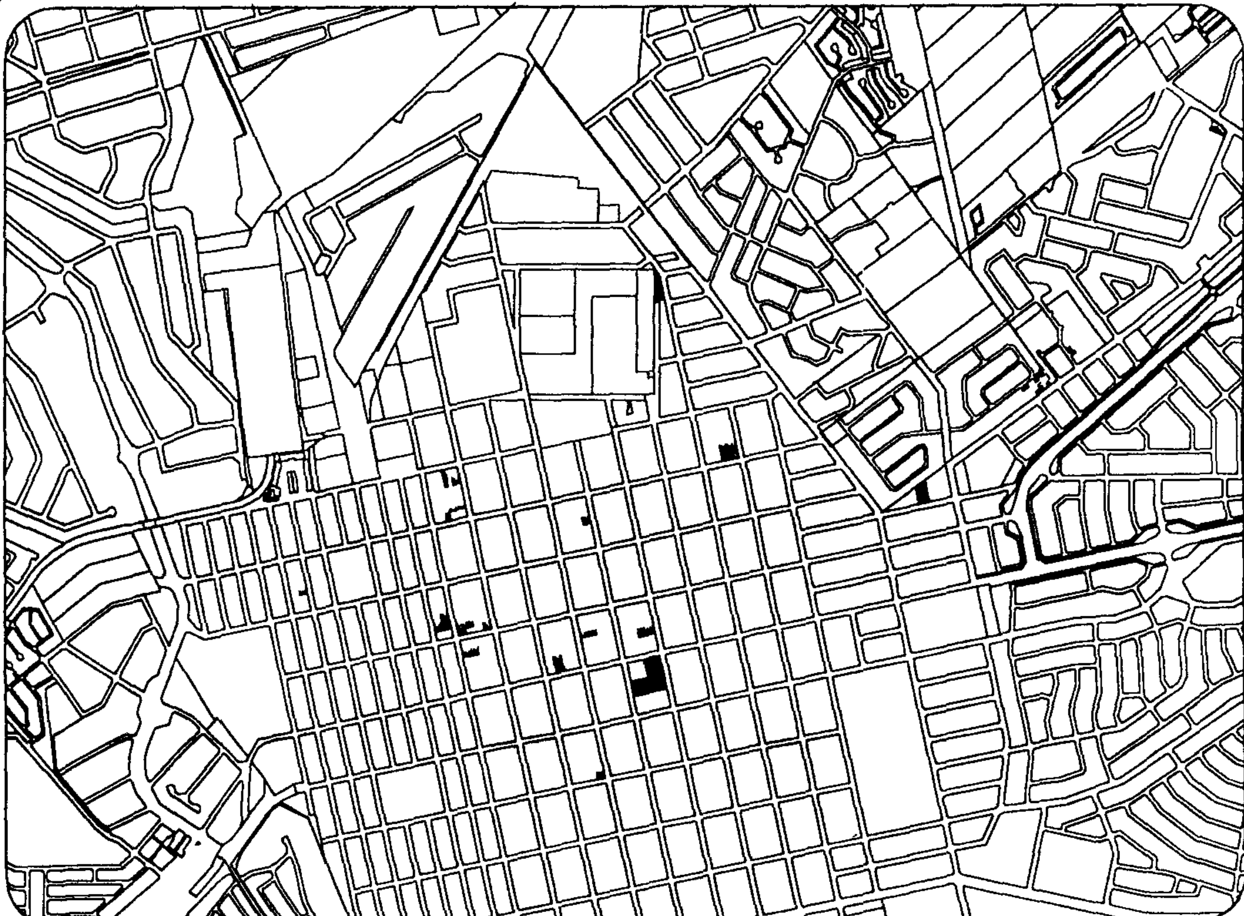
Figure 6 indicates the various rights in terms of the town planning scheme in this regard.

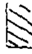
(ii) **Medical consulting rooms - Special zonings**

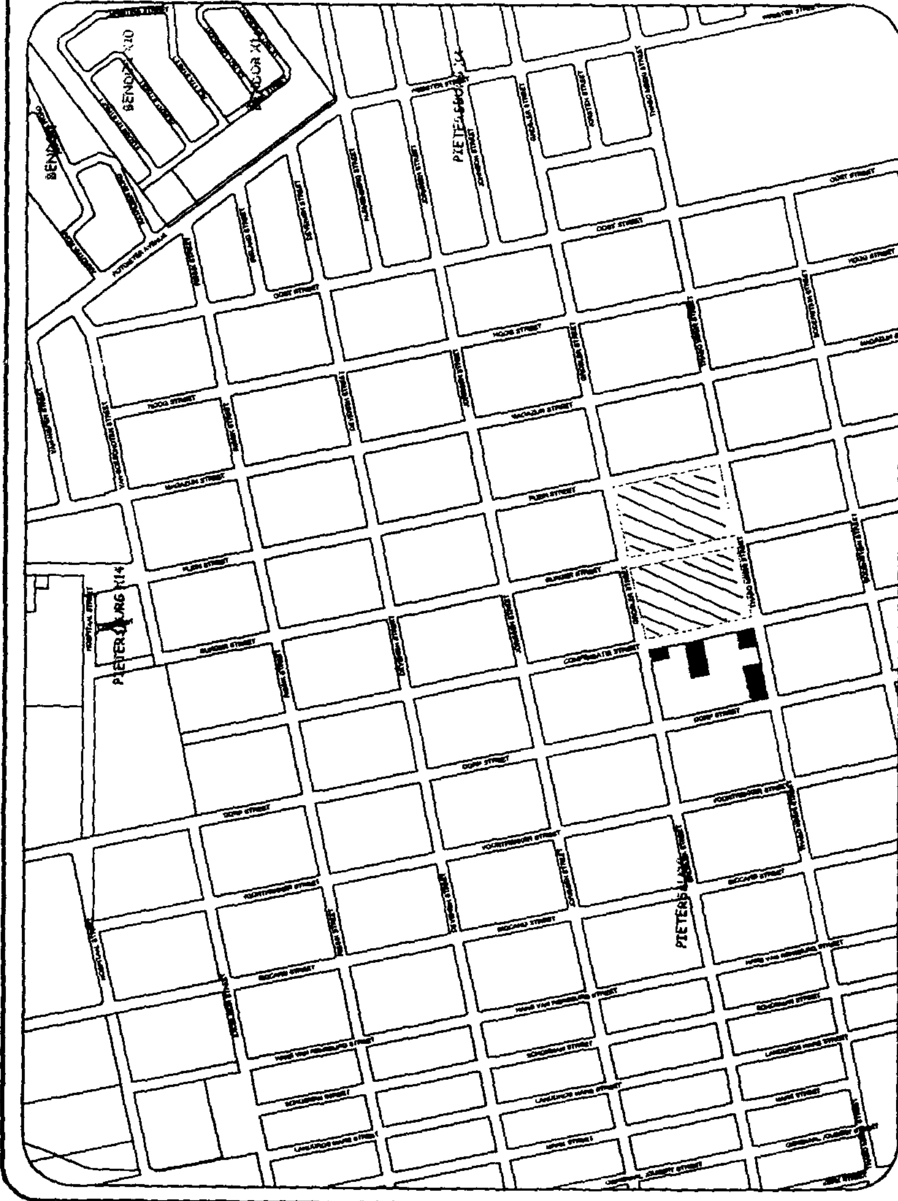
The Burger Street Node:

The largest occurrence of these rights, are found in the medical node in Burger Street. This area mainly accommodates medical specialists, dentists and subservient and ancillary uses associated with the private hospital. (See *Figure 7.)*

There also exists a current need to expand medical consulting rooms in the medical node (Burger Street) area. *Figure 8* shows property w.r.t. 4 rezoning applications, awaiting further policy decisions of the municipality in this regard. This is a clear indication that there exists a need.


Secondary use rights granted for medical and related uses
Special for medical Consulting rooms primary use rights allowed in terms of town planning scheme
Polokwane Municipality




Policy Document
PIETERSBURG X14
Polokwane Municipality

Limited space is still available for further extension of medical consulting rooms, of which a certain percentage will either develop very slow and some of these property may never become available for redevelopment. (Also see paragraph 3.2.2 below, regarding the Eastern Corridor).

Local needs in neighbourhoods:

Individual rezonings to medical consulting rooms, took place in some other areas of Pietersburg and Seshego as well. They were mainly allowed to accommodate General Practitioners, which serve a very local and specific market in the neighbourhood/area where it is located.

Figure 7 indicates the various rights in terms of the town planning scheme in this regard. However, it should be noted that it distinguishes between primary and secondary use rights (consent uses) granted. See paragraph (iii) below for further discussions.

Other nodes for specific purposes:

Apart from the acknowledged medical node in Burger Street, use rights granted in Bendor Extension 8 (Silverkruin) is also of essence. The so called Pro-Park can in a certain sense be regarded as a medical centre due to the occurrence and approval of several consulting rooms. Also see paragraph (iv) below.

It should also be kept in mind that the Pro-Park entity together with the Bendor Extension 30 (Hampton Court) low density office park, obtained a certain status as a decentralized low density office node.

In respect of the Pro-Park development itself, there exist two parts of this "entity" which should be looked at. First of

all, Portion 5 of Erf 1045 obtained primary use rights for a day clinic, offices, medical consulting rooms, place of refreshment, as well as a florist and gift shop, which enables a development of approximately 680m² Gross Leasable Floor Area (GLFA).

Other portions of Erf 1045 obtained primary use rights, of which conditions state that it may be used for such purposes as Council may allow. In this regard use rights were originally obtained during 1989, which *inter alia* permits medical consulting rooms to be conducted. See paragraph (iii) below in this regard. Although not all rights were executed, it should be acknowledged that some unique characteristics exist in this area.

Figure 9 indicates the rights in terms of the town planning scheme which were granted in Bendor Extension 8.

(iii) **Consent uses granted**

Consents (special consent uses i.t.o. clause 20 of the Pietersburg-Seshego Town Planning Scheme, 1999) for medical practitioners and other related and subservient uses, were also allowed over a large part of town, especially the so called "upper town", as can also be seen in Figure 7. Many of these rights can be regarded as "historical cases" because consents were already granted in the early 1980's, or even before that time.

As indicated in paragraph (ii) above, the consent rights granted on Erf 1045 Bendor Extension 8 (Pro Park), also makes it possible that medical consulting rooms can be conducted.

In this regard consent use rights were permitted during 1989, which *inter alia* permitted in terms of the Pietersburg Town Planning Scheme, 1981 that a "Professional Office Use" to be conducted. The definition of professional office use

included the use for doctors or medical consulting rooms, as well as offices for other professions. Therefore perhaps given the name of "Pro-Park".

Afterwards the original erf was subdivided into 13 portions or smaller erven, of which 12 erven were granted the same rights originally obtained under this consent, but subject to specific conditions pertaining to density and FAR. The right to conduct medical consulting rooms was therefore included. One other portion is used as private access road etc.

However, the conditions of the consent use granted, was still applicable to each portion, therefore subject to a conditions which stipulated that if such property is not used for a continuous period of 15 months, the consent will lapse. Certain portions/erven still lies vacant and consents granted were never executed. In the light hereof and considering the commencement of the Pietersburg/Seshego Town Planning Scheme, 1999 where Annexure 22 indicated that the property may be used for such purposes allowed by the local municipality, it is clear that the consent uses on erven which didn't execute their consent rights, lapsed already.

However, the rights/consent executed are now contained as Special Consents granted under clause 20 of the Pietersburg/Seshego Town Planning Scheme, 1999. *Figure 9* indicate these consents in Bendor Extension 8 or the Pro-Park development.

Although some rights (consents) granted were not executed on all subdivided portions, it is still necessary to bear in mind that if Pro-Park was developed as originally approved, almost 6200m² GLFA could have been developed/used for offices and consulting rooms. Therefore, perhaps greater thought should be given today to accept Pro-Park as some kind of "node" or medical centre.

(iv) **Business zonings**

As describe in paragraph 3.1.1. (i) and (ii) earlier in this document, medical consulting rooms are also allowed in the CBD and suburban shopping centres.

This is possible because under Business use zones, Medical Consulting Rooms are allowed as primary use right.

Therefore Business zonings occur in the following areas which allows for medical consulting rooms, namely:

- CBD functioning as Primary Activity Node; and
- Suburban shopping centres functioning as Secondary Activity nodes through the classification system as set out in hierarchic policy on shopping centres.

Considering the existing suburban business rights allowed in the primary study area, it is technically speaking possible that a large area of medical consulting rooms can be used as part of secondary activity nodes. Therefore constituting a similar medical node/medical centre found in Burger Street.

It should be realized that the uses (i.e. shops, restaurants etc.) in these business use zones changes constantly without any rezoning procedure required.

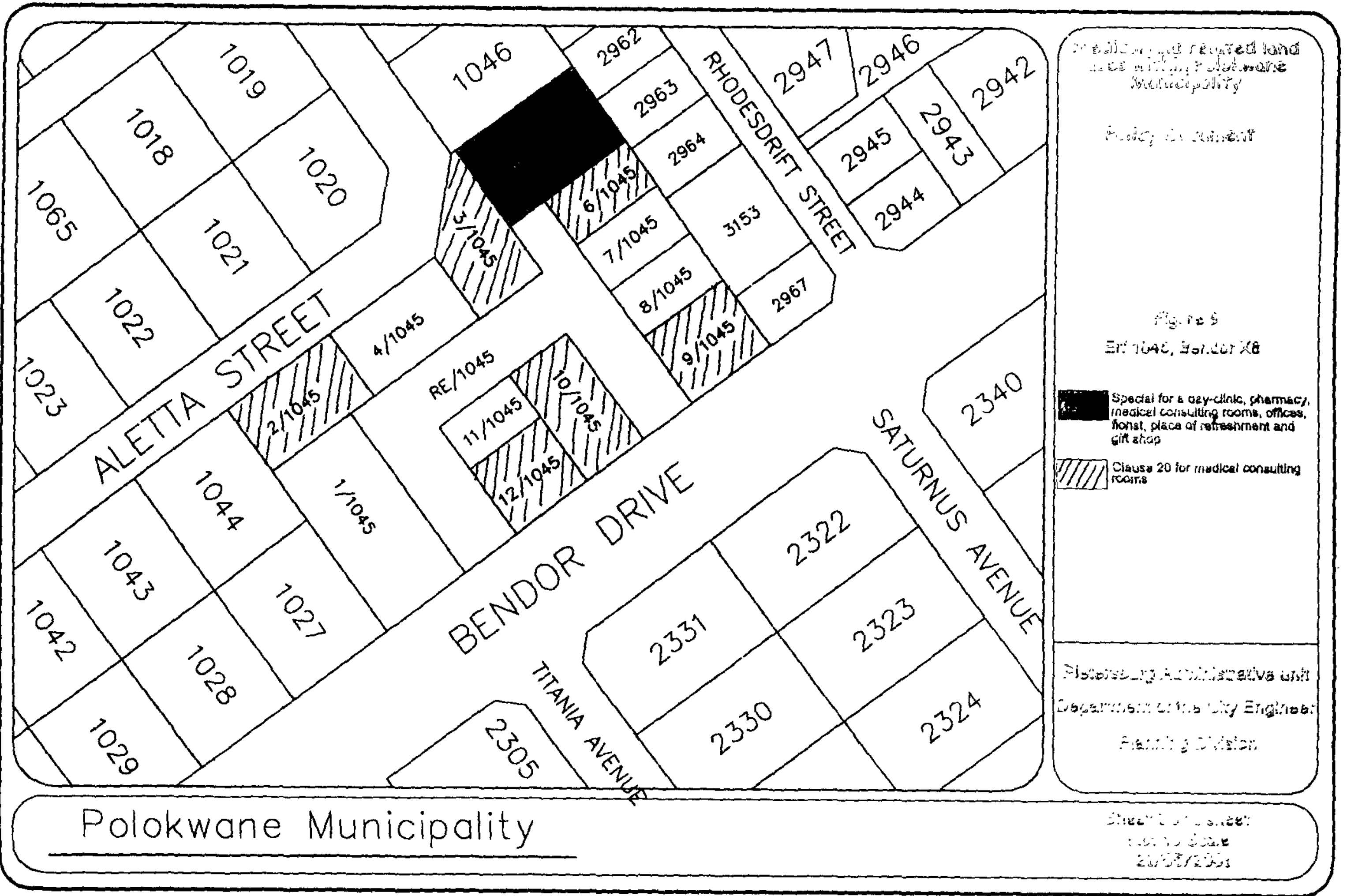
Also of importance to note, is that the classification and function of these shopping centres (hierarchic policy) primarily focus on shopping facilities and therefore shops and restaurant uses are predominant. Only a limited number of medical consulting rooms occur/has occurred in secondary activity nodes in Pietersburg/Seshego. For all practical purposes, these secondary nodes are not preferred by medical practices in Pietersburg/Polokwane. Nevertheless, if located in such secondary activity nodes, it could be regarded in the same manner as those individual practices,

which satisfy local needs in a neighbourhood.

(v) **Conclusion**

Although somewhat unwritten, the occurrence and approval of current medical related land uses are based on a simple approach, which are founded on the principle that medical facilities deliver different functions according to their target market and field of specialization.

It should also be realised that all medical facilities couldn't be dealt with in the same manner. A hospital serves a larger target market than a practice of a GP, therefore necessitates another service radius etc.



Special for a day-clinic, pharmacy, medical consulting rooms, offices, florist, place of refreshment and gift shop
Clause 20 for medical consulting rooms
1046
2962
2963
2964
3153
2967
2947
2946
2942
2945
2943
2944
RHODESDRIFT STREET
6/1045
7/1045
8/1045
9/1045
3/1045
4/1045
RE/1045
10/1045
11/1045
12/1045
2/1045
1/1045
1019
1018
1020
1065
1021
1022
1023
ALETTA STREET
1044
1043
1027
1042
1028
1029
BENDOR DRIVE
2340
SATURNUS AVENUE
2322
2323
2331
2330
2324
2305
TITANIA AVENUE
Polokwane Municipality

3.1.3 Existing health facilities

The tables below provide some information pertaining to existing licensed medical facilities in the primary study area:

TABLE 1: HOSPITALS PER CITY/TOWN IN PRIMARY STUDY AREA.

City/Town name	Hospital name	Operational & management status	Licensed status	Estimated population served
Pieterburg	Pietersburg Provincial Hospital	Public health services facility	N/a	66 171
	Pietersburg Medi Clinic (Private hospital)	Private hospital	Licensed	
	Hospitum (Cancer)	Private hospital	Licensed	
	Wenso-Med	Private hospital	Unlicensed	
Subtotal:	*4*			*66 171*
Seshego	Seshego Hospital	Public health services facility	N/a	88 089
Subtotal:	*1*			*88 089*
TOTAL:	**5**			**154 260**

Source: GIS Project Solutions, 1999 & Polokwane Local Municipality, Dept. City Engineer, GIS, 2000 & Dept. City Engineer, Town Planning Division, 2001.

TABLE 2: CLINICS AND COMMUNITY HEALTH CENTRES PER CITY/TOWN IN PRIMARY STUDY AREA.

City/Town name	Clinic or health centre name	Operational & management status	Licensed status	Estimated population served
Pietersburg	Rethabile/ Potgieter Avenue Community Health Centre	Public health services facility	N/a	

	Buite Street Clinic	Public health services facility	N/a	66 171
	Women's Choice Clinic (Special clinic for abortion)	Private clinic	Unknown	
Subtotal:		*3*		*66 171*
Seshego	Seshego I Clinic	Public health services facility	N/a	
	Seshego II Clinic	Public health services facility	N/a	88 809
	Seshego III Clinic	Public health services facility	N/a	
Subtotal:		*3*		*88 089*
TOTAL:		**6**		**154 260**

Source: GIS Project Solutions, 1999 & Polokwane Local Municipality, Dept. City Engineer, GIS, 2000 & Dept. City Engineer, Town Planning Division, 2001.

3.1.4 Vacant land in close proximity of existing medical node.

With reference to the upper town area and the area in close proximity and between the provincial and private hospitals, *Figure 10* reflects vacant land.

Vacant land holds great potential for new development, especially for future medical and related land uses in close proximity of these hospitals. However, such land and opportunities are limited in this area.

Therefore other areas, e.g. in the proposed Pietersburg Extension 46 provide such opportunity in close proximity of similar uses.

Figure 10 indicates land/property between the provincial and private hospitals, which holds some potential for re-development or urban renewal. However, this is just a brief indication of possible opportunities and no detail analysis was done in this regard.

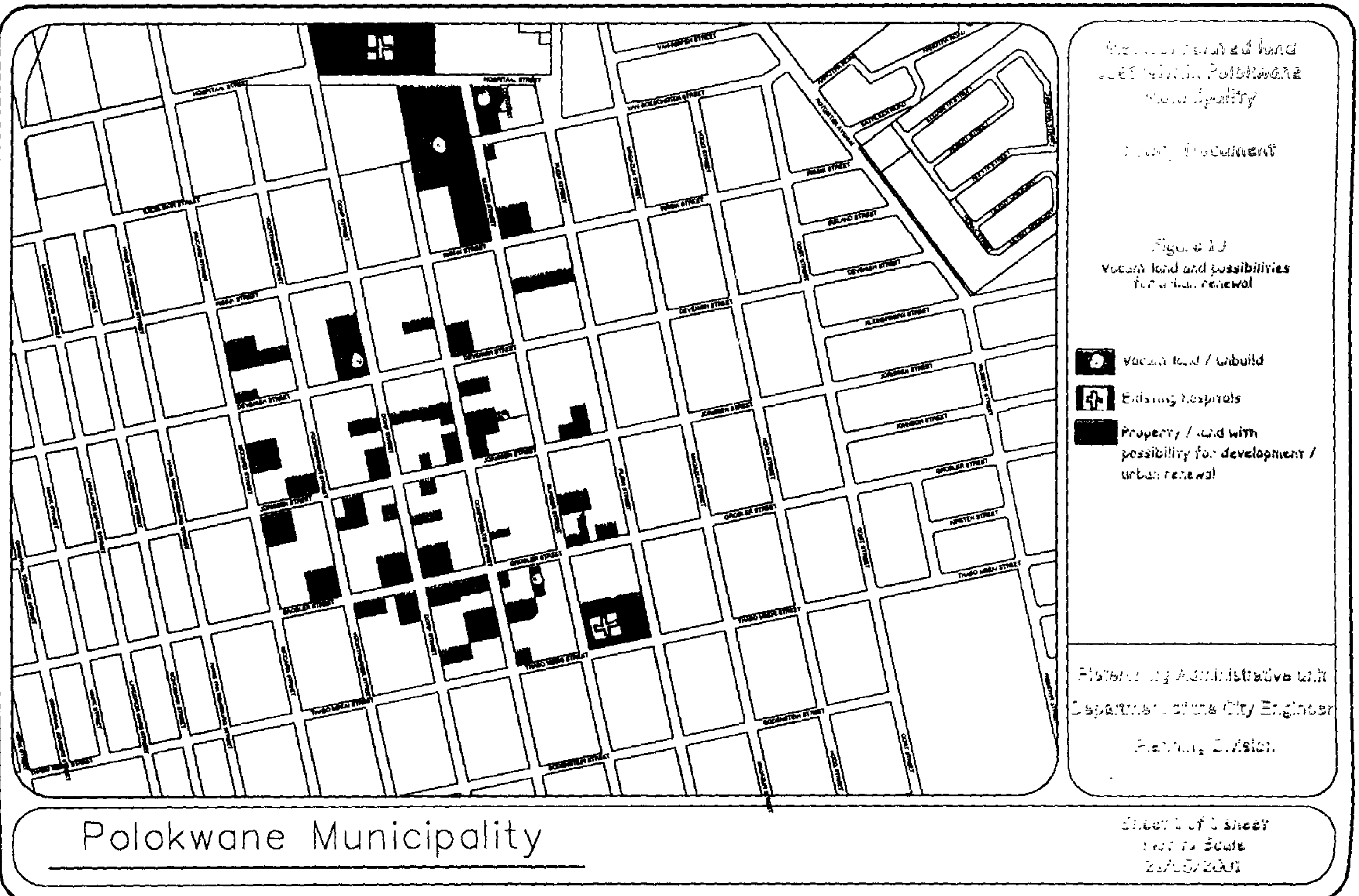


Figure 10
Vacant land and possibilities for urban renewal
Vacant land / unbuild
Existing hospitals
Property / land with possibility for development / urban renewal
Department of the City Engineer
Planning Division
Polokwane Municipality

3.2 Land Development Objectives/Integrated Development Plan

3.2.1 Background

The Pietersburg/Polokwane Integrated Development Plan/Land Development Objectives, July 1998, have been accepted by the Pietersburg/Polokwane TLC on 29 September 1998 to comply with the Northern Province Land Development Objectives Regulations, 1997 (No. 8 of 1997) and the schedule thereto, as proclaimed in the Provincial Gazette on 1 August 1997.

The MEC for Local Government and Housing of the Northern Province, approved these LDO's on 22 February 2000 and the relevant notice as required in terms of this legislation, has been promulgated in the Provincial Gazette No. 485 of 3 March 2000.

In the light of the approved LDO's it should be realized that in terms of Section 29(1) of the Development Facilitation Act, 1995 "*A tribunal or any other competent authority shall not approve a land development application in terms of this Act or any other law dealing with the establishment of land development areas, if such application is inconsistent with any land development objective contemplated in this Chapter ...*"

3.2.2 The Pietersburg/Polokwane TLC Integrated Development Plan/Land Development Objectives, 1998 (Volume 1)

(i) **Objectives**

Part III of the above mentioned LDO's, is especially applicable to this study.

First of all, the following land use objectives relevant to this study, should be highlighted, namely:

- To ensure that plans, policies and procedures applicable to land management in the Pietersburg/Polokwane area are in keeping with the development principles and ideologies of the new South African ethos, and facilitate rather than control development.

- To ensure that the Council has the capacity, skills and resources to manage growth and development effectively, especially in areas where there is development pressure.

Secondly, the following relevant social and health services development standards contained in this part, should be mentioned, namely:

TABLE 3: HEALTH SERVICES DEVELOPMENT STANDARDS OF PIETERSBURG/POLOKWANE LDO's

Community Health Centres	1:50 000 population
Clinics	1:10 000 population
General Practitioner	1:10 000 population
Pharmacies	1,5:100 000 population

Source: Pietersburg/Polokwane TLC Integrated Development Plan/Land Development Objectives, July 1998.

(ii) **Population projections: Pietersburg and Seshego**

The following population projections as set out in *Table 4* below, are contained in the LDO's, namely:

TABLE 4: POPULATION PROJECTIONS PIETERSBURG/POLOKWANE TLC's IDP/LDO's, 1998

Area	Projected 2003 population (High)	Projected 2003 population (Low)
Pietersburg	70 348	64 991
Seshego	98 237	87 462
TOTAL:	**168 585**	**152 453**

Source: Pietersburg/Polokwane TLC Integrated Development Plan/Land Development Objectives, July 1998.

(iii) **Functional Development Area (F3): Eastern Corridor**

It is proposed in the LDO's (1998:66) that the Functional Development Areas in the city can and should be developed according to a specific theme.

The Eastern Corridor is such Functional Development Area situated on the Thabo Mbeki - Grobler Street one-way pair and axle between the CBD and the Savannah shopping centre. The Savannah centre can be classified as a Community Shopping Centre in terms of the policy pertaining to shopping facilities.

It has been quoted from the LDO's in paragraph 1.1 above that it is inevitable that pressure for alternative land use will develop along this axis over time - especially at some specialized nodes (e.g. the medical node).

After the new municipal demarcation of Polokwane Local Municipality (NP 354), the corridor may be extended due to the fact that Mankweng and the University of the North now form part of this municipality. This will only put more prominence on this corridor and therefore more pressure on land development and effective land use management.

The LDO's (1998:67) therefore propose that the Eastern Corridor's structure, land use composition and aesthetical quality of the area should be planned in advance to ensure that it develop within limits of scale and do not impose negatively on the residential quality of adjoining residential areas.

Such a study has been lodged during 1998/99 known as the Eastern Corridor Development Plan. However, issues pertaining to the medical node and extension of land use rights for medical consulting rooms, haven't been accepted and subsequently lead to this study.

3.2.3 The draft Land Development Objectives of Mankweng, 1999

(i) **Introduction**

The spatial development framework in this regard is basically developed along the following broad principles:

- *Compact City*
- *Consultation*
- *Hierarchy of settlements*
- *Higher density*
- *Sustainability*
- *Service delivery improvement*
- *Coordinated development*
- *Concentration of development along transport routes.*

In order to implement these principles the Greater Mankweng area was divided into nodes or clusters. These are population concentration or settlements or a group of settlements located close to each other, which have virtually no economic base, but a substantial number of people located at them.

(ii) ***Categorisation of clusters and proposed use/development***

The clusters have been categorized into first, second, third and fourth order settlements. Each cluster and proposed future use is briefly described below.

First Order Cluster Area

Mankweng town (Units A to F and the hospital), The University of the North, and the area bordering on the Pietersburg to Tzaneen Provincial Road opposite Mankweng, as well as undeveloped areas in between.

Proposed/future use and development proposals contain:

- Priority in terms of capital investment, upgrading and provision of services as well as social facilities.
- Centralization of offices
- New residential developments and densification
- Higher level of services.

Second Order Cluster Area

It includes a large area containing more isolated villages such as Ga-Silwane, Maboi, Nobody, Phuti, Boyne, etc. The main east west axis of the area is located parallel to the Pietersburg to Tzaneen Provincial Road, with Nobody Forming the western boundary and Boyne/Mountain View, the western extremity. A Further section of this cluster area extends southwest from Mankweng town towards Podile.

Proposed/future use and development proposals contain:

- More residential adjacent to first order and existing settlement, main transport routes
- Compact city to be a primary aim
- Existing light industrial node east of Nobody to be enhanced
- Higher level of service infrastructure
- Attract business and services/light industries
- Involvement of tribal authorities

Third Order Cluster Area

It consists of the farm/areas known as Baskoppie, Myngenoegen and Dalmada agricultural Small Holdings, as well as surrounding commercial farmland.

Proposed/future use and development proposals contain:

- Coordinated development with the eastern part of

Pietersburg TLC. Consultation at all times necessary

- Rural character to remain
- Limit business for local needs.

Fourth Order Cluster Area

These are located in various locations, the southwestern and northeastern sections of the TLC area, and are based on requests for service centers in these areas. A total of five potential service centers have been identified for development to accommodate facilities such as, clinics, taxi ranks and TLC's other public utility branch offices.

Proposed/future use and development proposals contain:

- Service centers to be accommodated
- Locations of these centers are approximate and additional investigations are required with respect to all aspect of these nodes to determine number, nature and their extent

Rest of the TLC Area

A number of approximately 39 smaller villages are scattered through the TLC area, all with a population figure of less than 500 people. The individual towns and settlements have been categorized according to their population sizes. Popular names of the settlements were used where applicable.

Proposed/future use and development proposals contain:

- Low-density rural settlements with commercial agriculture dominating the area.
- Limited organic growth to be allowed
- Upgrading of infrastructure to at least minimum level.

(iii) **Policy framework**

Physical Elements 430

Service provision will only be considered for new developments if it is situated in cluster areas, 1st, 2nd and 3rd: This principle does not however exclude service provision to settlements which are not included in cluster areas to upgrade services to minimum RDP levels. The hierarchy of settlements also allow for differentiating levels of service provision with respect to both existing and new development.

Decision with respect to bulk services should primarily be based on cost efficiency: This implies that services will be provided to as many people as possible within the budget limitations.

Social Elements

Higher order social facilities must be located in 1st and 2nd order cluster Area, and lower order and/or support or even temporary services must be provided to lower order nodes, especially the rest of the settlements, for example, providing a mobile health service to the rest of the settlement rather than a community health center or clinic.

3.3 Principles for land development i.t.o. the Development Facilitaiton Act, 1995

The LDO's of Pietersburg/Polokwane TLC as mentioned in paragraph 3.2.1 above, were compiled considering the requirements of Section 3 of Chapter I of the DFA, 1995 and summarise these principles.

However, for purposes of this study, the following principles should be highlighted, namely:

- Policy and administrative practice should:

- Promote efficient and integrated land development in that they optimize the utilization of existing social and physical resources;
- Promote the establishment of viable communities;
- Meet the basic needs of all citizens in an affordable way;
- Promote speedy land development;
- Stimulate the effective functioning of a land development market based on open competition between suppliers of goods and services.

- Administrative practice relating to land development should:
    - be clear and generally available;
    - be calculated to promote trust and acceptance;
    - provide guidelines and information;
    - give further content to the fundamental rights set out in the Constitution.

3.4 National and Provincial Government Legislation and Policy

3.4.1 Northern Province Spatial Rationale

(i) **Background and purpose**

The Northern Province Spatial Rationale could be regarded as a Macro Spatial Plan or provincial Integrated Development Plan to serve as broad guidance of other spatial planning initiatives which impact on physical, social and economic development. The relevant document is titled: *Northern Province Spatial Rationale: Provincial Spatial Plan: Policy, Strategy options and Implementation (Final Report), 1 October 1999.*

It is stated in this document that "*The most important aim with the spatial rationale is the formulation of an optimal and functional spatial pattern for the Northern Province. Furthermore the spatial rationale (and strategy) should inform the decisionmaking process regarding the locations that are favoured for new investments and the provision of*

social facilities and infrastructure such as water, health facilities, housing provision, etc.

The proposed spatial development scenario (although not without its shortcomings) provides a framework for macro spatial development which attempts to rectify the existing unbalanced and "unnatural" macro spatial pattern with spatial enclaves of certain groupings (i.e. former homelands). "

The vision adopted by the Provincial Government clearly provides the purpose for this plan, namely:

" .... to have a policy that would normalise the existing spatial pattern in the province, which was distorted by mainly past political processes and forces.

This vision of an optimal spatial pattern embodies the establishing of a functional hierarchy of settlements (both towns and villages) as an integral part of a macro spatial plan for the province. It must contribute to stability, economic growth and development in an equitable and sustainable way to address the problem of rural-urban inequality, but must also support a normal urbanisation process.

The spatial development policy must provide guidelines and a spatial development framework which would enable improved service delivery (which include both community facilities, and municipal infrastructure) to the majority of the people of the province on a cost-effective basis."

(ii) **Strategic (policy) objectives**

Paragraph 3.2 (p. 81) of the *Northern Province Spatial Rationale: Provincial Spatial Plan: Policy, Strategy options and Implementation (Final Report), 1 October 1999,* sets the policy strategy, of which the following points are important for this study, namely:

- *"The imbalanced and "unnatural" existing spatial pattern has to be changed to a more optimal spatial pattern within the guidelines of the provincial macro spatial plan (as a component of the spatial rationale) supported by the capital budgets of line departments and parastatals, as well as by multi-year plans and common*

priorities;

- *The spatial rationale (and more specifically the macro spatial plan) must get the support of all departments (and more specifically line departments) and parastatals and sectoral plans and strategies must be amended accordingly where it deviates. Capital budgets of departments must be in support of the spatial rationale, and should also be motivated on that basis;*

- *The spatial rationale must be accepted and promoted to all levels of government, parastatals, the private sector and other roleplayers as the provincial government's official instrument for macro spatial planning, which will guide and be guided by the integrated development planning processes on local government level. Furthermore, the spatial rationale must be seen as the beginning of an ongoing planning process, in which spatial, economic and sectoral (departmental) planners are members of a joint planning team;*

- *Local government areas which are the focus of the spatial rationale, and local government itself which has been assigned a developmental role, must function effectively and therefore be able to mobilise additional financial resources and be capacitated to fulfill its constitutional functions;*

- *Existing levels of services provision (both community facilities and municipal infrastructure) must be improved in terms of the spatial rationale and its proposed functional hierarchy of settlements;*

- *The present system of dormitory towns and villages for the economic areas, which they serve must be systematically changed to a system with settlements (towns and villages) with an economic base to support its people. It should include the following initiatives, viz.:*
  - *To improve the feasibility of local government by establishing and broadening of the local tax base;*
  - *To encourage investment by the private sector in economic activities such as Trade and Manufacturing by establishing and maintaining the critical threshold (in terms of population size and buying power) required;*

- *Urbanisation is a natural phenomenon and must be supported within the framework of the macro spatial plan for the province;*

- *Rural and regional development should be integrated, as rural development should play a much more significant role in future regional development, but it should occur within the macro spatial plan."*

(iii) **Macro Spatial pattern**

Chapter 2 (p.11) of the document identifies that *"...the macro spatial pattern of the province are confirmed in terms of the inter-relationship and/or connections between nodes, networks and areas"*

The macro spatial pattern therefore comprises:

- Nodes: Nodes are described i.t.o a hierarchy of towns and villages and are explained i.t.o. their spatial positioning in each of the 7 districts;
- Networks: Roads as the primary mode of transportation;
- Areas: Areas are functionally urbanised and areas in between nodes and networks also exist with emphasis on macro land uses.

In this regard and as it is further contained in this plan, nodes and subsequently the hierarchy of settlements will impact directly on the provision of health facilities

The settlement hierarchy consisting of 1st to 4th order settlements, has been sub-categorised into:

- Urban towns;
- Rural towns;
- Large villages (5000+ people); and
- Small villages (less than 5000 people).

3.4.2 Northern Province Infrastructure Data Base and other programs

According to Northern Province Infrastructure Data Base (NPID), August 2000, of which Social Services (health services) is one component, the Northern Province Growth and Development Strategy, 1997/98 sets out certain provincial development targets. In the latter, the provision of clinics within a 2km walking distance is envisaged.

Further in this NPID public health facilities are discussed and it is indicated that the current ratio for the Northern Province is 16 000 persons per clinic, compared to the target countrywide of 1 clinic for every 5000 people. The ratio for the Central District is even higher and stands at 1 clinic for every 22 738 persons.

The ratio for hospitals for the Central Region is 1 hospital for every 104 216 persons. The ratio for the province compared to the region is again lower and stands at 1 hospital for every 85 076 persons.

The table below is a summary of information in this regard obtained from the NPID.

TABLE 5: PROVISION OF HOSPITALS AND CLINICS WITHIN NORTHERN PROVINCE AND CENTRAL REGION.

	Number of hospitals	Ratio of hospital per population	Number of clinics	Ratio of clinic per population
N.Province	83	1/85 076	43	1/16 000
Central Region	12	1/104 216	5	1/22 738

Source: Pieterse Du Toit & Associates; August 2000; Northern Province Infrastructure Data Base; Pietersburg.

Nevertheless, according to the NPID it is therefore clear that the central region has a much lower provision of health services compared to the Northern Province. It can

therefore be concluded that much more pressure would be put on facilities in Pietersburg-Seshego as capital city of the Northern Province as well as on land use management in Pietersburg-Seshego, to provide in this need. This only confirms the need for a policy/strategy in this regard.

3.4.3 Government policy, legislation and classification of health services facilities.

(i) **International standards.**

The World Health Organisation (WHO) laid down standards for health services. According to their standards 2,9 beds/1000 population are adequate to provide in health facilities.

(ii) **National and provincial legislation and functions.**

The functional area of "Health Services" is a concurrent National and Provincial legislative competency. (See Schedule 4 Part A of Constitution). Furthermore, in terms of Part B of Schedule 4 and Sections 155(3) and 156 of the Constitution, municipalities are assigned with the function of Municipal Health Services.

It should further be highlighted that although a provincial government has the legislative power to monitor the local government matters listed *inter alia* in Schedule 4, it is subject to provision of section 154 which states that national and Provincial Government, by legislative and other measures, must support and strengthen the capacity of municipalities to manage their own affairs, to exercise their powers and perform their functions.

In the light of the above, it is clear that the provincial government can introduce its own legislation and regulations to manage and provide health service in respect of the province and to assist the municipality. (See paragraph (iii)

below)

However, certain national legislation still seems to guide aspects pertaining to health services. For purposes of this study, the following legislation was found to be of importance.

The Health Act (Act 63 of 1977) read together with its Regulations published in Government Notice R. 158 of 1 February 1980, is relevant.

It is important to note that Government Notice R. 434 of 19 March 1993 amended the above mentioned regulations to change the definition of "Private hospital" to mean -

"*any hospital or any other institution, building or place at which provision is made for the treatment and care of cases requiring medical and surgical treatment and nursing care, but excluding-*

(a) a hospital or any such institution .... Conducted by the State, a provincial administration, local authority, hospital board or any other public body;
(b) any consulting room, surgery or dispensary of a medical practitioner or dentist which does not provide any bed accommodation;
(c) an unattached operating theatre unit;
(d) a hospital or other institution licensed for reception and detention of mentally ill persons ......; and
(e) any institution ....or place for the treatment or nursing care of aged people attached to an old age home ..... "

(iii) **Provincial legislation on health services.**

The Premier of the Northern Province promulgated an act to legislate health services within the Northern Province. The Northern Province Health Services Act, 1998 (Act no. 5 of

1998) came into operation on 30 September 1999.

The following aspects of this act have an influence on this policy.

This act makes a distinction between "health facility" and "health service".

"Health service" seems more inclusive and in terms of this act means any service provided in, or in support of health facilities and referred to in section 2(2) and (4) thereof. The interpretation in this regard is made that it includes both public and private managed facilities.

"Health facility" in terms of the act means any health service facility referred to in section 2(2) thereof. The interpretation in this regard is made that it only includes public managed facilities.

Section 2(2) henceforth deals with establishment of Health Services Boards and only apply to district health authorities and district health services and facilities. A "health facility" therefore refers to "district health facilities and services" subordinate to the District Health Authority in which district they are located.

Section 2(4), however, identifies a larger spectrum and provide for health service facilities to serve as:

(a) district health facility;
(b) regional referral health facility;
(c) provincial referral health facility; and
(d) special function health facilities or institutions.

The latter is of most importance for this policy, because it provides the classification applicable to health service facilities.

Furthermore, Section 2(3) stipulates that the MEC may establish health facilities and services within demarcated districts and established District Health Authority area to:

(a) outreach services to be provided from mobile facilities;
(b) clinics;
(c) health centres with capacity of short-stay admission;
(d) health services facilities for admission and treatment of patients; and
(e) offices and institutions for the management of other health services.

The interpretation in this regard is made that this section also only refer to public managed facilities.

In terms of subsection (3), especially the provisions pertaining to (b), (c), and (d), will also influence this policy.

Also of importance for this study, is the fact that "Private health facility" is defined and means a health services facility which is not a health services facility of which the Northern Provincial Government (including the Administration) nor a local government is the owner nor which is managed by the Provincial Government or a local government.

Lastly, a "Special function health facility" is defined in the act and means any facility specifically set aside for treatment of tuberculosis, psychiatric illness or any other condition and designated as such by the MEC.

It is not quite clear how the above mentioned legislation relates to national legislation and especially privately managed health services and facilities, or "private hospitals". However, it is clear that private facilities are first of all recognized and secondly that it may form part of the total delivery of health services in the province.

What could be established from discussions with provincial health officials, is that the WHO's ratio is used to determine the number of beds necessary in a region/area to provide adequate health services, despite its status being private or public.

It is further more clear from studying the provincial health authority's policies, namely the document titled "Northern Province Department of Health and Welfare Draft Policy Document on Public/Private Mix in the Health Sector" dated 6 June 1997, that there exist a clear distinction between public and private medical facilities. However, there also exists a relationship between such facilities. For example, private medical practitioners may make use of public facilities for private patients subject to certain conditions and in cases of emergencies, private facilities should also be accessible for public patients.

It therefore confirms the above mentioned assumption that private health facilities form part of the total provision of health services. It is therefore concluded for purposes of this study that all medical facilities (public and private) should be taken into account when assessment criteria is created.

(iv) **Provincial classification of health services and utilization**

Furthermore, in general it was found that health facilities can be classified as follows, namely:

- Tertiary/Academic hospital;
- Special hospitals (e.g. Multiple Drug Resistance Hospital; Psychiatric hospital);
- Regional referral hospital;
- District hospital;
- Health centres; and
- Clinics.

In terms of this classification and further information obtained, the following standards and terms of reference were/will be introduced by the provincial health authorities in the Northern Province as can be seen in *Table 6A, 6B* and *6C* below, namely:

TABLE 6A: STANDARDS AND TERMS OF REFERENCE APPLIED BY NORTHERN PROVINCE HEALTH AUTHORITIES WITH REFERENCE TO THE CLASSIFICATION OF HEALTH FACILITIES.

Cate-gory	**Classification of health services facility**	**Population served/ catchment area**	**Radius or loca-tion**	**Other criteria** (Facilities, characteristics etc.)	**Standard/ Asessment of beds**
A	Academic hospital	1 complex in N.Prov	Pbg. & Mankg.	-	N/a
	Special hospital	-	-	-	
B	Regional referral hospital	1 per region	Pbg & Mankg.	Comply with R158; Max. 400 beds; 36 beds/ward; In-patient beds; Theatre facilities; ICU; Emergency service complex for ambulances.	WHO standard of 2,9 beds/ 1000 Popu-lation.

	District hospital		Based on need/referral from health centres, clinics and population size within specific area. Should fall within WHO standard.	-	Cc[illegible] Mc[illegible] 36 [illegible] In-pa[illegible] [illegible] Theatre[illegible] Only [illegible]igh care facility, 2 beds (no ICU); Emergency service complex for ambulances.	
	Health centre		30 000+	-	Should have referral clinics; Max. of 22 beds; X-ray unit; Dental unit;	
	Clinic	Visiting point	0 - 5000	5km	Maternity facilities; 24hour service;	
		Small clinic	5000-20000	5km		
		Big clinic	20 000+	5km		

Source: Dept. of Health and Welfare, Northern Province, 30 June 1997 and February 2001.

Standards of the World Health Organisation (WHO) were until recently applied with reference to provision of health facilities in category B above. The standard of 2,9 beds per 1000 population and a referral system, is applied by the Northern Province's health authorities. This means that from clinics upwards up to referral hospitals, (and even private hospitals) a region/area should provide in the total number of beds according to this ratio. For example, if the population figure is 200 000, only 580 beds are necessary to provide

adequate health services in that specific region/area.

Recently, the Department of Health and Welfare adapted the figures to suite South African circumstances. It was also evident from discussion with provincial health officials that a clear distinction is made between "primary health care" (clinics and health centres) and hospital services. The summary in *Table 6B* and *C* is the latest available figures and ratios to apply, although it is not officially approved when this policy was drafted.

TABLE 6B: LATEST STANDARDS AND TERMS OF REFERENCE APPLIED BY NORTHERN PROVINCE HEALTH AUTHORITIES WITH REFERENCE TO HOSPITAL FACILITIES IN THE NORTHERN PROVINCE.

Category	Classification of health services facility	Level of beds	Bed ratio provided per 1000 of population	No. of beds	Population estimate - Polokwane for 2001	Population estimate - North Prov.
Hospitals	District	L1	1,22	6020		
	Referral/ Regional	L2	0,35	1734		
	Academic hospital	L3	0,05	269		
	Psychiatric beds (specialized)	-	0,42	2052		
	Chronic beds	-	0,16	769		
SUBTOT:			2,2	10 844	-	-
Other	Step-down facilities	-	-	-		-
TOTAL:					583 136	4 926 914

Source: Dept. of Health and Welfare, Northern Province, October 2001.

TABLE 6C: LATEST STANDARDS AND TERMS OF REFERENCE APPLIED BY NORTHERN PROVINCE HEALTH AUTHORITIES WITH REFERENCE TO PRIMARY HEALTH CARE FACILITIES IN THE NORTHERN PROVINCE.

Category	Classification of health services facility	Consultation per person per year	No. of beds	Population per PHC facility	Population estimate - Polokwane	Comments
Primary health care (PHC)	Clinics	3,5	N/a	1:16000		Work on a referral basis (from clinics to District Hospital)
	Health Centres	3,5	-			
TOTAL:					583 136	

Source: Dept. of Health and Welfare, Northern Province, October 2001.

3.5 Existing situation with land use- Secondary study area

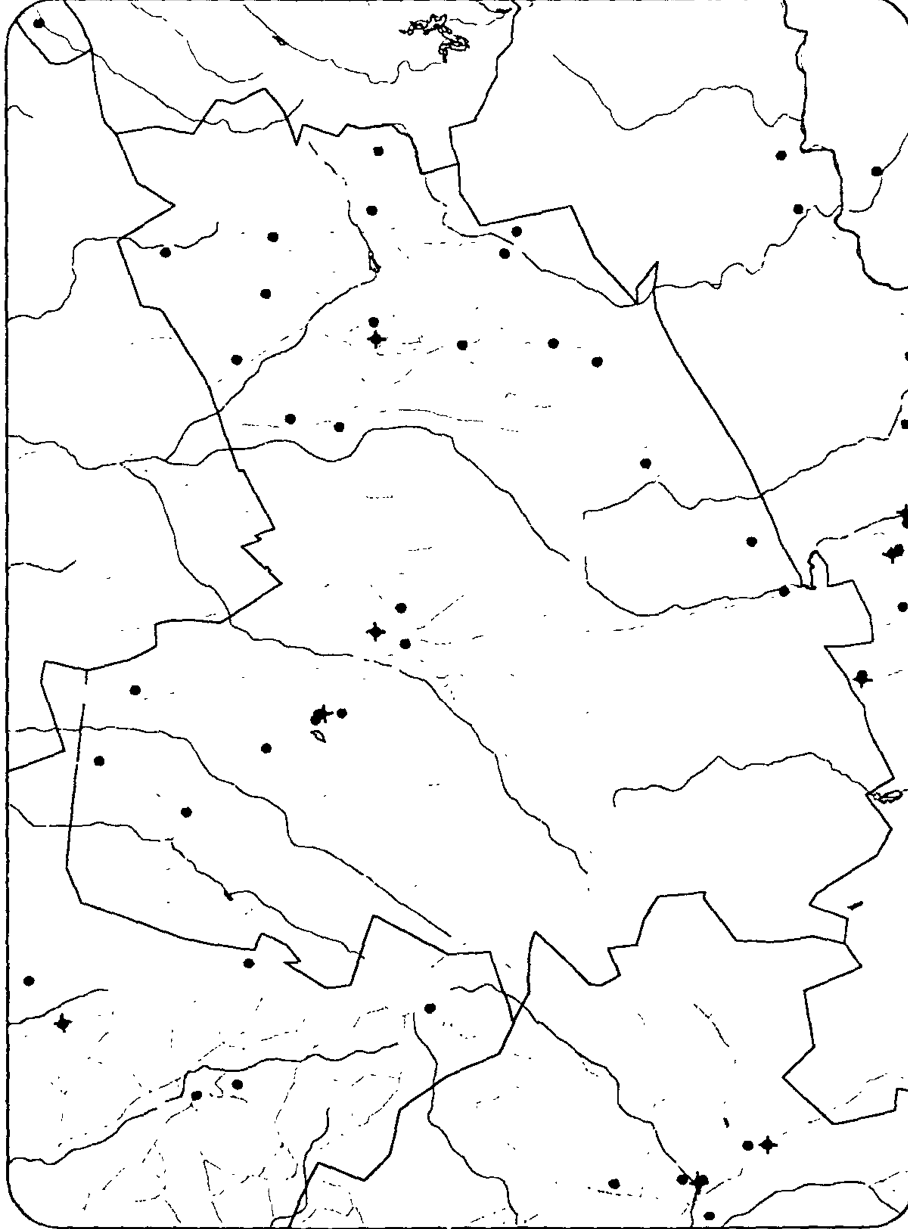
For the purpose of this study, focus in this section and part of the discussion, should only be placed on "higher order" uses such as provincial hospitals and publicly managed clinics.

The following facilities/uses can be found in the secondary study area as can be seen in *Figure 11* and also *Tables 7* and *8* below.

TABLE 7: HOSPITALS PER TOWN/VILLAGE AND HEATLH DISTRICT IN SECONDARY STUDY AREA

Health district/Area	Town/Village name	Hospital name	*Estimated population served
Mankweng	Mankweng B	Mankweng Hospital	165 763
TOTAL:		**1**	**165 763**

Source: GIS Project Solutions, 1999 & Polokwane Local Municipality, Dept. City Engineer, GIS, 2000.



Medical and related land uses within Polokwane Municipality
Policy Document
Figure 11
Hospitals
Clinics
Pietersburg Administrative unit
Department of the City Engineer
Planning Division
Sheet 1 of 1 sheet
Not to Scale
21/05/2001
Polokwane Municipality

TABLE 8: CLINICS PER TOWN/VILLAGE IN SECONDARY STUDY AREA

Health district/Area	Nearest Town(s)/ Village(s) served	Clinic name	*Estimated population served
Mankweng	Bothashoek, Mashemong, Mehlakong, Lenyenye, Masekho.	J Mamabolo Clinic	7 602
	Mongwaneng, Ga-Kgolo, Ga-Mamphaka, Moshate 2.	A Mamabolo Clinic	6 085
	Ga-Magona, Ga-Mojapelo, Phuti, Tsatsaneng.	Phuti Clinic	12 827
	Mankgaile	Block 14 Clinic	2 937
	Mamantsha	Sehlale Clinic	3 639
	Ga-Mothapo	Molepo Clinic	2 464
	Moduwane	Seobi/Dikgale Clinic	1 078
	Lithupaneng	Mamushi Clinic	2 287
	Ga-Mothiba	Mothiba Clinic	3 902
	Mankweng A, B & C, Univ. North	Mankweng CLinic	50 206
Subtotal:			*93 027*
Moletji/Matlala	Komape 2; Komape 3; Madikote; Koloti; Mabukelele	Percy Clinic/ Moletji Clinic	12 625
	Matamanye	Matamanyane Clinic	2 501
	Semenya 1	Semenya Clinic	3 400
	Kgohlwane; Perskebult	Perskebult Clinic	27 024
Subtotal:			*45 550*
Maraba/Mashashane-Maja	GA-Mothiba, Matobole	Soetfontein Clinic	4 731
	Schoonheid, Ga-Maja	Maja Clinic	9 004
	Chuene-Moshate, Marulaneng 2	Chuene Clinic	4 329
Subtotal:			*18 064*

Dikgale /Soekmekaar	Makotopong 1 & 2	Makotopong	5 834
Subtotal:	Seyabeng B	Sebayeng Clinic	[illegible]
Haenertsburg	[illegible] 1, 2 &3 Ga-Rakopi	[illegible]	[illegible]
Subtotal:			*5 666*
TOTAL:		**21**	**235 043**

Source: Polokwane Municipality, Pietersburg/Polokwane Admin. Unit Dept City Engineer, Town Planning Division, 2001; GIS Project Solutions, 1999; Polokwane Municipality, Dept City Engineer, GIS, 2000.

It was assumed that apart from general practices which may also occur as "consulting rooms", only the provincial hospitals and clinics deliver health services in the secondary study area, which is mainly rural in character.

However, no medical consulting rooms or similar uses are indicated in this study due to lack of (land use) information in this regard.

It was further assumed that the more specialized medical uses and facilities are rather located in the larger towns such as Mankweng, which has the only hospital. It was therefore assumed that the most specialized facilities are mainly to be found in the urban town/cluster of Pietersburg/Seshego, functioning as regional node.

4 ANALYSIS

4.1 Testing of hypothesis and conclusions of sub problems

4.1.1 Hypothesis 1

To solve the problem of the way in which the local municipality should deal with land uses pertaining to medical facilities, the hypothesis was set that the local municipality should put a strategy/policy in place to deal with the provision of medical facilities on different categories in a hierarchic system and according to each category's function within the greater area and/or regional context.

Deliberation

This hypothesis is mainly answered by the government's classification system and approach on provision of health services, which are based on a referral and hierarchic system.

This approach/hypothesis is also answered through the other sub-problems discussed subsequently.

Secondly, this approach is founded on a simple principle namely that medical facilities deliver different functions according to their target market and field of specialization and either on a region or local basis, therefore their spatial distribution can automatically be drawn parallel.

It was realized that all medical facilities couldn't be dealt with in the same manner without distinguishing between functional levels. A hospital serves a larger target market than a practice of a GP. Therefore, this can be compared with a similar policy on provision of shopping facilities based on the Christaller theory.

Conclusion

This hypothesis and approach is adopted.

4.1.2 Hypothesis 2

No hypothesis was set how the strategy/policy and hierarchic system according to functional categorization, should be manifested spatially and where will the most suitable location for each category be?

The reason for setting no hypothesis was because part of the study was to determine this.

Deliberation

The hierarchic system has already been adopted and seen as the approach to spatially distribute the different categories of medical facilities.

Some of the other hypothesis, provides the input to set the standards and subsequently determines the spatial manifestation and policy to adopt. Furthermore, existing policy and land uses will also influence the final location and spatial manifestation.

It was found that government policy envisages that a certain ratio of different health facilities should be accessible to the patients/population. The hierarchy and distribution will therefore be influenced by two main components, namely distance and population density.

However, function also plays a very important role. Certain urban areas have been identified as development nodes. A certain order also exists according to the size and function of the settlement/towns/cities. This is an accepted principle and well known fact, namely that urban settlements exist

and are classified according to its function and its facilities it provide.

The classification and the function health facilities should play, also go hand in hand with the hierarchic order within the region/municipal area.

Furthermore, other criteria relating to desirability from a town planning point of view, is also influencing the final location of each type of facility/land use.

Conclusion

It is therefore clear that the distribution and spatial manifestation should be based on macro spatial planning issues, function, standards (distance and population density), and accessibility.

4.1.3 Hypothesis 3

This hypothesis submits that currently the local municipality doesn't have a sufficient spatial development strategy in place to accommodate the need for additional medical facilities in the area. However, the municipality had a good existing policy in the past, but lacks recent initiatives to update and address the current need.

Deliberation

It was shown that the former Pietersburg/Polowkane TLC on the one hand had a clear policy pertaining to its medical node in Burger Street and on the other hand failed to have a specific policy on other medical and related facilities.

Although, the policy pertaining to GP's, though unwritten, is clear in a certain sense, this may be abused if mis-interpreted.

Furthermore, although the municipality had a good policy in place pertaining to the medical node, the fact that 3 rezoning applications are hanging, definitely indicates that shortcomings exist and that the municipality doesn't have sufficient policy in place to take a resolution.

From written inputs received (see deliberation on Hypothesis 5 below), it was further reaslised that in affect additional policy/precedent was created with the Pro-Park entity's existence. The importance of rights approved in this areas and the impact on policy issues, has also been neglected.

Conclusion

This hypothesis is adopted and it is admitted that policy should be revised as soon as possible and a clear framework created against which spatial manifestation could be considered.

4.1.4 Hypothesis 4:

In this instance, no hypothesis was also set w.r.t. the policy and approach of the national and provincial government in the provision of medical facilities and medical consulting rooms.

Part of the study was also to obtain more information to use as input to develop a policy on land use management in this regard.

Deliberation

This hypothesis goes hand in hand with the deliberation on Hypothesis 1 and 2.

It was discovered that certain standards is used by health authorities in the provision of different types of health

facilities and the provision of the number of beds in an area.

Furthermore, provincial legislation dictates and classifies the spectrum of health services facilities.

With regard to macro spatial planning strategies, the provincial government also formulated an optimal and functional spatial pattern for the Northern Province, known as the *Spatial Rationale*. Furthermore this strategy should inform the decision making process regarding the locations that are favoured for new investments and the provision of social facilities and infrastructure.

It was clear from this Spatial Rationale that a hierarchy of settlements should exist and that certain types of facilities should only be allowed in the higher order settlements.

Conclusion

If the government's approach is followed, it can also be concluded and confirmed that different types of health facilities exist and should be provided for.

It is also confirmed that a hierarchic approach should definitely be followed in the provision of different types of health facilities as well as to provide such facilities within the macro spatial pattern.

4.1.5 Hypothesis 5:

No hypothesis was set for what the opinion of other stakeholders and interested parties in the approach to be followed in the provision of medical facilities as far as land uses and earmarked areas are concerned, would be.

The reason for this is because part of the study was to determine this and to obtain their input as part of community participation and fair administration.

Deliberation

Introduction:

The draft policy (1st draft document, 27 March 2001) has been made available during April 2001 to the general public for inspection and further comments and inputs.

Several enquiries were received and some copies were also handed out to interested persons on request. Although limited written inputs were received initially, the inputs were of great value.

Amendments were made after receipt of the mentioned inputs and a final draft document (11 May 2001) was submitted to Council's committees. A workshop was requested and held on 15 October 2001 where interested parties, Councilors and officials had the final opportunity to submitted inputs and final amendments. Some inputs were again received, mainly from the provincial government health officials.

The document and policy was subsequently finalised during October 2001.

The medical node in Burger Street:

Input was also received from a local town planning firm in respect of the regional node and the area between the existing medical node and provincial hospital.

It was proposed that the area between the existing medical node (Burger Street) and provincial hospital should gain more momentum if development is channeled already in early stages in that direction. The author agrees with this submission.

The whole issue was re-looked and therefore the area north of Grobler Street was also incorporated into earlier phases of the proposals. Phasing was approached in somewhat different manner. More emphasis was placed on the two axles, namely a north-south axle between the provincial hospital and current medical node in Burger Street, and the east-west axle between the medical node and CBD.

The parking problems in the vicinity of the current medical node in burger Street was also pointed out. The southward expansion is supported and proposed that parking and the provision of a "heli-pad" should be investigated. According to the author this could be considered when the development takes off I this area. Due to the fact that Council owns land (Voortrekker Park) in that area, positive steps can be introduced by the municipality to ensure sufficient parking.

The Pro-Park entity:

One of the main concerns was raised by the developer/township establisher of Pro-Park and Hampton Court. It mainly deals with the status of the so called Pro-Park, originally Erf 1045, Bendor Extension 8, which was later subdivided into several smaller portions/erven. It was stated that considering the rights already approved in the area, the Pro-Park/Hampton Court development should be regarded as a medical node itself.

Although it can be agreed that to little emphasis was placed in the first draft document on the status on this development, it could not be regarded as a medical node similar to the one in Burger Street. According to the first draft, the interpretation of the author was that Pro-Park can be compared to similar facilities which accommodates clinics and individual consulting rooms occurring elsewhere throughout the Polokwane Municipal area.

It was at that point in time also compared with secondary

activity nodes (i.e. shopping centres) which are also not emphasized as "medical nodes" as such for purposes of this study. However, it was accepted that consulting rooms can be located here and that such areas/facilities serve a local area or neighbourhood. In terms of Table 14 it could have been classified as a "Neighbourhood Facility" because it contained a day clinic.

Nevertheless, reconsidering all the facts it is acknowledged that the rights approved at Pro-Park is unique and should be regarded as something more than just a local or neighbourhood facility. The Pro-Park area consists of 12 erven of which one erf (Portion 5 of Erf 1045) obtained use rights for a day-clinic, medical consulting rooms, offices, florist and gift shop, and the other 11 erven can be used for purposes of medical consulting rooms or offices. Currently several erven in Pro-Park are already used as consulting rooms. However, the day-clinic erf hasn't been developed yet.

In Hampton Court itself two erven have also been rezoned for purposes of medical consulting rooms.

In the light of the above it is concluded that in terms of Table 14, it is proposed that Pro-Park currently be classified as a "*Community Node or Medical Centre*" in terms of the hierarchic order with the main purpose of "*Medical Centre for consulting rooms for medical specialists and GP's etc. including a clinic or special clinic.*"

Conclusion

Although limited written response was received, it was meaningful inputs. The inputs received contributed to some amendments to the 1st draft document, which should address the concerns raised.

The lack of objections and other comments can be

interpreted that the proposed policy is supported by the interested parties and public in general and should therefore not hinder the approval thereof.

4.2 Population projections for Polokwane Municipality

Finally, before the development framework is set, this study should arrive at applicable population figures to be used afterwards. For purposes of further proposals (paragraph 5) in this study, projected figures for 2003 will be utilized.

Tables 9 and *10* below provide figures pertaining to estimated population projections of the new Polokwane Municipality as derived and adapted from different sources of information. Both high and low scenarios are projected up to 2003.

TABLE 9: HIGH SCENARIO POPULATION PROJECTIONS: POLOKWANE MUNICIPAL AREA

Area	**2000**	***Growth (@ Avg. annual growth rate of 4,6%)***	**2001**	***Growth (@ Avg. annual growth rate of 4,0%)***	**2003**
Pietersburg/ Seshego	147 477	*6 783*	154 260	*12 587*	166 847
Mankweng	225 671	*10 380*	236 051	*20 261*	255 312
Maraba/Mashahane	29 294	*1 347*	30 641	*2 500*	33 141
Moletji-Matlala/Maja	99 468	*4 575*	104 043	*8 490*	112 533
Dikgale/Soekme-kaar	89 614	*4 122*	93 736	*3 749*	97 485
Haenertsburg	12 433	*571*	13 004	*1 061*	14 065
TOTAL:	**603 957**	***27 778***	**631 735**	***48 648***	**679 383**

Sources & figures derived from: Polokwane Municipality, Pietersburg/Polokwane Admin Unit. Dept City Engineer, Town Planning Division, 2001; Pietersburg/Polokwane TLC IDP/LDO's, 1998; Mankweng TLC LDO's; Northern Province Spatial Rationale, October 1999; Dept. Water Affairs and Forestry.

It is projected, considering a high annual growth rate of 4,6% reducing to 4,0%, that the 2003 population will stand at 679 383 people. If a more moderate annual growth rate is considered of

between 3,0% reducing to 2,6%, the population for 2003 is estimated at 654 840 people.

Break-down figures of certain areas should also be considered. The two areas of Pietersburg/Seshego and Mankweng can be regarded as the major two cluster (growth point & population concentrations) areas of the Polokwane Municipality. It is therefore necessary to take cognizance of such information because these clusters are the main focus areas where higher order medical facilities (e.g. hospitals) should locate.

It should be understood that not the whole population of the Mankweng area is urbanized. The figures in the table above must be broken down. Such calculation was done separately and it was estimated that almost 45% of the population (300 000 people) predicted for 2003, will live in the 2 clusters, namely Pietersburg/Seshego and Mankweng.

As will later be pointed out in paragraph 5.1.1, a further 25 % or 147 998 people of the total population, live in second order settlements (rural towns), and only 30% (185 995 people) in the 3rd and 4th order settlements - villages of the Polokwane municipal area.

TABLE 10 : LOW SCENARIO POPULATION PROJECTIONS:
POLOKWANE MUNICIPAL AREA

Area	2000	*Growth (@ Avg. annual growth rate of 3,0%)*	2001	*Growth (@ Avg. annual growth rate of 2,6%)*	2003
Pietersburg/Seshe-go	147 477	*4 424*	151 901	*8 001*	159 902
Mankweng	225 671	*6 770*	232 441	*12 244*	244 685
Maraba/Mashahane	29 294	*878*	30 172	*1 589*	31 761
Moletji-Matlala/Maja	99 468	*2 984*	102 452	*5 397*	107 849
Dikgale/Soekme-kaar	89 614	*2 688*	92 302	*4 862*	97 164
Haenertsburg	12 433	*372*	12 805	*674*	13 479
TOTAL:	**603 957**	***18 116***	**622 073**	***32 767***	**654 840**

Sources & figures derived from: Pookwane Municipality, Pietersburg/Polokwane Admin. Unit. Dept City Engineer, Town Planning Division, 2001; Pietersburg/Polokwane TLC IDP/LDO's, 1998; Mankweng TLC LDO's; Northern Province Spatial Rationale, October 1999; Dept Water Affairs and Forestry

4.3 Summary

The provision of medical facilities and land use rights should be dealt with on **different categories** in a **hierarchic system** and according to each category's **function within the greater area** and/or regional context.

The hierarchy and distribution will be influenced by the following key components, namely:

- *Macro spatial planning issues;*
- Function (regional vs. local);
- Standards (distance, population, access)

From estimated population figures for 2003 which stand at approximately 660 000 people, it is evident that almost 45% of the population in the municipal area is accommodated in the two major urban towns (growth points), namely Pietersburg/Seshego and Mankweng. This represents almost 300 000 people. The balance of people in the rural towns and villages represents 55% or roughly 360 000 people.

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5 SPATIAL DEVELOPMENT FRAMEWORK

5.1 Settlements and growth points

5.1.1 Classification of settlements in Polokwane

As stated above in this report, the hierarchy of settlements as contained in the Northern Province Spatial Rationale, will influence the spatial manifestation and location criteria of health facilities in general. This represents the *macro spatial planning* issues.

It is therefore accepted that the proposed future urban structure which exists of a functional hierarchy of settlements for Polokwane, as illustrated in *Figure 12*, will consist of:

Clusters

- Urban towns: 1st Order (Growth points): Pietersburg/Seshego & Mankweng;
- Rural towns: 2nd Order (Population concentrations): e.g. Perskebult/Bloedrivier; Sebayeng; Dikgale.

3rd & 4th Order settlements

- Large villages: 3rd Order Settlements.
- Small Villages: 4th Order settlements.

Subsequently:

(i) **Urban Towns - Growth points**

Urban towns are the 1st order settlements or so called growth points in Polokwane, and exist of two areas/nodes only, namely the Pietersburg/Seshego cluster and Mankweng cluster.

Figure 12
Functional hierarchy of settlements :
Polokwane Municipal area
1
First order
2
Second order
Polokwane Municipality

These 2 areas with their urban population of almost 300 000 people, are estimated to represent almost 45% of the total population of Polokwane. As urbanization takes place, it is expected that these figures will grow. The contrary may therefore be true, namely that the population of 3rd and 4th order settlement's will slowly decrease over the next 20 years as part of the normal urbanization process.

The urban towns in Polokwane should, as the name suggest, therefore be the main areas to concentrate growth and future new development, creating of job opportunities and economic growth. They are therefore the growth points.

These growth points are therefore those towns or a group of towns located relatively close to each other where some form of economic, social and institutional activities, and a substantial number of people are usually found.

They seem to have a natural growth potential, but don't develop to their full potential due to the fact that capital investments are made on an *ad hoc* basis without any long term strategy for the district as a whole.

The identified growth points should be stimulated by amongst others, providing a higher level of service infrastructure which will ensure that appropriate services are available for potential business and service/light industrial concerns. The higher level of services, relative to other settlements in the district will also attract residential settlements to these growth points, with the implication that certain threshold values in population be reached, to provide for higher levels of social, physical, institutional and economic services.

(ii) **Rural Towns - Population concentrations**

Rural towns are the 2nd order settlements or so called population

concentrations, and exist of towns/villages or a group of villages located close to each other, which have virtually no economic base, but a substantial number of people located at these villages.

These population concentrations are mainly located adjacent to tarred roads or intersections of main district routes, which provide accessibility to job opportunities. These nodes should also be given priority in terms of infrastructure provision with a higher level of services, although not at the same level as for growth points. This approach should be followed to attract people from other smaller villages with a lower level or no service infrastructure.

From the figures in the *Table 11* below, it is evident that a total of 41 villages represents a total estimated population of 147 998 people.

For the total Polokwane Municipality's population it represents approximately 25% of the total population.

The following villages can be classified as 2nd order or Rural towns, namely:

TABLE 11: 2nd ORDER SETTLEMENTS (RURAL TOWNS) AND POPULATION.

Previous entity/area	Villages in 2nd	Estimated
Mankweng	Nobody-Mothiba	7638
	Maboi	7700
	Badimong	7122
	Ga-Mothlolo/West	2561
	Nobody-Mothapo	4821
	Ga-Silwane	2593
	Viking	1125
	Thabakgone	2874
	Komaneng	2587
	Ga-Mojapelo	7540
	Tsatsaneng	3213
	Masekoleng	3583
	Phuti	2840
	Ga-Magowa	2272
	Paledi	891

	Paledi	891
	Ga-Mothapo 2	1245
	Makgopeng	2418
	Boyne	4310
Subtotal:	*18*	*67 333*
Dikgale/Soekmekaar	Sebayeng A	4833
	Sebayeng B	4498
	Dikgale 2	6343
	Dikgale 3/North	3243
	Dikgale 1/Kgwareng	4212
	Ga-Mokgopo	3097
Subtotal:	*6*	*26 226*
Moletji/Matlala	Perskebult	8398
	Bloedrivier	6068
	Koloti	7200
	Mabukelele	1600
	Ngoesheng	1200
	Madikoti	1900
	Mmadikoti	1200
	Semenya 2	4542
	Ramongwane 2	4300
	Ga-Nonyane	1578
	Ga-Ramoswane	1421
	Cloe	742
	Ga-Rampuru	1590
	Rampuru	2674
Subtotal:	*14*	*44 413*
Maraba-Mashashane/ Maja	Thokgawaneng	3061
	Chuene Moshate	2660
	Maratapelo	4305
Subtotal:	*3*	*10 026*
TOTAL:	**41**	**147 998**

Source: Derived from Northern Province Spatial Rationale, October 1999.

(iii) Large and small villages

Third order settlements are large villages which have 5000 people or more. They do not form part of any cluster, and are relatively isolated in terms of surrounding settlements.

The potential for self-sustained development growth is also limited by the lack of development opportunities.

Fourth order settlements are small villages which are not included in the previous three categories of the settlement hierarchy.

These settlements are grouped together by the fact that by far the majority are very small (less than 1000 people) and are rural settlements which are only functioning as residential areas with no economic base.

The potential for future self-sustainable development of these settlements are therefore extremely limited or non-existent.

The following villages can be classified as 3rd and 4th order settlements or villages (*Table 12*), namely:

From this table it is evident that a total of 103 villages represent a total estimated population of 185 995 people.

For the total Polokwane Municipality's population it only represents approximately 30% of the total population.

TABLE 12: 3rd & 4th ORDER SETTLEMENTS (VILLAGES) AND POPULATION

Previous	**Villages in 3rd & 4th order settlements**			
	Name	Est. Pop.	Name	Est
Mankweng	*Ga-	9133	Lekgotwane	2100
	Manthorwane	3000	Kgokong	2315
	Masekwane	586	Ga-Mothapo 1	2699
	Makuburg	619	Lithupaneng	2773
	Kgwareng	623	Mankgaile	2896
	Mountain View	1658	Ga-Ramphere	2927
	Maripathekong	988	Ga-Mogano	3083
	Ga-Kgolo	1018	Ga-Sebati	3299
	Moduwane	1078	Ga-Mothiba	3342
	Makatiane	1185	Mamantsha	3419
	Ga-Lekgothoane	1229	Ga-Thaba	3603
	Matshela-Pata	1284	Leswane	3797
	Ntshichane	1392	Ga-Kama	5065
	Ga-Tshwene	1656	Ga-Maphoto	116
	Mehlakong	1752	Ga-Moswedi	220
	Ga-Maidula	1973	Makgeng	283
	Thune	1973		
Subtotal:			*33*	*73 084*
Dikgale/	Makotopong 1	4252	Mantheding/West	1656
	Makotopong 2	3882	Cottage	312

	Makotopong 2	3882	Cottage	312
	Madiga	3116		
Subtotal:			*5*	*13 218*
Moletji/ Matlala	Setati	2300	Mmodigoring	1361
	Hlahla	2645	Masobohleng	1342
	Ramatlwane	3200	Ga-Kgoroshi	1313
	Mabitsela	2460	Komape 2	1256
	Semenya 1	2422	Ga-Kobe	1240
	Manamela *	2172	Komape 1	1219
	Ga-Ramakara	637	Waschbank	1193
	Ga-Ngwetsana	1810	Taung	1120
	Bakone	3470	Mamadila	1050
	Manamela 2	3120	Sengatane	1050
	Makibelo	1893	Kobo	1032
	Mokgokong	1860	Ditengteng	1030
	Ramangwane	1792	Christiana	996
	Opgaaf	1777	Ramalapa 1	982
	Ga-Mabotsa	1710	Kgorosi	927
	Ga-Mabitsela	1660	Kgoroshi	826
	Chebeng	1651	Mahwibitswane	805
	Wachtkraal	1600	Mabotsa	728
	Ga-Modikana	1495	Damplaats	524
	Ramagaphola	1440	Makwenya	1388
	Ga-Setshaba	1423		
Subtotal:			*41*	*63 919*
Maraba-Mashashane/ Maja	Kalkspriut	2896	Diana	1526
	Ga-Mathiba	2745	Naledi	1500
	Matobole	2666	Manapye	1438
	Sepanapudi	2197	Marulaneng 2	1372
	Sebora	1941	Doornspruit	1337
	Newlands	1885	Utjane	1293
	Monotwane	1779	Mohlonong	1246
	Ga-Mapangula	1697	Sefahlane	1236
	Ga-Mangou	1688	Ga-Madiba	1008
	Ga-Maja Moshate	1680	Monotwane 1	914
	Ga-Matlapa	1676	Waterplaats	887
	Glen Roy	820		
Subtotal:			*23*	*34 531*
Lebowakgomo	Sepanapudi	1243		
Subtotal:			*1*	*1243*
TOTAL:			103	185 995

Source: Derived from Northern Province Spatial Rationale, October 1999.
Note: 3rd order market with *

5.1.2 Provision of health facilities with reference to the hierarchy of settlements

High order facilities such as hospitals and health centres should primarily be located in 1st or 2nd order settlements (being growth points and population concentrations). The lower order function on its turn, can locate at lower order settlements. Within these settlement orders the specific type of facility, should be as follows:

(i) **Hospitals**

Hospitals should only be located in urban towns (1st order settlements) and rural towns (2nd order settlements) and if required in terms of the Department's standards, in larger villages in the proposed clusters.

(ii) **Health centres**

Community health centres and similar order facilities should primarily be located in urban and rural towns, and/or larger villages within the proposed 1st and 2nd order settlements. Furthermore, depending on the size of the community, community health centres could also be located in large villages (3rd order settlements).

(iii) **Clinics**

Clinics could be located at any type of settlement within 1st and 2nd order settlements, depending on the departmental standards. Clinics can also be located in 3rd order settlements (settlements with large populations), and only in 4th order settlements if the number of villages and the population residing in these villages require it. The norm should rather be that mobile services are provided to the 4th order settlements, which are mostly small villages.

(iv) **Consulting rooms**

A distinction should be made between consulting rooms for

specialists and normal consulting rooms for GP's, dentists etc., simlpy because of the different function it delivers and target market it serves.

The first group delivers a regional and citywide function and should only be located in higher order settlements, namely 1st and 2nd order settlements and within a node or medical centre. It is also very closely associated with subordinate and related uses in support of their service.

The consulting rooms for GP's, dentist etc. is mainly seen to provide services on a more local level, serving neighbourhoods and targets markets throughout the districts and municipal area. It should therefore be possible to locate such consulting rooms in any order settlement. In the lower order settlements (e.g. 3rd and 4th order) such uses/services comprises of single practices and don't constitute medical centres.

It should also be realized that special functions and services could be delivered by certain GP's, dentists, physiotherapists etc., Therefore delivering a regional function to be compared with medical specialists. Such consulting rooms and services should also be located in the 1st and 2nd order settlements.

(v) **Other related facilities**

Nursing homes, social refuge centres/institutions (e.g AIDS counseling centre, rape crisis centre etc.), step-down facilities is also facilities on the lower order of the hierarchy. It is not proposed that such facilities should form part of any node or medical centre and should be considered on its own merits within a specific area or neighbourhood. However, it should be kept in mind that certain of these facilities may deliver a regional function and the merits (need and desirability) should be strictly evaluated.

Nevertheless, normally these facilities serve a more local market within a specific city district or neighbourhood and can therefore locate within any 1st, 2nd and larger 3rd order settlements, but is not preferred in 4th order settlements. However, if special merits exist it could be considered by the municipality.

5.2 Hierarchy of medical facilities

In the light of above mentioned, a hierarchy of medical and related facilities is proposed and accepted. This hierarchy should mainly be based on the following criteria, namely:

- Macro spatial planning criteria;
- Function of the facility/use;
- Population to be served by such facility;
- Accessibility.

In the light of this hierarchic system and criteria, the distribution and location of such facilities will therefore be placed bounded in a certain sense. On a macro scale, certain facilities are "place bounded", and in a limited manner it will also be "place bounded" on local level.

However, sound town planning principles and criteria relating to desirability, should always underlay the final location.

For purposes of this study no detail locations will be prescribed in instances of a macro approach, only principles will be set. Schematic proposals indicating suitable areas w.r.t. possible areas to locate some uses, will however be pointed out. If proposed on more local level, the local spatial development frameworks will provide more detail and specific recommendations.

The hierarchy of medical and related facilities, classification, zonings to apply and criteria influencing the hierarchic order and location, consist of the components as set out in *Tables 13 and 14* below, namely:

TABLE 13: HIERARCHIC APPROACH TO PROVISION OF MEDICAL FACILITIES, USES AND ASSOCIATED FACILITIES AND ZONINGS/USES PERMITTED.

Func-tion	Hierarchic Order	Facilities and main purpose	Subordinate and related uses	1)* Zoning/Use rights permitted (A: Use zones/Uses permitted /-/ B: Uses/rights permitted with consent)
Column 1	*Column 2*	*Column 3*	*Column 4*	**Column 5*
Target market Regional & city	1. Regional node or medical centre	Tertiary hospital; Regional referral hospital; Special hospital or clinic; District referral hospital; Consulting rooms for Medical Specialists.	Pathologist; Radiologist; Chemist/ pharmacy; Blood services; Emergency medical services; Consulting rooms for GP's, dentists etc; Place of refreshment; kiosk; gift shop; florist & overnight accommodation.	A: Government; Municipal; Institution; "Special"; 2)Business 2 & Business 3. B: Institution (only i.r.o. Business use zones); Residential building; "Special Use".
	2. Community node or medical centre	District referral hospital; Community hospital; Special hospital or clinic; Health centre; Consulting rooms for Medical Specialist and GP's.	Pathologist; Radiologist; Chemist/ pharmacy; Blood services; Emergency medical services; Clinics; Nursing homes; Consulting rooms for GP's; place of refreshment; kiosk; gift shop; florist.	A: Government; Municipal; Institution; "Special"; 2)Business 2 & Business 3. B: Institution (only i.r.o. Business use zones); "Special use".
Target market Local	3. Neighbourhood facility	Health centre; Clinics; Step-down facility; Nursing home; Social refuge institution; Consulting rooms for GP's, dentists etc.	Dispensing chemist not exceeding 55m² i.r.o. health centres and clinics and 30m² i.r.o. consulting rooms; Kiosk.	A: Municipal; Institution; 2)Business 2; Business 3; & "Special". B: Institution; "Special use".
	4. Local facility	Consulting rooms for small and single medical practices (GP's, Dentist, Physiotherapists, Traditional healers, Homeopaths, Psychiatrist, etc.).	Dispensing chemist not exceeding 30m².	A: "Special"; 2)Business 2 & Business 3; B: "Special use"; or "Household Enterprise".

NOTES: 1) * Zonings/uses permitted (*Column 5*) should be applicable i.r.o. the use/purpose required (*Columns 3&4*) and *vice versa*, and also read together with stipulations of the applicable zoning scheme and other policy strategies.
2) Business 2 and 3 zonings should not be interpreted as zonings allowed to enable establishment of new use rights to permit facilities i.t.o. this policy, but only which enable such facilities to be established where such zonings already exist or based on the need i.r.o. business facilities (e.g. at shopping centres i.t.o hierarchy of shopping centres)

TABLE 14: HIERARCHIC ORDER, STANDARDS AND CRITERIA TO LOCATE MEDICAL AND RELATED FACILITIES

Hierarchic order	1) **Facilities/ Main purpose**	**Standards, criteria & spatial manifestation**		
		Provision & manifestation: Population served & (Bed Ratio/pop)	***Service radius***	***Location Criteria and urban structure***
Column 1	*Column 2*	*Column 3*	*Column 4*	*Column 5*
1. Regional node or specialized medical centre	Tertiary/Academic hospital; (Excluding Private hospital)	1:500 000+ (0,05beds/1000 population). 1 facility in Northern Prov.	N.Prov./ Capri-corn district	Preferably located in Urban towns (1st order settlement), but can also locate in 2nd order settlements in exceptional cases; Centrally located within municipal area; Highly accessible from region and all districts of city; Located adjacent to or close to District Distributor road (minor arterial) (class 3) within city; Close proximity of other related uses and business nodes. The existing Pietersburg/Mankweng complex serve the purpose as academic facility.
	Regional referral hospital;	1:500 000+ (0,35beds/1000 population). 1 facility in Capricorn Region;		
	2) Special hospital; Special Clinic or rehabilitation centre.	1: 50 000	30km+	
	District referral hospital with medical centre or medical consulting rooms.	1: 50 000; (1,22beds/1000 population)	10-30km.	Preferably located in 1st order settlements, but can also locate in 2nd order settlements; Highly accessible from city district and different community groups; Located adjacent to or close Local Distributor road (class 4) within city district;

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	Medical centre for consulting Rooms for Medical Specialists		1:200 000	30km+	Only located in 1st order settlement/s (Urban towns); Close proximity or part of a hospital; Highly accessible from region and all districts of city; Located adjacent to or close to District Distributor road (minor arterial) (class 3) within city;
2. Community node or medical centre	District referral hospital.		1:50 000; (1,22beds/1000 pop)	10-30km. To serve number of clinics	Only located in 1st & 2nd order settlement/s; Highly accessible from city district and different community groups; Located adjacent to or close Local Distributor road (class 4) within city district;
	*Health centre		*See below		*See below
	Medical centre or 4)large practices for consulting rooms for Medical Specialists and GP's etc. including a clinic or special clinic.		1: 50 000.	5-10km	Only located in 1st & 2nd order settlement/s. Close proximity or part of a hospital; Highly accessible from city district and different community groups; Located adjacent to or close to Local Distributor road (class 4) within city district;
3. Neighbour-hood facility	*Health centre		1:45 000. According to need within community group of neighbourhoods and to fall within referral system from clinics.	To serve number of clinics	Primarily located in 1st & 2nd order settlement/s, but depending on the size of community, also in 3rd order settlement; **Note:* In case of a health centre, it may serve more than 1 community group and may even form part of a Community node.
	Clinics (incl. private	Big	1:20 000+	5km.	Primarily located in 1st & 2nd order, as well as larger 3rd order and in exceptional instances in 4th order villages depending on population.

	private clinics)	Small	1: 5000 - 20 000		4th order settlements should mainly be served with mobile facilities (clinic visiting point);
Neighbourhood facility continue.	Nursing homes; Step-down facilities.		1:10 000. According to need within community group of neighbourhood (4,348beds/ 1000 population)	5km.	Primarily 1st & 2nd order, but may also locate in larger 3rd order settlements.
	Social refuge centre/institution.		1:10 000. According to need within community group of neighbourhood	5km	Can locate in any order settlement. Highly accessible from community group and different neighbourhoods. Target market located within specific community group, rather than neighbourhood; Located adjacent to or close Local Distributor road or Residential Access Collector roads (class 5a) within community group.
	Consulting rooms for 3)small practices for GP's, medical specialists, dentists etc. but should not imply a medical centre.		1:10 000. According to need within community group of neighbourhoods;	2-5km	Can locate in any order settlement. Highly accessible from community group and different neighbourhoods. Target market located within specific community group, rather than neighbourhood; Located adjacent to or close Local Distributor road or Residential Access Collector roads (class 5a) within community group.

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4. Local facility	Consulting rooms for 3)single or small practice of GP's, medical specialists, dentist, clinical psychologist, phisio-therapists, scichia-trist, etc.	1:2000. According to need on Neighbourhood level;	0,5km-2km	Can locate in any order settlement. Highly accessible from neighbourhood; Target market located within specific neighbourhood; Located in any Residential Access Road (class 5) within neighbourhood.
	Clinic visiting point	1:5 000 or even less than 5 000. According to need within comm. group;	5km	Primarily mobile facilities should only serve in 4th order settlement.

NOTE: *1)* "Private hospitals" are included in the definition/word "hospital" except i.r.o. Tertiary/Academic hospital.
2) A Special hospital, Special Clinic or rehabilitation centre may be considered/located on its own merits in any other location in a 1st or 2nd order settlement if exceptional circumstances exist and only if the municipality is convinced that such facility could not, and that it is not desirable to locate in the Regional Node.
3) "Single practice" for GP's, medical specialists etc. means a practice consisting of only 1 medical doctor/professional person with additional staff/assistants not exceeding 3 persons, whilst "Small practice" for GP's, medical specialists etc. means a practice consisting of not more than 2 medical doctors/professionals with additional staff/assistants not exceeding 3 persons.
4) Large practices for Medical Specialists and GP's etc. means a practice with more than 2 medical doctors/professionals and/or with more than a total of 5 people working from such practice.

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5.3 Spatial manifestation: Nodes and facilities.

5.3.1 Introduction

Medical nodes and medical centres as it was previously accommodated in policy of the municipality, should now be accommodated both under *Regional nodes* and *Community nodes*.

Furthermore, it should include the uses/facilities from hospitals at the top scale down to *GP's* at the lowest order of the scale, because this is the highest order in the hierarchy and should therefore contain the most services concentrated in one place/location.

Furthermore, different subordinate and other uses can be associated with these nodes and centres and must be provided for in the structure to deliver a high level of service to the community and region.

The more local medical and related facilities, including clinics and local practitioners, are now classified under *neighbourhood* and *local facilities*. They always existed but were not clearly identified and classified.

Because their hierarchic order is lower, they only accommodate the uses in the lower and bottom range of the spectrum of medical facilities. However, from a town planning point of view, they are also of utmost importance to ensure effective delivery of services.

To conclude: It is therefore proposed that the spatial manifestation should materialized by means of *nodes* and *facilities*.

Nodes should primarily be bounded by macro spatial issues/strategies, and final site location by local spatial planning strategies, whilst facilities are primarily more place bounded to local spatial issues/land use management strategies, but also influenced by macro spatial planning initiatives.

For purposes of planning proposals in this section, the following periods

are involved/referred to. However, emphasis is rather placed on the progress or developed position of a phase/area than the time period. The period mentioned below is only a brief indication possible periods involved. These are:

- Short term: 2 year period starting immediately up to 2003/4;
- Medium Term: 3 year period from 2003/4 to 2006/7 or until revised;
- Long Term: From 2006/7 and beyond or until revised.

Therefore, if land in a phase/area is 80% developed/taken up, it is proposed that the municipality consider that the next term or phase may start. It may also be that less than 80% is taken up but that a specific development requires it be established in another phase/area. It is also proposed that the municipality may consider such development with all relevant facts and allow it within other policy principles.

5.3.2 Regional node (Figure 13)

The Regional node is the highest order node within this hierarchic structure. In the case of Polokwane municipality and the city, only 1 such node and specialized medical centre is proposed at this stage, and it should preferably be located in a 1st order settlement, or urban town.

Regional nodes contain facilities such as Tertiary and Referral hospitals, special clinics, rehabilitation centres, and medical centres for medical specialists. They are more focused in delivering a service to the province and region.

Due to the regional importance of Pietersburg/Polokwane as mentioned in the LDO's, such node should rather be accommodated in the latter. Other agglomeration benefits and linkages with other sectors of the economy exist, to motivate the location of such use in the capital city.

It is recommended that the current medical node in Burger Street, should perform this function of the Regional node or specialised medical centre of Polokwane due to its access, central location etc.

The possible further extension of this node should therefore not be denied and hold in remission.

The following is therefore proposed as also indicated in *Figure 13*, namely:

The node/Area involved:

Existing node: The area between Plein and Compensatie Streets and Thabo Mbeki and Grobler Streets.

Proposed node (long term objective): To expand the node initially westwards towards the CBD, as well as a limited expansion directly to the north and south, therefore creating an east-west axle between the existing node and the CBD. Eventually the node will also be expanded Northwards towards the Pietersburg Provincial Hospital, thus creating a north-south axle between the existing provincial hospital and the medical node, and especially the private hospital and medical centre in burger Street. (See map, *Figure 13*).

The east-west axle should rather accommodated higher order uses and higher density development due to its location alongside the so called Eastern Corridor. The north-south axle should allow similar uses but of less intense development, being in a more residential area in character.

The Pietersburg Provincial Hospital and area alongside Potgieter Avenue (Pietersburg Extension 46) will be earmarked as Community node/Medical centre in its own respect, but will contribute towards the Regional node and its status within the greater area of Polokwane.

Expansion & phasing:

First Phase: The character of the development in this area/phase should be recognized by higher order medical land uses such as hospitals, institutional uses, specialized medical centres and medical consulting rooms for specialists.

This phase consist of 2 steps, namely:

***Step 1** (Proposed short term expansion):*

The immediate expansion of the node westwards towards the CBD, between Grobler and Thabo Mbeki Streets up to Biccard Street, is accepted/proposed.

This first step/extension will include the area between Compensatie and Dorp Streets and Thabo Mbeki and Grobler Streets and the area between Dorp Street up to Biccard Street, but only the head erven alongside and south of Grobler Street. These erven are those ones directly directly south adjacent to the street as indicated in the figure.

***Step 2** (Proposed short to medium term expansion):*

After 80% of this area/step is developed, the further expansion south and northwards, directly opposite the existing node in Burger Street should commence.

This step/extension will include the head erven south of Thabo Mbeki between Plein and Compensatie Streets and the head erven north of Grobler Street between Compensatie and Burger Street and some other erven on the south western corner of Grobler and Burger Streets. Thus, in a certain sense emphasizing the importance of Burger Street in the north-south axle.

* Also refer to Phases 2 and 3 below i.r.o. consent uses which may be granted as part of a short to medium term objective.

<u>Second phase:</u> The character of the development in this area/phase should, as in the first phase, mainly be recognized by higher order medical land uses such as hospitals, institutional uses, specialized medical centres and medical consulting rooms for specialists. This will include the area to be part of the east-west axle. However, a part of this phase, also include areas to be part of the north-south axle.

This phase consist of 2 steps, namely:

Step 1 (Proposed medium term expansion):

The municipality should only consider new development in this area and this phase, once Phase 1 (in total) above is 80% developed and/or if the proposed development of this phase is in the opinion of the municipality, necessary and desirable.

The importance of the two axles is further emphazised in this step. This first step/extension will include the area between Compensatie and Biccard, but only the head erven alongside and north of Grobler Street, and also the head erven between Compensatie and Dorp Streets alongside and south of Thabo Mbeki Street, which complete the east-west axle comprising of higher order and intense uses.

Also included in this step/expansion is the area alongside Compensatie and Burger Streets (up to their mid blocks) between Grobler and Jorissen Streets, which contain similar uses but of less intense development, being in a more residential area in character.

Step 2 (Proposed medium term and medium to long term):

The municipality should only consider new development in this step/area, once Step 1 above is 80% developed and/or if the proposed development of this step is in the opinion of the municipality, necessary and desirable.

Included in this step/expansion is the area alongside Compensatie and Burger Streets (up to their mid blocks) between Jorissen and up to Rissik Streets, which complete the north-south axle comprising of less intense development.

Third phase - Proposed long term expansion:

Once strong nodes and development axles have been established as proposed in the 1st and 2nd phase, the development of the remainder of the area proposed for the Regional Node, should be considered as the 3rd and final phase.

This phase/extension will include the areas between Plein Street up to the mid block with Burger Street between Grobler and Rissik Streets, the area between Biccard and Dorp Streets (up the mid block of Dorp with Compensatie Streets) between Grobler and Rissik Streets. (See map, *Figure 13*).

This phase, as well as the phases which involves the north-south axle, should mainly accommodate uses proposed for the Regional Node, but could also accommodate neighbourhood and local facilities as contemplated in this policy.

However, the development should be less intense and more focused on lower order uses, such as uses contemplated in Column 4 of Table 13, with the exception perhaps of development along Biccard and Dorp Streets.

Dorp Street is also very accessible and in a certain sense linking the Provincial hospital (community node) with the Regional node as well as other areas of the city. On the map (*Figure 13*) Dorp Street is indicated as *Step 1* in this phase, because development in this phase should start along this route to stengthen the north-south axle.

However, this long term expansion/phase 3 should only be allowed once Phase 1 is 100% fully developed and Phase 2 is 80% developed.

The character of this area will differ from the areas mentioned in the first two phases in the sense that the residential character must be maintained as far as possible. This area should rather be a mixed land use area, consisting of residential uses, the medical and related land uses such as medical consulting rooms and institutional uses, as well as other uses currently founded there (e.g. educational, over night accommodation etc.)

* In the mean while, the municipality may as part of a short to medium term objective to stimulate the ability of this policy and long term objective, consider neighbourhood and local facilities as part of special consents (clause 20 of the town planning scheme). However, in such

instances/applications the residential character must be maintained at all instances and the amenities and character of the area, should in the opinion of the municipality, not be prejudiced. (Note: Clause 21 Written consents is in any case applicable throughout the area)

This area will therefore serve as transitional zone for those medical and related uses which are, at this stage, not necessary and desirable to locate in the 1st and 2nd Phase areas of this node, but will in the long term contribute to enforcing the viability of this Regional node.

5.3.3 Community nodes (Figure 14)

The Community nodes are the second highest order nodes within this hierarchic structure. In the case of Polokwane municipality and its settlements, more than 1 such node and medical centre could definitely be accommodated, and it should preferably be located in 1st or 2nd order settlements, urban or rural town.

These nodes contain facilities such as referral and community hospitals and medical centres for medical specialists and GP's. They are more focused on delivering a service to a specific community within an area or city district.

Figure 14 reflects the existing and proposed spatial distribution of community nodes.

Due to the occurrence of hospitals in Pietersburg, Seshgeo and Mankweng, which are in fact the 1st order settlements, it is proposed that, as a first phase, these nodes be strengthened at this stage, rather than to promote such nodes in the 2nd order settlements. Other agglomeration benefits and linkages with other sectors of the economy exist, to motivate the location of such uses in these urban towns.

It is therefore recommended that the current hospitals, namely the Seshego Hospital, the Pietersburg Hospital and the Mankweng Hospital should perform the function of Community nodes (District Hospitals) or medical centre in the urban towns.

It is however, possible when consideration is given to population sizes, that similar, but perhaps smaller nodes/medical centres could be justified in other towns/areas or even more than one such node within a town/area. When analyzing the matter further, the following prevails:

TABLE 15: NUMBER OF COMMUNITY NODES/MEDICAL CENTRES WHICH CAN BE CREATED IN POLOKWANE, CONSIDERING POPULATION PROJECTIONS FOR 2003.

Area/town	Ratio & population served	Population predicted for 2003	Number of nodes/medical centres		
			Justi-fied	Exist	Shortage
Pietersburg/ Seshego	1/50 000 people	159 902	3	2	1
Mankweng		244 685	5	1	4
Maraba-Mashshane/Maja		31 761	0	0	0
Moletji-Matlala		107 849	2	0	2
Dikgale/Soekmekaar		97 164	2	0	2
TOTAL		**641 361**	**12**	**3**	**9**

The possible further extension of these nodes and creation of additional ones, should therefore not be denied and hold in remission.

The following is therefore proposed, namely:

The nodes/Areas involved:

Existing nodes: The following existing nodes can be identified, namely:

- Community Node 1 - Seshego Hospital;
- Community Node 2 - Pietersburg Provincial Hospital;
- Community Node 3 - Mankweng Hospital.

These nodes can be expanded to provide a more complete service as contemplated in this policy (Tables 13 and 14)

Community Node 1 - Seshego Hospital

This node/area will include the existing Seshego Hospital located on Erven 7946 and 1920 Seshego Zone A, and also Erven 1922 and 8230 Seshego Zone A. This will form the core of the node.

The following area and erven in close proximity of the hospital should also form part of this node in order to allow for subordinate and supporting uses as contemplated in this policy. The following erven are located alongside Nelson Mandela Drive and part of the proposed node, Erven 1871 to 1882; Erven 2592 to 2621 Seshego Zone B.

Community Node 2 - Pietersburg Provincial Hospital and area along Potgieter Avenue

The Pietersburg Provincial Hospital together with the Rethabile/ Potgieter Avenue Health Centre (located in the proposed Pietersburg Extension 46) form the core of this node.

This node will eventually include the area to the north to north-east of the provincial hospital and is bordered by Landdros Mare Street extension (Road P1-7); Potgieter Avenue; Dias Street; Magasyn Street; Van Warmelo Street; Plein Street; Excelsior Street; Burger Street; Rissik Street; A portion of land between Rissik and Hospital and Burger and Compensatie Streets (SANDF land subject to availability of land); Hospitaal Street; and Dorp Street. (See map, *Figure 13*)

The character of this area should be recognized by higher order medical uses such as hospitals, medical centres, health centres, clinics, institutional uses etc. as contemplated in Tables 14 and 14 of this policy.

Community Node 3- Mankweng Hospital

The node consists of the Mankweng Hospital. Further closer investigations should reveal the exact area of this node, read together with expansion proposed below.

Proposed new nodes (long term objective):

Apart from the above, the following additional *Community nodes* and/or extensions of current nodes can be created/are proposed, namely:

facilities. Each case should be considered on its own merit according to the criteria set out in this policy. Facts such as availability of other health facilities, (e.g. medical consulting rooms and hospitals) as well as existing land uses, will influence the future development framework.

Nevertheless in respect of health centres and clinics, the following brief analysis of minimum facilities required, can be made considering population projections for 2003:

TABLE 16: NUMBER OF NEIGHBOURHOOD AND LOCAL FACILITIES IN RESPECT OF HEALTH CENTRES AND CLINICS REQUIRED IN POLOKWANE, CONSIDERING POPULATION PROJECTIONS FOR 2003.

Area/town	**Ratio & population served**	**Population predicted for 2003 (low scenario)**	**Number of health centres & clinics**		
			Justi-fied	Exist	Shor-tage
Pietersburg/Ses-hego	1/10 000 people	159 902	15	6	9
Mankweng		244 685	24	10	14
Maraba-Mashshane/Maja		31 761	3	3	0
Moletji-Matlala		107 849	10	4	6
Dikgale/Soekme-kaar		97 164	10	4	6
TOTAL		**641 361**	62	27	35

5.4 Provision of facilities

Not only does the spatial manifestation as set out in paragraphs 5.2 and 5.3 influence the final provision of health facilities, but other standards should also be applied.

In respect of hospitals, health centres, clinics, nursing homes etc. with bed capacity, it is important to apply other standards of health authorities in determining the need for and the size of additional health facilities.

Therefore, the WHO's standard of 2,9 beds/1000 of the population is accepted for purposes of this policy as good indicator for the number

of beds required and size of each facility necessary in an area to provide the community with health services facilities on world standards.

However, this figure may not be possible in South Africa and specifically the Northern Province due to constraint of resources and government policy. Therefore the minimum figures required, should depend on Provincial government health department's standards and policy. During compilation of this study final policy strategies and principles were not finalized which may necessitates later amendments to this part of the study.

When analyzing this matter further, the following prevails from *Table 17* below and should only be regarded as indication of possible facilities.

TABLE 17: INDICATION OF NUMBER OF BEDS REQUIRED TO SERVE POPULATION OF POLOKWANE WITH HEALTH SERVICES FACILITIES (WORLD STANDARD).

Area/town	**Population predicted for 2003 (low scenario)**	**Facility with bed capacity**	**Number of beds** (WHO Standard: 2,9/1000 pop)		
			Justified	Provided	Shortage
Primary study area					
Pietersburg/ Seshego		Pietersburg Medi Clinic	-	168	-
		Pbg. Provincial Hospital	-	500	-
		Wenso-med	-	14	-
		Hospitum	-	8	-
		Seshego Hospital	-	140	-
		Rethabile HC	-	35	-
Subtotal:	*159 902*	*6*	464	865	-401

In conclusion: The information (shortage) in Table 17 should be used as a broad guideline to determine the need of health facilities in areas. The final provision and size of such facilities are subject to detail assessment thereof.

5.5 Spatial Development Framework (Figures 13 and 14)

With all the information and detail above, the Spatial Development Frameworks for Polokwane Municipality in respect of provision of health facilities, is set out in *Figures 13* and *14*.

5.5.1 Macro Spatial Development Framework for Polokwane

A Macro Spatial Development Framework for Polokwane is contained *Figure 14* hereto.

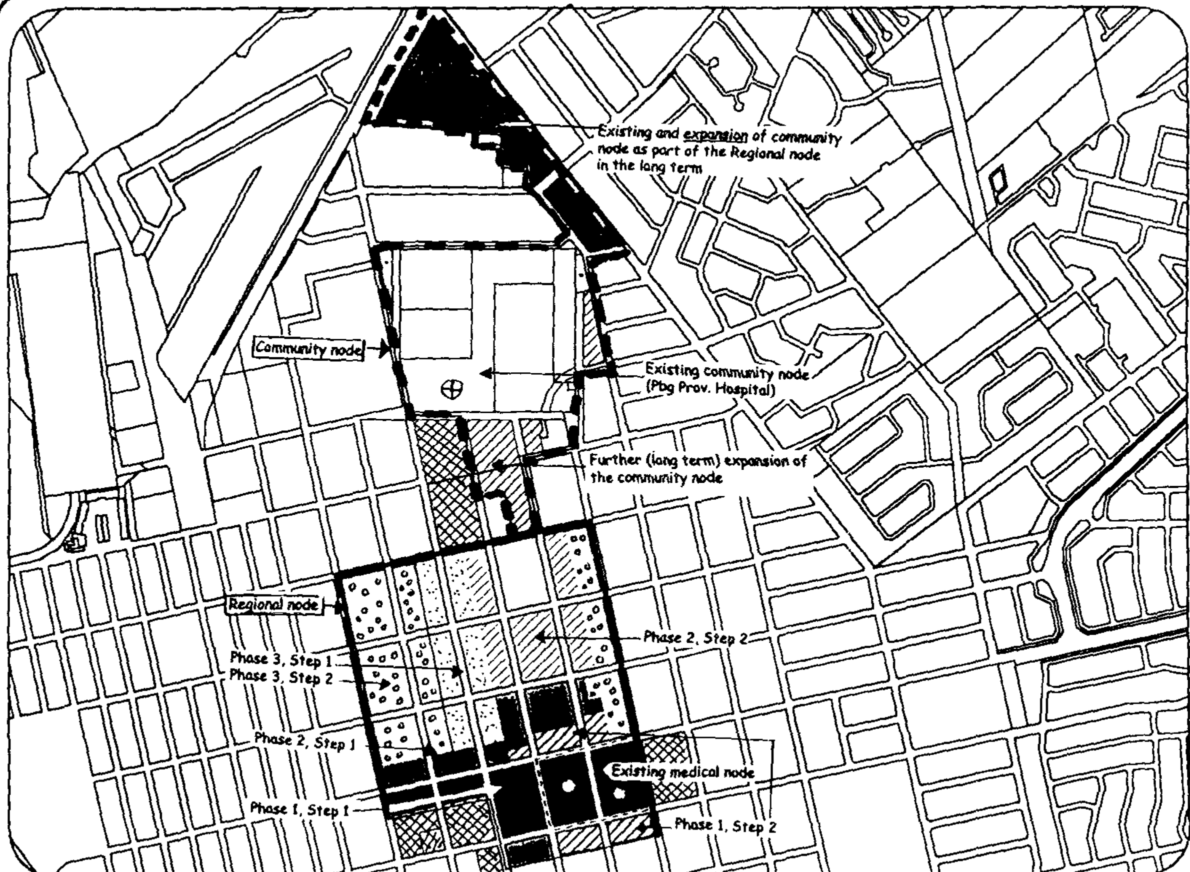
5.5.2 Local Spatial Development Framework: Pietersburg/Seshego

Figure 13 contains a more detail or Local Spatial Development Framework in respect of the primary study area of Pietersburg/Seshego. This mainly deals with provision of the Regional Node and some Community nodes within specific areas in these urban towns. Similar plans may in future be compiled for the other settlements identified in the macro plan as nodes.

6 CONCLUSION

The various types/categories of medical and related facilities when considering applications for land development and or land use change (rezonings), are contained in a policy which deals with it on a hierarchic system according to specific criteria. A spatial development framework is in place to accommodate this new approach.

The policy now accommodates the complete spectrum of medical facilities and categories of medical land uses to be found in an integrated approach.


Existing and expansion of community node as part of the Regional node in the long term
Community node
Existing community node (Pbg Prov. Hospital)
Further (long term) expansion of the community node
Regional node
Phase 3, Step 1
Phase 3, Step 2
Phase 2, Step 2
Phase 2, Step 1
Existing medical node
Phase 1, Step 1
Phase 1, Step 2
Medical and related land uses within Polokwane Municipality
Policy Document
Figure 13
Local Spatial Development Framework: Regional node and a Community node - Expansion pertaining to provision of medical and related facilities/land uses
Regional node
Existing medical node
Other existing facilities/uses to be classified under Regional node
Phase 1, Step 1
Phase 1, Step 2
Phase 2, Step 1
Phase 2, Step 2
Phase 3, Step 1
Phase 3, Step 2
Part of node in long term
Other rights
Community node
Existing community node (Pbg Prov. Hospital)
Existing and expansion of community node as part of the Regional node in the long term
Further (long term) expansion of the community node
Pietersburg Administrative unit
Department of the City Engineer
Planning Division
Polokwane Municipality
Sheet 1 of 1 sheet
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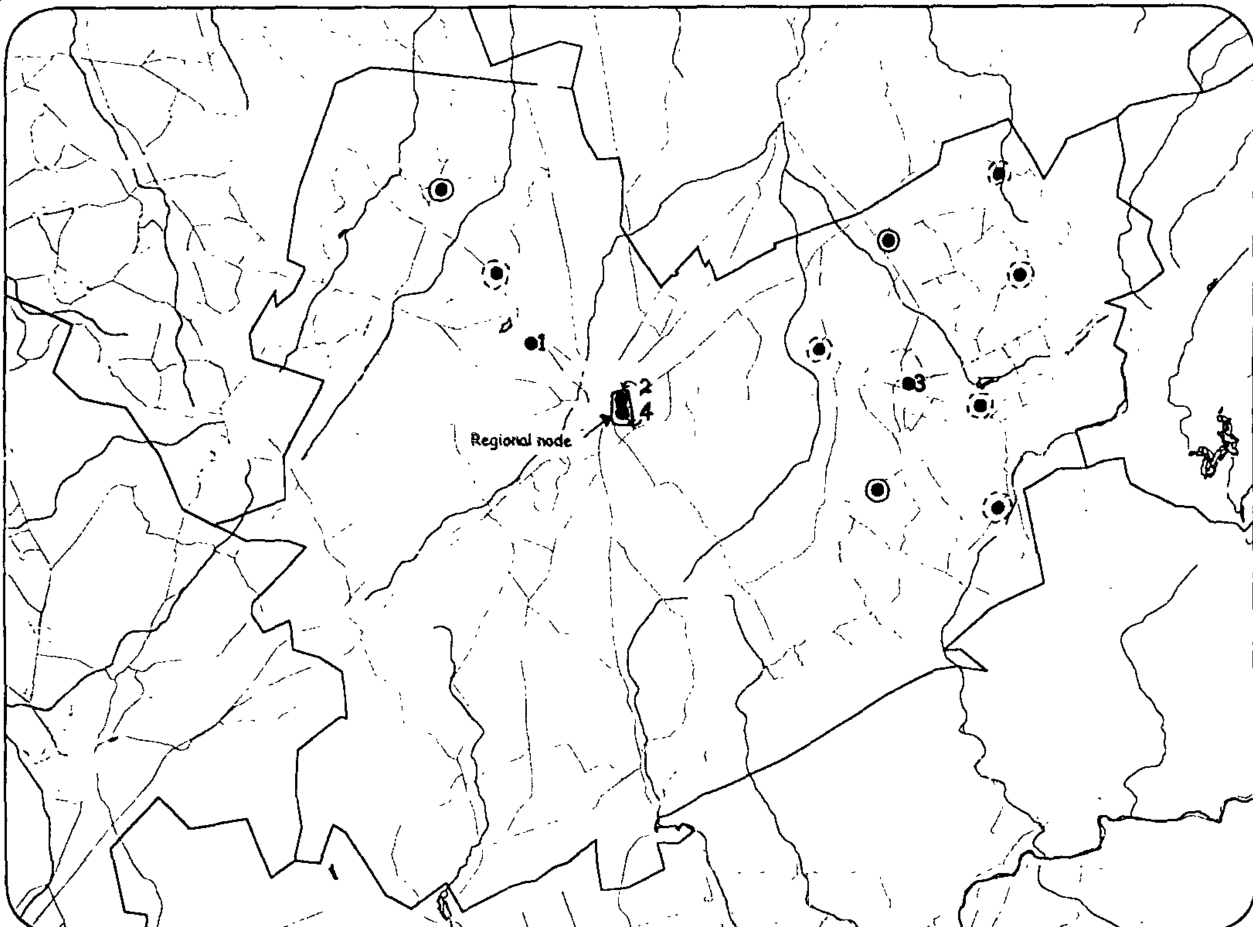
21/05/2001


Medical and related land uses within Polokwane Municipality
Policy Document
Figure 14
Polokwane Municipality : Macro Spatial Development Framework pertaining to provision of medical and related facilities/land uses
Community node (existing)
Existing hospitals
1 Seshego Hospital
2 Pietersburg Provincial Hospital
3 Mankweng Hospital
4 Pietersburg Medi-Clinic
Proposed community nodes (short to medium term)
Proposed community nodes (medium to long term)
Regional node
Regional node
1
2
3
4
Pietersburg Administrative unit
Department of the City Engineer
Planning Division
Polokwane Municipality
Sheet 1 of 1 sheet
Not to Scale
21/05/2001

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