



health

Department of  
Health  
FREE STATE PROVINCE

# DISTRICT HEALTH PLAN 2011/2012

**FREE STATE PROVINCE**

**XHARIEP DISTRICT**

**STATEMENT BY THE HOD**

**TO BE ISSUED BY OFFICE OF THE HOD**

**AKNOWLEDGEMENTS**

We hereby wish to acknowledge with gratitude, our partners and stakeholders for their valuable contributions in the development of the 2011/2012 Xhariep District Health Plan. In particular, the members of our District Health Council, Hospital Boards and Clinic Committees, who have played such an important role in both the development and implementation of our District Health Plans. Without your unwavering support it would not have been possible to render a qualitative service to our communities.

The compilation of a District Health Plan involves intensive verifying of information, and careful planning for the setting of realistic targets for the upcoming years. This is all made possible by carefully studying past trends in the health sector as well as the social development sector within the communities we serve.

The achievements attained for the year 2010/2011 were made possible by the presence of partners, guidance and support of all stakeholders and the skill, dedication and commitment of all Xhariep Health Personnel. Together we are ready and able to continue making a worthwhile contribution towards the improvement of health outcomes in the Xhariep District

#### **OFFICIAL SIGN OFF**

It is hereby certified that this District Health Plan:

- Was developed by the district management team of XHARIEP DISTRICT with the technical support from the provincial strategic planning unit.
- Was prepared in line with the current Strategic Plan and Annual performance plan of the Department of Health of FREE STATE PROVINCE



**ME NP TSHEGARE**  
District Manager

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_



**MR B POLELO**  
Provincial Manager Responsible for DHS

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_



**DR S KABANE**  
Head of Health

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_

## TABLE OF CONTENTS

SUBJECT	PAGE NUMBER
Acronyms	6
Executive Summary	7
Vision and Mission	10
Map of Free State	11
Map of Xhariep District	12
<b>PART A: STRATEGIC OVERVIEW</b>	13
1. Major Demographic Characteristics	13
Health Priorities and Epidemiological Profile of the District	15
2. District Services Delivery Environment	16
3. Organisational Environment	22
4. District Progress towards the achievement of MDG's	28
5. District Contribution Towards Health System Priorities for 2009 -2014	29
6. District Health Expenditure	43
<b>PART B: COMPONENT PLANS</b>	46
7. Service Delivery Plans	47
8. Infrastructure, Equipment and other Support Services	76
9. Human Resources	82
10. District Finance Plan	84
<b>PART C: LINKS TO OTHER PLANS</b>	86
11. Health Facility Revitalisation Plans	86
12. Conditional Grants	87
13. Donor Funding	88
14. Public Private Partnerships and Public Private Mix	88
15. <b>CONCLUSION</b>	89

## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average length of stay
APP	Annual Performance Plan
BOR	Bed Occupancy Rate
BPRP	Batho Pele Revitalisation Programme
CHC	Community Health Centre
CHWs	Community Health Workers
CPN	Chief Professional Nurse
DAEC	District Adverse Events Committee
DHAC	District Health Advisory Council
DHC	District Health Council
DHER	District Health Expenditure Review
DHIS	District Health Information System
DHP	District Health Plan
DHS	District Health System
DIO	District Information Officer
DoH	Department of Health
DOTS	Directly Observed Treatment Short-course
EHS	Environmental Health Services
EMS	Emergency Medical Services
ENAs	Enrolled Nursing Auxiliaries
ENs	Enrolled Nurses
FTE	Full-time equivalent
GIS	Geographic Information System
HBC	Home based care
HCT	HIV counselling and testing
HCRW	Health Care Risk Waste
HIV	Human Immuno-deficiency Virus
HR	Human Resources
IDP	Integrated Development plan
IEC	Information, Education & Communication
INP	Integrated Nutrition Programme
LG	Local Government
MC	Mobile clinic
MCWYH	Maternal, child, women, youth and adolescent health
MDGs	Millennium Development Goals
MDR	Multi-drug resistant
MHS	Municipal Health Services
MTEF	Medium-term expenditure Framework
NDOH	National Department of Health
NGO	Non-governmental Organisation
NHA	National Health Act of 2003
NPO	Non-profit Organisation
OPD	Out patient department
PDE	Patient day equivalent
PDOH	Provincial Department of Health
PFMA	Public Finance Management Act
PHC	Primary Health Care
PMDS	Performance Management and Development System
PMTCT	Prevention of mother-to-child Transmission
PN	Professional Nurse

## **EXECUTIVE SUMMARY: DISTRICT MANAGER**

The management and personnel of Xhariep District, Free State Province will endeavour to achieve the performance targets set out in this District Plan, given the resources made available in the budget for 2011/2012

District based planning means planning by all stakeholders in the district in terms of how district health services should be rendered using the available resources optimally. The planning cycle includes preparation of planning (vision and leadership), implementation and evaluation. All stakeholders must have a clear vision about what they want to achieve with functional integration and how they intend implementing it. This plan guides the activities of the joint management teams and set the indicators that will be measured.

The performance of the district based on the National and District indicators, is clearly indicated in the tables in the plan. Overall it has been noticed that there is a great variation between the sub-district performances, which finally impact on the district performance.

### **A. SERVICE DELIVERY**

The District aligned itself with the Provincial Priorities and the Primary Health Care Package Norms and Standards.

The key objective is to make PHC accessible to community served. The strategies employed are to increase the number of indicators achieved to strive to achieve the national targets by strengthening clinic supervision.

#### **COMPREHENSIVE PRIMARY CARE PACKAGE**

The purpose of the Package is, in the perspective of equity, to define comprehensive PHC services which within a period of 5 years following implementation will be common to the whole country. This package would help to quantify requirements in terms of staffing, infrastructure, equipment and financial resources. It is hoped that the quantification would then assist health managers negotiating on appropriate budget with the authorities.

The PHC and District Hospitals are using the DHIS software to process the data collected in the District. All clinics are measured on the use of data, graphs and problems identified through the monthly "Integrated Red Flag and Regular Review Tool". The District Hospitals have started using graphs to monitor performances.

#### **DISTRICT HOSPITALS**

The district has 3 District Hospitals:

-  Diamant District Hospital
-  Embekweni and Stoffel Coetzee District Hospitals which form a complex.

There is a shortage of doctors within the hospitals and therefore patients are referred for specialised and advanced treatments and operations to either National District Hospital In Bloemfontein or the Pelonomi Regional Hospital.

#### **DRUG MANAGEMENT**

Provincial Health has developed a drug distribution system to ensure that all facilities get drugs. In addition, province is implementing EDL and Standard Treatment Guidelines (STGs). This is made easier given the existence of national policies on each of these.

#### **EMERGENCY MEDICAL SERVICES**

The Communication Centre for Emergency Medical Services is located in Bloemfontein, which falls into the Motheo District.

Emergency Medical Services in the district is experiencing a major shortage of personnel and new vehicles. The shortage of vehicles and the increased patient load is having a negative impact on service delivery.

## **B. SUPPORT SERVICES**

### **ADMINISTRATION AND SUPPORT SERVICES**

The district has prioritised the filling of vacant posts in the SCM component to ensure effective service delivery and reduce delays in medicine, services and goods ordering. The district realises that delays within this component place constraints on patient care and efficient functioning within a district.

### **TRANSPORT**

It is important for the district/sub-district to have a single transport plan. This plan includes all the vehicles (owned by both parties) to ensure that these can be deployed efficiently. Fleet management is of utmost importance so as to ensure that service rendering is not affected by shortage or non-availability of vehicles. A tremendous shortage of vehicles was experienced in 2009/2010. However approval was granted that vehicles may be leased from the Government Garage as from July 2010.

## **C. INFRASTRUCTURE**

### **Current Status:**

<b>Description</b>	<b>Quantity</b>
1. District Hospitals	3
2. Fixed Clinics	17
3. CHC	1
4. Mobile Clinics	21

### **Summary of the proposed transformation:**

<b>Hospitals to be converted into CHC</b>	<b>Institutions to be Merged</b>	<b>24 hrs Services (on call system)</b>
Diamant	Diamant & Itumeleng	Jacobsdal
Stoffel Coetzee	Stoffel Coetzee & Thembaletu ( <i>Stoffel Coetzee District Hospital will be utilised as the HUB – HR, SCM and Finance, Maintenance – for Mphahlele in the future.</i> )	Ethembeni
Embekweni	Embekweni & Matlakeng ( <i>Embekweni District Hospital will be converted into accommodation for personnel in future</i> )	Lephoi Nelson Rolihlahla Mandela

### **Final Product:**

<b>Description</b>	<b>Quantity</b>
1. District Hospitals	1
2. Fixed Clinics	12
3. CHC	5
4. Mobile Clinics	21

Maintenance is still a major challenge in the district due to limited funds a shortage of maintenance personnel.

#### **D. HUMAN RESOURCES**

The district currently has a 38% vacancy rate. The filling of critical posts remains a priority for the district. Together with the filling of posts the district faces a challenge in relation to retention of health personnel.

PHC is seen as the key element in the plan to transform health services in South Africa. A comprehensive and integrated Package of essential PHC services made available to the entire population will provide a solid foundation for a single unified health system.

The high workload at clinics is also impacting on service delivery due to the high vacancy rate of professional nurses.

The delivering of rural services has become a major challenge due to the shortage and condition of current mobile clinics.

#### **E. FINANCES**

The budget allocation for the 2009/2010 financial year was R 114 317 453.00. The budget allocation for the 2010/2011 financial year is R130 779 166

This is only an increase of 14.00%. Taking this into consideration, it implies that there is very little growth in line with health inflation

#### **COMMUNITY PARTICIPATION MECHANISM:**

Community participation is being effected through establishment of community structures to enable access to both the Department and communities and vice versa. The structures in place are: 2 Hospital Boards, Clinic committees for 14/17 clinics and a District Health Council with the following representatives: Health Councillor for Xhariep, 3 Councillors representing each Local Area, 2 Chairpersons of the Hospital Boards, , NGO Consortium, 1 Legal Advisor and representative from the FSPHC Hospital Board. The formal private sector is also accommodated in holding meetings with the Departmental personnel.

#### **CLINIC COMMITTEES:**

There are 16 fixed clinics and 1 CHC in Xhariep. Of these facilities only 14 have functional and sustainable Clinic committees. Sustainability of these governance structures remains a challenge. Members of clinic committees are trained on a continuous basis, to address the turnover of members.

## **VISION**

***“A LONG AND HEALTHY LIFE FOR THE FREE STATE COMMUNITIES”***

## **MISSION**

**The Xhariep District pledges:**

- To provide quality, comprehensive, cost-effective, accessible and specialized level 1-health services to the Xhariep District Community.
- To ensure appropriate referral to other levels of care.
- To deliver compassionate, accountable and affordable services
- To empower all personnel to their maximum potential
- To ensure community participation and satisfaction
- To provide training platform for health professionals in designated facilities.

## **GOALS**

**Goal 1 :** Provision of Strategic Leadership and Creation of Social Compact for better Health Outcomes.

**Goal 2:** Increasing life expectancy;

**Goal 3:** Decreasing Maternal and Child Mortality;

**Goal 4:** Combating HIV and AIDS and decreasing the burden of disease from TB; and

**Goal 5:** Strengthening Health System Effectiveness.

## **10 Health Priorities**

- Provision of Strategic Leadership and Creation of Social Compact for better Health outcomes
- Implement the National Health Insurance Plan;
- Improve Quality of Health Services;
- Overhaul the Health Care System and Management;
- Improve Human Resource Planning, Development and Management;
- Physical Infrastructure Revitalization;
- Accelerate Implementation of HIV & AIDS, STI Plan and Increase Focus on TB and Other Communicable Diseases ;
- Mass Mobilization For Better Health for South Africans;
- Review and implement the Drug Policy; and
- Strengthen Research and Development

## **MAP of FREE STATE**

## **MAP of XHARIEP DISTRICT**

## PART A - STRATEGIC OVERVIEW

### 1. SITUATION ANALYSIS

#### 1.1 Major demographic characteristics

Population						
Local Area	2009-10			2008-09		
	Total Population	% UnInsured	Uninsured Population	Total Population	% UnInsured	Uninsured Population
Letsemeng	44,983	95%	42,599	44,740	95%	42,369
Kopanong	58,802	95%	55,685	58,420	95%	55,324
Mohokare	38,101	95%	36,082	37,865	95%	35,858
Xhariep Total	141,886	95%	134,366	141,025	95%	133,551

#### TOWNS PER LOCAL MUNICIPAL AREA:

LETSEMENG	KOPANONG	MOHOKARE
Jacobsdal	Bethulie	Rouxville
Koffiefontein	Edenburg	Smithfield
Luckhoff	Fauresmith	Zastron
Oppermansgronde	Gariepdam	
Petrusburg	Jagersfontein	
	Phillippolis	
	Reddersburg	
	Springfontein	
	Trompsburg	

#### DEVELOPMENT PLAN

Steps	Guide/Interaction	Process Followed
1	National DHP Template	<ul style="list-style-type: none"> <li>- Template used to develop Xhariep DHP according to specified guidelines</li> <li>- Template Circulated to 3 Local Areas</li> <li>- Request for comment from HOD forwarded</li> </ul>
2	Local Area DHP	<ul style="list-style-type: none"> <li>- 3 Local Areas develop Local Area Health Plans in line with National Template</li> </ul>
3	Xhariep District Health Plan Draft 1	<ul style="list-style-type: none"> <li>- Local Area Health Plans consolidated to develop a Xhariep District Health Plan</li> </ul>
4	District Health Council	<ul style="list-style-type: none"> <li>- Draft District Health Plan presented to District Health Council</li> </ul>
5	Integrated Development Plans Committee	<ul style="list-style-type: none"> <li>- Presentation of Xhariep District Health Plan presented at IDP meeting for input for Local Government and other departments</li> </ul>
6	Xhariep District Health Plan Draft 2	<ul style="list-style-type: none"> <li>- Input from Step 4 and 5 included into Xhariep DHP</li> </ul>
7	Xhariep District Health Plan Draft 3	<ul style="list-style-type: none"> <li>- Edited DHP presented to Provincial Manager DHS for further input</li> </ul>
8	Xhariep District Health Plan	<ul style="list-style-type: none"> <li>- District Health Plan completed and disseminated</li> </ul>

**Table A1: Social Determinants of Health**

Name of Subdistrict	Data source	Development Indicators						
		Unemployment rate	Percentage of population living below poverty line of R283 per month	Number of households in Informal dwelling	Number of households in traditional structures	Percentage of Households with access to sanitation	Percentage of Households with access to electricity	Adult literacy rate
LETSEMENG	Census 2001	40.8	30	1046	381	59.8%	62%	74.75%
	Community Survey 2007	58.4	32.2	2250	493	65.75%	69%	Not Available
	Estimated Percentage Change	17.6	2.2	1204	112	5.95%	7%	-
KOPANONG	Census 2001	37.7	27.2	3975	512	62.2	65%	79.06%
	Community Survey 2007	55.3	31.6	4340	710	76.16%	73%	Not Available
	Estimated Percentage Change	17.6	4.4	365	198	13.96%	8%	-
MOHOKARE	Census 2001	36.4	17.2	1115	493	59.7%	89.2%	77.30%
	Community Survey 2007	54.0	19.46	2263	589	63%	96%	Not Available
	Estimated Percentage Change	17.6	2.26	1148	96	3.3%	6.8%	-
District Total	Census 2001	38.3	24.8	6136	1386	60.56%	72.06%	77.26%
	Community Survey 2007	55.9	27.79	8853	1792	68.3%	79%	Not Available
	Estimated Percentage Change	17.6	2.99	2717	406	7.73%	7.26%	-

Source: Xhariep District Municipality IDP 2005 - 2010

## 1.2 HEALTH PRIORITIES and EPIDEMIOLOGICAL PROFILE OF THE DISTRICT

Table 1: Health Priorities and PHC Priority Conditions: Province, District (& Sub-district)

Provincial	District	Sub-district Letsemeng	Sub-district Kopanong	Sub-district Mohokare
1. TB	1. TB	1. TB	1. TB	1. TB
2. HIV&AIDS	2. HIV/AIDS	2. HIV/AIDS	2. HIV/AIDS	2. HIV/AIDS
3. Child Health and Nutrition	3. Child Health and Nutrition	3. Child Health and Nutrition	3. Child Health and Nutrition	3. Child Health and Nutrition
4. Maternal and Women Health	4. Maternal and Women Health	4. Maternal and Women Health	4. Maternal and Women Health	4. Maternal and Women Health
5. EPI	5. EPI	5. EPI	5. EPI	5. EPI
6. STI	6. STI	6. STI	6. STI	6. STI
7. Healthy Life Styles	7. Healthy Life Styles	7. Healthy Lifestyles	7. Healthy Lifestyles	7. Healthy Lifestyles

Table 2: Ten Major Causes of Death

1	Influenza and Pneumonia	17.6%	323
2	Tuberculosis	14.2%	261
3	Intestinal Infectious diseases	6.8%	125
4	Certain disorders involving Immune mech.	5.6%	103
5	Cerebrovasc disease	4.8%	89
6	Other forms of heart disease	4.8%	88
7	Chronic lower respiratory disease	3.2%	59
8	Hypertensive disease	2.4%	44
9	Diabetes mellitus	2.0%	37
10	Ischemic Heart Disease	1.5%	27

The information below indicates top 10 causes of death for 2007. Total deaths: 1837. Source: Stat SA

## 2. DISTRICT SERVICE DELIVERY ENVIRONMENT

This section should highlight amongst others the following key issues with specific reference to district health services:

### 2.1 DISTRICT HEALTH FACILITIES

**TABLE A3 PHC FACILITIES PER SUB-DISTRICT AS 31 MARCH OF THE PREVIOUS FINANCIAL YEAR**

Sub District	Health Posts	Mobiles	Satellites	Clinics	Community Day Centres	Community Health Centres	Stand alone MOU's	Contact GP's (Independent and Consulting Rooms)	Specialised Health Centres
<b>Letsemeng</b>	46	2	0	4	0	1	0	0	0
<b>Kopanong</b>	79	5	0	10	0	0	0	0	0
<b>Mohokare</b>	68	3	1	3	0	0	0	0	0
<b>XHARIEP</b>	193	10	1	17	0	1	0	0	0

**TABLE A 4 : DISTRICT HOSPITALS**

	2010/2011			2011/2012		
Name of District Hospital	DIAMANT	EMBEKWENI	STOFFEL COETZEE	DIAMANT	EMBEKWENI	STOFFEL COETZEE
Catchment Population of DH	54136	43741	44009	65172	56, 817	56, 983
% Uninsured	95%	95%	95%	95%	95%	95%
Uninsured Catchment Population of DH	51267	41423	41677	55685	47599	46324

## 2.2 TRENDS IN KEY DISTRICT HEALTH SERVICE VOLUMES

### PRIMARY HEALTH CARE SERVICE VOLUMES

**TABLE A5 : PHC HEADCOUNTS**

	Headcounts								
	2008/09			2009/10			Variation over Previous Year		
Name Sub-District	ALL Provincial PHC Facilities	ALL LG PHC Facilities	Prov + LG PHC Facilities Headcounts	ALL Provincial PHC Facilities	ALL LG PHC Facilities	Prov + LG PHC Facilities Headcounts	ALL Provincial PHC Facilities	ALL LG PHC Facilities	Prov + LG PHC Facilities Headcounts
<b>Letsemeng</b>	127517	0	127517	131918	0	131918	4401	0	3%
<b>Kopanong</b>	163526	0	163526	175136	0	175136	11610	0	7%
<b>Mohokare</b>	93635	0	93635	99109	0	99109	5474	0	6%
<b>XHARIEP</b>	<b>384678</b>	<b>0</b>	<b>384678</b>	<b>406163</b>	<b>0</b>	<b>406163</b>	<b>21485</b>	<b>0</b>	<b>8%</b>

**Note:** Letsemeng includes CHC Headcounts

**TABLE A6: PHC UTILIZATION RATE**

Name Sub-District	Utilisation Rate		
	2009-10	2008-09	Variation
<b>Letsemeng</b>	3.10	3.01	2.9%
<b>Kopanong</b>	3.15	2.96	6.4%
<b>Mohokare</b>	2.75	2.61	5.2%
<b>XHARIEP</b>	<b>3.0</b>	<b>2.9</b>	<b>4.9%</b>
Target	3.5		

Source Target: NDOH APP Target

#### **Mohokare:**

Target not reached because off shortage of personnel. PN workload already 44.7. One person can only see so many patients.

**TABLE A7: DISTRICT HOSPITAL ACTIVITIES**

	2008/2009					2009/2010			
Name District Hospital	Diamant	Embekweni	Stoffel Coetzee	Xhariep	Norms	Diamant	Embekweni	Stoffel Coetzee	Xhariep
Separations	3246	2 283	2 052	7581	-	3 319	1 965	1 992	7276
IPD	7 777	5 657	5 731	19 165	-	8 175	5 380	5 688	19243
Day Patient	0	0	0	0	-	0	0	0	0
OPD General	7 092	4 956	7 350	19 398	-	6 261	9 053	7 597	22 893
OPD Specialised	n/a	n/a	n/a	n/a	-	n/a	n/a	n/a	n/a
Emergency Headcounts	1 691	2 690	934	5315	-	1 413	2 616	1 094	5 123
Total Ambulatory (OPDs+ Emergency)	8 783	7 646	8 284	24 713	-	7 674	11 669	8 691	28 034
PDEs	10 778.40 -	13 988.6	9 029	33 796	-	10 776.42	8 900	9 745	29 421
Caesarian Section Rate	0	0	0	0	-	0	0	0	0
Usable Beds (DHIS)	28	25	23	76	-	28	25	23	76
ALOS	2,4	2.64	2.88	2.64	-	2,6	2.63	2.92	2.71
Bed Utilisation Rate	79.5%	68.85%	63.58%	70.64%	-	87.9%	59.75%	68.75%	72.1%
Emergency Hdcts as % Ambulatory	0%	35.19%	11.28%	23.23%	-	-	22.42%	12.59%	17.50%
Ratio Ambulatory to IPD	-	1.36	1.45	1.40	1	-	2.17	1.53	1.85
Usable Beds/ 1,000 Uninsured Population	0.55	0.56	0.61	0.57	-	0.55	0.55	0.60	0.57

**TABLE A7.1: DISTRICT HOSPITAL ACTIVITIES Variation between 2008/09 and 2009/10**

Name District Hospital	Variation between 2008/09 and 2009/10			
	Diamant	Embekweni	Stoffel Coetzee	Xhariep
Seperations	+73	-318	-60	-305
IPD	+398	-277	-43	+78
Day Patient	0	0	0	0
OPD General	-831	+4,097	+247	+3513
OPD Specialised	n/a	n/a	n/a	n/a
Emergency Headcounts	-278	-74	+160	+792
Total Ambulatory (OPDs+ Emergency)	-1104	+4,023	+407	+3326
PDEs	-1.98	-5088.6	+716	-4374.58
Caesarian Section Rate	0	0	0	0
Usable Beds (DHIS)	28	25	23	76
ALOS	+0.2	-0.01	+0.04	0.23
Bed Utilisation Rate	+8.4	-9.10%	+5.17%	+4.47
Emergency Hdcts as % Ambulatory	-	-12.77%	+1.31%	-11.46
Ratio Ambulatory to IPD	-	+0.81	+0.08	0.89
Usable Beds/ 1,000 Uninsured Population	0	0	0	0

## 2.3 SUMMARY OF MAJOR HEALTH SERVICE CHALLENGES AND PROGRESS MADE FOR THE PREVIOUS THREE FINANCIAL YEARS

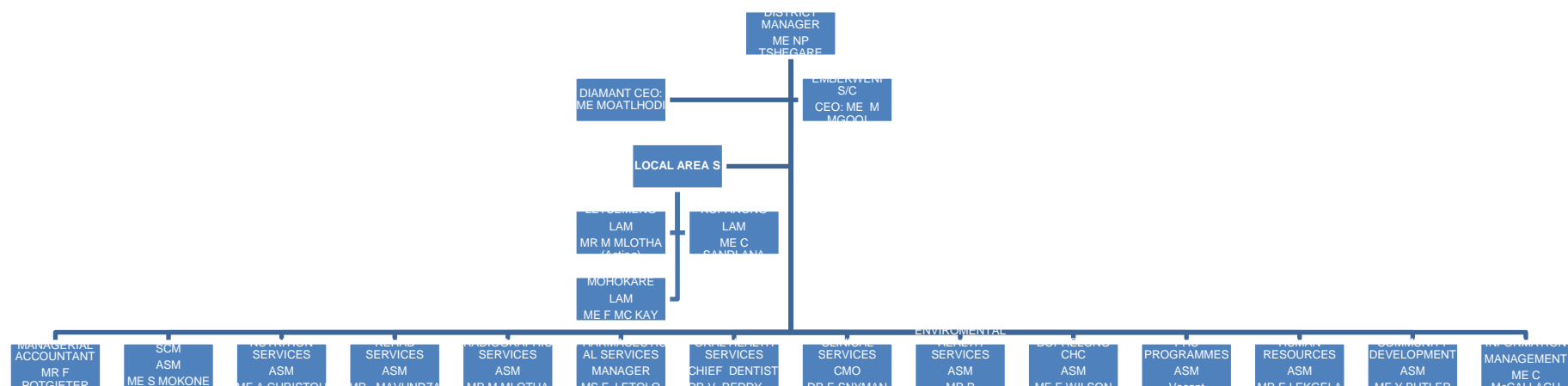
This section outlines (e.g. imbalances in service delivery platform, staff mix and provision of care, problems in referral chain, district hospital and PHC infra-structure revitalisation, quality of care improvements, public/private interactions).

CHALLENGED AREA	LETSEMENG	KOPANONG	MOHOKARE
Service Delivery	Outreach from Bophelong CHC to other clinics in Letsemeng cannot be done due to transport challenges Mobile clinic cars have travelled more than 200 000km and condition of the pods very bad, need replacements. Only 2 mobiles out of 7 running due to vacancies.	Shortage of Personnel:  Only 5 out of 8 mobiles functional. This is due to current vacancies as well as lack of mobiles.	Vacancy rate – 44.3% Workload PN – 44.7 Deviated from the norm 35 Workload Dr – 39.9  Only 3 out of 6 mobiles functional
Staff Mix	None availability of enrolled nurses in staff establish Staff mix not yet balanced	Enrolled nurses and gardeners not on staff establishment, thus staff mix not yet balanced	PN – 12, AN – 11, EN – 1, DR – 1 Clerk – 5, Pharm – 3 Shortages of personnel in all categories Staff mix not yet balanced
Provision of Care	Staff shortages compromised provision of care. Services not available after hours.	None	Shortages of medication from medical depot and long delivery periods. Shortage of service after hours at Rouxville clinic.
Problems with Referral System	Diamant District hospital has no x-ray facility. Patient for these services are re-routed to National District Hospital i.e. another district.	Limited number of patients can be transported per day, which results in delays in patient care and follow up treatment.	Shortages of transport EMS & private transport.

CHALLENGED AREA	LETSEMENG	KOPANONG	MOHOKARE
PHC Infrastructure	<p>Luckhoff clinic there are no space for sluice room, pharmaceutical storage. Oppermans clinic have only one exit, limited pharmaceutical storage and limited consulting rooms.</p> <p>3 of the four clinics have limited access for physical challenged persons.</p> <p>No lockable car pots for government vehicles at Ethembeni clinic.</p> <p>Utilizing old building which was a house converted to clinic result to limited space, expecting new clinic to be built for Jacobsdal</p>	<p>There is a challenge in Reddersburg with paving in front of the clinic. The area is muddy during the raining season.</p> <p>Edenburg very small since more services are rendered in the building.</p> <p>We need revitalisation in Philippolis and Fauresmith clinic.</p> <p>Unfinished building in Edenburg clinic.</p>	<p>Rouxville clinic – bad condition not compatible for service – new clinic planned for 2010/2011</p> <p>Matlakeng Clinic – renovations needed. Pharmacy not according to standards in act. Renovations planned.</p> <p>Rouxville clinic – new clinic planned for 2010/2011</p> <p>Matlakeng Clinic – renovations for 2010/2011 planned: Not yet finalised</p>
Revitalisation	No District Hospital	Diamant Hospital Revitalisation completed	Embekweni
Quality of Care	Staff shortages compromised quality service	Shortage of medication due to dues out at medical depot.	Most indicators reached.
Public / Private Interactions			

### 3. ORGANISATIONAL ENVIRONMENT

### 3.1 Organisational structure for the District Management Team.



### 3.2 HUMAN RESOURCES

**TABLE A8 : FULL-TIME EQUIVALENT STAFF WORKING IN PROVINCIAL PHC FACILITIES PER SUB-DISTRICT**

YEAR	2009-10									
	Full-Time Equivalent Working in Provincial PHC facilities per Sub-district									
	Medical Officers	Professional Nurse	Enrolled / Staff Nurse	Nursing Assistant	Pharmacist	Pharmacist Assistant	Other Clinical Staff	Admin	General Staff	Data Capturer
Letsemeng	1	24	0	13	1	7	11	6	2	2
Kopanong	1	29	0	15	0	7	8 (ARV Nurses)	4	10	2
Mohokare	1	12	1	11	1 ARV	3	17	3	7	2
XHARIEP	3	65	1	29	2	17	36	13	19	6

Number of working days per year per FTE	240
---	-----

**TABLE A9 : WORKLOAD ALL PROVINCIAL PHC FACILITIES PER DAY**

Workload All Provincial PHC facilities (Raw data)								
Name Sub-District	Headcounts/ MO	Headcounts/ PN	Headcounts/ PN+EN	Headcounts / Pharmacist	Headcounts / Pharmacist Assistant	Headcounts/ Admin	Ratio EN+ENA/ Clinician	Provincial PHC Facilities Headcounts
Letsemeng	7056	131918	33443	550	79	No Data -	0.5	173046
Kopanong	8308	175136	31602	0	104	No Data -	0.7	215150
Mohokare	7737	99109	13133	513	138	No Data -	0.9	120630
XHARIEP	23101	406163	78178	963	321	No Data -	0.6	508826

Workload All Provincial PHC facilities per Day								
Name Sub-District	Headcounts/ MO	Headcounts/ PN	Headcounts/ PN+EN	Headcounts / Pharmacist	Headcounts / Pharmacist Assistant	Headcounts/ Admin	Ratio EN+ENA/ Clinician	Provincial PHC Facilities Headcounts
Suggested Norms		35					0.57	
Kopanong	730	21	21	-	104	91	0.5	175,136
Letsemeng	550	26	23	550	79	92	0.7	131,918
Mohokare	413	34	32	413	138	138	0.9	99,109
Xhariep	564	25	24	846	100	100	0.6	406,163

**TABLE A 10 : FULL-TIME EQUIVALENT IN LG PHC FACILITIES PER SUB-DISTRICT**

Note: No LG PHC Facilities in Xhariep

Full-Time Equivalent in LG PHC facilities per Sub-district										
Name Sub-District	Medical Officers	Professional Nurse	Enrolled / Staff Nurse	Nursing Assistant	Pharmacist	Pharmacist Assistant	Other Clinical Staff	Admin	General Staff	Data Capturer
Letsemeng	0	0	0	0	0	0	0	0	0	0
Kopanong	0	0	0	0	0	0	0	0	0	0
Mohokare	0	0	0	0	0	0	0	0	0	0
XHARIEP	0	0	0	0	0	0	0	0	0	0

Number of working days per year per FTE	240
---	-----

**TABLE A 11 : Workload All LG PHC facilities per Day**

**Note: No LG PHC Facilities in Xhariep**

Workload All LG PHC facilities per Day							Ratio EN+ENA/ Clinician	LG PHC Facilities Headcounts
Name Sub-District	Headcounts/ MO	Headcounts/ PN	Headcounts/ PN+EN	Headcounts/ Admin	Headcounts / Pharmacist	Headcounts / Pharmacist Assistant		
Letsemeng	-	-	-	-	-	-	-	-
Kopanong	-	-	-	-	-	-	-	-
Mohokare	-	-	-	-	-	-	-	-
Xhariep Average	-	-	-	-	-	-	-	-

**TABLE A 12: FULL-TIME EQUIVALENT IN PROVINCE + LG PHC FACILITIES PER SUB-DISTRICT**

Name Sub-District	Full-Time Equivalent in Province + LG PHC facilities per Sub-district									
	Medical Officers	Professional Nurse	Enrolled / Staff Nurse	Nursing Assistant	Pharmacist	Pharmacist Assistant	Other Clinical Staff	Admin	General Staff	Data Capturer
<b>Letsemeng</b>	1	24	0	13	1	7	11	6	2	2
<b>Kopanong</b>	1	29	0	15	0	7	8 (ARV Nurses)	4	10	2
<b>Mohokare</b>	1	12	1	11	1 ARV	3	17	3	7	2
<b>Xhariep Total</b>	<b>3</b>	<b>65</b>	<b>1</b>	<b>29</b>	<b>2</b>	<b>17</b>	<b>36</b>	<b>13</b>	<b>19</b>	<b>6</b>

#### 4. DISTRICT PROGRESS TOWARDS THE ACHIEVEMENT OF THE MDG'S

**TABLE A13: REVIEW OF PROGRESS TOWARDS THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS (MDGs) and required progress by 2014**

MDG GOAL	TARGET	INDICATOR	SOURCE OF DATA	District Progress 2009	District Targeted Progress 2014
<b>Goal 1: Eradicate Extreme Poverty And Hunger</b>	<ul style="list-style-type: none"> <li>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</li> </ul>	<ul style="list-style-type: none"> <li>Prevalence of underweight in children (under 5 years of age)</li> </ul>	DHIS	<ul style="list-style-type: none"> <li>705 children for 2008/2009 financial year</li> <li>1.66%</li> </ul>	<ul style="list-style-type: none"> <li>500 children for 2014 financial year</li> </ul>
		<ul style="list-style-type: none"> <li>Incidence of severe malnutrition in children (under 5 years of age)</li> </ul>	DHIS	112 children for 2008/2009 financial year 8.91%	8. 100 children for 2014 financial year
<b>Goal 4: Reduce Child Mortality</b>	<ul style="list-style-type: none"> <li>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</li> </ul>	<ul style="list-style-type: none"> <li>Under-five mortality rate</li> </ul>	DHIS	4.1	Hosp data
		8. Infant mortality rate	DHIS	7.9	Hosp data
<b>Goal 4: Reduce Child Mortality</b>	<ul style="list-style-type: none"> <li>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of one-year-old children immunised against measles</li> </ul>	DHIS	85%	106.7%
<b>Goal 5: Improve Maternal Health</b>	<ul style="list-style-type: none"> <li>Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate</li> </ul>	<ul style="list-style-type: none"> <li>Maternal mortality ratio</li> </ul>	DHIS	2.0	Hosp data
		<ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel</li> </ul>	DHIS	100% of births in facilities	Hosp data
<b>Goal 6: Combat HIV and AIDS, malaria and other diseases</b>	<ul style="list-style-type: none"> <li>Have halted by 2015, and begin to reverse the spread of HIV and AIDS</li> </ul>	<ul style="list-style-type: none"> <li>HIV prevalence among 15- to 24-year-old pregnant women</li> </ul>	DHIS	N.A	N.A
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Contraceptive prevalence rate</li> </ul>	DHIS	9998 (Raw Data)	39.4
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>Proportion of tuberculosis cases detected and cured under DOTS</li> </ul>	DHIS	92%	96%

## 5. DISTRICTS CONTRIBUTION TOWARDS HEALTH SYSTEM PRIORITIES FOR 2009-2014

**TABLE A14: NATIONAL HEALTH SYSTEMS PRIORITIES FOR 2009-2014  
(THE 10 POINT PLAN)**

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
<b>1. Provision of Strategic Leadership and creation of Social Compact for better Health outcomes</b>	Mobilize Leadership Structures of society and communities	Functional Governance Structures	Training of Clinic Committees not yet trained 3/17	Training of all Governance Structures 17/17 CC and 2/2 HB	Maintain Training and ensure continued partnership in effective service rendering
	Communicate to promote policy and buy in to support government programs	Provincial Health Forum Established	N.A	N.A	N.A
	Review of policies to achieve goals	Implementation of stated policies monitored by QPR	APP Monitor Achievement of goals: 75% Achievement	APP 80%	APP 90%
	Impact assessment and program evaluation	Mid Term Evaluation on Performance	-	-	-
	Grassroots mobilization campaign	Provincial Health Programme Events	Launch of HCT Immunisation campaigns	As per prioritized programme	As per prioritised programme
<b>2. Implementation of National Health Insurance (NHI)</b>	Finalisation of NHI policies and implementation plan	No province specific outputs are required	No province specific outputs are required	No province specific outputs are required	No province specific outputs are required
	Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation				

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
<b>3. Improving the Quality of Health services</b>	Focus on 18 Health districts	Quality Improvement Plan Implemented	N.A	N.A	N.A
	Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation	Facilities have Quality Improvement Plans	3 District Hospitals 1 CHC 16 Fixed Clinics 10 Mobiles ALL have QI Plans	3 District Hospitals 1 CHC 16 Fixed Clinics 12 Mobiles ALL have QI Plans	4 District Hospitals 1 CHC 16 Fixed Clinics 12 Mobiles ALL have QI Plans
<b>4. Overhauling the health care system and improve its management</b>	Development of a decentralised operational model, including new governance arrangements	District Management Teams District Health Plans aligned with APP	District Health Plans aligned with APP - District Mx Teams in place - Quarterly Reviews	District Health Plans aligned with APP - Quarterly Reviews	District Health Plans aligned with APP - Quarterly Reviews
	Training managers in leadership, management and governance	Filling of Executive Management posts	District Manager x1 Post Managerial Accountant CEO x 2 Posts LAM x 2 ASM x 6 Chief Pharmacists Chief Dentist CMO	District Manager x1 Post Managerial Accountant CEO x 2 Posts LAM x 3 ASM x 6 Chief Pharmacists Chief Dentist CMO	District Manager x1 Post Managerial Accountant CEO x 2 Posts LAM X3 ASM x 6 Chief Pharmacists Chief Dentist CMO
	Decentralization of management	Support provision of SCM, HR and Finance delegation to Hospitals	100% Delegated	100% Delegated	Delegation Sustained

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
<b>5. Improvement of Human Resources</b>	Refinement of the HR plan for health	Annual HR Plan Aligned with requirements and needs for service delivery	6% Critical Vacant Posts Filled	6% Critical Vacant Posts Filled	6% Critical Vacant Posts Filled
	Re-opening of nursing schools and colleges		N.A	N.A	N.A
	Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals	Nr of Bursary Holders retained  Nr of Community Service Health Professionals retained	90%  90% Vacant Critical posts listed	90%  90% Vacant Critical posts listed	90%  90% Vacant Critical posts listed
	Specify staff shortages and training targets for the next 5 years	-	- Training Plan Developed and Implemented - HR Plan Developed and updated	- Training Plan Developed and Implemented - HR Plan Developed and updated	- Training Plan Developed and Implemented - HR Plan Developed and updated
<b>6. Revitalization of infrastructure</b>	Urgent implementation of refurbishment and preventative maintenance of all health facilities	Improve maintenance and upgrading of health facilities	1 New Clinic	1 New District Hospital (Trompsburg) 1 New Clinic Jacobsdal	1 New Clinic (Luckhoff)
	Submit a progress report on Revitalization	12	1	2	0

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	Implementation of PMTCT, Paediatric Treatment guidelines		<ul style="list-style-type: none"> <li>Trained staff (10) in Mhokare on 3/6/2010 and Trompsburg 4/6/2010 13 staff members of Letsemeng and Kopanong in the New PMTCT guidelines.</li> <li>Monitor implementation of PMTCT in the facilities (operational manager, local area managers and program managers)</li> <li>One training session to be held, to complete training of staff that did not attend the training.</li> <li>Create community awareness amongst the community on new treatment guidelines, to ensure early Ante natal bookings at clinics, through the clinic committees</li> <li>Awareness campaigns in 5 towns</li> <li>4 Facilities (Edenburg, Jagersfontein, Koffiefontein, Jacobsdal) and 3 Managers already trained in Paediatric treatment guidelines.</li> <li>Cascade training of paediatric guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor implementation of the program.</li> <li>Community awareness on PMTCT program and Paediatric program.</li> <li>Create community awareness amongst the community on new treatment guidelines, to ensure early Ante natal bookings at clinics, through the clinic committees</li> <li>Awareness campaigns on PMTCT and paediatric treatment in 6 towns</li> </ul>	<p>Monitor implementation in the facilities</p> <ul style="list-style-type: none"> <li>Create community awareness amongst the community on new treatment guidelines, to ensure early Ante natal bookings at clinics, through the clinic committees</li> </ul> <ul style="list-style-type: none"> <li>Awareness campaigns on PMTCT and paediatric treatment in 5 towns</li> </ul>
Xhariep District Health Plan 2011 2012			<b>32</b>		

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
	Implementation of Adult Treatment Guidelines	All PHC Facilities implementing the integrated model of care	-	-	-
	Urgently strengthen programs against TB, MDR-TB and XDR-TB	85% TB Cure Rate	75%	77%	78%
<b>8. Mass mobilisation for the better health for the population</b>	Intensify health promotion programs		Full implementation and monitoring of Integrated Health Promotion Strategy - Support to HP Schools - Health Promotion Activities implemented in line with Health Awareness Calendar per town	Full implementation and monitoring of Integrated Health Promotion Strategy - Support to HP Schools - Health Promotion Activities implemented in line with Health Awareness Calendar per town	Full implementation and monitoring of Integrated Health Promotion Strategy - Support to HP Schools - Health Promotion Activities implemented in line with Health Awareness Calendar per town
	Strengthen programmes focusing on Maternal, Child and Women's Health		Awareness campaigns through health talks and radio talks, too improve early bookings for antenatal care. Danger signs in pregnancy Early HIV testing(know your status)	Mother, child , woman health event ( if we have funds available) Training of Traditional healers, on ante natal care. Community awareness on dangers in pregnancies.	Ensure sustainability of activities implemented in 2011/2012.

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
	Place more focus on the programs to attain the Millennium Development Goals (MDGs)		Strengthen the EPI program and nutrition program by having TV shows, and articles placed by department of health in different magazines, specifically related to Malnutrition and immunization. Importance of early antenatal bookings, and danger signs of pregnancies, and contraceptive usage. EPI Coverage: 95%		
	Place more focus on non-communicable diseases and patients' rights, quality and provide accountability		Health Promotion Educational Talks Patients Complaint System Monitoring of patient care: DAEC	Health Promotion Educational Talks Patients Complaint System Monitoring of patient care: DAEC	Health Promotion Educational Talks Patients Complaint System Monitoring of patient care: DAEC
	Complete and submit proposals and a strategy, with the involvement of various stakeholders	N.A	Not done at District Level	Not done at District Level	Not done at District Level
<b>9. Review of drug policy:</b>	Complete and submit proposals and a strategy, with the involvement of various stakeholders	N.A	Not done at District Level	Not done at District Level	Not done at District Level

National Priority	Key National Activities	Provincial 2014 Outputs (From the 5 year strategic plan)	District activities		
			2010/11	2011/12	2012/13
	Draft plans for the establishment of a State-owned drug manufacturing entity	N.A	Not done at District Level	Not done at District Level	Not done at District Level
<b>10. Strengthening Research and Development</b>	Commission research to accurately quantify Infant mortality	N.A	Not done at District Level	Not done at District Level	Not done at District Level
	Commission research into the impact of social determinants of health and nutrition	N.A	Not done at District Level	Not done at District Level	Not done at District Level
	Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines	N.A	Not done at District Level	Not done at District Level	Not done at District Level

**OPERATIONAL PLAN  
HCT CAMPAIGN & ART EXPANSION**

**NDOH Health outcomes( highlight those relevant to the programme):**

**1. Increasing life expectancy**

**2. Reduce child and maternal mortality**

**3. Combat HIV and AIDS and decrease the burden of disease from Tuberculosis**

**4. Improve health systems effectiveness**

**OBJECTIVE 1: Strengthen HCT including PICT**

SPECIFIC OBJECTIVES FOR 2010/11	1	30% of total population pre-test counselled by 30 June 2011					
	2	100% pre-test counselled tested for HIV by 30 June 2011					
	3	100% of HIV positive new CD4 test done by 30 June 2011					
KEY INDICATORS	1	% of population pre-test counselled					
	2	% of pre-test counselled tested for HIV					
	3	% of CD4 test done					
TARGET	1	42 603 pre-test counselled					
	2	42 603 tested for HIV					
	3	CD4 test done ( prevalence rate used)					
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS	TIME FRAME				OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Training of Health care workers on HCT	HAST Co-ordinator Trainers					Health workers trained HCT Information on HCT cascade	Conditional Grant
Procurement of test kits	HAST Co-ordinator Supply chain management					Test kits available at all facilities	
<b>HCT SUB DISTRICT</b>	<b>BASELINE</b>					<b>TARGET</b>	<b>GAP</b>
Letsemeng	1, 6407					1,15708	1,9301
Kopanong	1,14356					1,15708	1,1352
Mohokare	1,6341					1,15708	1,9367

**OPERATIONAL PLAN  
HCT CAMPAIGN & ART EXPANSION**

**OBJECTIVE 2: Improve Pre-ART (wellness) including TB/HIV integration**

SPECIFIC OBJECTIVES FOR 2010/11	1	100% of Pre-counselled screen for TB by 30 June 2010					
	2	100% Positive HIV, negative for TB put on INH prophylaxis by 30 June 2010					
KEY INDICATORS	1	% of Pre-counselled screen for TB					
	2	% Positive HIV, negative for TB put on INH prophylaxis					
TARGET	1	% screened for TB					
	2	% on INH prophylaxis ( % co=infection rate used)					
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS	TIME FRAME				OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Inform all facilities that all pre-test counselled must be screened for TB	HAST Co-ordinator TB Co-ordinators PHC Supervisors					Increase on clients on TB treatment.	
Inform all facilities to put all HIV+ patients without active TB on INH Prophylaxis	HAST Co-ordinator TB Co-ordinators PHC Supervisors Pharmacy Manager					Clients wellness will be improved and monitored	
<b>Pre ART SUB DISTRICT</b>	<b>BASELINE</b>					<b>TARGET</b>	<b>GAP</b>
Letsemeng	88%					100%	12%
Kopanong	88%					100%	12%
Mohokare	88%					100%	12%

**OPERATIONAL PLAN  
HCT CAMPAIGN & ART EXPANSION**

**OBJECTIVE 3: Ensure that all eligible clients for ART are put on treatment**

SPECIFIC OBJECTIVES FOR 2010/2011	1	No eligible clients on waiting list for ARV treatment by 30 June 2010					
	2	Establish sub-district roving teams to support and mentor nurses at PHC level by 30 June 2011					
KEY INDICATORS	1	Number of eligible clients in waiting list for ARV treatment					
	2	Number of roving teams per sub-district					
TARGET	1						
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS	TIME FRAME				OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Fast track the initiation of ART treatment	HAST Co-ordinator TB Co-ordinators PHC Supervisors			No waiting list for ARV treatment.	All eligible clients on treatment	No waiting list for ARV treatment All eligible clients on treatment	
Plan and Plan and allocate resources for roving teams	District Manager HAST Co-ordinator HR Manager			Services Integrated		Load at Hospital ARV clinics decreased. Services more accessible for clients. Eligible clients on treatment. PHC service supported	
Identify facilities for NIMART	HAST Co-ordinator PHC Supervisors			Facilities trained in NIMART. No waiting list for ARV Treatment		All facilities in the District able to initiate own clients. No waiting list for ARV treatment	

## OPERATIONAL PLAN HCT CAMPAIGN & ART EXPANSION

### OBJECTIVE 4: Strengthen the PMTCT program (prevention and treatment)

SPECIFIC OBJECTIVES FOR 2010/11	1	100% of HIV exposed babies tested around 6 weeks for HIV by 30 June 2011					
	2	90% pos ANC clients initiated on dual therapy by 30 June 2011					
	3	60% of first ANC visits before 20 weeks by 30 June 2011					
KEY INDICATORS	1	% of HIV exposed babies tested around 6 weeks for HIV					
	2	% pos ANC clients initiated on dual therapy					
	3	% of first ANC visits before 20 weeks					
TARGET	1	100% of HIV exposed babies tested around 6 weeks					
	2	90% pos ANC clients initiated on dual therapy					
	3	55% of first ANC visits before 20 weeks					
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS	TIME FRAME				OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Plan and allocate resources for PCR tests	HAST co-ordinator MCWH co-ordinator PHC co-ordinator					All eligible infants tested at 6 weeks	
Inform communities and stake holders about the importance of early booking during ANC	HAST co-ordinator MCWH co-ordinator Facility managers					Communities have information on early bookings.	
Plan and allocate resources for dual therapy	HAST co-ordinator MCWH co-ordinator Pharmacy manager					All eligible clients receive dual therapy	
<b>SUB DISTRICT</b>	<b>BASELINE</b>					<b>TARGET</b>	<b>GAP</b>
Letsemeng	50%					100%	50%
Kopanong	50%					100%	50%
Mohokare	50%					100%	50%

**OPERATIONAL PLAN  
HCT CAMPAIGN & ART EXPANSION**

**OBJECTIVE 5: Strengthen NIMART & Mentoring**

SPECIFIC OBJECTIVES FOR 2010/2011	1	Strengthen NIMART & Mentoring					
KEY INDICATORS	1	Strengthen NIMART & Mentoring					
TARGET	1	-					
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS	TIME FRAME				OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Share Q3 & Q4 list with RTC and partners	Hast Manager					All facilities in the District able to initiate own clients. No waiting list for ARV treatment	
All trained nurses have an assigned mentor	Hast Manager			Support for trained nurses on NIMART by Dr Coertze		Support for trained nurses on NIMART Challenges and gaps identified and addressed	
<b>NIMART SUB -DISTRICT</b>	<b>Baseline</b>					<b>Target</b>	<b>Gap</b>
Letsemeng	15					20	5
Kopanong	13					33	20
Mohokare	13					17	4

**OPERATIONAL PLAN  
HCT CAMPAIGN & ART EXPANSION**

**OBJECTIVE 6: Strengthen social mobilisation and Advocacy including outreach**

SPECIFIC OBJECTIVES FOR 2010/2011	1	100% of under performing facilities to conduct a campaign/outreach by 30 June 2011					
KEY INDICATORS	1	% of under performing facilities conducting a campaign/outreach					
TARGET	1	100% (31 facilities)					
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS	TIME FRAME				OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Plan and allocate resources for schools campaign	Education School Health Manager	n/a				Increased number for HCT	
Plan and allocate resources for Campaign with Partners	Communication manger District Financial Manager Hast Manager					Increased numbers for HCT	
<b>SUB DISTRICT</b>	<b>BASELINE</b>					<b>TARGET</b>	<b>GAP</b>
Letsemeng	14					14	0
Kopanong	14					14	0
Mohokare	14					14	0

## OPERATIONAL PLAN HCT CAMPAIGN & ART EXPANSION

### OBJECTIVE 7: Strengthen ART adherence

SPECIFIC OBJECTIVES FOR 2010/2011	1	<5% defaulter rate for clients on ART by 30 June 2011					
	2	100% of facilities have active support groups by 30 June 2011					
KEY INDICATORS	1	% of defaulters on ART treatment					
	2	% of facilities with active support groups					
TARGET	1	<5%					
	2	100%					
MAJOR ACTIVITIES	PERSONS RESPONSIBLE AND PARTNERS					OUTPUTS	BUDGET & source of funding
		Q1 (July -Sept 2010)	Q2 (Oct-Dec 2010)	Q3 (Jan-Mar 2011)	Q4 (Apr-June 2011)		
Establish follow-up system using Committee Support Groups to ensure adherence	HAST co-ordinator	n/a	Situational analysis of existing referral system	Addresses the gaps and challenges in referral system	Ensure the implementation of the revised referral system	Defaulter rate to decrease.	
Plan and allocate resources for life long ART treatment	HAST co-ordinator Pharmacy Manager	n/a	Ongoing	Ongoing	Ongoing	ARV treatment available for all clients	
Training for councillors in couple counselling	HAST co-ordinator Trainers	n/a	n/a			Adherence counselling strengthened	
<b>ART SUB DISTRICT</b>	<b>BASELINE</b>					<b>TARGET</b>	<b>GAP</b>
Letsemeng	5276					N/A	N/A
Kopanong	4943					N/A	N/A
Mohokare	3963 (Total Adults October 2010)		ARV defaulter rate in Mohokare 4.3	Active groups in all 3 towns		N/A	N/A

### CONDOM DISTRIBUTION

SUB DISTRICT	Baseline	Target	Gap
Letsemeng	149429	314167	164738
Mohokare	185282	314167	128885
	18850	314167	195317

## 6 DISTRICT HEALTH EXPENDITURE

**TABLE A15: SUMMARY OF DISTRICT EXPENDITURE**

	DISTRICT SUMMARY	XHARIEP DISTRICT			2009-10							2008-09			
Programs	BUDGET AND EXPENDITURE	Budget: Adjusted Appropriation			Expenditure			TOTAL		Share Expenditure within PHC	Sustainability	Expenditure in 2008-09 Rands	Expenditure Previous Year	Variation Expenditure in Nominal Terms	Variation Expenditure over Previous Year in Real Terms
		Province	Transfer to LG	LG Own	Province	Transfer to LG	LG	Budget	Expenditure		% Overspent (Underspent)				
2.1	District Management	8 668 482			7 016 804			8 668 482	7 016 804		-19%	6 637 897	5 941 536	118%	112%
2.2	Clinics	40 841 450	-	-	37 854 108	-	-	40 841 450	37 854 108	53%	-7%	35 809 986	36 143 251	105%	99%
2.3	Community Health Centres	3 246 262	-	-	2 835 083	-	-	3 246 262	2 835 083	4%	-13%	2 681 989	2 385 998	119%	112%
2.4	Community Services (incl PAH)	21 212 802	-	-	20 185 623	-	-	21 212 802	20 185 623	28%	-5%	19 095 599	12 335 528	164%	155%
2.5	Other Community Services		-	-		-	-	-	-	0%		-		0%	0%
2.6	HIV/AIDS	9 170 035	-	-	10 267 350	-	-	9 170 035	10 267 350	15%	12%	9 712 913	9 002 551	114%	108%
2.7	Nutrition		-	-		-	-	-	-	0%		-		0%	0%
2.8	Environmental Health		-	-		-	-	-	-	0%		-		0%	0%
	Sub-total PHC Services + LG PHC "own contribution" on EH	74 470 549	-	-	71 142 164	-	-	74 470 549	71 142 164	100%	-4%	67 300 487	59 867 328	119%	112%
2.9	District Hospitals	37 942 596	-	-	34 906 745	-	-	37 942 596	34 906 745		-8%	33 021 781	31 574 530	111%	105%
	Sub-total District Hospitals	37 942 596	-	-	34 906 745	-	-	37 942 596	34 906 745		-8%	33 021 781	31 574 530	111%	105%
2.12	Other Donor Funding														
TOTAL DISTRICT		121 081 627	-	-	113 065 713	-	-	121 081 627	113 065 713		-7%	106 960 165	97 383 394	116%	110%

**TABLE A 16: PER CAPITA PHC EXPENDITURE PER SUB-DISTRICT**

PHC Expenditure EXCLUDING Sub-Prog 2.6 : HIV / AIDS							
	Total	Expenditure per Capita	Sub-District as		Expenditure per Capita Uninsured in Real Terms		
Name Sub-District	Expenditure	Uninsured Population	% Uninsured Population	% Expenditure	2009-10	2008-09	Variation over Previous Year
<b>Letsemeng</b>	R 14,511,681	R 341	32%	36%	322	353	-9%
<b>Kopanong</b>	R 16,548,794	R 297	41%	41%	281	576	51%
<b>Mohokare</b>	R 9,628,716	R 267	27%	24%	252	984	-74%%
<b>XHARIEP</b>	R 40,689,191	R287	100%	10%	272	854	-68%

excl other donor funding	2009-10	
	Budget	Expenditure
District Management	8%	7%
PHC	66%	67%
District Hospitals	34%	33%

**TABLE A17: SUMMARY OF DISTRICT FINANCE INDICATORS**

<b>PHC</b>	
Quality & Efficiency	
Cost /Headcount Provincial PHC Facilities	118,6377
Prov: Variation in Constant Price over Previous Year	0%
Prov: Staff Cost as % of Cost per Headcount	70%
Cost /Headcount LG PHC Facilities	0
LG: Variation in Constant Price over Previous Year	0%
LG: Staff Cost as % of Cost per Headcount	0%
Equity	
PHC Expenditure per Capita Uninsured	789.253
Variation in Constant Price over Previous Year	68%
Env. Health Expenditure per Capita Total Pop.	0
Sustainability	
Expenditure/Budget: PHC	-4%
<b>DISTRICT HOSPITALS</b>	
Recurrent Cost per PDE District Hospital	24.287
Recurrent Cost per OPD District Hospital	8
Staff as % of Cost per PDE	78%
<b>DISTRICT OVERALL</b>	
District Expenditure per Capita Uninsured	789.253
Variation over previous term in real terms	0%
Share of Expenditure on Management	7%
Share of Expenditure on PHC	67%
Share of Expenditure on District Hospitals	33%
Sustainability: % Over/Under Expenditure	
Expenditure/Budget: District Management	-18
Expenditure/Budget: PHC	-4
Expenditure/Budget: District Hospital	-8
Expenditure/Budget: District	-12

**Analysis of resource trends**, focusing on levels of funding and sustainability of health services including the resource implications of current trends in service volumes. The review of resource trends must reflect on the capacity of the district to deliver on the objectives of the District Health Plan. Districts are required to use the information obtained from the DHER in this section.

## **PART B    COMPONENT PLANS**

## 7. SERVICE DELIVERY PLANS

### 7.1 SUB-PROGRAMME :DISTRICT HEALTH SERVICES

#### 7.1.1 SUB-PROGRAMME OVERVIEW

This section should provide the purpose of the District Health Services Programme as stated in the budget documentation and a short program overview of not more than 1 page.

**TABLE DHS 1: SITUATION ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES**

Indicator <sup>1</sup>	Type	LETSEMENG 2009/10	KOPANONG 2009/10	MOHOKARE 2009/10	Xhariep District Average 2009/10
1. Provincial PHC expenditure per uninsured person	R	R237.12	R412.57	R761.80	R470.49
2. PHC total headcount	No	131 918	176 136	99 107	Total: 406 163
3. PHC total headcount under 5 years	No	21 989	27 651	17 821	Total: 67461
3. Utilisation rate – PHC	No	2.8	3.0	2.6	2.8
4. Utilisation rate under 5 years - PHC	No	4.1	5.2	5.4	4.6
5. Percentage of fixed PHC facilities with a monthly supervisory visit.	%	100%	94.4%	100%	98.1%
6. Expenditure per PHC visit	R	R141. 30	R94.87	R101.87	R112.68
7. PHC per capita expenditure		R141. 30	R94.87	R101.87	R112.68
8. Professional Nurse clinical workload (PHC)	No	27.2	24.4	34.9	27.18
9. Doctor clinical workload (PHC)	No	29.2	21.5	39.1	28.7
10. Percentage of community Health Centres (CHCs) with a resident doctor	%	100%	No CHC	No CHC	100%
11. Percentage of fixed clinics supported by a doctor at least once a week	%	80%	100%	100%	93.3%

<b>Indicator - Quality Improvement</b>	<b>Type</b>	<b>LETSEMENG 2009/10</b>	<b>KOPANONG 2009/10</b>	<b>MOHOKARE 2009/10</b>	<b>Xhariep District Average 2009/10</b>
Percentage of hospitals with Quality Improvement plans focussing on 6 key focus areas : reduced waiting times, improved cleanliness, positive staff attitudes and caring values, improved patient safety, infection prevention and control and availability of medicines and supplies		No District Hospital	100%	100%	100%
Percentage of PHC Facilities with Quality Improvement plans focussing on 6 key focus areas : reduced waiting times, improved cleanliness, positive staff attitudes and caring values, improved patient safety, infection prevention and control and availability of medicines and supplies		100%	100%	100%	100%
Percentage of hospitals that conduct a patient satisfaction survey once per annum		No District Hospital	100% 1/1	100% 2/2	100%
Percentage of PHC Facilities that conduct a patient satisfaction survey once per annum		100% 5	100% 9	100% 3	100% 17

**TABLE DHS 2: DISTRICT PERFORMANCE INDICATORS - DISTRICT HEALTH SERVICES**

*Note : Where targets and performance are indicated as a percentage the district should also include the numerator and denominator.*

Indicator	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
<b>Provincial PHC expenditure per uninsured person</b>	R	R404.23	R462.21	R528.77	R470.49	R449.96	R472.46	R496.07	N.A
<b>PHC total headcount</b>	No	370941	384678	406163	406 163	474024	484024	498503	N.A
<b>PHC total headcount under 5 years</b>		100 544	110 595	107 050	67461	113586	116854	120140	N.A
<b>Utilisation rate - PHC</b>	No	2.63	3	2.8	2.8	3.35	3.42	3.53	3.5
<b>Utilisation rate under 5 years - PHC</b>	No	4.9	4.84	4.63	4.6	5.1	5.3	5.5	5.5
<b>Percentage of fixed PHC facilities with a monthly supervisory visit.</b>	%	85.6%	85%	94.7%	98.1%	100	100	100	100%
<b>Expenditure per PHC visit</b>	R	R77.42	R87.06	R112.68	R112.68	R108.59	R111.66	R112.20	N.A
<b>PHC per capita expenditure</b>	R	R77.42	R87.06	R112.68	R112.68	R108.59	R111.66	R112.20	N.A
<b>Professional Nurse clinical workload (PHC)</b>	No	35.6	38.5	27.1	27.18	39	40	40	<u>40</u> <u>New</u> <u>NIDS</u> <u>target</u>
<b>Doctor clinical workload (PHC)</b>	No	34.5	33.5	28.7	28.7	30	30	30	30
<b>Percentage of community Health Centres (CHCs) with a resident doctor</b>	%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Percentage of fixed clinics supported by a doctor at least once a week</b>	%	100%	80%	80%	93.3%	90	90	90	100%

Indicator Quality Improvement	Type	Audited/ Actual performance			Estimate	MTEF Projection			Provincial Target
		2007/08	2008/09	2009/10		2011/12	2012/13	2013/14	
Percentage of hospitals with Quality Improvement plans focussing on 6 key focus areas : reduced waiting times, improved cleanliness, positive staff attitudes and caring values, improved patient safety, infection prevention and control and availability of medicines and supplies	%	100%	100%	100%	100%	-	100%	100%	100%
Percentage of PHC Facilities with Quality Improvement plans focussing on 6 key focus areas : reduced waiting times, improved cleanliness, positive staff attitudes and caring values, improved patient safety, infection prevention and control and availability of medicines and supplies	%	100%	100%	100%	100%	-	100%	100%	100%
Percentage of hospitals that conduct a patient satisfaction survey once per annum	%	0%	100%	100%	100%	-	100%	100%	100%
Percentage of PHC Facilities that conduct a patient satisfaction survey once per annum	%	100%	100%	100%	100% 17	-	100%	100%	100%

Reduction off waiting times, improved cleanliness, positive staff attitudes and caring values, improved patient safety and infection prevention, all off these goals is related to staff shortages and will be difficult to change if personnel cannot be appointed.  
Availability of medicines and supplies, the clinics is doing everything in their power to correct this situation; our problem lies with the Medical depot with the number of items dues out.

### TABLE DHS 3 : DISTRICT SPECIFIC OBJECTIVES AND PERFORMANCE INDICATORS - DISTRICT HEALTH SERVICES

Note : Where targets and performance are indicated as a percentage the district should also include the numerator and denominator.

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT								
STRATEGIC GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
GOAL STATEMENT: INTEGRATED PLANNING (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	PERFORMANCE INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
		2007/08	2008/09	2009/10	2010/2011	2011/12	2012/13	2013/14
Ensure functional governance structures at all level 1 facilities	Number of governance structures having at least 6 meetings	13 Clinic Committees & 1 District Health Councils. 2 Hospital Boards	14 Clinic Committees & 1 District Health Councils. 2 Hospital Boards	14 Clinic Committees & 1 District Health Councils. 2 Hospital Boards	16 Clinic Committees & 1 District Health Councils. 2 Hospital Boards	17 Clinic Committees & 1 District Health Councils.	17 Clinic Committees & 1 District Health Councils.	17 Clinic Committees & 1 District Health Councils.
						2 Hospital Boards	2 Hospital Boards	2 Hospital Boards
Extend the scope of the NGO's beyond the specific programmes beyond HIV AIDS and TB Programmes.	Number of NGO's on service level agreements to do other PHC functions support, education defaulter and tracing.	Not in plan.	Not in plan.	5	6	6 NGOs contracted to do other PHC functions.	10 NGOs contracted to do other PHC functions.	10 NGOs contracted to do other PHC functions.

<b>BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT</b>								
<b>STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES</b>								
<b>GOAL STATEMENT: IMPROVE IMPLEMENTATION OF QUALITY IMPROVEMENT STRATEGIES</b> (This row has been added to direct alignment with the 5 Year Strategic Plan)								
<b>OBJECTIVE STATEMENT</b> (Strategic objective in format)	<b>PERFORMANCE INDICATOR</b>	<b>AUDITED/ACTUAL PERFORMANCE</b>			<b>ESTIMATED PERFORMANCE</b>	<b>MEDIUM TERM TARGETS</b>		
		<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/2011</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Ensure implementation of Batho Pele Revitalization program.	Number of institutions complying with Batho Pele Revitalization program (BPRP).	Provincial Service Standards developed	Service Delivery Improvement Plan (SDIP) for EMS and Pharmaceutical services developed.	1 institution implementing Batho Pele Revitalization Programme	20 institutions complying with BPRP	20 institutions complying with BPRP	20 institutions complying with BPRP	21 institutions complying with BPRP
Measure public and private health facilities performance against national core standards.	Number of health establishments with performance assessment reports	Not in Plan	Not in plan	1 hospitals with assessment reports	0 health establishments with performance assessment reports	3 health establishments with performance assessment reports	5 health establishments with performance assessment reports	10 health establishments with performance assessment reports
Intensify health promotion programs.	Number of Local Areas implementing Healthy lifestyles plan.	1 Provincial forum	Forms part of PHC and Health Promotion Services	Forms part of PHC and Health Promotion Services	Forms part of PHC and Health Promotion Services	Forms part of PHC and Health Promotion Services	Sustain 3 local areas	Impact assessment
Enhance the implementation of school health services.	Number of Local Areas implementing school health services.	Rendered as part of Clinic PHC Services	Rendered as part of Clinic PHC Services	Rendered as part of Clinic PHC Services	Rendered as part of Clinic PHC Services	Rendered as part of Clinic PHC Services	Sustain	Impact assessment

<b>BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT</b>								
<b>STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES</b>								
<b>GOAL STATEMENT: INCREASE UTILISATION OF EFFECTIVE INTERVENTIONS</b> (This row has been added to direct alignment with the 5 Year Strategic Plan)								
<b>OBJECTIVE STATEMENT</b> (Strategic objective in format)	<b>PERFORMANCE INDICATOR</b>	<b>AUDITED/ACTUAL PERFORMANCE</b>			<b>ESTIMATED PERFORMANCE</b>	<b>MEDIUM TERM TARGETS</b>		
		<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/2011</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Improve accessibility of services at Primary Health Care facilities and District hospitals.	Number of facilities implementing the full PHC (based on the referral system) and District Hospital packages.	16/16 clinics 1/1 CHC 3/3 district hospitals	16/16 clinics 1/1 CHC 3/3 district hospitals	16/16 clinics 1/1 CHC 3/3 district hospitals	16/16 clinics 1/1 CHC	16/16 clinics 1/1 CHC	16/16 clinics 1/1 CHC	16/16 clinics 1/1 CHC
					3/3 district hospitals	3/3 district hospitals	3/3 district hospitals	3/3 district hospitals
Strengthen Rural Health Services.	Adherence to 6 weekly mobile clinic visits to the farms.	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits
Improve patient care & satisfaction.	Improve patient satisfaction rate at level 1 services to 80%.	No data.	No data.	75%	80%	85%	90%	95%

<b>BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT</b>								
<b>STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT.</b>								
<b>GOAL STATEMENT: STRENGTHEN THE IMPLEMENTATION OF THE DISTRICT HEALTH SYSTEM POLICY</b> (This row has been added to direct alignment with the 5 Year Strategic Plan)								
<b>OBJECTIVE STATEMENT</b> (Strategic objective in format)	<b>PERFORMANCE INDICATOR</b>	<b>AUDITED/ACTUAL PERFORMANCE</b>			<b>ESTIMATED PERFORMANCE</b>	<b>MEDIUM TERM TARGETS</b>		
		<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/2011</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Strengthen the implementation of the District Health System policy.	District Health Services provincial policy developed and implemented	-	-	-	Draft DHS model translated into policy	Policy implemented	Implementation maintained and monitored	Implementation maintained and monitored
Strengthen Rural Health Strategy.	Number of farms visited by a mobile every 6 weeks.	Not in plan.	Not in plan.	Not in plan.	Implemented Dedicated co-ordinator	Implemented Dedicated co-ordinator	Implemented Dedicated co-ordinator	Implemented Dedicated co-ordinator
					Nr of Farms Letsemeng: Kopanong: Mohokare:	Nr of Farms Letsemeng: Kopanong: Mohokare	Nr of Farms Letsemeng: Kopanong: Mohokare	Nr of Farms Letsemeng: Kopanong: Mohokare

<b>BUDGET SUB PROGRAMME: PRIMARY HEALTH CARE CLINICS</b>								
<b>STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES</b>								
<b>GOAL STATEMENT: IMPROVE COMPREHENSIVE HEALTH SERVICES</b> (This row has been added to direct alignment with the 5 Year Strategic Plan)								
<b>OBJECTIVE STATEMENT</b> (Strategic objective in format)	<b>PERFORMANCE INDICATOR</b>	<b>AUDITED/ACTUAL PERFORMANCE</b>			<b>ESTIMATED PERFORMANCE</b>	<b>MEDIUM TERM TARGETS</b>		
		<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/2011</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Provide appropriate and accessible health care services at Clinics for designated catchment population	No of local areas implementing appropriate PHC package.	3 local areas implemented appropriate PHC package	3 local areas implemented appropriate PHC package	Appropriate Primary Health Care package implemented per local area	Appropriate Primary Health Care package implemented per sub-district in line with the referral system	3/3 Local Areas implement PHC package	3/3 Local Areas implement PHC package	3/3 Local Areas implement PHC package
						3/3 Local Areas in line with the referral system	3/3 Local Areas in line with the referral system	3/3 Local Areas in line with the referral system
Strengthen Rural Health Strategy.	Number of farms visited by a mobile every 6 weeks.	Not in plan.	Not in plan.	Not in plan.	Implemented Dedicated co-ordinator	Implemented Dedicated co-ordinator	Implemented Dedicated co-ordinator	Implemented Dedicated co-ordinator
					Nr of Farms Letsemeng: Kopanong: Mohokare	Nr of Farms Letsemeng: Kopanong: Mohokare	Nr of Farms Letsemeng: Kopanong: Mohokare	Nr of Farms Letsemeng: Kopanong: Mohokare

BUDGET SUB PROGRAMME: COMMUNITY HEALTH CENTRES								
STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	PERFORMANCE INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
		2007/08	2008/09	2009/10	2010/2011	2011/12	2012/13	2013/14
Provide appropriate and accessible Primary Health Care Services to the Free State Community.	Achievement of efficiency targets:	Expenditure per headcount R32.96	Expenditure per headcount R56.83	Expenditure per headcount R85.83	Expenditure per headcount R97.68	Expenditure per headcount R88.00	Expenditure per headcount R88.00	Expenditure per headcount R88.00
	• Expenditure per Headcount (R99)	60957	60242	61609	61411	62000	63000	64000
	• Total headcounts							
	• Doctor clinical workload	Doctor clinical workload 42.3 patients	Doctor clinical workload 48.6 patients	Doctor clinical workload 44 patients	Doctor clinical workload 41.4 patients	Doctor clinical workload 35 patients	Doctor clinical workload 35 patients	Doctor clinical workload 35 patients
	• Nurse clinical workload	Nurse clinical workload 49 patients	Doctor clinical workload 53.3 patients	Nurse clinical workload 39 patients	Nurse clinical workload 48.3 patients	Nurse clinical workload 35 patients	Nurse clinical workload 35 patients	Nurse clinical workload 35 patients
	• Utilization rates CHC facilities below 5 years (5visits)							
	• Utilization rate CHC facilities above 5 years (3 visits)	Utilization rates CHC facilities below 5 years (5 visits) 5.7	Utilization rates CHC facilities below 5 years (5 visits) 5.2	Utilization rates CHC facilities below 5 years (5 visits) 5.5	Utilization rates CHC facilities below 5 years (5 visits) 5.4	Utilization rates CHC facilities below 5 years (5 visits) 5.0	Utilization rates CHC facilities below 5 years (5 visits) 5.0	Utilization rates CHC facilities below 5 years (5 visits) 5.0

*Note: A Strategic Objective may have more than one performance indicator*

### **7.1.2 District Health Services: Strategies /Activities to be implemented 2011/12**

Key strategies/activities that would be implemented by the district to reach the 2011/12 targets set for the Sub Program District Health Services :

- To implement 24 hrs services at three clinics
- To increase the number of Personnel.
- To involve the community in the clinic governance.
- To organise and facilitate training of personnel for skills development.
- To strengthen the importance of community awareness through campaigns. Priority: Immunisation and HCT
- To empower Managers through formal training –
- More emphasize on family planning through Health campaigns.
- Training of professional nurses on cervical screening.
- Poverty alleviation programs to reduce low weight rate in children.
- Quality improvement plans implemented and monitored

## 7.2 Sub Program: District Hospitals

### 7.2.1 Programme Overview

This section should provide the purpose of the District Hospital Services Programme as stated in the budget documentation and a short program overview of not more than 1 page.

**TABLE DHS 4: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS**

Indicator	Type	DIAMANT 2009/10	EMBEKWENI 2009/10	STOFFEL COETZEE 2009/10	Xhariep District Average 2009/10
1. Caesarean section rate in district hospitals	%	0	0	0	0
2. Total separations in District Hospitals	No	3319	1965	1992	7 275
3. Patient Day Equivalents in District Hospitals	No	10 776	8 900	9 745	29 421
1. Total OPD Headcounts in District Hospitals	No	7 674	9 053	7 597	24 324
2. District Hospitals with peri-natal mortality meetings every month		1	1	1	3
3. Average length of stay in district hospitals	Days	2.6	2.63	2.92	2.71
4. Bed utilisation rate in district hospitals	%	87.9%	59.75%	68.75%	72.1
5. Expenditure per patient day equivalent (PDE) in district hospitals	R	R1 411.27	R1 294.77	R1 056.28	R1 254.66

**TABLE DHS 5 : PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS**

*Note : Where targets and performance are indicated as a percentage the district should also include the numerator and denominator.*

Indicator		Audited/ Actual performance			Estimate	Medium-term targets			Provincial target
	Type	2007/08	2008/09	2009/10	2010/11	2010/11	2011/12	2012/13	2014/15
1. Caesarean section rate for district hospitals	%	0	0	0	0	0	0	0	0
2. Total separations in District Hospitals	No	0	0	7276	7800	8000	8000	8000	8000
3. Patient Day Equivalents in District Hospitals	No	25501	31484	29 421	32 000	35000	36000	36500	37000
4. Total OPD Total Headcounts in District Hospitals	No	23016	25049	28 034	30 000	32000	33000	34000	35000
5. District Hospitals with perinatal mortality meetings every month	%	3/3	3/3	3/3	3/3	3/3	3/3	3/3	3/3
6. Average length of stay in District Hospitals	Days	2.5	2.76	2.71	2.5	3.2	3.2	3.2	3.2
7. Bed utilisation rate (based on usable beds) in District Hospitals	%	66.8	73.2	72.1	70	70%	70%	70%	70%
8. Expenditure per patient day equivalent (PDE) in district hospitals	R	R1069.69	R974.15	R1254.66	R1300.00	R1400.00	R1450.00	R1500.00	R814.00

**TABLE DHS 6: DISTRICT STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HOSPITALS**

*Note : Where targets and performance are indicated as a percentage the district should also include the numerator and denominator.*

STRATEGIC OBJECTIVE	PERFORMANCE INDICATORS	Audited/ Actual performance			Estimated performance	Medium term targets		
		2007/08)	2008/09	2009/10	20010/11	2011/12	2012/13	2013/14
Provide appropriate and accessible District Hospitals Services for the designated catchment population.	Number of District hospitals implementing the appropriate service packages.	Not in plan	Hospital Package piloted in other District Hospitals	Package not fully implemented due to shortage of Doctors	Package not fully implemented due to shortage of Doctors	Package Implemented	Package Implemented	Package Implemented
	Progress on achievement of efficiency indicators • Cost per PDE (R814) • ALOS (3.2 days) Bed Occupancy Rate (70 - 80%)	Cost per PDE: R 1955.00 ALOS: 2.7 Bed Occupancy 73.7	Cost per PDE: R974.16 ALOS: 2.1 Bed Occupancy 67.6	Cost per PDE: R1254.66 ALOS: 2.72 Bed Occupancy 72.1%	Cost per PDE: R1300.00 ALOS: 3.2 Bed Occupancy 70%	Cost per PDE: R1400.00 ALOS: 3.2 Bed Occupancy 70%	Cost per PDE: R1450.00 ALOS: 3.2 Bed Occupancy 70%	Cost per PDE: R1500.00 ALOS: 3.2 Bed Occupancy 70%
District Hospitals implementing at least three out of the five Quality Assurance Strategies.	No of institutions compliant with Hospital Emergency Preparedness Plans.	Emergency preparedness plans in place. Hospital drills are conducted on a continued basis.	Hospitals Compliant with hospital emergency preparedness, plans in line with provincial guidelines.	3/3 District Hospitals have Emergency preparedness plans	3/3 District hospitals have Emergency preparedness plans	3/3 District hospitals have Emergency preparedness plans	3/3 District hospitals have Emergency preparedness plans	3/3 District hospitals have Emergency preparedness plans
	Hospitals register with COHSSASA Program	Not in Plan	3 Hospitals entered the COHSSASA Program	2 Hospital received Intermediate certificates	2 Hospitals Maintained Diamant not yet registered on COHSSASA programme after Revite project	Maintain Status	Maintain Status Diamant to be registered	Maintain Status

### **7.2.2 District Hospitals: Strategies /Activities to be implemented 2011/12**

Key strategies/activities that would be implemented by the district to reach the 2011/12 targets set for the Sub Program District Hospitals

- **Provide appropriate and accessible District Hospitals Services for the designated catchment population.**
- **Implement provincial quality improvement strategy.**
- **Ensure implementation of Batho Pele Revitalization Program**

### 7.3 HIV & AIDS, STI & TB CONTROL (HAST)

#### 7.3.1 Programme Overview

**TABLE HIV1: SITUATION ANALYSIS INDICATORS FOR HIV & AIDS, STIs AND TB CONTROL**

	Indicators	Type	LETSEMENG 2009/10	KOPANONG 2009/10	MOHOKARE 2009/10	Xhariep District Average 2009/10
1.	Total number of registered Antiretroviral Therapy (ART) clients on treatment	No	1096	1023	788	2907
2	New adults initiated on ART (> 15 Years)	No	81	121	137	339
3	New children initiated on ART (0 to < 15 Years)	No	70	61	68	191
4	% of TB/HIV co-infected patients eligible for ART who start ART	%	32.3	35.3	42.5	36.8
5	% of TB/HIV co-infected patients who start CPT	%	100	-	100	90.0
6	Male condom distribution rate	No	7.1	7.7	8.9	7.9
7	No of male condoms distributed	No	224230	193260	190400	607890
8	No of female condoms distributed	No	27090	17851	22517	67458
9	Antenatal client initiated on AZT during antenatal care rate.	%	32.9	85	93	173
10	Antenatal client Nevirapine uptake	%	33.4	41.6	52.9	42.6 (Service only rendered at District Hospitals)
11	Newborn baby NVP uptake	%	100	83.1	98.2	93.8
12	Number of new PTB cases reported	%	370	326	335	1031
13	New smear positive PTB defaulter rate	%	6.1	2.2	1.3	3.3
14	TB sputa turn-around time under 48 hours rate	%	14.91	54.40	54.92	41.41
15	PTB two month smear conversion rate	%	78.1	82.4	78.5	79.6
16	New smear positive PTB treatment success rate	%	85.9	88.3	87.3	87.3
17	Percentage of PTB patients diagnosed with smear culture ( Bacteriological coverage)	%	90.5	81.9	84.5	85.6
18	Percentage of MDR-TB cases started on ART	%	100	100	100	100
19	Percentage of XDR-TB cases started on ART	%	100	-	100	100
20	Fixed facilities with any ARV drug stock out	%	5	1.8	8.3	3.9
21	STI partner treatment rate	%	37.9	41.6	22.0	33.7

**TABLE HIV 2: PERFORMANCE INDICATORS FOR HIV & AIDS, STI AND TB CONTROL**

	Indicator	Type	Audited/ actual performance			Estimate	MTEF projection				Provincial Target
			2007/08	2008/09	2009/10		2010/11	2011/12	2012/13	2013/14	2014/15
1	Total number of registered Antiretroviral Therapy (ART) clients on treatment	No	1992	2568	2907	3407	3907	4407	4907	5400	
2	New adults initiated on ART (> 15 Years)	No	576	531	339	400	461	522	632	650	
3	New children initiated on ART (0 to < 15 Years)	No	20	157	191	207	231	281	337	380	
4	% of TB/HIV co-infected patients eligible for ART who start ART	%	31.7	49.4	36.8	90	90	90	90	90	
5	% of TB/HIV co-infected patients who start CPT	%	85.9	100	90.0	98	98	98	98	98	
6	Male condom distribution rate	No	7,7	8,3	7.9	10	12	15	15	15	
7	No of male condoms distributed	No	902000	780000	67458	80000	-	-	-	-	
8	No of female condoms distributed	No	13427	83590	29000	45000	-	-	-	-	
9	Antenatal client initiated on AZT during antenatal care rate.%	%	-	-	73.2	100%	100%	100%	100%	100%	
10	Antenatal client Nevirapine uptake	%	70.5	81.8	42.7 (Service only rendered at District Hospitals)	60	60	60	60	100%	
11	Newborn baby NVP uptake %	%	99.6	96.8	93.2%	100%	100%	100%	100%	100%	
12	Number of new PTB cases reported	%	1084	1002	1031	1000	-	-	-	-	
13	New smear positive PTB defaulter rate	%	4.8	5.3	3.3	3.5	3.5	3.5	3.5	3.5	
14	TB sputa turn-around time under 48 hours rate	%	21.04	33.8	41.41	55.41	65.5	-70.5	-75	75	
15	PTB two month smear conversion rate	%	77.4	84.8	79.6	85	77	77	77	77	
16	New smear positive PTB treatment success rate	%	80.9	81.3	87.3	85	85	85	85	85	
17	Percentage of PTB patients diagnosed with smear culture ( Bacteriological coverage)		92.1	86.9	85.6	96	-	-	-	100	
18	Percentage of MDR-TB cases started on ART		66.67	66.67	100	100	-	-	-	100	
19	Percentage of XDR-TB cases started on ART		-	-	100	100	-	-	-	100	
20	Fixed facilities with any ARV drug stock out	%	0%	0%	3.9	0%	0%	0%	0%	0%	
21	STI partner treatment rate	%	21,7	22,4	33.8	34	35	35	35	35	
22	PTB cure rate	%	76.8	77.4	82.7	85	85	85	85	85	

**Note:**

- **TB Budget forms part of PHC Budget**

**TABLE HIV 3: DISTRICT STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HIV AND AIDS**

Note where targets and performance are indicated as percentage also include the numerator and denominator

STRATEGIC OBJECTIVE	PERFORMANCE INDICATORS	Audited/ Actual performance			Estimated performance	Medium term targets		
		2006/07)	2007/08	2008/09		2010/11	2011/12	2012/13
Reduce the incidence of HIV infection	Proportion of ART patients treated for new STI.	Indicator measured not	Indicator measured not	1658 patients Indicator not measured as rate	5% of ART patients treated for new STI (Actual: 2210 ptd)	3% of ART patients treated for new STI	2% of ART patients treated for new STI	1% of ART patients treated for new STI
	Proportion of ANC clients tested for HIV. <u>Numerator</u> Antenatal clients initiated on AZT  <u>Denominator</u> Antenatal client(Not on HAART)HIV test positive total	Indicator measured not	Indicator measured not	Indicator measured not	85% of ANC clients tested for HIV	100% of ANC clients tested for HIV	100% of ANC clients tested for HIV	100% of ANC clients tested for HIV
	Number of adult patients initiated on ART	Indicator measured not	Indicator measured not	<b>296</b> adult patients initiated on ART	339 adult patients initiated on ART	700 adult patients initiated on ART	500 adult patients initiated on ART	500 adult patients initiated on ART
EXPAND access to ART for people living with HIV and AIDS	Number of child patients initiated on ART	Indicator measured not	Indicator measured not	157 Child patients initiated on ART	209 Child patients initiated on ART	400 Child patients initiated on ART	300 Child patients initiated on ART	200 Child patients initiated on ART

### **7.3.2 HIV & AIDS, STI & TB CONTROL (HAST): Strategies /Activities to be implemented 2011/12**

Key strategies/activities that would be implemented by the district to reach the 2011/12 targets set for the Sub Program HIV & AIDS, STI & TB CONTROL (HAST)

- + Develop high profile campaigns utilizing peer influence to promote HIV testing and disclosure involving different stake holders**
- + Expand access to HIV testing beyond formal healthcare setting such as community and non healthcare settings**
- + Increase the number of HIV positive clients on Art's**
- + Monitor implementation of the HAST Program**
- + Strengthen partnerships with external stakeholders.**
- + Social mobilisation activities are intensified.**
- + Attend to a comprehensive patient centred care and treatment.**
- + TB/HIV integration in practice where patients are treated holistically in one consulting room.**
- + Involve all stakeholders in management of programme.**
- + Empower clinics by discussing facility data and developing strategies to improve.**

## 7.4 MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

### 7.4.1 Programme Overview

*Note : Where targets and performance are indicated as a percentage the district should also include the numerator and denominator.*

**TABLE MCWH & N 1 : SITUATION ANALYSIS INDICATORS FOR MCWH & N**

	Indicators	Type	LETSEMENG 2009/10	KOPANONG 2009/10	MOHOKARE 2009/10	Xhariep District Average 2009/10
1	Immunisation coverage under 1 year	%	77%	101.4%	106%	94.80%
2	Vitamin A coverage under 1 year	%	77.1%	105.6%	106%	96.23
3	Vitamin A coverage – new mothers	%	168.5	135.2	123.8	131.3
4	Measles coverage under 1 year	%	77%	101.4%	106%	94.80%
5	Pneumococcal Vaccine (PCV) 1 <sup>st</sup> Dose Coverage	%	21.1%	46.5%	37.2%	34.93%
6	Rota Virus (RV) 1 <sup>st</sup> Dose Coverage	%	25.8%	34.3%	44.5%	34.87%
7	Cervical cancer screening coverage	%	2.5	2.5	3.6	2.8
8	Institutional MMR rate	%	0	0	0.15	0.08
9	Antenatal visits before 20 weeks rate	No	91.4	88.2	78.1	85.9
10	Vitamin A coverage – 1 to 4 years	%	34.7	40.1	39.3	38.0
11	Severe malnutrition under 5 years incidence	No per 1000	-	-	-	-
12	Couple year protection rate	%	28.8	34.2	40.5	34
13	Total deliveries in facilities	No	73	565	659	1297
14	Delivery rate for women under 18 years	%	4.1	11.7	10.3	10.7

	<b>Indicators</b>	<b>Type</b>	<b>LETSEMENG 2009/10</b>	<b>KOPANONG 2009/10</b>	<b>MOHOKARE 2009/10</b>	<b>Xhariep District Average 2009/10</b>
15	Facility Infant mortality (under 1) rate	No per 100 000	No Hospital	7.8	10.8	9.5
16	Facility Child mortality (under 5) rate	No per 100 000	No Hospital	14.4	10.8	15.7
17	% mothers and babies reviewed within 6 days post natal (Post discharge from health facilities)		-	-	-	100%
18	% of maternity facilities conducting perinatal review		75	75	100	83.3
19	% of pregnant women on HAART		-	-	-	-
20	% of HIV exposed infants diagnosed early using DBS-PCR		-	-	-	-
21	Percentage of infants 0-6 Months who are exclusively breastfed	Data not collected	Data not collected	Data not collected	Data not collected	Data not collected
22	% coverage of Vitamin A supplementation in children aged 12 to 59 months		34.7	40.1	39.3	38

**TABLE MCWH&N 2: PERFORMANCE INDICATORS FOR MCWH & N**

*Note : Where targets and performance are indicated as a percentage the district should also include the numerator and denominator.*

Indicator	Type	Audited/ Actual performance			Actual	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Immunisation coverage under 1 year	%	92.3%	85.7 %	93.1%	94.80%	95%	95%	95%	95%
2. Vitamin A coverage under 1 year	%	108.8	88.8	96.9	96.23	90	90	90	90%
3. Vitamin A coverage – new mothers	%	98.4	97.10	99	131.3	90	90	90	90%
4. Measles coverage under 1 year	%	92.3%	85.7 %	93.1%	94.80%	90%	90%	90%	90%
5. Pneumococcal Vaccine (PCV) 1 <sup>st</sup> Dose Coverage	%	-	-	-	34.93%	90%	90%	90%	90%
6. Rota Virus (RV) 1 <sup>st</sup> Dose Coverage	%	-	-	-	34.87%	90%	90%	90%	90%
7. Cervical cancer screening coverage	%	3.3	3.2	2.7	2.8	10%	15%	20%	40%
8. Institutional MMR rate	No per 100 000	1.0	1.0	4.5	0.08	0.13%	0.18%	0.23%	1.0
9. Antenatal visits before 20 weeks rate	No	50.8	51.6	56.7	85.9	65%	70%	70%	70%
10. Vitamin A coverage – 1 to 4 years	%	58.0	34.9	52.4	38.0	70	70	70	70%
11. Severe malnutrition under 5 years incidence	<u>No per 1000</u>	88	83	115	-	80	80	80	80%
12. Couple year protection rate	%	31	31.6	33.2	34	40%	40%	40%	40%
13. Total deliveries in facilities	No	1686	1580	1381	1297	75%	75%	75%	75%
14. Delivery rate for women under 18 years	%	10.6	12.2	11.1	10.7	10%	10%	10%	10%
15. Facility Infant mortality (under 1) rate	No per 100 000	19.6	11.1	12.1	9.5	10	10	10	10
16. Facility Child mortality (under 5) rate	No per 100 000	7.6	8.2	7.8	15.7	-	-	-	-

Indicator	Type	Audited/ Actual performance			Actual	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
17. % mothers and babies reviewed within 6 days post natal (Post discharge from health facilities)		No Data on DHIS	No Data on DHIS	No Data on DHIS	100%	100%	-	-	-
18. % of maternity facilities conducting perinatal review		66%	66%	66%	83.3	66%	66%	66%	66%
19. % of pregnant women on HAART	%	-	-	-	-	100	100	100	100%
20. % of HIV exposed infants diagnosed early using DBS-PCR		-	-	-	-	100	100	100	100
21. Percentage of infants 0-6 Months who are exclusively breastfed	No data collected	Data not collected	Data not collected	Data not collected	Data not collected	Data not collected	Data not collected	-	-
22. % coverage of Vitamin A supplementation in children aged 12 to 59 months		-	74.7	52.4	38	70	70	70	70

#### **7.4.2 : Strategies /Activities to be implemented 2011/12**

Key strategies/activities that would be implemented by the district to reach the 2011/12 targets set for the Sub Program HIV & AIDS, STI & TB CONTROL (HAST)

- **Develop high profile campaigns utilizing peer influence to promote HIV testing and disclosure involving different stake holders**
- **Expand access to HIV testing beyond formal healthcare setting such as community and non healthcare settings**
- **Increase the number of HIV positive clients on ART's**
- **Monitor implementation of the HAST Program**
- **TB/HIV integration in practice where patients are treated holistically in one consulting room.**
- **Involve all stakeholders in management of programme.**
- **Empower clinics by discussing facility data and developing strategies to improve.**

## 7.5 DISEASE PREVENTION AND CONTROL (Environmental Health Indicators)

### 7.5.1 Programme Overview

	Indicators	Type	LETSEMENG 2010/11	KOPANONG 2010/11	MOHOKARE 2010/11	Xhariep District Average 2010/11
1	Malaria case findings	Isolated cases	0	0	0	0
2	Malaria case fatality rate	Isolated cases	0	0	0	0
3	Medical waste safe disposal rate	Outsourced	Outsourced	Outsourced	Outsourced	Outsourced
4	Water sample for human consumption rate	Bacteriological	360	16	258	634
5	Number of households without access to safe and portable water supply		0	0	0	0

## PERFORMANCE INDICATORS FOR ENVIRONMENTAL HEALTH SERVICES

Indicator	Type	Audited/ Actual performance			Estimate	MTEF projection			Provincial Target 2013/14
		2007/08	2008/09	2009/10		2011/12	2012/13	2013/14	
1. Malaria case findings	Isolated cases	0	0	0	5	0	0	0	0
2. Malaria case fatality rate	Isolated cases	0	0	0	0	0	0	0	90%
3. Medical waste safe disposal rate	Outsourced	0	0	0	0	390500	410025	430530	90%
4. Water sample for human consumption rate	Bacteriological	392	630	640	634	n.a	n.a	n.a	90%
5. Number of households without access to safe and portable water supply		250	200	180	100	n.a	n.a	n.a	90%

**TABLE 7.5.2 DISTRICT OBJECTIVES AND ANNUAL TARGETS FOR ENVIRONMENTAL HEALTH SERVICES**

STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	Audited/ Actual performance			Estimated performance	Medium term targets		
		2007/08	2008/09	2009/10		2011/12	2012/13	2013/14
Management of EH Dataset in the district	% of monthly reports submitted by District Municipality	0	0	0	0	83% 10/12 reports	100% 12/12 reports	100% 12/12 reports
Facilitate devolution of MHS to District Municipality	Fully devolved service	0	0	0	0	0	0	0
Support the implementation of Health Care Risk Waste Management plan	% HCRW management Plan developed by Health Care Institutions	0	43% 9/21 facilities	45% 9/20 facilities	60% 12/20 facilities	100% 20/20 facilities	100% 20/20 facilities	100% 20/20 facilities
Strengthen the management of Hazardous Substances Programme	% compliance of Hazardous substances dealers	100% 16/16 dealers	100% 16/16 dealers	100% 16/16 dealers	100% 17/17 dealers	100% 17/17 dealers	100% 17/17 dealers	100% 17/17 dealers
Ensure the implementation of national and Provincial Food Sampling Program	Food samples compliance rate	96% 71/74	90% 28/31	90% 38/42	90% 15/17	90% 45/50	90% 45/50	90% 45/50

**MALARIA:**

Malaria is not endemic to this District and therefore the only cases that occur is imported from Malaria endemic areas. Nothing is budgeted for this function.

**MEDICAL WASTE:**

Medical waste removal is outsourced in the Free State Province and therefore also the disposal thereof. However handling, segregation and storage is monitored at provincial Healthcare Institutions. Local Areas and Hospitals budget for this function.

**WATER SAMPLING:**

The sampling by some Local Municipalities.

**HOUSEHOLDS WITHOUT ACCESS TO SAFE WATER:**

Municipalities currently updating data.

## 8. INFRASTRUCTURE, EQUIPMENT AND OTHER SUPPORT SERVICES

### 8.1 INFRASTRUCTURE

#### HEALTH FACILITIES FOR THE HEALTH DISTRICT

Health district <sup>1</sup>	Facility type IN NUMBERS	Audited/ actual			Projecti on	MTEF Projection			Provincia l target
		2006/0 7	2007/0 8	2008/0 9		2009/10	2010/11	2011/12	2012/13
Letsemeng	Non fixed clinics <sup>3</sup>	4	2	2	2	5	5	5	6
	Fixed Clinics <sup>4</sup>	4	4	4	4	4	4	4	4
	CHCs	1	1	1	1	1	1	1	1
	Sub-total fixed PHC clinics + CHCs	5	5	5	5	5	5	5	5
	District hospitals	0	0	0	0	0	0	0	0
Kopanong	Non fixed clinics <sup>3</sup>	6	5	5	5	5	6	7	7
	Fixed Clinics <sup>4</sup>	10	10	10	10	10	10	10	10
	CHCs	0	0	0	0	0	0	0	0
	Sub-total fixed PHC clinics + CHCs	16	15	15	15	15	16	17	17
	District hospitals	1	1	1	1	1	1	2	2
Mohokare	Non fixed clinics <sup>3</sup>	5	5	5	3	4	4	5	5
	Fixed Clinics <sup>4</sup>	3	3	3	3	3	3	3	3
	CHCs	0	0	0	0	0	0	0	0
	Sub-total fixed PHC clinics + CHCs	8	8	8	6	7	7	8	8
	District hospitals	2	2	2	2	2	2	2	2

The table above should be completed in line with the Provincial STP and the Provincial 5 year infrastructure plan. Include a narrative analysis of the information reported in the table above.

### **PERFORMANCE INDICATORS FOR HEALTH FACILITIES MANAGEMENT**

Indicator	Type	Audited/ actual			Estimate	MTEF Projection			National target
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
1. Expenditure on facility maintenance as % of total district health expenditure	%	2%	2%	2%	2%	2%	2%	2%	2%
2. Fixed PHC facilities with access to continuous supply of clean portable water	%	100%	100%	100%	100%	-	-	-	-
3. Fixed PHC facilities with access to continuous supply of electricity	%	100%	100%	100%	100%	-	-	-	-
4. Fixed PHC facilities with access to sanitation		100%	100%	100%	100%	-	-	-	-
5. Fixed PHC facilities with access to fixed telephone line	%	100%	100%	100%	100%	-	-	-	-

## 8.2 SUPPORT SERVICES

### 8.2.1 PHARMACEUTICAL SERVICES

Indicators	Type	Audited/ Actual performance			Estimate	MTEF projection			Provinci al Target 2013/14
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	
1. Nr of institutions (hospitals and CHCs) with functional Pharmaceutical and Therapeutics Committees (PTCs)		0	0	0	1/4	1/4	1/4	1/4	-
2. Tracer ARV stock out rate at facilities		0	10	10	0	0	0	0	0
3. Tracer TB stock out rate at facilities		6	6	0	12	0	0	0	0
4. % of Hospitals with Pharmacists		100%	100%	100%	66.66%	100%	100%	100%	100%
5. % of CHC's with Pharmacists		100%	100%	100%	100%	100%	100%	100%	100%

### 8.2.2 Equipment and Maintenance

#### Acquisition Plans are Available and Approved

Institution	Approved/Not Approved
Letsemeng Local Area	Approved and Funded
Kopanong Local Area	Approved and Funded
Mohokare Local Area	Approved and Funded
Bophelong CHC	Approved and Funded
Embekweni District Hospital	Approved and Funded
Stoffel Coetzee District Hospital	Approved and Funded
Diamant District Hospital	Approved and Funded
Xhariep District Office	Approved and Funded

**Acquisition Plans are Available for the District Office:**

### 8.2.3 EMERGENCY MEDICAL SERVICES (EMS)

Indicator:	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
<b>Rostered Ambulances per 10,000 of Population (Include LG )</b>									
<b>Letsemeng</b>	Nr	3	4	5	5	10 229 730	10 478 480	12 098 935	-
		0.67	0.89	1.11	1.11	-	-	-	<b>0.08</b>
<b>Kopanong</b>	Nr	4	6	5	8	18 413 514	18 861 264	21 778 083	-
		0.68	1.02	0.85	1.43	-	-	-	<b>0.08</b>
<b>Mohokare</b>	Nr	4	3	5	5	6 137 838	6 28 088	7 259 361	-
		1.05	0.79	1.31	1.31	-	-	-	-
<b>Xhariep Average</b>	Total Nr	<b>11</b>	<b>13</b>	<b>15</b>	<b>18</b>	-	-	-	<b>0.08</b>
		<b>0.8</b>	<b>0.9</b>	<b>1.09</b>	<b>1.28</b>	<b>34 781 082</b>	<b>35 626 847</b>	<b>41 136 390</b>	<b>0.08</b>

Indicator : Ambulance Response Time: Rural (Include LG) 45 minutes	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Letsemeng		30%	60%	70%	85%	10 229 730	10 478 480	12 098 935	<b>50%</b>
Kopanong		25%	45%	65%	80%	18 413 514	18 861 264	21 778 083	<b>50%</b>
Mohokare		40%	50%	80%	90%	6 137 838	6 28 088	7 259 361	<b>50%</b>
Xhariep Average		<b>39%</b>	<b>55%</b>	<b>60%</b>	<b>75%</b>	<b>34 781 082</b>	<b>35 626 847</b>	<b>41 136 390</b>	<b>50%</b>

Indicator Ambulance Response Time: Urban 15 minutes	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Letsemeng		50%	60%	85%	90%	10 229 730	10 478 480	12 098 935	<b>75%</b>
Kopanong		54%	55%	80%	85%	18 413 514	18 861 264	21 778 083	<b>75%</b>
Mohokare		60%	56%	90%	95%	6 137 838	6 28 088	7 259 361	<b>75%</b>
Xhariep Average		<b>69%</b>	<b>60%</b>	<b>70%</b>	<b>80%</b>	<b>34 781 082</b>	<b>35 626 847</b>	<b>41 136 390</b>	<b>75%</b>

## 9. HUMAN RESOURCES

### PERFORMANCE FOR HUMAN RESOURCES

	TOTAL POSTS FILLED	Audited/ Actual performance			Estimate	Medium-term targets		
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Health district	Personnel category <sup>1</sup>							
LETSEMENG	PHC facilities							
	Medical officers	1	2	1	1	1	1	1
	Professional nurses	27	21	22	22	22	22	22
	Pharmacists	1	1	1	1	1	1	1
	District hospitals							
	Medical officers	n.a	n.a	n.a	n.a	n.a	n.a	n.a
	Professional nurses	n.a	n.a	n.a	n.a	n.a	n.a	n.a
	Pharmacists	n.a	n.a	n.a	n.a	n.a	n.a	n.a
	Radiographers	n.a	n.a	n.a	n.a	n.a	n.a	n.a
KOPANONG	PHC facilities							
	Medical officers	2	3	3 Plus 1 Comm Service	3	3	3	3
	Professional nurses	48	34	34	34	34	34	34
	Pharmacists	0	0	0	0	1	1	1
	District hospitals							
	Medical officers	4	3	1	1	1	1	1
	Professional nurses	5	8	12	12	12	12	12
	Pharmacists	1	1	1	1	1	1	1
	Radiographers	1	1	1	1	1	1	1

	TOTAL POSTS FILLED	Audited/ Actual performance			Estimate	Medium-term targets		
		2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>MOHOKARE</b>	<b>PHC facilities</b>							
	Medical officers	1	0	0	0	1	1	1
	Professional nurses	23	19	12	17	21	21	21
	Pharmacists	0	1	1	1	1	1	1
	<b>District hospitals</b>							
	Medical officers	4	5	2 Plus 1 Comm Serv	2	2	2	2
	Professional nurses	14	17	13	15	15	15	15
	Pharmacists	0	0	1	2	2	2	2
<b>XHARIEP</b>	<b>PHC facilities</b>							
	Medical officers			6 2 Comm Service And 1 CMO and 1 ARV  TOTAL: 10				
	Professional nurses (P)rogrammes)	8	8	9	89	9	9	9
	Pharmacists	1	1	1	1	1	1	1
	<b>District hospitals</b>							
	Medical officers	0	0	0	0	0	0	0
	Professional nurses	0	0	0	0	0	0	0
	Pharmacists	0	0	0	0	0	0	0

1. This table should include local government personnel. Where this is not possible, it must be clearly indicated

## 10. DISTRICT FINANCE PLAN

### 10.1 DISTRICT HEALTH MTEF PROJECTIONS

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2007/08	2008/09	2009/10				2011/12	2012/13	2013/14
R' thousand									
District Management	7 568 676	5 941 536	7 016 804	7 591 779	7 591 779	7 591 779	7 971 368	8 369 936	8 788 433
Clinics	19 002 600	36 143 251	37 854 108	45 355 692	45 355 692	45 355 692	47 623 477	50 004 650	52 504 883
Community Health Centers	2 299 399	2 385 998	2 835 083	3 814 299	3 814 299	3 814 299	4 005 014	4 205 265	4 415 528
Community Services	17 277 210	12 335 528	20 185 623	18 504 098	18 504 098	18 504 098	19 429 303	20 400 768	21 420 806
Other Community	-	-	-	-	-	-	-	-	-
Coroner Services	-	-	-	-	-	-	-	-	-
HIV and AIDS	8 680 535	9 002 551	10 267 350	10 837 200	10 837 200	10 837 200	11 379 060	11 948 013	12 545 414
Nutrition									
District Hospitals	30 655 885	31 574 530	34 906 745	42 475 747	42 475 747	42 475 747	44 599 534	46 829 511	49 170 987
Environmental Health Services									
TOTAL	85 484 305	97 383 394	113 065 713	128 578 815	128 578 815	128 578 815	135 007 756	141 758 814	148 846 051

## 10.2 District MTEF PROJECTION PER ECONOMIC CLASSIFICATION

	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2007/08	2008/09	2009/10	2010/11			2011/12	2012/13	2013/14
<b>Current payments</b>									
Compensation of employees	59 111 282	75 230 638	79 528 253	92 150 796	92 150 796	92 150 796	96 758 336	101 596 923	106 676 065
Goods and services	26 081 456	21 557 280	32 236 677	34 840 813	34 840 813	34 840 813	36 582 854	38 411 997	40 332 597
<b>Transfers and subsidies to</b>	6 046	238 699	218 007	195 467	195 467	195 467	205 240	215 502	226 277
<b>Payments for capital assets</b>	285 521	356 777	1 082 776	1 391 739	1 391 739	1 391 739	1 461 326	1 534 392	1 611 112
<b>Total economic classification</b>	<b>85 484 305</b>	<b>97 383 394</b>	<b>113 065 713</b>	<b>128 578 815</b>	<b>128 578 815</b>	<b>128 578 815</b>	<b>135 007 756</b>	<b>141 758 814</b>	<b>148 846 051</b>

## PART C: LINKS TO OTHER PLANS

### 11. HEALTH FACILITY REVITALISATION PLANS

#### **NO CAPITAL PROJECTS IN XHARIEP**

- (a) This section of the DHP must reconcile the Budget and MTEF with the Infrastructure and other capital projects set out in the 5-year Strategic Plan. Any relevant factors influencing the Departments' ability to deliver on its infrastructure/capital plans; or Service Transformation Plans should be discussed in point form.

NO	PROJECT NAME	PROGRAMME	MUNICIPALITY	OUTPUTS	OUTCOME						MEDIUM TERM ESTIMATES		
								MAIN APPROPRIATION	ADJUSTED APPROPRIATION	REVISED ESTIMATE			
					2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
1	New and replacement assets (R'thousand)												
Total new and replacement assets													
2	Maintenance and repairs (R thousand)												
Total maintenance and repairs													
3	Upgrades and additions (R thousand)												
Total upgrades and additions													
4	Rehabilitation, renovations and refurbishments (R thousand)												
Total rehabilitation, renovations and refurbishments													

➤ **Planning: Rouxville Clinic and Embekweni Pharmacy**

## 12. CONDITIONAL GRANTS

Districts should provide specific information on any changes to the Conditional Grants they receive. This should include the process of managing this and outputs to be achieved through the respective conditional grant. Identified priorities should be included for possible donor funding and or additional grant funding. The key success factor is decentralised management of the grants at a district level. The allocate amount per district should be clearly defined

Name of conditional grant or Donor	Purpose of the grant or donation	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant or donation)	Outputs
<b>ARV Conditional Grant</b>	<ul style="list-style-type: none"> <li>- To ensure access of ARV to communities</li> </ul>	-	<ul style="list-style-type: none"> <li>- 80% of community to be reached by 2011</li> </ul>
<b>Home Based Care</b>	<ul style="list-style-type: none"> <li>- To support and sustain the HBC programme</li> </ul>	-	<ul style="list-style-type: none"> <li>- 100% of stipends paid per month</li> <li>- R1000 per carer</li> </ul>
<b>PMTCT</b>	<ul style="list-style-type: none"> <li>- To purchase powdered milk for mothers on PMTCT</li> <li>- To train personnel</li> <li>- To place all babies of HIV positive mothers on treatment</li> </ul>	-	<ul style="list-style-type: none"> <li>- 6 – 8 tins per baby determined by weight</li> <li>- 2783 Babies received in 2009/10</li> <li>- Average of 237.8 per month</li> </ul>

### 13. DONOR FUNDING

*Note: No Donor Funding in Xhariep District*

Name of Donor	Purpose of the grant or donation	Performance indicators (extracted from the Business Cases prepared for each Conditional Grant or donation)	Outputs

### 14. PUBLIC-PRIVATE PARTNERSHIPS (PPPs) and PUBLIC PRIVATE MIX (PPM)

Districts are required to indicate which of their PPPs will be ending during the planning period, and outline steps being put in place to ensure a smooth transfer of responsibilities. National Treasury also requires an outline of outputs to be achieved through PPPs.

*Note: No PPP in Xhariep District*

NAME OF PPP or PPM	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
1.					
2.					

## CONCLUSION

District based planning means planning by all stakeholders in the district in terms of how district health services should be rendered using the available resources optimally. The planning cycle includes preparation of planning (vision and leadership), implementation and evaluation. All stakeholders must have a clear vision. It is for this reason that it is imperative to ensure total involvement, participation and input from all stakeholders in the development of a District Plan.

An effective District Health Management Team need a constant supply of reliable information in order to be able to plan, implement and evaluate those tasks that are needed to manage a district. It is for this reason that we will be using the Xhariep District Plan as a working tool, that needs to be updated and referred to on a regular basis to ensure effective and efficient rendering of health services.

The underlying thrust of District Health Services is the decentralisation of Health Care to sub district levels; hence allowing communities to participate in the decision making process on their health to take responsibility for it.

One of the concerning issues that the management of Xhariep constantly needs to address is the appointment and retention of Health Personnel in this District. The Human Resource and Skills Development plans have been carefully reviewed to address the above issue.

Our vision of a healthy and self - reliant Xhariep Community is reflective of our total commitment and dedication to ensuring the effective and efficient rendering of Health Services in the Xhariep District.

In conclusion we wish to acknowledge with gratitude all the stakeholders for their contribution to the achievement of our Goals as set out in our District Plan.