

## INTRODUCTION

### FOREWORD BY THE MEC FOR HEALTH

The Government's Outcome Based Plan focuses on the 12 outcomes as a vehicle to realise the objectives of the Government's Plan of Action (POA) for 2010 – 2014 and the election manifesto of the ANC. To this end, the Free State Department of Health (FSDOH) takes the lead in conjunction with other Government Departments in the endeavours to achieve Outcome 2: **"A Long and Healthy Life for all South Africans"**.

In accordance with the Outcome –based Plan, the FSDOH devotes particular attention to the four key areas or outputs of Outcome 2, namely: Increasing life expectancy; Decreasing Maternal and Child mortality; Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis; and Strengthening Health System Effectiveness. For the latter Output 4, the focus is on: *Revitalisation of Primary Health Care (PHC); Health Care financing and Management; Human Resources for Health; Quality of Health and the Accreditation of Health Establishments; Health Infrastructure; Information, Communication and Technology and Health Information Systems; etc.*

Health and Education are at the top of the five key priorities for our Government in its current term of office. The following Health Ten (10) Point Plan remains the key strategy in our Government's Plan of Action (PoA) until 2014:

- 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

The Honourable Minister of Health, Dr. P.A. Motsoaledi signed the Negotiated Service Delivery Agreement (**NSDA**) for the Health Sector with the participating Ministers and 9 Provincial MECs for Health. This NSDA is the charter that reflects the commitment of the key inter-sectoral partners that play invaluable important roles in the delivery of government services that impact on the achievement of health outputs.

The revised vision of the Free State Department of Health (FSDOH) is: *"A Long and Healthy Life for the Free State Community"* and the 5 -Year FSDOH Strategic Plan (2009/10 – 2013/14), which is linked to my term of office and the aforementioned FSDOH Outcome – based Plan have been reviewed so as to align them to the NSDA for the health sector. These strategic documents provide clear direction on how the Outcome 2 will be achieved in the Free State. The 2012/13 – 2014/15 FSDOH Annual Performance Plan (APP) represents the planned strategies that will be implemented and how scarce resources will be managed in improving service delivery during the MTEF period. The 2012/13 – 2014/15 FSDOH Annual Performance Plan is aligned to the political and strategic direction of government as derived from the following:

- Government's Programme of Action (Election Manifesto 2009)
- State of the Nation Address
- State of the Province Address
- National Health 10 Point Plan

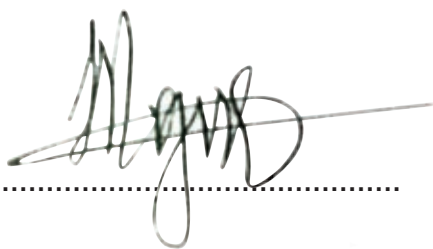


- Negotiated Service Delivery Agreement (2010 – 2014)
- 5 Year – FSDOH – Strategic Plan (Revised: 2010/11 – 2014/2015)
- 2012/13 FSDOH Outcome – based Plan
- Operation Hlasela Injunctions
- Provincial Extended Lekgotla Resolutions
- MEC' Budget Speech and

Under my leadership, the Free State Department of Health pledges to appropriately employ the Government resources in the continuous quest to deliver the identified health outputs to the people Free State Province in 2012/13 and the remainder of the MTEF period.

**Me Fezi Fundiswa Ngubentombi**  
**MEC for Health**  
**Free State Provincial Government**

Signed: .....



Date: 24/02/2012.....

## STATEMENT BY THE HEAD OF DEPARTMENT (HOD)

Our 2012/13 FSDOH Annual Performance Plan (APP) is aligned to the revised 5 year (2010/11 – 2014/15) Strategic Plan of the Free State Department of Health and the Negotiated Service Delivery Agreement for the Health Sector, that the Honourable Minister of Health, Dr Aaron Motsoaledi, has entered into with other leaders of Government that play critical roles that impact on health outcomes. It represents the third year of implementing our 5 year strategic plan, and the first year of the 2012/13 – 2014/15 MTEF period. Resources for the implementation are derived from the budget allocation of R7.357 billion for the 2012/13 financial year, as well as the indicative budget figures for the outer two years of Medium Term Expenditure Framework (MTEF 2012/13 – 2014/15). This APP will be reviewed annually.

This APP focuses on addressing the major challenges facing the FSDOH as identified by the different stakeholders of the department at various settings during the course of the previous financial year. The strategic direction is derived from and aligned to the following key documents:

- Government's Programme of Action (Election Manifesto 2009);
- Negotiated Service Delivery Agreement (2010 – 2014);
- 5 Year – FSDOH – Strategic Plan (Revised: 2010/11 – 2014/2015);
- 2011/12 – FSDOH Outcome – based Plan;
- National and Provincial Cabinet Makgotla

The Outcome-based Approach of the Government has outlined 12 key outcomes as the success indicators for its Program of Action (PoA) for the current term of office. The vision of the FSDOH, *"A Long and Healthy Life for Free State Community"* is derived from Outcome 2: *"A Long and Healthy Life for South Africans"*. This represents the core business of the Department and it forms the cornerstone of this APP.

The following Five (5) x Strategic Goals are the main pillars of this 2012/13 – FSDOH Annual Performance Plan which will help us to achieve our Vision and Mission:

- 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.

Goal 5 will be achieved through the following strategic objectives:

- 1.1 Re-engineering the Primary Health Care (PHC) System;
- 1.2 Improving Patient Care and Satisfaction;
- 1.3 Accreditation of Health Establishments for Compliance;
- 1.4 Availability of the Improved Health Infra – structure ;

- 1.5 Improved Human Resources for Health;
- 1.6 Strengthening Financial Management through M & E;
- 1.7 Improving Health Care Financing through Implementation of NHI; and
- 1.8 Strengthening Health Information Systems.

Primary Health Care (PHC) remains the backbone of the delivery of health services to the citizens. It is for this reason that the Department will focus a lot of attention to the process of re-engineering the PHC in the endeavour to improve health service delivery. The key elements of the PHC re-engineering include the following:

- Establishment of the district specialist teams, each consisting of a medical specialist in the fields of obstetrics, paediatrics, anaesthesia, family medicine and nursing specialists in advanced midwifery and PHC and paediatrics.
- Setting up of Family Health Teams, made up of PHC nurses and community health workers, which will undertake health outreach services in the wards and households in the different municipalities in the Province.
- Expanding the school health services, with particular emphasis on the quintile 1 and 2 schools.
- Resourcing the PHC facilities to meet the demands for services.

Other key priorities that the department will focus on include:

- Implement specific projects aimed at improving child and maternal mortality.
- Strengthen the implementation of key priority programmes in the management of HIV and AIDS and the burden of disease due to TB.
- Enhance the implementation of evidence-based management by means of improved health information system, appropriate information and communication technology, research and development, as well as well-capacitated planning, monitoring and evaluation.
- Assessment of all the public health facilities against the core standards in order to meet the accreditation requirements for the implementation of the National Health Insurance.
- Strengthening the EMS for improved management of pre- and inter-hospital emergencies.
- Working with the relevant partners and stakeholders, including other government departments, our development partners, health governance structures, non-government and community based organizations and others in the rendering of health services.
- Reconfiguration of the different health facilities in line with the NHI regulations.
- Apply the skills mix model that efficiently and appropriately deploys personnel according to workloads and redistribute personnel between facilities for optimal service outputs.
- Increase the intake of trainees and throughput at the nursing colleges, with particular emphasis on enrolled nurses and nursing assistants, and engaging the institutions of higher learning regarding the improved production of other health professionals.
- Review, renegotiate and re-organise the PPP projects at Universitas and Pelonomi Hospitals.
- Consider other PPP's and innovative funding models.

Due to limited resources, there is a deliberate intention to phase-in the costly medium to long term interventions, whilst ensuring that interventions that are immediate in nature are fully funded for immediate implementation. The resources that will be placed at the disposal of this department will be focused on addressing the above interventions as outlined.



I, **Dr Sipho Kabane**, hereby commit myself to provide appropriate leadership in ensuring that this APP is funded, implemented, monitored and evaluated accordingly.

**Dr Sipho Kabane:**  
**Head of Health**  
**Free State Department of Health**

Signed:  Date: 24/02/2012

## OFFICIAL SIGN OFF OF THE PROVINCIAL ANNUAL PERFORMANCE PLAN BY THE CHIEF FINANCIAL OFFICER, HEAD OF STRATEGIC PLANNING, HEAD OF HEALTH AND MEC FOR HEALTH

It is hereby certified that this Annual Performance Plan:

- Was developed by the Provincial Department of Health in the Free State.
- Was prepared in line with the current Strategic Plan of the Department of Health of the Free State under the guidance of Me Fezi F Ngubentombi, MEC for Health.
- Accurately reflects the performance targets which the Provincial Department of Health in the Free State will endeavour to achieve given the resources made available in the budget for 2012/13.



Me Khumo Mzozoyana  
**Chief Financial Officer**

Date: 24/02/2012.....



Mr BJ Oliphant  
**Director: Strategic Planning, Performance Oversight, Monitoring & Evaluation**

Date: 24/02/2012.....



Dr Sipho Kabane  
**Head: Health**

Date: 24/02/2012.....

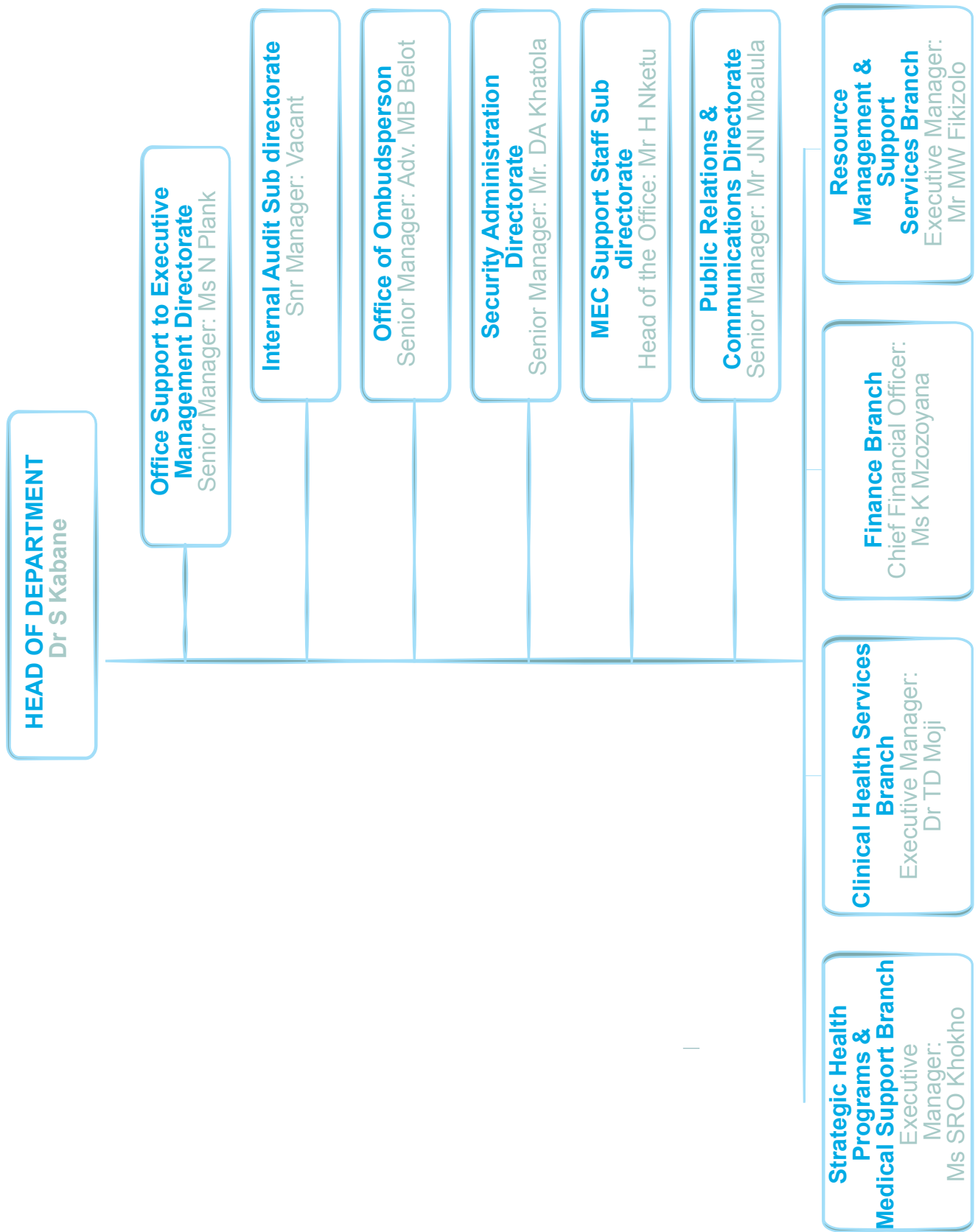
**APPROVED BY:**



Me Fezi Fundiswa Ngubentombi  
**MEC for Health**

Date: 24/02/2012.....

## Organisational Structure of the Free State Department of Health



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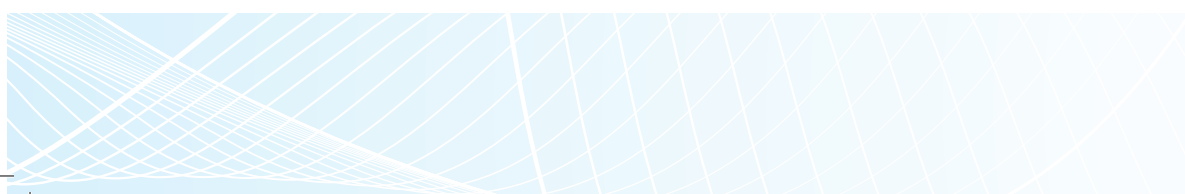
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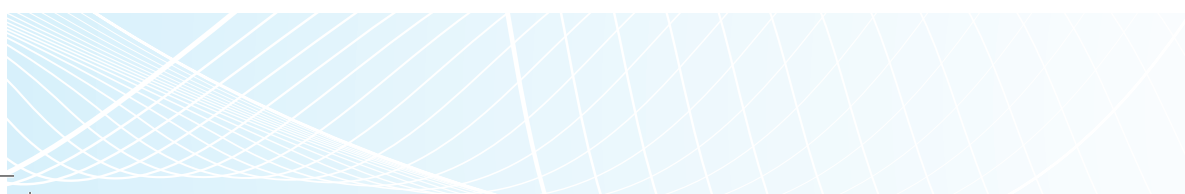
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**FREE STATE DEPARTMENT OF HEALTH (FSDOH)**  
**ANNUAL PERFORMANCE PLAN**  
**2012/2013 TO 2014/2015**



## **PART A**

### **1. STRATEGIC OVERVIEW**

#### **1.1 VISION**

The Vision of the Free State Department of Health is: *“A Long and Healthy Life for the Free State Community”*.

#### **1.2 MISSION**

The Free State Department of Health will achieve its vision by:

- Providing quality, accessible and comprehensive health services through a family and community -based Primary Health Care (PHC) Approach to the Free State community;
- Optimally utilizing all its resources to provide the caring and compassionate services;
- Empowering and developing all its personnel and stakeholders; and
- Adopting an evidence-based and Information centred approach to planning and decision making for the achievement of better health outcomes.

#### **1.3 CORE VALUES**

The key determinants of relationships within the Free State Department of Health are:

- Accountability;
- Responsiveness;
- Batho Pele Principles
- Commitment; and
- Integrity.

#### **1.4 KEY ENABLERS**

- Team Approach based on strong Inter – Cluster Collaboration;
- Inter-sectoral collaboration;
- Outcomes and/or Evidence Based Approach; and
- Timely Corrective Actions.

### **1.5 LEGISLATIVE MANDATE AND NEW POLICY INITIATIVES**

#### **1.5.1 EVALUATION OF EXISTING LEGISLATION AND REGULATIONS**

According to the Approved Health Sector Negotiated Service Delivery Agreement (NSDA) of 2010 to 2014, the following enabling Legislation and supporting Regulations have been enacted by Parliament to support the achievement of the Vision of improved health status and longevity for South Africans. They are: National Health Act, The Mental Health Care Act, The Nursing Act, The Medical Schemes Act, The Health Professions Act, The Sterilization Act, The Choice of Termination of Pregnancy Act, The Pharmacy Act, The Allied Health Professions Act, The Traditional Healers and Practitioners Act, The Dental Technicians Act, The Food, Cosmetics and Disinfectants Act, The Occupational Diseases in Mines and Works Act, The Medical Research Council Act, The National Laboratories Act and the Human Tissue Act.

#### **1.5.2 POLICY INITIATIVES ON HUMAN RESOURCES**

- Implementation of 10 year Service Transformation Plan (STP) for 2011/12 – 2020/21;
- Implementation Human Resources Plan 2010 – 2015;
- Finalisation of agreement of Occupation Specific Dispensation for Allied Health and Other Related Personnel;
- Implementation of the National Skills Development Strategy III 2010 – 2015; and
- Implementation Human Resource Development Strategy.

## 1.6 STRATEGIC 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 Diseases from Tuberculosis.

**Goal 5** : Strengthening Health System Effectiveness by means of :

- 1.1 Re-engineering the Primary Health Care (PHC) System;
- 1.2 Improving Patient Care and Satisfaction;
- 1.3 Accreditation of Health Facilities for Compliance;
- 1.4 Improved Health Infrastructure Availability;
- 1.5 Improved Human Resources for Health;
- 1.6 Strengthening Financial Management focused on M&E;
- 1.7 Improving Health Care Financing through the Implementation of the NHI; and
- 1.8 Strengthening the Health Information Management System

## 1.7 PROVINCIAL PRIORITIES OF THE FSDOH FOR 2012/13

The Free State Department of Health (FSDOH) remains firmly focused on the implementation of the Ten (10) Point Plan for the Health Sector and the Negotiated Service Delivery Agreement (NSDA) for the Health Sector. The former consists of the following **priorities**:

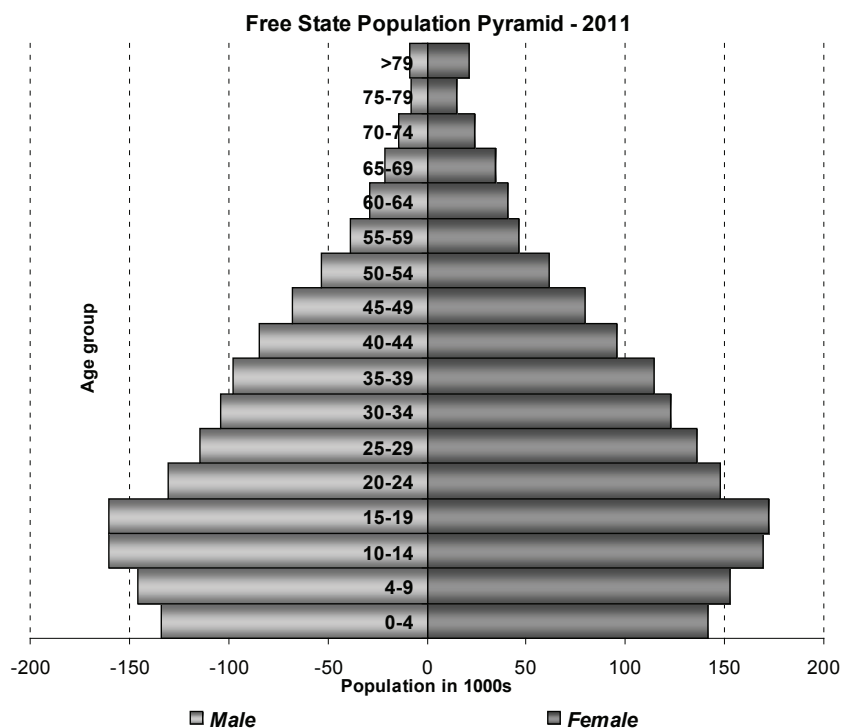
- (a) Provision of strategic leadership and creation of social compact for better health outcomes;
- (b) Implementation of National Health Insurance (NHI);
- (c) Improving the quality of health services;
- (d) Overhauling the health care system and improving its management;
- (e) Improved Human Resources planning, development and management;
- (f) Revitalization of infrastructure;
- (g) Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases;
- (h) Mass mobilisation for the better health for the population;
- (i) Review of drug policy; and
- (j) Strengthening research and development.

## 1.8. SITUATIONAL ANALYSIS

### 1.8.1 DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

The population of the Free State province is 2.94 million, 5.7% of national population and they live in and around eighty widely dispersed towns. Its land area is 129,824 sq.km (10.6% of South Africa) and consists predominantly of flat rolling savannah situated between the Vaal River and Bloemhof dam in the north, Orange River and Xhariep dam in the south and foothills of southern Drakensberg in the east. Three large settlements; the provincial capital of Mangaung, gold mining area of Matjhabeng and former homeland of Phuthaditjhaba account for almost half of its population. The population density of this sparsely populated province is 22 per sq.km and around 29% of the people live in the rural farming areas between its towns. The province is divided into 5 districts (Xhariep, Motheo, Lejweleputswa, Fezile Dabi and Thabo Mofutsanyana) and 20 Local Municipalities within these districts for administrative purpose and health services are organized around this geopolitical demarcation.

According to Community survey 2007, the average household size in the province is 3.4 compared to 3.9 in 2001. The provincial share of South African population decreased from 6.1 in 2001 to 5.7 in 2011. The population pyramid presents a broad base with more young people, representing that of the predominantly African population group. The population pyramids of other ethnic groups indicate the presence of more elderly people.



The life expectancy at birth of Free State population is estimated at 46.2 years and 48.4 years for male and female respectively and average total fertility rate estimate is 2.28 (Mid-year estimates 2010, Statistics SA). The infant mortality and Under-five mortality is 57 and 77 per 1000 live births respectively.

## Demographic characteristics of Free State Population

District/ Local Municipality	Population 2011			Uninsured Population (84.2%)	Number of Households
	Female	Male	Total		
Mafube LM	33,418	29,494	62,912	52,972	17,975
Metsimaholo LM	62,726	65,722	128,448	108,153	36,699
Moqhaka LM	92,495	91,760	184,255	155,143	52,644
Ngwathe LM	68,193	62,191	130,384	109,783	37,253
<b>Fezile Dabi</b>	<b>256,832</b>	<b>249,167</b>	<b>505,999</b>	<b>426,051</b>	<b>144,571</b>
Masilonyana LM	33,624	34,865	68,489	57,668	19,568
Matjhabeng LM	217,077	211,964	429,041	361,253	122,583
Nala LM	54,420	50,571	104,991	88,402	29,997
Tokologo LM	17,555	17,246	34,801	29,302	9,943
Tswelopele LM	29,316	27,872	57,188	48,152	16,339
<b>Lejweleputswa</b>	<b>351,992</b>	<b>342,518</b>	<b>694,510</b>	<b>584,777</b>	<b>198,431</b>
<b>Mangaung SD</b>	<b>368,665</b>	<b>358,915</b>	<b>727,580</b>	<b>612,622</b>	<b>207,880</b>
Dihlabeng LM	68,799	69,100	137,899	116,111	39,400
Maluti a Phofung LM	197,603	189,417	387,020	325,871	110,577
Mantsopa LM	31,920	30,491	62,411	52,550	17,832
Nketoana LM	32,847	32,834	65,681	55,303	18,766
Phumelela LM	26,956	27,328	54,284	45,707	15,510
Setsotho LM	66,265	64,686	130,951	110,261	37,415
<b>Thabo Mofutsanyane</b>	<b>424,390</b>	<b>413,856</b>	<b>838,246</b>	<b>705,803</b>	<b>239,499</b>
Kopanong LM	30,753	28,493	59,246	49,885	16,927
Letsemeng LM	23,683	22,818	46,501	39,154	13,286
Mohokare LM	18,681	19,772	38,453	32,377	10,987
Naledi LM (fs)	15,566	15,388	30,954	26,063	8,844
<b>Xhariep</b>	<b>88,683</b>	<b>86,471</b>	<b>175,154</b>	<b>147,480</b>	<b>50,044</b>
<b>Free state Province</b>	<b>1,490,562</b>	<b>1,450,927</b>	<b>2,941,489</b>	<b>2,476,734</b>	<b>840,425</b>

Source: DHIS

In spite of the availability of natural resources, the people in general are poor as a result of socio-economic inequities. Only 40.7% of the people are employed, 16% of the people above the age of 20 years had no education and only 6.3% received tertiary education (Census 2001, StatsSA).. The percentages of people living below the poverty line based on 40<sup>th</sup> percentile and 20<sup>th</sup> percentile cut-off point of adult equivalent per capita income in Free State are 50% and 28% compared to the national averages of 57% and 35% respectively (PROVIDE Project, Elsenburg. [www.elsenburg.com/provide](http://www.elsenburg.com/provide)). The Human Development Index of Free State was at 0.67, which is just below the national average of 0.69. The Gini Coefficient, a measure of inequality in income distribution of the province is 0.72, which is worse than the figure of 0.70 nationally. It adversely affects the health and health seeking behaviour of the population. The living standard of the people in the province is relatively better than some other provinces but needs much more improvement.

**Description of Free State population 2011, categorised by districts and age group relevant to health care**

District	Age Group	< 1 Year	1-4 Years	5-14 Years	15-44 Years	45-59 Years	60+ Years	Total	% District
<b>Fezile Dabi</b>	Male	4,882	17,937	51,536	126,411	31,806	16,596	249,167	
	Female	4,870	17,996	51,752	124,740	32,709	24,765	256,832	
	<b>Total</b>	<b>9,752</b>	<b>35,933</b>	<b>103,285</b>	<b>251,143</b>	<b>64,515</b>	<b>41,370</b>	<b>505,999</b>	<b>17.2</b>
<b>Lejweleputswa</b>	Male	7,109	26,175	71,289	176,425	43,585	17,934	342,518	
	Female	6,799	26,302	70,306	182,631	40,806	25,147	351,992	
	<b>Total</b>	<b>13,905</b>	<b>52,474</b>	<b>141,574</b>	<b>359,066</b>	<b>84,362</b>	<b>43,129</b>	<b>694,510</b>	<b>23.6</b>
<b>Mangaung</b>	Male	7,210	26,333	76,412	185,830	41,342	21,788	358,915	
	Female	6,489	24,314	70,063	189,137	45,853	32,809	368,665	
	<b>Total</b>	<b>13,667</b>	<b>50,552</b>	<b>146,180</b>	<b>374,906</b>	<b>87,313</b>	<b>54,962</b>	<b>727,580</b>	<b>24.7</b>
<b>Thabo Mofutsanyane</b>	Male	9,106	34,809	106,223	199,363	40,885	23,470	413,856	
	Female	8,268	30,675	93,850	207,871	47,120	36,607	424,390	
	<b>Total</b>	<b>17,312</b>	<b>65,187</b>	<b>199,183</b>	<b>407,436</b>	<b>88,312</b>	<b>60,817</b>	<b>838,246</b>	<b>28.5</b>
<b>Xhariep</b>	Male	1,659	6,928	19,514	41,939	10,250	6,181	86,471	
	Female	1,655	6,874	19,665	40,884	10,723	8,881	88,683	
	<b>Total</b>	<b>3,314</b>	<b>13,801</b>	<b>39,178</b>	<b>82,816</b>	<b>20,974</b>	<b>15,071</b>	<b>175,154</b>	<b>6.0</b>
<b>Free State Province</b>	Male	29,966	112,182	324,973	729,969	167,868	85,969	1,450,927	
	Female	28,082	106,162	305,636	745,262	177,211	128,208	1,490,562	
	<b>Total</b>	<b>57,949</b>	<b>217,947</b>	<b>629,401</b>	<b>1,475,368</b>	<b>345,476</b>	<b>215,349</b>	<b>2,941,489</b>	
<b>% Age Group</b>		<b>2.0</b>	<b>7.4</b>	<b>21.4</b>	<b>50.2</b>	<b>11.7</b>	<b>7.3</b>		

Health insurance cover in the province is estimated around 15.8% and the rest is fully or partially dependent on the public health service. Several categories of people in this group can be identified and targeted for service delivery. They are:

- The growing population of the peri-urban informal settlement that is 26% of the households in Free State according to 2001 census that is living under poverty, unemployment, insecurity and poor living conditions. They are at high risk of infectious diseases including HIV and AIDS, violence and injury and pregnancy and childbirth related health problems.
- Farm labourers with income much below the poverty line, illiteracy, poor living conditions and limited or no access to health care who require targeted action.
- Poor people living in former homeland, even though with reasonably good access to public health care is another group of people in need of special attention.
- The health care needs of the emerging middleclass at least partially dependent on public health care are different from above groups.

**Household Economic Indicators of Free State compared to South Africa - 2001 and 2007**

Household Economic Indicators	Census 2001		Community Survey 2007	
	Free State	South Africa	Free State	South Africa
living in formal dwellings	66.5	68.5	71.0	70.6
using electricity for lighting	74.4	69.7	86.6	80.0
using electricity for cooking	47.0	51.4	75.2	66.5
using electricity for heating	40.5	40.0	54.6	58.8
that had access to piped water	95.7	84.5	97.3	88.6
using the bucket toilet	20.5	4.1	12.7	2.2
with no toilet	9.7	8.2	3.2	8.2
where refuse is removed by local authority/private company	61.7	57.0	76.0	61.8
with no rubbish removal	9.5	8.7	5.2	7.1
that have a cell phone	24.8	32.3	68.3	72.7
that have a landline telephone	20.4	24.4	13.1	18.5
that have a radio	75.5	73.0	80.2	76.5
that have a computer	4.9	8.6	11.1	15.6
that have access to Internet	n.a	n.a	4.1	7.2
have a refrigerator	48.6	51.2	64.8	63.9
that have a television	53.8	53.8	65.5	65.5

Source: Community Survey, 2007, Basic Results: Free State, Statistics South Africa

The living condition of people in Free State is reasonably good and is improving. It compares well with national figures, specifically in access to piped water, sanitation and means of communication. The households in Fezile Dabi and Motheo districts appear better than others in access to water, electricity, sanitation, waste removal and access to phones.

**Household Economic Indicators of Districts in Free State - 2007**

Economic Indicators	Xhariep	Motheo	Lejweleputswa	Thabo Mofutsanyane	Fezile Dabi
living in formal dwellings	80.0	78.4	64.5	70.9	66.1
using electricity for lighting	85.1	88.5	87.9	80.9	91.4
using electricity for cooking	65.1	55.0	75.6	64.5	85.9
using electricity for heating	43.0	26.1	56.8	40.8	69.7
that had access to piped water	92.5	98.8	97.4	96.4	97.1
Using pit latrine	11.3	28.5	7.7	42.4	8.7
using the bucket toilet	10.6	11.9	20.0	12.7	4.4
with no toilet	6.9	3.9	2.8	3.7	1.3
where refuse is removed by local authority/private company	76.2	82.4	82.8	49.6	90.4
with no rubbish removal	4.0	5.2	2.5	10.5	2.5
that have a cell phone	56.6	72.1	66.2	67.3	69.4
that have a landline telephone	16.5	15.1	10.9	11.3	14.7
that have a radio	78.0	84.3	77.1	83.5	74.5
that have a computer	9.0	15.8	8.4	8.6	11.3
that have access to Internet	2.7	5.7	3.0	3.0	5.0
have a refrigerator	60.1	71.0	62.4	62.2	63.4
that have a television	58.8	70.3	64.5	63.7	63.4

Source: Community Survey, 2007, Basic Results: Free State, Statistics South Africa

## DISEASE PROFILE

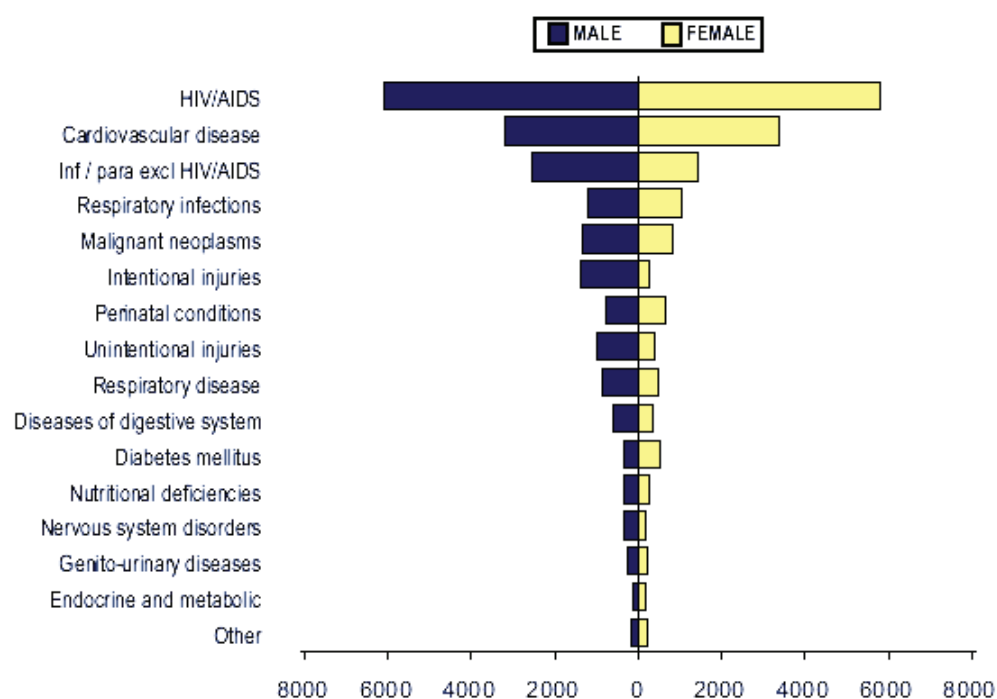
Beyond the demographic and epidemiologic transition, the disease profile of the province can be considered as 'HIV modified triple burden'. Currently, it consists of persisting communicable diseases of the demographic transition and increasing chronic disease, mental disease, cancer and violence and injury of the epidemiologic transition combined with HIV and AIDS related mortality and morbidity. In fact, the HIV and AIDS in a way submerged all other health problems in its enormity with regard to the health needs of the community and strategic response of the department. The HIV prevalence in Free State was estimated at 14.9% in 2002 and 12.6% in both 2005 and 2008 according to national surveys conducted by Human Sciences Research Council. Based on 2008 estimate (Confidence interval 10.5 to 15.1) number of people living with HIV and AIDS in Free State is between 296,500 and 426,500. The HIV prevalence estimates of the sentinel antenatal surveys are around 30% for the last 5 years.

Number of HIV positive people in Free State based on 2008 prevalence estimate

District	Point Estimate (12.6%)	Lower limit (10.5%)	Upper Limit (15.1%)
Xhariep	17,784	14,820	21,312
Motheo	95,758	79,798	114,757
Lejweleputswa	86,390	71,991	103,530
Thabo Mofutsanyane	95,430	79,525	114,364
Fezile Dabi	60,526	50,439	72,536
<b>Total Free State</b>	<b>355,887</b>	<b>296,573</b>	<b>426,500</b>

South African National HIV Prevalence, Incidence, Behaviour and Communication Survey  
2008, Human sciences Research Council

The effect of HIV modified triple burden of disease is evident in the mortality pattern as well in Free State. Most common cause of death is HIV/AIDS (32%), followed by Cardio-vascular disease (18%), infections excluding HIV (11%), respiratory infection (6%), malignant neoplasm (6%) and intentional injuries (4%).



Source: Medical research Council, Burden of disease Unit



Free State experienced the resurgence of Tuberculosis with the HIV pandemic and more than 20,000 patients were registered for its treatment during last 5 years and mining area of Matjhabeng is worst affected. The morbidity of Tuberculosis is reflected in mortality pattern and prevalence of multi-drug resistant Tuberculosis is on the increase. The health needs of the Free State population are similar to any other developing community, which is worsened by the impact of HIV and AIDS epidemic. The HIV epidemic which started in early 90s is at its peak and is expected to affect the population very severely for at least another five years and will persist for much longer period.

Most common conditions treated in secondary care facilities include HIV and HIV related diseases, hypertension, respiratory infections, Diabetes Mellitus, strokes and Myocardial Infarction in Internal Medicine department; Neoplasm, trauma and peritonitis in Surgery department; Respiratory infections and malnutrition among children; and schizophrenia, substance abuse and mood disorders in Psychiatry department. Hypertension, diabetes mellitus, respiratory infection and minor trauma are the common ailments seen at primary care facilities. Violence and injury, maternal and neonatal conditions and HIV are seen all across the health care facilities.

Vaccine preventable diseases are well controlled in the province but the diarrhoea has re-emerged especially among the older age groups, probably an HIV related phenomenon. It appears that most of the health gains of preventive care, Extended Program of Immunization and other personal health initiatives are undone by the HIV and AIDS epidemic and bronchopneumonia still remains an important cause of under-five mortality and morbidity.

## **HEALTH CARE INFRA-STRUCTURE**

The department provides comprehensive health care based on Primary Health Care principles built around District Health System framework. The provincial office and five district offices manages the health care in widely distributed and appropriate health facilities with the support of an effective referral system, which make use of a free patient transport network to transport patients between primary, secondary and tertiary care facilities.

Most facilities are in satisfactory physical condition and are upgraded and maintained within limited budget allocation and few new facilities are commissioned based on community needs. The existing hospitals are regularly reviewed and upgraded under the hospital revitalization plan to meet the changing needs of the community. All facilities, some more than the other, need further improvement in its placement, physical structure and equipment to achieve the goal of accessible, comprehensive and quality health care for all.

Health Facilities in Free State Province 2010

Local Municipality / District	Mobile Clinic	Fixed Clinic	Community Health Centre	District Hospital	Regional Hospital	Tertiary Hospital	Specialized Hospital	Total
Letsemeng	5	9		1				15
Kopanong	1	5						6
Mohokare	3	3		2				8
<b>Xhariep</b>	<b>9</b>	<b>17</b>		<b>3</b>				<b>29</b>
Naledi	3	3						6
Mangaung	9	44	3	3	1	1	2	63
Mantsopa	5	9		1				15
<b>Motheo</b>	<b>17</b>	<b>56</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>84</b>
Masilonyana	1	8		1				10
Tokologo	1	3						4
Tswelopele	2	2		1				5
Matjhabeng	4	26	1	2	1		1	35
Nala	5	5		1				11
<b>Lejweleputswa</b>	<b>13</b>	<b>44</b>	<b>1</b>	<b>5</b>	<b>1</b>		<b>1</b>	<b>65</b>
Setsoto	3	11	1	2				17
Dihlabeng	3	9	1	1	1			15
Nketoana	3	6		1				10
Maluti a Phofung	7	33		2	1			43
Phumelela	1	5		1				7
<b>Thabo Mofutsanyane</b>	<b>17</b>	<b>64</b>	<b>2</b>	<b>7</b>	<b>2</b>			<b>92</b>
Moqhaka	3	8	2	0	1			14
Ngwathe	4	10	2	2				18
Metsimaholo	2	7	1	1				11
Mafube	3	8		1				12
<b>Fezile Dabi</b>	<b>12</b>	<b>33</b>	<b>5</b>	<b>4</b>	<b>1</b>			<b>55</b>
<b>Free State</b>	<b>68</b>	<b>214</b>	<b>11</b>	<b>23</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>325</b>

Source: DHIS provincial database

The primary health care facilities are 'nurse driven' with limited support of medical professionals and focus mainly on preventive care and treatment of minor ailment. The availability of consumables and medications are reasonably good but medical and other equipment are in short supply. The district hospitals which form part of the primary health care are 'doctor driven' with more skill and resources and play an important role in the provision of this important component of health care. These first contact facilities along with the pre-hospital care component of the emergency care strive to meet the health care needs of the whole population, specifically the uninsured. Absence of medical professionals at Clinic level forces the patients to use district and regional hospitals directly and increases the workload in these hospitals.

**Measures of access to health service in Free State province**

Measures	Xhariep	Motheo	Lejwele-putswa	Thabo Mofut-sanyane	Fazile Davi	Prov. Average
Population Density	4	54	21	27	23	22
Population per Mobile Clinic	15,682	44,705	52,741	44,552	40,031	41,537
Population per Fixed Clinic	8,302	13,571	15,583	11,834	14,557	13,199
Population per District Hospital		253,327	685,632	378,689	96,074	256,773
Population per PHC facilities	5,428	10,000	11,821	9,125	9,607	9,640
Area (sq.km) per PHC facility excluding Mobile clinic	2,015	237	710	429	561	577
Population per Regional Hospital		759,981	685,632	378,689	480,368	564,900

*Estimated using 2010 population estimates of Statistics South Africa and area and health facility counts*

The quality, quantity and skill-mix of the human resource in the province are critical in service delivery. The staff establishment of the department consists of the health professionals and support staff of the public health facilities and it is regularly reviewed to match service needs of the province. In addition to the skill-mix, department is also concerned with the representivity, service needs based on the burden of disease, ability of the province to attract and retain scarce skill and development of the province as a whole.

Shortage of skilled professionals is a national challenge and is reflected in the provincial work force and the department is working towards the provision of health care by appropriately trained professionals in all its facilities. The number of filled post represents the population structure of the province and endeavours to remove the disparity at the level 10 and above.

**Current status of public and private sector bed allocation in the Free State province.**

District	Public sector beds - 2004					Private beds - 2004			Total beds public & private	
	Level I	Level II	Level III	Chronic	Total	Public per 1000	All levels	Private per 1000	All levels	Total per 1000
Xhariep	80				80	0.59	0	0	80	0.6
Motheo	559	720	792	1,150	3221	4.42	894	1.23	4,115	5.7
Lejweleputswa	428	420			848	1.29	1,087	1.65	1,935	2.9
Thabo Mafutsanyane	568	432			1000	1.38	115	0.16	1,115	1.5
Fazile Davi	336	340			676	1.47	182	0.40	858	1.9
Provincial Total	1,971	1,912	792	1,150	5,825	2.15	2,278	0.84	8,103	3.0
Percentage of beds in public and private sector (%) =					71.9			28.1		

Source: Free State Department of Health, 2005

The private sector contributes substantially towards the health care in the province, especially the insured population. The General Practitioners and Dentists are critical in this context providing valuable service in both urban and rural settings. Many people consult Traditional Practitioners and the department has initiated plans to regulate this important service sector. The private hospitals, which is regulated by the provincial department is able to attract much needed expertise and provide curative care for the people of the Free State and neighbouring provinces.

## THE SERVICE DELIVERY

The department is committed to provide high quality care to its targeted populations. The provincial structures provide strategic leadership, directions and support to all its components and health care facilities and manage all aspects of public health and service delivery. Some of the priority areas include comprehensive HIV and AIDS program, quality of care and prevention of clinical errors, implementation of Tuberculosis control and other national programs and disease prevention and health promotion interventions including Healthy School program. Important support structures such as Finance, Human Resource, Information Technology and facility management are situated in the provincial office. Five district offices are extensions of the provincial office for the coordination of service delivery in five districts of the province. The district offices ensure that the Primary Health Care approach for health service is constantly improved and District Health system is functional.

**Volume of selected services in Free State facilities - 2008, 2009, 2010**

Selected service measures	2008	2009	2010
Primary Health Care headcount	6,342,158	6,525,721	6,512,280
PHC headcount 5 years & older	5,240,573	5,366,496	5,453,855
PHC headcount under 5 years	1,101,585	1,159,225	1,058,425
Emergency care headcount	260,489	250,489	219,837
Outpatient headcount	856,922	859,370	785,678
Hospital Admissions	215,267	200,631	172,984
Inpatient days	1,292,665	1,209,331	1,019,753
Day patients	40,055	40,106	36,964
Termination of Pregnancy	9,718	8,590	7,081
Antenatal visits	291,738	259,447	227,857
Births in the facility	55,545	52,171	47,402
Dental visits	220,163	194,225	153,927
Female condom distributed	142,622	201,307	217,287
Male condom distributed	8,003,014	8,111,986	9,258,715

Source: District Health Information Software, Free State province dataset

The network of primary health care facilities provides preventive and rehabilitative care along with the essential curative care, based on Batho Pele principles and Patient Rights Charter. More than 6 million patient visits were registered for the year 2010 (More than 27,000 visits per day), which constitute 9.6 visits per 1000 population per day.

**Analysis of Primary Health Care service delivery**

Indicator	2008	2009	2010
Total PHC head count	6,342,158	6,525,721	6,512,280
PHC head count per day	26,426	27,191	27,135
Daily PHC visit per 1000 population	9.4	9.6	9.6
PHC head count / person / annum	2.2	2.3	2.3

Source: DHIS data base

Much more than 10 people get sick out of 1000 people in a day and it implies that many patients are treated outside the public sector. Private sector, especially the general practitioners and traditional practitioners play an important role in meeting the health needs of the community. More PHC visits are registered in rural districts than in urban areas, which indicate relatively less access to private health care in these areas. Improving the access to health care in sparsely populated areas is difficult and always inefficient economically, it is usually very costly and it is difficult to attract professionals to such areas. It is one of the major challenges facing the Free State province, especially the farming communities and small settlements in remote areas.

The hospital services, which include primary, secondary and tertiary care facilities is the backbone of curative care and provide inpatient and outpatient care to the people of the province and the neighbouring regions and it is supported by an efficient referral system. The bed occupancy of these hospitals ranges between 50% and 90% with a length of stay around 3, 5 and 7 days for primary, secondary and tertiary hospitals respectively.

The improvement in outcome indicators used to measure the performance of health service delivery such as increasing life expectancy, decreasing infant, under-five and maternal mortality very much depends on literacy, employment and other socio-economic improvement in the community. It is very difficult to improve these parameters just by treating the sick and other health services directed towards disease prevention and health promotion are known to contribute substantially. These services are somewhat neglected due to shortages in human and other resources.

**TABLE A1: ILLUSTRATION OF THE REVIEW OF PROGRESS TOWARDS THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS (MDGs) AND PROGRESS REQUIRED BY THE UNITED NATIONS IN 2015**

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.1 Prevalence of underweight children under-five years of age
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Source: (<http://www.un.org/millennium/declaration/ares552e.htm>)

## 1.9 NATIONAL HEALTH SYSTEMS (NHS) PRIORITIES FOR 2009-2014: THE TEN (10) POINT PLAN

**TABLE A2 (a): NATIONAL HEALTH SYSTEMS PRIORITIES FOR 2009-2014  
(THE 10 POINT PLAN)**

PRIORITY	KEY ACTIVITIES
1. Provision of Strategic leadership and creation of Social compact for better health outcomes	<input type="checkbox"/> Ensure unified action across the health sector in pursuit of common goals
	<input type="checkbox"/> Mobilize leadership structures of society and communities
	<input type="checkbox"/> Communicate to promote policy and buy in to support government programs
	<input type="checkbox"/> Review of policies to achieve goals
	<input type="checkbox"/> Impact assessment and program evaluation
	<input type="checkbox"/> Development of a social compact
	<input type="checkbox"/> Grassroots mobilization campaign
2. Implementation of National Health Insurance (NHI)	<input type="checkbox"/> Finalisation of NHI policies and implementation plan
	<input type="checkbox"/> Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation
3. Improving the Quality of Health Services	<input type="checkbox"/> Focus on 18 Health districts
	<input type="checkbox"/> Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation
	<input type="checkbox"/> Consolidate and expand the implementation of the Health Facilities Improvement Plans
	<input type="checkbox"/> Establish a National Quality Management and Accreditation Body
4. Overhauling the health care system and improving its management	<input type="checkbox"/> Identify existing constitutional and legal provisions to unify the public health service;
	<input type="checkbox"/> Draft proposals for legal and constitutional reform
	<input type="checkbox"/> Development of a decentralised operational model, including new governance arrangements
	<input type="checkbox"/> Training managers in leadership, management and governance
	<input type="checkbox"/> Decentralization of management
	<input type="checkbox"/> Development of an accountability framework for the public and private sectors
5. Improved Human Resources Planning Development and Management	<input type="checkbox"/> Refinement of the HR plan for health
	<input type="checkbox"/> Re-opening of nursing schools and colleges
	<input type="checkbox"/> Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals
	<input type="checkbox"/> Specify staff shortages and training targets for the next 5 years
	<input type="checkbox"/> Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG)
	<input type="checkbox"/> Manage the coherent integration and standardisation of all categories of Community Health Workers
6. Revitalization of infrastructure	<input type="checkbox"/> Urgent implementation of refurbishment and preventative maintenance of all health facilities
	<input type="checkbox"/> Submit a progress report on Revitalization
	<input type="checkbox"/> Assess progress on revitalization
	<input type="checkbox"/> Review the funding of the Revitalization program and submit proposals to get the participation of the private sector to speed up this program

PRIORITY	KEY ACTIVITIES
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	<ul style="list-style-type: none"> <li>□ Implementation of PMTCT, Paediatric Treatment guidelines</li> <li>□ Implementation of Adult Treatment Guidelines</li> <li>□ Urgently strengthen programs against TB, MDR-TB and XDR-TB</li> </ul>
8. Mass mobilisation for the better health for the population	<ul style="list-style-type: none"> <li>□ Intensify health promotion programs</li> <li>□ Strengthen programmes focusing on Maternal, Child and Women's Health</li> <li>□ Place more focus on the programs to attain the Millennium Development Goals (MDGs)</li> <li>□ Place more focus on non-communicable diseases and patients' rights, quality and provide accountability</li> </ul>
9. Review of drug policy:	<ul style="list-style-type: none"> <li>□ Complete and submit proposals and a strategy, with the involvement of various stakeholders</li> <li>□ Draft plans for the establishment of a State-owned drug manufacturing entity</li> </ul>
10. Strengthening Research and Development	<ul style="list-style-type: none"> <li>□ Commission research to accurately quantify Infant mortality</li> <li>□ Commission research into the impact of social determinants of health and nutrition</li> <li>□ Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines</li> </ul>



## 1.10 FREE STATE CONTRIBUTION TOWARDS HEALTH SECTOR NEGOTIATED SERVICE DELIVERY AGREEMENT (NSDA)

OUTPUT 1	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2010-2011)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
1. INCREASING LIFE EXPECTANCY	Life expectancy at Birth	53.9 years for males (STATSSA, 2008)	58 years for males	44 years for males (STATS SA, 2010)	58 years for males	Statistics South Africa (STATSSA) Mid-term population estimates
		57.2 years for females (STATSSA, 2008)	60 years for females	46 years for females	60 years for females	
	Adult mortality rate	M: 52%	M: 48%	M: 56.7%	M: 53%	(ASSA, 2011 assumptions)
		F: 40%	F: 37%	F: 41%	F: 39%	

OUTPUT 2	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2010-2011)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
<b>2. DECREASING MATERNAL AND CHILD MORTALITY</b>	Neonatal (<28 days) Mortality Rate [per 1000 live births]	14/1,000	12/1,000	16/1000	10/1000	HDACC Report, 2011 & DHIS)
	Infant Mortality Rate [per 1000 live births]	40/1,000	36/1,000	48.1 (SADHS, 2003)	Infant Mortality Rate 17 per 1000 population under 1 year.	HDACC Report, 2011 & ADHS)
				Facility Infant Mortality Rate 23 per 1000 population (2011)	Facility Infant Mortality Rate 15 per 1000 population (2009)	District Health Information System (DHIS)
	Child (< 5 years) Mortality Rate [per 1000 live births]	56/1,000	50/1,000	68.2 per 1000 (SADHS, 2003)	20 per 1000 population <5.	HDACC Report, 2011 & ADHS)
				Facility Child Mortality Rate 26 per 1000 population (2011)		District Health Information System (DHIS)
	Maternal Mortality Ratio [per 100,000 live births]	310/100,000	270/100,000	243/100,000 (facility based)	100/100,000 (facility based)	HDACC Report, 2011 & DHIS)
	Immunization Coverage	N/A	N/A	81.5%	90%	DHIS
	Proportion of births attended by skilled health personnel.	94.3%	100%	90% of births attended by skilled health personnel.	95% of births attended by skilled health personnel.	South African Demographic and Health Survey (SADHS)
	Prevalence of underweight children <59 months.	To be established	5% reduction	1%	1%	HDACC Report, 2011 & DHIS)
	Prevalence of stunting among children <59 months.	To be established	5% reduction	To be established	To be established	N/A

OUTPUT 2	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2010-2011)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
	Rotavirus 2 <sup>nd</sup> Dose coverage	N/A	N/A	75.6%	95%	District Health Information System (DHIS)
	Pneumococcal PCV 3 <sup>rd</sup> Dose coverage	N/A	N/A	68.6%	95%	District Health Information System (DHIS)

OUTPUT 3	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2010-2011)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
3. COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS.	HIV Incidence amongst 15 – 49 year old women.	1.3%	Evidence of consistent/ downward trend	1.59%	1.46%	ASSA, 2011
	Provincial HIV Prevalence (Antenatal Survey)	29.4%	N/A	30.6%	29%	Annual Antenatal HIV and Syphilis Survey
	Provincial-wide HIV Prevalence	10.9%	N/A	12.6%	12%	HSRC 2011
	Baby Nevirapine uptake	N/A	100%	100%	100%	District Health Information System (DHIS)
	Mother to Child Transmission Rate of HIV <2 months of age.	3.6%	<2%	4%	2%	District Health Information System (DHIS)
	Proportion of eligible HIV positive pregnant women initiated on ART	22%	80%	63%	100%	District Health Information System (DHIS)
	Number of funded NPOs delivering HIV & AIDS prevention programmes on social behaviour change.	N/A	N/A	66	40	Departmental NGO Registers
	Total number of adults registered on ART	1.1 million	2.5 million	73,917	177,178	District Health Information System (DHIS)
	Total number of children on ART programme.			8,062	23,722	District Health Information System (DHIS)
	TB Cure Rate.	64%	85%	71.5 %	80%	ETR.Net

<b>3. COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS.</b>	New smear positive PTB defaulter rate.	7.9%	<5%	4.6%	<4%	TB Register (ETR.Net)
	Percentage of eligible HIV- TB co-infected patients placed on ART.	No Baseline	52.6%	54%	100%	ETR.Net & District Health Information System (DHIS)
	Proportion of MDR-TB amongst TB patients.	2%	N/A	1.3%	<1%	EDR WEB
	Proportion of XDR-TB amongst MDR-TB patients.	N/A	N/A	0.7%	0.7%	EDR WEB

<b>OUTPUT 4</b>	<b>INDICATOR</b>	<b>SOUTH AFRICA BASELINE (2009)</b>	<b>SOUTH AFRICA REQUIRED TARGET 2014/15</b>	<b>FREE STATE BASELINE (2010-2011)</b>	<b>FREE STATE REQUIRED PROGRESS BY 2015</b>	<b>SOURCE OF DATA</b>
<b>4. STRENGTHENING HEALTH SYSTEM EFFECTIVENESS</b>	Primary Health Care utilization rate [visits per annum]	2.5	3.5	2.2	2.4	District Health Information System (DHIS)
	PHC Service Delivery Strategy for the Free State Province completed.	N/A	PHC re-engineering	N/A	PHC re-engineering	FSDOH PHC Strategy
	OPD new cases not referred rate	55%	30%	39%	30%	DHIS
	School Health programme coverage (Quintile 1 & 2 schools)	No baseline	95%	43%	95%	FSDOH PHC Strategy & M&E
	PHC Outreach Team Coverage [at target level of 1 team per 7,660 persons or 1,619 households]	No baseline	30%	No baseline	100%	FSDOH PHC Strategy & M&E

OUTPUT 4	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2010-2011)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
4. STRENGTHENING HEALTH SYSTEM EFFECTIVENESS	No. of Community Health Workers (CHWs)	65,000 (various categories, 2011 audit)	45,000 (formally trained and placed)	±3,000 (various categories, 2011 audit)	2,100 (formally trained and placed)	FSDOH PHC Strategy & M&E
	Specialist clinical team coverage (Districts)	No baseline	80%	None	100%	FSDOH PHC Strategy & M&E
	Number of hospitals accredited for quality standards	N/A	N/A	2/31 hospitals (cumulative)	31/31 hospitals	COHSASA Assessment Reports
	Number of institutions assessed for compliance against the Core Standards	N/A	N/A	127	262	Baseline assessment reports
	Percentage of users of public health services satisfied with the service received	54%	70%	83.7%	85%	Independent Patient Satisfaction Survey
	% drug availability	N/A	N/A	92%	95%	Pharmaceutical Services Report
	Number of new nursing schools and colleges opened	N/A	N/A	1 Nursing School	1 Nursing School	Quarterly Progress reports
	Intake of nursing students: • Professional Nurses • Bridging Course • Staff Nurses • Nursing Assistants	5,621 (2010) N/A N/A N/A	(+5,000) per year N/A N/A N/A	250 90 60 100	250 90 180 180	Training & Development records
	Increase the absorption rate of bursary holders and community service professionals	N/A	N/A	98%	100%	Persal Reports
	Number of new ambulances procured annually	N/A	N/A	50	60	Fleet Management Records
	Number of EMS Practitioners appointed	N/A	N/A	250	250	PERSAL Reports
	No. of rostered ambulances (per 10,000 population)	N/A	1	0.34 (96 ambulances)	0.68 (200 ambulances)	EMS Call Centre Report

OUTPUT 4	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2010-2011)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
	Percentage of P1 calls with response time of <15 minutes in urban areas.	N/A	80%	29.3%	80%	EMS Call Centre Report
	Percentage of P1 calls with response time of <40 minutes in rural areas.	N/A	80%	22.6%	80%	EMS Call Centre Report
	Number of Revitalized Hospitals (completed)	N/A	N/A	0	5 (cumulative)	Infrastructure Quarterly Progress Reports

## 1.11 FSDOH PROVINCIAL ORGANISATIONAL ENVIRONMENT

Some of the major factors in the department which have a current or potential impact on service delivery particularly for the implementation of the Annual Performance Plan 2012/13 and 2014/15, include as follows:

- The Department faces a quadruple burden of diseases consisting of a maturing and generalised HIV and AIDS epidemic and high levels of tuberculosis; high maternal and child mortality; non-communicable diseases; violence and injuries.
- Limited availability of basic materials like paper-based collection tools, as well as inadequate attention paid to the efficiency and effectiveness of data collection tools to provide useful information for the attainment of the goals and objectives of the Department.
- The lack of accountability throughout the system for meeting basic standards of good clinical care and health service management, especially given that health is a complex area of work where many different factors can result in poor outcomes and negatively affect patient experience.
- Alignment of the Health system at all levels to ensure the requirements for the NSDA achievements.
- The resources do not match the demand for services in terms of filling key clinical, clinical support and general support vacancies, the procurement of medicines and medical consumables, essential equipment and resources for rural health services.
- Rearrangement or realignment of existing or established structures and processes for effective Implementation of the National Health Insurance (NHI).
- The resource constraints necessitate the rationalisation of services into appropriate service platform, which requires effective EMS, patient transport and inter-hospital transport systems.

The focus of the Department during the planning cycle 2011/12-2013/14 will be on results-based management, 'a management strategy focusing on performance and the achievement of outputs, outcomes and impacts'. Every single intervention listed in this Annual Performance Plan (APP) must contribute logically, systematically and sequentially to the attainment of the objectives outlined in the NSDA 2010-2014, and eventually to the desired impact on the lives of the people of the Free State Province.

## 1.12 HUMAN RESOURCES: PUBLIC HEALTH PERSONNEL

### Current deployment of human resources in relation to service delivery requirements

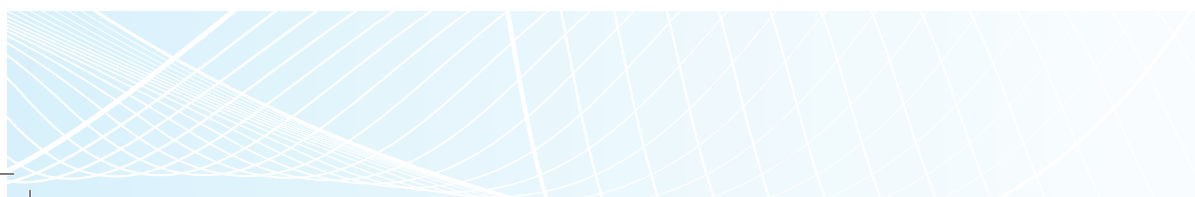
As at 31 March 2011 the Department had 19 713 posts with 3 827 being vacant, which implies an overall vacancy rate of 19%. This was realised after the abolishment of 8 688 posts from the initial 28 401 posts on the staff establishment. Since April 2010 the posts staff establishment has been reduced from 28 401 posts to April 2011 with 16 717 posts. Thus in essence a total of 11 684 unfunded posts were abolished. This also means that the vacant posts have been reduced from 12 813 to only 3 720, which is a more accurate reflection. The Department has succeeded in retaining 40 out of 41 bursary holders and 111 out of 308 community service health professionals in permanent posts for 2010/11.

### Accuracy of the staff establishment at all levels of the system compared to service requirements

A consulting firm was appointed to review and make recommendations on the macro structure of the Department and therefore the organisational structure of the Department will be significantly transformed during the 2011/12 and 2012/13 financial years. This is necessary to align the macro structure to the four NSDA outputs and to ensure the improvement of effective service delivery.

### Staff recruitment and retention systems and challenges

- A total of 12 718 officials received pay progression and 4 754 officials received cash bonus, making a total of 17 472 performance rewards which were processed in October - November 2011. This represents almost 80% of the total number of officials.
- The lack of residential accommodation for health professionals poses a challenge and contributes to failure to recruit and retain staff in rural areas.





**Absenteeism and staff turnover rates**

The Free State Provincial Government has contracted SOMA Health Risk Manager to address the issue of absenteeism and ill-health retirement. The relevant contract was renewed until December 2012.

Over the past 3 years the staff turnover rate has been between 7 – 9%. The implementation of the various OSDs could have a positive long term effect on staff retention, however the timeframe of implementation are still too short to reflect accurate data. Since implementation of the OSD for nursing staff in 2007 to date, the filled posts have increased with more than a 1 000 posts. More than 800 grade progressions have also been implemented thus far.

**Improving the work conditions of health workers**

The health sector has continuously implemented efforts to improve the conditions of service for health care workers. The Occupation Specific Dispensation (OSD) was therefore introduced as an integrated career development framework comprising remuneration, career progression and patching, and performance management of the professional or clinical workforce based on roles and function. The main focus of the system so far has been on remuneration.

However, the performance management aspects of the OSD will be refined and elaborated as the roll out of the OSD intensifies. OSD implementation started with the roll out to nurses (in 2007), and incorporation of additional health professional categories such as Dentists, Medical Practitioners and Medical Specialists, Pharmacists, Pharmacist assistants, EMS personnel (in 2009).

Barely a month ago, on 15th October 2010, had the State as the Employer tabled the final offer OSD for Allied Health Professionals in the Medical, Diagnostic and Therapeutic Services and the offer was accepted.

TABLE A3: PUBLIC HEALTH PERSONNEL IN 2011/12 (30 January 2012)

Categories	Number approved posts	Number employed	% of total employed	Number per 100,000 people	Number per 100,000 uninsured people	Vacancy rate	% of total personnel budget	Annual cost per staff member	National average	
									% of total employed	Number per 100,000 uninsured people
Medical officers	771	549	6.3%	18.66	22.52	93.69%	13.96%	R 733,716	n/a	n/a
Medical specialists	587	433	5%	14.72	17.76	95.02%	7.38%	R 945,030	n/a	n/a
Dentists	74	67	1%	2.28	2.75	99.23%	1.28%	R 566,919	n/a	n/a
Dental specialists	1	1	0.01%	0.03	0.04	99.99%		R 973,599	n/a	n/a
Professional nurses	2830	2480	29%	84.31	101.72	71.48%	39.29%	R 266,826	n/a	n/a
Enrolled Nurses	843	772	9%	26.25	31.66	91.12%	3.99%	R 165,156	n/a	n/a
			0%	0.00						
Enrolled Nursing Auxiliaries	2222	1977	23%	67.21	81.09	77.27%	14.69%	R 125,397	n/a	n/a
Pharmacists	607	418	5%	14.21	17.14	95.19%	2.28%	R 483,594	n/a	n/a
Physiotherapists	104	80	1%	2.72	3.28	99.08%	2.83%	R 292,926	n/a	n/a
Occupational therapists	87	69	1%	2.35	2.83	99.21%	0.94%	R 292,926	n/a	n/a
Radiographers	235	203	2%	6.90	8.33	97.67%	1.95%	R 292,926	n/a	n/a
Emergency medical staff	1911	1590	18%	54.05	65.22	81.72%	9.45%	R 160,748	n/a	n/a
Nutritionists and Dieticians	91	58	1%	1.97	2.38	99.33%	0	R 292,926	n/a	n/a
<b>Total</b>	<b>10363</b>	<b>8697</b>	<b>100%</b>	<b>295.67</b>	<b>356.72</b>	<b>0.00%</b>		<b>R 430,207</b>		

## 1.13 OVERVIEW OF THE 2012/13 BUDGET AND MTEF ESTIMATES

## 1.13.1 EXPENDITURE ESTIMATES

TABLE A4: FSDOH EXPENDITURE ESTIMATES

Table 2.3 Summary of payments and estimates: Department of Health

<b>Table 2.3: Summary of payments and estimates: Department of Health</b>									
R thousand	Outcome		Main appropriatio		Revised estimate	Medium-term estimates			
	2008/09	2009/10	2010/11	2011/12		2012/13	2013/14	2014/15	
1: Administration	174 721	194 212	215 546	258 163	251 557	253 676	269 121	278 179	
2: District Health Services	1648 502	2030 397	2368 793	2689 210	2579 701	2844 112	3108 030	3350 487	
3: Emergency Medical Services	225 798	264 972	331 704	402 850	432 725	427 097	440 767	464 720	
4: Provincial Hospital Services	1170 676	1331 718	1485 347	1651 852	1642 553	1726 755	1805 781	1874 413	
5: Central Hospital Services	813 713	963 367	1075 995	1126 247	1142 218	1207 989	1300 472	1416 354	
6: Health Science & Training	107 762	115 859	137 718	155 564	152 846	169 951	186 988	196 057	
7: Health Care Support	64 150	70 893	76 676	113 819	142 116	104 186	113 748	119 748	
8: Health Facilities Management	272 996	261 757	350 242	566 414	566 414	649 489	631 887	654 955	
Less : Internal Charges	-24 822	-25 037	-22 842	-33 772	-33 772				
<b>Total payments and estimates</b>	<b>4453 496</b>	<b>5208 138</b>	<b>6019 179</b>	<b>6930 347</b>	<b>6876 358</b>	<b>7383 255</b>	<b>7856 794</b>	<b>8354 913</b>	

Source: BAS System &amp; Budget Statement &amp; Annual Financial Statement

TABLE A5: SUMMARY OF PROVINCIAL EXPENDITURE ESTIMATES BY ECONOMIC CLASSIFICATION

R thousand	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
<b>Current payments</b>							
Compensation of employees	2,881,158	3,144,308	3,772,860	4,277,430	4,337,445	4,357,161	4,596,327
Salaries and wages	2,516,716	2,728,548	3,298,578	3,698,473	3,789,553	3,783,562	3,972,617
Social contributions	364,442	415,760	474,282	578,957	547,892	573,599	623,710
Goods and services	1,169,465	1,613,174	1,698,993	1,735,993	1,783,480	1,733,428	1,907,392
of which:							
Administrative fees	482	564	936	2,661	3,238	2,859	3,676
Advertising	6,109	2,984	8,396	7,451	16,388	15,091	13,615
Assets < than the threshold (currently R5000)	12,700	6,413	21,285	27,893	32,901	22,411	27,363
Audit cost: External	7,221	3,932	10,815	14,600	16,680	15,087	20,968
Bursaries (employees)	83	81	-	111	131	111	103
Catering: Departmental activities	5,760	2,469	5,618	2,901	10,303	12,223	4,915
Communication	44,668	46,168	51,261	52,170	52,382	51,415	45,063
Computer services	19,734	29,870	36,308	24,013	21,762	19,112	19,605
Consultants and professional service: Business and advisory service	7,140	13,207	4,313	10,567	7,755	13,062	8,925
Consultants and professional service: Infrastructure and planning	6,583	14,716	9,974	11,062	8,296	6,876	10,326
Consultants and professional service: Laboratory service	152,811	198,856	212,481	210,564	166,329	151,613	202,250
Consultants and professional service: Legal cost	259	902	504	3,424	1,793	2,065	1,263
Contractors	143,170	132,695	138,206	119,411	122,189	115,462	118,778
Agency and support / outsourced services	92,509	74,489	111,758	82,105	109,302	115,827	107,360
Entertainment	665	22	303	463	604	508	473
Fleet services (including government motor transport)	-	-	73,920	-	18,491	50,260	15,050
Housing	-	-	-	-	-	-	-
Inventory: Food and food supplies	39,446	38,018	34,660	59,125	39,390	34,210	36,984
Inventory: Fuel, oil and gas	11,947	17,755	12,838	16,489	18,205	16,063	20,276
Inventory: Learner and teacher support material	-	-	-	-	-	-	-
Inventory: Materials and supplies	3,624	4,479	5,016	4,883	7,697	7,658	10,277
Inventory: Medical supplies	290,834	266,222	229,355	290,948	277,411	276,674	301,427
Inventory: Medicine	117,322	465,671	451,051	527,284	511,171	441,148	540,958
Meddas inventory interface	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-
Inventory: Other consumables	66,190	147,018	70,923	94,936	97,497	87,924	96,672
Inventory: Stationery and printing	28,104	36,810	21,624	40,108	45,735	36,836	33,727
Lease payments (Incl. operating leases, excl. finance leases)	30,977	19,312	68,559	30,220	77,985	56,996	85,184
Property payments	25,838	45,748	50,170	40,915	22,493	51,795	84,956
Transport provided: Departmental activity	13,544	-	-	-	-	188	200
Travel and subsistence	22,594	23,708	34,974	28,883	53,344	75,674	47,486
Training and development	13,379	10,418	18,477	21,827	23,157	24,850	27,594
Operating expenditure	4,708	9,863	12,832	9,316	12,538	19,958	18,541
Venues and facilities	1,064	794	2,436	1,663	8,313	9,472	3,377
Interest and rent on land	-	3,435	2,679	1,208	2,653	1,887	654
Interest	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>75,793</b>	<b>90,256</b>	<b>93,066</b>	<b>93,011</b>	<b>101,097</b>	<b>97,801</b>	<b>119,725</b>
Provinces and municipalities	887	3,122	5,000	7,500	-	987	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	887	3,122	5,000	7,500	-	987	-
Municipalities	-	-	-	-	-	-	-
of which: Regional service council levies	887	3,122	-	7,500	-	987	-
Municipal agencies and funds	-	-	5,000	-	-	-	-
Departmental agencies and accounts	2,107	2,000	2,000	2,000	2,000	2,000	2,000
Social security funds	107	-	-	-	-	-	-
Provide list of entities receiving transfers	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Universities and technikons	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>: - continued</b>							
Foreign governments and international organisations	-	-	-	-	-	-	-
Public corporations and private enterprises <sup>2</sup>	266	-	1,747	-	-	4,761	-
Public corporations	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-
Private enterprises	266	-	1,747	-	-	4,761	-
Subsidies on production	-	-	-	-	-	-	-
Other transfers	266	-	1,747	-	-	4,761	-
Non-profit institutions	44,198	49,414	50,087	54,995	70,581	59,312	80,343
Households	28,335	35,720	34,232	28,516	28,516	30,741	37,382
Social benefits	19,484	18,773	33,427	8,482	8,482	9,088	9,375
Other transfers to households	8,851	16,947	805	20,034	20,034	21,653	28,007
<b>Payments for capital assets</b>	<b>326,092</b>	<b>335,386</b>	<b>432,197</b>	<b>713,066</b>	<b>705,622</b>	<b>675,493</b>	<b>759,157</b>
Buildings and other fixed structures	245,001	202,046	237,655	471,900	523,776	508,885	611,299
Buildings	245,001	202,046	237,655	471,900	523,776	508,885	611,299
Other fixed structures	-	-	-	-	150	150	39,160
Machinery and equipment	81,091	133,340	194,542	241,166	181,846	166,608	147,858
Transport equipment	16,558	36,129	-472	68,000	18,442	19,155	2,319
Other machinery and equipment	64,533	97,211	195,014	173,166	163,404	147,453	145,658
Heritage Assets	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>988</b>	<b>21,579</b>	<b>19,384</b>	<b>50</b>	<b>10,588</b>		
<b>Total economic classification: Programme (number and name)</b>	<b>4,453,496</b>	<b>5,208,138</b>	<b>6,019,179</b>	<b>6,820,708</b>	<b>6,930,347</b>	<b>6,876,358</b>	<b>7,383,255</b>
	4,453,496	5,208,138	6,019,179	6,820,708	6,930,347	6,876,358	7,383,255
							7,856,794
							8,354,913

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

TABLE A6: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE (R'000)

Expenditure	Audited/Actual			Estimate	Medium term projection		
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Current prices	4,453,496	5,208,138	6,019,179	6,820,708	7,383,255	7,856,794	8,354,913
Total	2,858	2,858	2,858	2,858	2,938	2,930	2,930
Total per person	1,558.52	1,731.48	1,895.79	2,052.76	151.18	160.87	171.07
Total per uninsured person	1,829.25	2,032.25	2,225.11	2,409.34	181.70	193.40	205.60
Constant (2008/09)	44,534.96	49,477.31	54,172.61	58,658.15	4,377.69	4,610.61	4,779.52
Total	2,858	2,858	2,858	2,858	2,938	2,938	2,938
Total per person	1,558.52	1,731.48	1,895.79	2,052.76	151.18	160.87	171.07
Total per uninsured person	1,829.25	2,032.25	2,225.11	2,409.34	181.70	193.40	205.60
DHS	36.73%	37.02%	38.98%	38.07%	38.52%	39.56%	40.10%
PHS	26.01%	26.29%	25.57%	24.28%	23.39%	22.98%	22.43%
CHS	18.09%	18.27%	18.50%	16.85%	16.36%	16.55%	16.95%
Capital	326,092	335,386	432,197	713,066	759,157	792,256	827,608
Health as % of total public expenditure	102.39%	100%	94.5%	100%	100%	100%	100%

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

1. Current price projections for the MTEF period are not required as these figures will be the same as the Constant price projections for the same years
2. Including maintenance. Capital spending under the public works budget for health should be included. This should equal the amounts indicated in tables HFM 1 and 2 and should exclude non-HFM capital falling under the Treasury definition of Capex (i.e. more than R5, 000 and lasts more than a year).
3. The CPIX multipliers in Table A4 should be used to adjust expenditure in previous years to 2008/09 prices.
4. District health services; any change in content of the budget programme should be indicated.
5. Provincial hospital services or previous designation; any change in content of the budget programme should be indicated.
6. Central hospital services or previous designation; any change in content of the budget programme should be indicated.

**TABLE A7: CPIX<sup>1</sup> MULTIPLIERS FOR ADJUSTING CURRENT PRICES TO CONSTANT 2007/08 PRICES**

Financial year	Updated CPIX Multiplier as at 16 February 2009	CPIX
2006/07	1.20	5.2
2007/08	1.11	8.1
2008/09	1.00	10.8
2009/10	0.95	5.4
2010/11	0.90	5.1
2011/12	0.86	4.6

<sup>1</sup> Methodological note from National Treasury: The CPIX has been phased out and no longer exists. The revised CPI is now the inflation measure, but for historical purposes we still use the old CPIX numbers in historical baselines.

## PART B

### 1. BUDGET PROGRAMME 1: ADMINISTRATION

#### 1.1 PROGRAMME PURPOSE

The aim of the Programme is to render the overall management and administration support of the Department.

**Budget Programme 1 has the following sub programmes:**

- ☐ Office of the MEC
- ☐ Management

#### Office of the MEC

The Office of the MEC delivers a support service to the MEC.

#### Management

The Management Sub-Programme of the Administration: Programme 1 covers the following Directorates and Chief Directorate: Office of the HOD and FSDOH – Executive Management and Support, Strategic Planning and Monitoring & Evaluation, Health Information Management and Research, Human Resources Management, SCM, Medical Depot and Asset Management, Information, Communication and Technology, Pharmaceutical Services, Security Administration Services, Public Relations, Communication and Services Marketing and Special Programmes (Gender, Disability Management and Youth Development).

#### 1.2 CHALLENGES

The following are the most important challenges to the Administration Budget Programme:

- Achieving the target outputs for Outcome 2 of the Negotiated Service Delivery Agreement (NSDA) for the Health Sector.
- Addressing all the adverse audit findings for the year ended March 2011.
- Increased Burden of Disease and increased Demand of Health Care Services;
- The mismatch between the funding envelope and the increase in demand for services;
- Implementing Evidence-based planning, monitoring and evaluation and decision making;
- Effective Information Technology (IT) governance, security and infra-structure, application and databases, procurement and IT service management.
- Filling of funded posts and critical posts;
- Procurement of medical equipment and other equipment;

#### 1.3 PRIORITIES

- Implement and monitor the interventions to address the 4 goals of the NSDA for the Health Sector and the Millennium Development (MDG).
- Implement the 10-Point Plan for the Health Sector.
- Monitoring the implementation of the internal control measures and the audit action plans to achieve unqualified audit.
- Implement the re-engineering of Primary Health Care in the Free State Province and focusing on the priority programmes to address the burden of disease..
- Improving the management of health information and ICT.
- Ensure continuous supply of medicals and consumables from Medical Depot.
- On-going filling of funded vacancies and prioritised posts.

## 1.4. SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

TABLE ADMIN 1: SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

Annual Indicators	Type	Data Source	Audited/ Actual performance			Estimate	Medium-term targets		
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15
1. Medical officers per 100,000 people	No.	PERSAL Reports	23.79	28.09	32.39	14.99	15.98	17	20.36
2. Medical officers per 100,000 people in rural districts <sup>2</sup>	No.	PERSAL Reports	15.76	19.79	23.82	8.7	10.33	11.96	13.59
3. Professional nurses per 100,000 people	No.	PERSAL Reports	131.37	148.46	165.55	134.93	135	135	135
4. Professional nurses per 100,000 people in rural districts	No.	PERSAL Reports	113.55	147.73	164.82	94.13	100	103.26	104
5. Pharmacists per 100,000 people	No.	PERSAL Reports	12.21	14.51	16.81	3.03	3.71	4.05	4.25
6. Pharmacists per 100,000 people in rural districts	No.	PERSAL Reports	5.00	7.3	9.6	2.72	3.26	4.35	6
7. Vacancy rate for professional nurses	%	PERSAL Reports	39	37	30	13.11%	11.7%	10.3%	8.8%
8. Vacancy rate for doctors	%	PERSAL Reports	45	40	30	26.38%	21.54%	18.2%	14.02%
9. Vacancy rate for medical specialists	%	PERSAL Reports	41	39	30	13.16%	16.28%	10.47%	6.98%
10. Vacancy rate for pharmacists	%	PERSAL Reports	49	40	30	28.8%	12.8%	4.8%	0.8%

Source: Free State Health Outcomes 2010 used as basis for calculations

[NB: The HR figures from 2011/12 to 2014/15 financial years are based on funded posts only]

TABLE ADMIN 2: QUARTERLY TABLE FOR PROJECTED PERFORMANCE FOR HUMAN RESOURCES FOR 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET	QUARTERLY TARGETS: 2012/13			
		2012/13	Q1	Q2	Q3	Q4
Medical officers per 100,000 people	Annually	15.98	–	–	–	15.98
Medical officers per 100,000 people in rural districts	Annually	10.33	–	–	–	10.33
Professional nurses per 100,000 people	Annually	135	–	–	–	135

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET	QUARTERLY TARGETS: 2012/13			
		2012/13	Q1	Q2	Q3	Q4
Professional nurses per 100,000 people in rural districts	Annually	100	–	–	–	100
Pharmacists per 100,000 people	Annually	3.71	–	–	–	3.71
Pharmacists per 100,000 people in rural districts	Annually	3.26	–	–	–	3.26
Vacancy rate for professional nurses	Annually	11.7%	–	–	–	11.7%
Vacancy rate for doctors	Annually	21.54%	–	–	–	21.54%
Vacancy rate for medical specialists	Annually	16.28%	–	–	–	16.28%
Vacancy rate for pharmacists	Annually	12.8%	–	–	–	12.8%

<sup>2</sup>Rural districts are Thabo Mofutsanyana and Xhariep



## 1.5 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

TABLE ADMIN 3: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION (OFFICE OF THE MEC)

BUDGET SUB PROGRAM 1A		ADMINISTRATION: OFFICE OF THE MEC								
STRATEGIC GOAL 1		PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
GOAL STATEMENT 1.1		INTEGRATED STRATEGIC PLANNING, EFFECTIVE GOVERNANCE AND MANAGEMENT								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11		2011/12	2012/13	2013/14
Effective Provincial Governance Structures (GS) chaired by the MEC: Health.	Number of Provincial Governance Structures (GS) chaired by MEC re-established.	New Indicator.	Appointment letters of members	1 Provincial Health Council And 1 Provincial Consultative Forum	1 Provincial Health Council	1 Provincial Health Council	1 Provincial Health Council And 1 Provincial Consultative Forum	1 Provincial Health Council And 1 Provincial Consultative Forum	1 Provincial Health Council And 1 Provincial Consultative Forum	1 Provincial Health Council And 1 Provincial Consultative Forum

TABLE ADMIN 4: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION (MANAGEMENT)

BUDGET SUB PROGRAM 1B		MANAGEMENT								
STRATEGIC GOAL 1		PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
GOAL STATEMENT 1.1		INTEGRATED STRATEGIC PLANNING, EFFECTIVE GOVERNANCE AND MANAGEMENT								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11		2011/12	2012/13	2013/14
Maintain effective Planning, Performance Oversight and Monitoring & Evaluation functions in the Department.	Number of Performance Reviews conducted per Annum	New Indicator.	Actual Quarterly Progress reports	4 x Quarterly Performance Reports	4 x Quarterly Performance Reports	4 x Quarterly Performance Reports	4	4	4	4

BUDGET SUB PROGRAMME 1B		MANAGEMENT									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVED HEALTH INFRASTRUCTURE AVAILABILITY									
S T R A T E G I C OBJECTIVE	P E R F O R M A N C E INDICATOR	S T R A T E G I C PLAN TARGET	D A T A S O U R C E	A U D I T E D / A C T U A L P E R F O R M A N C E			E S T I M A T E D P E R F O R M A N C E	M E D I U M T E R M T A R G E T S			
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
Improve Information Communication Technology systems. (ICT)	Number of institutions with ICT replaced (hardware & infrastructure).	Improved accessibility to healthcare technology for patient care	Commissioning reports	New Indicator	New Indicator	6 Health Institutions replaced.	6 Health Institutions replaced (hardware and infrastructure)	2x Reg Hosp 4x Dist Hosp 3x Support	2x Reg Hosp 4x Dist Hosp 4x Support	1x Reg Hosp 5x Dist Hosp 4x Support	10
	Number of health institutions with network connectivity <sup>3</sup> rolled out.			New indicator	New indicator	New indicator	New indicator	41 1x Tertiary 5x Reg Hosp 24x Dist Hosp 1x PHC 4x Support	24 x PHC	32 x PHC	
Improve management of Health Technology	Number of health facilities equipped as per standardised equipment list.	Improved accessibility to Health Technology for patient care.	Paid Orders Documents available	New Indicator	New Indicator. 2 New Facilities equipped at 50%	3 hospitals 40% equipped, 1 clinic fully equipped.	3 x Hospitals & 3 x clinics	5x Dist Hosp 2x CHCs 1x Clinic.	5x Dist Hosp 2x CHCs 1x Clinic.	5x Dist Hosp 2x CHCs 1x Clinic.	

<sup>3</sup> Network connectivity rollout = installation of broadband lines (ADSL or 3G) at health facilities, including clinics.

BUDGET SUB PROGRAMME 1B		MANAGEMENT									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		FINANCIAL MANAGEMENT FOCUSED ON MONITORING AND EVALUATION									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Ensure Compliance with PFMA, Treasury Regulations and other Legislation in order to achieve clean audit.	Financial statements / reports/ certificates submitted in line with prescripts	Full implementation and compliance to PFMA and Treasury Regulations to achieve a Clean Audit.	Monthly BAS Reports, PERSAL Reports and LOGIS Reports and other Financial Reports.	Compliance certificate submitted monthly.	Submitted monthly 10 days after BAS closure.	Submitted monthly 10 days after BAS closure.	Financial statements/ reports/ certificates submitted in line with prescripts: 100% Compliance	100% Compliance	: 100% Compliance	100% Compliance	
	Audit opinion issued by the Auditor General			The following audit issues were cleared: Accruals, Commitments, Misstatements, PPP, Assets, Finance Leases, Joint Establishment, Compensation of Employees, Contingent and Assets Liabilities	The following audit issues were cleared: Accruals, Commitments, Misstatements, PPP, Assets, Finance Leases, Joint Establishment, Compensation of Employees, Contingent and Assets Liabilities	Complied in monitoring the audit plan.	Clear the following audit issues: Accruals, Commitments, Misstatements, PPP, Assets, Finance Leases, Joint Establishment, Compensation of Employees, Contingent and Assets Liabilities.	Unqualified audit opinion. <sup>4</sup>	Unqualified audit opinion.	clean audit	
Implementation of cost effective procurement process.	Percentage of contracts concluded at market related price.	Full implementation of Supply Chain Management	Bid Register	100% of 42 contracts obtained below market value (R53 800 000)	No contracts arranged.	90.9% (10/11) of contracts arranged	100%of contracts arranged	90%	90%	90%	

BUDGET SUB PROGRAMME 1B		MANAGEMENT								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
GOAL STATEMENT		FINANCIAL MANAGEMENT FOCUSED ON MONITORING AND EVALUATION								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Ensure compliance with all relevant Supply Chain Management (SCM) legislation, i.e.: <ul style="list-style-type: none"><li>• Demand Management</li><li>• Acquisition Management</li><li>• Logistics Management</li><li>• Disposal Management</li><li>• Contract Performance Management</li></ul>	Number of Facilities implementing all the 5 elements of SCM	Full implementation of SCM	SCM Compliance Reports	New Indicator	New Indicator	0/31 institutions fully implementing 5/5 elements of SCM	25/31 (81%)	31/31	31/31	31/31

<sup>4</sup> Unqualified audit opinion without a paragraph on matters of emphasis

BUDGET SUB PROGRAMME 1B		MANAGEMENT						
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS						
GOAL STATEMENT		FINANCIAL MANAGEMENT FOCUSED ON MONITORING AND EVALUATION						
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS	
Improved Service Level for the Medical Depot.	Percentage of Institutional Demand met within standard delivery time (Emergency medicines: 48 hours, others: 4-6 weeks)	New Indicator	Medpas Report	2008/09	2009/10	2010/11	2011/12	2012/13
				New Indicator	50% of 581 items supplied by the depot within standard delivery time.	53.98% of demand met.	Emergency: 80%	Emergency: 80%
						Non-emergency: 80%	Non-emergency: 80%	Non-emergency: 80%

BUDGET SUB PROGRAMME 1B		MANAGEMENT						
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS						
GOAL STATEMENT		HEALTH INFORMATION MANAGEMENT SYSTEM (HIMS)						
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS	
Improve Provincial Health Management Information System	Number of districts submitting quality data <sup>5</sup> monthly.	New Indicator	DHIS	2008/09	2009/10	2010/11	2011/12	2012/13
	Number of monthly feedback reports issued to health institutions	New Indicator	District Health Information Reports	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator
Conduct and monitor health research in the province	Number of Research Projects initiated	New Indicator	Research Projects	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator
	Number of research proposals prepared for commissioning	New Indicator	Research Projects	New Indicator	New Indicator	New Indicator	New Indicator	New Indicator

<sup>5</sup> Quality data as defined in the DHMIS Policy 2011.

## 1.6 QUARTERLY TARGETS FOR PROGRAMME 1: ADMINISTRATION FOR 2012/13

TABLE ADMIN 6: ADMIN (OFFICE OF THE MEC) QUARTERLY TARGETS FOR 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Number of Provincial Governance Structures (GS) chaired by MEC re-established.	Annually	1 Provincial Health Council And 1 Provincial Consultative Forum	-	-	-	-

TABLE ADMIN 7: ADMIN (MANAGEMENT) QUARTERLY TARGETS FOR 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Number of Performance Reviews conducted per Annum.	Quarterly	4	1	1	1	1
Number of institutions with ICT replaced (hardware & infrastructure).	Annually	9 2x Reg Hosp 4xDist Hosp 3x Support	-	-	-	9 2x Reg Hosp 4xDist Hosp 3x Support
Number of health institutions with network connectivity rolled out.	Annually	41 1x Tertiary 5x Reg Hosp 24xDist Hosp 1x PHC 4x Support	-	-	-	41 1x Tertiary 5x Reg Hosp 24xDist Hosp 1x PHC 4x Support
Number of facilities equipped as per standardised equipment list.	Annually	5x Dist Hosp 2x CHCs 1x Clinic.	-	-	-	5x Dist Hosp 2x CHCs 1x Clinic.
Financial statements / reports / certificates submitted in line with prescripts	Quarterly	Financial statements/reports/certificates submitted in line with prescripts: 100% Compliance	100% Compliance	100% Compliance	100% Compliance	100% Compliance
Audit opinion issued by the Auditor General	Annually	Unqualified audit opinion.	-	-	-	Unqualified audit opinion.

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Percentage of contracts concluded at market related price.	Quarterly	90%	90%	90%	90%	90%
Number of Facilities implementing all the 5 elements of SCM	Annually	31	-	-	-	31
Percentage of Institutional Demand met within standard delivery time (Emergency medicines: 48 hours, others: 4-6 weeks)	Quarterly	Emergency: 80%	Emergency: 80%	Emergency: 80%	Emergency: 80%	Emergency: 80%
		Non-emergency: 80%	Non-emergency: 80%	Non-emergency: 80%	Non-emergency: 80%	Non-emergency: 80%
Number of districts submitting quality data monthly.	Quarterly	2/5	2/5	2/5	2/5	2/5
Number of monthly feedback reports issued to health institutions	Quarterly	31	31	31	31	31
Number of research proposals prepared for commissioning	Annually	2	-	-	-	2

## 1.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

## TABLE ADMIN 8: EXPENDITURE ESTIMATES: ADMINISTRATION

Table 2.11: Summary of payments and estimates: Programme 1: Administration

R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
Office of the MEC	2 906	5 467	5 714	8 689	8 689	7 190	8 963	9 281	9 281
Management	171 815	188 745	209 832	261 474	249 474	244 367	244 713	259 840	268 898
<b>Total payments and es</b>	<b>174 721</b>	<b>194 212</b>	<b>215 546</b>	<b>270 163</b>	<b>258 163</b>	<b>251 557</b>	<b>253 676</b>	<b>269 121</b>	<b>278 179</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report



TABLE ADMIN 9: SUMMARY OF PROVINCIAL EXPENDITURE ESTIMATES BY ECONOMIC CLASSIFICATION

Table B.3: Payments and estimates by economic classification: Programme 1 - Administration									
R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
<b>Current payments</b>	<b>128,011</b>	<b>125,752</b>	<b>144,744</b>	<b>181,416</b>	<b>169,167</b>	<b>163,445</b>	<b>178,033</b>	<b>187,288</b>	<b>194,417</b>
Compensation of employees	110,281	107,924	125,305	149,520	138,189	132,309	149,058	155,191	161,134
Salaries and wages	17,730	17,828	19,439	31,896	30,978	31,136	28,975	32,097	33,283
Social contributions	42,994	36,627	48,823	84,724	83,352	78,056	72,061	77,711	79,680
Goods and services									
of which									
Administrative fees	482	478	494	2,304	1,345	1,155	1,496	1,577	1,592
Advertising	3,752	2,446	5,562	4,557	5,043	7,774	2,064	2,167	2,191
Assets < than the threshold (currently R5000)	251	-488	713	3,283	1,954	1,385	1,276	1,358	1,384
Audit cost: External	7,221	3,932	10,815	14,600	16,680	15,087	20,968	22,875	22,642
Bursaries (employees)	-	-	-	-	20	20	27	29	29
Catering: Departmental activities	1,144	494	1,076	803	2,412	3,072	1,066	1,131	1,138
Communication	4,032	7,556	4,883	10,557	7,369	3,485	4,413	5,927	6,964
Computer services	112	730	814	893	3,776	2,404	1,041	1,108	1,121
Consultants and professional service: Business and advisory service	272	196	3,294	4,667	6,179	7,587	7,372	6,814	7,065
Consultants and professional service: Infrastructure and planning	-	-	-	-	-	-	-	-	-
Consultants and professional service: Laboratory service	-	-	-	-	-	-	-	-	-
Consultants and professional service: Legal cost	259	902	504	1,207	1,338	1,610	1,263	1,344	1,344
Contractors	1,752	1,408	1,699	9,287	1,834	2,260	2,602	3,385	3,948
Agency and support / outsourced services	127	1,803	2,101	2,301	1,132	722	1,149	1,229	1,229
Entertainment	559	16	259	226	467	407	394	399	401
Fleet services (including government motor transport)	-	-	1,207	-	309	508	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	52	45	63	134	159	150	145	153	155
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	3	26	-	62	71	21	22	22
Inventory: Medical supplies	-	1,442	1	-	2	2	-	-	-
Inventory: Medicine	-	-	-	-	43	142	-	-	-
Medias inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	1,017	207	1,540	1,940	1,149	713	651	694	695
Inventory: Stationery and printing	2,851	4,392	3,946	8,645	9,773	7,326	8,480	8,854	8,804
Lease payments (Incl. operating leases, excl. finance leases)	13,758	5,623	969	3,079	4,039	4,209	3,663	3,848	3,966
Property payments	55	250	44	1,804	-	-	-	-	-
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	4,452	4,488	7,762	10,488	12,939	12,274	9,848	10,462	10,607
Training and development	337	397	354	1,949	1,978	2,005	1,880	1,959	1,986
Operating expenditure	230	165	350	1,386	1,807	1,948	1,361	1,439	1,454
Venues and facilities	279	142	347	614	1,543	1,740	881	937	943
Interest and rent on land	-	1,225	786	750	761	565	77	26	26
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>1,403</b>	<b>2,831</b>	<b>2,575</b>	<b>276</b>	<b>276</b>	<b>553</b>	<b>385</b>	<b>174</b>	<b>179</b>
Provinces and municipalities	887	1,624	-	-	-	54	-	-	-
Provinces <sup>2</sup>									
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalities <sup>3</sup>	887	1,624	-	-	-	54	-	-	-
Municipalities									
of which: Regional service council levies	887	1,624	-	-	-	54	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts									
Social security funds									
Provide list of entities receiving transfers									
Universities and technikons									
<b>Transfers and subsidies to<sup>1</sup> - continued</b>									
Foreign governments and international organisations									
Public corporations and private enterprises <sup>5</sup>	266	-	1,747	-	-	70	-	-	-
Public corporations									
Subsidies on production									
Other transfers									
Private enterprises	266	-	1,747	-	-	70	-	-	-
Subsidies on production									
Other transfers	266		1,747			70			
Non-profit institutions									
Households	250	1,207	805	247	247	400	385	174	179
Social benefits	250	1,206	-	247	247	400	385	174	179
Other transfers to households		1	805						
<b>Payments for capital assets</b>	<b>1,325</b>	<b>6,198</b>	<b>10,108</b>	<b>2,997</b>	<b>4,607</b>	<b>4,869</b>	<b>3,120</b>	<b>3,922</b>	<b>3,877</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings									
Other fixed structures									
Machinery and equipment	1,325	6,198	10,108	2,997	4,607	4,869	3,120	3,922	3,877
Transport equipment	73								
Other machinery and equipment	1,252	6,198	10,108	2,997	4,607	4,869	3,120	3,922	3,877
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
<b>Payments for financial assets</b>	<b>988</b>	<b>21,579</b>	<b>8,510</b>			<b>4,069</b>			
<b>Total economic classification: Programme (number and name)</b>	<b>174,721</b>	<b>194,212</b>	<b>215,546</b>	<b>270,163</b>	<b>258,163</b>	<b>251,557</b>	<b>253,676</b>	<b>269,121</b>	<b>278,179</b>

This economic classification should be the same as the classification used by each Provincial Department in Budget Statement No. 2.

## 1.8 RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

**TABLE ADMIN 10: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR ADMINISTRATION(R MILLION)**

Expenditure	Audited/Actual			Estimate	Medium term projection		
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Current prices	174,721	194,212	215,546	270,163	253,676	269,121	278,179
<b>Total</b>	<b>2,858</b>	<b>2,858</b>	<b>2,858</b>	<b>2,858</b>	<b>2,938</b>	<b>2,938</b>	<b>2,938</b>
Total per person	0.61	0.65	0.68	0.81	0.05	0.06	0.06
Total per uninsured person	0.72	0.76	0.80	0.95	0.06	0.07	0.07
<b>Constant (2008/09)</b>	<b>1,747.21</b>	<b>1,845.01</b>	<b>1,939.91</b>	<b>2,323.40</b>	<b>152.21</b>	<b>161.47</b>	<b>166.91</b>
<b>Total</b>	<b>2,858</b>	<b>2,858</b>	<b>2,858</b>	<b>2,858</b>	<b>2,938</b>	<b>2,938</b>	<b>2,938</b>
Total per person	0.61	0.65	0.68	0.81	0.05	0.06	0.06
Total per uninsured person	0.72	0.76	0.80	0.95	0.06	0.07	0.07
Total capital	1,325	6,198	10,108	2,997	3,120	11,922	11,877

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations inflation of 6%

## 1.9 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
1. Non-compliance with Asset Management Guidelines.	<ul style="list-style-type: none"> <li>Conduct asset verification annually.</li> <li>Perform LOGIS/BAS asset reconciliation.</li> <li>Conduct workshops to ensure adherence to policies and procedures.</li> </ul>
2. Inadequate internal controls to ensure compliance to PFMA.	<ul style="list-style-type: none"> <li>Conduct workshops to ensure adherence to policies and procedures.</li> <li>Perform monthly analyses and monitoring of reports.</li> <li>Monthly update of all financial registers.</li> </ul>
3. Insufficient supply of medication and medical consumables.	<ul style="list-style-type: none"> <li>Timeous replenishment of stock.</li> <li>Timeous and complete satisfaction of orders.</li> <li>Adhere to delivery schedule.</li> </ul>
4. Adverse audit outcome due to the institutions not accepting full responsibility and accountability and inadequate performance information management.	<ul style="list-style-type: none"> <li>Monitoring Controls i.e. Audit Action Plans, Identification of problem areas.</li> <li>Regular monitoring and evaluations conducted at health facilities.</li> </ul>
5. Insufficient data systems that do not support proper financial systems.	<ul style="list-style-type: none"> <li>Manual controls and data collection for use i.r.o. monitoring.</li> </ul>

## 2. BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

### 2.1 PROGRAMME PURPOSE

This Programme is responsible for the rendering and the establishment of District Health Services. The Programme provides District Management, Community Health Clinics, Community Health Centres, Community Based Services, HIV/AIDS, Nutrition and District Hospitals

***Programme 2 has the following sub-programmes:***

- District Management
- Community Health Clinics
- Community Health Centres
- Community Based Services
- HIV/AIDS
- Nutrition
- Coroner Services
- District Hospitals

### 2.2 BACKGROUND INFORMATION

The following is some key information and assumptions made in setting the targets for the 2012/13 year:

- The Department is in the process of re-engineering the PHC. As part of the process family health teams will be set up to conduct outreach to wards and households in all the sub-districts in the Province. This is expected to result in lesser number of patients attending the fixed PHC facilities and the PHC utilisation rate is thus anticipated to reduce over the MTEF period.
- Due to the shortage of mobile clinic vehicles the throughput of mobile clinics is anticipated to increase nominally by 5% annually.

### 2.3 CHALLENGES

The following are the most important challenges to the budget programme:

- Shortage of Mobiles
- Shortage of personnel
- Consistent supply of medicines & consumables
- Transport
- Infrastructure & Maintenance
- Equipment
- Information management
- Referral system (classification of patients)
- Pockets of bed shortage
- IT systems update
- Accommodation for Health Professionals

## 2.4PRIORITIES

The key priorities for the MTEF are as follows:

- Increasing Life Expectancy.
- Decreasing Maternal and Child Mortality.
- Combating HIV and AIDS and Decreasing the Burden of Disease from TB.
- Strengthening of Health System Effectiveness.
  - Re – engineering of Primary Health Care.
  - Improved access to Rural Health Services.
  - Improved Quality of Care.
  - Improved access to School Health Services.

## 2.5 SPECIFIC INFORMATION FOR DISTRICT HEALTH SERVICES

TABLE DHS1: DHS FACILITIES BY HEALTH DISTRICT IN 2011/12

Health district <sup>1</sup>	Facility type	No.	Population	Uninsured Population	Population per PHC facility <sup>5</sup> or per hospital bed	Per capita utilization 2010/11
Xhariep	Non fixed clinics <sup>3</sup>	13	175,154	145,728	11,209.86	0.17
	Fixed Clinics <sup>4</sup>	19			7,669.90	2.36
	CHCs	1			145,728.13	0.35
	<b>Sub-total clinics + CHCs</b>	33			164,607.89	2.88
	District hospitals (76 beds)	3			48,576.04	0.01
Mangaung Metro	Non fixed clinics <sup>3</sup>	10	727,580	605,347	60,534.66	0.04
	Fixed Clinics <sup>4</sup>	42			14,413.01	1.58
	CHCs	2			302,673.28	0.45
	<b>Sub-total clinics + CHCs</b>	54			377,620.95	2.08
	District hospitals (480 beds)	3			242,526.67	0.02
Fezile Dabi	Non fixed clinics <sup>3</sup>	15	505,999	420,991	28,066.08	0.08
	Fixed Clinics <sup>4</sup>	33			12,757.31	1.57
	CHCs	5			84,198.23	0.52
	<b>Sub-total clinics + CHCs</b>	53			125,021.62	2.17
	District hospitals (201 beds)	4			105,247.79	0.01
Lejweleputswa	Non fixed clinics <sup>3</sup>	11	694,510	577,832	52,530.21	0.06
	Fixed Clinics <sup>4</sup>	43			13,437.96	1.83
	CHCs	1			577,832.32	0.03
	<b>Sub-total clinics + CHCs</b>	55			643,800.49	1.92
	District hospitals (285 beds)	5			115,566.46	2.99
Thabo Mofutsanyana	Non fixed clinics <sup>3</sup>	24	838,246	697,421	29,059.19	0.09
	Fixed Clinics <sup>4</sup>	73			9,553.71	2.32
	CHCs	1			838,246.00	0.07
	<b>Sub-total clinics + CHCs</b>	98			876,858.90	2.48
	District hospitals (492 beds)	9			77,491.19	0.01
DHS Province	Non fixed clinics <sup>3</sup>	73	2,941,489	2,447,319	33,524.92	0.07
	Fixed Clinics <sup>4</sup>	212			11,543.96	0.37
	CHCs	10			244,731.88	1.90
	<b>Sub-total clinics + CHCs</b>	295			8,296.00	2.22
	District hospitals (1 534 beds)	24			101,971.62	0.01

Source: DHIS 2011 (Mid-year Estimates 2010). community health workers are being employed by NGOs and not by the Free State Department of Health.

## 2.6 SITUATIONAL ANALYSIS FOR DISTRICT HEALTH SERVICES

TABLE DHS 2 SITUATIONAL ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

Quarterly Indicators	Data Source	Type	Province wide 20010/11	Xhariep 2010/11	Mangaung Metro 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2010/11
1. Provincial PHC expenditure per uninsured person	DHIS	R	R 304.00	R 341.00	R 361.00	R 251.00	R 295.00	R 291.00	N/A
2. PHC total headcount	DHIS	No	6,522,688	497,855	1,528,975	1,333,3.2	2,063,502	1,099,234	N/A
3. PHC total headcount under 5 years	DHIS	No	1,054,644	77,949	240,312	199,200	361,886	175,292	N/A
4. Utilisation rate - PHC	DHIS	Days	2	3	2	2	3	2	3.5
5. Utilisation rate under 5 years - PHC	DHIS	Days	4	4	3	3	4	4	5
6. Fixed PHC facilities with a monthly supervisory visits rate.	DHIS	No	61	68	63	50	66	58	
7. Expenditure per PHC headcount	DHIS	R	R 110.00	R 109.00	R 132.00	R 105.00	R 96.00	R 106.00	N/A
8. Professional Nurse clinical workload (PHC)	DHIS	No	30	32	30	33	37	40	40
9. Doctor clinical workload (PHC)	DHIS	No	35	27	27	42	48	32	35
10. CHCs/CDCs <sup>2</sup> with resident doctor rate	DHIS	%	No data	No data	No data	No data	No data	No data	N/A
11. Percentage of complaints of users of PHC Services resolved within 25 days (60 days for 2010/11)	DHIS	%	70.5%	95%	70.5%	69.3%	72.8%	57.2%	N/A

Annual Indicators	Data Source	Type	Province wide 20010/11	Xhariep 2010/11	Motho 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2010/11
12. Percentage of users of PHC services satisfied with the services received	DHIS: Patient Satisfaction Module	%	83%	No data	No data	No data	No data	No data	N/A
13. Number of PHC facilities assessed for compliance against the core standards	Assessment Reports	No	0	0	0	0	0	0	N/A

TABLE DHS 3: PERFORMANCE INDICATORS FOR DISTRICT HEALTH SERVICES

Quarterly Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
1. Provincial PHC expenditure per uninsured person	R	148.00	274.03	R 304.00	420.00	460.00	460.00	470.00	N/A
2. PHC total headcount	No	6,463,473	6,538,035	6,522,688	6,500,000	6,700,000	7,000,000	6,900,000	(provincial)
3. PHC total headcount under 5 years	No	1,140,339	1,131,033	1,054,644	1,100,000	1,143,000	1,200,000	1,143,000	(provincial)
4. Utilisation rate - PHC	No	2.2	2.4	2.2	2.2	2.3	2.4	2.4	3.5
5. Utilisation rate under 5 years - PHC	No	3.9	3.7	3.5	3.5	3.9	4.0	3.9	5.5
6. Fixed PHC facilities with a monthly supervisory visits rate.	%	73.6	73	79%	80%	100%	100%	100%	100%
7. Expenditure per PHC headcount	R	147.11	102.04	115	150.00	180.00	190.00	202.00	N/A
8. Professional Nurse clinical workload (PHC)	No	40.2	35.9	34.2	35	40	40	40	40
9. Doctor clinical workload (PHC)	No	29.3	34.5	33	35	30	30	30	30
10. Percentage of complaints of users of PHC Services resolved within 25 days	%	47.8%	55.2%	70.5%	80%	85%	100%	100%	100%

Source: District Health Services and DHIS &amp; BAS for expenditure information.

Annual Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
11. CHCs/CDCs <sup>2</sup> with resident doctor rate	%	No Data	No Data	No Data	100	100%	100%	100%	100%
12. Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	No	New Indicator	New Indicator	New Indicator	232	100	200	232	N/A

TABLE DHS 4: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES 2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Provincial PHC expenditure per uninsured person	Quarterly	460.00	460.00	460.00	460.00	460.00
PHC total headcount	Quarterly	6,700,000	1,675,000	1,675,000	1,675,000	1,675,000
PHC total headcount under 5 years	Quarterly	1,143,000	285,750	285,750	285,750	285,750
Utilisation rate - PHC	Quarterly	2.3	2.3	2.3	2.3	2.3
Utilisation rate under 5 years - PHC	Quarterly	3.9	3.9	3.9	3.9	3.9
Fixed PHC facilities with a monthly supervisory visits rate.	Quarterly	100%	100%	100%	100%	100%
Expenditure per PHC headcount	Quarterly	180.00	180.00	180.00	180.00	180.00
Professional Nurse clinical workload (PHC)	Quarterly	40	40	40	40	40
Doctor clinical workload (PHC)	Quarterly	30	30	30	30	30
CHCs/CDCs <sup>2</sup> with resident doctor rate	Annually	100%	100%	100%	100%	100%
Percentage of complaints of users of PHC Services resolved within 25 days	Annually	85%	–	–	–	85%
Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Annually	100	–	–	–	100



2.7 PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DHS  
**TABLE DHS 5: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HEALTH SERVICES**

BUDGET SUB PROGRAMME:		DISTRICT MANAGEMENT								
STRATEGIC GOAL 1:		PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
GOAL STATEMENT:		INTEGRATED STRATEGIC PLANNING, EFFECTIVE GOVERNANCE AND MANAGEMENT								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14
Ensure functional governance structures at all level 1 facilities.	Number of functional <sup>6</sup> governance structures.	Fully functional governance structures (196 Clinic Committees, 5 District Health Councils and 13 Hospital Boards)	Appointment letters, Minutes of meetings and attendance registers.	5 District Health Councils and 24 District Hospitals	5 District Health Councils and 24 District Hospitals	5 District Health Councils.	183 Clinic Committees	183 Clinic Committees	183 Clinic Committees	183 Clinic Committees
				5 District Health Councils and 24 District Hospitals	5 District Health Councils and 24 District Hospitals	5 District Health Councils.	5 District Health Councils.	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)
				5 District Health Councils and 24 District Hospitals	5 District Health Councils and 24 District Hospitals	5 District Health Councils.	5 District Health Councils.	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)
								13 Hospital Boards	13 Hospital Boards	Hospital Boards of all designated <sup>7</sup> hospitals.

**TABLE DHS 6: QUARTERLY TARGETS FOR DISTRICT HEALTH SERVICES 2012/13**

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of functional governance structures.	Quarterly	183 Clinic Committees	183 Clinic Committees	183 Clinic Committees	183 Clinic Committees	183 Clinic Committees
		5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)	5 District Health Councils (4 Districts + 1 Metro)
		Hospital Boards of all designated hospitals.	Hospital Boards of all designated hospitals.	Hospital Boards of all designated hospitals.	Hospital Boards of all designated hospitals.	Hospital Boards of all designated hospitals.

<sup>6</sup> Functional = Having at least 6 meetings per year.

<sup>7</sup> Designation of hospitals as per the NHI Policy (Government Gazette, 12 August 2011, No. 34523)

**TABLE DHS 7: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HEALTH SERVICES**

COMMUNITY HEALTH CLINICS / COMMUNITY HEALTH CENTRES										
BUDGET SUB PROGRAMME		INCREASING LIFE EXPECTANCY								
STRATEGIC GOAL 2		MASS MOBILISATION FOR THE BETTER HEALTH FOR THE POPULATION								
GOAL STATEMENT										
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Implement health promotion programs.	Number of Local Areas implementing Healthy lifestyles Program.	Improved Health Promotion and Prevention strategies at community level.	Reports from the local areas and the Metro.	5 districts with 4 district forums	5 districts – 10 local areas, all five pillars.	20/20 local areas	19 Local Areas +1 Metro	19 Local Areas +1 Metro	19 Local Areas +1 Metro	19 Local Areas +1 Metro
	Number of provincial health promotion campaigns			New indicator	New indicator	New indicator	New indicator	2	2	2
Enhance the implementation of school health services.	School Health programme coverage for Quintile 1 & 2 schools.		School Health services report	New indicator	New indicator	43%	60% (542/903)	80% (722/903)	100% (903/903)	95% (931/980)



TABLE DHS 8: QUARTERLY TARGETS FOR HEALTH SERVICES 2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of Local Areas implementing Healthy lifestyles Program.	Quarterly	19 Local Areas +1 Metro	19 Local Areas +1 Metro	19 Local Areas +1 Metro	19 Local Areas +1 Metro	19 Local Areas +1 Metro
Number of provincial health promotion campaigns	Quarterly	2	-	1	-	1
School Health programme coverage for Quintile 1 & 2 schools.	Quarterly	80% (722/903)	15% (136)	30% (270)	20% (180)	15% (136)
Number of PHC facilities attaining Grade A score (80 - 100%) in the assessment against core standards	Annually	5clinics 3 CHCs	-	-	-	5/212 clinics 3/9 CHCs
Number of Family Health Teams (FHT) established	Quarterly	60/2,910	50/2,910	53/2,910	56/2,910	60/2,910
Number of District Specialist Teams established	Quarterly	5	5	5	5	5
Number of patients seen by FHTs	Quarterly	40,000	10,000	10,000	10,000	10,000

## 2.8 SUB PROGRAMME DISTRICT HOSPITALS

TABLE DHS 9: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Quarterly Indicators	Type	Province wide value 2010/11	Xhariep 2010/11	Motho 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2010/11
1. Caesarean section rate in district hospitals	%	13%	0	19%	10%	9%	19%	<11%
2. Total separations in District Hospitals	No	114,695	6,991	30,106	23,221	35,353	18,595	130,046
3. Patient Day Equivalents in District Hospitals	No	545,237	25,808	199,718	91,082	148,202	80,238	560,669
4. Total OPD Headcounts in District Hospitals	No	451,339	20,323	137,308	7,7207	159,602	56,899	383,033
5. Average length of stay in district hospitals	Days	3	2	4	3	3	3	3
6. Bed utilisation rate in district hospitals	%	63	63	68	58	53	78	75
7. Expenditure per patient day equivalent (PDE) in district hospitals	R	R1,563	R1,471	R1,489	R1,670	R1,545	R1,687	R1,450,00
8. Percentage of complaints of users of District Hospital Services resolved within 60 days	%	56%	100%	54%	26%	41%	83%	75%
9. Percentage of District Hospitals with monthly Maternal Mortality and Morbidity Meetings	%	New indicator	New indicator	New indicator	New indicator	New indicator	New indicator	N/A

Source: District Health Services and DHIS 2010/11

Annual Indicators	Data Source	Type	Free State 2010/11	Motho 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	Xhariep 2010/11	National Average 2010/11
10. Percentage of users of District Hospital services satisfied with the services received	Patient Satisfaction Module	%	83%	85%	N/A	N/A	N/A	N/A	87,5%
11. Number of District Hospitals assessed for compliance against the core standards	Assessment Reports	No	24	4	5	8	4	3	Pilot phase

TABLE DHS 10: PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Quarterly Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
1. Caesarean section rate	%	12.1%	11.8%	12.4%	12.4%	13%	13%	13%	15%
2. Separations - total	No	137,688	122,608	115,514	116,456	130,000	145,000	150,000	(provincial)
3. Patient Day Equivalents - total	No	110,968	533,970	536,943	540,212	550,000	550,800	600,000	(provincial)
4. OPD Headcount - total	No	287,870	367,903	445,748	430,000	435,000	424,000	428,440	3.5
5. Average length of stay	Days	3 days	3 days	3 days	3 days	3.5 days	3.6 days	3.7 days	5.5
6. Bed utilisation rate	%	80%	70.7%	63%	68%	75%	75%	75%	100%
7. Expenditure per patient day equivalent (PDE)	R	R1,272.85	R1,408.00	R1,586	R1,650.00	R1,700.00	R1,730.00	R1,750.00	N/A
8. Percentage of complaints of users of District Hospital Services resolved within 25 days	%	No data	No data	100% (60 days)	100%	100%	100%	100%	40
9. Percentage of District Hospitals with monthly Mortality and Morbidity Meetings	%	New indicator	New indicator	New indicator	New indicator	100%	100%	100%	

Annual Indicators	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
10. District Hospital Patient Satisfaction rate	%	No data	75%	83%	85%	85%	85%	85%	
11. Number of District Hospitals assessed for compliance against the 6 priorities of the core standards		New indicator	New indicator	New indicator	24	24	24	24	

TABLE DHS 11: QUARTERLY TARGETS FOR DISTRICT HOSPITALS 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Caesarean Section Rate	Quarterly	13%	13%	13%	13%	13%
Separations - total	Quarterly	130,000	32,500	32,500	32,500	32,500
Patient Day Equivalents - total	Quarterly	550,000	137,500	137,500	137,500	137,500
OPD Headcount - total	Quarterly	435,000	108,750	108,750	108,750	108,750
Average Length of Stay	Quarterly	3.5 days	3.5 days	3.5 days	3.5 days	3.5 days
Bed Utilization Rate	Quarterly	75%	75%	75%	75%	75%
Expenditure per Patient Day Equivalent	Quarterly	R1,700.00	R1,700.00	R1,700.00	R1,700.00	R1,700.00
Percentage of complaints of users of District Hospital Services resolved within 25 days	Quarterly	100%	100%	100%	100%	100%
Percentage of District Hospitals with monthly Maternal Mortality and Morbidity Meetings	Quarterly	100%	100%	100%	100%	100%
Number of District Hospitals assessed for compliance against the 6 priorities of the core standards	Annually	24	-	-	-	24
District Hospital patient satisfaction rate.	Annually	85%	85%	85%	85%	85%



**TABLE DHS 12: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HEALTH SERVICES**

BUDGET SUB PROGRAMME:		DISTRICT HOSPITALS								
STRATEGIC GOAL 5:		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
GOAL STATEMENT:		IMPROVING QUALITY OF HEALTH SERVICES								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11		2011/12	2012/13	2013/14
Ensure compliance with the National Core Standards	Patient waiting times	N/A	National Core Standard assessment Report	New Indicator	New Indicator	New Indicator	New Indicator	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min
	Availability of medication	90% availability	Medicine availability Reports	80%	80%	92%	95%	95%	95%	95%
Measure public health establishments' performance against national core standards.	Number of district hospitals attaining Grade A score (80 -100%) in the assessment against core standards	262 Public and 24 Private health establishments with performance assessment reports.	Institutional assessment reports	New indicator	New indicator	New indicator	2	8	16	24



BUDGET SUB PROGRAMME		DISTRICT HOSPITALS								
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY								
GOAL STATEMENT		IMPROVING QUALITY OF HEALTH SERVICES								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PROJECTION		
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15
Implement programmes to improve child health in District Hospitals.	Number of District Hospitals accredited as Baby Friendly Institutions	N/A	Baby Friendly Certificates in hospitals	New Indicator	New Indicator	New Indicator	New Indicator	24	19	19
	Number of District Hospitals with Monthly Perinatal Problem Identification Program (PPIP) Meetings	N/A	Minutes and attendance register of PPIP meetings	New Indicator	New Indicator	New Indicator	New Indicator	24	19	19
	Number of District Hospitals with Monthly Meetings Child Health Problem Identification Program (CHPIP)	N/A	Minutes and attendance register of CHPiP meetings	New Indicator	New Indicator	New Indicator	New Indicator	24	19	19

TABLE DHS 13: QUARTERLY TARGETS FOR DISTRICT HOSPITALS 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Patient waiting times	Quarterly	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min	Emergency and Trauma: 15min Admissions: 60 min OPD: 120 min Casualty: 60 min Pharmacy: 60 min X-Ray: 60 min
Availability of medication	Quarterly	95%	95%	95%	95%	95%
Number of district hospitals attaining Grade A score (80- 100%) in the assessment against core standards	Annually	8	-	-	-	8
Number of District Hospitals accredited as Baby Friendly Institutions	Annually	24	-	-	-	24
Number of District Hospitals with Monthly Perinatal Problem Identification Program (PIPP) Meetings	Quarterly	24	24	24	24	24
Number of District Hospitals with Monthly Meetings child Health Problem Identification Program (CHPIP)	Quarterly	24	24	24	24	24

## 2.9 SUB PROGRAM: HIV & AIDS (STI & TB CONTROL) (HAST)

### 2.9.1 HIV/AIDS (STI)

#### 2.9.1.1 PROGRAMME PURPOSE

Prevention and control of Communicable diseases including Comprehensive Care, Management and Treatment of HIV & AIDS and opportunistic infections.

#### 2.9.1.2 CHALLENGES

##### Human Resources

- Inadequate skilled personnel
- High attrition rate
- Long recruitment process

##### Goods and Services

- Cumbersome supply chain processes

##### Infrastructure

- Inadequate space in the health facilities for programme implementation

##### Information Management

- Poor data collection, processing and utilization
- Lack of ICT support

##### Transport

- Unavailability of vehicles for programme support

#### 2.9.1.3 PRIORITIES (2012/2013)

- Implementation of Medical Male Circumcision as a preventive measure for new HIV infections.
- Ensure successful implementation of HCT and Influenza Campaigns.
- Accelerate the expansion of ART services.
- Strengthen provision of Isoniazid Preventive Therapy (IPT)
- Scale up condom distribution

### 2.9.2 TB

#### 2.9.2.1 PROGRAMME PURPOSE

- To prevent tuberculosis and to ensure that those who do contract tuberculosis (TB) have easy access to effective, efficient and high quality diagnosis, treatment and care that reduces suffering.

#### 2.9.2.2 CHALLENGES

- Low new smear positive conversion rate
- Low new smear positive cure rate
- Treatment interruption that leads to treatment defaulting
- Structural problems at health facilities that leads to poor infection control.
- High number of detected MDR-TB.
- Dr. J S Moroka MDR-TB unit full to capacity only has 70 beds
- Pelonomi only has 5 MDR - TB beds

**2.9.2.3 PRIORITIES FOR 2012-2013**

- Improve TB treatment outcomes
- Intensified TB case detection
- Improve the conversion rate at 2 months.
- Reduce the death rate.
- Strengthen DOTS support.
- Reduce treatment interruption and defaulting.
- Reduce incidents of drug resistant M/XDR (Multi & Extensively drug resistant) TB.
- Ensure that all TB-HIV eligible patients are placed on ARVs

## 2.9.3 SITUATION ANALYSIS INDICATORS FOR HAST

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

Quarterly Indicators	Data Source	Type	Province-wide value 2010/11	Xhariep 2010/11	Motho 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2009/10
1. Total number of patients (Children and Adults) on ART	DHIS	No	81,979	1,537	8,518	6,391	9,175	6,046	N/A
2. Male condom distribution rate	DHIS	No	9	14	5	10	12	12	12.4
3. New smear positive PTB defaulter rate	ETR. Net	%	4.6%	4.0%	7.6%	4.6%	3.4%	3.5%	6%
4. Smear result turn-around time under 48 hours rate	ETR Net	%	74.7%	38.6%	55.4%	73.7%	76.5%	84.6%	80%
5. PTB two month smear conversion rate	ETR. Net	%	72.1%	74.8%	72.9%	75.6%	74.7%	69.0%	75%
6. Percentage of HIV-TB Co-infected patients placed on ART	DHIS	%	54%	73%	76.7%	48.3%	52.6%	93.4%	N/A
7. HCT Testing Rate	DHIS	%	84%	68.2%	85%	55.7%	87.2%	87.1%	N/A

Source: District Health Information System &amp; ETR.Net.

Annual Indicators	Data Source	Type	Province wide value 2010/11	Xhariep 2009/10	Motho 2009/10	Lejweleputswa 2009/10	Thabo Mofutsanyana 2009/10	Fezile Dabi 2009/10	National Average 2009/10
8. Facility ARV drug stock out rate	DHIS	0	0	0	0	0	0	No data	0
9. STI partner treatment rate	DHIS	22.9	33.8	22.2	17.8	26.4	24.2	21.2	22.9
10. New smear positive PTB cure rate	ETR.Net	71.1	82.2	66.9	73.0	71.4	69.6	70	71.1

Source: District Health Information System &amp; ETR.N

TABLE HIV 2: PERFORMANCE INDICATORS FOR HAST

Quarterly Indicator	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
1. Total number of patients (Children and Adults) on ART	DHIS Registers	No.	13,686	53,152	81,979	129,745	166,745	187,828	200,900	3.2 million
2. Male condom distribution rate <sup>8</sup>	DHIS Registers	No. per males ≥15	7.5	7.3	9	13	13	14	15	15
3. New smear positive PTB defaulter rate	ETR. Net	%	4.9%	4.6%	4.6%	4%	<4%	<4%	<3.9%	<4.9%
4. PTB two month smear conversion rate	ETR. Net	%	73.4%	73.6%	72.1%	80%	81%	81%	83%	85%
5. Percentage of HIV-TB Co-infected patients placed on ART	ETR. Net	%	New Indicator	New Indicator	54%	75%	90%	100%	100%	N/A
6. HCT Testing rate	DHIS Registers	%	No Data	No Data	84%	80%	100%	100%	100%	N/A
7. New smear positive PTB cure rate	ETR. Net	%	71.3%	71.7%	71.5%	75%	75%	78%	80%	85%

Source: DHIS &amp; Strategic Health Programmes Chief Directorate.

<sup>8</sup> The number of condoms per male population 15 years and over per annum

TABLE HIV3: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HAST

BUDGET SUB PROGRAMME:		HIV & AIDS, STIs AND TB									
STRATEGIC GOAL 2:		INCREASING LIFE EXPECTANCY									
GOAL STATEMENT:		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE		MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Increase the number of new patients initiated on Antiretroviral Therapy (ART).	Total number of adult patients initiated on ART.	177,178 adult patients on ART	DHIS and Registers	29,112	53,152	73,917	118,233	151,163	168,176	177,178	
	Number of child patients initiated on ART.	16,678 child patients on ART	DHIS and Registers	3,904	5,723	8,062	11,512	15,582	19,652	23,722	

BUDGET SUB PROGRAMME:		HIV & AIDS, STIs AND TB									
STRATEGIC GOAL 4:		COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS									
GOAL STATEMENT:		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE		MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Reduce mother to child transmission rate of HIV	Antenatal client HIV 1 <sup>st</sup> test rate <sup>9</sup> .	100% of ANC clients tested for HIV.	DHIS and Registers	New indicator	93%	89%	100%	100%	100%	100%	

BUDGET SUB PROGRAMME:		HIV & AIDS, STIs AND TB									
STRATEGIC GOAL 4:		COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS									
GOAL STATEMENT:		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS				
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14	2014/15
Implement health care provider-initiated HIV Counselling and Testing (HCT) in all health facilities.	Percentage of health facilities implementing Health care provider-initiated HIV Counselling and Testing (HCT) in all health facilities.	5% reduction in prevalence of HIV among 15-49 year old pregnant women.	DHIS and Registers	New Indicator	New Indicator	100%	100%	100%	100%	100%	100%
Rapidly scaling up condom distribution at all health facilities.	Number of male condoms distributed.	New indicator	DHIS and Registers	16,909,000	18,770,000	22,214,000	16,500,000	57,000,000	57,500,000	58,000,000	
	Number of female condoms distributed.	New indicator	DHIS and Registers	292 080	420 500	324,600	40,000	600,000	650,000	700,000	

<sup>9</sup> Numerator: Antenatal client HIV 1st test & Denominator: Antenatal clients eligible for HIV 1st test



BUDGET SUB PROGRAMME		HIV & AIDS, STIs AND TB									
STRATEGIC GOAL 4:		COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS									
GOAL STATEMENT:		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS				
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14	2014/15
Increase the percentage of HIV patients started on Cotrimoxazole Prophylaxis and the percentage of HIV patients started on Isoniazid Preventive Therapy (IPT)	Percentage of HIV positive patients started on Cotrimoxazole Prophylaxis	60%	DHIS and Registers	29.1%	24.8%	25%	30%	100%	100%	100%	
	Percentage of HIV positive patients started on Isoniazid Preventive Therapy (IPT).	70%	DHIS and Registers	New Indicator	New Indicator	28%	40%	65%	70%	75%	

BUDGET SUB PROGRAMME		HIV & AIDS, STIs AND TB								
STRATEGIC GOAL 4		COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS								
GOAL STATEMENT		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14
Strengthening community involvement in the TB DOTS Programme.	TB cure rate of new smear positive patients	85%	ETR.Net	71.3%	71.7 %	71.5%	77%	75%	75%	77%

BUDGET SUB PROGRAMME		HIV & AIDS, STIs AND TB								
STRATEGIC GOAL 4		COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS								
GOAL STATEMENT		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14
Reduce the incidence of drug resistant TB.	Proportion of MDR TB amongst pulmonary TB patients	0.5%	ETR.Net	1.1%	1.26%	1.3%	[5%] <sup>10</sup>	<4.5%	<3%	<1%
	ETR.Net		3%	3.1%	0.7%	2%	<1%	<0.7%	<0.5%	

<sup>10</sup> The higher estimate for 2011/12 is due to the introduction of improved diagnostic technology, which has resulted in higher detection rates.

**TABLE HIV 4: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL 2012/13**

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Total number of adult patients initiated on ART.	Quarterly	151,163	126,466	134,698	142,930	151,163
Total number of child patients initiated on ART.	Quarterly	15,582	12,530	13,547	14,564	15,582
Total number of patients (Children and Adults) on ART	Quarterly	166,745	138,996	148,245	157,494	166,745
Percentage of HIV-TB Co-infected patients placed on ART	Quarterly	90%	90%	90%	90%	100%
Antenatal client HIV 1 <sup>st</sup> test rate.	Quarterly	100%	100%	100%	100%	100%
Percentage of health facilities implementing Health care provider-initiated HIV Counselling and Testing (HCT).	Quarterly	100%	100%	100%	100%	100%
Male condom distribution rate	Quarterly	13	13	13	13	13
Number of male condoms distributed.	Quarterly	57,000,000	14,250,000	14,250,000	14,250,000	14,250,000
Number of female condoms distributed.	Quarterly	600,000	150,000	150,000	150,000	150,000

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Percentage of eligible HIV positive patients started on Cotrimoxazole Prophylaxis	Quarterly	100%	100%	100%	100%	100%
Percentage of eligible HIV positive patients started on Isoniazid Preventive Therapy (IPT).	Quarterly	65%	65%	65%	65%	65%
PTB two month smear conversion rate	Quarterly	81%	81%	81%	81%	81%
New smear positive PTB defaulter rate	Quarterly	<4	<4	<4	<4	<4
New smear positive PTB cure rate	Quarterly	75%	75%	75%	75%	75%
Proportion of MDR TB amongst Pulmonary TB patients	Quarterly	<4.5%	<4.5%	<4.5%	<4.5%	<4.5%
Proportion of XDR TB amongst MDR TB patients	Quarterly	<1%	<1%	<1%	<1%	<1%
Malaria case fatality rate	Annually	0	-	-	-	0
Cholera fatality rate	Annually	0	-	-	-	0
Cataract surgery rate	Annually	1,655 / 1,000,000	-	-	-	1,655 / 1,000,000

## 2.9.4 SITUATIONAL ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

TABLE DPC1: SITUATIONAL ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Annual Indicators	Data Source	Type	Province wide value 2010/11	Xhariep 2010/11	Motho 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2009/10
1. Malaria case fatality rate	Reports	%	0	0	0	0	0	0	1.06
2. Cholera fatality rate	Reports	%	0	0	0	0	0	0	n/a

TABLE DPC2: PERFORMANCE INDICATORS FOR DISEASE PREVENTION AND CONTROL

Annual Indicators	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
1. Malaria case fatality rate	Reports of all outbreaks and how they were managed and line listing.	%	0%	0%	0%	0%	0%	0%	0%	0%
2. Cholera fatality rate	Reports of all outbreaks and how they were managed and line listing.	%	0%	0%	0%	0%	0%	0%	0%	0%
3. Cataract surgery rate	Theatre Registers	No. per 1,000,000	1,089 / 1,000,000	1,007 / 1,000,000	1,435 / 1,000,000	1,655 / 1,000,000	1,655 / 1,000,000	1,700 / 1,000,000	1,700 / 1,000,000	1,500 / 1,000,000

Source: DHIS &amp; Strategic Health Programmes Chief Directorate.

## **2.10 SUB PROGRAMME: NUTRITION**

### **2.10.1 PURPOSE OF THE PROGRAM**

- To coordinate the management of maternal, child and women's health programmes in the Free State Department of Health.

### **2.10.2 CHALLENGES**

- High maternal and child mortality
- Limited accessibility to termination of pregnancy services
- Inadequate screening for cervical & breast cancer
- Limited capacity to implement the integrated nutrition programme

### **2.10.3 PRIORITIES**

- Strengthen the implementation of all child survival strategies.
- Strengthen the implementation of the NCCEMD's recommendations aimed at the prevention of maternal deaths.
- Increase accessibility to cervical & breast cancer screening services.
- Increase capacity for the implementation of the integrated nutrition programme.
- Improve the skills of health professionals in the management of obstetric emergencies.

## 2.10.4. SITUATIONAL ANALYSIS INDICATORS FOR MOTHER, CHILD AND WOMEN'S HEALTH

### TABLE MCWH 1: MOTHER, CHILD AND WOMEN'S HEALTH 1: SITUATIONAL ANALYSIS INDICATORS FOR (MCWH)

Quarterly Indicators	Data Source	Type	Province wide value 2010/11	Xhariep 2010/11	Motheo 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2009/10
1. Immunisation coverage under 1 year	DHIS	%	81.5%	86%	75%	87%	88%	85%	89.5%
2. Vitamin A coverage 12 – 59 months	DHIS	%	88.9%	38%	31%	45%	38%	46%	31.3%
3. Measles 1st dose under 1 year coverage	DHIS	%	85.9%	87%	83%	89%	88%	89%	91.7%
4. Pneumococcal Vaccine (PCV) 3 <sup>rd</sup> Dose Coverage	DHIS	%	68.6%	77%	72%	63%	72%	71%	N/A
5. Rota Virus (RV) 2nd Dose Coverage	DHIS	%	75.6%	77%	77%	66%	81%	84%	N/A
5. Cervical cancer screening coverage	DHIS	%	37.4%	41%	30%	40%	37%	50%	43.9 %
7. Antenatal visits before 20 weeks rate	DHIS	%	47.6%	56%	45%	44%	45%	45%	N/A
8. Antenatal client initiated on AZT during antenatal care rate.	DHIS	%	80.3%	75%	64%	87%	86%	82%	N/A
9. Baby tested PCR Positive six weeks after birth as a proportion of babies tested at six weeks	DHIS	%	6%	8	7%	7%	5%	5%	N/A
10. Antenatal client initiated on HAART rate	DHIS	%	80.3%	37%	58%	51%	37%	44%	N/A

Annual Indicators	Data Source	Type	Free State 2010/11	Xhariep 2010/11	Motheo 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2009/10
11. Couple year protection rate	DHIS	%	32%	33%	26%	32%	36%	36%	35.2
12. Facility Maternal mortality rate	DHIS	No per Live birth 100 000	243	327	239	199	315	241	N/A

Annual Indicators	Data Source	Type	Free State 2010/11	Xhariep 2010/11	Motheo 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2009/10
13. Delivery rate for women under 18 years	DHIS	%	8%	10%	7%	7%	9%	7%	8.2
14. Facility Infant mortality (under 1) rate	DHIS	No. per 1000	23	12	19	38	27	24	20.2
15. Facility Child mortality (under 5) rate	DHIS	No. per 1000	26	8	11	36	32	16	27

TABLE MCWH 2PERFORMANCE INDICATORS FOR MCWH &amp; N

Quarterly Indicator	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
1.Immunisation coverage under 1 year	DHIS and Registers	%	93%	86.6%	81.5%	91%	95 %	95%	95%	93%
2.Vitamin A coverage 12 – 59 months	DHIS and Registers	%	42%	40.8%	40%	40%	40%	40%	40%	42%
3.Measles 1st dose under 1 year coverage	DHIS and Registers	%	91.5	88.6%	85.9%	91%	95 %	95 %	95 %	91%
4.Pneumococcal Vaccine (PCV) 3 <sup>rd</sup> Dose Coverage	DHIS and Registers	%	67.1%	68.6%	70%	90%	90%	90%	67.1%	90%
5. Rota Virus (RV)2nd Dose Coverage	DHIS and Registers	%	66.5%	75.6%	70%	90%	90%	90%	66.5%	90%
6. Cervical cancer screening coverage	DHIS	%	40%	40.4 %	38%	50%	50%	50%	60%	40%
7 Antenatal visits before 20 weeks rate	DHIS and Registers	%	40%	43.7%	47.6%	70%	70%	70%	70%	40%
8. Baby tested PCR Positive six weeks after birth as a proportion of babies tested at six weeks.	DHIS and Registers	%	11%	7.4%	4%	3%	<3%	<3%	<3%	<3%

Annual Indicators	Data Source	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
9. Couple year protection rate	DHIS and Registers	%	36%	31.9%	32%	32%	50%	50%	50%	256 / 100,000
10. Facility Maternal mortality rate	DHIS and Registers	No per Live birth 100 000	256 / 100,000	327 / 100,000	243 / 100,000	230 / 100,000	220 / 100,000	220 / 100,000	200 / 100,000	256 / 100,000
11. Delivery rate for women under 18 years	DHIS and Registers	%	11%	10%	10%	10%	10%	10%	10%	N/A
12 Facility Infant mortality (under 1) rate	DHIS and Registers	No. per 1000 live births	59.5 / 1,000	45 / 1,000	23 / 1,000	23 / 1,000	20 / 1,000	18 / 1,000	15 / 1,000	N/A
13 Facility Child mortality (under 5) rate	DHIS and Registers	No. per 1000 live births	15.5 / 1,000 births	62.5 / 1,000	26 / 1,000 births	26 / 1,000	24 / 1,000	22 / 1,000	20 / 1,000	N/A

TABLE MCWH 3: QUARTERLY TARGETS FOR MCWH&amp; N2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Immunisation coverage under 1 year	Quarterly	95%	95%	95%	95%	95%
Vitamin A coverage 12 – 59 months	Quarterly	40%	40%	40%	40%	40%
Measles 1st dose under 1 year coverage	Quarterly	95%	95%	95%	95%	95%
Pneumococcal Vaccine (PCV) 3 <sup>rd</sup> Dose Coverage	Quarterly	90%	90%	90%	90%	90%
Rota Virus (RV) 2nd Dose Coverage	Quarterly	90%	90%	90%	90%	90%
Cervical cancer screening coverage	Quarterly	50%	50%	50%	50%	50%
Antenatal visits before 20 weeks rate	Quarterly	70%	70%	70%	70%	70%
Baby tested PCR Positive six weeks after birth as a proportion of babies tested at six weeks.	Quarterly	<3%	<3%	<3%	<3%	<3%



PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Couple year protection rate	Annually	50%	50%	50%	50%	50%
Delivery rate for women under 18 years	Annually	10%	10%	10%	10%	10%
Facility maternal mortality ratio (per calendar year).	Annually	220 per 100 000 live births	-	-	-	220 per 100 000 live births
Facility mortality rate for children <1.	Annually	20 per 1000 live births	-	-	-	20 per 1000 live births
Facility mortality rate for children <5.	Annually	24 per 1000 live births	-	-	-	24 per 1000 live births

TABLE MCWH 4: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR MCWH&amp; N

BUDGET SUB PROGRAMME		MOTHER, CHILD AND WOMEN'S HEALTH								
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY								
GOAL STATEMENT		MASS MOBILISATION FOR THE BETTER HEALTH FOR THE POPULATION								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14
Enhancing the clinical skills of health workers in Essential Steps in Management of Obstetric Emergencies (ESMOE).	Number of Health Professionals trained in ESMOE	280 Health Professionals trained in ESMOE	Certificates / training registers	New Indicator	25 (13 Doctors 12 midwives) trained in ESMOE	102	160	280	280	280
Increased access to Highly Active Antiretroviral Therapy (HAART) for eligible HIV positive pregnant women.	Percentage of HIV positive pregnant women placed on Highly Active Antiretroviral Therapy (HAART).	100% of pregnant women on HAART.	DHIS and Registers	New Indicator	New Indicator	48%	80%	100%	100%	100%

BUDGET SUB PROGRAMME		MOTHER, CHILD AND WOMEN'S HEALTH									
STRATEGIC GOAL 4		COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCULOSIS									
GOAL STATEMENT		ACCELERATED IMPLEMENTATION OF THE HIV AND AIDS STRATEGIC PLAN AND THE INCREASED FOCUS ON TUBERCULOSIS AND OTHER COMMUNICABLE DISEASES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS				
				2008/09	2009/10		2010/11	2011/12	2012/13	2013/14	2014/15
Implementation of PMTCT, Paediatric Treatment guidelines.	Percentage of antenatal care facilities implementing revised therapy for PMTCT.	100%	DHIS and Registers	New Indicator	95%	100%	100%	100%	100%	100%	100%
Implement health care provider-initiated HIV Counselling and Testing (HCT) in all health facilities.	Percentage of HIV positive pregnant women initiated on AZT.	100% of eligible HIV positive pregnant women initiated on AZT.	DHIS and Registers	New Indicator	New Indicator	80.3%	100%	100%	100%	100%	100%

TABLE MCWH 5: QUARTERLY TARGETS FOR MCWH&amp; N2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of Health Professionals trained in ESMOE	Quarterly	280	70	70	70	70
Percentage of pregnant women on HAART.	Quarterly	100%	100%	100%	100%	100%
Percentage of antenatal care facilities implementing revised therapy for PMTCT.	Quarterly	100%	100%	100%	100%	100%
Percentage of HIV positive pregnant women initiated on AZT.	Quarterly	100%	100%	100%	100%	100%

## 2.8 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

## TABLE DHS11: DISTRICT HEALTH SERVICES

Table 2.13: Summary of payments and estimates: Programme 2: District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
District Management	36 869	56 843	70 099	88 492	84 592	82 336	110 425	137 516	154 016
Community Health Clinics	388 107	452 243	541 352	605 257	710 362	671 502	646 382	681 417	731 416
Community Health Centre	49 296	48 966	55 310	76 495	109 891	75 781	113 248	119 386	119 386
Community Based Services	248 289	319 603	370 062	334 137	222 427	305 215	314 089	323 402	328 353
HIV/AIDS	214 453	325 600	424 912	580 662	582 925	484 093	656 647	786 358	907 365
Nutrition	7 898	11 343	10 062	14 020	10 031	9 890	11 101	11 750	11 750
Coroner Services	35 802	32 624	31 057	39 451	39 451	39 451	39 805	32 868	32 868
District Hospitals	667 788	783 175	865 939	893 967	929 531	911 433	952 415	1 015 333	1 065 333
<b>Total payments and estimates</b>	<b>1 648 502</b>	<b>2 030 397</b>	<b>2 368 793</b>	<b>2 632 481</b>	<b>2 689 210</b>	<b>2 579 701</b>	<b>2 844 112</b>	<b>3 108 030</b>	<b>3 350 487</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 2.9 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.4: Payments and estimates by economic classification: Programme 2 - District Health Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
<b>Current payments</b>									
Compensation of employees	1,176,570	1,271,455	1,516,160	1,707,995	1,703,294	1,737,132	1,799,380	1,917,605	2,021,534
Salaries and wages	1,027,724	1,108,998	1,326,778	1,495,906	1,522,939	1,534,981	1,576,414	1,645,773	1,725,703
Social contributions	148,846	162,457	189,382	212,089	180,355	202,151	222,966	271,832	295,831
Goods and services	399,597	681,002	769,081	815,588	858,147	741,155	898,231	1,026,228	1,149,778
of which									
Administrative fees	-	27	21	95	370	290	312	346	347
Advertising	1,311	538	2,834	1,717	11,326	7,291	11,436	9,135	9,135
Assets < than the threshold (currently R5000)	3,797	3,640	7,826	13,721	15,121	6,582	10,544	16,612	16,612
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	76	80	80
Catering: Departmental activities	3,160	1,833	4,317	1,777	7,161	8,356	3,406	7,528	7,528
Communication	25,152	21,998	25,566	23,532	23,408	25,426	17,696	27,179	27,179
Computer services	378	338	1,725	4,657	1,582	1,427	2,218	3,266	3,266
Consultants and professional service: Business and advisory service	522	1,056	317	-	670	789	474	511	511
Consultants and professional service: Infrastructure and planning	-	-	-	-	-	-	3,679	4,697	4,697
Consultants and professional service: Laboratory service	56,912	63,407	156,489	98,344	102,243	98,980	124,326	138,209	144,962
Consultants and professional service: Legal cost	-	-	-	2,217	-	-	-	-	-
Contractors	23,878	25,297	30,237	25,771	33,198	29,242	32,430	38,421	38,421
Agency and support / outsourced services	20,061	19,993	30,879	24,829	28,922	31,063	28,484	30,429	30,429
Entertainment	60	4	43	131	97	69	56	58	58
Fleet services (including government motor transport)	-	-	12,079	-	1,854	6,404	550	500	500
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	23,358	20,721	29,913	39,235	32,305	26,988	28,564	49,197	49,197
Inventory: Fuel, oil and gas	5,645	8,860	6,219	6,785	7,642	6,712	8,833	9,985	9,985
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	912	936	729	811	1,745	1,685	3,063	3,446	3,446
Inventory: Medical supplies	94,372	61,654	45,757	125,976	82,184	64,761	100,334	110,038	140,038
Inventory: Medicine	62,884	326,603	321,014	347,840	385,105	316,159	400,413	430,042	516,838
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	29,675	77,356	19,375	36,927	26,594	19,528	30,735	36,939	36,939
Inventory: Stationery and printing	5,943	11,044	8,442	17,737	20,301	14,198	11,120	17,827	17,827
Lease payments (Incl. operating leases, excl. finance leases)	4,171	1,771	14,586	4,647	17,427	16,436	22,097	22,661	22,661
Property payments	19,980	17,177	26,264	22,595	20,559	16,379	20,125	20,321	20,321
Transport provided: Departmental activity	-	-	-	-	-	-	200	-	-
Travel and subsistence	12,978	13,810	18,506	10,427	27,014	31,137	23,689	37,155	37,155
Training and development	1,992	1,133	2,297	1,708	2,585	2,207	8,643	2,910	2,910
Operating expenditure	1,693	1,238	1,917	3,257	2,511	2,322	2,862	2,775	2,775
Venues and facilities	763	568	1,729	852	6,223	6,724	1,866	5,961	5,961
Interest and rent on land	-	268	69	165	137	93	165	171	170
Interest	-	268	69	165	137	93	165	171	170
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to:</b>	<b>45,961</b>	<b>53,727</b>	<b>53,844</b>	<b>63,075</b>	<b>71,161</b>	<b>62,023</b>	<b>81,453</b>	<b>74,130</b>	<b>78,763</b>
Provinces and municipalities	-	1,498	-	7,500	-	26	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	-	1,498	-	7,500	-	26	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
of which: Regional service council levies	-	1,498	-	7,500	-	26	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to: - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	2,307	-	-	-
Public corporations and private enterprises <sup>5</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	2,307	-	-	-
Non-profit institutions	43,117	48,254	48,901	52,855	68,441	56,937	78,743	71,273	75,906
Households	2,844	3,975	4,943	2,720	2,720	2,753	2,710	2,857	2,857
Social benefits	2,844	3,975	4,943	2,720	2,720	2,753	2,710	2,857	2,857
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>26,374</b>	<b>23,945</b>	<b>26,361</b>	<b>45,658</b>	<b>56,471</b>	<b>38,783</b>	<b>64,883</b>	<b>89,896</b>	<b>100,242</b>
Buildings and other fixed structures	14,385	5,895	4,343	-	19,277	4,386	30,000	50,000	68,353
Buildings	14,385	5,895	4,252	-	19,277	4,386	-	-	-
Other fixed structures	-	-	91	-	-	-	30,000	50,000	68,353
Machinery and equipment	11,989	18,050	22,018	45,658	37,194	34,397	34,883	39,896	31,889
Transport equipment	1,953	5,882	-472	8,000	5,075	5,688	2,200	2,319	2,765
Other machinery and equipment	10,036	12,168	22,490	37,658	32,119	28,709	32,683	37,577	29,124
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>			3,278			515			
<b>Total economic classification: Programme (number and name)</b>	<b>1,648,502</b>	<b>2,030,397</b>	<b>2,368,793</b>	<b>2,632,481</b>	<b>2,689,210</b>	<b>2,579,701</b>	<b>2,844,112</b>	<b>3,108,030</b>	<b>3,350,487</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 2.10 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
1. Inability to implement the full package of health care services.	<ul style="list-style-type: none"> <li>Revision of the referral system to optimise access to services.</li> </ul>
2. Inadequate patient safety	<ul style="list-style-type: none"> <li>Develop policies around patient safety, infection control, implementation of clinical governance programmes and the National Core Standards.</li> </ul>
3. Increase in the burden of disease resulting in high workloads.	<ul style="list-style-type: none"> <li>Critical vacant posts list</li> <li>Policy on recruitment of scarce skills</li> <li>Packages for different levels of health care</li> <li>Policy on OSD</li> </ul>
4. Compromised quality of care due to high workloads	<ul style="list-style-type: none"> <li>Introduction of quality standards through the office of Clinical Quality and Standards Compliance</li> </ul>
5. Dysfunctional management and governance structures	<ul style="list-style-type: none"> <li>Continuous development and training plan for management and governance structures</li> </ul>

### 3. BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

#### 3.1 Programme Purpose

The aim of Programme 3 is to provide Medical Rescue, Clinical and Transport support to ensure that the patients are rapidly stabilised and transported to get the care they need within the shortest possible time.

#### 3.2 Programme Description

This programme has the following sub programmes:

- Emergency Transport
- Planned Patient Transport

#### 3.3 The services rendered include:

- Pre-hospital Emergency Care
  - Emergency Rapid Response Services
  - Rescue Services
  - Ambulance Services
  - Aero medical services
- Inter-facility medical care and transportation
- Planned Patient transport services
- Disaster Response Management

#### 3.4 Challenges

- The national norm is one ambulance per 10 000 population. In order to render an effective service to the community for the current population estimate of 2.9 million, 290 ambulances are required. The department has currently 104 ambulances that are fully operational with personnel resulting in there being a shortfall of 186 ambulances.
- With the additional ambulances that are required, additional personnel will be needed to man these ambulances. EMS currently has a high vacancy rate.
- The current single call centre in Bloemfontein cannot cope with the demand of calls and the lack of ambulances to respond. Additional call centres need to be established in the Districts to strengthen the radio communications and the dispatch of ambulances.
- The radio network is also posing a problem with the ambulances not able to communicate directly with the call centre in Bloemfontein.
- In order to ensure the availability of scarce skills, more Intermediate Life Support (ILS) and Advanced Life Support (ALS) personnel need to be trained. All ambulances need to be equipped with advanced equipment which will benefit patients.

#### 3.5 Priorities

- Procurement of additional vehicles.
- Recruitment of additional staff.
- Improvement of response times to all calls.
- Purchasing of capital equipment.
- Improving communications network.
- Improve Inter-Hospital Transfer Service.

TABLE EMS 1: SITUATIONAL ANALYSIS INDICATORS FOR EMERGENCY MEDICAL SERVICES (EMS)

Quarterly Indicator	Data Source	Type	Province wide value 2010/11	Xhariep 2010/11	Motheo 2010/11	Lejweleputswa 2010/11	Thabo Mofutsanyana 2010/11	Fezile Dabi 2010/11	National Average 2009/10
1. Rostered Ambulances	DHIS	No. per 10 000	0.34 / 10 000 (96) ambulances	0.125 / 10 000 12 ambulances	0.229 / 10 000 22 ambulances	0.229 / 10 000 22 ambulances	0.250 / 10 000 24 ambulances	0.166 / 10 000 16 ambulances	0.08
2. P1 calls with a response of time <15 minutes in an urban area	DHIS	%	29.3%	19.6%	31%	33.4%	27.6%	28%	54.11
3. P1 calls with a response time of <40 minutes in a rural area	DHIS	%	22.6%	27%	34%	38%	36.4%	32.6%	53.08
4. All calls with a response time within 60 minutes	DHIS	%	58.3%	49.8%	56%	61%	49%	52%	67.97

**3.6 PROVINCIAL STRATEGIC OBJECTIVES INDICATORS AND ANNUAL TARGETS FOR EMS**  
**TABLE EMS 2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR EMS**

BUDGET SUB PROGRAMME		EMERGENCY TRANSPORT									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVED EMERGENCY TRANSPORT									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/9	2009/10	2010/11		2012/13	2013/14	2014/15	
Provide an efficient pre-hospital and inter-hospital patient transport service	Number of rostered ambulances in the province.	1 ambulance per 10 000 people in the Free State	Call Centre reports	0.29 / 10 000 (77)	0.29 / 10 000 (77)	0.35 / 10 000(96)	0.46 / 10 000 (130)	0.51 / 10 000 (150)	0.61 / 10 000 (180)	0.68 / 10 000 (200)	
	Percentage of P1 calls within the response time less than 15 minutes in an urban area.	Response times within the national norms		39%	45%	29.3%	70%	60%	70%	80%	
	Percentage of P1 calls within the response time less than 40 minutes in a rural area.	Response times within the national norms		16%	35%	22.6%	50%	50%	60%	70%	
	Percentage of all calls with a response time within 60 minutes.	Response times within the national norms		81%	85%	58.3%	70%	100%	100%	100%	



TABLE EMS 3: PERFORMANCE INDICATORS FOR PLANNED PATIENT TRANSPORT

BUDGET SUB PROGRAMME		PLANNED PATIENT TRANSPORT								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
GOAL STATEMENT		IMPROVED PLANNED PATIENT TRANSPORT								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/9	2009/10		2010/11	2012/13	2013/14	2014/15
Provide an efficient planned patient transport service	Number of rostered planned patient transport vehicles in the Province	New Indicator	Log Sheets	New Indicator	New Indicator	New Indicator	40	70	75	80

TABLE EMS 4: QUARTERLY TARGETS FOR (EMS) 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD QUARTERLY	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of rostered ambulances in the province.	Quarterly	0.51 / 10 000 (150)	0.51 / 10 000 (150)	0.51 / 10 000 (150)	0.51 / 10 000 (150)	0.51 / 10 000 (150)
Percentage of P1 calls within the response time less than 15 minutes in an urban area.	Quarterly	60%	60%	60%	60%	60%
Percentage of P1 calls within the response time less than 40 minutes in a rural area.	Quarterly	50%	50%	50%	50%	50%
Percentage of all calls with a response time within 60 minutes.	Quarterly	100%	100%	100%	100%	100%
Numbered of rostered planned patient transport vehicles in the Province	Quarterly	70	70	70	70	70

## 3.7 RECONCILIATION OF PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

## TABLE EMS 5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES (EMS)

Table 2.15: Summary of payments and estimates: Programme 3: Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
Emergency Transport	219 273	259 513	326 187	374 979	392 979	424 463	417 097	430 182	453 635
Planned Patient Transport	6 525	5 459	5 517	9 871	9 871	8 262	10 000	10 585	11 085
<b>Total payments and estimates</b>	<b>225 798</b>	<b>264 972</b>	<b>331 704</b>	<b>384 850</b>	<b>402 850</b>	<b>432 725</b>	<b>427 097</b>	<b>440 767</b>	<b>464 720</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 3.8 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.5: Payments and estimates by economic classification: Programme 3 - Emergency Medical Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
<b>Current payments</b>	<b>111,942</b>	<b>139,135</b>	<b>198,095</b>	<b>230,289</b>	<b>263,289</b>	<b>264,970</b>	<b>290,655</b>	<b>307,546</b>	<b>325,499</b>
Compensation of employees									
Salaries and wages	95,327	117,150	166,637	195,483	228,483	229,342	249,109	263,519	277,972
Social contributions	16,615	21,985	31,458	34,806	34,806	35,628	41,546	44,027	47,527
Goods and services	97,192	91,814	103,620	81,534	111,699	134,408	123,069	124,469	124,469
of which									
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Assets < than the threshold (currently R5000)	107	1,375	3,050	1,476	3,415	3,168	660	1,972	1,972
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	49	15	9	94	94	116	101	106	106
Communication	4,980	5,412	5,755	4,830	4,908	5,127	5,188	5,170	5,170
Computer services	129	3	19	50	60	49	54	57	57
Consultants and professional service: Business and advisory service	-	-	-	-	-	922	-	-	-
Consultants and professional service: Infrastructure and planning	-	-	-	-	-	-	-	-	-
Consultants and professional service: Laboratory service	-	-	-	-	-	-	-	-	-
Consultants and professional service: Legal cost	-	-	-	-	-	-	-	-	-
Contractors	76,555	57,662	5,734	29,353	16,014	15,240	17,031	18,440	18,440
Agency and support / outsourced services	-	10	35	-	1,150	4,472	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	55,593	-	14,360	40,137	14,500	14,800	14,800
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	75	51	-	-	-
Inventory: Fuel, oil and gas	505	691	426	1,459	1,060	786	1,576	1,662	1,662
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	4	-	-	-	22	-	-	-
Inventory: Medical supplies	321	1,654	1,683	13,189	5,610	4,219	13,523	14,256	14,256
Inventory: Medicine	-	9	232	-	212	223	645	679	679
Medicines inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	4,447	4,340	2,697	5,141	7,260	5,311	5,522	5,822	5,822
Inventory: Stationery and printing	542	4,264	727	4,249	2,544	1,668	4,564	4,812	4,812
Lease payments (Incl. operating leases, excl. finance leases)	8,419	8,139	20,980	15,866	46,032	25,396	53,446	50,095	50,095
Property payments	53	405	480	1,219	1,129	801	1,309	1,380	1,380
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	682	744	707	2,258	2,492	21,550	2,426	2,557	2,557
Training and development	-	8	186	-	10	110	-	-	-
Operating expenditure	403	7,079	5,307	2,350	5,274	5,040	2,524	2,661	2,661
Venues and facilities	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	1,519	1,651	5	1,521	1,134	350	6	6
Interest	-	1,519	1,651	5	1,521	1,134	350	6	6
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>43</b>	<b>77</b>	<b>31</b>	<b>22</b>	<b>22</b>	<b>1,061</b>	<b>23</b>	<b>25</b>	<b>25</b>
Provinces and municipalities	-	-	-	-	-	900	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	900	-	-	-
Municipalities <sup>3</sup>	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	900	-	-	-
of which: Regional service council levies	-	-	-	-	-	900	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Universities and technicians	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup> - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	120	-	-	-
Public corporations and private enterprises <sup>5</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	120	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	43	77	31	22	22	41	23	25	25
Social benefits	43	77	31	22	22	41	23	25	25
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>16,621</b>	<b>32,427</b>	<b>22,587</b>	<b>73,000</b>	<b>26,319</b>	<b>25,619</b>	<b>13,000</b>	<b>8,721</b>	<b>14,721</b>
Buildings and other fixed structures	2,401	631	-	-	635	635	-	-	-
Buildings	2,401	631	-	-	635	635	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	14,220	31,796	22,587	73,000	25,684	24,984	13,000	8,721	14,721
Transport equipment	13,922	26,785	-	60,000	13,367	13,367	-	-	-
Other machinery and equipment	298	5,011	22,587	13,000	12,317	11,617	13,000	8,721	14,721
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>			5,720			5,533			
<b>Total economic classification: Programme (number and name)</b>	<b>225,798</b>	<b>264,972</b>	<b>331,704</b>	<b>384,850</b>	<b>402,850</b>	<b>432,725</b>	<b>427,097</b>	<b>440,767</b>	<b>464,720</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

### 3.9 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
1. Inability to provide an efficient EMS Service in line with the needs and referral system.	<input type="checkbox"/> 250 personnel appointed <input type="checkbox"/> 60 ambulances procured
2. Poor preparedness to disasters in the Province.	<input type="checkbox"/> Disaster drills are held twice in the year.
3. Failures of effective communication in emergency situations.	<input type="checkbox"/> Procurement of cell phones <input type="checkbox"/> Tender for Communication <input type="checkbox"/> Centres in the districts.

## 4. BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES

### 4.1 Programme Purpose

The aim of the Programme is the overall management, monitoring and rendering of Level 2 and Psychiatric services in the Free State, based on district health system.

*Programme 4 has the following sub-programmes*

- General Hospitals
- Public-Private Partnerships
- Psychiatric/Mental Hospitals

### 4.2 Challenges

- Personnel shortages due to aging professionals and sick workers.
- Inability to attract specialists prevents implementation of a full package of Regional Hospital services.
- Restructuring of Staff Establishments for hospitals to obtain standardized Staff Establishments, that are aligned to BAS cost centres.
- Equipment and Infra-Structure backlog.
- Categorisation of patients according to levels of care and the referral system not working optimally.

### 4.3 Priorities

- Effective outreach from level 2 to level 1 facilities.
- Implementation of National Core Standards.
- Implementation of affordable staffing models including Nursing Skill Mix Model.
- HCT campaign implementation.

TABLE PH51: PERFORMANCE INDICATORS FOR PROVINCIAL (REGIONAL) HOSPITALS

Quarterly Indicator	Data Source	Type	Audited /actual performance			Estimate	MTEF projection			National target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/2015	
1. Caesarean section rate	DHIS	%	43.9%	45.3%	50.8%	43%	43%	43%	43%	25%
1. Separations – Total	DHIS	No	95,972	94,745	93,755	85,550	96,000	96,500	96,500	Provincial
2. Patient Day Equivalents – Total	DHIS	No	582,641	590,163	575,908	570,165	575,000	540,000	540,000	Provincial
3. OPD Headcount – Total	DHIS	No	267,135	283,865	310,851	275,330	295,000	325,000	325,000	Provincial
5. Average Length of Stay	DHIS	Days	4.8 days	4.8 days	5 days	4 days	4 days	4 days	4 days	4 days
6. Bed Utilisation Rate	DHIS	%	71.0%	70%	71.7%	75%	75%	75%	75%	75%
7. Expenditure per patient day equivalent (PDE)	DHIS	R	1,400	1,920	R1,867	R2,500	R 2 580	R 2 747	R 2 747	N/A
8. Percentage of complaints of users of Regional Hospital Services resolved within 25 days	DHIS	%	No data	75%	75%	75%	75%	75%	75%	60 %
9. Percentage of Regional Hospitals with monthly Mortality and Morbidity Meetings	M&M attendance register	%	100%	100%	100%	100%	100%	100%	100%	100%

Annual Indicator	Data Source	Type	Audited /actual performance			Estimate	MTEF projection			National target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/2015	
10. Regional Hospital patient Satisfaction rate	Annual Patient Satisfaction Survey report	%	No data	75%	83.7%	80%	85%	85%	85%	85%
11. Number of Regional Hospitals assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No.	New indicator	New indicator	New indicator	5	5	5	5	5

## 4.4 PUBLIC HOSPITALS BY HOSPITAL TYPE

Hospital type	Number of hospitals	Number of beds	Beds per 1000 uninsured people <sup>1</sup>		
			Provincial average	Highest district (include name)	Lowest district (include name)
District	24	1,534	0.62	0.80 Lejweleputswa	0.29 Motheo
General (regional)	5	1,831	0.75	0.97 Motheo	0.64 Thabo Mofutsanyana
Central	1	632	0.26	Not applicable	
Sub-total - acute hospitals	30	3,997	1.64	2.19 Motheo	0.64 Xhariep
Tuberculosis <sup>2</sup>	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Psychiatric <sup>2</sup>	1	760	0.31	Not applicable	
Other specialist	-	-	-	-	-
Total public	31	5,798	1.95	3.0 Motheo	0.64 Xhariep
Private sector	22	2,273	0.93	Lejweleputswa	Thabo Mofutsanyana

## 4.5 PUBLIC HOSPITALS BY LEVEL OF CARE

Hospital type	Number of hospitals providing level of care	Number of beds	Beds per 1000 uninsured people <sup>1</sup>		
			Provincial average	Highest district (include name)	Lowest district (include name)
Level 1	24	1,534	0.62	0.80 Lejweleputswa	0.29 Motheo
Level 2	5	2,591	0.8	2.08 Motheo	0.64 Thabo Mofutsanyana
Level 3	1	632	0.26	Not applicable	
All acute levels	31	4,757	1.95	3.0 Motheo	0.64 Xhariep

## 4.6 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR PROVINCIAL (REGIONAL) HOSPITALS

TABLE PHS 2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR PROVINCIAL (REGIONAL) HOSPITALS

BUDGET PROGRAMME		PROVINCIAL HOSPITALS									
STRATEGIC GOAL 1		PROVISION OF STRATEGIC LEADERSHIP AND CREATION SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES									
GOAL STATEMENT		INTEGRATED STRATEGIC PLANNING, EFFECTIVE GOVERNANCE AND MANAGEMENT									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE		MTEF PROJECTION		
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Ensure Hospital Boards and Mental Health Review Boards are functional.	Number of Hospital Boards having at least 6 meetings per annum.	6 Hospital Boards	Appointment letters, attendance register and signed minutes of meetings	6	6	6	6	6	6	6	
	Number of Mental Health Review Boards having at least 12 meetings per annum.	3 Mental Health Review Boards	Appointment letters, attendance register and signed minutes of	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	

TABLE PHS 3: QUARTERLY TARGETS FOR PROVINCIAL (REGIONAL) HOSPITALS 2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD QUARTERLY	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of Mental Health Review Boards having at least 12 meetings per annum.	Quarterly	3 (FSPC, Boitumelo & Mofumahadi Manapo Mopeli)	3	3	3	3
Number of Hospital Boards having at least 6 meetings per annum.	Annually	6	-	-	-	6



TABLE PHS 4: PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR PROVINCIAL (REGIONAL) HOSPITALS

BUDGET SUB PROGRAMME		GENERAL HOSPITALS (REGIONAL)									
STRATEGIC GOAL 2		INCREASING LIFE EXPECTANCY									
GOAL STATEMENT		IMPROVING QUALITY OF HEALTH SERVICES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE				ESTIMATED PERFORMANCE		MTEF PROJECTION	
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Ensure provision of a full package of Regional Hospital services	Number of level 2 disciplines available in Regional Hospitals.	9 Disciplines in Regional Hospitals	Appointment letters of Specialists and service registers.	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9	Bongani: 8/9 Boitumelo: 6/9 Dihlabeng: 5/9 MMM: 5/9 Pelonomi: 9/9	Bongani: 9/9 Boitumelo: 6/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9	9 Disciplines at 3 Regional hospitals, 8 disciplines at 2 regional hospitals.	8 Disciplines per regional Hospital	8 Disciplines per regional Hospital	9 Disciplines per regional Hospital	
Ensure compliance with National Core Standards and requirements so as to qualify for NHI accreditation.	Number of regional hospitals attaining Grade A score (80%-100%) in the assessment against core standards	262 Public and 24 <b>Private</b> health establishments with performance assessment reports.	Assessment reports per hospital	New indicator	New indicator	New indicator	1/5	3/5	5/5	5/5	
	Availability of medication	90% availability of tracer drugs.	Medicine availability reports (Pharmaceutical Services)	80%	80%	92.9%	95%	95%	95%	95%	

BUDGET SUB PROGRAMME		GENERAL HOSPITALS (REGIONAL)									
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY									
GOAL STATEMENT		IMPROVING QUALITY OF HEALTH SERVICES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PROJECTION			
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
Implement programmes to improve child health in Regional Hospitals.	Number of Regional Hospitals accredited as Baby Friendly Institutions	5 Regional Hospitals	Baby Friendly Certificates in hospitals	New Indicator	New Indicator	New Indicator	New Indicator	5	5	5	
	Number of Hospitals with Monthly Perinatal Problem Identification Program (PPIP) Meetings	5 Regional Hospitals	Minutes and attendance register of PPIP meetings	New Indicator	New Indicator	New Indicator	New Indicator	5	5	5	
	Number of Hospitals with Monthly Meetings child Health Problem Identification Program (CHPIP)	5 Regional Hospitals	Minutes and attendance register of CHPiP meetings	New Indicator	New Indicator	New Indicator	New Indicator	5	5	5	

TABLE PHS 5: QUARTERLY TARGETS FOR PROVINCIAL HOSPITALS SERVICES (REGIONAL) HOSPITALS 2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD QUARTERLY	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of level 2 disciplines and comprehensive psychiatric services available.	Quarterly	8 Disciplines per regional Hospital	8	8	8	8
% Regional Hospitals having monthly Morbidity and Mortality meetings.	Quarterly	100%	100%	100%	100%	100%
Caesarean Section Rate	Quarterly	43%	43%	43%	43%	43%
Separations- Total	Quarterly	96,000	24,000	24,000	24,000	24,000
Patient Days Equivalents- Total	Quarterly	575,000	143,750	143,750	143,750	143,750
OPD Head Counts- Total	Quarterly	295,000	73,750	73,750	73,750	73,750
Average length of stay	Quarterly	4 days	4 days	4 days	4 days	4 days
Bed Utilisation Rate	Quarterly	75%	75%	75%	75%	75%
Expenditure per Day Equivalent	Quarterly	R 2 580	R 2 580	R 2 580	R 2 580	R 2 580
Regional Hospital patient Satisfaction rate	Annually	85%	-	-	-	85%
Percentage of complaints resolved within 25 days	Quarterly	100%	100%	100%	100%	100%
Availability of medication	Quarterly	95%	95%	95%	95%	95%
Number of regional hospitals assessed for compliance against the 6 priorities of the Core Standards	Annually	5	-	-	-	5
Number of regional hospitals attaining Grade A score (80%- 100%) in the assessment against core standards	Annually	3	-	-	-	3
Number of Regional Hospitals accredited as Baby Friendly Institutions	Annual	5	-	-	-	5

PERFORMANCE INDICATOR	REPORTING PERIOD QUARTERLY	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
Number of Hospitals with Monthly Perinatal Problem Identification Program (PPIP) Meetings	Quarterly	5	5	5	5	5
Number of Hospitals with Monthly Meetings child Health Problem Identification Program (CHPIP)	Quarterly	5	5	5	5	5

TABLE PHS 6: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR SPECIALISED (PSYCHIATRIC) HOSPITAL

BUDGET SUB PROGRAMME		PSYCHIATRIC/ HOSPITAL									
STRATEGIC GOAL 2		INCREASING LIFE EXPECTANCY									
GOAL STATEMENT		IMPROVING QUALITY OF HEALTH SERVICES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE		MTEF PROJECTION			
Conduct Morbidity and Mortality(M&M) Meetings	No. of monthly Morbidity and Mortality meetings.	New Indicator	Attendance registers and minutes submitted to Standard Compliance.	2008/09	New Indicator	2009/10	New Indicator	2010/11	12	2011/12	12
				2012/13	12	2013/14	12	2014/15	12		

BUDGET SUB PROGRAMME		PSYCHIATRIC/ HOSPITAL									
STRATEGIC GOAL 2		INCREASING LIFE EXPECTANCY									
GOAL STATEMENT		IMPROVING QUALITY OF HEALTH SERVICES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MTEF PROJECTION			
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
Provide appropriate and accessible services to the Free State community	Number of patients seen on Child Psychiatry outreach	New indicator	Attendance registers	New Indicator	1,150	1,382	1,460	1,533	1,564	1,595	
	Total OPD Head Counts	New Indicator	DHIS & Ward registers	12,720	12,717	11,061	11,500	11,500	11,500	11,500	
	Average length of stay at FSPC	New Indicator	DHIS & Ward / clinic registers	45Days	41Days	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	
	Bed Utilisation Rate	New Indicator	DHIS & Ward registers	84%	81%	79%	80%	80%	80%	80%	
	Expenditure per Patient Day Equivalent at FSPC	New Indicator	DHIS & BAS Report	R1,400	R1,920	R1,867	R770	R 800	R 800	R 800	
Improve Patients Satisfaction	Percentage of users of services that is satisfied with the services (Psychiatric Hospital).	>80% Patient satisfaction rate	Annual Patient Satisfaction Survey report (by independent service provider)	No data	75%	75%	80%	85%	85%	85%	
	Percentage of complaints resolved within 25 days	N/A	Complaints register	No data	75% (60 days)	75% (60 days)	80% (60 days)	100%	100%	100%	
Ensure compliance with National Core Standards and Requirements so as to qualify for NHI accreditation.	Availability of medication	90% availability of tracer drugs.	Medicine availability reports (Pharmaceutical Services)	80%	80%	92.9%	95%	95%	95%	95%	

TABLE PHS 7: QUARTERLY TARGETS FOR SPECIALISED (PSYCHIATRIC) HOSPITAL 2012/13

PERFORMANCE INDICATOR	REPORTING PERIOD QUARTERLY	ANNUAL TARGET 2012/13	QUARTERLY TARGETS			
			Q1	Q2	Q3	Q4
No. of monthly Morbidity and Mortality meetings.	Quarterly	12	3	3	3	3
Number of patients seen on Child Psychiatry outreach	Quarterly	1,533	384	383	383	383
Patient Days Equivalents	Quarterly	240,000	60,000	60,000	60,000	60,000
Total OPD Head Counts	Quarterly	11,500	2,875	2,875	2,875	2,875
Average length of stay at FSPC	Quarterly	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)	42 days (Observation: 30 Acute: 18)
Bed Utilisation Rate	Quarterly	80%	80%	80%	80%	80%
Expenditure per Patient Day Equivalent at FSPC	Quarterly	R 800	R 800	R 800	R 800	R 800
Percentage of users of services that is satisfied with the services (Psychiatric Hospital).	Annually	85%	85%	85%	85%	85%
Percentage of complaints resolved within 25 days	Quarterly	100%	100%	100%	100%	100%
Number of psychiatric hospitals attaining Grade A score (80%- 100%) in the assessment against core standards	Annually	1	-	-	-	1
Availability of medication	Quarterly	95%	95%	95%	95%	95%

## 4.7 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS 8: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES (PHS)

Table 2.17: Summary of payments and estimates: Programme 4: Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11	2011/12			2012/13	2013/14	2014/15
General Hospital	995 804	1 135 151	1 259 175	1 387 558	1 402 558	1 400 314	1 482 385	1 536 269	1 604 901
Public-Private Partnerships		395	3 925	1 452	1 452	1 452	1 500	1 500	1 500
Psychiatric/Mental Hospital	174 872	196 172	222 247	239 842	247 842	240 787	242 870	268 012	268 012
<b>Total payments and estimates: Programme</b>	<b>1 170 676</b>	<b>1 331 718</b>	<b>1 485 347</b>	<b>1 628 852</b>	<b>1 651 852</b>	<b>1 642 553</b>	<b>1 726 755</b>	<b>1 805 781</b>	<b>1 874 413</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 4.8 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.6: Payments and estimates by economic classification: Programme 4 - Provincial Hospital Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
<b>Current payments</b>									
Compensation of employees	834,581	912,759	1,089,046	1,183,071	1,237,036	1,247,959	1,328,986	1,403,720	1,475,779
Salaries and wages	729,688	785,472	953,370	1,018,130	1,072,096	1,081,018	1,141,140	1,194,775	1,253,915
Social contributions	104,893	127,287	135,676	164,941	164,940	166,941	187,846	208,945	221,864
Goods and services	319,324	400,242	369,070	413,260	382,274	361,451	365,851	381,426	384,984
of which									
Administrative fees	-	-	-	-	4	4	1	1	1
Advertising	1,046	-	-	1,177	14	21	115	60	63
Assets < than the threshold (currently R5000)	1,515	721	5,258	2,859	7,240	6,184	8,728	6,876	11,379
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	83	81	-	111	111	91	-	-	-
Catering: Departmental activities	1,123	88	108	138	287	328	250	259	269
Communication	5,618	7,061	5,847	6,528	7,069	6,876	8,181	9,712	10,119
Computer services	3,121	5,076	2,965	7,060	3,445	3,340	4,169	4,041	4,153
Consultants and professional service: Business and advisory service	861	799	702	906	906	929	1,079	1,346	1,395
Consultants and professional service: Infrastructure and planning	-	-	-	-	-	-	-	-	-
Consultants and professional service: Laboratory service	59,473	69,763	51,257	67,670	33,447	26,528	39,900	40,550	42,396
Consultants and professional service: Legal cost	-	-	-	-	-	-	-	-	-
Contractors	18,043	28,633	37,321	33,158	34,195	32,544	28,716	31,740	33,445
Agency and support / outsourced services	45,109	46,622	49,028	40,932	52,526	49,674	45,718	47,867	45,314
Entertainment	15	-	1	18	18	10	-	-	-
Fleet services (including government motor transport)	-	-	1,911	-	761	1,108	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	4,912	4,018	4,652	7,306	6,826	6,896	8,255	8,825	9,461
Inventory: Fuel, oil and gas	3,744	5,062	3,763	4,890	6,258	5,522	6,446	6,820	7,214
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1,801	1,758	2,432	2,105	3,010	2,931	4,311	4,582	4,816
Inventory: Medical supplies	88,857	87,062	85,340	75,750	98,155	101,530	92,790	94,244	94,317
Inventory: Medicine	24,628	69,726	61,375	97,299	64,764	56,369	66,025	65,631	65,979
Medas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	22,723	38,940	23,676	26,221	31,058	31,059	28,693	33,184	28,262
Inventory: Stationery and printing	2,535	4,236	5,489	4,008	8,016	7,641	5,285	5,682	6,062
Lease payments (Incl. operating leases, excl. finance leases)	2,431	995	603	4,115	2,755	2,433	2,398	2,523	2,659
Property payments	28,049	26,135	21,201	26,810	12,010	10,123	6,193	8,250	7,996
Transport provided: Departmental activity	-	-	-	-	-	188	-	-	-
Travel and subsistence	2,327	2,667	4,761	3,332	6,272	6,352	6,429	6,868	7,208
Training and development	261	309	634	318	1,557	1,329	1,112	1,204	1,254
Operating expenditure	1,038	410	388	535	1,056	919	895	989	1,040
Venues and facilities	11	80	358	14	514	522	162	172	182
Interest and rent on land	-	125	29	20	41	37	41	40	40
Interest	-	125	29	20	41	37	41	40	40
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>4,430</b>	<b>5,290</b>	<b>5,113</b>	<b>4,937</b>	<b>4,937</b>	<b>8,151</b>	<b>4,568</b>	<b>7,579</b>	<b>7,563</b>
Provinces and municipalities	-	-	-	-	-	7	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	-	-	-	-	-	7	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
of which: Regional service council levies	-	-	-	-	-	7	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>: - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	2,256	-	-	-
Public corporations and private enterprises <sup>5</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	2,256	-	-	-
Non-profit institutions	967	1,160	1,163	2,111	2,111	2,346	1,600	2,320	2,320
Households	3,463	4,130	3,950	2,826	2,826	3,542	2,968	5,259	5,243
Social benefits	3,463	4,130	3,950	2,826	2,826	3,542	2,968	5,259	5,243
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>12,341</b>	<b>13,302</b>	<b>20,583</b>	<b>27,564</b>	<b>27,564</b>	<b>24,531</b>	<b>27,309</b>	<b>13,016</b>	<b>6,047</b>
Buildings and other fixed structures	-	-	395	-	-	-	-	-	-
Buildings	-	-	395	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	12,341	13,302	20,188	27,564	27,564	24,531	27,309	13,016	6,047
Transport equipment	369	465	-	-	-	-	-	-	-
Other machinery and equipment	11,972	12,837	20,188	27,564	27,564	24,531	27,309	13,016	6,047
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>			1,506			424			
<b>Total economic classification: Programme (number and name)</b>	<b>1,170,676</b>	<b>1,331,718</b>	<b>1,485,347</b>	<b>1,628,852</b>	<b>1,651,852</b>	<b>1,642,553</b>	<b>1,726,755</b>	<b>1,805,781</b>	<b>1,874,413</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report



#### 4.9 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

Risk	Mitigating factors
1. Dysfunctional management and Governance structures in Hospitals	<ul style="list-style-type: none"><li>• Policy on management recruitment and appointments</li><li>• National Health Act Provisions Act implementation.</li></ul>
2. Inability to implement the package of health care services in Provincial Hospitals.	<ul style="list-style-type: none"><li>• Recruitment strategy for scarce skills</li><li>• Implementation of OSD for Health Professionals</li></ul>
3. In adequate Clinical skills for Health professionals to be able to decrease Maternal & Child mortality.	<ul style="list-style-type: none"><li>• ESMOE training</li><li>• Skills development plan</li></ul>
4. Patients dissatisfied about Hospital Services.	<ul style="list-style-type: none"><li>• Fast resolution of complaints</li><li>• Annual patient satisfaction surveys</li></ul>
5. Non - compliance with National Core Standards.	<ul style="list-style-type: none"><li>• Appointment of Quality and infection control coordinators.</li><li>• Adequate and correct skill mixes of health professionals.</li></ul>

## 5. BUDGET PROGRAMME 5: CENTRAL HOSPITALS SERVICES

### 5.1 Programme Purpose

The aim of Programme 5 is to manage, monitor, organise and render Level III and IV tertiary services in the Free State Province and also training, education, research service and service delivery of the medical school and other schools in the faculty.

*Programme 5 has the following sub-programmes:*

- a) Central Hospital Services (Universitas Academic Hospital)
- b) Public Private Partnership
- c) Provincial Tertiary Services.

### 5.2 Challenges

- The availability of highly skilled health workers to perform the specialized health care tasks at tertiary level.
- To keep patients satisfied with service rendering according to Batho Pele principles.
- To fully implement the clinical governance programme (M&M Meetings, Clinical Audits, implementing clinical guidelines and protocols in approved clinical pathways, peer review and retrospective clinical document reviews) at UAH.
- To maintain patient safety in a tertiary academic environment.
- To maintain service quality standards, including the ministerial injunctions (infection control, waiting times, positive and caring attitudes amongst staff and cleanliness of the facility) at UAH.
- To reduce the backlogs of tertiary services in the central parts of South Africa.
- To provide adequate facilities and equipment for tertiary services to be rendered and health professional training to take place at UAH.
- To have adequate inter-hospital transportation for ambulant and non-ambulant patients available, especially between Bloemfontein hospitals.
- To ensure that the available professional manpower is optimally utilized across the service rendering units at UAH.
- To roll out an outreach service from UAH that will support the lower level of health care in such a way that the referral chain could be normalized/optimized in order to improve the burden of disease at tertiary levels of care.
- To train health professionals in hands-on practical seminars to address competency deficiencies and equip first-line health service renderers to provide safe and effective services to all patients.
- To implement a telemedicine service to support the outreach services in strengthening the decentralized approach to service rendering in the Free State.

### 5.3 Priorities

- Sufficient funding for compensation of health workers, given the impact of Occupational Specific Dispensation implementation.
- Sufficient funding for servicing the service contracts for capital hiring and capital maintenance obligations.
- Sufficient funding for service outsourcing (cleaning, catering, security and patient care assistance)
- Sufficient funding for essential physical facilities upgrades and revitalization of infrastructure and medical equipment.

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TABLE THS 1: PERFORMANCE INDICATORS FOR TERTIARY HOSPITAL

Quarterly Indicators	Data source	Type	Audited/ actual performance			Estimate	MTEF projection		
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15
1. Caesarean section rate	DHIS	%	73.35	65.67	72.7%	69.08%	65%	60%	60%
2. Separations – Total	DHIS	No	28,169	26,271	27,513	29,626	30,500	31,000	31,600
3. Patient Day Equivalents – Total	DHIS	No	223,107	242,655	259,816	290,627	300,000	320,000	322,000
4. OPD Headcount – Total	DHIS	No	188,230	244,422	289,005	300,000	315,000	318,000	320,000
5. Average length of stay in Central Hospital	DHIS	Days	7.08 days	7.41 days	5.9 days	5 days	6 days	6 days	6 days
6. Bed utilisation rate in Central Hospital	DHIS	%	67.1	67.64%	72.7%	75%	75%	75%	75%
7. Expenditure per patient day equivalent (PDE) in Central Hospital	DHIS	R	R 3,647.19	R 3,973.52	R 4,133	R 4,000	R 4,026	R 4,100	R 4,160
8. Percentage of complaints of users of Central Hospitals resolved within 25 days	Complaints register	%	100% (60 days)	100% (60 days)	100% (60 days)	100%	100%	100%	100%
9. Percentage of Central Hospitals with monthly Mortality and Morbidity Meetings	Attendance registers and minutes submitted to Standard to Compliance.	%	New Indicator	New Indicator	New Indicator	100% (1/1)	100% (1/1)	100% (1/1)	100% (1/1)

Source: DHIS 2011

Quarterly Indicators	Data source	Type	Audited/ actual performance			Estimate	MTEF projection			National target
			2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
10. Central Hospital patient Satisfaction rate	Annual Patient Satisfaction Survey report	%	97%	73%	84%	85%	85 %	85%		85%
11. Number of Central Hospital assessed for compliance against the 6 priorities of the core standards	Assessment Reports	No.	New indicator	New indicator	New indicator	1	1	1	1	1

**5.4 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR TERTIARY HOSPITALS**  
**TABLE THS 2: PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR TERTIARY HOSPITAL**

SUB PROGRAMME		CENTRAL HOSPITALS									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVING THE QUALITY OF HEALTH SERVICES									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE			MEDIUM TERM TARGETS	
				2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	
Strengthen outreach to regional hospitals.	Number of departments involved in outreach programme to regional hospitals.	Bongani: 13 Dihlabeng: 13 MMM: 13 Boitumelo: 13 (25%)	Outreach registers signed by outreach facility	Bongani: 12 Dihlabeng: 10 MMM: 9 Boitumelo: 9	Bongani: 16 Dihlabeng: 12 MMM: 11 Boitumelo: 11	Bongani: 18 Dihlabeng: 14 MMM: 14 Boitumelo: 14 Kimberley: 5	Bongani: 90 Dihlabeng: 80 MMM: 70 Boitumelo: 100 [Number of visits]	6 Departments (Anaesthetics, Orthopaedics, O&G, Paediatrics, Family Medicine & Gen Surgery)	6 Departments (Anaesthetics, Orthopaedics, O&G, Paediatrics, Family Medicine & Gen Surgery)	6 Departments (Anaesthetics, Orthopaedics, O&G, Paediatrics, Family Medicine & Gen Surgery)	
Measure public health establishments' performance against national core standards.	Number of Central hospitals attaining Grade A score (80%- 100%) in the assessment against core standards	262 Public and 24 Private health establishments with performance assessment reports.	Institutional assessment reports	1 hospitals with assessment reports	42 (of 262) public health establishments with performance assessment reports	112 (of 262) health establishments with performance assessment reports	1	1	1	1	

BUDGET SUB PROGRAMME		CENTRAL HOSPITALS								
STRATEGIC GOAL 3		DECREASING MATERNAL AND CHILD MORTALITY								
GOAL STATEMENT		IMPROVING QUALITY OF HEALTH SERVICES								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15
Enhancing the clinical skills of Health Professionals in Essential Steps in the Management of the Management of Obstetric Emergency (ESMOE)	Number of Tertiary Hospitals accredited as Baby Friendly	N/A	Baby Friendly Certificate in hospitals	New indicator	New indicator	New indicator	New indicator	1	1	1
	Number of Monthly Perinatal Problem Identification Program (PPIP) Meetings	N/A	Minutes and attendance register of PPIP meetings	New indicator	New indicator	New indicator	New indicator	12	12	12
	Number of Monthly Meetings on Child Health Problem Identification Program (CHPIP)	N/A	Minutes and attendance register of CHPiP meetings	New indicator	New indicator	New indicator	New indicator	12	12	12

TABLE THS 3: QUARTERLY TARGETS FOR CENTRAL &amp; TERTIARY HOSPITALS 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Caesarean Section Rate	Quarterly	65%	65%	65%	65%	65%
Total Separations	Quarterly	30,500	7,625	7,625	7,625	7,625
Patient Days Equivalents	Quarterly	300,000	75,000	75,000	75,000	75,000
Total OPD Head Counts	Quarterly	315,000	78,750	78,750	78,750	78,750
Average length of stay	Quarterly	6 days	6 days	6 days	6 days	6 days
Bed Utilisation Rate	Quarterly	75%	75%	75%	75%	75%
Expenditure per Day Equivalent	Quarterly	R 4,026	R 4,026	R 4,026	R 4,026	R 4,026
Percentage of users of tertiary services that is satisfied with the services.	Annual	85 %	Annual	Annual	Annual	Annual
Percentage of complaints resolved within 25 days	Quarterly	100%	100%	100%	100%	100%
Number of tertiary hospitals assessed for compliance against the 6 priorities of the Core Standards	Annually	1	-	-	-	1
Number of Central hospitals attaining Grade A score (80%- 100%) in the assessment against core standards	Annually	1	1	1	1	1
Percentage of central hospitals with monthly Morbidity (M&M) Meetings	Quarterly	100% (1/1)	100% (1/1)	100% (1/1)	100% (1/1)	100% (1/1)
Number of departments involved in outreach programme per Regional Hospital.	Quarterly	6 Departments (Anaesthetics, Orthopaedics, O&G, Paediatrics, Family Medicine & Gen Surgery)	6	6	6	6
Number of Tertiary Hospitals accredited as Baby Friendly (Kangaroo Mother Care (KMC)) Institutions	Quarterly	1	(Annual)	(Annual)	1 (Annual)	1 (Annual)
Number of Hospitals with Monthly Perinatal Problem Identification Program (PIPP) Meetings	Quarterly	12	3	3	3	3
Number of Hospitals with Monthly Meetings Child Health Problem Identification Program (CHPIP)	Quarterly	12	3	3	3	3

## 5.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE THS4: RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

Table 2.19: Summary of payments and estimates: Programme 5: Central Hospital Services

Table 2.19: Summary of payments and estimates: Programme 5: Central Hospital Services									
Outcome				Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2008/09	2009/10	2010/11	2011/12			2012/13	2013/14	2014/15
Central Hospital Services	813 713	961 171	1061 346	1120 439	1120 439	1135 151	1204 489	1296 972	1412 854
Public-Private Partnership		2 196	14 649	5 808	5 808	7 067	3 500	3 500	3 500
Provincial Tertiary Hospital Services									
Total payments and estimates	813 713	963 367	1075 995	1126 247	1126 247	1142 218	1207 989	1300 472	1416 354

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 5.6 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.7: Payments and estimates by economic classification: Programme 5 - Central Hospital Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
<b>Current payments</b>									
Compensation of employees	523,870	585,874	698,654	813,079	813,079	804,079	855,415	907,185	969,580
Salaries and wages	461,946	515,857	618,515	697,539	697,539	688,539	732,414	779,376	834,154
Social contributions	61,924	70,017	80,139	115,540	115,540	115,540	123,001	127,809	135,426
Goods and services	277,819	346,635	300,986	290,631	290,581	321,607	328,574	365,477	419,034
of which									
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	-
Assets < than the threshold (currently R5000)	6,230	37	668	546	1,116	1,184	1,041	1,069	1,069
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	45	2	6	24	33	38	14	14	14
Communication	3,519	3,404	3,345	4,748	3,509	3,335	3,686	3,777	3,777
Computer services	2,027	3,662	6,572	7,798	6,398	5,994	6,723	6,890	6,890
Consultants and professional service: Business and advisory service	-	-	-	-	-	2,835	-	-	-
Consultants and professional service: Infrastructure and planning	6,583	14,716	8,259	11,052	8,296	6,876	6,620	6,784	6,784
Consultants and professional service: Laboratory service	36,426	65,686	4,734	44,550	30,606	26,095	38,000	39,100	39,100
Consultants and professional service: Legal cost	-	-	-	-	-	-	-	-	-
Contractors	15,256	13,299	37,213	11,639	22,290	24,368	25,335	22,619	22,619
Agency and support / outsourced services	27,186	6,021	29,584	14,015	25,432	29,853	31,883	33,475	33,475
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	533	-	323	444	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	11,048	13,058	9	12,293	2	2	2	2	2
Inventory: Fuel, oil and gas	2,002	3,093	2,419	3,205	3,105	2,929	3,263	3,344	3,344
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	775	1,178	1,284	1,201	1,981	1,951	2,053	2,105	2,105
Inventory: Medical supplies	104,259	105,815	93,112	72,226	85,465	100,621	91,356	95,555	135,682
Inventory: Medicine	29,804	69,333	68,408	82,145	60,949	68,186	73,774	99,900	113,330
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	-	19,780	13,282	8,087	15,760	17,996	15,985	16,383	16,383
Inventory: Stationery and printing	15,452	1,552	1,872	1,991	3,491	3,693	2,097	2,148	2,148
Lease payments (Incl. operating leases, excl. finance leases)	1,741	632	5,923	670	270	304	704	722	722
Property payments	480	23,850	21,625	14,410	19,331	22,161	23,893	29,392	29,392
Transport provided: Departmental activity	13,499	-	-	-	-	-	-	-	-
Travel and subsistence	510	876	1,468	31	1,350	1,511	1,335	1,368	1,368
Training and development	-	-	25	-	103	111	-	-	-
Operating expenditure	977	641	645	-	771	668	810	830	830
Venues and facilities	-	-	-	-	-	452	-	-	-
Interest and rent on land	-	259	25	-	-	-	-	-	-
Interest	-	259	25	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>2,026</b>	<b>653</b>	<b>3,933</b>	<b>2,537</b>	<b>2,537</b>	<b>2,105</b>	<b>3,000</b>	<b>2,810</b>	<b>2,740</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
of which: Regional service council levies	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>: - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises <sup>4</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,026	653	3,933	2,537	2,537	2,105	3,000	2,810	2,740
Social benefits	2,026	653	3,933	2,537	2,537	2,105	3,000	2,810	2,740
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>9,998</b>	<b>29,946</b>	<b>72,241</b>	<b>20,000</b>	<b>20,000</b>	<b>14,397</b>	<b>21,000</b>	<b>25,000</b>	<b>25,000</b>
Buildings and other fixed structures	-	-	12,207	-	-	-	-	-	-
Buildings	-	-	12,207	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	9,998	29,946	60,034	20,000	20,000	14,397	21,000	25,000	25,000
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	9,998	29,946	60,034	20,000	20,000	14,397	21,000	25,000	25,000
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>			156		50	30			
<b>Total economic classification: Programme (number and name)</b>	<b>813,713</b>	<b>963,367</b>	<b>1,075,995</b>	<b>1,126,247</b>	<b>1,126,247</b>	<b>1,142,218</b>	<b>1,207,989</b>	<b>1,300,472</b>	<b>1,416,354</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report



## 5.7. RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
2. UAH not being in a position to have essential operational resources available, e.g. medicine and blood.	<ul style="list-style-type: none"><li>Controlling of non-essential operational expenditure.</li></ul>
3. Non-availability of essential physical facilities upgrades and revitalisation of infrastructure	<ul style="list-style-type: none"><li>Master revitalisation plan and soliciting on revitalisation grant funding.</li></ul>
4. Lack of medical equipment as well as training and development of health professionals.	<ul style="list-style-type: none"><li>Sufficient funding from capital budgeting, grant funding and donor funding.</li></ul>

## **6 BUDGET PROGRAMME 6:HEALTH SCIENCES AND TRAINING (HST)**

### **6.1 Programme Purpose**

The Programme is primarily responsible to provide training to Emergency Medical and Nursing personnel (Primary Health Care training included), as well as promoting research and development of health systems.

#### **Programme 6 consists of 5 sub-programmes:**

- Nurse Training Colleges
- EMS Training College
- Bursaries
- Primary Health Care Training
- Training, Other.

### **6.2 Challenges**

- Inadequate funding for bursaries (FSSON and Part Time)
- Inadequate resource libraries for FSSON and FS College of Emergency Care
- Inadequate funding for educational training and development (Budget less than 1%)

### **6.3 Priorities**

- Accreditation of FSSON Campus
- Maintain optimally functional accredited FS Emergency Care College
- Facilitate Continuous Professional Development (CPD)
- Coordinate training of lower categories of employees including ABET
- Implement learnerships and skills programmes
- Training of different categories of employees
- 1% skills development levy fund



**6.4 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING**  
**TABLE HST1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING**

BUDGET SUB PROGRAMME		NURSE TRAINING COLLEGES									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVED HUMAN RESOURCES FOR HEALTH									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
Increase the supply of nurses in the Free State.	Intake of nurse students	500 per annum.	Letter to South African Nursing Council (SANC) registering new trainees	456 (combined)	428 (combined)	585 (combined)	Professional Nurses: 250	250	250	250	
							Bridging Course: 90	90	90	0 (zero) [phasing out]	
							Enrolled Nurses: 60	120	150	180	
							Nursing Assistants: 100	120	150	180	
Basic nurse students graduating		400 per annum	Letter to South African Nursing Council (SANC) registering qualified nurses.	New Indicator	New Indicator	New Indicator	Professional Nurses: 122	166	173	225	
							Bridging Course: 65	62	65	72	
							Enrolled Nurses: 40	84	105	126	
							Nursing Assistants: 36	96	120	144	

TABLE HST 2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

BUDGET SUB PROGRAMME		EMS TRAINING COLLEGE								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
GOAL STATEMENT		IMPROVED HUMAN RESOURCES FOR HEALTH								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15
Train different categories of EMS Practitioners	Number of trained Emergency Care Practitioners	60 EMS personnel to be trained	Certificate issued, proof of Registration with Professional Body	New Indicator	New Indicator	New Indicator	60	60	60	60
	Number of EMS personnel trained in various courses	225 EMS personnel trained in various courses	Attendance Register and Certificates	75	45	239	225	225	225	225

TABLE HST 3: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

BUDGET SUB PROGRAMME		BURSARIES								
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS								
GOAL STATEMENT		IMPROVED HUMAN RESOURCES FOR HEALTH								
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15
Intake of new bursary holders <sup>11</sup>	Number of new part-time bursaries awarded	200 per annum	Approved bursary list	New indicator	New indicator	New indicator	127 Clinical 39 Non-Clinical	114 Clinical 86 Non-Clinical	150 Clinical 50 Non-Clinical	150 Clinical

<sup>11</sup> The funding for part-time bursaries is provided from the budget allocation for Training.

TABLE HST 4: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

BUDGET SUB PROGRAMME		TRAINING OTHER									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVED HUMAN RESOURCES FOR HEALTH									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
Train different categories of employees	Number of managers and senior managers trained in management programs.	100 per annum	Training Registers	200	189	85	350	100	100	100	
	Number of other categories trained in management programs.	200 per annum	Training Registers	New Indicator	New Indicator	New Indicator	100	200	200	200	
	Number of personnel undergone in-service training programmes (Continuous Professional Development).	3400 employees in various categories per year, with emphasis on lower levels	Training Registers	3 100	824	2 503	3 300	2 400	2 600	2 600	
	Number of personnel (Professional nurses) trained on Nurse Initiated Management of ART (NIMART).	600 personnel (Professional Nurses) trained on NIMART	Training Registers	New Indicator	New Indicator	New Indicator	700	600	600	600	

BUDGET SUB PROGRAMME		TRAINING OTHER									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVED HUMAN RESOURCES FOR HEALTH									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS			
				2008/09	2009/10	2010/11		2012/13	2013/14	2014/15	
Train different categories of employees	Number of 18.1 Learnerships implemented.	50	Training Registers	50	147	45	50	50	50	50	
	Number of non-health care professionals trained (Community Health Care Workers).	100 (NQF Level 1: 50 NQF Level 3: 20 NQF Level 4: 30)	List of volunteers trained as CHWs	50	50	50	100	100	100	100	
Improve educational level of lower categories Level 1-3	Number of learners enrolled in ABET programme	Train at least 300 employees on ABET annually	List of ABET learners with results	300	339	316	300	300	300	300	
Promote employability and sustainable livelihoods through skills development	Number of 18.2 Learnerships implemented.	100 per annum	Training Registers	100	101	483	100	100	100	100	

TABLE HST 5: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

BUDGET SUB PROGRAMME		PRIMARY HEALTH CARE TRAINING							
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS							
GOAL STATEMENT		IMPROVED HUMAN RESOURCES FOR HEALTH							
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE		ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11	2012/13	2013/14	2014/15
Improve competencies of employees	Number of professional nurses trained in Primary Health Care	N/A	Registration with South African Nursing Council	25	53	0	38	30	40

## 6.5 QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING (HST)

TABLE HST 6: QUARTERLY TARGETS HEALTH SCIENCES AND TRAINING (HST) 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Intake of nurse students	Annually	Professional Nurses: 250	-	-	-	250
		Bridging Course: 90	-	90	-	-
		Enrolled Nurses: 120	-	-	120	-
		Nursing Assistants: 120	-	120	-	-
Basic nurse students graduating	Annually	Professional Nurses: 166	-	-	166	-
		Bridging Course: 62	-	-	62	-
		Enrolled Nurses: 84	-	-	84	-
		Nursing Assistants: 96	-	96	-	-

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Number of managers and senior managers trained in management programs.	Quarterly	100	25	25	25	25
Number of other categories trained in management programs.	Quarterly	200	50	50	50	50
Number of nurse trained on Nurse Initiated Management of ART (NIMART).	Quarterly	600	150	150	150	150
Number of personnel undergone in-service training programmes (Continuous Professional Development).	Quarterly	2400	600	600	600	600
Number of trained Emergency Care Practitioners	Quarterly	60	-	-	30	30
Number of EMS personnel trained in various courses	Quarterly	225	55	55	55	60
Number of new part time bursaries awarded	Annually	114 Clinical 86 Non-Clinical	-	-	-	114 Clinical 86 Non-Clinical
Number of learners enrolled for ABET	Annually	300	-	-	-	300
Number of 18.1 Learnerships implemented.	Quarterly	50	-	25	25	0
Number of 18.2 Learnerships implemented.	Quarterly	100	-	50	50	0
Number of non-health care professionals trained (Community Health Care Workers).	Annually	100	-	-	-	100
Number of professional nurses trained in Primary Health Care	Annually	30	-	-	-	30



## 6.6 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST4: EXPENDITURE ESTIMATES FOR HEALTH SCIENCES AND TRAINING (HST)

Table 2.21: Summary of payments and estimates: Programme 6: Health Science Training

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11	2011/12			2012/13	2013/14	2014/15
Nurse Training College	50 482	30 434	58 000	71 762	74 762	66 650	66 843	76 468	85 214
EMS Training College			13 272	21 864	21 864	15 912	19 827	23 766	23 766
Bursaries	10 702	8 136	0						
Primary Health Care Training	32 897	61 309	49 598	57 411	44 411	54 589	68 030	70 740	71 063
Training Other	13 681	15 980	16 848	14 527	14 527	15 695	15 251	16 014	16 014
<b>Total payments and estimates</b>	<b>107 762</b>	<b>115 859</b>	<b>137 718</b>	<b>165 564</b>	<b>155 564</b>	<b>152 846</b>	<b>169 951</b>	<b>186 988</b>	<b>196 057</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 6.7 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.8: Payments and estimates by economic classification: Programme 6 - Health Science and Training									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11		2011/12		2012/13	2013/14	2014/15
<b>Current payments</b>									
Compensation of employees	62,855	61,277	72,004	93,925	83,925	73,780	74,015	79,048	84,842
Salaries and wages	54,887	53,007	62,737	81,784	73,794	62,719	62,945	65,963	70,557
Social contributions	7,968	8,270	9,267	12,141	10,131	11,061	11,070	13,085	14,285
Goods and services	22,187	25,331	36,962	42,827	42,911	51,809	54,149	55,500	55,500
of which									
Administrative fees	-	59	416	262	1,519	1,369	1,654	1,737	1,737
Advertising	-	-	-	-	-	-	-	-	-
Assets < than the threshold (currently R5000)	632	1,082	2,114	5,726	3,490	2,544	4,436	4,657	4,657
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	167	11	85	45	314	290	78	82	82
Communication	404	217	5,541	1,188	4,378	5,361	5,190	5,449	5,449
Computer services	156	2,238	213	3,164	1,093	767	369	389	389
Consultants and professional service: Business and advisory service	5,485	6,814	-	4,994	-	-	-	-	-
Consultants and professional service: Infrastructure and planning	-	-	-	10	-	-	11	11	11
Consultants and professional service: Laboratory service	-	-	-	-	-	-	-	-	-
Consultants and professional service: Legal cost	-	-	-	-	-	-	-	-	-
Contractors	1,801	2,051	2,562	1,616	4,639	4,361	4,785	5,024	5,024
Agency and support / outsourced services	-	-	72	-	-	-	-	-	-
Entertainment	31	2	-	88	22	22	23	24	24
Fleet services (including government motor transport)	-	-	1,328	-	85	669	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	130	17	3	15	11	16	16	16
Inventory: Fuel, oil and gas	-	-	-	41	41	31	42	44	44
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	48	255	273	129	335	420	261	274	274
Inventory: Medical supplies	-	176	539	59	267	237	61	64	64
Inventory: Medicine	-	-	-	-	50	50	53	56	56
Medicines inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	636	403	884	747	1,497	1,371	1,726	1,812	1,812
Inventory: Stationery and printing	493	1,213	928	1,640	1,342	1,148	1,884	1,979	1,979
Lease payments (Incl. operating leases, excl. finance leases)	388	216	128	1,661	2,219	2,639	2,741	2,877	2,877
Property payments	408	1,046	1,487	1,705	1,455	1,393	2,420	2,541	2,541
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	457	604	1,280	1,636	2,425	2,222	2,556	2,685	2,685
Training and development	10,759	8,506	14,868	16,372	16,852	18,188	15,826	16,619	16,619
Operating expenditure	322	304	4,225	1,569	851	8,693	9,994	9,136	9,136
Venues and facilities	-	4	2	172	22	23	23	24	24
Interest and rent on land	-	21	115	258	174	40	21	-	-
Interest	-	21	115	258	174	40	21	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>19,676</b>	<b>25,238</b>	<b>20,312</b>	<b>20,034</b>	<b>20,034</b>	<b>21,653</b>	<b>28,007</b>	<b>28,567</b>	<b>28,890</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
of which: Regional service council levies	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup> - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises <sup>5</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	114	-	-	-	-	-	-	-	-
Households	19,562	25,238	20,312	20,034	20,034	21,653	28,007	28,567	28,890
Social benefits	10,711	8,292	20,312	-	-	-	-	-	-
Other transfers to households	8,851	16,946	-	20,034	20,034	21,653	28,007	28,567	28,890
<b>Payments for capital assets</b>	<b>3,044</b>	<b>3,992</b>	<b>8,131</b>	<b>8,520</b>	<b>8,520</b>	<b>5,553</b>	<b>13,759</b>	<b>23,873</b>	<b>26,825</b>
Buildings and other fixed structures	696	-	-	-	150	150	9,160	14,282	19,995
Buildings	696	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	150	150	9,160	14,282	19,995
Machinery and equipment	2,348	3,992	8,131	8,520	8,370	5,403	4,599	9,591	6,830
Transport equipment	-	1,656	-	-	-	100	-	-	-
Other machinery and equipment	2,348	2,336	8,131	8,520	8,370	5,303	4,599	9,591	6,830
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>			194			11			
<b>Total economic classification: Programme (number and name)</b>	<b>107,762</b>	<b>115,859</b>	<b>137,718</b>	<b>165,564</b>	<b>155,564</b>	<b>152,846</b>	<b>169,951</b>	<b>186,988</b>	<b>196,057</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 6.8 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
1.Low trainee intake due to lack of or inadequate funding by (SETA)	<ul style="list-style-type: none"><li>• Timeous application for funding and compliance with SETA requirements</li></ul>
2 Low trainee intake due to inadequate infrastructure and class accommodation	<ul style="list-style-type: none"><li>• Revitalisation of old closed nursing colleges.</li><li>• Opening of nursing schools.</li></ul>
3 High failure rate of nursing and EMS students	<ul style="list-style-type: none"><li>• Appropriate student selection</li></ul>
4 Delays in the opening of nursing schools due to lengthy accreditation processes	<ul style="list-style-type: none"><li>• Timeous application for accreditation.</li><li>• Compliance with accreditation requirements of statutory bodies.</li></ul>

## 7. BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

### 7.1 Programme Purpose

- The aim of the programme is to render support services required by the Department to fulfil its aims.

**Programme 7 consists of the following programmes:**

- Laundries
- Orthotic and Prosthetic
- Medicine Trading Account

### 7.2 Background Information

The services rendered by Orthotic and Prosthetic and Laundry Services are important operational support to health services rendering. **However the plans for those services are reflected in the annual operational plans of the relevant units.**

### 7.3 Challenges

#### Orthotic and Prosthetic Services

- The shortages of professionals in the field of Medical Orthotic and Prosthetic in the Province are a challenge. This restricts the ability to do outreach.
- The infrastructure of the Bethlehem Centre is inadequate and does not comply with Occupational Health and Safety requirements and this might affect the accreditation of the centre by the Health Professionals Council South Africa.

#### Laundries Services

- Critical shortage of linen to meet the growing needs of health institutions.
- High vacancy rate.

### 7.4 Priorities

#### Orthotic & Prosthetic Services

- Head hunt and fill vacant professional posts
- Pursue efforts to establish a Medical Orthotic and Prosthetic School at the Central University of Technology.

#### Laundries

- Refurbishment of current regional laundries.
- Decentralise laundry operations at local areas.

## 7.5 RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

## TABLE HCSS 1: EXPENDITURE ESTIMATES FOR HEALTH CARE SUPPORT SERVICES

Table 2.23: Summary of payments and estimates: Programme 7: Health Care Support Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11	2011/12			2012/13	2013/14	2014/15
Laundries	53 291	58 988	63 320	95 213	95 213	84 611	86 069	93 065	99 065
Orthotic and Prosthetic Services	8 859	9 905	11 356	16 606	16 606	21 733	16 117	18 683	18 683
Medicine (Medpas) Trading Account	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000
<b>Total payments and estimates:</b>	<b>64 150</b>	<b>70 893</b>	<b>76 676</b>	<b>113 819</b>	<b>113 819</b>	<b>108 344</b>	<b>104 186</b>	<b>113 748</b>	<b>119 748</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 7.6 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.9: Payments and estimates by economic classification: Programme 7 - Health Care and Support Services									
R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11	2011/12	2011/12		2012/13	2013/14	2014/15
<b>Current payments</b>									
Compensation of employees	41,673	46,080	51,912	64,498	64,498	62,639	66,155	73,258	78,258
Salaries and wages	35,417	38,426	43,278	57,352	53,924	52,065	58,218	64,862	69,862
Social contributions	6,256	7,654	8,634	7,146	10,574	10,574	7,937	8,396	8,396
Goods and services	19,617	19,968	22,153	39,475	39,466	36,120	27,795	31,721	32,721
of which									
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	-	-	-	-	5	5	-	-	-
Assets < than the threshold (currently R5000)	126	28	126	234	517	329	479	503	503
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	29	22	-	18	-	16	-	-	-
Communication	678	470	288	711	1,665	1,786	698	734	734
Computer services	24	2	-	21	38	33	31	32	32
Consultants and professional service: Business and advisory service	-	-	-	-	-	-	-	-	-
Consultants and professional service: Infrastructure and planning	-	-	-	-	-	-	16	17	17
Consultants and professional service: Laboratory service	-	-	1	-	33	10	24	25	25
Consultants and professional service: Legal cost	-	-	-	-	455	455	-	-	-
Contractors	5,697	2,866	5,442	7,947	7,283	5,734	7,879	8,275	8,275
Agency and support / outsourced services	26	40	59	28	140	43	126	132	132
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	1,269	-	799	990	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	72	43	6	147	1	105	1	1	1
Inventory: Fuel, oil and gas	51	49	11	109	99	83	116	122	122
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	88	334	272	637	564	575	568	597	597
Inventory: Medical supplies	3,025	8,419	2,923	3,748	5,728	5,300	3,363	5,430	5,430
Inventory: Medicine	4	-	22	-	48	19	48	50	50
Medicines inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	7,691	5,192	9,280	15,782	14,088	11,466	13,360	14,687	15,687
Inventory: Stationery and printing	174	318	203	1,838	268	1,162	297	313	313
Lease payments (Incl. operating leases, excl. finance leases)	45	46	40	182	5,243	5,579	135	131	131
Property payments	1,635	1,922	1,912	6,144	1,781	938	16	-	-
Transport provided: Departmental activity	45	-	-	-	-	-	-	-	-
Travel and subsistence	188	191	298	302	543	373	75	80	80
Training and development	-	-	1	1,443	35	870	28	30	30
Operating expenditure	19	26	-	184	133	249	90	95	95
Venues and facilities	-	-	-	-	-	-	445	467	467
Interest and rent on land	-	14	4	10	19	18	-	3	3
Interest	-	14	4	10	19	18	-	3	3
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>2,147</b>	<b>2,440</b>	<b>2,258</b>	<b>2,130</b>	<b>2,130</b>	<b>2,255</b>	<b>2,289</b>	<b>2,050</b>	<b>2,050</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
of which: Regional service council levies	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Universities and technikons	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>: - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	8	-	-	-
Public corporations and private enterprises <sup>5</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	8	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	147	440	258	130	130	247	289	50	50
Social benefits	147	440	258	130	130	247	289	50	50
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>713</b>	<b>2,391</b>	<b>329</b>	<b>7,706</b>	<b>7,706</b>	<b>7,306</b>	<b>7,947</b>	<b>6,716</b>	<b>6,716</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	713	2,391	329	7,706	7,706	7,306	7,947	6,716	6,716
Transport equipment	241	511	-	-	-	-	-	-	-
Other machinery and equipment	472	1,880	329	7,706	7,706	7,306	7,947	6,716	6,716
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>			20			6			
<b>Total economic classification: Programme (number and name)</b>	<b>64,150</b>	<b>70,893</b>	<b>76,676</b>	<b>113,819</b>	<b>113,819</b>	<b>108,344</b>	<b>104,186</b>	<b>113,748</b>	<b>119,748</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 7.7 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
1. Failure to appoint skilled personnel for orthotic and prosthetic services due to poor supply of prospective appointees.	<input type="checkbox"/> Headhunting of appropriately qualified candidates.
2. Failure to provide adequate linen to hospitals due to inadequate linen stock.	<input type="checkbox"/> Timely procurement <input type="checkbox"/> Improved supplier management.
3. Laundry equipment failure	<input type="checkbox"/> Improved equipment maintenance. <input type="checkbox"/> Procurement of equipment according to the approved asset acquisition plan.
4. Failure to provide adequate linen to hospitals due to inadequate linen stock.	<input type="checkbox"/> Improved operational efficiency and turnaround time.
5. In advertent transmission of infection between hospitals due to failure to disinfect linen adequately.	<input type="checkbox"/> Maintaining safe washing processes.

## 8. BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

### 8.1 Programme Purpose

- The programme is responsible for the provision of adequate health facilities and infrastructure.

#### Programme 8 consists of 3 sub-programmes:

- Community Health Facilities
- District Hospital Services
- Provincial Hospital Services

### 8.2 Challenges

- Inadequate Infrastructure planning
- Inadequate human resources with requisite qualifications & experience.
- Inadequate expertise of service providers and poor workmanship.
- Inadequate built environment professionals in implementing agencies.
- Inadequate built environment SCM practitioners.

### 8.3 Priorities

- To complete current projects
- Implementation of Monitoring and evaluation system for all projects and implementing agents
- Improve quality of monitoring, evaluation and reporting
- Improve management of consultants and implementing agents
- Eradicate maintenance backlog of health facilities
- Appropriate allocation and management of the budget for maintenance
- Strengthening infrastructure management expertise.
- Implementation of integrated and holistic approach to planning.





## 8.4 PROVINCIAL STRATEGIC OBJECTIVES, INDICATORS AND ANNUAL TARGETS FOR HEALTH FACILITIES MANAGEMENT (HFM)

TABLE HFM 1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH FACILITIES MANAGEMENT

BUDGET SUB PROGRAMME		HEALTH FACILITIES MANAGEMENT									
STRATEGIC GOAL 5		STRENGTHENING HEALTH SYSTEM EFFECTIVENESS									
GOAL STATEMENT		IMPROVED HEALTH INFRASTRUCTURE AVAILABILITY									
STRATEGIC OBJECTIVE	PERFORMANCE INDICATOR	STRATEGIC PLAN TARGET	DATA SOURCE	AUDITED/ACTUAL PERFORMANCE				ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
				2008/09	2009/10	2010/11	2011/12		2012/13	2013/14	2014/15
Implement Hospital Revitalization Projects	Number of new hospitals funded on revitalisation programme	New Indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	0		2 (FSPC & Mangaung)	2 (Mof. Manapo Mopeli & Dr JS Moroka)	-
	Number of hospitals currently funded on revitalisation programme	New Indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	5		7	8	9
	Number of health facilities completed on hospital revitalisation programme	New Indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	-		1 (Mantsopa District Hospital)	1 (Trompsburg District Hospital)	1 (Mangaung District Hospital)
Implement modular clinic projects	Number of modular clinics completed	New indicator	Quarterly progress reports	New Indicator	New Indicator	New Indicator	1		5	4	-

## 8.5 QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT (HFM)

TABLE HFM 2: QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT (HFM) 2012/13

PERFORMANCE INDICATORS	REPORTING PERIOD	ANNUAL TARGET 2012/13	QUARTERLY TARGETS: 2012/13			
			Q1	Q2	Q3	Q4
Number of new hospitals funded on revitalisation programme	Annually	2 (FSPC & Mangaung)	-	-	-	2 (FSPC & Mangaung)
Number of Hospitals currently funded on revitalisation programme	Annually	7	-	-	-	7
Number of health facilities completed on hospital revitalisation programme	Annually	1 (Mantsopa District Hospital)	-	-	-	1 (Mantsopa District Hospital)
Number of modular clinics completed	Annually	5	-	-	-	5

## 8.6 RECONCILIATION OF PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM 3: EXPENDITURE ESTIMATES FOR HEALTH FACILITIES MANAGEMENT (HFM)

Table 2.25: Summary of payments and estimates: Programme 8: Health Facilities Management

R thousand	Outcome			Main appropriati on	Adjusted appropriati on	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11		2011/12		2012/13	2013/14	2014/15
Community Health Facilities	53 748	29 259	59 747				46 000	20 000	25 000
District Hospital Services	175 002	166 211	230 264	402 883	432 556	432 556	462 384	464 470	471 662
Provincial Health Services	44 246	66 287	60 231	129 621	133 858	133 858	141 105	147 417	158 293
<b>Total payments and esti</b>	<b>272 996</b>	<b>261 757</b>	<b>350 242</b>	<b>532 504</b>	<b>566 414</b>	<b>566 414</b>	<b>649 489</b>	<b>631 887</b>	<b>654 955</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 8.7 Summary of Provincial Expenditure Estimates by Economic Classification

Table B.10: Payments and estimates by economic classification: Programme 8 - Health Facilities Management									
R thousand	Outcome			Main appropriation	Adjusted appropriation 2011/12	Revised estimate	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
<b>Current payments</b>									
Compensation of employees	1,656	1,976	2,245	3,157	3,157	3,157	3,688	3,872	3,872
Salaries and wages	1,446	1,714	1,958	2,759	2,589	2,589	3,319	3,485	3,485
Social contributions	210	262	287	398	568	568	369	387	387
Goods and services	15,557	36,592	71,140	1,726	8,822	8,822	37,662	6,903	6,903
of which									
Administrative fees	-	-	5	-	-	41	213	224	224
Advertising	-	-	-	-	-	-	-	-	-
Assets < than the threshold (currently R5000)	42	18	1,530	48	48	1,035	199	366	366
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	43	4	17	2	2	7	-	-	-
Communication	285	40	36	76	76	19	11	11	11
Computer services	13,787	17,821	24,000	370	5,370	5,098	5,000	5,000	5,000
Consultants and professional service: Business and advisory service	-	4,342	-	-	-	-	-	-	-
Consultants and professional service: Infrastructure and planning	-	-	1,715	-	-	-	-	-	-
Consultants and professional service: Laboratory service	-	-	-	-	-	-	-	-	-
Consultants and professional service: Legal cost	-	-	-	-	-	-	-	-	-
Contractors	188	1,479	17,998	640	2,736	1,713	-	-	-
Agency and support / outsourced services	-	-	-	-	-	-	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	4	3	-	7	7	7	1	1	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	11	-	-	-	3	-	-	-
Inventory: Medical supplies	-	-	-	-	-	4	-	-	-
Inventory: Medicine	2	-	-	-	-	-	-	-	-
Medias inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	1	800	189	91	91	480	-	-	-
Inventory: Stationery and printing	114	9,791	17	-	-	-	-	-	-
Lease payments (Incl. operating leases, excl. finance leases)	24	1,890	25,330	-	-	-	-	-	-
Property payments	-	-	-1	-	-	-	31,000	-	-
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,000	328	192	409	309	255	1,128	1,185	1,185
Training and development	30	65	112	37	37	30	105	110	110
Operating expenditure	26	-	-	35	135	119	5	6	6
Venues and facilities	11	-	-	11	11	11	-	-	-
Interest and rent on land	-	4	-	-	-	-	-	-	-
Interest	-	4	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>:</b>	<b>107</b>	<b>-</b>	<b>5,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Provinces and municipalities	107	-	5,000	-	-	-	-	-	-
Provinces <sup>2</sup>	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities <sup>3</sup>	-	-	5,000	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
of which: Regional service council levies	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	5,000	-	-	-	-	-	-
Departmental agencies and accounts	107	-	-	-	-	-	-	-	-
Social security funds	107	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies to<sup>1</sup>: - continued</b>									
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises <sup>5</sup>	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Social benefits	-	-	-	-	-	-	-	-	-
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>255,676</b>	<b>223,185</b>	<b>271,857</b>	<b>527,621</b>	<b>554,435</b>	<b>554,435</b>	<b>608,139</b>	<b>621,112</b>	<b>644,180</b>
Buildings and other fixed structures	227,519	195,520	220,710	471,900	503,714	503,714	572,139	578,307	592,798
Buildings	227,519	195,520	220,710	471,900	503,714	503,714	572,139	578,307	592,798
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	28,157	27,665	51,147	55,721	50,721	50,721	36,000	42,805	51,382
Transport equipment	-	830	-	-	-	-	-	-	-
Other machinery and equipment	28,157	26,835	51,147	55,721	50,721	50,721	36,000	42,805	51,382
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>									
<b>Total economic classification: Programme (number and name)</b>	<b>272,996</b>	<b>261,757</b>	<b>350,242</b>	<b>532,504</b>	<b>566,414</b>	<b>566,414</b>	<b>649,489</b>	<b>631,887</b>	<b>654,955</b>

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report

## 8.8 RISK MANAGEMENT

The key risks that may affect the realization of the strategic objectives of the programme and the measures designed to mitigate their impact.

RISK	MITIGATING FACTORS
1. Capacity Challenge.	<ul style="list-style-type: none"><li>• Implementation of NDOH Infrastructure Unit Organogram.</li></ul>
2. Skill shortage.	<ul style="list-style-type: none"><li>• Appointment of skilled Engineers.</li></ul>
3. Inadequate project management system.	<ul style="list-style-type: none"><li>• Introduction of Proman Project Management System.</li></ul>
4. SCM delays to approve.	<ul style="list-style-type: none"><li>• Introducing alternative procurement and contracting strategies</li></ul>



Project name	Source of funding	Municipality / Region	Budget programme name	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	MTEF Forward estimates		
					2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
New and Replacement Assets													
Petrus Steyn	Rearabetswe Clinic	Thabo Motutsanyana	Health Infrastructure Grant		0	0	0	0	0	0	0	2,080	14,976
Paul Roux	Paul Roux Clinic		Health Infrastructure Grant		0	0	0	0	0	0	0	2,080	14,976
Qwa Qwa	Bolata Clinic		Health Infrastructure Grant		750	0	3,490	15,166	15,166	13,021	3,684	0	0
Qwa Qwa	Tina Moloi Clinic		Health Infrastructure Grant		0	0	0	0	0	0	0	0	2,080
Luckhoff	Luckhoff Clinic	Xhariep	Health Infrastructure Grant		0	0	0	0	0	0	0	0	2,080
Reitz	Petsana Clinic	Thabo Motutsanyana	Health Infrastructure Grant		0	0	0	0	0	0	0	0	2,080
Rouxville	Rouxville Clinic	Xhariep	Health Infrastructure Grant		1,354	0	3,490	15,166	15,166	13,021	6,797	738	0
Jacobsdal	Jacobsdal Clinic	Xhariep	Health Infrastructure Grant		0	0	0	0	0	0	0	5,000	0
Memel	Memel	Thabo Motutsanyana	Health Infrastructure Grant		0	0	0	0	0	0	0	5,000	0
Senekal	Senekal Clinic		Health Infrastructure Grant		0	0	0	0	0	0	5,000	0	0

Project name	Source of funding	Municipality / Region	Budget programme name	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	MTEF Forward estimates			
					2008/09	2009/10	2010/11				2012/13	2013/14	2014/15	
New and Replacement Assets														
Viljoenskroon	Viljoenskroon Clinic	Fezile Dabi	Health Infrastructure Grant		0	0	0	0	0	0	5,000	0	0	
Parys	Parys		Health Infrastructure Grant		0	0	0	0	0	0	0	5,000	0	
	Makhalaneng Clinic		Health Infrastructure Grant		0	0	0	0	0	0	0	5,000	0	
Amelia Settlement	Amelia Clinic		Health Infrastructure Grant		0	0	0	0	0	0	5,000	2,500	0	
All new Clinics	Medical equipment for all new completed Clinics and CHC's	All Districts	Health Infrastructure Grant		0	0	0	3,500	1,500		2,500	2,500	0	
Total New Infrastructure Assets					8,076	2,307	14,185	35,632	34,832	42,063	51,899	69,089	62,490	
Upgrades and additions														
Sasolburg	Metsimahollo Hospital wards and mortuary	Fezile Dabi	Health Infrastructure Grant		0	0	0	0	2,000	4,602	24,867	1,000	0	
Qwa Qwa	Elizabeth Ross Hospital Phase 1	Thabo Mofutsanyana	Health Infrastructure Grant		10,757	11,415	4,458	2,000	4,000	5,832	1,626	0	0	
Qwa Qwa	Elizabeth Ross Hospital Phase 2		Health Infrastructure Grant		0	0	0	0	0	0	5,002	1,000	0	





Project name	Source of funding	Municipality / Region	Budget programme name	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	MTEF Forward estimates			
					2008/09	2009/10	2010/11	2011/12			2012/13	2013/14	2014/15	
Rehabilitation, Renovations and Refurbishments														
Bloemfontein	National Hospital Doctors' Quarters	Mangaung Metro	Health Infrastructure Grant		0	0	0	5,000	5,000	6,588	4,641	0	0	
Bloemfontein	Bloemfontein EMS College		Health Infrastructure Grant		0	1,282	1,901	4,861	4,861	2,861	13,198	0	0	
Total Rehabilitation, Renovations and Refurbishments					0	1282	1901	9861	9861	9449	17839	34112	39803	
Maintenance and Repairs														
All Towns	All Health Facilities	All Districts	Health Infrastructure Grant		0	787	0	20,000	20,000	15756	20,000	30,000	36,000	
Total Maintenance and Repairs					0	787	0	20000	20000	15756	20000	30000	36000	
Infrastructure Transfers - Current														
All Towns	SITA (Information Technology)	All Districts	Health Infrastructure Grant		0	0	0	7,000	7,000	7000	5,000	5,000	0	
All Towns	IT		Health Infrastructure Grant		0	0	0				0	0	0	
Total Infrastructure Transfers - Current					0	0	0	7000	7000	7000	5000	5000	0	
Total Infrastructure					0	18,833	26,631	28,255	82,632	91,832	95,632	139,073	147,417	158,293

Table LOP 2: Hospital Revitalisation Grant													
Project name	Source of funding	Municipality / Region	Budget programme name	Outputs	Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	MTEF Forward estimates		
					2008/09	2009/10	2010/11				2011/12	2012/13	2013/14
New and Replacement Assets													
Bloemfontein	Mangaung Hospital	Capital HRP Grant	Mangaung Metro	Facilities Management	0	0	1,406	15,000	22,000	26,620	0	224,389	315,000
Ladybrand	Mantsopa Hospital Phase 1&2	Capital HRP Grant	Thabo Mofutsanyana	Facilities Management	21,051	12,197	45,647	85,000	120,000	144,225	155,340	10,787	0
Trompsburg	Trompsburg Hospital Phase 1&2	Capital HRP Grant	Xhariep	Facilities Management	25,834	6,864	26,961	70,000	70,000	84,590	106,954	16,492	1,597
Qwa Qwa	Manapo Hospital	Capital HRP Grant	Thabo Mofutsanyana	Facilities Management	0	0	0	0	0	0	0	0	6,000
Trompsburg	Trompsburg Hospital Health Technology	Hospital Revitalisation	Xhariep	Facilities Management	0	0	0	0	0	0	0	50,831	0
Ladybrand	Ladybrand Hospital Health Technology	Hospital Revitalisation	Thabo Mofutsanyana	Facilities Management	0	0	0	0	0	0	0	0	0
Total New Infrastructure Assets					46,885	19,061	74,014	170,000	212,000	255,435	262,294	302,499	322,597

Project name	Source of funding	Municipality / Region	Budget programme name	Outputs	Outcome				Main Appropriation	Adjusted Appropriation	Revised Estimate	MTEF Forward estimates		
					2008/09	2009/10	2010/11	2011/12				2012/13	2013/14	2014/15
Upgrades and additions														
Bloemfontein	Pelonomi Perimeter Fence and New Entrance	Mangaung Metro	Hospital Revitalisation		0	0	2,930	9,000	8,000	3,860	2,510	8	0	
Bloemfontein	Pelonomi Lifts		Hospital Revitalisation		0	0	0	0	10,000	7,874	833	0	0	
Bloemfontein	Pelonomi ICU		Hospital Revitalisation		157	11,466	21,680	30,000	27,000	26,938	7,898	0	0	
Bloemfontein	Pelonomi Radiology		Hospital Revitalisation		19,148	17,261	8,152	8,000	11,000	9,739	1,111	0	0	
Bloemfontein	Pelonomi CHC and Block K		Hospital Revitalisation		0	0	0	13,000	15,000	15,000	0	33,716	82,610	
Bloemfontein	Pelonomi Maternity & CSSD		Hospital Revitalisation		0	0	0	0	0	0	0	0	0	
Bloemfontein	Pelonomi Hospital Health Technology		Hospital Revitalisation		22,027	14,867	25,982	15,000	15,000	13,416	5,000	20,000	5,000	
Bloemfontein	Pelonomi Hospital IT infrastructure		Hospital Revitalisation		0	0	3,607	10,000	0	0	2,500	0	0	
Sub Total Pelonomi Hospital				0	41,332	43,594	62,351	85,000	86,000	76,827	19,852	53,724	87,610	





Project name	Source of funding	Municipality / Region	Budget programme name	Outputs	Outcome				Main Appropriation	Adjusted Appropriation	Revised Estimate	MTEF Forward estimates		
					2008/09	2009/10	2010/11	2011/12				2012/13	2013/14	2014/15
Mangaung	House Idahlia	All Districts	Facilities Management		0	0	0	0	0	0	0	5,660	1,000	0
Qwa Qwa	Manapo Nursing College		Facilities Management		0	0	0	4,500	2,000	0	0	3,500	500	0
All Towns	Nurses training and accommodation facilities	Mangaung Metro	Facilities Management		0	0	0	0	0	0	0	0	12,782	19,995
Total Rehabilitation, Renovations and Refurbishments					0	0	0	4500	2000	0	0	9,160	14,282	19,995
Maintenance and Repairs														
Total Maintenance and Repairs					0	0	0	0	0	0	0	0	0	0
Infrastructure Transfers - Current														
Total Infrastructure Transfers - Current					0	0	0	0	0	0	0	0	0	0
Total Infrastructure					0	0	0	4,500	2,000	0	0	9,160	14,282	19,995

## 9.2 CONDITIONAL GRANTS (CG)

TABLE: CONDITIONAL GRANTS PLAN

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS (extracted from the business cases prepared for each conditional grant)	INDICATOR TARGETS FOR 2012/13
Comprehensive HIV and AIDS	1. To enable the health sector to develop an effective response to HIV and AIDS 2. To support the implementation of the National Operational Plan for Comprehensive HIV and AIDS treatment and care. 3. To subsidise, in part, funding for Antiretroviral Treatment programme	1. Number of fixed public health facilities offering ART (cumulative)	235
		2. Number of new adults started on ART - (>15yrs)	32,930
		3. Number of new children started on ART – (<15yrs)	4,070
		4. Number of deregistered ART patients due to loss to follow-up	6,460
		5. Number of ART patients deregistered due to death	2,110
		6. Number of ART patients remaining in care - adult male (current active)	37,299
		7. Number of ART patients remaining in care - adult female (current active)	77,994
		8. Number of ART patients remaining in care - child (current active)	11,746
		9. Total ART patients remaining in care (current active)	127,039
		10. Number of CD4 tests done: <i>Refer to NHLS report</i>	190,797
		11. Number of HIV viral loads done: <i>Refer to NHLS report</i>	120,317
		12. Number of infant patients started on ART- <1 year	767
		<b>HOME COMMUNITY BASED CARE (HCBC)</b>	
		1. Number of active home-based carers	3,150
		2. Number of active home-based carers receiving stipends	3,150
		3. No. of beneficiaries served by home based carers	31,500
		4. Number of households visited by home-based carers	31,500
		5. Number of care kits purchased	10,000
		High Transmission Area (HTA) /Condoms	
		1. Number of HTA intervention sites(new &old)	70
		2. Number of Male condoms distributed	57,000,000
		3. Number of Female condoms distributed	600,000
		4. Number peer educators receiving stipend	300



<b>POST EXPOSURE PROPHYLAXIS (PEP)</b>	
1.Number of public health facilities offering PEP for sexual assault cases	21
2.Number of sexual assault cases – new	3,600
3.Number of sexual assault case -new offered ARV prophylaxis	2,780
4.Number of sexual assault case -new offered comfort kits	2,780
<b>PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT)</b>	
1. Number of ANC clients HIV 1st test	54,000
2. Number of ANC clients tested positive for HIV	24.0%
3. Number of ANC clients tested for CD4	13,500
4. Number of ANC clients initiated on life-long ART	4,000
5. Number of babies given Nevirapine within 72 hours after birth	13,500
6. Number of babies PCR tested at 6 weeks	13,500
<b>PROGRAMME MANAGEMENT (PM)</b>	
1. Number of provincial management positions filled against the business plan	30
2.Number of district or sub-district management positions filled against the business plan	14
<b>STEP DOWN CARE (SDC)</b>	
1.Number of SDC facilities/Units	9
2.Number of usable beds at SDC facilities/Units	117
3.Number of admissions at SDC facilities/Units	3,000
<b>TB/HIV</b>	
1. Number of HIV positive patients started on IPT	24,809
2. Number of TB patients who test positive for HIV and who are started in CPT	13,172
3. Number of TB patients who test positive for HIV and who start ART	100%
<b>Regional Training Centre (RTC)</b>	
1. Number of professional nurses trained on HIV & AIDS, TB and STIs, chronic diseases and other related programmes	2,250
2.Number of professional nurses trained on IMCI	30
3.Number of doctors trained on HIV & AIDS, TB and STIs, chronic diseases and other related programmes	143
4. Number of other professionals trained on HIV & AIDS, TB and STIs, chronic diseases and other related programmes	170
5. Number of non professionals trained on HIV & AIDS, TB and STIs, chronic diseases and other related programmes	400
6. Number of nurses currently mentored on ART initiation in all facilities	40
<b>HIV Counselling and Testing (HCT)</b>	
1.Number of client HIV pre-test counselled (including antenatal)	646,069
2.Number of client tested for HIV (including antenatal)	587,336
3.Number of client tested HIV positive (including antenatal)	
4.Number of lay counsellors receiving stipends	800
<b>Medical Male Circumcision (MMC)</b>	
1.Number of fixed health facilities offering MMC	46
2.Number of medical male circumcisions performed	40,361
3.No.of circumcised males reporting adverse events	807

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS <i>(extracted from the business cases prepared for each conditional grant)</i>	INDICATOR TARGETS FOR 2012/13	
Health Professions Training and Development	<div><div></div>Support provinces to fund service costs associated with training of health science trainees on the public service platform;</div> <div><div></div>Establish clinical teaching and training capacity as required on the public service platform in earmarked provinces (Northern Cape, North West, Limpopo, Mpumalanga, Eastern Cape)</div>	Number of registrars trained on the public health service platform, per discipline and per training institution in provinces.	60 Registrars: (All trained at UFS)	
			Anaesthesiology	X5 X8 X6 X1 X1 X4 X3 X3 X1 X7 X2 X1 X1 X3 X2 X1 X1 X1 X2
National Tertiary Services Grant	<div><div></div>Ensure provision of tertiary health services for all South African citizens</div> <div><div></div>To compensate tertiary facilities for the additional costs associated with provision of these services including cross border patients</div>	Tertiary services rendered	Emergency medicine	
			Trauma services, including trauma surgery, orthopaedic trauma, maxillofacial trauma, plastic and reconstructive surgery trauma, cardiothoracic trauma, ORL trauma and ophthalmology trauma	
			Spinal Care	
			Burns Management	
			Tertiary Management of HIV/ AIDS and Infectious Diseases	
			Neonatal ICU / High Care	
			Renal Care Dialysis	
			Gastroenterology	
			Anaesthesia	
			Management of T1 Obstetrics	
			Urology	
			Radiology	

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS <i>(extracted from the business cases prepared for each conditional grant)</i>	INDICATOR TARGETS FOR 2012/13
Health Infrastructure Grant	<input type="checkbox"/> To supplement provincial funding of health infrastructure to accelerate the provision of health facilities including medical equipments and ensure proper maintenance of provincial health infrastructure	<b><u>Number of health facilities:</u></b>	
		- Planned	Matlakeng CHC, Maletsatsi Mabaso CHC, Freedom Square CHC, Jacobsdal Clinic, Amelia Clinic, Qwa Qwa Laundry, E Ross Phase 2 (Kitchen),
		- Designed	Matlakeng CHC, Maletsatsi Mabaso CHC, Freedom Square CHC, Jacobsdal Clinic, Amelia Clinic, Qwa Qwa Laundry, E Ross Phase 2 (Kitchen),
		- Constructed	Matlakeng CHC, Maletsatsi Mabaso CHC, Freedom Square CHC, Jacobsdal Clinic, Amelia Clinic, Qwa Qwa Laundry, E Ross Phase 2 (Kitchen), Maintenance of Clinics and CHC's, Health Technology for completed Clinics and Hospitals
		- Maintained	National Doctors Quarters, Dihlabeng OPD and Floors, Bongani OPD, EMS College, Metsimahollo Wards and Mortuary, Elizabeth Ross Ph.2, Freedom Square CHC, Bolata Clinic, Viljoenskroon Clinic, Senekal Clinic, Rouxville Clinic, Dinaane Clinic, Amelia Clinic, Qwa Qwa Laundry
Hospital Revitalisation	<input type="checkbox"/> To provide funding to enable provinces to plan, manage, modernise, rationalise and transform the infrastructure, health technology, monitoring and evaluation of hospitals. <input type="checkbox"/> To transform hospital management and improve quality of care in line with national policy objectives. <input type="checkbox"/> Supplement expenditure on health infrastructure delivered through public-private partnerships.	Number of new Hospital funded on this grant	None
		Number of Hospitals currently funded on this grant	4 X (Boitumelo, Pelonomi, Trompsburg, Mantsopa)
		Number contracts to be completed on this grant	(Boitumelo Contract 10), (Pelonomi ICU, Radiology, Lifts, Perimeter fence)
		Number of Hospitals to be commissioned	1 X Ladybrand Hospital

Nursing Colleges Grant	<input type="checkbox"/> To supplement provincial funding of health infrastructure to accelerate provision of health facilities including office furniture and related equipment, and also to ensure proper maintenance of provincial health infrastructure for nursing colleges and schools.	Planned	Manapo Nursing College (Renovations)
		Designed	House Idahlia (Renovations)
		Procurement	House Idahlia (Renovations)
		Constructed	House Idahlia (Renovations)
		Maintained	Manapo Nursing College (Renovations)
NHI Grant	<input type="checkbox"/> Test innovations necessary for implementing national health insurance. <input type="checkbox"/> To undertake health system strengthening initiatives and support selected pilot districts in implementing identified service delivery interventions. <input type="checkbox"/> To strengthen the resource management of selected central hospitals	Implementation of pilot activities for NHI	Appointment of Family Health Teams
			Appointment of District medical specialists
			Procurement of appropriate resources for health facilities
Integrated Expanded Public Works Programme (EPWP) Grant	<input type="checkbox"/> To incentivise provincial Social Sector departments identified in the 2012 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential.	Number of HCBC Supervisors appointed on one-year contract.	358
		Number of HCBC Supervisors receiving daily wage of R70.00 from EPWP Grant.	358
		Number of HCBC Supervisors trained on Monitoring, Supervision, Recording and Reporting.	358

**9.3 PUBLIC-PRIVATE PARTNERSHIPS****TABLE: PUBLIC-PRIVATE PARTNERSHIPS**

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R' THOUSAND)	DATE OF TERMINATION	MEASURES TO ENSURE SMOOTH TRANSFER OF RESPONSIBILITIES
1.FSDH/CHM/Netcare	To combine both the FSDH and private sector for more efficient utilization of the FSDOH resources at Universitas and Pelonomi Hospitals.	<p>Appointment of Project Officer for FSDOH effected as from 01 February 2012.</p> <p>Identification of key personnel to be appointed to the PPP.</p> <p>Re-negotiation process currently in process and shall be completed End March 2012.</p> <p>Restructuring of current agreement to ensure service delivery and deliverables.</p> <p>Implementation of project Management plan to rectify current identified risks.</p> <p>Implementation of rectification plan for the FSDH to adhere to Treasury regulations as from 01 February 2012</p>	<p>Concession fees : Universitas and Pelonomi Hospitals:</p> <p>R 720 000.00</p> <p>Variable concession fees currently under re-negotiations.</p>	2019 (Note* Will be confirmed during the re-negotiation process).	<p>Currently this PPP Project is under re-negotiation due to critical and key factors not ensuring deliverables.</p> <p>Note* The current negotiations are in sensitive deliberation phase and further details were not available at the time of finalising this APP..</p>

Table LOP 4: Departmental Conditional Grant Payments by Economic Classification

R thousand	Outcome			Main appropriation	Adjusted appropriation	Estimated Actual	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
Current payments	830,048	1,016,282	1,143,454	1,334,141	1,335,924	1,257,743	1,482,161	1,706,392	1,898,339
Compensation of employees	535,683	555,359	663,287	761,459	761,459	761,459	778,543	847,801	894,085
District Health Services	70,026	74,413	104,015	121,606	121,606	121,606	132,673	150,105	157,035
Provincial Hospital Services	37,552	9,137	92,565	101,768	101,768	101,768	108,604	119,852	126,199
Central Hospital Services	382,351	469,838	464,462	534,928	534,928	534,928	533,578	573,972	606,979
Health Science and Training	44,098								
Health Facilities Management	1,656	1,971	2,245	3,157	3,157	3,157	3,688	3,872	3,872
Goods and services	294,365	460,923	480,167	572,682	574,465	496,284	703,618	858,591	1,004,254
District Health Services	108,040	208,972	273,066	373,004	370,595	292,414	432,484	563,720	692,019
Provincial Hospital Services	65,795	69,561	53,289	56,266	56,266	56,266	72,257	79,678	83,849
Central Hospital Services	115,565	169,575	132,356	141,686	141,686	141,686	192,215	208,290	221,483
Health Science and Training	4,419								
Health Facilities Management	546	12,815	21,456	1,726	5,918	5,918	6,662	6,903	6,903
Interest on rent and land		3	6		3	3			
District Health Services		3			3	3			
Transfer payments	31,606	37,519	40,637	48,850	71,936	57,260	56,320	48,850	48,850
District Health Services	31,412	37,519	34,870	48,850	71,936	57,260	56,320	48,850	48,850
Provincial Hospital Services			120						
Central Hospital Services	80		647						
Health Science and Training	114								
Health Facilities Management			5,000						
Capital payments	229,131	257,999	318,765	574,052	601,555	592,399	640,952	655,203	678,984
District Health Services	15,966	10,720	9,254	26,431	24,216	15,060	17,653	18,809	18,809
Emergency Medical Services		333	1,804						

R thousand	Outcome			Main appropriation	Adjusted appropriation	Estimated Actual	Medium-term estimates		
	2008/09	2009/10	2010/11				2012/13	2013/14	2014/15
Provincial Hospital Services	1,675								
Central Hospital Services	9,998	29,272	47,631	20,000	20,000	20,000	21,000	21,000	21,000
Health Science and Training	268						9,160	14,282	19,995
Health Facilities Management	201,224	217,674	260,076	527,621	557,339	557,339	593,139	601,112	619,180
Payment for Financial Assets			208						
District Health Services			208						
Total:	1,090,785	1,311,803	1,503,070	1,957,043	2,009,418	1,907,405	2,179,433	2,410,445	2,626,173

## 10. CONCLUSION

The Annual Performance Plan describes the third year of implementing the 5 year (2010/11 to 2014/15) Strategic Plan, and the first year of the 2012/13 – 2014/15 MTEF period. Resources for implementation are derived from the budget allocation for the 2012/13, as well as the indicative figures for the outer two years of medium term expenditure framework (MTEF 2012/13 – 2014/15). The plans are the result of extensive consultation within the department and as well as other external stakeholders of the Department. The Plan will be reviewed on an annual basis..

## LIST OF ACRONYMS

Abbreviation	Actual
<b><i>Supply Chain Management and other finance related</i></b>	
EPWP	Expanded Public Works Programme
M&E	Monitoring and Evaluation
PFMA	Public Finance Management Act
SCM	Supply Chain Management
<b><i>Emergency Medical Services</i></b>	
EMS	Emergency Medical Services
ALS	Advanced Life Support
ILS	Intermediate Life Support
PPT	Planned Patient Transport
<b><i>Health Sciences and Training</i></b>	
ABET	Adult Basic Education and Training
CHW	Community Health Care Workers
CPD	Continuous Professional Development
CUT	Central University of Technology
ESMOE	Essential Steps in Management of Obstetrics and Emergency
FHT	Family Health Teams
FSSON	Free State School of Nursing
NIMART	Nurse Initiated Management of ART
NQF	National Qualification Framework
SANC	South African Nursing Council
SETA	Sector Education and Training Authority
<b><i>Health Services</i></b>	
ANC	Antenatal Care
AZT	Zidovudine
CHS	Clinical Health Services
DHS	District Health System
DHS	District Health Services
OPD	Out Patient Department
PHC	Primary Health Care
PHS	Provincial Health Services
CHC	Community Health Centres
FPS	Forensic Pathology Services
HAART	Highly Active Antiretroviral Therapy



HCT	HIV Counselling and Testing
HCSS	Health Care Support Services
HFM	Health Facilities Management
HR	Human Resources
HPTSG	Health Professional Training & Development Grant
QA	Quality Assurance
ICT	Information, Communication Technology
ICU	Intensive Care Unit
IPT	Isoniazid Preventative Therapy
UFS	University of the Free State
IT	Information Technology
UAH	Universitas Academic Hospital
MMM	Mofumahadi Manapo Mopeli
M&M	Morbidity and Mortality
NHS	National Health Systems
NTSG	National Tertiary Services Grant
FSPC	Free State Psychiatric Complex
FSDOH	Free State Department of Health
ALOS	Average Length of Stay
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
ASSA	AIDS Committee of Actuarial Society of South Africa
BOR	Bed Occupancy Rate
BUR	Bed Utilisation Rate
CEO	Chief Executive Officer
CCMT	Comprehensive Care, Management and Treatment Plan for HIV and AIDS
CHPPIP	Children Perinatal Problem Identification Programme
CHPIP	Children Health Problem Identification Programme
COHSASA	Council for Health Service Accreditation of South Africa
CTOP	Choice on Termination of Pregnancy
DOTS	Directly Observed Treatment Support
EDRWEB	Electronic Drug Resistant register Website
EPI	Expanded Program on Immunisation
ETR	Electronic TB Register
EDR	Electronic Drug Resistant Register
HAST	HIV/AIDS/STI and TB Control
HBC	Home Based Care
HCBC	Home Care Based Care

HPSP	Health Promoting Schools Program
HST	Health Sciences Training
HTA	High Transmission Area
IMCI	Integrated Management of Childhood Illnesses
KMC	Kangaroo Mother Care
MCWH	Maternal, Child and Women's Health
MDR	Multi Drug Resistant
MEDPAS	Medical Provisioning and Administration System
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
NCD	Non Communicable Diseases
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NMR	Neonatal mortality rate
O&G	Obstetrics and Gynea
OHS	Occupational Health and Safety
OSD	Occupation Specific Dispensation
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEP	Post Exposure Prophylaxis (for victims of rape)
PLWA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PTB	Pulmonary TB
PPIP	Perinatal Problem Identification Programme
FSPC	Free State Psychiatric Complex
PVC	Pneumococcal Vaccine
RV	Rota Virus
SADHS	South African Demographic and Heath Survey
SDC	Step Down Care
STI	Sexually Transmitted Infections
TAT	Turnaround Time
TB	Tuberculosis
TOP	Termination of Pregnancy
XDR – TB	Extensive Drug Resistance
<b>Planning</b>	
APP	Annual Performance Plan
IHPF	Integrated Health Planning Framework

MDG	Millennium Development Goals
MTEF	Medium Term Expenditure Framework
STP	Service Transformation Plan
<b>Systems</b>	
BAS	Basic Accounting System
BMMS	Building Maintenance Management System
DHIS	District Health Information System
ITSETA	Information Technology Sector Education and Training Authority
PERSAL	Personnel and Salary System
<b>Other</b>	
ADSL	<b>Asymmetric Digital Subscriber Line</b>
COHSASA	The Council for Health Service Accreditation of South Africa
CPIX	Consumer Price Index
CDC	Communicable Disease Control
GS	Governance Structure
HDACC	Health Data Advisory and Co-ordination Committee
HSRC	Human Sciences Research Council
LOGIS	Logistical Information System
MRC	Medical Research Council
NDoH	National Department of Health
NGO	Non-Government Organisation
NPO	Non-Profit Organisation
NSDA	Negotiated Service Delivery Agreement
ORL	Ortho-Rhino-laryngology
POA	Program of Action
PPP	Public Private Partnership
SLA	Service Level Agreement
STATSSA	Statistics South Africa

## ANNEXURE 1– DEFINITIONS OF INDICATORS AND DATA ELEMENTS IN THE APP

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
<b>Total PHC Headcount in PHC facilities</b>	Number of PHC patients seen during the reporting period in PHC facilities (Clinics and CHCs). Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the uptake of PHC services at each PHC facility for the purposes of allocating staff and other resources.	DHIS	PHC total headcount	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
<b>OPD General clinic new case not referred rate"</b>	Number of General OPD clinic new cases (seeking medical attention for a condition for the first time) that report to the General OPD department without being referred from a PHC facility or doctor during the reporting period in all Hospitals (district, regional, tertiary and central) as a percentage of the OPD General headcount new visits total. Patients with General OPD follow-up visits, visiting specialised OPD clinics and Emergency patients are not counted in denominator, because this is not regarded as PHC level of care.	Tracks the utilisation of Hospitals by patients to access PHC services, which in fact should be accessed at PHC services. This could also point to the needs for PHC services or gaps in PHC service delivery	DHIS	Numerator: OPD General clinic headcount -new case not referred.  Denominator = $\frac{\text{OPD General clinic headcount}}{\text{new case-total}}$ Sum of : <input type="checkbox"/> OPD General clinic headcount -new case not referred	Accuracy of headcount depends on the reliability of district hospital record management at facility level	Output	Percentage	Quarterly	Yes	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
<b>Total Hospital Separations</b>	Recorded completion of treatment and/or the accommodation of a patient in all hospitals (district, regional, tertiary and central) Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: <input type="checkbox"/> Inpatient deaths <input type="checkbox"/> Inpatient discharges <input type="checkbox"/> Inpatient transfer out <input type="checkbox"/> Day patient	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	All Hospital Programmes

TABLE A2: MILLENNIUM DEVELOPMENT GOALS

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
<b>Prevalence of underweight (children under 5)</b>	A child under 5 years identified as being BELOW the third centile but EQUAL TO or OVER 60% of Estimated Weight for Age (EWA) on the Road-to-Health chart. Include any such child irrespective of the reason for the underweight - malnourishment, premature birth, genetic disorders etc	Essential for growth monitoring in children	DHIS	<u>Numerator</u> Number of children underweight for age during the reporting period  <u>Denominator</u> Number of children weighed during the reporting period	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme  Nutrition Programme  Maternal, Child and Women's Health Programme
<b>Incidence of severe malnutrition in children (under 5 years of age)</b>	The number of children who weigh below 60% Expected Weight for Age (new cases per month) per 1000 children in the target population	Essential for growth monitoring in children	DHIS	<u>Numerator</u> The number of children who weigh below 60% Expected Weight for Age during the reporting period  <u>Denominator</u> Children under 5 years x 1000	Accuracy dependent on quality of data from reporting facility	Outcome	Number per 1000	Quarterly (Indicator must be annualised)	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme  Nutrition Programme  Maternal, Child and Women's Health Programme
<b>Infant mortality rate</b>	Number of children less than one year old who die in one year, per 1000 live births during that year	Monitors trends in infant mortality	South African Demographic And Health Surveys (SADHS)	<u>Numerator</u> Number of children less than one year old who die in one year  <u>Denominator</u> Total number of live births during that year x 1000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 1000 (rate)	Empirical data are provided by the SADHS every 5 years	No	Lower Infant Mortality Rates are desired	Maternal, Child and Women's Health Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Measles coverage under 1	Percentage of children under 1 year who received their first measles dose	Monitors measles coverage	DHIS	Numerator: Measles 1st dose before 1 year  Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher proportions of children immunised against measles are desired.	Expanded Programme on Immunisation (EPI) Manager
Maternal mortality ratio	Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year, per 100,000 live births during that year	Monitors trends in maternal mortality	SADHS	Numerator Number of women who die as a result of childbearing, during pregnancy or within 42 days of delivery or termination of pregnancy in one year  Denominator Total number of live births during that year x 100,000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 100,000	Empirical data are provided by the SADHS every 5 years	No	Lower Maternal Mortality Ratios are desired Lower	Health Information, Epidemiology and Research Programme MCWH Programme
Proportion of births attended by skilled health personnel	Percentage of women who gave birth in the 5 years preceding the South African Demographic Survey (SADHS) who reported that medical assistance at delivery from either a doctor, nurse or midwife	Monitors trends in maternal mortality	SADHS	Numerator Number of women who gave birth in the 5 years preceding the survey who reported that medical assistance at delivery from either a doctor, nurse or midwife  Denominator Total number of women who gave birth in the 5 years preceding the survey	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output		Empirical data are provided by the SADHS every 5 years	No	Higher levels of skilled births attended by skilled health personnel are desired	Health Information, Epidemiology and Research Programme MCWH Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
<b>HIV and AIDS prevalence among 15-19 year old group (antenatal)</b>	Percentage of women aged 15-19 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDS in younger women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	Numerator: Women aged 15 – 19 years who tested HIV positive during the survey; Denominator: Women aged 15 – 19 years tested for HIV during the survey	Reflects prevalence in surveyed women, not entire population.	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
<b>HIV and AIDS prevalence among 20-24 year old group (antenatal)</b>	Percentage of women aged 20-24 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDS in young adult women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	Numerator: Women aged 20– 24 years who tested HIV positive during the survey; Denominator: Women aged 20 – 24 years who were tested for HIV during the survey.	Reflects prevalence in surveyed women, not entire population	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
<b>Contraceptive Prevalence Rate</b>	Percentage of women of reproductive age (15-44) who are using (or whose partner is using ) a modern contraceptive method. Contraceptive methods include female and male sterilisation, injectable and oral hormones, intrauterine devices, diaphragms, spermicides and condoms, natural family planning lactational amenorrhoea.	Track the extent of the use of contraception (any method) amongst women of child bearing age	SADHS		Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output	Percentage	Empirical data are provided by the SADHS every 5 years	No	Higher Contraceptive prevalence levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
<b>New smear positive PTB cure rate</b>	Percentage of patients who are proved to be cured using smear microscopy at the end of the treatment (bacteriological proof)	Tracks the success of efforts to combat Tuberculosis in South Africa	ETR.net (TB information system)	Numerator: New smear positive cured Denominator: New smear positive newly registered	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Higher percentage indicate better cure rate for the province	TB Programme Manager

## ADMINISTRATION: TABLE ADMIN3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Medical officers per 100,000 people	Medical officers in posts on last day of March per 100 000 people.	Tracks the number of filled Medical officer's posts as part of monitoring availability of Human Resources for Health	Persal	Medical Officers in posts ----- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers contributes to improving access to and quality of clinical care	HRM
Medical officers per 100,000 people in rural districts	Medical officers in posts employed in the Rural districts on last day of March per 100 000 people.	Tracks the number of filled Medical officer employed in the rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Medical Officers in posts- Rural ----- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of medical officers in rural districts contributes to improving access to and quality of clinical care in rural district.	HRM



Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Professional nurses per 100,000 people	Professional Nurses in posts on last day of March per 100 000 people.	Tracks the number of filled Professional Nurses posts , as part of monitoring availability of Human Resources for Health	Persal	Professional Nurses in posts ----- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses contributes to improving access to and quality of health services	HRM

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Professional nurses per 100,000 people in rural districts	Professional Nurses in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Professional Nurses posts filled in rural districts , as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity.	Persal	Professional Nurses in posts - Rural ----- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of professional nurses in rural districts contributes to improving access to and quality of health services rural districts	HRD
Pharmacists per 100,000 people	Pharmacists in posts on last day of March per 100 000 people.	Tracks the number of filled Pharmacists posts to monitor availability of Human Resources	Persal	Pharmacists in posts ----- Total population X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists lead to better quality of care	HRD
Pharmacists per 100,000 people in rural districts	Pharmacists in posts employed in rural districts on last day of March per 100 000 people.	Tracks the number Pharmacists posts filled in rural districts, as part of monitoring availability of Human Resources for Health in Rural Districts. This indicator also assists in assessing urban /rural equity	Persal	Pharmacists in posts - Rural ----- Total population in Rural Districts X 100 000	Dependant on accuracy of Persal system.	Input	Ratio per 100 000 population	Annual	No	Increase in the number of Pharmacists in rural districts lead to better quality of care in these rural districts	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Vacancy rate for professional nurses	Percentage of <b>funded</b> vacant professional Nurses posts on the last day of the reporting period	Tracks the number of <b>funded</b> vacant Professional Nurses posts to monitor availability of Human Resources	Persal	Total Number of <b>funded</b> vacant Professional Nurses posts ----- Total number of <b>funded</b> professional nurse posts in the province	Dependant on accuracy of Persal data	Process	Ratio per 100 000 population	Quarterly	No	Increase in the number of professional nurses lead to better quality of care	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Vacancy rate for doctors	Percentage of <b>funded</b> vacant doctors posts on the last day of the reporting period	Tracks the number of <b>funded</b> vacant posts to monitor availability of Human Resources	Persal	Total Number of <b>funded</b> vacant Doctors posts on the last day of the reporting period ----- Total number of doctors <b>funded</b> posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management
Vacancy rate for medical specialists	Percentage of <b>funded</b> vacant medical specialists posts on the last day of the reporting period	Tracks the number of <b>funded</b> vacant medical specialists posts to monitor availability of Human Resources	Persal	Total Number of <b>funded</b> vacant medical specialists posts on the last day of the reporting period ----- Total number of medical specialists <b>funded</b> posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management
Vacancy rate for pharmacists	Percentage of <b>funded</b> vacant pharmacists posts on the last day of the reporting period	Tracks the number of <b>funded</b> vacant pharmacists posts to monitor availability of Human Resources	Persal	Total Number of <b>funded</b> vacant Pharmacists posts on the last day of the reporting period ----- Total number of pharmacists <b>funded</b> posts in the province	Dependant on accuracy of Persal data	Process	Percentage	Quarterly	No	Decrease in the vacancy rate lead to better quality of care	Human Resources Management

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Financial statements /reports/ certificates submitted in line with prescripts	<ul style="list-style-type: none"> <li>- Stock taking report</li> <li>- Quotation/Bids Awards</li> <li>- Irregular and Fruitless Expenditure</li> <li>- Commitments and accruals</li> <li>- Asset Reconciliation</li> </ul>	Monitor the financial position of the department	LOGIS BAS		Accuracy of data depends on the input of information in the system	Output		Annually Quarterly Monthly	No	Timeous reporting Reliable information	Head SCM
Percentage of contracts concluded at market related price.	Number of contracts awarded at market value	Cost effectiveness	Contract Award register	Number of contracts awarded at market value out of the total number of contracts concluded	Correctness of market analyses	Output		Monthly	No	Conclude all contract at market value	Head SCM
Number of Facilities implementing all the 5 elements of SCM	Number of institutions with operational Demand Mx; Acquisition Mx; Logistics Mx; Disposal Mx and SCM Performance	Improve the flow of processes and promote segregation of duties	SCM Performance Scorecard		Incorrect information provided on the scorecard	output		Quarterly	No	All 5 SCM elements implemented and operational	Head SCM

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Percentage of Institutional Demand met within standard delivery time: - Emergency medicines: 48 hours - Others: 4-6 weeks	Satisfying orders placed by the institutions within set timeframes	Contributes to the availability of medicines and medical consumables at institutions to render services to the community	Service Level report	Number of orders satisfied out of the total orders placed	Accuracy of data depends on the input of information in the system	Output		Monthly	No	Satisfy all orders placed within set timeframes	Head SCM
Number of districts submitting quality data <sup>10</sup> monthly.	Data submitted by the districts are analysed to determine its quality	To ensure the data used is of good quality	DHIS	Count the number of districts with acceptable data quality	none	number	Sum total	monthly	new	All districts	Information Unit
Number of monthly feedback reports issued to health institutions	Report on performance of districts prepared and distributed	Feedback to the district on their performance and data collection	DHIS	None	None	Submitted or not submitted	Sum total	monthly	yes	Report prepared	Provincial Information Management Unit
Number of Research Projects initiated	Count of research projects initiated during the financial year	Research needed for policy, and new knowledge	Research Unit	none	none	Number	Sum total	quarterly	yes	Initiation of research	Research Unit
Number of research proposals approved by the research committee	Count of research projects in the province approved	Coordination and ensuring ethical standard	Research Unit	None	None	Number	Sum total	Quarterly	Yes		Research Unit

## DISTRICT HEALTH SERVICES: TABLES DHS3 &amp; DHS 5

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Provincial PHC expenditure per uninsured person	Total expenditure by the Provincial DOH on PHC services	To monitor adequacy of funding levels for PHC services	BAS	<u>Numerator</u> Total expenditure of the Province on PHC services (Programme 2)  <u>Denominator</u> Number of uninsured people in the Provinces as indicated in STATSSA or Council for Medical Scheme data		Input	Annual	Annual	No	Higher levels of expenditure reflect prioritisation of PHC services	DHS Programme Manager  Financial Management Officials
PHC total headcount	Number of PHC patients seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS	Sum total of PHC headcounts during the reporting period	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	DHS Programme Manager
PHC total headcount – under 5 years	Number of PHC patients under the age of 5 years seen during the reporting period. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the children under 5 uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS	Sum of PHC headcount under 5 years during the reporting period	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease amongst children, or greater reliance on public health system	DHS Programme Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Utilisation rate - PHC	Rate at which services are utilised by the target population, as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS - PHC Total Headcount  StatsSA - Total Population	<u>Numerator:</u> PHC total headcount  <u>Denominator:</u> Total Population	Dependant on the accuracy of estimated total population from StatsSA	Output	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
Utilisation rate - PHC under 5 years	Rate at which services are utilised by the target population under 5 years, as the average number of visits per person per period in the target population.	Tracks the uptake of PHC services at each PHC site for the purposes of allocating staff and other resources.	DHIS - PHC headcount under 5 years  StatsSA - Population under 5 years	<u>Numerator:</u> PHC headcount under 5 years <u>Denominator:</u> Population under 5 years	Dependant on the accuracy of estimated population 5 years and under from StatsSA	Output	Annualised rate	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
Percentage of fixed PHC facilities that were visited by a supervisor at least once every month	Percentage of fixed PHC facilities that were visited by a supervisor at least once every month (official supervisor report completed)	Tracks the supervision rate of all PHC facilities.	DHIS	<u>Numerator:</u> Number of fixed PHC facilities that were visited by a supervisor  <u>Denominator:</u> Total number of fixed PHC facilities	Dependant on the reporting purpose of the visit by the supervisor to the PHC facility.	Quality	Percentage	Quarterly	No	Higher levels indicate better support to the PHC facility	QA Programme Manager
Expenditure per PHC Headcount	Expenditure per PHC headcount by provincial DOH at provincial PHC facilities.	Tracks the cost to provincial DOH for every visit to provincial PHC facility.	DHIS – PHC Total Headcount  BAS – Expenditure on PHC by provincial DOH	<u>Numerator:</u> Expenditure on PHC by provincial DOH  <u>Denominator:</u> PHC Total Headcount	Accuracy of headcount depends on the reliability of PHC record management at facility level and accuracy of expenditure depends on the accuracy of correct expenditure allocation	Efficiency	Rate	Quarterly	No	Lower expenditure could indicate efficient use of financial resources, or incomplete provision of the comprehensive PHC package	DHS Programme Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Community Health Centres (CHCs) and Community Day Centres (CDCs) with resident doctor rate	Percentage of CHCs and CDCs with at least one resident Doctor.	Tracks the national norms of the PHC package	QA	<u>Numerator:</u> Total number of CHCs and CDCs with at least one resident Doctor. <u>Denominator:</u> Total number of CHCs and CDCs in the province	Accuracy dependant on the quality of data from the reporting facility	Input	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to the national norms	Human Resources Management  Districts and Development
Number of Local Areas implementing Healthy lifestyles Program.	The programme is focused on promoting healthy living through 1Physical Activity , Nutrition , Tobacco Control Safe Sexual Behaviour , Prevention of Alcohol and Substance Abuse	Important for increasing life expectancy	District Reports	Number of local areas reporting activities on at least 3 of the 5 elements of health promotion programme	Report based	Number of Activities	Number	Quarterly	Yes	20 Local Areas to implement at least 3 of the 5 Elements	Manager Service Marketing
Number of provincial health promotion campaigns	A health related campaign targeting communities including the different stakeholders including schools ,workplaces , villages and health facilities	Important for increasing life expectancy	Provincial report	Number of the campaign	Difficult to keep Attendance registers for mass campaigns	Numbers	Numbers	Semester	Yes	2 Campaigns per annum	Manager Service Marketing
School Health programme coverage for Quintile 1 & 2 schools.	Health services rendered to Quintile 1 and 2 learners in their schools	Important for increasing life expectancy	District Report	Number of schools receiving the school health services out of the 903 schools falling under quintile 1 and 2	Report based	Numerical	Numbers	Quarterly	No	All 903 Quintiles 1 and 2 accessing the service	Manager Service Marketing



Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of PHC facilities attaining Grade A score (80%- 100%) in the assessment against core standards	PHC facilities assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	DHIS	DHIS bases	None	Percentage	Percentage	Annual	Yes	80%	PHC Manager
Number of PHC facilities assessed for compliance against the 6 priorities of the core standards	Total number of PHC facilities assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	Total number of PHC facilities assessed against the core standards.		Process	Sum	Annual	Yes	Higher number indicates better compliance with the core standards	Quality Assurance
Availability of medication	The extent of availability of tracer and chronic medicines	effective clinical management of patients	PHC Medication reports	Item of medication available/ the total tracer and chronic medication available	Report based	Numerical	Numerical	Quarterly	No	At 95 % medication availability	Manager Pharmaceutical

**HOSPITAL INDICATORS:**

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Caesarean section rate	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care	DHIS	<u>Numerator:</u> Number of Caesarean sections performed  <u>Denominator:</u> Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total separations	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: <input type="checkbox"/> Inpatient deaths <input type="checkbox"/> Inpatient discharges <input type="checkbox"/> Inpatient transfer out <input type="checkbox"/> Day patient	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
Patient Day Equivalent	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: <input type="checkbox"/> Inpatient days -total <input type="checkbox"/> 1/2 Day patients <input type="checkbox"/> 1/3 OPD headcount <input type="checkbox"/> 1/3 Emergency Headcount  OPD Headcount -total = sum of: <input type="checkbox"/> OPD specialist clinic headcount + <input type="checkbox"/> OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services
OPD Headcount -Totals	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: <input type="checkbox"/> OPD specialist clinic headcount <input type="checkbox"/> OPD general clinic headcount	Accuracy dependant on quality of data from reporting facility	Output	Sum	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District , Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Hospitals with monthly Maternal Mortality and Morbidity Meetings	Percentage of hospitals having monthly Maternal Mortality and Morbidity Meetings (3 per quarter)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Quality Assurance (QA)	<u>Numerator:</u> Number of hospitals having Maternal Mortality and Morbidity every month  <u>Denominator:</u> Total number of hospitals	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Quarterly	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)
Percentage of complaints of users of Hospital Services resolved within 25 days	Percentage of complaints of users of Hospital Services resolved within 25 days	To monitor the management of the complaints in Hospitals	Quality Assurance	<u>Numerator:</u> Total number of complaints resolved within 25 days during the quarter  <u>Denominator:</u> Total number of complaints during the quarter	Accuracy of information is dependent on the accuracy of time stamp for each complaint	Quality	Percentage	Quarterly	Yes	Higher percentage suggest better management of complaints in Hospitals	Quality Assurance
Average length of stay	Average number of patient days that an admitted patient in hospital before separation.	To monitor the efficiency of the hospital	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients  <u>Denominator:</u> Separations	High levels of efficiency y could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District, Provincial and Central Health Services
Bed utilisation rate (based on usable beds) hospitals	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of hospital beds	DHIS	<u>Numerator:</u> Inpatient days + 1/2 Day patients  <u>Denominator:</u> Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District, Provincial and Central Health Services

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE) in hospitals	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in hospitals in the province	BAS / DHIS	<u>Numerator:</u> Total Expenditure in hospitals  <u>Denominator:</u> Patient Day Equivalent (PDE)*		Efficiency	Rate	Quarterly	No	Lower rate indicating efficient use of financial resources.	District , Provincial and Central Health Services
Percentage of users of Hospital Services satisfied with the services received	The percentage of users that participated in Hospital Services survey that were satisfied with the services	Tracks the service satisfaction of the Hospital users	QA	<u>Numerator:</u> Total number of users that were satisfied with the services rendered in Hospitals  <u>Denominator:</u> Total number of users that participated in the Client Satisfaction Survey	Generalisability depends on the number of users participating in the survey.	Output	Percentage	Annual	Yes	Higher percentage indicates better levels of satisfaction in Hospital services	Quality Assurance
Percentage of facilities assessed for compliance against the 6 priorities of the core standards	Percentage of Hospitals assessed for compliance against the core standards	Tracks the levels of compliance against the core standards	QA	<u>Numerator:</u> Total number of Hospitals assessed against the 6 priority areas of the core standards.  <u>Denominator:</u> Total number of hospitals in the province.		Process	Sum	Annual	Yes	Higher number indicates better compliance with the core standards in Hospitals	Quality Assurance

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of hospitals attaining Grade A score (80%-100%) in the assessment against core standards	Hospital assessed using National Core Standards Tools	Necessary for preparation for certification by Office of Health Standards Compliance in preparation for NHI	DHIS	DHIS bases	None	Percentage	Percentage	Annual	Yes	80%	CEO
Patient waiting times	Average time taken by the service users to receive care in a facility	Important for ensuring patient safety, satisfaction and measure access to health service	Monthly reports	Number of patient monitored during their visit to the facility against a set standard	Report based	Numerical	Numerical	Quarterly	No	At least 50 % of our facilities should be within the service standards	Manager Service Marketing
Availability of medication	The extent of availability of tracer and chronic medicines	effective clinical management of patients	Hospital Medication reports	Item of medication available/ the total tracer and chronic medication available	Report based	Numerical	Numerical	Quarterly	No	At 95 % medication availability	Manager Pharmaceutical
Number of patients seen on Child Psychiatry outreach	Number of mental health users under 18 seen by the Multi-Disciplinary outreach team from FSPC monthly	Supports the DHS services in ensuring quality treatment and rehabilitation of users under 18 years	Attendance registers as kept by Child Unit Clinic	Number of patients seen on outreach to health facilities	Accuracy depends on record keeping at facility level	Output	Sum	Quarterly	Yes	Increasing numbers of eligible patients that are seen on outreach	FSPC Outreach Team

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Waiting period for admission of users into Observation Unit	It is the period after which a court of law has made a decision for a suspect to be admitted for psychiatric evaluation when accused of a serious crime	Denotes the efficiency of the rendering forensic psychiatric services in support to the Criminal Justice system	NDOH Waiting list tool	<b>Numerator:</b> Total waiting time (in months) from booking to admission for all users referred by the courts for admission. <b>Denominator:</b> Total number of users referred by the courts for admission	Accuracy depends on record keeping at facility level	Output	Sum	Quarterly	Yes	Reduction in the waiting period	Manager: Observation Unit

Note: Hospital indicators are generic and will depend on the level of facility e.g. District, Regional and Central Hospital

### HIV AND AIDS, TB AND STI CONTROL: TABLES HIV1 AND HIV3

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total number of patients (Children and Adults) on ART	Number of patients on an ARV regimen	Track the number of patients on ARV Treatment	CCMT	Cumulative total of Number of patients on an ARV regimen		Input	Cumulative total	Quarterly	No	Higher total indicates a larger population on ART treatment	HIV/AIDS Programme Manager
Male condom distribution rate	Number of male condoms distributed within the province at public health facilities per male population 15 years and over	Track the contraceptive measures	LMIS (Logistics Management Information System)	<b>Numerator:</b> Male condoms distributed within province <b>Denominator:</b> Male population 15 and over	Indicator reliant on accuracy of population estimates from StatsSA	Process	rate	Quarterly	No	Higher rate indicates better contraceptive measures which should lead to decrease in HIV/AIDS incidence.	HIV/AIDS Programme manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
New smear positive PTB defaulter rate	Percentage of smear positive PTB cases who interrupted (defaulted) treatment		ETR	<u>Numerator:</u> All smear positive defaulted <u>Denominator:</u> All smear positive newly registered		Output	Percentage	Quarterly	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	
Percentage of HIV-TB Co-infected patients placed on ART	Percentage of HIV and TB co-infected patients placed on Antiretroviral Treatment (ART)	Monitors the coverage of ART among co-infected population	ETR, Net	<u>Numerator:</u> Total number of HIV and TB co-infected people placed on ART <u>Denominator:</u> Total number of co-infected people with a CD4 count of 350 or less.	Dependant on the accuracy of the Electronic TB Register.	Output	Percentage	Quarterly	Yes	Higher percentage indicate better coverage	TB Programme Manager
HCT testing rate	Percentage of clients tested to those counselled.	Monitors the number of people convinced for testing	DHIS	<u>Numerator:</u> Total number clients of HCT clients tested for HIV <u>Denominator:</u> Total number of HCT clients pre-test counselled	Dependant on the accuracy of tick and tally sheets	Process	Percentage	Quarterly	Yes	Higher percentage indicate increased population knowing their HIV status.	HIV/AIDS Programme Manager
New smear positive PTB cure rate	Percentage of new smear positive PTB cases cured at first attempt	Monitor the TB Cure rate	ETR	<u>Numerator:</u> New smear positive cured <u>Denominator:</u> New smear positive newly registered	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Annual	No	Higher percentage indicate better cure rate for the province	TB Programme Manager



## MATERNAL, CHILD AND WOMAN HEALTH: TABLES MCWH3 &amp; MCHW4

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Immunisation coverage under 1 year	Percentage of all children in the target area under one year who complete their primary course of immunisation during the month (annualised). A Primary Course includes BCG, OPV 1,2 & 3, DTP-Hib 1,2 & 3, HepB 1,2 & 3, and 1st measles at 9 month.	Monitor the implementation of Extended Programme in Immunisation (EPI)	DHIS	<u>Numerator:</u> Immunised fully under 1 year  <u>Denominator:</u> Population under 1-year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager
Vitamin A coverage under 12 – 59 months (OR 1-4 years)	Percentage of children 12-59 months receiving vitamin A 200,000 units twice a year. (The denominator is therefore the target population 1-4 years multiplied by 2.)	Monitor the Vitamin A coverage of children	DHIS	<u>Numerator:</u> Vitamin A supplement to 12-59 months child  <u>Denominator:</u> Target population 1-4 years x 2	Reliant on Child population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Vitamin A coverage, and better nutritional support to children	Nutrition Programme manager
Measles coverage under 1 year	Percentage of children under 1 year who received measles dose	Monitor the measles coverage	DHIS	<u>Numerator:</u> Measles 1st dose before 1 year  <u>Denominator:</u> Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Measles coverage	EPI Programme manager
Pneumococcal 3 <sup>rd</sup> dose coverage under 1 year	Percentage of children under 1 year who received Pneumococcal 3 <sup>rd</sup> dose	Monitor the Pneumococcal coverage	DHIS	<u>Numerator:</u> Pneumococcal 3 <sup>rd</sup> doses before 1 year  <u>Denominator:</u> Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better Pneumococcal coverage	EPI Programme manager



Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Rota Virus 2 <sup>nd</sup> dose coverage under 1 year	Percentage of children under 1 year who received Rota Virus 2 <sup>nd</sup> dose	Monitor the Rota Virus coverage	DHIS	Numerator: Rota Virus 2 <sup>nd</sup> doses before 1 year  Denominator: Population under 1 year	Reliant on population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Rota Virus coverage	EPI Programme manager
Cervical cancer screening coverage	Percentage of women from 30 years and older who were screened for cervical cancer	Monitor cervical cancer screening coverage	DHIS	Numerator: Cervical smear in woman 30-years and older screened for cervical cancer  Denominator: Female population 30-59 years	Reliant on population estimates from StatsSA for women in age category 30-59 years	Output	Percentage Annualised	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MCWH&N Programme Manager
Antenatal visits before 20 weeks rate	The percentage of women who have a booking visit (first visit) before they are 20 weeks (about half way) into their pregnancy.	Utilisation of ANC services	DHIS	Numerator: Antenatal 1 <sup>st</sup> visits before 20 weeks  Denominator: Antenatal 1 <sup>st</sup> visits	Reliant on accuracy of number of weeks of the client is pregnant	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	MCWH&N programme Manager
Couple Year Protection Rate	Percentage of women of reproductive age (15-44) who are using (or whose partner is using ) a modern contraceptive method. Contraceptive methods include female and male sterilisation , injectable, and oral hormones, intrauterine devices, diaphragms, spermicides and condoms	Track the extent of the use of contraception (any method) amongst women of child bearing age	DHIS SADHS	Couple year protection rate: Numerator Contraceptive years equivalent = Sum: <input type="checkbox"/> Male sterilisations x 20 <input type="checkbox"/> Female sterilisations x 10 <input type="checkbox"/> Medroxyprogesterone injection /4 <input type="checkbox"/> Norethisterone/annanthate injection /6 <input type="checkbox"/> Oral pill cycles /13 <input type="checkbox"/> IUCD x 4 <input type="checkbox"/> Male condoms /500  Denominator: Female target population 15-44 years	Reliant on accuracy of data collection	Output	Percentage	Annual	No	Higher protection levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Delivery rate for women under 18 years	Percentage of deliveries where the mother is under 18 years on the day of delivery.	Monitor the percentage of deliveries among teenagers	DHIS	<u>Numerator:</u> Total number of Deliveries in province to woman under 18 years <u>Denominator:</u> Total Deliveries in province		Outcome	Percentage	Annual	No	Higher percentages indicate increase in the number deliveries among teenagers.	MCWH Programme manager
facility Maternal Mortality Ratio (MMR)	Number of maternal deaths in facility expressed per 100 000 live births. . A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (as cited in ICD 10).	Confidential enquiry into maternal deaths report only released every 3-5 years , so monitoring of maternal deaths on a routine basis is very important to monitor progress towards MDG target. Mortality and causes of death report does not give exact figures for maternal deaths.	DHIS	<u>Numerator:</u> Maternal death in facility <u>Denominator:</u> Live births in facility	Reliant on accuracy of classification of inpatient death	Outcome	Ratio per 100 000 live births	Annual	No	Lower institutional rate indicate fewer avoidable deaths.	MCWH&N programme manager
Facility Infant mortality (under 1 years) rate	The number of children who have died in a health facility between birth and their first birthday, expressed per thousand live births in facility	Monitoring of infant deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	<u>Numerator:</u> Total number of inpatient death under one year <u>Denominator:</u> Inpatients separations under 1 year (Sum of Inpatient discharge < 1 year and Inpatient transfer out < 1)	Reliant on accuracy of in facility live births reporting	Outcome	Rate	Annual	No	Lower infant mortality rate	N/A

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Facility child mortality (under 5 years) rate	The number of children who have died in a health facility between birth and their fifth birthday, expressed per thousand live births in facility	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	<u>Numerator:</u> Total number of inpatient deaths under 5 years <u>Denominator:</u> Inpatients separations under 5 year (Sum of Inpatient discharge < 5 year and Inpatient transfer out < 5)	Reliant on accuracy of in facility live births reporting	Outcome	Rate	Annual	No	Lower children mortality rate	N/A

## DISEASE CONTROL AND PREVENTION: TABLES DCP1 AND DCP3

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Malaria fatality rate (annual)	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria		<u>Numerator:</u> Deaths from malaria <u>Denominator:</u> Total number of Malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of malaria	Communicable Diseases
Cholera fatality rate (annual)	Deaths from cholera as a percentage of the number of cases reported	Monitor the number deaths caused by Cholera		<u>Numerator:</u> Deaths from Cholera <u>Denominator:</u> Total number of cholera cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of cholera	Communicable Diseases
Cataract surgery rate (annual)	Cataract operations completed per 1,000,000 population	Monitor the number of cataract surgery		<u>Numerator:</u> Cataract operations completed <u>Denominator:</u> Total population	Accuracy dependant on quality of data from health facilities	Outcome	Rate per 1mill population	Annual	No	Higher levels reflects a good contribution to sight restoration, especially amongst the elderly population	Non communicable Diseases

## EMERGENCY MEDICAL &amp; PATIENT TRANSPORT SERVICES: TABLES EMS1 AND EMS3

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Rostered ambulances per 10 000 population	Number of all rostered ambulances per 10 000 people in the province	Track the availability of rostered ambulances	EMS Information Systems	<u>Numerator:</u> Total number of rostered ambulances  <u>Denominator:</u> Total population in the province (divided by 10 000)		Input	Sum	Quarterly	No	Higher number of rostered ambulances may lead to faster response time	EMS Manager
P1 calls with a response time of <15 minutes in an urban area	Percentage of P1 call outs to urban locations with response times within national urban target (15 min)	Monitor Response times within national urban target	EMS Information Systems	<u>Numerator:</u> No priority 1 urban calls where Response times within national urban target  <u>Denominator:</u> All priority 1 urban Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No	Higher percentage indicate better response times in the urban area	EMS Manager
P1 calls with a response time of <40 minutes in a rural area	Percentage of P1 call outs to rural locations with response times within national rural target (40 min)	Monitor Response times within national rural target	EMS Information Systems	<u>Numerator:</u> No priority 1 rural calls where Response times within national rural target  <u>Denominator:</u> All priority 1 rural Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No	Higher percentage indicate better response times in the rural areas	EMS Manager

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
All calls with response time within 60 minutes	Percentage of all call outs with response times within 60min	Monitor Response times	EMS Information Systems	<u>Numerator:</u> No of calls where Response times within 60min  <u>Denominator:</u> All Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Quarterly	No	Higher percentage indicate better response times	EMS Manager

## HEALTH SCIENCES AND TRAINING: TABLE HST2

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Intake of nurse students	Number of nurses entering the first year of nursing college	Tracks the training of nurses	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DOH and nursing colleges	Input	Sum total	Annual	No	Higher levels of intake are desired, to increase the availability of nurses in future	Human Resources Development Programme
Number of new part-time bursaries awarded	Number of students provided with bursaries by the provincial department of health	Tracks the numbers of health science students sponsored by the Province to undergo training as future health care providers	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DOH and Health Science Training Institutions	Input	Sum total	Annual	No	Higher numbers of students provided with bursaries are desired, as this has the potential to increase future health care providers	Human Resources Development
Basic nurse students graduating	Number of students who graduate from the basic nursing course	Tracks the production of nurses	Human Resources Development	No denominator	Data quality depends on good record keeping by both the Provincial DOH and nursing colleges	Output	Sum total	Annual	No	Desired performance level is that higher numbers of nursing students should be graduating	Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of trained Emergency Care Practitioners	Number of Emergency Care practitioners who received accredited training.	Track the training of Emergency Care practitioners.	HRD (proof of registration with professional body)	No dominator.	The accuracy of data depends on proper recording and proper record keeping.	Input indicator.	Sum total	Annually	No	Increase the availability of EMS practitioners and improve the quality of EMS services.	HRD
Number of EMS personnel trained in various courses	Number of EMS personnel that have received in-service training and other short courses.	Track the number of EMS personnel who received in-service training and short courses.	HRD (Training register.)	No dominator.	The data quality depends on accurate recording and proper record keeping.	Input indicator.	Sum total	Quarterly	No	Improve service delivery.	HRD
Number of managers and senior managers trained in management programs.	Number of managers and senior managers who received training in management courses.	Track the number of manager and senior manager developed.	HRD (training register)	No dominator.	Data quality depends on accurate recording.	Input indicator	Sum total	Quarterly	No	Increase the number of managers and senior managers trained in management courses for effective and efficient management of services.	HRD

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of other categories trained.	Number of other categories who received training.	Track the training of other categories.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	Yes	Improve the quality of services rendered.	HRD

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of personnel undergone in-service training programmes (Continuous Professional Development).	Number of personnel who received continuous professional development/in-service training.	Track the development of health care professionals.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	No	Updating of personnel on the new developments.	HRD
Number of personnel (Professional nurses) trained on Nurse Initiated Management of ART (NIMART).	Number of professional nurses trained on NIMART	To enable the professionals nurses to treat and manage patients who are on ARVs, so as to cover the shortage of doctors.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	Yes	To increase access to ARVs.	HRD
Number of 18.1 Learnerships implemented.	Number of employed personnel who are on learnerships.	Improve the skills of personnel.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	No	Effective and efficient service delivery.	HRD
Number of non-health care professionals trained (Community Health Care Workers).	Number of care workers trained.	Primary Health Care re-engineering.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Annually	No	To increase the accessibility of Primary Health care services to the community.	HRD
Number of learners enrolled in ABET programme	Number of personnel enrolled for ABET program.	To improve the literacy of officials below NQF level 1.	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Annually	No	Bridging the gap between General training certificate and FET.	HRD



Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of 18.2 Learnerships implemented.	Number of unemployed who are on learnerships.	Job creation	HRD (training register)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Quarterly	No	Increase the number of employable individuals.	HRD
Number of professional nurses trained in Primary Health Care	Number of professional nurses who have undergone Primary Health Care training.	Primary Health Care re-engineering.	HRD (database)	No dominator.	Data quality depends on accurate recording and proper record keeping.	Input indicator	Sum total	Annual	Yes	Effective and efficient service delivery.	HRD

### HEALTH CARE SUPPORT SERVICES

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Number of Decentralized Laundry Services	Establishment of satellite laundries in remote areas.	To make Laundry Service accessible to all areas.	Orders processed to buy equipment			2 Satellite laundries 2012/2013		Quarterly	No	Service clients (Hospitals in that region)	Manager: Linen Management
Number of users of Orthotic and Prosthetic Services per year.	The number of Patients receiving Medical Orthotics & Prosthetics products or services	Provide indication of how many patients/clients attending the services	Patients Registration System	Total number of patients visiting the centres or Clinics	1. Computer/s shut down at service points 2. Reliability of data from Outreach Services – no computers available	process	number	Quarterly Reports	no	1To increase the number of users(patients) Accessing Medical Orthotics & Prosthetics Services	Manager Rehab & Disabilities



HEALTH FACILITIES MANAGEMENT: TABLE HFM2

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Equitable share capital programme as % of total health expenditure	Expenditure on buildings and equipment from the provincial equitable share allocation (i.e. excluding conditional grants) as a percentage of total provincial health expenditure	Tracks expenditure on health infrastructure and equipment	Health Facility Maintenance Programme BAS	$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Expenditure on buildings upgrade and renovation and construction}}{\text{Total Expenditure by provincial DOH (equitable share)}}$	Data quality is reliant on accurate costing and assessment of the condition of health facilities	Quality	Expenditure in Rands	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility	Health Facility Maintenance Programme
Number of Hospitals funded from the revitalisation programme	Number of hospitals with funding from the Revitalisation Grant from 2003	Tracks progress with the revitalisation of hospitals to improve service delivery	Health Facility Maintenance Programme	$\frac{\text{No.}}{\text{Denominator}}$	Focus should be on hospitals that have been actually funded for planning or construction, or both, but not on approved business cases that have not been funded	Input	Sum	Annual	No	Higher percentages of hospitals funded reflect progress with the revitalisation of hospitals	Health Facility Maintenance Programme
Expenditure on facility maintenance as % of total health expenditure	Expenditure on health buildings maintenance in the Province as a percentage of total provincial health expenditure	Tracks expenditure on the maintenance of health facilities	Health Facility Maintenance Programme	$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Expenditure on Buildings maintenance expenditure}}{\text{Total expenditure by Provincial DOH}}$	Data quality is reliant on accurate costing of maintenance expenditure	Input	Expenditure in Rands	Annual	No	Expenditure on facility maintenance is desired to be about 4% of total health expenditure, but no Province has reached this target	Health Facility Maintenance Programme

Indicator Title	Short Definition	Purpose/Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Average backlog of service platform in fixed PHC facilities	Expenditure required to bring all fixed provincial health clinics and CHCs up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'	Health Facility Maintenance Programme BAS	<u>Numerator:</u> Expenditure required for fixed PHC facilities to reach maintenance standard <u>Denominator:</u> Replacement cost for all PHC facilities	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities	Quality	Expenditure in Rands	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility	Health Facility Maintenance Programme District Health Services
Level 1 beds per 1000 uninsured population	Level 1 beds in all hospitals per 1,000 uninsured population	Tracks the provision and availability of Level 1 beds in the Province	Integrated Health Planning Framework Provincial Service Transformation Plan Comprehensive Service Plan	<u>Numerator:</u> Level 1 beds in all hospitals <u>Denominator:</u> Total uninsured population x 1000	Depends on accuracy of population data	Outcome	Number per 1000	Annual	No	Higher numbers of Level 1 beds suggest that the need for Level 1 beds is being met. But bed occupancy rates must also be assessed to develop an informed judgement	Health Facility Maintenance Programme
Level 2 beds per 1000 uninsured population	Level 2 beds in all hospitals per 1,000 uninsured population	Tracks the provision and availability of Level 2 beds in the Province	Integrated Health Planning Framework Provincial Service Transformation Plan Comprehensive Service Plan	<u>Numerator:</u> Level 2 beds in all hospitals <u>Denominator:</u> Total uninsured population x 1000	Depends on accuracy of population data	Outcome	Number per 1000	Annual	No	Higher numbers of Level 2 beds suggest that the need for Level 2 beds is being met. But bed occupancy rates must also be assessed to develop an informed judgement	Health Facility Maintenance Programme

[illegible]

[illegible]

[illegible]

# NOTES

[illegible]

[illegible]

# NOTES

[illegible]



# ANNEXURE A

## ADDENDUM TO THE FREE STATE DEPARTMENT OF HEALTH FIVE YEAR STRATEGIC PLAN 2010/11 2014/15



**health**  
Department of  
Health  
FREE STATE PROVINCE

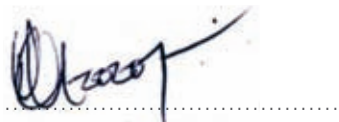
[www.fs.gov.za](http://www.fs.gov.za)

Official Sign Off

## OFFICIAL SIGN OFF OF THE ANNEXURE A REFLECTING THE CHANGES FOR THE 5 YEAR STRATEGIC PLAN 2010/11 TO 2014/15 BY THE CHIEF FINANCIAL OFFICER, HEAD HEALTH AND MEC FOR HEALTH.

It is hereby certified that this changes as indicated in ANNEXURE A:

- were developed by the Provincial Department of Health in the Free State.
- changes as effected in this 5 year Strategic Plan of 2010/11 to 2014/15 were derived from the revised priorities of Government as well as implementation of the Negotiated Services Delivery Agreement.
- were prepared in line with the Annual Performance Plan 2011/12 to
- 2012/13 of the Department of Health in the Free State under the guidance of Ms Fezi F Ngubentombi, MEC for Health.
- accurately reflects the performance targets which the Provincial Department of Health in the Free State will endeavour to achieve given the resources made available in the budget for 2011/12.



**Ms Khumo Mzozoyana**

Chief Financial Officer

Date: 22/03/2011



**Dr Siphon Kabane**

Head: Health

Date: 22/03/2011

APPROVED BY:



**Ms Fezi Fundiswa Ngubentombi**

MEC for Health

Date: 22/03/2011

## LIST OF CHANGES DONE ON 5 YEAR STRATEGIC PLAN 2010/11 to 2014/15

CONTENT	DESCRIPTION	PAGE NUMBERS
1. Introduction	MEC: HEALTH - Me: E.S. Mabe replaced with Me: Fezi Fundiswa Ngubentombi	3
4.1.3 Statement of the Head of Department	New Strategic Goals for the Department	5
	Acting HOD replaced by HOD	5
4.1.4 Official sign off: Head of Strategic Planning	Me JE Makenzie replaced by Mr STC Mohapi	7
PART A: Strategic Overview	Replace Vision, Mission, Core Values, Key enablers, New Strategic Goals of the FSDOH and Provincial Priorities.	8
4.2.5 Accelerating progress towards the Millennium Development Goals (MDGS)	Format was changed	26
Free State contribution towards Health Sector Negotiated Service Delivery Agreement (NSDA)	A new Table added	
Program 1	Strategic Goals aligned and pages 43 – 44 were replaced as indicated in Annual Performance Plan (APP 2011/2012)	43 - 44
Program 2	Programme Purpose aligned with APP 2011/2012 document, replaced page 47	47
	Strategic Goals aligned and pages 48 - 51 were replaced as indicated in Annual Performance Plan (APP 2011/2012)	48 - 51
Program 3	Strategic Goals aligned and page 57 was replaced as indicated in Annual Performance Plan (APP 2011/2012)	57
Program 4	Strategic Goals aligned and pages 60 - 63 were replaced as indicated in Annual Performance Plan (APP 2011/2012)	60 - 63
Program 5	Programme Purpose aligned with APP 2011/2012 document, replaced page 65	65
	Strategic Goals aligned and pages 66 - 68 were replaced as indicated in Annual Performance Plan (APP 2011/2012)	66 - 68
Program 6	Programme Purpose aligned with APP 2011/2012 document, replaced page 71	71
	Strategic Goals aligned and pages 72 - 73 were replaced as indicated in Annual Performance Plan (APP 2011/2012)	72 - 73
Program 7	Programme Purpose aligned with APP 2011/2012 document, replaced page 75	75
	Strategic Goals aligned and page 76 was replaced as indicated in Annual Performance Plan (APP 2011/2012)	76
Program 8	Programme Purpose aligned with APP 2011/2012 document, replaced page 77	77
	Strategic Goals aligned and page 78 was replaced as indicated in Annual Performance Plan (APP 2011/2012)	78

# Strategic Overview

## CHANGES TO THE FREE STATE DEPARTMENT OF HEALTH FIVE (5) YEAR STRATEGIC PLAN 2010/11 TO 2014/15

### 4.2 PART A: STRATEGIC OVERVIEW (Page 8/83)

#### 4.2.1 VISION, MISSION AND VALUES

##### STRATEGIC OVERVIEW

##### VISION

The Vision of the Free State Department of Health is: "A Long And Healthy Life For The Free State Community".

The Free State Department of Health will achieve its vision by:

- Providing quality, accessible and comprehensive health services through a family and community -based Primary Health Care (PHC) Approach to the Free State community;
- Optimally utilizing all its resources to provide the caring and compassionate services;
- Empowering and developing all its personnel and stakeholders; and
- Adopting an evidence based and Information centred approach to planning and decision making for the achievement of better health outcomes.

##### CORE VALUES

The key determinants of relationships within the Free State Department of Health are:

- Accountability;
- Responsiveness;
- Batho Pele;
- Commitment;
- Integrity; and
- Transparency.

##### KEY ENABLERS

- Team Approach based on strong Inter – Cluster Collaboration;
- Inter-sectoral collaboration;
- Outcomes and/or Evidence Based Approach; and
- Timely Corrective Actions.

## NEW STRATEGIC GOALS OF THE FSDOH

The following Five (5) x Strategic Goals are the main pillars of this 2011/12 – FSDOH Annual Performance Plan which will help us to achieve our Vision and Mission:

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.

## PROVINCIAL PRIORITIES:

Taking queue from the National Department of Health (NDOH), the Free State Department of Health (FSDOH) remains firmly focused on the implementation of the ten (10) Point Plan for the Health Sector which consists of the following priorities:

- Provision Of Strategic Leadership And Creation Of Social Compact For Better Health Outcomes;
- Implementation Of National Health Insurance (NHI);
- Improving The Quality Of Health Services;
- Overhauling The Health Care System And Improving Its Management;
- Improved Human Resources Planning, Development And Management;
- Revitalization Of Infrastructure;
- Accelerated Implementation Of The HIV And AIDS Strategic Plan And The Increased Focus On TB And Other Communicable Diseases;
- Mass Mobilisation For The Better Health For The Population;
- Review Of Drug Policy; And
- Strengthening Research And Development.

# Accelerating Process towards the MDGS



#### 4.2.5 ACCELERATING PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT GOALS (MDGs).

#### REVIEW OF PROGRESS TOWARDS THE HEALTH RELATED MILLENNIUM DEVELOPMENT GOALS (MDGs) AND PROGRESS REQUIRED BY THE UNITED NATIONS IN 2015.

MDG GOAL	TARGET	INDICATOR	BASELINE (2009) FREE STATE PROGRESS	SOURCE OF DATA	FREE STATE RE- QUIRED PROGRESS BY 2015
Goal 1: Eradicate Extreme Poverty And Hunger	Halve, between 1990 and 2015, the propor- tion of people who suffer from hunger.	Prevalence of underweight in children (under 5 years of age)	2.4 per 1000 population children < 5 years not gaining weight .	District Health Infor- mation System (DHIS) 2009	Reduce severe mal- nutrition to 5 per 1000 population under 5 years.
		Incidence of severe malnutrition in children (under 5 years of age).	4.2 per 1000 population children <5 years (Annual Report 2009/10 indicates 0.5 per 1000 population children <5 years, pg 71)		100 000 people receiv- ing food supplementa- tion programme.
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate.	Facility Child Mortality Rate 34 per 1000 population	District Health Infor- mation System (DHIS) 2009	25 per 1000 popula- tion <5
		Infant mortality rate.	Facility Infant Mortality Rate 25.4 per 1000 population		17 per 1000 population under 1 year.
		Proportion of one year old children immunized against measles	Measles coverage under 1 year 88.3% (Annual Report 2009/10 indicates 89%, pg 71)	District Health Infor- mation System (DHIS) 2009	93% of one year old children immunized against measles.
		Maternal mortality ratio.	Facility Maternal Mortality Rate 327 per 100 000 live births	District Health Infor- mation System (DHIS) 2009	200 per 100 000 live births
Goal 5: Improve Maternal Health	Reduce by three- quarters, between 1990 and 2015, the maternal mortality rate	Proportion of births attended by skilled health personnel.	90% of births attended by skilled health personnel.	District Health Infor- mation System (DHIS) 2009	95% of births attended by skilled health per- sonnel.
Goal 6: Combat HIV and AIDS, malaria and other diseases	Have halted by 2015, and begin to reverse the spread of HIV and AIDS.	HIV prevalence among 15- to 24-year-old pregnant women.	Overall HIV prevalence amongst 15 -49 year-old pregnant women was 30.1% (2009) - a decrease of 2.8 % from the previous year's 32.9% (2008). (The current "National HIV and Syphilis Prevalence Survey of SA, 2007" executive summary published, does not give a breakdown for provinces in the 15- 19 year old population bracket, but only 15-49 year olds. Refer to pg 40 of this document)	National HIV and Syphilis Prevalence Survey of South Africa, 2009.	5% reduction in preva- lence of HIV among 15 to 24 year old pregnant women.
		Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS).	71.3%	ETR.Net (2009)	85% TB cure rate, con- ditional on implementa- tion of IPT.

## Free State contribution towards NSDA

## FREE STATE CONTRIBUTION TOWARDS HEALTH SECTOR NEGOTIATED SERVICE DELIVERY AGREEMENT (NSDA)

OUTPUT	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2009)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
1. INCREASING LIFE EXPECTANCY	Life expectancy at Birth	53.9 years for males (STATSSA, 2008)	58 years for males	46.2 years for males (STATS SA, 2010)	58 years for males	Statistics South Africa (STATSSA) Mid-term population estimates
		57.2 years for females (STATSSA, 2008)	60 years for females	48.4 years for females	60 years for females	
	Child Mortality Rate	104 per 1,000 (MDG Country Report 2010)	20 per 1,000 popula- tion <5.	68.2 per 1000 (SADHS, 2003)	Child Mortality Rate 20 per 1000 population <5.	South African Demo- graphic and Health Survey (SADHS)
				Facility Child Mortality Rate 34 per 1000 population (2009)		District Health Informa- tion System (DHIS)
	Infant Mortality Rate	53 per 1,000 (MDG Country Report 2010)	18 per 1,000 population under 1 year.	48.1 (SADHS, 2003) Facility Infant Mortality Rate 25.4 per 1000 population (2009)	Infant Mortality Rate 17 per 1000 population under 1 year.	South African Demo- graphic and Health Survey (SADHS) District Health Informa- tion System (DHIS)
2. DECREASING MA- TERNAL AND CHILD MORTALITY	Maternal Mortality Ratio	625 per 100,000 live births	100 per 100,000 live births	327 per 100 000 live births (2009)	Maternal Mortality Ratio 100 per 100 000 popula- tion.	District Health Informa- tion System (DHIS)
	Proportion of births attended by skilled health personnel.	94.3%	100%	90% of births attended by skilled health per- sonnel.	95% of births attended by skilled health personnel.	South African Demo- graphic and Health Survey (SADHS)
	Contraceptive prevalence rate	65%	90%	7.3	15	South African Demo- graphic and Health Survey (SADHS)

OUTPUT	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2009)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
3. COMBATING HIV AND AIDS AND DECREASING THE BURDEN OF DISEASES FROM TUBERCU- LOSIS.	HIV Prevalence amongst 15-24 year old pregnant women.	21.7%	None	Overall HIV prevalence amongst 15 -49 year-old pregnant women: 30.1% (2009)	5% reduction in prevalence of HIV among 15 to 24 year old pregnant women.	Annual antenatal HIV and Syphilis Survey
	Mother to Child Trans- mission Rate.	10%	<5%	8% MTC Transmission Rate.	MTC Transmission Rate below 5%.	District Health Informa- tion System (DHIS)
	Percentage of eligible HIV positive women initiated on ART.	No baseline	All eligible preg- nant women to be initiated on ART at a CD4 count of <350	No baseline	100% of eligible HIV positive women initiated on ART	District Health Informa- tion System (DHIS)
	Total number of patients (adults and children) on ART	1.1 million	3.2 million	53 152 adult patients initi- ated on ART. 5 723 child patients initiated on ART.	177 178 adult patients initi- ated on ART 16 678 child patients initiated on ART	District Health Informa- tion System (DHIS)
	TB Incidence.	341,165	175,000	819/100 000 (2009)	841/100 000	ETR.net
	TB Cure Rate.	64%	85%	71.7 % (2009)	85%	ETR.net
	New smear positive PTB defaulter rate.	7%	<5%	4,6% (2009)	≤3.8%	TB Register (eTR.Net)
	Percentage of HIV- co-infected patients placed on ART.	No Baseline	52.6%	No Baseline	≥85%	EDR WEB
	Percentage of TB pa- tients with MDR-TB.	2%	N/A	1,26% (2009)	Less than 0.5%	EDR WEB

OUTPUT	INDICATOR	SOUTH AFRICA BASELINE (2009)	SOUTH AFRICA REQUIRED TARGET 2014/15	FREE STATE BASELINE (2009)	FREE STATE REQUIRED PROGRESS BY 2015	SOURCE OF DATA
4. STRENGTHENING HEALTH SYSTEM EFFECTIVENESS	Primary Health Care utilization rate	2.5 visits per person per annum	3.5 visits per person per annum	2.4 visits per person per annum.	3.5 visits per person per annum.	District Health Information System (DHIS)
	Accreditation of health facilities for quality.	None	25% of health facilities accredited annually	0% accredited under the core standards.	25% of facilities to be ac- credited.	Quarterly Progress Reports
	Percentage of users of public health services satisfied with the service received	87.5%	90%	55.2% for PHC Services 56% for District Hospital Ser- vices 75% for Regional Hospital Services	90% of users of public health facilities satisfied with the services rendered.	Patient Satisfaction Module
	Percentage of com- plaints from users of public health services resolved within 60 days	To be established	100%	72% for Primary Health Care Services 71% for District Hospital Ser- vices 71.4% for Regional Hospital Services 73% for Central Hospital Ser- vices	100% of complaints from users of public health services, resolved within 60 days.	Annual Patient Satis- faction Surveys
	Improved access to Human Resources for Health	Human Re- sources for Health (HRH) Plan produced	Revised HRH plan produced, which reflects and ap- propriate skills mix between health professionals	Annual Human Resources for Health Plan aligned with the requirements and needs for service delivery.	Revised Human Resourc- es for Health (HRH) Plan produced, which reflects and appropriate skills mix between health profes- sionals	Quarterly Progress reports
	Unqualified Audit Re- ports from the Auditor General.	3/10 (1 National and 2 Provincial DoHs)	9/9 Provincial DoHs 1 National DoH	Qualified Audit Report for Free State Department of Health	Unqualified Audit Report for the Free State Depart- ment of Health	Auditor General's Report on the Annual Financial Statements of Government Departments.

Program 1

## PROGRAMME 1: STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2014

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Provision of strategic leadership and creation of social compact for better health outcomes.	Integrated strategic planning, effective governance and management.	Oversee the implementation of Government Priorities.	MEC Office is responsible for providing the Political Leadership and Direction for implementing the Government's Programs of Action (PAO) in the FSDOH. The first 10 Yr – STP of the FSDOH is been developed in 2010/11 by the STP – Task Team and will be submitted in April 2011.	All the Strategic Direction Documents are developed and implemented on time each Financial Year.	Number Of Strategic Documents Available To Implement Government Priorities.	3 x Strategic Documents Available To Implement Government Priorities: 1.SOPA Injunctions Plan & 4 x Progress Reports. 2. MEC Budget Speech Injunctions Plan & 4 x Progress Reports. 3.Health Summit Resolutions Implementation Plan & 4 x Progress Reports.
		Re-establish Provincial Governance Structures (GS) chaired by the MEC: Health (i.e. 1 x Provincial Health Council; 1 x Provincial Consultative Forum).		In 2010/11 the two (2) Governance Structures which are chaired by MEC: Health are not function. They are to be re-established from 2011/12.	Number of Strategic Plans available to implement Government Priorities.	2 x Strategic Plans available to implement Government Priorities: (a) Updated Service Transformation Plan Available; (b) 5 Yr Strategic Plan Available.
		Implement the integrated Strategic Planning Framework.	The Departmental A.P.P. has to be developed and implemented as the first year of the five (5) Year Strategic Plan.	(a) The A.P.P.s are developed on time before the beginning of each Financial Year and Implemented accordingly during each Financial Year. (b) The five (5) x Districts Health Plans for 2011/12 are developed.	Number of Plans available.	2 x Governance Structures: (a) 1 x Provincial Health Council and 4 x Meetings held; (b) 1 x Provincial Consultative Forum and 1 Meeting held.
						2013/14 - 2015/16 FSDOH Annual Performance Plan (A.P.P.).
			In order to justify the funding for the Directorates, Institutions and Hospitals, they must have functional Annual Operational Plans (AOPs).	From 2011/12 Financial Year, all Directorates, Hospitals and Institutions shall have functional AOPs.	Percentage of the Hospitals, Directorates and Institutions having functional Annual Operational Plans (AOPs).	5 x District Health Plans.
						100 % of the Hospitals, Institutions and Directorates with functional Annual Operational Plans. NB: Total = 57 x (i.e. 7 x Main Hospitals, 24 District Hospitals, 20 x Directorates and 6 x Other Institutions excluding Training Institutions. Training Institutions APOs are all consolidated under HRQD – AOP.

			PFMA and National Treasury Policies prescribe that the Departments must produce the Annual Reports before 31/8. Prepare all the FSDOH – Facilities to be accredited for NHI.	FSDOH – Annual Reports are produced on time (i.e. the 31/8 of each year)	FSDOH Annual Report available.	Annual Report 2012/13 by 31 August 2013.
Strengthening health system effectiveness	Accreditation of health facilities for compliance	Measure public and private health establishments' performance against national core standards.	Prepare all the FSDOH – Facilities to be accredited for NHI.	All FSDOH – Health Facilities are being prepared to be accredited for NHI – Implementation.	Number of public and private health establishments with performance assessment reports	200 (of 286) health establishments with performance assessment reports
		Ensure compliance of pharmacy facilities in line with legislation to enhance service delivery	FSDOH – Pharmacy Facilities must comply with the Legislation in order to be licensed.	39 x FSDOH Pharmacy Facilities are fully compliant with Legislation.	Number of Pharmacy Facilities that are fully compliant with Legislation	44 fully compliant Hospital, CHC and Medical Depot pharmacy facilities
	Improved human resources for health	Develop and Implement the FSDOH - Human Resource Plan in 3 Phases (i.e. Phase 1 = Plan with Nurses Skill Mix Model completed; Phase 2 = Plan with other Health Professionals Skill Mix completed; and Phase 3 = HR Plan finalized).	DPSA and PFMA prescribe to the Government Departments to develop and implement the Departmental Human Resources Plans.	Draft FSDOH – HR Plan was developed in 2010/11 but lacked various Professionals' Skills Mix.	Availability of the FSDOH - HR Plan.	Final FSDOH – HR Plan developed and implemented.
				Vacancy Rate at 30%.	Vacancy Rate	20 %
				1371 x vacant posts were filled in 2010/11 from April to Sept, 2010.	Number of funded vacant posts filled (i.e. based on the baseline of 1371 posts filled in 2010/11 up to 3rd Quarter).	1,900 X Funded Vacant Posts Filled.
	Improved health infrastructure availability	Improve Information Communication Technology systems. (I.C.T.)	I.C.T. is the back – bone of the Functional Service Delivery.	In 2010/11, the I.C.T. of the FSDOH has deteriorated and needs to be revamped.	Number of institutions ICT upgraded and or replaced.	Implemented in 24 x District Hospitals
						10 x Health institutions replaced (hardware and infrastructure)
		Improve management of Health Technology			Number of new facilities equipped. Standardised Equipment lists at all levels of care	2 x clinics with procured equipment from the standardised equipment lists.
	Financial management focused on monitoring and evaluation	Ensure Compliance with PFMA, Treasury Regulations and other Legislation in order to achieve clean audit.	PFMA and other financial Legislation prescribed compliance.	FSDOH Finance Cluster Management is ensuring compliance.	Compliance with National and Provincial Strategic Planning and Reporting prescripts	Compliance with the prescripts



						Statement/reports/ certificates submitted in line with pre-scripts: 100% Compliance
	Ensure compliance with the Public Finance Management Act (PFMA) and Treasury Regulations.	(a) Ensure compliance.	(a) Compliance achieved.		Statement/reports/ certificates submitted in line with pre-scripts	Statement/reports/ certificates submitted in line with pre-scripts: 100% Compliance
		(b) Avoid Disclaimer Audit Report	(b) Disclaimer Audit Report in 2009/10.		Clean Audit	Clean Audit opinion.
	Implementation of cost effective procurement process.	Ensure cost effective SCM Procurement process.	(a) No contracts arranged.		Contracts at market related price.	100% of contracts arranged
	Ensure compliance with all relevant Supply Chain Management (SCM) legislation		(b) 50 % of Institutions implemented 5/5 SCM Elements.		Number of Facilities complying with all relevant Supply Chain Management (SCM) legislation.	<input type="checkbox"/> 100% of Institutions implementing 5/5 SCM Elements. Demand Management <input type="checkbox"/> Acquisition Management <input type="checkbox"/> Logistics Management <input type="checkbox"/> Disposal Management <input type="checkbox"/> Supply Chain Management         Performance Contract
	Improved Service Level for the Medical Depot.	Medical Depot has to be functional and must have > 95% stock levels.	50%		Percentage of Institutional Demand met within standard delivery time, emergency medicines: 48 hours, others (4-6 weeks)	Meet at least 95 % demand of institutions.
Health Management Information System (HIMS).	Maintain and improve Provincial Health Management Information System	Credible Data or Information Management must be provided so as to facilitate effective decision – making.	New Indicator		Review of data elements and indicators used	Reviewed Data Set available each year.
	Conduct and monitor health research in the province	Free State Provincial Health Act prescribes Provincial Research Committee to be established and Research Unit to be established and it be functional.	New Indicator		(a) Functional Provincial Research & Information Management Committees established.	(a) Provincial Info Management and Research Committees functional and must have 3 x Meetings per annum.
					(b) Number of Research Projects conducted each year.	(b) 4 x Research Projects conducted per annum.

Program 2

## PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

### PROGRAMME PURPOSE

This Programme is responsible for the rendering and the establishment of District Health Services. The Programme provides District Management, Community Health Clinics, Community Health Centres, Community Based Services, Other Community Services, HIV/AIDS, STIs & TB, Nutrition (MCWH&N), Coroner Services (Forensic Pathology Services), District Hospitals, Communicable Diseases and Non – Communicable Diseases

### Programme 2 has the following sub-programmes:

- District Management
- Community Health Clinics
- Community Health Centres
- Community Based Services
- Other Community Services
- HIV/AIDS, STIs & TB,
- Nutrition (MCWH&N)
- Coroner Services (Forensic Pathology Services)
- District Hospitals
- Communicable Diseases
- Non – Communicable Diseases

## PROGRAMME 2: SPECIFICATION OF STRATEGIC OBJECTIVES AND EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Provision of strategic leadership and creation of social compact for better health outcomes.	Integrated strategic planning, effective governance and management.	Ensure functional governance structures at all level 1 facilities.	Promotion of Community Participation.	5 District Health Councils and 24 District Hospitals	Number of governance structures having at least 6 meetings per annum.	Fully functional governance structures (196 Clinic Committees, 5 District Health Councils and 13 Hospital Boards)
		Intensify health promotion programs. Enhance the implementation of school health services.	Early detection of preventable diseases.	5 districts – 10 local areas, all five pillars. 5 districts, 17 local areas	Number of Local Areas implementing Healthy lifestyles Program. Number of Local Areas implementing school health services.	Improved Health Promotion and Prevention strategies at community level.
Increasing life expectancy.	Accelerated implementation of the HIV and AIDS Strategic Plan and the increased focus on Tuberculosis and other communicable diseases	Early detection and rapid response to disease outbreaks to reduce morbidity and mortality.	All outbreaks responded to, timely.	75%	Percentage of outbreaks responded to within 24 hours	100% of outbreaks responded to within 24 hours
		Strengthen surveillance on priority communicable diseases.		0%	Malaria fatality rate (annual).	0% Malaria fatality rate
				0%	Cholera fatality rate (annual).	0% Cholera fatality rate

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Decreasing Maternal and Child Mortality.	Accelerated implementation of the HIV and AIDS Strategic Plan and the increased focus on Tuberculosis and other communicable diseases	Reduce infant and under 5 child mortality.	Reducing infant- and under 5 morbidity and mortality in the Free State.	68,2 per 1000 population < 5 years of age. (SADHS, 2003)	Facility mortality rate for children <1.	Reduce facility Infant Mortality Rate from 25,4 to 17 per 1000 population under 1 year.
			Protecting Free State children against vaccine preventable diseases.	48,1 per 1000 population under 1 year of age. (SADHS, 2003)	Facility mortality rate for children <5.	Reduce facility Child Mortality Rate from 34 to 25 per 1000 population under 1 year.
			Reducing maternal morbidity and mortality in the Free State.	86,6% (2009)	Percentage of children under <1 years of age, fully immunised.	95% of children under <1 years of age, fully immunised.
		Reduce maternal mortality ratio.	Enhancing the clinical skills of health workers in Emergency Obstetric Care.	327 per 100 000 live births (2009 calendar year)	Facility maternal mortality rate.	Reduce facility Maternal Mortality Ratio from 327 to 200 per 100 000 live births.
				25% reduction in MMR due to preventable causes (2009 calendar year)		Reduce MMR due to obstetric related causes from 25% to 16%.
				25 Health Professionals (13 Doctors 12 midwives) trained in ESMOE		280 Health Professionals trained in ESMOE
		Rapidly scaling up condom distribution at all health facilities.	Improved access to contraception services and reduction in the contraceptive prevalence rate.	No Baseline	Percentage of health facilities that provide contraception.	100% of facilities that provide contraception.
				12 844 226	Number of male condoms distributed.	24 000 000 male condoms distributed.
				364 675	Number of female condoms distributed.	500 000 female condoms distributed.
		Increase the proportion of designated health facilities providing Choice on Termination of Pregnancy (CTOP).	Increased access to safe Choice on Termination of Pregnancy for women in the Free State.	21 facilities providing TOP services. 4 (public) 17(private)	Number of designated facilities providing CTOP services.	35 facilities providing TOP services 15(public) 20(private)

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Strengthening Health System Effectiveness	Improving Patient Care and Satisfaction.	Reduce Mother to Child Transmission Rate of HIV	Control the spread of the HIV in the Free State Community.	93% of ANC clients tested for HIV.	Antenatal client HIV 1 <sup>st</sup> test rate.	100% of ANC clients tested for HIV.
				10% MTC Transmission Rate.	Percentage reduction in Mother to Child Transmission Rate	MTC Transmission Rate below 5%
		Implement health care Provider-initiated HIV Counselling and Testing (PICT) in all health facilities.	Rapidly scaling up access to ART for people living with HIV and AIDS	12%	Percentage of health facilities implementing Health care provider-initiated HIV Counselling and Testing (PICT).	100% health facilities implementing Health care provider-initiated HIV Counselling and Testing (PICT).
		Increase the proportion of pregnant women tested through health care provider-initiated Counselling and Testing (HCT) to 100%.		New Indicator	Percentage of eligible HIV positive women with a CD4 count of <350, initiated on ART.	100% of eligible HIV positive women with a CD4 count of <350, initiated on ART.
		Increase the number of new patients initiated on Antiretroviral Therapy (ART).		53 152 adult patients initiated on ART.	Number of adult patients initiated on ART.	177 adult patients initiated on ART.
				5 723 child patients initiated on ART.	Number of child patients initiated on ART.	16 678 child patients initiated on ART.
		Initiate people with HIV and AIDS and Tuberculosis (TB) co-morbidity at a CD 4 count of 350 or less, on ART.		New Indicator	Percentage of people with HIV and AIDS and Tuberculosis (TB) co-morbidity at a CD4 count of 350 or less, initiated on ART.	≥85% of people with HIV and AIDS and Tuberculosis (TB) co-morbidity at a CD4 count of 350 or less, initiated on ART.
		Improve TB treatment outcomes.	Reduce the Burden of Disease due to TB.	73.6%	Smear conversion rate of new positive patients at 2 months.	≥83%
				71.7 % (2009)	TB cure rate of new smear positive patients.	Equal to or greater than 80%
				4.6%	TB treatment defaulter rate.	≤4%
		Reduce the incidence of drug resistant TB.		1.26%	Proportion of MDR TB amongst TB patients.	Less than 1%
				3.1%	Proportion of XDR TB amongst MDR TB patients.	Less than 0.5%
		Improve patient care & satisfaction.	Improved Quality of Services	72% Patient Satisfaction Rate at level 1 service.	Improve patient satisfaction rate at level 1 service to at least 85 %.	Improve patient satisfaction rate at level 1 services to ≥ 85%

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
	Re-engineering the Primary Health Care System	Extend the scope of the NGO's beyond the specific programmes beyond HIV/AIDS and TB Programmes.	NGOs' Scope of functioning extended.	50 NGOs on service level agreements doing other PHC functions, support, education, defaulter and tracing. 19 254 patients seen for Home Based Care.	Number of NGO's on service level agreements to do other PHC functions, support, education defaulter and tracing. Number of patients seen for Home Based Care.	Strengthen the Community Health Worker Program.
		Improve accessibility of services at Primary Health Care facilities and District Hospitals.	Partial compliance to the service packages for PHC services and District Hospitals.	72%	Percentage of facilities implementing the full PHC (based on the referral system) package.	All PHC facilities implementing the full PHC package.
		Strengthen Rural Health Strategy.	Partial compliance to the Rural Health Strategy.	6/24 district hospitals	Number of facilities implementing the full District Hospital packages	All District Hospitals becoming fully fledged by implementing full District Hospital Packages.
				16 773 / 22 766 farms visited	Number of visits to farms** on 6 weekly basis.	Improved access to Primary Health Care Services in rural areas.

Program 3



### PROGRAMME 3: SPECIFICATION OF STRATEGIC OBJECTIVES & EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Strengthening Health System Effectiveness.	Improved quality of care for Emergency Medical Services.	Provide an efficient pre-hospital and inter-hospital patient transport service.	Provision of adequate ambulance services for the Free State Community.	77 (28%) of required vehicles (290).	Number of Rostered Ambulances per 10 000 people.	180 of required 290 ambulances)
			Adherence to the National Norms.	60%	Percentage of P1 calls within the response time less than 15 minutes in an urban area.	80%
				35%	Percentage of P1 calls within the response time less than 40 minutes in a rural area.	80%
				New Indicator	Percentage of all calls with a response time within 60 minutes.	85%
		Provide an efficient planned patient transport service	Provision of adequate planned patient transport.	40	Numbered of Rostered planned patient transport vehicles in the Province	Provide 50 Rostered planned patient transport vehicles in the Province

Program 4

## PROGRAMME 4: SPECIFICATION OF STRATEGIC OBJECTIVES & EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Provision of Strategic leadership and creation of social compact for better health outcomes	Integrated strategic planning, effective governance and management.	Ensure Hospital Boards and Mental Health Review Boards are functional.	Fully functional Hospital Boards and Mental Health Review Boards.	6 Hospital Boards	Number of Hospital Board having at least 6 meetings per annum.	6 Hospital Boards
		Train and develop the Hospitals' CEOs in Hospital Management	Ensure that executive management team members and CEOs have appropriate qualifications to run hospitals	3 Mental Health Review Boards	Number of Mental Health Review Boards having at least 12 meetings per annum.	3 Mental Health Review Boards
					Percentage of Hospital Executive CEOs qualified in Hospital Management Degree or Post Graduate Degree	100%
				7	Percentage of Hospital Executive CEOs that are enrolled in pursuing the qualification in Hospital Management Degree or Post Graduate Degree	100%
Increase life expectancy	Mass mobilisation for the better health for the population	Implement the Ministers Priorities	Improved patient satisfaction and safety of care	Emergency and Trauma: 15 minutes Admissions : 60 minutes OPD : 2 Hours Medical Casualty : 1 Hour Pharmacy : 1 Hour Radiology: 1Hour	a) Patient waiting times in Emergency and Trauma, Admissions, OPD, Casualty and Pharmacy are in line with National Core Standards	Emergency and Trauma: 15 minutes Admissions : 60 minutes OPD : 2 Hours Medical Casualty : 1 Hour Pharmacy : 1 Hour Radiology: 1Hour
				80%	b) 90% of medication available	95% (12 week buffer stock)
				7%	c) Nosocomial infection control rate	Nosocomial infection rate = < 10 %
Strengthening Health System Effectiveness	Re-engineering the Primary Health Care (PHC) System	Ensure provision of a full package of Regional Hospital services and Comprehensive Psychiatric services.	Improved service delivery.	Bongani: 8/9 Boitumelo: 6/9 Dihlabeng: 5/9 MMM: 5/9 Pelonomi: 9/9 FSPC: 1	Number of level 2 disciplines and comprehensive psychiatric services available.	9 Disciplines in Regional Hospitals  1 comprehensive psychiatric Service in Free State Psychiatric Complex
		Provide outreach services to lower levels of care.	Increased accessibility of all clinical disciplines for the community.	Boitumelo: 2, Bongani: 2, Dihlabeng: 4, MMM: 4, Pelonomi: 5, and FSPC: 1.	Number of clinical disciplines conducting outreach programs per Provincial Hospitals	Clinical disciplines per Hospital Boitumelo : 4, Bongani : 4, Dihlabeng : 4, MMM : 4, Pelonomi : 6, and Free State Psychiatric Complex 1.

Program 5

## **PROGRAMME 5: CENTRAL HOSPITAL SERVICES (TERTIARY HOSPITALS (THS) = (ACADEMIC HOSPITALS & TERTIARY HOSPITALS)**

### **PROGRAMME PURPOSE**

The aim of Programme 5 is to manage, monitor, organise and render Level III and IV tertiary services in the Free State Province. Furthermore, the programme offers training, education, research services as well as improving service delivery of the Medical School and other related fields within the faculty.

The purpose of Programme 5 is to provide tertiary services to the central population of South Africa, including Lesotho. The additional populations to be added for tertiary care are at least 50% of Lesotho population (1 million people) and around 20% of the population of the Northern Cape (200,000) and 270,000 from the Eastern Cape, thus bringing the catchment population to 4,37 million people.

Programme 5 has the following sub-programmes: Central Hospital Services (Universitas Academic Hospital), Public Private Partnership and Provincial Tertiary Services.

### PROGRAMME 5: SPECIFICATION OF STRATEGIC OBJECTIVES & EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Strengthening Health Systems Effectiveness	Improving the Quality of Health Services	Improve patient satisfaction.	Improve patient satisfaction.	73% independent survey	Percentage of users visiting tertiary services that is satisfied with the services	Patient satisfaction rate >85 %
		Implement Clinical Governance Programme.	Provide evidence based care through effective clinical governance programmes.	Clinical Governance programmes in place (10 departments)	Clinical Governance Program Implemented in AHC (M&M meeting, Clinical audits, Protocols and guidelines being followed, Peer review and Retrospective Medical Document review in place).	Improved Clinical Governance Programmes with evidence for all aspects in all academic clinical departments (30 departments)
		Strengthen outreach to regional hospitals.	Outreach services strengthened, training, capacity building and facilitate decentralised service rendering.	Bongani: 16, Dihlabeng: 12, MMM :11, and Boitumelo: 11.	Number of outreach visits per regional hospital per annum.	Bongani: 110, Dihlabeng: 100, MMM: 90, and Boitumelo: 120.
				Bongani: 4, Dihlabeng: 4, MMM: 4, and Boitumelo: 4.		Bongani: 34% , Dihlabeng: 34%, MMM: 34 % , and Boitumelo: 34%.
		Implement Telemedicine between UAH and regional hospitals.	Telemedicine strengthened, training, capacity building and facilitate decentralised service rendering.	2	Number of telemedicine encounters between Academic Health Complex and regional hospitals.	4 Monthly encounters
				4		5 active teleradiology links between Academic Health Complex and regional hospitals.
		Maintain Service Quality Standards	To maintain the quality of care at UAH	>85% measured against COHSASA standards	% QA score against National Core Standards	>80% measured against National Core Standards

Program 6

## PROGRAMME 6: HEALTH SCIENCE TRAINING (HST)

### PROGRAMME PURPOSE

The Programme is primarily responsible to provide training as well as promoting research and development of health systems.

### Programme 6 consists of four sub-programmes:

- Nurse Training Colleges
- EMS Training College
- Primary Health Care Training and
- Training Other.



## PROGRAMME 6: SPECIFICATION OF STRATEGIC OBJECTIVES & EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATE-MENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUT-COMES (TARGETS)
Strengthening Health System Effectiveness	Improved Human Resources for Health.	Increase the supply of nurses in the Free State.	Improvement of service delivery and performance enhancement (efficient and effective service delivery).	428	No. of new student nurses enrolled for training.	500
				New Indicator	No. of student nurses completed training.	400
		Train different categories of employees		New Indicator	Number of other categories trained in various management programs.	200
				189	Number of managers and senior managers trained in various management programs.	100
				1691	Number of personnel trained on Nurse Initiated Management of ART (NIMART) Treatment and HIV and AIDS.	600 personnel trained on NIMART
				147	18.1 Learnerships implemented based on SETA funding.	50 x 18.1
		Improve educational level of lower categories (Level 1-3)		824	Number of personnel undergone in-service training programmes (Continuous Professional Development).	3 400)
				45	Number of trained Emergency Care Practitioners	60
				339	Number of learners trained in ABET target per annum	300
		Promote employability and sustainable livelihood through skills development		101	Number of 18.2 Learnerships implemented annually.	100 x 18.2
50	Number of non health care professionals trained (Community Health Care Workers).		100			
		Intake of new Bursary Holders	Reduce the level of unemployment	New	Number of new bursary holders	200

Program 7

## PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

### 11.1 PROGRAMME PURPOSE

The aim of the programme is to render Health Care Support Services as required by the Department to fulfil its Mandates.

**According to Estimates of Provincial Expenditure (EPE) Guidelines, Programme 7 has the following sub-programmes**

- Orthotic and Prosthetic
- Laundries
- Engineering
- Forensic Services (Please refer to Programme 2 Coroner Services)
- Medicine Trading Account

PROGRAMME 7: SPECIFICATION OF STRATEGIC OBJECTIVES & EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Strengthening health system effectiveness	Re-engineering the primary health care system	Provide appropriate and accessible Orthotic and Prosthetic Services to the Free State Community.	Increase the number of patients seen per year, in order to meet the demand for the service.	A cumulative number of 9100 patients were seen at all centres.	Number of users per year.	10 250
	Improve management of Laundry Services	a) Improve Turnaround time of laundry services. (Baseline is 72 hours 2010/2011)	28% of required linen for health institutions is available.	New Indicator	% of Turnaround Time of Laundry Services	Turnaround time improved by 80%
		b) Improve accessibility of laundry services. (Number of Decentralized Laundry Services)	Improve accessibility of laundry services	New Indicator	Number of Decentralized Laundry Services	0

# Program 8

## PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

### PROGRAMME PURPOSE

The purpose of the Programme is to provide adequate Health Facilities and Infrastructure. This Programme is mainly responsible to support all the Health Facilities in the FSDOH Clusters in:

- Planning of infrastructure projects;
- Monitoring and support during the project implementation;
- Assist health institutions with technical advice and support for physical infrastructure needs;
- Advise executive on infrastructure priorities annually.

**Programme 8 is responsible for providing Health Facilities and Infrastructure to the following FSDOH Facilities:**

- Community Health Facilities
- Emergency Medical Services
- District Hospitals
- Provincial Hospitals
- Central Hospitals
- Other facilities

## PROGRAMME 8: SPECIFICATION OF STRATEGIC OBJECTIVES & EXPECTED OUTCOMES FOR 2010-2015

STRATEGIC GOAL	GOAL STATEMENT	STRATEGIC OBJECTIVE	RATIONALE	BASELINE	INDICATOR	EXPECTED OUTCOMES (TARGETS)
Strengthening health system effectiveness	Improved health infrastructure availability	Improve maintenance and upgrading of health facilities	10% of facilities maintained. No comprehensive long-term maintenance and upgrading plan.	31 hospitals, 232 clinics and CHCs, 4 x Colleges Emergency Care, 6 x Forensic mortuaries and 5 x Laundries (Includes day to day minor maintenance).	Number of Health Facilities maintained and upgraded	10 Health Facilities maintained (minor and major maintenance) - cumulative
		Implement Hospital Revitalization Projects	Improve accessibility and quality of Services and to ensure Provisioning of Comprehensive Services.	7 x Projects at Pelonomi Hospital completed 8 x Projects Boitumelo Hospital completed 1x Project at Psychiatric Hospital completed	Number of completed Projects on Hospital Revitalization	3
		Upgrading of Clinics and Construction of new Buildings		New Indicator	Number of completed Clinics on upgrades and New Buildings	5

## NOTES

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