



ANNUAL PERFORMANCE PLAN

2008/2009 - 2010/2011



health

Department of
Health
FREE STATE PROVINCE

CONTENTS

Contents	Page number
PART A STRATEGIC OVERVIEW	
Vision and mission	1
Regulatory framework	1
Organisational structure of the department	2
Endorsement by MEC	3
Endorsement by Acting Head of Department	4
Corporate Situation Analysis	5
Demographic profile	5
Environmental Infrastructure Profile	<div>Dwelling type</div> <div>Access to adequate water and sanitation</div> <div>Refuse removal</div> <div>Safe water</div>
Economic Profile	9
Epidemiological Profile	<div>Disabled population</div> <div>Top 10 causes of death</div> <div>Under 5 mortality rate per 1000</div> <div>Tuberculosis</div> <div>Maternal mortality</div> <div>Perinatal mortality</div> <div>Progress toward equity</div>
Broad Corporate Strategic Goals and Objectives	18
RESOURCE TRENDS Vote 5 (All Programmes) Past Expenditure Trends	19
Gap Analysis	20

CONTENTS

Budget programmes	Sub programmes	Annexure	Page number
PART B			
Programme 1 Administration			
	· Office of the MEC	1	32
	· Management		
		2	45
Programme 2			
District Health Services	· District Management		
	· Community Health Clinics		
	· Community Health Centres	3	52
	· Community Based Services		
	· Coroner Services		
	· District Hospitals		
	· HIV and AIDS	4	77
	· Nutrition	5	91
	· Disease prevention & control	6	100
Programme 3 Emergency Medical Services	· Emergency Transport	7	109
	· Planned Patient Transport		
Programme 4 Provincial Hospital Services	· General (regional) Hospitals	8	116
	· Psychiatric Hospitals		
Programme 5 Central Hospital Services	· Provincial Tertiary Hospitals	9	129
Programme 6 Health Sciences and Training	· Nurse Training Colleges		
	· EMS Training Colleges		
	· Bursaries	10	142
	· PHC Training		
	· Training Other		

CONTENTS

Budget programmes	Sub programmes	Annexure	Page number
Programme 7 Health Care Support Services	<ul style="list-style-type: none">· Laundries· Orthotic and Prosthetic Services· Medicines Trading Account	11	152
Programme 8 Health Facilities Management	<ul style="list-style-type: none">· Community Health Facilities· EMS· District Hospitals· Provincial Hospitals· Central Hospitals· Other Facilities	12	157
PART C			
Annual Performance Plan of year one		13	167
Quarterly Reporting System (QRS) for 2008/09		14	189
List of Acronyms			198



FREE STATE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN 2008/2009 TO 2010/2011

PART A



FREE STATE DEPARTMENT OF HEALTH: PART A

Strategic Overview of the Annual Performance Plan 2008/2009 to 2010/2011

VISION AND MISSION

The vision of the department is:

“A healthy and self reliant Free State community”.

Mission

The Department:

- Provides quality, accessible and comprehensive Health Services to the Free State community,
- Optimally utilizes resources to provide caring and compassionate services,
- Empowers and develops all personnel and stakeholders.

Values

The key determinants of relationships within the department are:

- Accountability,
- Batho Pele,
- Botho,
- Commitment,
- Integrity and
- Inter-dependence

Key enablers

- Internal and inter departmental team approach,
- Government Cluster approach and inter sectoral collaboration,
- Recognition that the department is a learning organisation,
- Communication (internal and external),
- Innovation,
- Partnerships.

REGULATORY ENVIRONMENT

The Free State Department of Health derives its mandate from the following legislation:

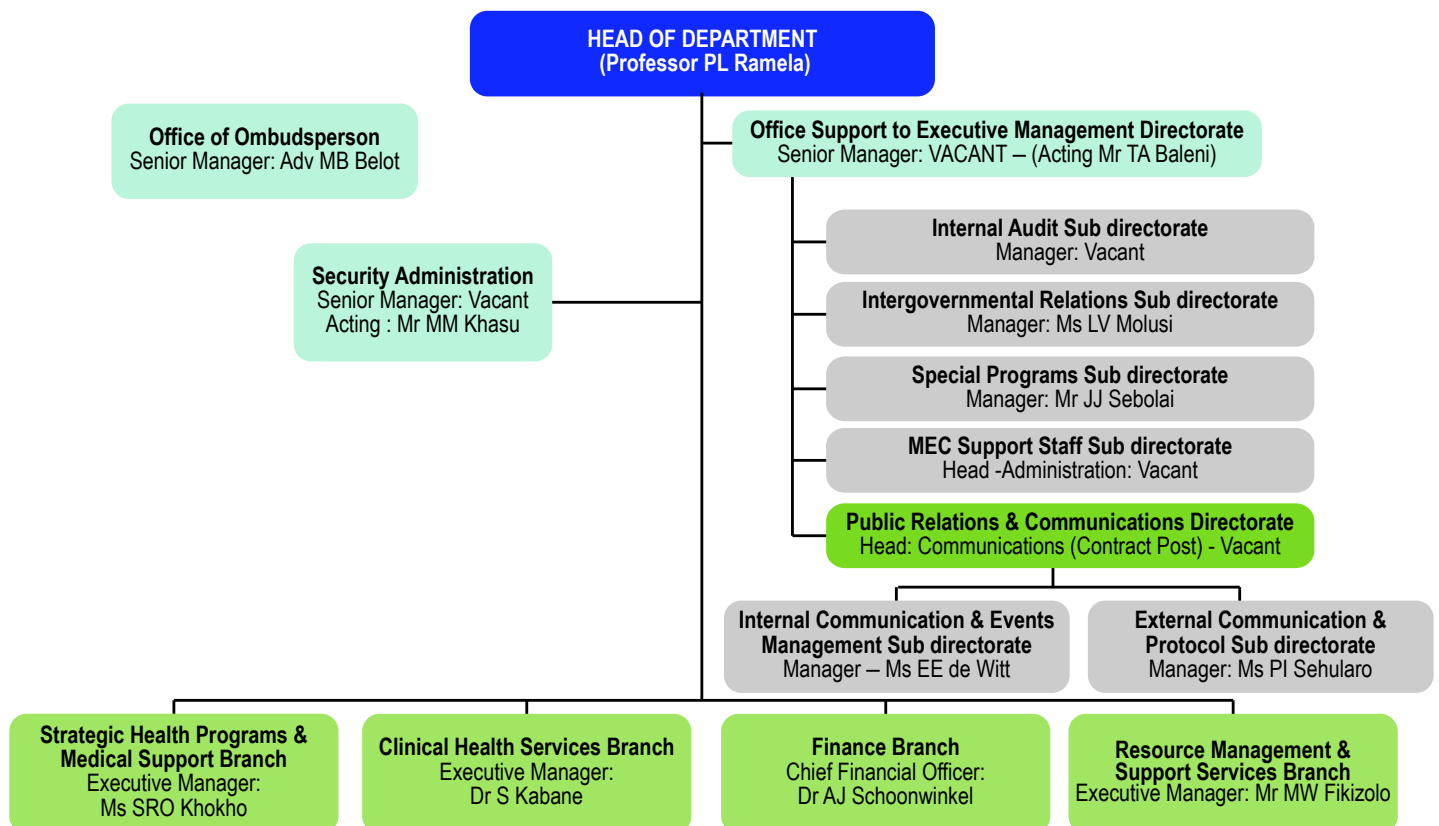
- Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)
- National Health Act, 1977 (Act No. 63 of 1977)
- National Health Act, 2003 (Act No. 61 of 2003)
- Free State Hospitals Act, 1996 (Act No.13 of 1996)
- Free State Health Act, 1999 (Act No. 8 of 2000)
- Free State School Health Services Act, 1998 (Act No. II of 1998)
- Free State Nursing Education Act, 1998 (Act No. 15 of 1998)

The Department functions within the provisions of all applicable legislation including:

- Public Audit Act, 1995 (Act No. 25 of 2004)
- Public Finance Management Act, 1999 (Act No. 1 of 1999 as amended by Act No. 29 of 1999) [PFMA]
- Public Service Act, 1994, (Proclamation 103 of 1994)
- Labour Relations Act, 1995 (Act No. 66 of 1995)
- Basic Conditions of Employment Act, 1997 (Act No 75 of 1997)
- Treasury Regulations issued in terms of the PFMA
- Free State Provincial Revenue Act, 1998 (Act 12 of 1998)
- Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000)
- Division of Revenue Act, 2005 (Act 1 of 2005)
- Free State Appropriation Act, 2005 (Act 1 of 2005)
- Free State Adjustment Appropriation Act, 2005 (Act 9 of 2005)

- Mental Health Act, 1973 (Act No. 18 of 1973)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- Medicine and Related Substance Act, 1965 (Act No. 101 of 1965)
- Human Tissue Act, 1983 (Act No. 65 of 1983)
- Pharmacy Act, 1974 (Act No. 53 of 1974)
- Health Professions Act, 1974 (Act No. 56 of 1974)
- Health Laws Amendment Act, 1977 (Act No. 36 of 1977)
- Nursing Act, 1978 (Act No. 50 of 1978)
- Dental Technicians Act, 1979 (Act No. 19 of 1979)
- Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992)
- Health and Welfare Matters Second Amendment Act, 1993 (Act No. 180 of 1993)
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
- Sterilisation Act, 1998 (Act No. 44 of 1998)
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)
- Traditional Health Practitioners Act, 2004 (Act No. 35 of 2004)
- Free State Initiation School Health Act, 2004 (Act 1 of 2004)
- Atmospheric Pollution Prevention Act, 1965 (Act No. 45 of 1965)
- Hazardous Substance Act, 1973 (Act No. 15 of 1973)
- Health and Welfare Matters Amendment Act, 1993 (Act No. 118 of 1993)
- Promotion of Access to Information Act 9 (act 3 of 2000)
- Promotion of Administrative Justice Act (Act 2 of 2000)

This Annual Performance Plan is based on the prescribed health sector format “Format for Annual Performance Plans of Provincial Health Departments for financial years 2008/09 – 2010/11” released by the National Department of Health of May 2007.



ENDORSEMENT BY THE MEC

During the second half of my term in office it is appropriate to reflect on the current status of achievements of the department as they relate to the strategic direction derived from national, provincial and local government, as well as on challenges that lie ahead, so that we can plan to meet these challenges as effectively as we can taking into consideration available resources.

The Annual Performance Plan is derived from political and management imperatives contained in the following documents:

- State of the Nation address by President Thabo Mbeki at the opening of parliament.
 - State of the province address by Premier Beatrice Marshoff at the opening of the Free State legislature.
 - Millennium Development Goals.
 - Free State Growth and Development Strategy.
 - Proposed Priorities for the National Health System 2007/2008 to 2009/10
- and the imperatives of related programmes, projects and policies concerning the mandate of the department.

This plan describes the intended performance of the department over the Medium Term Expenditure Framework period in line with the prescripts of the Public Finance Management Act, 1999 (Act No. 1 of 1999 as amended by Act No. 29 of 1999) [PFMA] and related regulations.

Part A of the Annual Performance Plan uses a broad analysis to determine the strategic issues facing the department at corporate level. Part B will show how the resources of the department will be used to implement the corporate plan.

The Service Transformation Plan is being developed which will describe the service platform of the department over the longer term (2008 to 2018).

Each of these plans is reviewed every year to ensure the continued relevance of the rolling 3 and ten year plans in a dynamic planning environment.

Clear links exist with the Free State Growth and Development Strategy of the Free State Provincial Government. In this regard the Department of Health particularly made a major contribution to the Free State economy with particular reference to economic empowerment of previously disadvantaged individuals. The figures for the 2006/2007 financial year for the Free State Department of Health illustrate this:

- R value of contracts awarded in total: R 307, 453, 865.00
- R value of contracts awarded to Free State companies: R202,892,523.00
- Total number of contracts awarded : 41
- 32 contracts were awarded to BBBEE/HDI companies. This is 55.67%. These contracts had a value of R159,753,198.21

During my term of office the department has proved to be a major contributor to the success of the Free State Growth and Development strategy. The Department will continue to contribute to this important strategy to improve the quality of life of the citizens of the Free State.

During the remainder of the current term of office the focus on service delivery will ensure that the health needs of the Free State community are addressed.



Mr ST Belot: MEC for Health Free State Provincial Legislature
Date: 31 January 2008

ENDORSEMENT BY HEAD OF DEPARTMENT

This Annual Performance Plan lays the foundation for health service delivery during the Medium Term Expenditure period. The strategies designed to address the challenges also indicate the areas of leadership and management to be strengthened during this period.

The international perspective is that the South African health system does not perform as well as it should, given the level of resources available. The Intergovernmental Fiscal Review for 2007/08 provides comparative figures for health expenditure as a proportion of the GDP for middle income countries such as ours.

Whilst RSA has a higher allocation of GDP to health than countries like Malaysia (2.2% of GDP) and Singapore (1.3% of GDP), these countries have better health outcomes comparatively.

It is evident that higher health allocations do not translate into higher achievement of Millennium Development Goals such as under 5 and infant mortality rates, malnutrition and maternal mortality rates. There are other variables such as effectiveness of disease management and efficiency of our intervention strategies which must be improved in order to deliver improved health outcomes.

The Free State province has shared with Gauteng the lowest per capita budget allocation for health services (3.5%) as compared to a national average of 5.3% per capita, against higher activity levels of 11.9% compared to a decrease nationally. This has placed tremendous pressure on the department.

Vacancy rates of health professionals in the province such as professional nurses, medical officers and medical specialists continues to present challenges as elsewhere in the country. Our strategies around human resource development and staff retention require a constant review and innovation if we are to succeed in increasing our professional staff complement.

Our challenge is to transform health services rendering in a resource constrained environment into a more effective and efficient system, reduce unnecessary losses as well as fruitless expenditure. This requires focused transformation of the service rendering platforms to use similar if not lesser, resources to achieve better outputs and outcomes for our people.

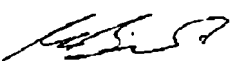
This transformation requires the following:

- Appropriate placement of health care professionals;
- Improved outreach programmes to make specialist care available throughout the province;
- Expansion of the tele-medicine service to include all specialist disciplines in order to support other professionals in remote locations.

Challenges to be achieved within available resources

1. An Electronic Patient Record system must be developed to manage patient information in line with national priorities;
2. Emergency Medical Services requires further attention to improve communication, response times, further training of personnel and in corporation of aeromedical services to reach out more effectively in cases of emergency.
3. Clinical Associates and other mid level workers must be trained to provide appropriate health professionals in line with community needs.
4. Existing services must be consolidated and improved to ensure optimal functioning at all times with emphasis placed on maintenance of facilities, improvement in health technology and customer services.
5. The local garment manufacturing industry will be supported by intensifying local procurement of linen and uniforms and better attention will be given to the National Youth Service and Expanded Public Works Programme (EPWP) programmes in order to ensure that the department reduces the burden of disease not only through treatment intervention but most importantly through prevention and healthy lifestyle promotion, of which employment is an important component.

The challenge of a motivated workforce is daunting and unending but the management is determined to play its role and trust that our staff will continue with the diligence they have shown in the past in dealing with service delivery including our management of STI, TB and diseases of poor lifestyles.



Prof PL Ramela: Acting Head of Department
Date: 31 January 2008

CORPORATE SITUATION ANALYSIS

DEMOGRAPHIC PROFILE

Free State Population

Gender	2001 census estimates	2003 mid year estimates	2004 mid year estimates	2005 mid year estimates	2006 mid year estimates
Male	1 297 605	1 302 523	1 305 420	1 308 294	1428301
Female	1 409 170	1 435 636	1 450 831	1 465 939	1457780
Total	2 706 755	2 738 159	2 756 251	2 774 233	2886081

Source: DHIS Mid year estimates

Population Distribution per municipality and per status of health insurance

Health District	Population	Number insured	Number uninsured
XHARIEP	132070	19546	112524
Letsemeng Municipality	38604	5713	32891
Kopanong Municipality	54150	8014	46136
Mohokare Municipality	39316	5819	33497
MOTHEO	736292	108971	627321
Naledi Municipality	27026	4000	23026
Mangaung Municipality	654922	96928	557994
Mantsopa Municipality	54344	8043	46301
LEJWELEPUTSWA	762858	112903	649955
Masilonyana Municipality	71457	10576	60881
Tokologo Municipality	29038	4298	24740
Tswelopele Municipality	56038	8294	47744
Matjhabeng Municipality	517193	76545	440648
Nala Municipality	89132	13192	75940
THABO MOFUTSANYANA	738328	109273	629055
Setsoto Municipality	119112	17629	101483
Dihlabeng Municipality	116302	17213	99089
Nketoana Municipality	69756	10324	59432
Maluti a Phofung Municipality	383337	56734	326603
Phumelela Municipality	49151	7275	41876
Golden Gate Highlands	670	99	571
FEZILE DABI	487971	72220	415751
Moqhaka Municipality	183822	27206	156616
Nqwathe Municipality	130231	19274	110957
Metsimaholo Municipality	116000	17168	98832
Mafube Municipality	57918	8572	49346
Province	2857519	422913	2434606

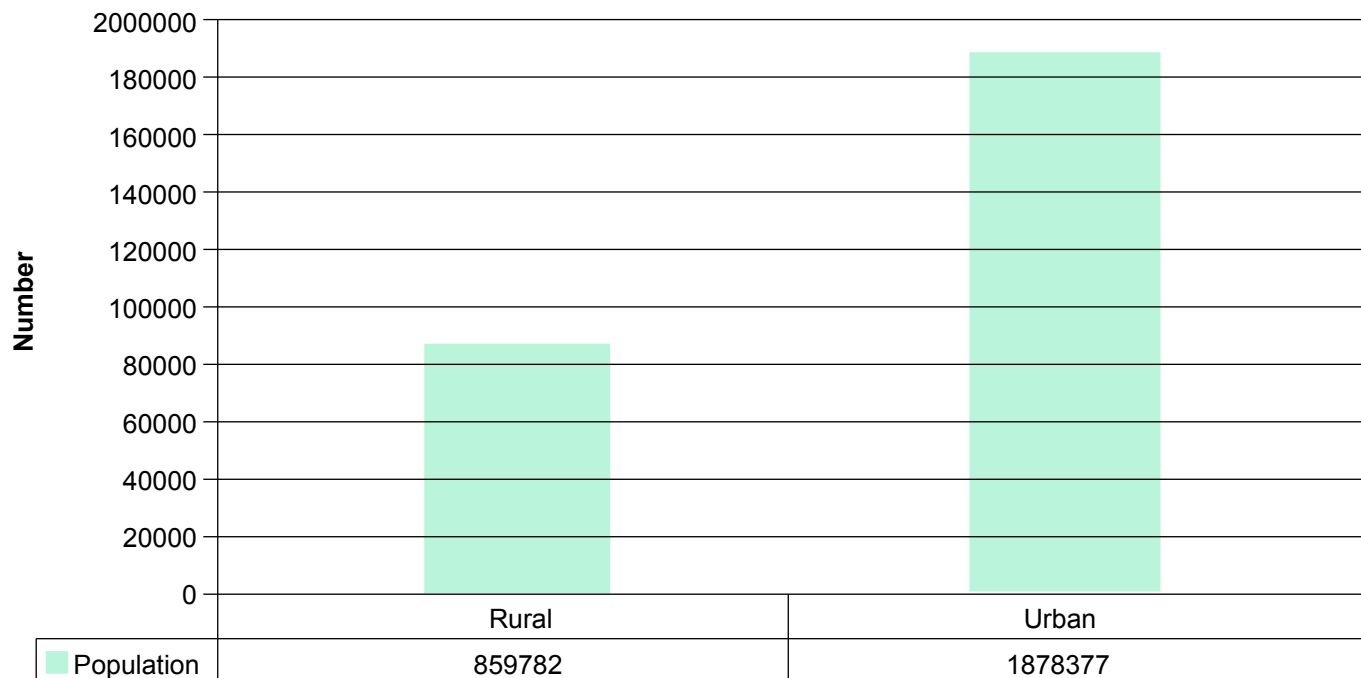
Source: Stats SA mid year estimates 2002 insured/uninsured population

Medical insurance

The 85.2% of the Free State population, which has no medical insurance and therefore is mainly dependent on public health services, numbers 2434606 people.

Graph1. Rural and urban population Free State province

Rural / Urban population Free State province 2003 mid-year estimates



Source: 2002 midyear estimates.

Urban population is 68.6% and rural 31.49%. The province is large and sparsely populated with most of its people living in urban areas.

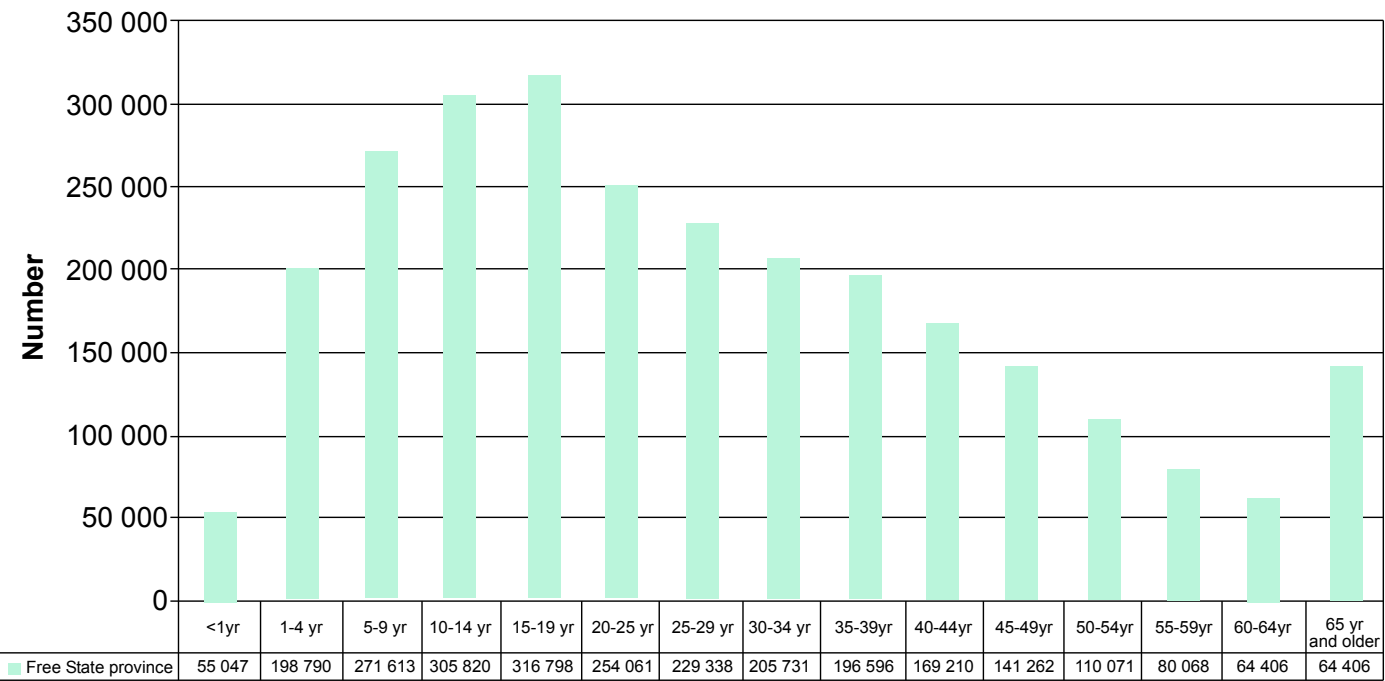
Age distribution

Graph 2 below shows the age distribution of the population. This reflects a population structure that is characteristic of developing countries namely a large young, middle sized adult and relatively small older population.

Challenges in providing health care services to the younger population include the prevalence of infective disorders such as gastro enteritis, Tuberculosis, pneumonia and HIV and AIDS.

Graph 2. Age Distribution

Age distribution Free State province 2003 mid-year estimates



Source: Statistics South Africa

ENVIRONMENTAL INFRASTRUCTURE

(Source: Census in brief 2001 unless indicated otherwise)

The data presented here does not fall within the mandate of the department but has an obvious impact on the health of the population and on the demand for health services.

Dwelling Type per Household

Structure	Xhariep		Motheo		Lejweleputswa		Thabo Mofutsanyana		Fezile Dabi	
	2001	1996	2001	1996	2001	1996	2001	1996	2001	1996
Formal	31267	24555	147762	119638	110848	9460	1110570	85981	86903	65552
Informal	6136	4951	48038	38646	67849	58369	39698	28888	29466	31859
Traditional	1386	853	9963	11103	5104	5302	32425	40312	3799	6411
Other	89	293	598	619	669	2128	358	474	375	355

2089 households do not live in a structure which provides "adequate" shelter

Household Size

Household size	Xhariep 2001	Motheo 2001	Lejweleputswa 2001	Thabo Mofutsanyana 2001	Fezile Dabi 2001
1	7605	38114	33369	27252	125660
2	8196	42607	36936	30432	141939
3	6694	37033	32228	31167	128487
4	6187	34892	30129	30459	122421
5	4075	23223	20796	23345	85779
6	2610	13407	13007	15925	53631
7	1461	7620	7483	9912	31850

Average household size in the Free State is 3.6.

Access to adequate water and sanitation

This is defined as a basic human right in terms of the Constitution. It is also an essential requirement to ensure human health.

Current status of sanitation needs

Situation	National Status	Status of the Free State Province
People without basic sanitation.	± 18 million people	± 1,3 million people (± 35% of population)
Schools with no sanitation facilities.	± 11% of schools	34 Urban Schools, 464 Rural Schools
Clinics without adequate	± 15% of clinics	2 clinics

District Municipality	Level of Service			Total households without adequate sanitation
	Urban		Farms	
	Buckets	None or unimproved pit	None or unimproved pit	
Lejweleputswa	41,928	6,406	15,180	63,514
Thabo Mofutsanyana	34,090	14,996	16,528	65,614
Motheo	31,744	31,001	8,702	71,447
Xhariep	3,077	3,455	10,140	16,672
Fezile Dabi	20,398	1,318	15,010	36,726
Total	131,237	57,176	65,560	253,973

Health challenges related to use of the bucket system

It occurs that buckets are not emptied frequently enough and that spillage can occur. The resultant pollution exposes the surrounding communities to bacterial infections and attracts flies, rats and infections.

Refuse removal in the Free State

Category of refuse removal	Number of households	% of total
Removed at least weekly by local authority	429 474	58%
Removed less than weekly by local authority	23 334	10%
Communal refuse dump	26 057	4%
Own refuse dump	184 555	25%
No rubbish disposal	69 880	3%
Total	733 302	100%

Excludes all collective living quarters

Management of medical waste

The department has outsourced the management of medical waste for 31 hospitals, 214 clinics, 10 Community Health Centres, Laundries and Mortuaries to Compass Waste Services. The company collects, treat and dispose medical waste at approved sites. The new contract became effective on 01 September 2007.

Safe drinking water

- 95.64% of the Free State population has access to relatively safe drinking water (piped water in dwelling, piped water inside yard, piped water on community stand more and less than 200 meter away).
- 4.3% of the population has access to water from not necessarily safe sources (borehole, spring, rainwater tank, dam/ pool /stagnant water, river/ stream, water vendor, other). The implications for this group are the risks they experience in terms of waterborne disease.
- At present waterborne diseases do not occur in significant ratios in the province.

ECONOMIC PROFILE

(Source Stats SA Census in brief 2001 unless stated otherwise)

Employment

483 205 of the economically active population in the Free State found employment within the formal sector in 2001.

Income

The Free State population is relatively poor. In 2001, 64.5% of households earned less than R30 000 per year. Poverty is predominantly rural, affecting mainly Africans and to a lesser extent Coloureds.

Approximately 22 254 million people in South Africa live in absolute poverty during 2001. In the Free State alone, approximately 1,544 million people lived in poverty, the majority (97%: 1 503 million) of them are Africans.

Livelihood security

The proportion of people living in poverty in the Free State is 63.6%.

Overview of the District Municipalities in the Free State

District Economies (2002)	Population	GDP	Unemployment	People living in poverty	Growth p.a. ('90-'02)
Motheo	26,0%	30,9%	41,1%	61%	1,3%
Lejweleputswa	26,9	26,5	36,6	66	-2,3
Thabo Mofutsanyana	26,3	14,0	34,1	72	0,3
Fezile Dabi	16,3	25,5	38,3	62	0,4
Xhariep	4,5	3,1	38,3	57	0,9
Total	100,0	100,0	38,9	63.6 %	-0,1

Source Stats SA census in brief

EPIDEMIOLOGICAL PROFILE

(Source Department of Health information system (DHIS) unless stated otherwise)

Disabled population in the Free State per type of disability

Type of disability	Number of persons	% of total
Sight	59 965	32.35
Physical	36 305	19.58
Hearing	26 270	14.17
Multiple	24 982	13.48
Emotional	19 751	10.65
Intellectual	13 015	7.02
Communication	5 088	2.75
Total	185 376	100%

Source: Stats SA 2001 Census in brief

Disabled persons are an isolated and vulnerable section of the population. They have restricted access to health information and services. They are often dependant on others. They are thus at risk for ill health. The incidence of HIV and AIDS is high within this group because of their restricted access to essential information. HIV and AIDS information is being made available in Braille and audio tapes to meet this need.

Disability distribution in the province

	Xhariep		Motheo		Lejweleputswa		Thabo Mofutsanyana		Free State	
Year	2001	1996	2001	1996	2001	1996	2001	1996	2001	1996
Sight	2981	5335	16710	43215	13728	31353	16235	34098	10310	19701
Hearing	1511	1581	5807	8288	6188	8243	7926	9652	4840	5187
Communication	283	-	1198	-	1071	-	1657	-	879	-
Physical	2392	2043	9193	9897	7566	8653	10369	14732	6786	6612
Intellectual	768	591	3622	3384	3070	2835	3293	4417	2260	2701
Emotional	1183	-	4775	-	4439	-	6266	-	3088	-
Multiple	1716	940	6434	4506	5225	3823	7023	4339	4587	2857

Source: Stats SA 2001 Census in brief

Top 10 Causes of Death per 100 000 (Jan – Dec 2006)

Cause of death	Cases	% of total cases (total = 30 818)	Per 100 000 population
Respiratory system	5241	5.9	188.9
*Infectious and parasitic diseases	4512	22.3	162.6
Symptoms, signs and ill-defined causes	4125	20.4	148.7
Circulatory system	2132	10.5	76.9
Nervous system	1278	6.3	46.1
Endocrine, nutritional and metabolic disorders	837	4.1	30.2
Neoplasms	729	3.6	26.3
External causes	703	3.5	25.3
Pregnancy, childbirth and puerperium	471	2.3	17.0
Digestive system	202	1.0	7.3
Total	20230	100	729.2

Source: 2006 DHIS Mid-year estimates Total Population = 2774233. No data available for 2007.

* Infectious and parasitic diseases include HIV and AIDS. Of course the immuno-suppressive impact of the AIDS virus can also precipitate other diseases

Under 5 mortality rate per 1000 population

According to the data captured on the Free State mortality database, the Free State under 5 mortality rate is 18.4 per 1000 population.

Top 5 causes of deaths under 1 year in the Free State (Jan – Dec 2006)

Causes of death	Reported Cases%	of total cases (total = 3527)
Preterm delivery	762	21.6
Pneumonia (unspecified)	601	17.0
Other ill-defined and unspecified causes of mortality	465	13.2
Diarrhoea and gastroenteritis	382	10.8
Nutritional deficiency (unspecified)	93	2.6

Source: 2006 DHIS Mid-year estimates (Statistics South Africa). No data available for 2007.

Under 5 years mortality (Jan – Dec 2006)

Causes of death	Reported Cases%	of total cases (total = 3527)
Pneumonia (unspecified)	578	18.6
Other ill-defined and unspecified causes of mortality	499	16.1
Preterm delivery	408	13.2
Diarrhoea and gastroenteritis	308	9.9
Bronco-pneumonia (unspecified)	185	6.0

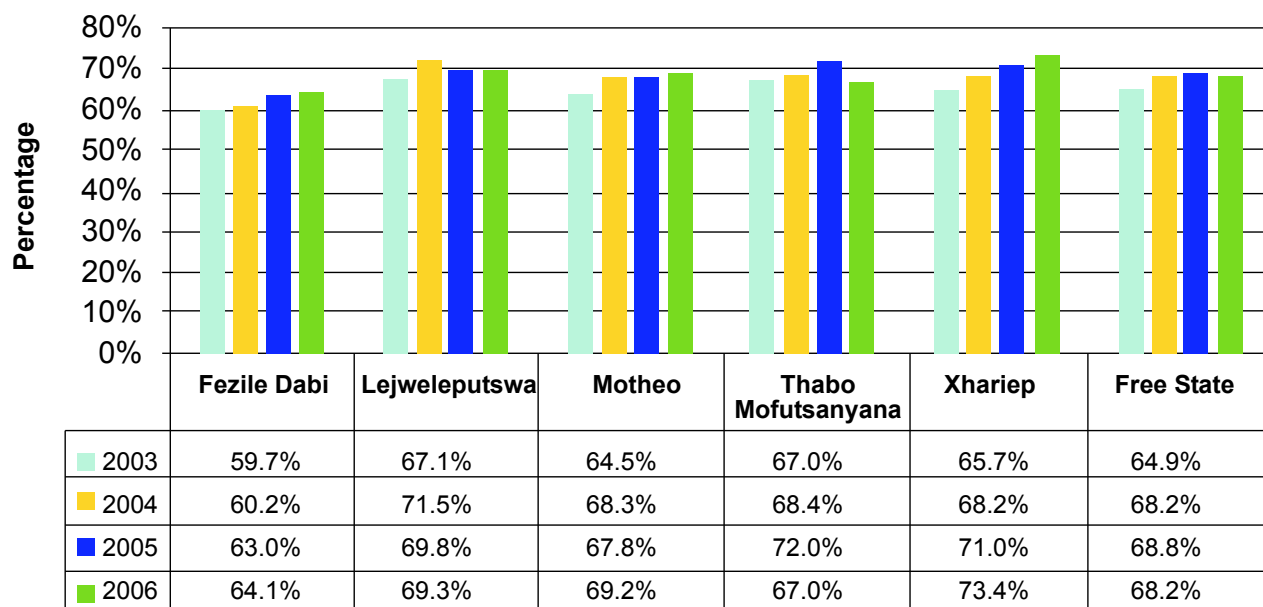
Source: Free State Department of Health Mortality Database. No data available for 2007.

TUBERCULOSIS

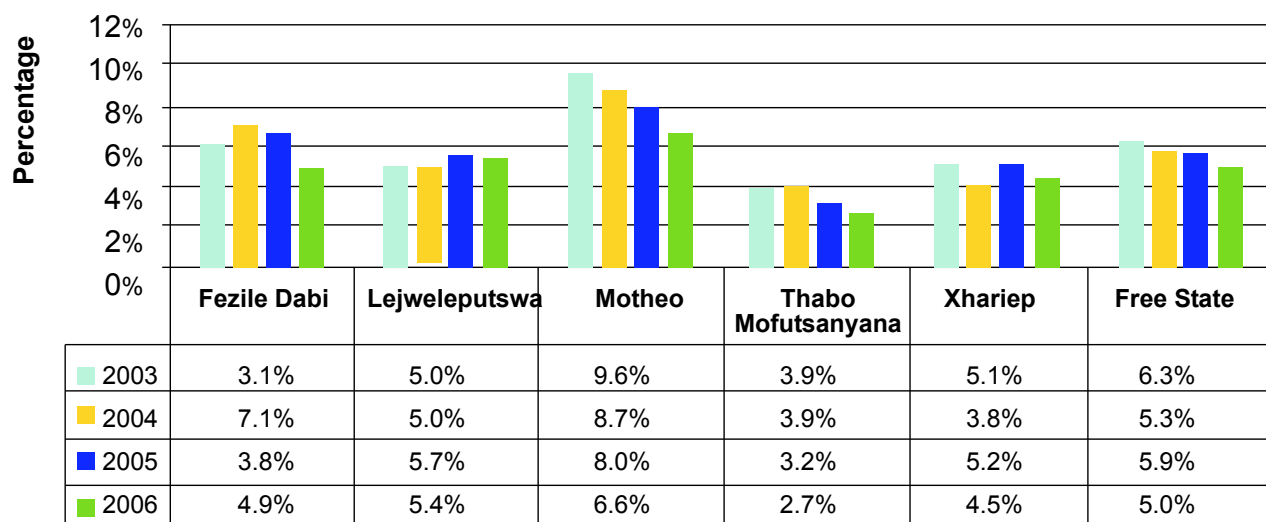
TB Cure Rate of new TB cases (2006)

- Smear conversion rate at 2 months 67.9%.
- Late conversion at 3 months 79.2%,

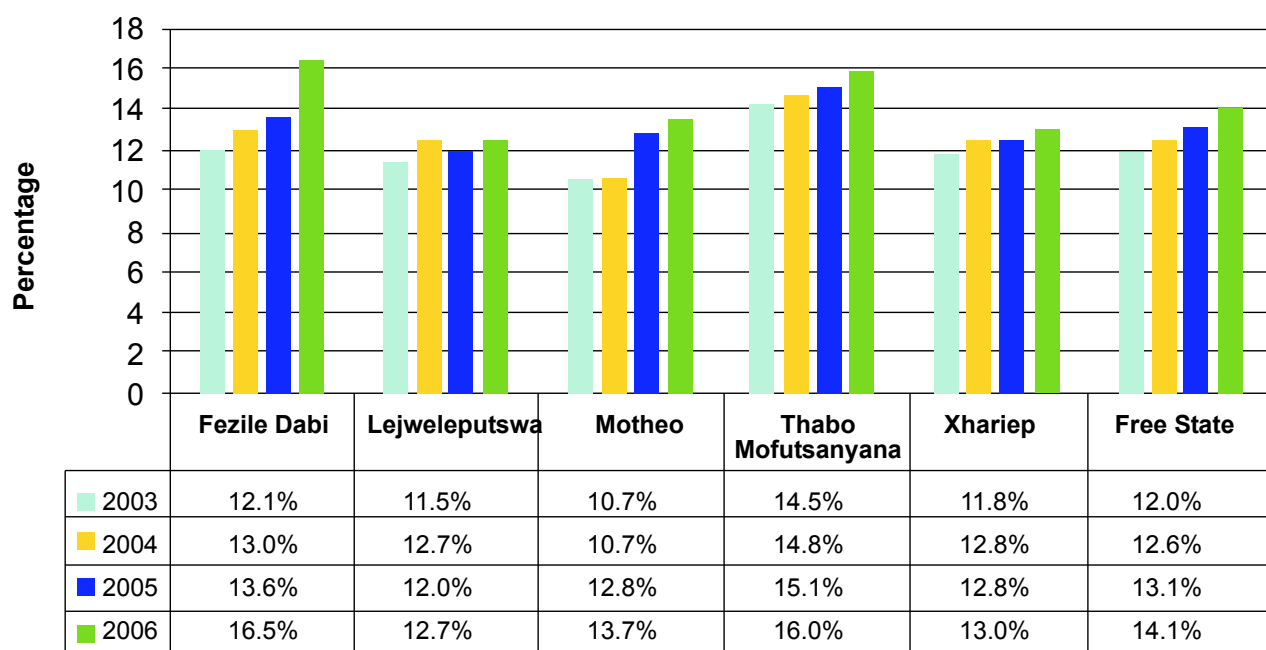
New ss+ TB cure rate per district for 2003 - 2006



TB defaulter rate per district for 2003 - 2006



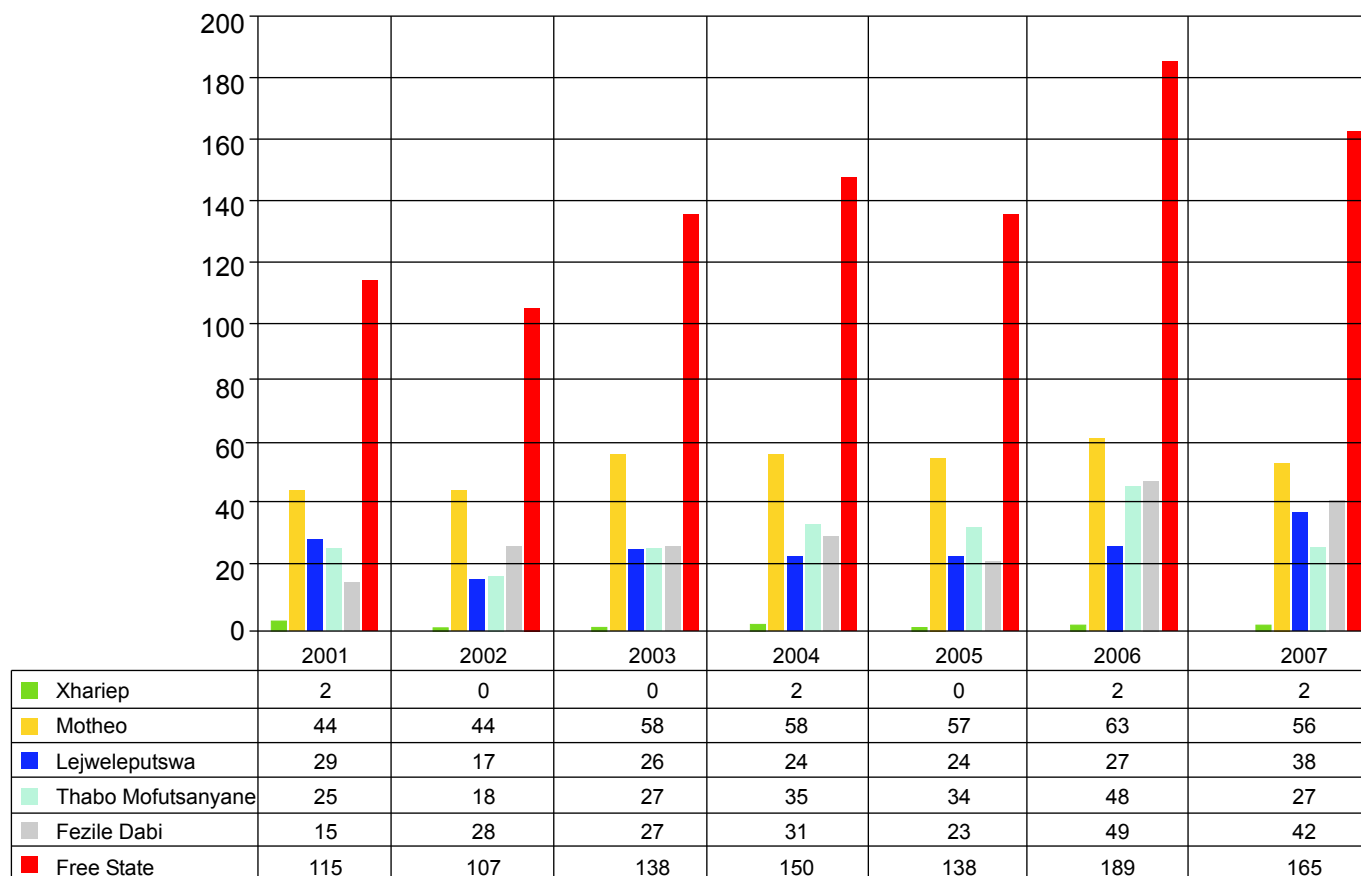
New ss+ TB cure rate per district for 2003 - 2006



Note: TB data for 2006/2007 is preliminary. Final data will be available as from April 2008
Source: ETR.Net 2003 – 2007 TB information

MATERNAL MORTALITY

Reported Maternal deaths in Free State districts - 2001-2007



Source: Maternal Death Register 2001 – 2007 Department of Health Free State

The Maternal Death Notification Programme aims to reduce the rate of maternal deaths without HIV and AIDS by 50% and to reduce those with HIV and AIDS by 25%.

The five main primary causes of maternal deaths in the Free State for the period of January – December 2007 were as follows:

Cause	% of total maternal deaths
Non-pregnancy related infections	50%
Hypertension	16.7%
Post partum haemorrhage	9.7%
Unknown cause	4.2%
Pregnancy related infections	2.8%
Anaesthetic related	2.8%

Some interventions include

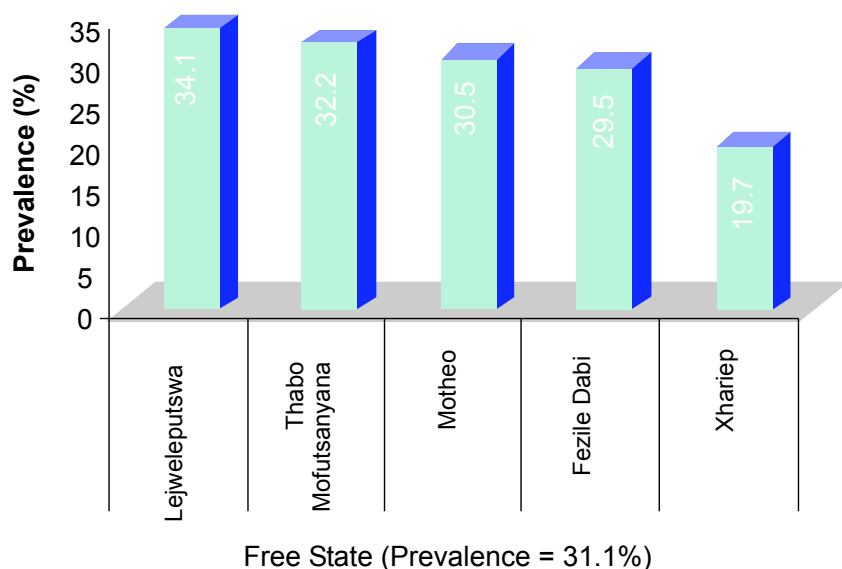
- Training of Midwives on the correct use of the partogram was conducted in all districts. This ensures proper management of women in labour.
- The province ensures training of advanced midwives. 30 facilities that conduct deliveries in the province have advanced midwives.
- Screening for communicable and non communicable diseases available as part of Primary Health Care package.
- CD4 count testing is provided to all HIV positive pregnant women at a point of HIV diagnosis, to fast track them to enrol on ARV's thus aiming at reducing HIV and AIDS related deaths.
- Nine (9) designated TOP facilities - of which six are "TOP by choice" facilities – render the service in the Free State. These facilities can be listed as follows:

Termination of Pregnancy (By Choice) Facilities	Termination of Pregnancy (Medical Referrals) Facilities
Kopano Community Health Centre (Welkom)	Universitas Tertiary Hospital (Bloemfontein)
Elizabeth Ross Hospital (Qwa Qwa)	
Dr JS Moroka Hospital (Thaba Nchu)	Thebe Hospital (Harrismith)
Metsimaholo Hospital (Sasolburg)	
National Hospital (Bloemfontein)	Dihlabeng Hospital (Bethlehem)
Katleho Hospital (Virginia)	

HIV and AIDS

Province	N	Prevalence (%)	CI (95%)
Free State	2225	31.1	29.2 – 33.1
Fezile Dabi	383	29.5	24.9 – 34.1
Lejweleputswa	583	34.1	30.3 – 38.0
Motheo	580	30.5	26.8 – 34.3
Thabo Mofutsanyane	562	32.2	28.3 – 36.1
Xhariep	117	19.7	12.4 – 26.9

2006 HIV Antenatal Survey Prevalence by District: Free State



Source: Free State Province report of the national HIV and syphilis sero-prevalence survey of women attending public antenatal clinics in South Africa – 2007

The provincial estimates show very little change during the last 6 years, fluctuating between 27.9% and 31.1%.

Trends in key provincial maternal mortality indicators PHC and Hospital 2007

Indicator	Free State (Jan – Dec 07)	Target
Maternal mortality	288 per '00,000 live births	100 per 100,000 live births by 2006

Source Free State Department of Health Maternal Mortality database & DHIS 2007

SAVING BABIES REPORT

Data is collected from all the 30 Free State Provincial Hospitals (24 District Hospitals, 5 Regional Hospitals and one Tertiary Hospital), and Community Health Centres (CHC) via the health portal database, and is stratified per Health District (5 in the Free State). Period 1st January 2006-31st December 2006.

There were 57 976 births registered in these public facilities in the Free State for the year 2006. This shows an increase of 9.7% from the previous years reported figure of 52 854. From this data it is apparent that 18.4% (17.4% in 2005) of these births were supervised in a Community Health Centre of the province. Level one hospital's supervised 55.8% of all births in the Free State, level two hospitals 24.7% and level three hospitals 1%. Of the births counted 5223 (9%) were born before arrivals.

Perinatal Data: Free State Province, per district

	Deliveries	C/S %	Ass Del %	PNMR /1000 < 1000g	ENMR /1000 < 1000g	LBW %	Teenage delivery rate %	Above 35 yrs delivery rate %
Free State Total								
January-December 2006	57 976	15.4	1.3	24.1	8.9	136	16.4	9.5
				33.0	11.9			
July 2003 – June 2004	47 423	15.7	1.8	44.8	17.4	17.7	25.6	14.3
				31.4	13.4			
Xhariep								
January-December 2006	2153	0.3	1.5	20.0	10.4	13.4	19.7	8.8
				23.7	11.8			
July 2003 – June 2004	1649	1.5	1.3	31.5	10.5	13.8	44.1	8.7
				26.1	9.3			
Motheo								
January-December 2006	17 001	20.5	2.0	21.1	9.4	14.9	15.7	10.6
				34.9	12.2			
July 2003 – June 2004	14 192	20.6	3.6	42.0	16.4	17.3	20.2	9.9
				24.5	12.6			
Lejweleputswa								
January-December 2006	12 752	14.0	0.8	26.8	7.5	14.1	18.0	10.2
				35.4	10.8			
July 2003 – June 2004	10484	13.4	1.0	50.2	20.9	15.9	19.7	19.6
Thabo Mofutsanyana								
January-December 2006	16 480	13.5	0.9	27.0	7.6	12.7	19.5	9.4
				32.8	9.8			
July 2003 – June 2004	12 774	14.1	0.7	48.3	17.2	17.4	27.7	19.5
				35.8	13.9			
Fezile Dabi								
January-December 2006	9 590	14.7	1.0	22.7	3.8	14.4	18.3	8.7
				28.6	5.6			
July 2003 – June 2004	8324	15.6	1.5	40.0	15.5	21.8	35.4	8.4
				28.0	12.1			

Note:

- The top figure in the perinatal and neonatal mortality rates column are the total rates per 1000 live births, whereas the bottom figure is worked out for the above 1000g category only.
- PNMR = Perinatal mortality rate
- ENMR = Early neonatal mortality rate
- Ass D = Assisted Delivery
- Conclusions drawn from the table above must be informed by the fact that the reporting periods differ as do the samples used in the 2 periods for which information is provided. Numerators and denominators differ for some of the data compared here.
- NMR = Neonatal mortality rate
- LBW = Low birth weight

The caesarean section rates as worked out above do include the born before arrival figures (BBA's) that are known in this report and therefore are lower as previously reported, but in all likelihood reflect a picture closer to the true figure.

The high caesarean section rate and slightly higher PNMR in the Motheo district is demonstrated again and explained by the fact that two hospitals in this district act as referral hospitals, and that the majority of patients in the Xhariep district needing caesarean sections are referred to Motheo district.

For the entire Free State province we now have PMNR and NNMR that are worked out for all deaths as well as those for the weight category of above 1000g only. It is clear that the overall PNMR is high in the Free State but the rate becomes more favourable if only the above 1000g birth weight category is considered. These figures are slightly lower than is calculated as a national figure from the Perinatal Problem Identification Programme (PPIP) data.

As the format in which the PHC data was received, does not have the detailed weight categories, all deliveries have been included in the calculation of perinatal and early neonatal mortality rates, even in those calculations for the mortality rate of above 1000g as well (this assumes that very few babies below 1000g are delivered in the community health centres). It is encouraging to see that the PNMR in the Free State has decreased steadily over the last few years. This may well reflect an overall trend over the years.

As the born before arrival (BBA) figures are known, they have been added to the denominator in the calculations of the perinatal mortality rates reported for this period. Separate calculations of the perinatal mortality rates for the BBA data, reveals a higher rate, especially high in the Motheo district, of 88.5/1000.

Reporting on the Perinatal Problem Identification Programme sites only

As previous reports have concentrated on data available from mainly level one institutions in the Free State, this report contains the data of level 2 institution for comparison. The time period of this data set is also January 2006 to December 2006.

This site covered 4156 deliveries during this period. The Peri-natal mortality rate has been calculated at 63.3/1000 from the PPIP database. The ENMR was calculated as 26.6/1000 this is higher than previously reported but reflects a service provided by a referral institution.

The top 5 primary obstetrical causes of perinatal deaths were found to be as follows:

Spontaneous preterm births	31.0%
Hypertensive disorders	19.5%
Ante-partum haemorrhage	14.0%
Infections	8.0%
Intra-partum asphyxia	6.6%

The top 3 final neonatal cause of death

Hypoxia	32.2%
Infection	32.2%
Immaturity related	20.7%

Proportion of deaths with avoidable factors

Patient related	31.2%
Administrative related	30.0%
Health worker related	33.2%

The top 3 avoidable factors

Inappropriate response to poor foetal movement	13.3%
Never initiated ANC care	13.3%
Insufficient notes	6.7%

Conclusions

- There has been a slight decrease in the reported perinatal mortality rates in the Free State health districts, reported over the past years.
- The perinatal indicators for the above 1000g-category, compare favourably with other areas in the country. Intra partum asphyxia still contributes to a high proportion of deaths of babies in the Free State as monitored by the PPIP sites, specifically in the level one institution.
- The majority of avoidable factors found remain in the domain of the health care workers themselves.
- **This was addressed by among other things:**
 - o Resuscitation booklets were distributed to all facilities that conduct deliveries in the program.
 - o Training on resuscitation of newborns for midwives and obstetricians planned for 2007.
 - o The province is implementing data collection of priority birth defects in all districts. This enables analysis of the prevalence of birth defects, to ensure prevention of birth defects related illnesses and deaths.

ALTERNATIVE SERVICE DELIVERY OPTIONS

In November of 2002, the Free State Department of Health entered into a 16.5-year concession agreement with Community Hospital Management (PTY) Ltd. This agreement was entered into through the guidance of the department of Public-Private Partnerships of National Treasury. Under this agreement, known as Universitas/Pelonomi Co-location PPP project, the private partner (Community Hospital Management: CHM) would inject capital into upgrading of 253 bed hospital and a total of 10 theatres at Pelonomi Hospital to the tune of R20 million. In return CHM would be allowed to operate private hospitals at both Universitas and Pelonomi, using state buildings, which buildings represented redundant capacity. In addition to the R20 million capital injection the state would get a certain percentage of the turnover generated by the private hospital, as well as retain ownership of the buildings. Empowerment of the Free State Public through creation of temporary jobs in the construction phase, as well as permanent jobs during the operational phases is another major aim of the project.

Milestones achieved to date

The planned investment of each partner is detailed below:

Free State Department of Health investment

Facility upgrades	Cost in R million
Upgrade of Lifts at Universitas Hospital	2.5 complete and lift service has improved
Concession payment in terms of Pelonomi Practical completion	1.693
Concession payment in terms of total completion Universitas	5.780 amount has been paid
Patient Transfer building at Universitas	0.25 Building complete and is being used by Universitas academic patients who visit specialist clinics.

Private Partner Investment: Universitas and Pelonomi Construction

Facility upgrades	Cost R million	Number of beds
First phase of Pelonomi private complete	R10 million	38 beds
Final phase of upgrading Pelonomi Private facility	R15 million	105
Upgrading of Renal Unit at Universitas	R3 million	This facility had to be renovated for a joint use as per agreement.

PROGRESS TOWARDS EQUITY

The costly tertiary care for the whole province and beyond is provided at Bloemfontein and the secondary care is distributed across the province; at least one Secondary Care hospital in each region.

Comparison of District Health Services budget per district

District	% of total Free State population	2004/2005	% of total District budget	2005/2006	2006/07	2007/08	2008/09	% of total District budget
Xhariep	5.11	59,451,680	6.31	75,386,607	86,801,986	77,596,375	77,417,959	6.87
Motheo	27.23	271,983,287	30.94	305,158,002	340,531,197	335,890,591	352,311,259	31.26
Lejweleputswa	23.63	152,510,499	20.17	172,696,898	190,871,243	208,118,131	217,259,015	19.28
Fezile Dabi	16.94	127,093,868	15.12	148,896,797	192,635,225	166,226,070	169,760,225	15.06
Thabo Mofutsanyana	27.09	239,248,996	27.46	270,762,754	305,586,018	295,494,126	310,240,523	27.52
Total	100	850,288,330	100	972,901,058	1,116,425,669	1,083,325,293	1,126,988,981	100

The amounts above include the budgeted amounts for District Health Services and also District Hospitals and Admin costs. Figures exclude EMS.

Budgets from year to year are based on PDE's per hospital and amount of clinic visits per population member. This causes the different districts to have a different percentage of the total budget from year to year. Important mandates are also prioritized. These factors influence the total budget per district in any particular year. The cost efficiency of services will clearly have an impact.

The table above indicates that Primary Health Care allocation per capita is similar in all districts except Motheo district which consistently receives >30% allocation while serving while serving 27.09% of the population, Thabo Mofutsanyana on the other hand serves the same proportion of the population but receives 3% less of the allocation. Lejweleputswa serves 23.63% of the population and receives 17.25 % of the allocation. Fezile Dabi and Xhariep allocations are more or less in line with the % of the population which they serve. However, both Xhariep and Thabo Mofutsanyana are poor rural areas with the most dispersed population over large areas. This could require a greater per capita allocation to ensure access. Both these districts experience difficulty in attracting and retaining professional health staff.

BROAD CORPORATE POLICIES, PRIORITIES AND STRATEGIC GOALS

STRATEGIC GOALS 2008/2009

1. Compassionate and quality health service
2. Reduced burden of disease
3. Optimal facilities and equipment
4. Appropriate and skilled personnel
5. Strategic and innovative partnerships
6. Efficient management and governance

Vote 5: Table A3: Trends in provincial public health expenditure

Expenditure	2002/03 (actual) R'000	2003/04 (actual) R'000	2004/05 (actual) R'000	2005/06 (actual) R'000	2006/07 (actual) R'000	2007/08 Estimated (actual) R'000	2008/09 (MTEF projection) R'000	2009/10 (MTEF projection) R'000	2010/11 (MTEF projection) R'000
Current prices (R million)	2,194,141	2,542,413	2,794,911	3,121,275	3,461,337	3,643,438	4,287,858	4,879,176	5,529,328
Total per person	767.85	889.72	978.09	1,092.11	1,211.10	1,275.04	1,500.55	1,707.49	1,935.01
Total per uninsured person	901.23	1,044.28	1,147.99	1,281.84	1,421.49	1,496.52	1,761.21	2,004.09	2,271.14
Constant (2004/05) prices R million	25,013.20	27,458.06	29,067.07	31,183.28	32,986.54	33,118.85	37,304.36	42,448.83	48,105.15
Total per person	882.88	969.63	1,026.82	1,091.09	1,154.18	1,158.81	1,305.48	1,485.51	1,683.46
Total per uninsured person	1,036.25	1,138.08	1,205.20	1,208.63	1,354.68	1,360.12	1,532.25	1,743.56	1,975.89
Administration	90,933	150,250	165,707	146,548	160,757	209,301	196,764	216,375	231,678
Programme 1	(4%)	(4%)	(5%)	(4%)	(3%)	(6%)	(5%)	(4%)	(4%)
District Health Services	778,099	929,996	1,034,995	1,137,573	1,290,966	1,303,960	1,491,986	1,681,204	1,900,012
Programme 2	(35.46%)	(36.58%)	(37.03%)	(36.83%)	(37.30%)	(35.79%)	(34.80%)	(34.46%)	(34.36%)
Emergency Medical Services	90,941	116,502	123,648	146,339	164,704	189,129	218,514	259,161	291,186
Programme 3	(4%)	(4%)	(4%)	(4%)	(5%)	(5%)	(5%)	(5%)	(5%)
Provincial Hospital Services	623,165	687,868	797,822	856,209	951,962	962,153	1,112,103	1,263,873	1,420,917
Programme 4	(28.40%)	(27.86%)	(28.55%)	(25.05%)	(27.50%)	(26.41%)	(25.94%)	(25.90%)	(25.70%)
Central Hospital Services	421,339	444,581	462,621	543,235	599,443	651,419	768,473	873,677	985,192
Programme 5	(19.20%)	(17.49%)	(16.55%)	(16.16%)	(17.32%)	(17.88%)	(17.92%)	(17.91%)	(17.82%)
Health Science and Training	45,770	79,199	90,949	95,873	98,150	111,964	122,541	142,267	153,801
Programme 6	(2%)	(3%)	(3%)	(2%)	(3%)	(3%)	(3%)	(3%)	(3%)
Health Care Support	27,551	36,255	46,584	24,544	37,968	36,602	40,909	51,311	54,838
Programme 7	(1%)	(1%)	(1%)	(1%)	(1%)	(2%)	(1%)	(1%)	(1%)
Health Facilities Management	71,533	104,709	94,190	170,953	157,387	178,910	336,568	391,308	491,704
Programme 8	(3%)	(4%)	(3%)	(5%)	(5%)	(5%)	(8%)	(8%)	(9%)
All personnel (R million)	1,375,267	1,495,541	1,680,574	1,849,533	2,012,009	2,239,485	2,599,600	2,828,557	3,010,793
Capital	35,688	139,154	176,798	228,839	245,981	204,938	399,688	470,178	582,173

Source: BAS System

FREE STATE DEPARTMENT OF HEALTH: COST THE FUNDING GAPS FOR 2008 TO 2011 AS AT 31 May 2007

The purpose of this section is to inform on the ability of the department to fulfil its mandate with regard to implementing key national health priorities, policies and legislation. There are many other funding shortfalls which have to be addressed by means of prioritization and trade off in the financial management process.

Comprehensive costing was not done due to unavailability of detailed information. The data is considered representative of institutions of similar size with certain obvious exceptions. It is anticipated that the Integrated Health Planning Framework analysis will be able to provide improved estimates once the model is fully functional.

BUDGET PROGRAMME 1

Budget Sub Programme: Management: Pharmaceutical Services

ISSUE: IMPLEMENTATION OF LEGISLATION: PHARMACY ACT					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Train midlevel workers	120 PA learners enrolled per annum	40 PA learners funded by HSA Program	80 PA learners per annum	R 5000.00 X 80 = R 400 000.00 p.a.	
Appoint midlevel workers	120 pharmacy assistants per annum	20	100	R 90 000.00 X 100 R 9 000 000.00 p.a	
Equipment including IT	120 computers and printers	40	80	R 15 000.00 X 80 = R 1 200 000.00	To be spread over 3 years
Upgrading of Hospital and CHC pharmacies	43 facilities	15	28	R500 000.00 X 28 = R14 000 000.00	To be spread over 3 years
Upgrading of Clinic pharmacies	300	0	300	R 200 000.00 X 300 = R 60 000 000.00	To be spread over 10 years
Registration Annual Fees for facility and responsible pharmacist.	43	0	43	R 1 400.00 X 43 = R60 200.00 p.a	
Total				R 84 660 200.00	

Budget Sub Programme: Management: Clinical, Quality and Compliance

ISSUE: ESTABLISH TRADITIONAL PRACTITIONERS SUB DIRECTORATE					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Appoint Manager L11	1	0	1	R 304 824.00	No comment
Appoint Ass managers L10 + L9	2	0	2	R 488 888.00	
Appoint Admin Clerk	1	0	1	R 136 623.00	
Equipment	4 computers, 1 printer	0	4 computers, 1 printer	R 45 000.00	
Operational Cost		0		R 38 000.00	
Total				R 1 013 335.00	

BUDGET PROGRAMME 2
Budget Sub Programme: Coroner Services (Forensic Pathology And Medical Support Services)

ISSUE: NEW MORTUARY IN BLOEMFONTEIN					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Funding for continuation of the project	R63,4 Million + 10% annual escalation for one mortuary that can cater for all the needs of the province	R14 Million	R49,4 Million + annual escalation (2)	R49,4 Million + annual escalation (2)	The project started in February 2007 and is expected to be complete by November 2009 depending of funding
Total				R 49 400 000.00	

Budget Sub Programme: HIV and AIDS

ISSUE: IMPLEMENTATION OF COMPREHENSIVE HIV AND AIDS PLAN					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
ARV roll-out programme (implementation of new sites)	10 sub-districts with at least 2 service points per sub-district			R56 000 000.00	No comment
Total				R 56 000 000.00	

BUDGET PROGRAMME 3
Budget Sub Programme: Emergency Medical Services

ISSUE: OPTIMISE EMERGENCY MEDICAL SERVICES					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
ECP Training	Intermediate Life Support	879	776	R30 000 000.00	Either this qualification for the Mid – Level worker
	Mid - Level Worker	879	879		none
	Advanced Life Support / CCA or Nat. Diploma EMC	200	188		
	B. Tech EMC				
	Emergency Medical Dispatch	280	280		
	Rescue	320	302		

ISSUE: OPTIMISE EMERGENCY MEDICAL SERVICES

Item		Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
EMS Resources:	Vehicles	RRV	32	28	R60 000 000.00	none
		Rescue	10	8		
		Ambulances	162	128		
		Administration	1	53		
		Mobile Control	2	4		
		Trailers	24	11		
	Equipment	MICU	None	7	R40 000 000.00	Only Capital equipment costed
		PTV's	83	45		
		Decanting Machines		22		
		Automated External Defibrillators	None	180		
		Volumetric Infusion pumps	None	50		
		Syringe drivers		50		
Communication Centres	Defibrillator Monitors		200	28 000 000.00		
	Transport Incubators	3	21			
	1 Large	None	1 Large			
	2 medium		2 medium			
Staff		3 Small		3 Small	R204 690 760	Includes all types of personnel
	2284	1054	1230			
Disaster Preparedness	Various Equipment & Trailers	Only Operational	R3 914 408.00	R3 914 408.00	none	
EMS physical facilities	74	5	69	R72 950 515.00		
Aero-medical Service	1 Fixed & 1 Rotor Wing	None	1 Fixed & 1 Rotor Wing	R40 800 000.00		

BUDGET PROGRAMME 4

Budget Sub Programme Provincial Hospitals

(Mofumahadi Manapo Mopeli and Boitumelo hospitals already have mental health facilities - these have to be created at Pelonomi)

ISSUE: IMPLEMENTATION OF MENTAL HEALTH ACT						
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment	
Establish a Mental Health Unit (staff).	58	0	58	R22.1m	New service	
ISSUE: IMPLEMENT NEW TREASURY REGULATIONS FOR SCM						
Improve asset management, compliance, stock-taking and monitoring (staff).	69	58	11	R11.8m	Service expansion.	
ISSUE: IMPLEMENTATION OF PFMA SECTION 36.C						
Appoint staff.	16	10	6	R2.5m	Service expansion.	
ISSUE: IMPLEMENT TELEMEDICINE						
Create infrastructure.	6	0	6	R6.3m	Service expansion.	
ISSUE: IMPLEMENTATION OF SERVICE TRANSFORMATION PLAN						
Sustain Trauma Unit (appoint staff) at Pelonomi	208	103	105	R61.6m	Unfunded services. No operational funding. Estimate includes running costs.	
Establish Infectious Diseases Unit (appoint staff)	33	0	33	R40.64m	Service Expansion. Estimate includes running costs.	
Establish Oral Surgery Unit (appoint staff)	53	4	49	R33.5m	Service Expansion. Estimate includes running costs.	
ISSUE: EQUIPMENT BACKLOGS						
Radiology(various equipment)	26			R86.4m	Replacement plus new equipment.	
Other equipment	38			R20.7m		

Budget Sub Programme: Dihlabeng Hospital

Issue: Implementation of Legislation: Pharmacy Act					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Transito-in,area	1	0	50m•	R750 000	To align with the new Act
Transito-out area	1	0	20m•	R300 000	
Private consultation area	1	0	10m•	R150 000	
Semi-private consultation area	1	0	10m•	R150 000	
Pre-packing area	1	0	40m•	R600 000	The cost implication will be substantially higher in the case of a new pharmacy building.
Chemotherapy preparation room	1	0	20m•	R300 000	
Due to present structure, the above changes cannot be made without impacting on the adjacent Radiology and Physiotherapy departments. It would make more sense to build a new pharmacyas indicated in the revitalization plan.				TOTAL R 2 250 000	

Budget Sub Programme: Psychiatric Hospitals

ISSUE: IMPLEMENTATION OF LEGISLATION: MENTAL HEALTH CARE ACT

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Acute Psychiatric beds	4	0	4	R200 000.00	Mental Act
Ash arrestors	3	3 (not compliant with act)		R650,000.00	Environmental Act
No.2 Boiler upgrade	1	1 (not compliant with act)		R300,000.00	Mines and Machinery Act

BUDGET PROGRAMME 5 BUDGET SUB PROGRAMME: TERTIARY SERVICES

ISSUE: IMPLEMENTATION OF MODERNISATION OF TERTIARY SERVICES

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Phased Implementation of new staff establishment.	By 2011, 3 146 posts should be filled (452 post filled additional) and by 2020 4,391 posts.	2,694	452	R124m	The gap was planned to be filled over 15 years. Currently, no funding available
Revitalisation of physical facilities of Universitas Academic Hospital.	Restored facilities capable of supporting tertiary service rendering for the next 40 years.	Hospital with buildings ranging from 40 to more than a 100 years of age	Maintenance backlogs. Infrastructure upgrades. Facility upgrades.	R343,27m	This amount is part of the Revitalisation Business Case for UAH.
Replacement and Upgrade of Equipment.	UAH equipped with state of the art modern technology.	Poorly equipped tertiary Units, theatres, wards and radiation departments.	Numerous pieces of equipment. Almost half of UAH equipment need replacement/upgrade.	R344m	Equipment replacements and upgrade also part of UAH Revitalisation Business Case.

ISSUE: ADDRESSING SERVICE RENDERING BACKLOGS

Addressing service backlogs.	No backlogs		Huge backlogs of orthopaedic, cardiothoracic and other surgical procedures.	R100m	Lack of funding and shortage due to unavailability of scarce skilled personnel.
------------------------------	-------------	--	---	-------	---

ISSUE: ROLLING OUT TELEMEDICINE

Roll out of Hospital Information System.	All regional hospitals and district hospitals to be on same HIS with fully integrated clinical workstations.	Only UAH, Pelonomi Hospital, Bongani Hospital and Boitumelo Hospital have access to Meditech.	Current Meditech system needs to be upgraded and rolled out to two more regional hospitals and 12 district hospitals.	R200m	Included in equipment costs in UAH Revitalisation Business Case.
--	--	---	---	-------	--

ISSUE: IMPLEMENT TELEMEDICINE				
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap
Implementation of Telemedicine.	Telemedicine rolled out to all regional hospitals.	No telemedicine in place	A system of telemedicine to complement the outreach services provided to regional and district hospitals.	R100m
				Included in equipment costs in UAH Revitalisation Business Case.

BUDGET PROGRAMME 6

ISSUE: INCREASE TRAINING OF PROFESSIONAL NURSES (4 YEAR DIPLOMA) AT THE FREE STATE SCHOOL OF NURSING TO A MAXIMUM INTAKE OF 350 STUDENTS PER ANNUM WITH AN ANTICIPATED PASS RATE OF 80%				
COMMENTS: Currently the intake of students into the 4 year diploma course is 250 per annum. This is the limit FSSON can take with the existing resources (human and other) Absolutely no increase in student intake can be considered if the following resources are not expanded:				
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap
Additional vehicles.	Sufficient vehicles to meet transport demands at FSSON.	Insufficient vehicles and some vehicles old.	Additional vehicles for each campus.	R 1 600 000
Upgrading of resource centres (libraries).	Resource centres must be improved and equipped to meet demand of increasing student numbers	Resource centres already inadequate for current student numbers.	More books, journals etc to meet needs of students and lecturers.	R 2 600 000
New equipment.	More equipment such as models etc needed	Available equipment old, need to be replaced and already inadequate for current student numbers.	Additional training equipment, desks, models etc.	R 1 800 000
Renovation of current facilities such as classrooms.	Renovation of class rooms etc.	Facilities need renovation.	Funds to renovate facilities	R 3 000 000
Renovation of current student residences.	Renovation of student residences must get urgent attention.	Student residences need renovation.	Funds to renovate student residences.	R 3 000 000
Additional classrooms and other facilities at campuses.	More facilities such as class rooms, simulation rooms etc to accommodate increased number of students.	Current facilities already inadequate for student numbers.	Additional facilities for increasing number of students.	R 150 000 000
				No comment

BUDGET PROGRAMME 6

ISSUE: INCREASE TRAINING OF PROFESSIONAL NURSES (4 YEAR DIPLOMA) AT THE FREE STATE SCHOOL OF NURSING TO A MAXIMUM INTAKE OF 350 STUDENTS PER ANNUM WITH AN ANTICIPATED PASS RATE OF 80%					
COMMENTS: Currently the intake of students into the 4 year diploma course is 250 per annum. This is the limit FSSON can take with the existing resources (human and other) Absolutely no increase in student intake can be considered if the following resources are not expanded:					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Additional student residences at campuses	Additional student residences to accommodate increase in student numbers.	Current student residences full to capacity and already inadequate for student numbers.	Funds to build additional student residences.	R 310 00 000	No comment
Student residences at each district hospital	Accommodation for student when placed at clinical facilities away from campus.	No accommodation available.		As student numbers increase, it will be necessary to place them away from campuses. Accommodation must be found for them and this must be costed.	
COMMENTS: Currently the intake of students into the 4 year diploma course is 250 per annum. This is the limit FSSON can take in with the existing resources (human and other) The annual budget allocated to FSSON will have to be increased before an increase in student intake can be considered. Even to maintain the current intake, the budget allocated to FSSON will have to be increased. The increase in annual budget is costed below. Absolutely no increase in student intake can be considered without the annual increase in budget.					
Academic Planning and Development Unit.	All posts of the APDU must be filled.	Unit created and posts approved but not filled.	Posts not filled.	R 933 337 Per annum	
Additional lecturers.	Total of 110 lecturers for FSSON.	Total of 78 lecturers.	Additional 32 lecturers on level 8.	R 4 800 000 Per annum	This is calculated at the ratio of 1:15 in the 4 year diploma.
Additional support staff.	More support staff such as typist, drivers etc to meet the increasing workload that goes with the increasing student numbers.	Insufficient support staff at all campuses.	More support staff such as drivers typists etc.	R 2 800 000 Per annum	
Student support programmes.	Programmes for language skills and academic support must be established and maintained.	Student support programmes inadequate.	Support programmes must be improved and extended.	R 200 000 Per annum	This is necessary to improve throughput of students
Transport including vehicle maintenance.	Students and lecturers must be transported to clinical facilities.	Transport inadequate, even for the current intake of students.	Increased transport costs.	R 350 000 Per annum	Lecturer

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap per annum.	Comment
Continuous development of personnel.	Lecturers must remain up to date with new developments.	Constant changes are taking place in the education and health environment.	Funds needed to keep lecturers up to date with new developments in health and education.	R 250 000 Per annum	No comment
Running costs for stationary etc.	As student numbers increase, funds needed for stationary etc will also escalate.	Allocated budget is inadequate.	Additional funds.	R 1 500 000 Per annum	No comment
Agreement with UFS.	Agreement with UFS will have to be revised.	Agreement based on current student numbers.	Additional funds to pay for the increase.	R 100 000 Per annum	The agreement with the UFS must be in place to meet legislation.
Additional bursaries for students.	Sufficient funds to pay bursaries.	Current budget is based.	Additional funds to pay for bursaries for 100 student per annum more.	Year 1 R 3 000 000 Year 2 R 6 000 000 Year 3 R 9 000 000 Year 4 R 12 000 000	The amount will increase if the bursary is increased annually as indicated in the FSSON bursary strategy.
Clinical preceptors.	Clinical preceptors to assist with clinical accompaniment of students, especially when placed away from campus.	No clinical preceptors.	Funds needed for remuneration of clinical preceptors	R 500 000 Per annum	No comment
Contract workers e.g. invigilators.	At least 15 persons will be needed for invigilation during examinations.	Number of invigilators based on current student numbers.	Funds needed for remuneration of invigilators	R 30 000 Per annum	
Accreditation costs to SANC.	As student number increase, more clinical facilities must be accredited by SANC.	Accredited facilities only adequate for current student numbers.	Funds needed to pay monies to SANC for accreditation of FSSON and clinical facilities	R 10 000 Per annum	
Maintenance of facilities.	All facilities must be properly maintained.	Maintenance of facilities inadequate due to lack of funds.	Funds for proper maintenance of facilities	R 200 000 Per annum	
Maintenance and replacement of equipment.	Equipment must be serviced and replaced as necessary.	Insufficient funds to replace equipment.	Funds for service, maintenance and replacement of equipment as needed	R 150 000 Per annum	

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap per annum.	Comment
Issue: Increase training at Hospital Nursing Schools to a maximum intake of 160 students for staff nurse course and 400 students for auxiliary nurse course.					
Appoint full time lecturing staff at HNS.	Lecturers involved in formal training must not have other functions.	Lecturers at HNS have additional functions such as staff development etc.	Annual budget for 30 Lecturers at the 7 HNS on level 7/8.	R 4 000 000 Per annum	No comment
Appoint support staff at HNS.	Support staff such as typist and drivers must be appointed.	No support staff.	Annual budget for support staff.	R 1 600 000 Per annum	
Transport including maintenance of vehicles.	HNS must have own transport for students.	Make use of patient transport to transport students.	Funds for student transport.	R 700 000 Per annum	
Purchase vehicles.	At least on vehicle per HNS to transport students and lecturers.	No vehicles.	One 16 seater kombi for each HNS.	R 1 300 000	
Improve facilities such as classrooms.	More facilities such as class rooms, simulation rooms etc to accommodate increased number of students.	Current facilities already inadequate for student numbers.	Additional facilities for increasing number of students.	R 175 000 000	
Training equipment.	More equipment such as models etc needed.	Available equipment old, need to be replaced and already inadequate for current student numbers.	Additional training equipment, desks, models etc.	R 2 100 000	
Maintenance of facilities.	All facilities must be properly maintained.	Maintenance of facilities inadequate due to lack of funds.	Funds for proper maintenance of facilities.	R 1 400 000 Per annum	
Maintenance and re-placement of equipment.	Equipment must be serviced and replaced as necessary.	Insufficient funds to replace equipment.	Funds for service, maintenance and replacement of equipment as needed.	R 150 000 Per annum	
Learnerships.	Sufficient funds must be available to give learnerships to all students.	Learnerships for current intake only.	Additional funds for more learnerships based on intake of students.	R 20 000 000 Per annum	

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap per annum.	Comment
Running costs e.g. stationary.	As student numbers increase, funds needed for stationary etc will also escalate.	Allocated budget is inadequate.	Additional funds	R 1 000 000 Per annum	No comment
Issue: Training of professional nurses in dispensing to meet legislation					
Training cost.	Approximately 280 professionals in the FS trained in dispensing.	Approximately 800 professionals in the FS must be trained.	Training of additional 500+	R 4 000 to R 7 000 per learner	Training will have to take place continuously due to staff turnover Cost based on information from the providers of this course.
Issue: Implementation of Legislation: Pharmacy Act					
Train midlevel workers.	120 Pharmacy Assistant learners enrolled per annum.	40 Pharmacy Assistant learners funded by HSA Program.	80 Pharmacy Assistant learners per annum.	R 5000.00 X 80 = R 400 000.00 p.a. (for 2007 / 2008)	From 2009 – R5000.00 x 120 = R 600 000.00
Issue: Training of midlevel workers					
Occupational Therapy Assistants.	392 Occupational Assistants over 3 years.	43 Occupational Assistants.	349 Occupational Therapy Assistant per annum.	R 40 000.00 X 45 learners p.a - R 1 800.00	from 2009 –the number of intake will be increased to 100 per annum x 50 000.00 =R5000.000 p.a
Occupational Therapy Technicians.	583 Occupational Technicians over 3 years.	0	583Occ. Technicians per annum.	R 40 000.00 X 45 learners p.a - R 180 000.00	from 2009 –the number of intake will be increased to 100 per annum x 50 000.00 =R5000.000 p.a
Physiotherapy Assistants, Physiotherapist Assistant.	252 Physiotherapist Assistants over 3years. 468 Physiotherapist Assistants.	45 0	207 Physiotherapy Assistants 468 Physiotherapy Technicians	R40 000.00 X 69 = R2 760 000.00 pa R 40 000.00 x 45 pa= R180 000.00	To be spread over 3 years with 10% increase To be spread over 5years with 10% increase

BUDGET PROGRAMME 7
Budget Sub-programme: Orthotic and Prosthetic Services

ISSUE: MACHINERY FOR ORTHOTIC AND PROSTHETIC SERVICES					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Machinery for the O & P centres	centres			R56 000 000.00	No comment
Total				R56 000 000.00	

BUDGET PROGRAMME: all Clinical Programmes: 2, 3, 4 and 5 Budget Sub Programme

Issue: facilities (relate to the Service Transformation Plan)

The Service Transformation Plan is not yet fully completed at the time of submission. The final Service Transformation Plan contains separate costing with motivation and detailed analysis.

FREE STATE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN 2008/2009 TO 2010/2011

PART B

PROGRAMME 1: ADMINISTRATION

ANNEX 1: ADMINISTRATION

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 sub programme manages the offices of the executive management of the department.

SITUATION ANALYSIS

Financial Situation of the Department: 2008/09 financial year

The Free State Department of Health has for some years been under increasing pressure to break even in terms of annual financial allocation and expenditure without reducing the quality level of Health services rendered.

Impact of the financial situation on the performance of the department

Analysis of the Free State Provincial health system indicates the following features of poor performance:

- High and increasing maternal mortality rate
- High and increasing infant and child mortality rate
- Increasing deaths due to TB, HIV and AIDS
- Increasing incidence and prevalence of non-communicable diseases
- Increasing complaints about the quality of the services

When a health system is unable for whatever reason to achieve (or improve in its achievement) with respect to its ultimate goals, then it could be viewed as failing. Chronic failure can result in the ultimate shutdown of the health system in the medium to long term.

The financial impact is further compromised by among others:

- Additional unfunded mandates and the increased access to health services.
- Decreased funding levels since 2003 compared to the health sector as a whole. (Free State Department of Health 3.1% compared to average 4.8% real annual growth in health sector per capita funding).
- Decreased funding levels as a percentage of the total provincial budget (4.7% compared to an average 5.9% for all provincial health departments).
- The increased burden of disease.
- Socio economic factors such as high poverty and unemployment levels increase the imbalance between funding and demand. These factors create increased demand for services resulting in increased activity levels especially over the period 2002 to 2006 while funding levels decreased. (2000/01 to 2005/06 Hospital outpatients and casualty visits increased by 11.9%).

In depth analysis on the financial sustainability of the department

This was done to provide insight into the financial pressures faced by the Department over the past 5 years. Strategic guidance is required which takes into account the expectations of all stakeholders within an environment of long term financial sustainability.

Findings include:

In addition to the factors already listed, over the 2002 to 2006 period:

- Almost 90% of the budget is spent in the 3 service delivery programmes.
- The budget for support programmes has not increased at the same level.
- Due to the annual cost increase in goods and services, the personnel budget (>60% of total) is not affordable.
- Main cost drivers include medicines, medical consumables, professional services and contracts. Budget available for these items remains at 10% while the actual cost increased by 11% to 38% annually.
- A decision is required whether to discontinue fast tracking of infrastructure projects which are not funded.
- The negative impact on service delivery resulting from stringency measures needs to be condoned by the Provincial Executive.
- To ensure financial sustainability the Service Transformation Plan needs to be implemented.
- The political impact of service transformation needs to be assessed in order to give direction to the department in this regard.

Corrective action taken

In order to remain within budget the department has applied increasing stringency measures over the past 5 years. These have a negative impact on both service delivery and the drive to create a culture of effective management of expenditure informed by efficient planning.

Observed impact of stringency measures on service delivery

These measures definitely result in reduced expenditure on personnel, equipment and goods and services but are achieved at high cost to the health system including:

- Unhappy service providers result from increasing workloads of the current staff that become less motivated stressed and unhealthy. Their working conditions become poor and unsafe.
- Training and research opportunities decrease.
- Staff turnover and attrition rates increase.
- The quality of services is compromised and as a result patient safety is compromised and adverse events increase due among other things to faulty and unsafe equipment.

These issues have a cumulative effect on the ability to provide services which creates decreased access to services at the appropriate level of care.

- Increased referral to higher (more expensive) levels of service which further reduces the cost effectiveness of services.
- Patients and communities become disenchanted.

Observed impact of stringency measures on the health system

- High infant and child deaths
- High adult mortality rates
- Increased morbidity

Service Transformation Plan

The Integrated Health Planning framework was the tool used for analysis to inform the development of the Service Transformation Plan.

Scenarios were the product of extensive analysis and consultation. Final decisions by the Executive Management informed the final plan which will be presented to the EXCO of the Free State provincial legislature. The Service Transformation Plan informed the strategic direction contained in this plan.

The STP is an integral part of the departmental strategy to create a sustainable and affordable service platform over the longer term.

Implementation of Supply Chain Management

- In terms of provincial Treasury assessment, the Department has attained 84.95% of the implementation.
- The Demand Management and Supply Chain Performance Management need serious attention.
- SMME's development needs to be stepped up and 70% of procurement spend, to be achieved in line with Provincial Supply Chain Management guidelines.
- Budget programmes implementation of BBBEE and codes of good practice.

Asset Management Reform

The Asset Management functions need to be implemented in line with the Asset Management Reform Guidelines (requirements) and reporting in terms of National Treasury norms.

Implementation of PFMA and related regulations

Increasing revenue from private patients: Strategies are as follows:

- Private debt collectors are employed on tender.

Revenue targets per institution are monitored and provincial targets exceeded.

Networks

The department has linked the following facilities to local and wide area networks:

Hospitals	31
Mortuaries	5
Offices	10
Laundries (does not include the laundries at hospitals)	2
Colleges	2
Clinics	31

The current total number of users is 5000.

POLICIES, PRIORITIES AND STRATEGIC GOALS

Networks

- Electronic Communications and Transactions (Act 25 of 2002).
- Purchasing process via SITAs (State Information Technology Agency) ITAC.

Medicines and Related Substances Act 101 of 1965 as amended, and the Pharmacy Act 53 of 1974 as amended.

The Medicines and Related Substances Act 101 of 1965 as amended and the Pharmacy Act 53 of 1974 as amended, came into operation in July 2005. Full compliance entails the following:

- Upgrading of facilities;
- Training of Pharmacy personnel;
- Implement and monitor a computerised Pharmacy stores and dispensing system,
- Monitor the implementation of Norms and Standards for Pharmacy.

An audit of Pharmaceutical facilities in 2005 informed the plan. The 2007/08 Annual Performance Plan reports on the requirements for implementation of this legislation. Due to lack of additional funding it has not been possible to fully comply with the requirements as stated in the audit. The following aspects have been addressed:

Infrastructure

The provision of services which form part of the scope of practice of a pharmacist may only take place in or from a pharmacy, which complies with minimum standards relating to premises, facilities and equipment. 21 Facilities are currently fully compliant and thus registered as training facilities in terms of Section 21 of the Pharmacy Act.

Equipment

The audit found that not all pharmacies in hospitals and Community Health Care centres in the province have telephones, intranet and fax machines. Intranet access has been improved.

Other concerns included storage space with separate receiving and despatching, hygiene, location, access for disabled, waiting areas, air conditioning, security, ablution facilities, private areas for discussion counselling and guidance.

Subsequently the shortcomings identified above, have been addressed by the upgrading of pharmacy facilities at 11 facilities and renovations are in process at 3 more facilities. Plans for 3 new pharmacies are being drawn.

Systems and processes

Many of the pre-packing facilities at the hospitals and regional pharmacies do not comply with all the good practice requirements. A centralised pre-packing unit is planned at the Medical Depot Phase 3. In the interim, the province attempts to tender for pre-packed items for the majority of items used mainly at Primary Health Care Level.

38 Facilities were issued with computers. This supports the "Rx solution programme" which manages stores and dispensing. A training session enabled the dispensing section to be implemented in various facilities to be implemented. Emergency power systems are not yet in place at all facilities.

Human Resources

It was found that only 71% of hospitals and Community Health Care centres have a pharmacist on call. Emergency cupboards are however, available at all hospitals. This situation is being addressed as it is a GPP requirement for a pharmacy to have a pharmacist on call 24 hours a day.

Staffing levels show minor improvement. Pharmaceutical Services at the provincial level is staffed by a Manager and 3 out of 4 Chief Pharmacists post as well as 3 Principal Pharmacist posts. There are five posts for district pharmacists in the province at Chief Pharmacist level of which all are filled. These posts fall under the district managers.

In total, there are 206 posts for pharmacists in the province as well as 26 posts for pharmacist interns. Of these, 115 posts for pharmacists are filled and there are eight pharmacist interns undergoing training in the province. Of the 115 pharmacists employed, 42 are pharmacists performing community service. It can be concluded from the above information that the pharmaceutical service in the province is heavily dependent on pharmacists performing community service.

As it is a legal requirement and all facilities are now under the direct supervision of a pharmacist or Community Service Pharmacist.

The training of pharmacist's assistants in the Free State commenced in 2003. There are currently 82 fully qualified and registered pharmacist assistants (post-basic) on the staff establishment. 142 are currently enrolled of which 46 will finish training in due course. A total of 310 posts for pharmacist's assistants have been created on the staff establishment.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Revenue collection

It remains a challenge to increase revenue from private patients.

Networks

- The requirement is that 30 new facilities (ARV sites) be linked to departmental networks however, due to funding constraints only 7 new facilities could be afforded. Infrastructure cannot be renewed due to a lack of funding. There are no back-up systems because funding is not available for the creation of these.
- There is a maintenance and equipment backlog that has accumulated over the years. The department is attempting to address this within the available limited resources.
- Purchasing process via SITAs (State Information Technology Agency) ITAC. The cost of purchasing via SITA is much higher than on the open market which limits the purchasing power of the department.

NATIONAL HEALTH SYSTEMS (NHS) PRIORITIES 2006/07 - 2008/09

Table NHS Priority 1: Development of Service Transformation Plans

Activity	Indicators	Actual 2006/07	Actual 2007/08	Targets 2008/09
Application of the Integrated Health Planning Framework.	Scenarios developed by all provinces.	100% of provinces with preferred option by June 2007. The FSDoH completed its EMS Business Plan in May 2006. The FSDoH produced the 3rd draft of its MTS Business Plan, discussed it with relevant roleplayers and presented it to NDoH for comments.	Service Transformation Plan developed using the appropriate scenario. Emergency Medical Services plan completed and submitted but not funded. MTS (tertiary hospitals) implementation plan agreed by all provinces by December 2007, depending on the availability of funding.	Consultation with governance bodies and implementation depends on funding. Implementation within available resources. Implementation within available resources.
Provincial APP	Part A completed	A colour coded system was implemented in the Free State to ensure that patients receive priority attention, according to need. In the Free State, senior officials visited telemedicine sites and attended conferences in Canada. The final draft of the Free State STP includes inputs on telemedicine. Full implementation of telemedicine will be done in 2007/2008.	Develop full transport systems plan for utilisation of telemedicine links to increase specialist availability. Draft plan available - certain centres deliver some radiographic support. Plan for expansion still has to be developed and costed.	Implement plan within available funding and link to scheduling system. Develop full plan for utilisation of telemedicine links to increase specialist availability and implement depends on available funding.
		Detailed implementation plans submitted to Treasury by November 2006.	Detailed implementation plans submitted to Treasury by November 2007.	Detailed implementation plans submitted to Treasury by November 2008.
	Effective planning and implementation monitoring.	A newly approved macro-structure was implemented which linked Strategic Planning, Monitoring & evaluation and Information Management however, the Monitoring and Evaluation Unit still needs to be established.	Free State Department of Health has a dedicated Strategic Planning Unit linked to the Management Information Unit.	
Implementation management				

Activity	Indicators	Actual 2006/07	Actual 2007/08	Targets 2008/09
	Fully implement delegations at all levels but especially at hospital level.	The Financial Management and Supply Chain Management delegations and directives as well as the Internal Control Checklist are reviewed and adjusted annually. The Human Resource delegations have been reviewed and when fully implemented, will give wide delegations to CEOs to enable them to manage the appointment of health professionals more effectively.	Delegations decentralised in line with capacity.	Audit and strengthen existing delegations by September 2008.
	Health Information Systems.	All districts to be fully operational on DHIS 1.4 (including trained personnel to collect and use data at all levels). ICD 10 coding was successfully implemented at the Academic Health Complex and Regional Hospitals, as required.	All staff trained but infrastructure insufficient for version 1.4.	Implement 1.4 when funds are available to upgrade hardware.
	Monitoring and Evaluation.	Measures put in place to improve timeliness of Quarterly Reporting System.	All tertiary and level 2 hospitals routinely reporting ICD10 coding for private patients. Measures put in place to improve timeliness of Quarterly Reporting System. Problems still experienced with Treasury deadlines however, this is being managed as far as possible.	All tertiary and level 2 hospitals routinely reporting ICD10 coding. Improve timeliness of Quarterly Reporting System.

SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Table ADMIN1: Provincial objectives and performance indicators for Administration

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
BUDGET SUB PROGRAMME: OFFICE OF THE MEC									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Implementation of the political strategic direction of the Free State Department of Health.	Report on the alignment of the corporate plans within the mandate of the department.	Alignment of reports and plans.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.
BUDGET SUB PROGRAMME: MANAGEMENT									
Ensure compliance with the Public Finance Management Act.	Statements/ reports/ certificates submitted in line with prescripts.	Compliance Certificate submitted in line with transcripts.	Compliance certificate was submitted monthly.	Compliance certificate submitted monthly within 10 days after month closure.	Compliance certificate submitted monthly within 10 days after month closure.	Submit monthly 10 days after BAS closure.	Submit monthly 10 days after BAS closure.	Submit monthly 10 days after BAS closure.	Submit monthly 10 days after BAS closure.
		BAS and PERSAL Training according to the needs of the Department.				Ensure at least 100 officials are nominated to attend at least one BAS or PERSAL course.	Ensure at least 100 officials are nominated to attend at least one BAS or PERSAL course.	Ensure at least 100 officials are nominated to attend at least one BAS or PERSAL course.	Ensure at least 100 officials are nominated to attend at least one BAS or PERSAL course.
		Efficient functioning of Paymasters.				Ensure all paymasters are appointed and nominated for training.	Ensure all paymasters are appointed and nominated for training.	Ensure all paymasters are appointed and nominated for training.	Ensure all paymasters are appointed and nominated for training.
		Revenue Report compiled and submitted in line with prescripts.	Revenue Report was submitted.	Revenue Report was submitted by the 15 th of each month.	Revenue Report was submitted by the 15 th of each month.	Submit in time which is the 15 th of each month.	Submit in time which is the 15 th of each month.	Submit in time which is the 15 th of each month.	Submit in time which is the 15 th of each month.

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE

BUDGET SUB PROGRAMME: MANAGEMENT

Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Ensure compliance with the Public Finance Management Act. (Continued)	Statements/ reports/ certificates submitted in line with prescripts. (continued)	In-Year Monitoring Report submitted to Treasury in line with prescripts.	In Year Monitoring was submitted monthly. Budget	In Year Monitoring report submitted on the 15 th of each month.	In Year Monitoring report submitted on the 15 th of each month.	In Year Monitoring report submitted on the 15 th of each month.	In Year Monitoring report submitted on the 15 th of each month.	In Year Monitoring report submitted on the 15 th of each month.
		Budget Statement No 2 submitted to Provincial Treasury in line with prescripts.	Statement No2 was submitted to Treasury.	Budget Statement No2 submitted by 24 November.	Budget Statement No 2 submitted by end of November.	Budget Statement No 2 submitted by end of November.	Budget Statement No 2 submitted by end of November.	Budget Statement No 2 submitted by end of November.
		Monthly cash requisition submitted in line with prescripts.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.
		PROPAC Resolutions handed in line with prescripts.	Compiled PROPAC resolutions.	Compliance to PROPAC Resolutions monthly report submitted as determined by the Office of the Premier.	Compliance to PROPAC Resolutions monthly report submitted as determined by the Office of the Premier.	Compliance to PROPAC Resolutions monthly report submitted as determined by the Office of the Premier.	Compliance to PROPAC Resolutions monthly report submitted as determined by the Office of the Premier.	Compliance to PROPAC Resolutions monthly report submitted as determined by the Office of the Premier.
		Fund Requisitions submitted within due dates.	Cash Flow compiled.	Reconciliation-monthly.	Compile and submit fund requisition to Provincial Treasury daily before 10h00.	Compile and submit fund requisition to Provincial Treasury weekly before 10:00 on Mondays.	Compile and submit fund requisition to Provincial Treasury weekly before 10:00 Mondays.	Compile and submit fund requisition to Provincial Treasury weekly before 10:00 on Mondays.

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
BUDGET SUB PROGRAMME: MANAGEMENT									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Implement effective supply chain management (SCM).	A functional departmental SCM forum.	SCM forum functional in terms of legislation.			SCM forums functional i.t.o legislation.	Monitor quarterly functioning against target.	Monitor quarterly functioning against target.	Monitor quarterly functioning against target.	
	%departmental procurement in line with BEE regulations.	BEE policy implemented.	Codes not finalised	41 officials trained in BEE waiting codes to be finalised.	70% of procurement spent in line with treasury guideline.	80% of procurement spent in line with treasury guideline.	85% of procurement spent in line with treasury guideline.	90% of procurement spent in line with treasury guideline.	
	% of SCM personnel trained on introductory course.	Personnel have knowledge of SCM through formal or in-service training.		60% of SCM staff in 31 institutions trained.	70% of SCM staff in 31 institutions trained.	80% of SCM staff in 31 institutions trained.	85% of SCM staff in 31 institutions trained.	90% of SCM staff in 31 institutions trained.	
Implement an integrated strategic planning and reporting framework in line with PFMA and prescripts.	Compliance with national and provincial strategic planning and reporting prescripts.	Compliance with prescripts.	Complied.	Complied.	Compliance.	Compliance.	Compliance.	Compliance.	

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
BUDGET SUB PROGRAMME: MANAGEMENT									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Implementation of an integrated Security Plan.	% Reduction of crime incidents at Department of Health institutions.	Development of a plan for reducing crime Incidents.		Development of Security Policy for Department.	Implementation of Security Policy at all institutions of Department.	Implementation and Monitoring of Security Policy.	Evaluate and review the plan and amend the policy.	Implementation of the policy.	
	100 % of institutions with security measures.	Implementation of fencing, gates, gun safes, uniform, guard houses, two way radios and security personnel at all institutions of the Department.	Implementation of Security personnel (in house and contracts) at all institutions except those that were taken over from Municipality.	Implementation of security personnel, (in house and contracts) with inclusion of institutions from the municipality.	Implementation of security personnel (in house and contracts) and two way radios communication for Motheo District.	Implementation of security personnel (in house and contracts) replace the contracts at Corporate office, laundries, Boitumelo.	Implementation of security personnel replace the contracts of Dihlabeng and Metsimaholo Hospital with the in house.	Implementation of security personnel (in house) and replacing the contract with in house at National Hospital and reviewing the plan.	
					Guard houses for Elizabeth Ross and Katleho Hospitals. Purchasing of the Security Uniform.	Hospital with in house and development of long term contracts for Motheo and Lejweleputswa clinics.	Implementation of contracts at clinics taken over from municipality. Purchasing of the security uniform.		
						Installations of gun safes at all institutions of the Department and two way radios for communication at Maluti-a-Phofung.			

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
BUDGET SUB PROGRAMME: MANAGEMENT									
Measurable Objective	Indicator (Performance Measure)	Output	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Optimal management of information.	Integration of information management.	Integration of hospital and Primary Health Care information.				Appointment of Provincial- and District Information Committee.	Provide duties in relation to health information in the province.		
	% data integrated in Data Warehouse and usable as information for managers.	Strategic information.	Data Warehouse approved	Revenue info system piloted.	Expand Human Resource system.	Incorporate stand-alone information systems into a single logical structure.	70% incorporation of stand-alone information systems into a single logical structure.		
		Information available in a prescribed format. Implementation of dept plans monitored and evaluated.		HR information system piloted.	ARV roll out information system piloted incorporated.	Expand ARV system.	Expand as necessary and guidance by Business intelligence.		
						Expand TB information system.			
						Expand Notifiable Diseases information system.			
						Death notification.			
	% of facilities fully functional on DHIS and Hospital Info System.				DHIS – being used by facilities as from 2000.	Implement version 1.4 when funds are available	Implement version 1.4 when funds are available	information available in a prescribed format	
	Establish a functional Monitoring and Evaluation unit.					Business Intelligence Committee established.	Monitoring and Evaluation Unit established when funds are available.	Implementation of dept plans monitored and evaluated.	

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
BUDGET SUB PROGRAMME: MANAGEMENT									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Implement the Department of Health Services Marketing Strategy.	Number of institutions implementing institutional marketing plans.	Create awareness and improve customer satisfaction.			3 Districts are implementing marketing plans.	7 institutions implementing services marketing plans.	Impact assessment surveys.	Impact assessment surveys.	
Implement the Service Transformation Plan for the Free State Department of Health.	Priorities implemented as per Plan.	Fully implemented Service Transformation Plan.		Use Integrated Health Planning Framework to inform development of final Service Transformation Plan.	Service Transformation Plan for 10 years commencing 2008 compiled and submitted.	Implement Service transformation plan dependant on availability of funding.	Implement Service transformation plan dependant on availability of funding.	Implement Service transformation plan dependant on availability of funding.	
Ensure the upgrading of the pharmacy facilities to enhance service delivery.	% of pharmacy facilities in full compliance of the registration requirements with SAPC.	Licensing with NDoH.	100% (41) hospital and CHC pharmacy facilities licensed with NDOH: None recorded.	100% (41) hospital and CHC pharmacy facilities licensed and recorded: 20% (8) facilities fully compliant.	40% (18) of hospital and CHC pharmacy facilities fully compliant.	60% (27) of hospital and CHC pharmacy facilities fully compliant.	80% (35) of hospital and CHC pharmacy facilities fully compliant.	100% (43) Of hospital and CHC pharmacy facilities fully compliant.	
		Recording with SAPC.							
		Evaluation by SAPC.							
		Upgrading.							
		Registration.							

Past expenditure trends and reconciliation of MTEF projections with plan

Table ADMIN2: Trends in provincial public health expenditure for Administration (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹ (R million)	150,250	165,707	146,548	160,757	209,301	196,764	216,375	231,678
Total ²	2858	2858	2858	2 858	2 858	2 858	2 858	2 858
Total per person	52.57	57.98	51.28	56.25	73.23	68.55	75.71	81.06
Total per uninsured person	61.70	68.05	60.18	66.02	85.96	80.81	88.86	95.14
Total capital ²	9,121	24,700	5,705	6,419	2,145	3,784	4,359	4,803
Constant (2004/05) prices³	1,628.71	1,725.01	1,465.48	1,532.01	1,902.55	1,707.91	1,880.30	2,013.28
Total ²	2858	2858	2858	2 858	2 858	2 858	2858	2858
Total per person	0.57	0.60	0.51	0.54	0.67	0.60	0.66	0.70
Total per uninsured person	0.67	0.71	0.60	0.63	0.78	0.70	0.77	0.83
Total capital ²	9,121	24,700	5,705	6,419	2,145	3,784	4,359	4,803

Source: BAS System

ANNEX 2 – HUMAN RESOURCES

SITUATION ANALYSIS

Human Resource Management

Current deployment of human resources in relation to service delivery requirements

For the 2007/2008 financial year, a total of 27 311 posts were on the staff establishment and a total of 16 209 were filled. This implies an overall vacancy rate of 40.6%.

Upgrading of salaries for Pharmacists was implemented and Pharmacist Assistants are being trained.

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

A total of 924 new appointments were handled. A combined total of 684 posts were advertised of which 187 were externally advertised and 497 were internally advertised.

After consolidation of primary health care services, the department initiated a process of revision of clinic staff establishments. The new staff establishments were to provide for minimum staffing levels, based on the utilisation of the clinic. This was to provide for support services like cleaning, pharmacy and administration.

The organisational structure of the DHS system was recently revised to align management with the prescripts of the National Health Act to ensure service delivery in all areas of service. The new proposed DHS structure is subject to executive management approval.

The corporate Head Office structure was approved and has subsequently been implemented.

Staff recruitment and retention systems and challenges

A draft retention strategy was developed. New recruitment methods are being investigated to ensure that vacancy lists reach all potential applicants, especially those who are differently abled. Standardised advertisements are also being developed to ensure unity of the requirements within the same occupational classes.

For the 2007/2008 financial year employees were paid the following allowances: 107 scarce skills allowances, 62 rural allowances, 13 nodes and 44 in-hospital allowances.

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 Auditor General has conducted a comprehensive audit on the management of sick leave. Backlogs in the capturing of leave were identified at two institutions.

The institutions were visited on a weekly basis and problem analysis was conducted. An action plan was developed and discussed with the institutions.

In terms of PROPAC Resolutions: A Leave Monitoring & Control Unit was established (Res.79/2005). Leave registers were implemented (Res. 30/2006). iCAM trains supervisors on how to handle unacceptable sick leave certificates. Institutions and districts were visited to provide training on leave matters. The current absenteeism rate in the department is 8.22% per person at a cost of R24 202 213.95 for 77 467 sick days utilised.

Employee Assistance Programme (EAP) structures provide EAP services at provincial and district level (Res. 30/2006). Awareness and utilization of the EAP programme has increased. Fifty one new referrals were handled effectively during 2007. Team building sessions were at Itemoheng, JD Newberry and Phutholoha Hospitals. Two emergency debriefing sessions were held within 72 hours after traumatic situations. All cases referred to the EAP Unit for help, were responded to within 24 hours. The inclusion of a Clinical Psychologist in the unit made it possible to do individual- and group trauma debriefing and to provide life-enhancement programmes, like stress management.

Functional Employee Wellness committees were established in Institutions

- 90 Cases have been referred to the EAP programme and were handled internally.
- 22 Officials have been referred to Aurora for alcohol abuse and none has relapsed to date.
- 1 Cases were referred to Private Psychiatrist for handling.
- 2 EAP Supervisory Trainings were conducted at Universitas Hospital.

The HIV and AIDS Workplace Programme

Awareness campaigns included a candlelight memorial day, an education campaign at Bophelo house, 2 institutions commemorated World AIDS Day and 10 Peer educators were trained.

Table HR1: Public health personnel in 2006/2007

Categories	Number Employed		% of total employed	Number per 1000 people ²	Number per 1000 uninsured people ²	Number per 100 000 people	Vacancy rate ⁵	% of total personnel budget	Annual cost per staff member	National average	
	Filled:	Vacant:								% of total employed	Number per 1000 uninsured people ²
Medical officers	585	212	6.82%	0.21	0.24	21.08	26.59%	17.01%	R128 505	n/a	n/a
Medical specialists	181	77	2.11%	0.06	0.07	6.52	29.84%	8.04%	R163 738	n/a	n/a
Dentists ³	63	29	0.73%	0.02	0.02	2.27	31.52%	1.52%	R131 936	n/a	n/a
Dental specialists	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	n/a	n/a
Professional nurses	3518	1603	41.06%	1.26	1.44	126.80	31.30%	42.23%	R31 661.52	n/a	n/a
Enrolled Nurses	421	162	4.91%	0.15	0.17	15.17	27.79%	3.05%	R13 948	n/a	n/a
Enrolled Nursing Auxiliaries	2508	2685	29.27%	0.90	1.03	90.40	51.70%	14.65%	R6 513	n/a	n/a
* Student nurses	796	1032	9.29%	7.96	0.32	28.69	92.80%	15.50%	R7 345.96	n/a	n/a
Pharmacists	113	71	1.31%	0.04	0.46	4.07	38.59%	1.92%	R67 772	n/a	n/a
Physiotherapists	66	30	0.77%	0.02	0.02	2.37	31.25%	0.73%	R32 567	n/a	n/a
Occupational therapists	74	27	0.86%	0.02	0.03	2.66	26.73%	0.81%	R33 581	n/a	n/a
Psychologists	51	27	0.59%	0.01	0.02	1.83	34.6%	15.04%	R65 556	n/a	n/a
Radiographers	66	27	0.77%	0.02	0.02	2.37	21.52%	2.66%	R12 064.03	n/a	n/a
Basic Ambulance Assistants											
Emergency Care Practitioners	785	223	9.16%	0.28	0.32	28.29	22.12%	5.37%	R6 542.96	n/a	n/a
Ambulance Emergency Assistants	84	31	0.98%	0.03	0.03	3.02	26.96%	0.73%	R8 305.89	n/a	n/a
ECP Intermediate											
Paramedics											
ECP Advanced	52	26	0.60%	0.01	0.02	1.87	28.11%	0.75%	R35 885.00	n/a	n/a
ECP Divisional											
Nutritionists			The department does not have nutritionists as this falls under the same category as dieticians.								
Dieticians	50	41	0.58%	0.02	0.02	1.80	45.05%	0.52%	R32 102	n/a	n/a
Community Care-Givers (even though not part of the PDoh staff establishment)	2389	N/A	27.88 (not part of the staff establishment)	0.86	0.98	86.11	(not part of the staff establishment)	N/A	R1 000.00	n/a	n/a
Total	8566	5271	100	3.91	4.89	396.63		100	790097.39	n/a	n/a

Source: PERSAL : Population 2002 mid-year estimates used

** Student nurses : This category is inclusive of all student nurses, e.g. 80 Fulltime students, 434 bursary holders not placed in posts, 178 students on study leave doing four year course, and 104 students doing 2 year diploma (bridging course). The vacancy rate is calculated at 1112 posts, of which only 434 is filled with full time bursary holder

POLICIES, PRIORITIES AND STRATEGIC GOALS

Human Resource Management

Planned deployment of human resources in relation to service delivery requirements

A policy will be developed and implemented on the recruitment of graduate interns on a contract basis for certain scarce occupational categories.

Plans to improve the accuracy of the staff establishment at all levels of the system compared to service requirements

Organisational development principles will inform staff establishments.

A survey on the identification and abolishment of unfunded vacancies will ensure a true reflection on the vacancy rate.

Staff recruitment and retention plans

The revised recruitment strategy and policy will include shorter and more effective recruitment methods and employment equity.

Issuing of uniforms to health professionals will be centralised. Staff morale will be improved and professional dress codes adhered to.

A total of 7 057 cash bonuses were paid at a cost of R 34 297 056.13 and a total of 10 151 pay progressions were implemented at a cost of R 12 327 801.

Strategies to improve absenteeism and staff turnover rates

- Training of officials and supervisors throughout the province on a continuous basis on the management of leave, sick leave and unauthorised absenteeism.
- Aggressive campaigns to increase awareness on the utilisation of sick leave.
- The consistent application of the 8 week rule on utilisation of sick leave.
- The accurate updating of leave records on the PERSAL system.
- The implementation of SOMA findings and recommendations on personnel utilising incapacity leave.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

- Extensive long term vacancy rates created functional difficulties with serious impact on financial management functions.
- The abolishment of unfunded vacancies will be investigated to ensure that the vacancy rate is a true reflection of need.
- The need for job evaluation before filling of critical posts poses many challenges.

Programme management capacity

- A culture of accountability and responsibility must be instilled at all levels of management.
- The recruitment and retention of scarce skills is of great concern for the department. If affordable bursary holders and community service health professionals will be offered employment.

NATIONAL HEALTH SYSTEMS (NHS) PRIORITIES 2006/07 - 2008/09

Table NHS Priority 2: Human Resources

Activity	Indicators	Targets 2007/08	Targets 2008/09	Targets 2009/10
Staff distribution	Proportion of establishment in each service point by level of care.	Fully mapped distribution of all staff in draft Service Transformation Plan.	Abolishment of unfunded vacancies to ensure a true reflection of vacancy rate.	
		Fully mapped distribution of all PHC staff in draft Service Transformation Plan.	Occupational specific dispensation agreement signed for nursing staff. 900 files currently being tested to place nursing staff on the new OSD scales. Completion due date: 31/3/2008.	
	Human Resource Plan.	Draft Human Resource plan will be aligned with Service Transformation Plan once completed.	100% staffing levels achieved at all institutions.	100% staffing levels maintained at all institutions. Monitoring and review of the plan.
Private sector partnerships	Private sector specialists in public facilities.	Meetings held with General Practitioners and the recruitment of agencies took place. An extensive situation analyses done to determine resources needed eg budget, human resources and material resources. A Memorandum of Agreement was signed with the Nursing Colleges.	Independent Practice Association service level agreement completed. Pilot project within Xhariep District to be implemented.	Use funds for vacant posts to make this possible.
Increase training of nurses (re-opening of nursing schools)	Number of nurses trained.		Training of 250 additional students initiated.	Training of 250 additional students initiated.
Training of hospital CEOs.	% of hospital CEOs trained.	8(40%) CEO's out of 20 ongoing training on hospital management.	16(80%) CEO's out of 20 ongoing training on hospital management.	20 (100%) CEO's out of 20 ongoing training on hospital management.

SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Table HR2: Provincial objectives and performance indicators for Human Resources

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE										
BUDGET SUB PROGRAMME: MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement a comprehensive Human Resource (HR) plan for the department.	% of Bursary Holders and Community Service Health Professionals retained.	50 % of 37 completing bursary holders fully employed to ensure that skilled personnel are available at all service levels.	100% (All 37) of completing bursary holders were employed.	96% (49 of 51) completing bursary holders were employed.	96% 49 of 51 completing bursary holders were employed.	96% 49 of 51 completing bursary holders were employed.	It was intended to employ 50% (all 10) completing bursary holders however, due to budget constraints this will not be possible.	70% of Bursary Holders retained.	80% of Bursary Holders retained.	85% of Bursary Holders retained.
			100% community service health professionals have been placed.	100% community service health professionals have been placed.	100% community service health professionals have been placed.	100% community service health professionals have been placed.	100 % community service health professionals would be placed.	50% of CS Health Professionals retained.	60% of CS Health Professionals retained.	70% of CS Health Professionals retained.
	% of institutions/offices with fully functional Occupational Health- and Employee Wellness programme.	A Fully functioning occupational health and employee wellness programme.	50% of institutions/ offices with fully functional occupational health- and employee wellness programme.	53% of institutions and offices with fully functional occupational health- and employee wellness programme.	60% of institutions and offices with fully functional occupational health- and employee wellness programme.	62% of institutions and offices with fully functional occupational health- and employee wellness programme.	68% of institutions and offices with fully functional occupational health- and employee wellness programme.	70% of institutions and offices with fully functional occupational health- and employee wellness programme.	75% of institutions and offices with fully functional occupational health- and employee wellness programme.	75% of institutions and offices with fully functional occupational health- and employee wellness programme.

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE										
BUDGET SUB PROGRAMME: MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement a comprehensive Human Resource (HR) plan for the department. (continued)	% of institutions that have complied with the Employment Equity targets.	A fully functional occupational health and employee wellness programme.	EAP and HIV & AIDS Workplace draft Policies in place.	Establishment of the structure, Appointment of personnel. Guidelines on referrals to EAP in place.	Wellness committees established in institutions and Head Office. Management trained.	Committees in institutions actively functioning and individual cases handled by the programme.	Employees and management are aware of the services rendered by the programme.	Employees and management are aware of the services rendered by the programme.	Programme utilised effectively, HIV and AIDS Workplace Programmes in place, preventative programmes conducted.	Programme utilised effectively contributing to reduction in absenteeism and to mitigating the impact of HIV and AIDS in the Workplace.
		100% compliance with set employment equity target.	No Data	No Data	No Data	07 out of 60(11.6%) institutions of Health have employment Equity plans developed.	20 out of 60(33.33%) institutions of Health have employment Equity plans developed.	45 out of 60(75%) institutions of Health have employment Equity plans developed.	60 out of 60(100%) institutions of Health have employment Equity plans developed.	All institutions of Health to have Employment Equity and are reporting fully on them.
Improve measures to reduce absenteeism	Number of personnel trained on leave record at institutions.	Capacity building done to all personnel officers to manage leave record.	No Data	No Data	No Data	1377 personnel trained on leave record at all institutions.	1400 personnel trained on leave record at all institutions.	1550 personnel trained on leave record at all institutions.	1550 personnel trained on leave record at all institutions.	1550 personnel trained on leave record at all institutions Strategic
Develop and implement a People/ Diversity Management Strategy for department.	People/ Diversity Management Strategy for department developed and approved.	A policy document for implementation and adherence.	Not applicable, not yet planned.	Not applicable, not yet planned.	Not applicable, not yet planned.	Not applicable, not yet planned.	People / diversity Management Strategy for FSDoH in first draft format and needs to be finalised and discussed with stakeholders.	Approval and implementation.	Strategic Implementation completed.	Implementation completed.

PROGRAMME 2: DISTRICT HEALTH SERVICES

ANNEX 3 – DISTRICT HEALTH SERVICES

Programme 2 has the following sub-programmes:

- District Management
- Community Health Clinics
- Community Health Centres
- Community Based Services
- Coroner Services (Forensic Pathology Services)
- District Hospitals
- HIV and AIDS
- Other Community Services
- Nutrition

SITUATION ANALYSIS

District Health Services

- Primary Health Care personal services are available in all towns in the Free State from a service platform of 235 fixed clinics, 10 Community Health Centres and 24 District Hospitals.
- District Health Plans for 2007/2008 have been compiled in line with the approved National Department of Health format. These make provision for development of district based planning, functional integration mechanisms for community participation and resource allocation.
- The consolidation of Personal PHC services to the province has been completed with the last Municipality (Mangaung) finalised in 2007.
- Some district hospitals are unsustainable (expensive), hence the Service Transformation Plan (STP) is intended to address a new service delivery platform.
- The reviewed macrostructure provides for a consolidated management of all Level 1 services, including District Hospitals.
- The District Hospital Package has been piloted and evaluated for full implementation. The findings will be used to inform the implementation of the STP.
- Funding remains a challenge in ensuring that level I service delivery packages are fully comprehensively implemented.

Rural Health Plan

- Rural Health Services are rendered from 109 mobiles in all towns in the Free State on a 4 – 6 weekly basis.
- Xhariep District has been identified as a Rural Area by the Provincial Government.

Forensic Pathology Services (Coroner Services)

The Free State Forensic Pathology Services (FPS) is conducting just over 4000 medico-legal autopsies per year. There is also an estimated 8000 bodies that are not dissected (as required by the forensic pathology practise code), but are only externally examined as the decision has been made that no foul play is suspected and no investigations are to be made into the death. This puts a skew on the provincial statistics on causes of death as there are no confirmed or specific diagnoses associated with these deaths. Some murders may be missed this way.

There are three regions of high population densities in the Free State that are served. The Southern Free State (includes Xhariep and Motheo districts) is serviced by a single functional mortuary (biggest) and one functional holding facility. The Eastern Free State (equals Thabo Mofutsanyana district) has a functional mortuary in Bethlehem and Phuthaditjhaba. The Northern Free State (includes Lejweleputswa and Fezile Dabi districts) has functional mortuaries in Sasolburg, Kroonstad and Welkom.

All autopsies except for those in Bloemfontein are performed by general practitioners employed on sessional basis for this function. There are regular complaints from the Department of Justice regarding the quality of the content and the reliability of the reports produced by personnel not specifically trained in Forensic Pathology. The drive to increase the number of training posts in the Department of Forensic Pathology and Medicine of the Free State University is limited by the rules of academia that limit the number of these training positions in proportion to the number of trained specialists already in place. There is an ongoing drive to employ more permanent medical officers for this function who may be enticed to specialise in the field as and when the capacity of the academic institution allows.

At its inception, the Free State Forensic Pathology Services inherited 28 former police officials who were transferred to the Department of Health. At the moment, there are 60 forensic pathology officers assisting in the service.

Quality Assurance

24 District Hospitals, 5 Regional Hospitals and 1 Tertiary Hospitals are under the COHSASA programme. 7 Hospitals have received full COHSASA accreditation, 12 hospitals have re-entered for the COHSASA accreditation process and 5 hospitals are awaiting COHSASA accreditation results.

One hospital underwent revitalization process to be re-entered for accreditation. With the current status of the staff establishment, the Standard Compliance sub directorate is not in a position to take over the Accreditation process.

POLICIES, PRIORITIES AND STRATEGIC GOALS

District Health Services

- District Health Services in the Free State are now aligned to with the National DHS Policy.
- A road map for the implementation of DHS was developed.
- Implementation of Priority Health programmes by means of provision of the comprehensive Primary Health Care/Hospital Packages with special focus on Maternal, Child and Women's Health (MCWH), HIV and AIDS, Sexually Transmitted Infections (STIs), Diseases of Lifestyle, water bone diseases and infection control.
- District Health Services are provided with the involvement of District Governance structures, i.e. District Health Councils, Hospital Boards and Clinic Health Committees.
- A new District Organisational Structure is being developed for implementation in 2008/2009 to improve service delivery.

Rural development nodes and urban renewal nodes

Maluti a Phofung in Thabo Mofutsanyana has been declared as a presidential rural node. 33 clinics in Maluti-a-Phofung are rendering PHC services. There are two district hospitals and one regional hospital which are used for patient referral.

Xhariep District

The Xhariep district has been identified as a Rural Area by the Provincial Government, scarce skills and rural allowances were thus implemented for selected occupational classes.

Health facilities in the node

- 17 fixed clinics
- 21 mobiles
- 3 District Hospitals
- 1 Community Health Centre

Ten out of the 17 Fixed Clinics are rendering on call services.

Emergency Medical Services

- 24 ambulances
- 5 response cars
- 11 patient transport

Forensic Pathology Services (Coroner Services)

The Forensic Pathology Services is managed as a provincial service which is essential to make the limited resources available at all times, to the province. Functional links with district offices were established in order to support this function.

As a new service the National Code of Practice for Forensic Pathology is still being developed. In the interim standard operating procedures adapted from the SAPS force order that previously governed the medico-legal services.

Quality Assurance

Hospitals that have received full accreditation should sustain and maintain quality standards. Hospitals that have re-entered the COHSASA programme, need to get full accreditation. Hospitals that have undergone and completed the revitalization programme to be re-entered for the COHSASA programme and receive full accreditation.

Services Marketing

The provincial department's role in rendering primary health care is to ensure that the national school health services policy is implemented in all districts (Services Marketing & Health Promotion). To date, all 5 districts are implementing the policy and 5/20 local areas are rendering a service. Intersectoral collaboration and integration of services are ensured through the community structures that were established at provincial- and some district levels. The cooperation, support and sustainability of these structures can be improved. The services marketing initiative with radio talks and campaigns continues, as well as the training of marketing coordinators in institutions and clinic facilities.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

District Health Services

Finance

The implementation of the DHS will require additional funding to implement the following:

- 24-hour services at identified clinics, especially where there are no hospitals.
- District Micro-structure.
- District Health Expenditure Reviews (DHERs).
- Rural Health Strategy.
- Maintenance- and Infrastructure Plans.

Human Resource

Recruitment and retention of personnel remains a challenge despite the incentives introduced nationally, provincially and locally. To address the human resource challenges, the Department has to actively involve external stakeholders.

Support Systems

Due to systems problems, drug availability remains a challenge.

- Decentralisation of functions and powers is provided for in the reviewed organisational structure.
- Accommodation for staff and facilities by Department of Public Works Roads and Transport does not address the needs of the department.

Forensic Pathology Services (Coroner Services)

Currently, the service is funded through a conditional grant. This has made funds available for objectives identified at the planning stages prior to 2004. At the same time, it has made our responses to changes in the environment slow and almost impossible at times as we are tied to plans long created and costed for a different environment. This is being addressed with Treasury and the national directorate to allow some amendments to the original three year Forensic Pathology Services Business Plans.

During planning stages, technical staff was dully considered and adequately planned for. The support staff was however, not given adequate consideration as it was assumed that health institutions already present will support the newly acquired medico-legal institutions. This assumption has been proven wrong by constant claims that maintenance and administrative staff at institutions (hospitals and district offices) cannot support the mortuaries near them as they are understaffed already. The staff establishment of the Free State is being re-evaluated to address these shortfalls.

Quality Assurance

Support visits to those institutions that have re-entered for the COHSASA programme, will be conducted during the 2008/09 financial year. Personnel are being empowered through training.

- Financial constraints that would prevent the unit to do regular support visits.
- Appointment of personnel is limited due to financial constraints.
- The appointment of District Quality Assurance Coordinators will assist to ensure that quality standards are maintained in the districts.

Services Marketing

The target for school health services and health promotion is to reach all 20 local areas with service delivery, where a comprehensive and integrated approach from all stakeholders will ensure a quality service to the focus groups.

District Health- and School Health forums are to be strengthened and kept sustainable mainly through support from districts. Capacity building of the structures will ensure improved and better understanding of their expectations and roles, thereby improving community participation.

Marketing of services can be improved with health facilities continuously measuring themselves against set service standards and implementation of a service delivery improvement plan that have identified the gaps to be addressed. Batho Pele principles need to remain an integral part of everyday care given to all clients, irrespective of circumstances.

The SMS system through cellphones, could enhance the client satisfaction surveys done annually to identify gaps in service delivery. Financial- and human resources are required to attain all these goals.

Table DHS1: District health service facilities by health district

Health district•	Facility type	No.	Population ^{2,5}	Population per PHC facility ⁵ or per hospital bed	Per capita utilisation ⁶
Motheo	Non fixed clinics	19	790955	412859	1.9
	Fixed Clinics	63		12555	
	CHCs	2		395478	
	Sub-total clinics + CHCs	84		9416	
	District hospitals	4		197738	
Xhariep	Non fixed Clinics	18	13366	7426	2.5
	Fixed Clinics	17		7863	
	CHCs	1		133666	
	Sub-total clinics + CHCs	36		3713	
	District hospitals	3		44555	
Thabo Mofutsanyana	Non fixed clinics	20	767862	38393	2.5
	Fixed Clinics	66		11634	
	CHCs	1		767862	
	Sub-total clinics + CHCs	87		8826	
	District hospitals	8		95983	
Lejweleputswa	Non fixed clinics	24	758097	31587	1.3
	Fixed Clinics	46		16480	
	CHCs	1		758097	
	Sub-total clinics + CHCs	71		10677	
	District hospitals	5		151619	
Fezile Dabi	Non fixed clinics	22	518024	23547	2.2
	Fixed Clinics	32		16188	
	CHCs	5		103605	
	Sub-total clinics + CHCs	59		8780	
	District hospitals	4		129506	
Province	Non fixed clinics	103	2 968609	28821	2.0
	Fixed Clinics	224		13253	
	CHCs	10		296861	
	Sub-total clinics + CHCs	234		12686	
	District Hospitals	24		123692	

Source: DHIS midyear estimates 2007

Table DHS2: Personnel in district health services by health district as at December 2007

Health District	Personnel Category	Filled Posts	Approved Posts	Vacancy Rate	Number In Post Per 1000 Uninsured People
Motheo (PHC)	Medical Practitioner Chief	1	1	0.00%	0,00
	Medical Practitioner Principal	1	1	0.00%	0,00
	Medical Practitioner Senior	5	9	50.00%	0,01
	Nurse: Professional Chief	206	237	13.08%	0,33
	Pharmacist Principal	2	4	50.00%	0,00
	Professional Nurse	34	154	77.92%	0,05
	Professional Nurse Senior	103	155	33.55%	0,16
	Total	352	562	37.37%	0,55
Motheo (Hospitals)	Community Development Officer	2	4	50.00%	0,00
	Community Development Officer Senior	4	5	20.00%	0,01
	Medical Practitioner	20	25	20.00%	0,03
	Medical Practitioner Chief	0	4	100.00%	0,00
	Medical Practitioner Principal	16	22	27.27%	0,03
	Medical Practitioner Senior	15	32	53.13%	0,02
	Nurse: Professional Chief	114	132	13.64%	0,18
	Pharmacist Principal	3	12	75.00%	0,00
	Pharmacist Senior	0	7	100%	0,00
	Professional Nurse	55	107	48.60%	0,09
	Professional Nurse Senior	45	63	28.57%	0,07
	Total	274	413	33.66%	0.43
Xhariep (PHC)	Community Development Officer Assistant Director	0	1	100.00%	0,00
	Medical Practitioner Chief	1	1	0.00%	0,01
	Medical Practitioner Principal	3	4	25.00%	0,03
	Medical Practitioner Senior	0	7	100.00%	0,00
	Nurse: Professional Chief	42	51	17.65%	0,37
	Pharmacist Principal	2	6	66.67%	0,00
	Professional Nurse	5	73	93.15%	0,04
	Professional Nurse Senior	42	61	31.15%	0,37
	Total	95	204	53.43%	0,82
Xhariep (Hospitals)	Community Development Officer	0	1	100.00%	0,00
	Community Liaison Officer Chief	1	1	0.00%	0,01
	Medical Practitioner	3	4	25.00%	0,03
	Medical Practitioner Chief	0	2	100.00%	0,00
	Medical Practitioner Principal	4	4	0.00%	0,04
	Medical Practitioner Senior	3	12	75.00%	0,03
	Nurse: Professional Chief	10	14	28.57%	0,09
	Pharmacist Principal	0	1	100.00%	0,00
	Pharmacist Senior	0	1	100.00%	0,00
	Professional Nurse	2	15	86.67%	0,00
	Professional Nurse Senior	12	16	25.00%	0,11
	Total	35	71	50.70%	0,31

Table DHS2: Personnel in district health services by health district as at December 2007

Health District	Personnel Category	Filled Posts	Approved Posts	Vacancy Rate	Number In Post Per 1000 Uninsured People
Lejweleputswa (PHC)	Community Development Officer Assistant Director	1	1	0.00%	0,00
	Medical Practitioner	3	3	0.00%	0,00
	Medical Practitioner Chief	0	1	100.00%	0,00
	Medical Practitioner Principal	1	1	0.00%	0,00
	Medical Practitioner Senior	0	3	100.00%	0,00
	Professional Nurse Chief	94	113	16.81%	0,14
	Professional Nurse	55	125	56.00%	11,82
	Professional Nurse Senior	58	98	40.82%	0,09
	Total	212	345	38.55%	12,05
Lejweleputswa (Hospitals)	Community Development Officer	2	2	0.00%	0,00
	Community Development Officer Principal	1	1	0.00%	0,00
	Community Liaison Officer	1	2	50.00%	0,00
	Medical Practitioner	18	24	25.00%	0,03
	Medical Practitioner Chief	1	2	50.00%	0,00
	Medical Practitioner Principal	12	15	20.00%	0,02
	Medical Practitioner Senior	8	11	27.27%	0,01
	Nurse: Professional Chief	41	52	21.15%	0,06
	Pharmacist Principal	4	7	42.86%	0,01
	Pharmacist Senior	0	3	100.00%	0,00
	Professional Nurse	15	49	69.39%	0,02
	Professional Nurse Senior	26	38	31.58%	0,00
	Total	129	206	37.38%	0,15
Fezile Dabi (PHC)	Community Development Officer Assistant Director	1	1	0.00%	0,00
	Medical Practitioner	3	5	40.00%	0,01
	Medical Practitioner Chief	1	1	0.00%	0,00
	Medical Practitioner Principal	2	6	66.67%	0,00
	Medical Practitioner Senior	1	2	50.00%	0,00
	Nurse: Professional Chief	95	117	18.80%	0,23
	Pharmacist Principal	3	4	25.00%	0,01
	Professional Nurse	30	79	62.03%	0,07
	Professional Nurse Senior	39	84	53.57%	0,09
	Total	175	299	41.47%	0,41
Fezile Dabi (Hospitals)	Community Development Officer	0	3	100.00%	0,00
	Medical Practitioner	19	24	20.83%	0,05
	Medical Practitioner Chief	2	2	0.00%	0,00
	Medical Practitioner Principal	7	10	30.00%	0,02
	Medical Practitioner Senior	5	16	68.75%	0,01
	Nurse: Professional Chief	45	50	10.00%	0,11
	Pharmacist Principal	2	6	66.67%	0,00
	Pharmacist Senior	0	1	100.00%	0,00
	Pharmacist Chief	4	4	0.00%	0,01
	Professional Nurse	7	24	70.83%	0,02
	Professional Nurse Senior	42	60	30.00%	0,10
	Total	129	196	34.18%	0,32

Table DHS2: Personnel in district health services by health district as at December 2007

Health District	Personnel Category	Filled Posts	Approved Posts	Vacancy Rate	Number In Post Per 1000 Uninsured People
Thabo Mofutsanyana (PHC)	Community Development Officer Assistant Director	1	1	0.00%	0,00
	Medical Practitioner Chief	1	1	0.00%	0,00
	Medical Practitioner Principal	0	1	100.00%	0,00
	Medical Practitioner Senior	0	4	100.00%	0,00
	Nurse: Professional Chief	126	152	17.11%	0,20
	Pharmacist Principal	2	2	0.00%	0,00
	Pharmacist Senior	0	1	100.00%	0,00
	Professional Nurse	81	142	42.96%	0,13
	Professional Nurse Senior	67	128	47.66%	0,11
	Total	278	432	35.65%	0,44
Thabo Mofutsanyana (Hospitals)	Community Development Officer	1	3	66.67%	0,00
	Community Development Officer Principal	4	4	0.00%	0,01
	Medical Practitioner	17	24	29.17%	0,03
	Medical Practitioner Chief	2	4	50.00%	0,00
	Medical Practitioner Principal	10	12	16.67%	0,02
	Medical Practitioner Senior	15	33	54.55%	0,02
	Nurse: Professional Chief	77	84	8.33%	0,12
	Pharmacist Principal	4	10	60.00%	0,01
	Pharmacist Senior	2	6	66.67%	0,00
	Professional Nurse	63	102	38.24%	0,10
	Professional Nurse Senior	41	57	28.07%	0,07
	Total	236	339	30.38%	0,38
Grand Total		1915	3067	37.56%	15,86
Free State Province Total for PHCs	Community Development Officer Assistant Director	3	4	25.00%	0,00
	Medical Practitioner	6	8	25.00%	0,00
	Medical Practitioner Chief	4	5	20.00%	0,00
	Medical Practitioner Principal	7	13	46.15%	0,00
	Medical Practitioner Senior	6	26	76.92%	0,00
	Nurse: Professional Chief	563	670	15.97%	0,23
	Pharmacist Principal	9	16	43.75%	0,00
	Pharmacist Senior	0	1	0.00%	0,00
	Professional Nurse	205	573	64.22%	0,08
	Professional Nurse Senior	309	526	41.25%	0,13
	Total	1112	1842	39.63%	0,44

Table DHS2: Personnel in district health services by health district as at December 2007

Health District	Personnel Category	Filled Posts	Approved Posts	Vacancy Rate	Number In Post Per 1000 Uninsured People
Total for Hospitals	Community Development Officer	5	13	61.54%	0,00
	Community Development Officer Principal	5	5	0.00%	0,00
	Community Development Officer Senior	4	5	20.00%	0,00
	Community Liaison Officer	1	2	50.00%	0,00
	Community Liaison Officer Chief	1	1	0.00%	0,00
	Medical Practitioner	77	101	23.76%	0,03
	Medical Practitioner Chief	5	14	64.29%	0,00
	Medical Practitioner Principal	49	63	22.22%	0,02
	Medical Practitioner Senior	46	104	55.77%	0,02
	Nurse: Professional Chief	287	332	13.55%	0,12
	Pharmacist Principal	13	36	63.89%	0,01
	Pharmacist Senior	2	18	88.89%	0,00
	Professional Nurse	142	297	52.19%	0,06
	Professional Nurse Senior	166	234	29.06%	0,07
	Total	803	1225	34.45%	0,33
Grand Total		1915	3067	37.56%	0,77

Table DHS3: Situation analysis indicators for district health services

Indicator ¹	Type	Province wide value 2007	Xhariep 2007	Motho 2007	Lejweleputswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2006/07
Input								
1. Provincial PHC expenditure per uninsured person	R	134,73	192.3	171.05	110.17	129.86	110.15	N/A
2. Sub-districts offering full package of PHC services	%	100	100	100	100	100	100	60
Output								
3. PHC total headcount	No	5,880,464	362,242	1,496,145	1,163,719	1,804,068	1,054,290	N/A
4. Utilisation rate - PHC	No	2,0	2,5	1,9	1,3	2,5	2,2	2,3
5. Utilisation rate - PHC under 5 years	No	3,3	4,1	3,0	2,3	4,3	3,3	3,8
Quality								
6. Supervision rate	%	60	80	47.8	45	86.6	44.3	78
7. Fixed PHC facilities supported by a doctor at least once a week	%	56	78,9	25	34	81	65.7	31
Efficiency								
8. Provincial PHC expenditure per headcount at provincial PHC facilities	R	55.78	59.74	71.72	61.53	45.28	43.44	99

Source: DHIS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

Table DHS4: Situation analysis indicators for district hospitals sub-programme

Indicator1	Type	Province wide value 2007	Xhariep 2007	Motho 2007	Lejweleputswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2006/07
1. Expenditure on hospital staff as % of district hospital expenditure.	R	72.61	78.98	71.83	69.51	76.95	68.62	N/A
2. Expenditure on drugs of hospital use as % of district hospital expenditure.	R	5.9	3.6	7.8	3.9	4.8	6.6	NA
3. Expenditure by district hospitals per uninsured person.	R	189.56	226.83	263.14	134.65	185.48	160.47	N/A
Output								
4. Caesarean section rate for district hospitals	%	11.7	0	17.6	8.9	9.9	16.1	12.5
5. Separations -Total	No	126382	7166	31067	25008	36251	26890	N/A
6. Patient Day Equivalents	No	514681.7	24280.5	181212.2	87927	132562.5	88699	N/A
7. OPD Total Headcounts	No	287043	11895	92410	43709	68174	70855	N/A
Quality								
8. District hospitals with patient satisfaction survey using DoH template	%	12.5	3	4	4	8	4	10
6. District hospitals with clinical audit (M & M) meetings every month	%	50	50	50	50	50	50	36
Efficiency								
7. Average length of stay in district hospitals	Days	2.9	2.6	4	2.7	2.7	2.2	4.2
8. Bed utilisation rate (based on usable beds) in district hospitals	%	67.3	66.8	68.4	66.3	59.3	85	72
9. Expenditure per patient day equivalent in district hospitals	R	898.01	1,051.22	910.95	995.36	880.19	758.59	814 in 2003/ 04 prices
Outcome								
10. Case fatality rate in district hospitals for surgery separations	%	1.9	1.5	0.6	1.5	4.3	2.0	3.9

Source: DHIS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

Table NHS Priority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Hospital improvement plans	Clinical audits	Clinical audits routinely monitored in all tertiary hospitals, 25% of level 2 hospitals.	Clinical audits routinely monitored in all level 2 hospitals, 35% of district hospitals.	Clinical audits routinely monitored in all level 1 hospitals.
		Posts created on the staff establishment.	Clinical Audit indicators submitted to NDoH. Job Evaluation done for Chief Medical Officer in the Standard Compliance Unit. During September '07, 20 Health professionals have been trained in Retrospective Audit Training.	Appoint Chief Medical Officer in Standard Compliance Unit for Clinical Audits.
	Number of managers trained in Health Care Management.	6 Mangers trained in Health Care Management.	7 Mangers trained in Health Care Management.	11 Mangers trained in Health Care Management.
	Complaints mechanisms.	Complaints mechanisms routinely managed in all tertiary hospitals, 25% level 2 hospitals.	Complaints mechanisms routinely managed in all level 2 hospitals, 35% of districts (level 1 hospitals and PHC facilities).	Complaints mechanisms routinely managed in all districts (level 1 hospitals and PHC facilities).
	Number of complaints managed within 30 days over total headcounts.	Complaints managed in all level 1 hospitals, CHCs and Clinics.	Complaints managed in all level 1 hospitals, CHCs and Clinics.	Complaints managed in all level 1 hospitals, CHCs and Clinics.
	Infection control strategy implemented % compliance with the FSDoH Infection Control Plan. Telemedicine	23 Professional Nurses commenced Infection Control Course at Wits. Surveillance tools to be developed and implemented by the Free State. Hub and spoke systems developed in accordance with STP.	23 Professional nurses trained in infection control (Wits). 46 Health Care workers have been trained in Injection Safety in the context of infection prevention and control. Provincial infection control strategy to be developed.	Infection control management implemented in all clinics and districts hospitals. 60 Clinical Health Care workers and 30 supply chain management officials will be trained in Injection Safety in the context of infection prevention and control.

Table NHS Priority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Supervision	Supervision rate for PHC.	Supervisory manual developed.	Micro structure (which provides for dedicated supervisors) for DHS developed awaits approval and funding.	If micro structure implemented, appoint dedicated supervisor.
		50% supervision rate overall, 50% in rural facilities.	60% supervision rate overall, 60% in rural facilities.	80% supervision rate.
Strengthen the delivery of MHS to municipalities	Monitor the devolution of MHS to Municipalities.	3 DMs have consolidated Municipal Health Services.	4 DMs have consolidated Municipal Health Services.	5 DMs have consolidated Municipal Health Services.
	% of districts reporting to NDOH on use of Environmental Health indicators.	Finalisation of national Environmental Health indicator dataset.	Installation of data file and software at the provincial level and districts.	5 districts to report to NDOH on the use of EH indicators.
Ensure appointments of port health officers at ports of entries	To strengthen the rendering of Port Health Services at five ports of entries	3 ports of entries have appointed Port Health Officers and van Rooyen Port of Entry & Bloemfontein Airport share one official.	3 ports of entries have appointed Port Health Officers and van Rooyen Port of Entry and Bloemfontein Airport share one official.	Appoint two additional Port Health Officers (1 at Caledonspoort & 1 at Maseru)

Table NHS Priority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Hospital improvement plans	Clinical audits	Clinical audits routinely monitored in all tertiary hospitals, 25% of level 2 hospitals.	Clinical audits routinely monitored in all level 2 hospitals, 35% of district hospitals.	Clinical audits routinely monitored in all level 1 hospitals.
		Posts created on the staff establishment.	Clinical Audit indicators submitted to NDoH. Job Evaluation done for Chief Medical Officer in the Standard Compliance Unit. During September '07, 20 Health professionals have been trained in Retrospective Audit Training.	Appoint Chief Medical Officer in Standard Compliance Unit for Clinical Audits.
	Number of managers trained in Health Care Management.	6 Mangers trained in Health Care Management.	7 Mangers trained in Health Care Management.	11 Mangers trained in Health Care Management.
	Complaints mechanisms.	Complaints mechanisms routinely managed in all tertiary hospitals, 25% level 2 hospitals.	Complaints mechanisms routinely managed in all level 2 hospitals, 35% of districts (level 1 hospitals and PHC facilities).	Complaints mechanisms routinely managed in all districts (level 1 hospitals and PHC facilities).
	Number of complaints managed within 30 days over total headcounts.	Complaints managed in all level 1 hospitals, CHCs and Clinics.	Complaints managed in all level 1 hospitals, CHCs and Clinics.	Complaints managed in all level 1 hospitals, CHCs and Clinics.
	Infection control strategy implemented % compliance with the FSDoH Infection Control Plan. Telemedicine	23 Professional Nurses commenced Infection Control Course at Wits. Surveillance tools to be developed and implemented by the Free State. Hub and spoke systems developed in accordance with STP.	23 Professional nurses trained in infection control (Wits). 46 Health Care workers have been trained in Injection Safety in the context of infection prevention and control. Provincial infection control strategy to be developed.	Infection control management implemented in all clinics and districts hospitals. 60 Clinical Health Care workers and 30 supply chain management officials will be trained in Injection Safety in the context of infection prevention and control.

Table NHS Priority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Supervision	Supervision rate for PHC.	Supervisory manual developed.	Micro structure (which provides for dedicated supervisors) for DHS developed awaits approval and funding.	If micro structure implemented, appoint dedicated supervisor.
		50% supervision rate overall, 50% in rural facilities.	60% supervision rate overall, 60% in rural facilities.	80% supervision rate.
Strengthen the delivery of MHS to municipalities	Monitor the devolution of MHS to Municipalities.	3 DMs have consolidated Municipal Health Services.	4 DMs have consolidated Municipal Health Services.	5 DMs have consolidated Municipal Health Services.
	% of districts reporting to NDOH on use of Environmental Health indicators.	Finalisation of national Environmental Health indicator dataset.	Installation of data file and software at the provincial level and districts.	5 districts to report to NDOH on the use of EH indicators.
Ensure appointments of port health officers at ports of entries	To strengthen the rendering of Port Health Services at five ports of entries	3 ports of entries have appointed Port Health Officers and van Rooyen Port of Entry & Bloemfontein Airport share one official.	3 ports of entries have appointed Port Health Officers and van Rooyen Port of Entry and Bloemfontein Airport share one official.	Appoint two additional Port Health Officers (1 at Caledonspoort & 1 at Maseru)

Table DHS5: Provincial objectives and performance indicators for district health services

PROGRAMME 2: DISTRICT HEALTH SERVICES

GOAL 1: COMPASSIONATE AND QUALITY SERVICES										
BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement the provincial health promotion strategy.	Number of health promotion structures functioning at appropriate levels.	5 Healthy Lifestyles	1 Provincial Forum	1 Provincial Forum	1 Provincial Forum	1 Provincial forum Nil district health forums	1 provincial forum 3 district health promotion forums	1 provincial forum 4 district health promotion forums	1 provincial forum sustained 5 district health promotion forums	1 provincial forum sustained 5 district health promotion forums.
	Number of community projects implemented.		5 community based projects	5 community based projects	5 community based projects	10 community based projects	16 community based projects	21 community based projects	26 community based projects	26 community based projects
	Number of settings-approach projects implemented.		21 Health Promoting Schools	30 Health Promoting Schools	36 Health Promoting Schools, 2 Workplaces, 1 Village	Health Promoting Schools- 59 Workplaces-7 Hospitals-3 Village-1	Health Promoting Schools-68 Workplaces-8 Hospitals-3 Villages-3	Health Promoting Schools 110 Workplaces-16 Hospitals-8 Villages-6	Health Promoting Schools 152 Workplaces-26 Hospitals-13 Villages-11	Health Promoting Schools - 152 Workplaces-26 Hospitals-13 Villages-11
Enhance the promotion of healthy lifestyles and encourage changes from risky behaviour, especially among the youth.	Number of districts implementing the 5 priority health promotion campaigns (nutrition, substance abuse, tobacco and physical activity).	Healthy Lifestyles	Nil	Nil	3 Districts implemented the 5 priority campaigns	5 Districts implementing the 5 priority campaigns	5 Districts implementing the 5 priority campaigns	5 Districts implementing the 5 priority campaign	5 Districts implementing the 5 priority campaigns	5 Districts implementing the 5 priority campaigns 5 districts implementing specific plans for healthy lifestyles
	Number of districts implementing context-specific plans for the promotion of a healthy lifestyle.		Nil	Nil	3 Districts implemented specific plans for healthy lifestyles	5 districts implementing specific plans for healthy lifestyles	5 districts implementing specific plans for healthy lifestyles	5 districts implementing specific plans for healthy lifestyles	5 districts implementing specific plans for healthy lifestyles	5 districts implementing specific plans for healthy lifestyles

GOAL 1: COMPASSIONATE AND QUALITY SERVICES										
BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Enhance the promotion of healthy lifestyles and encourage changes from risky behaviour, especially among the youth (continued)	Number of (provincially agreed upon) strategies implemented in each district, which are aimed at reducing chronic diseases of lifestyle;	Healthy Lifestyles	Nil	Nil	3 Districts implemented specific strategies for healthy lifestyles.	15 districts implementing specific strategies for healthy lifestyles.	5 districts implementing specific strategies for healthy lifestyles.	5 districts implementing specific strategies for healthy lifestyles.	5 districts implementing specific strategies for healthy lifestyles.	5 districts implementing specific strategies for healthy lifestyles.
	Build healthy public policies									
	2.Create supportive environments									
	3.Develop personal skills									
	4.Reorient health services									
	5.Strengthen community participation									
	6. Awareness campaigns									
Implement the District Health System according to legislation.	% compliance with legislation requirements				Implementation of district health plans	Implementation of district health plans	Implementation of district health plans	Implementation of district health plans	Implementation of district health plans	Implementation of district health plans
Implement the Free State Department of Health Services Marketing Strategy.	Number of institutions implementing institutional marketing plans	Customer Satisfaction	Nil	Nil	Nil	3 institutions implementing district marketing plans.	7 Institutions implementing district marketing plans.	15 institutions implementing marketing plans.	20 institutions implementing marketing plans.	30 institutions implementing marketing plans.

GOAL 1: COMPASSIONATE AND QUALITY SERVICES BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement the Provincial Quality Assurance strategy.	% compliance with Quality Assurance standards	Quality Patient Care in all health facilities.	4 Hospitals fully accredited	1 Hospital fully accredited	2 Hospitals fully accredited. 6 Hospitals received focus status. 8 Hospitals received recognition of progress.	1 Hospital received a focus survey	5 hospitals awaiting accreditation results.	12 hospitals re entered for the accreditation process and 1 hospital that completed revitalization process to re enter for accreditation.	4 hospitals that underwent revitalization process to be re-entered for accreditation.	All 34 hospitals to have undergone accreditation process and maintain quality standards.
			N/A	N/A	Clinic Supervisory Manual in process of being developed to assist in implementation of the Primary Health Care Package.	Clinic Supervisory Manual Foreword to be finalised.	Clinic supervisory manual to be finalized.	Coordinate monitoring of standards in 1 local area per district using the supervisory manual.	Ensure monitoring of standards in 3 local areas per district using the supervisory manual.	Ensure monitoring of standards in all local areas per district using the supervisory manual.
			N/A	N/A	N/A	10 Institutions implementing approved service standards.	15 institutions implementing approved service standards.	20 institutions implementing approved service standards.	30 institutions implementing approved service standards.	30 institutions implementing approved service standards.
Monitor the implementation of Batho Pele and Patient Charter.	% implementation of approved service standards.	Customer Satisfaction and quality service.	Nil	Nil	Nil	10 Institutions implementing approved service standards.	15 institutions implementing approved service standards.	20 institutions implementing approved service standards.	30 institutions implementing approved service standards.	30 institutions implementing approved service standards.
	% compliance with standards.		Nil	Nil	Nil	10 institutions complying with service standards	15 institutions complying with service standards	20 institutions complying with service standards	30 institutions complying with service standards	30 institutions complying with service standards
	% patient satisfaction rate according to national survey instrument.		Nil	90.94% patient satisfaction rate	Nil	91% patient satisfaction rate	92% patient satisfaction rate	93% patient satisfaction rate	94% patient satisfaction rate	95% patient satisfaction rate

GOAL 1: COMPASSIONATE AND QUALITY SERVICES										
BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement the District Health System according to Legislation.	Implementation of District Plans.	All 5 districts have approved and evaluated District Health Plans.				Implemented 5 District Plans.	Implementation of 5 District Plans.	Implementation of 5 District Plans.	Implementation of 5 District Plans.	Implementation of 5 District Plans.
Provide appropriate and accessible level of health care services for the designated catchment population.	% of appropriate Primary Health Care service packages rendered per local area in line with the referral system.						72% of appropriate Primary Health Care service packages rendered per local area in line with the referral system.	Implement STP and develop new baselines.		
BUDGET SUB PROGRAMME: DISTRICT HOSPITALS										
Provide appropriate and accessible level of health care services for the designated catchment population.	Number of institutions implementing the appropriate service packages.	Improved efficiency of PHC services. Improved efficiency of level 1 services.					District Hospital Package piloted.	District Hospital Package incrementally implemented.		
	Progress on achievement of efficiency targets. (Provincial PHC expenditure per headcount at provincial PHC facilities) (National target R99) (QRS) · Cost per PDE (R814) · ALOS (3.2 days) · Bed Occupancy Rate (72%)							Developed a baseline to measure following indicators: Cost per PDE, ALOS, Bed Occupancy Rate.		
Implement the provincial quality improvement strategy	Number of district hospitals compliant with Free State Department of Health infection control plan.						Plan being developed at National level.	Compliant with Free State Department of Health infection control plan when it is available.	5% improvement in efficiency indicators as listed.	

GOAL 1: COMPASSIONATE AND QUALITY SERVICES										
BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	20010/11 (target)
Implement the provincial quality improvement strategy. (continue)	Number of hospitals compliant with hospital emergency preparedness plans in line with provincial guidelines.	Improved maintenance of District Hospitals						Compliance with hospital emergency preparedness plans in line with provincial guidelines.		
	Number of hospitals utilising 5% of their budgets for facilities maintenance.						5% of budgets for facilities maintenance			
	Number of institutions/districts with costed maintenance backlog and a plan to rectify.						Costed maintenance backlog and a plan to rectify.			
GOAL 2: REDUCE THE BURDEN OF DISEASE										
BUDGET SUB PROGRAMME: COMMUNITY HEALTH CENTRES										
Provide appropriate and accessible health care services for the designated catchment population	Number of local areas implementing the appropriate Primary Health Care package.	Access to PHC Efficient Primary Health Care						Appropriate Primary Health Care package implemented per local area.		
	Progress on the achievement of efficiency targets · Utilisation Rate (3.5 days) · Expenditure per Headcount (R78) · Total Headcount.							Utilisation Rate (3.5 days) Expenditure per Headcount (R78)		

GOAL 1: COMPASSIONATE AND QUALITY SERVICES

Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
BUDGET SUB PROGRAMME: COMMUNITY HEALTH CLINICS										
Provide appropriate and accessible health care services for the designated catchment population	Number of local areas implementing the appropriate Primary Health Care package.	Access to full package per sub district .						Appropriate Primary Health Care package implemented per local area.		
	Progress on the achievement of efficiency targets							Utilisation Rate (3.5 days)		
	<ul style="list-style-type: none"> Utilisation Rate (3.5 days) Expenditure per Headcount (R78) Total Headcount. 							Expenditure per Headcount (R78)		
Implement Free State rural health strategy	Number of mobiles that visit farms 4, 6 and 12 weekly (depends on resources).	Access to full package per sub district in rural areas.						Number of mobiles per district that visit farms 4, 6 and 12 weekly.		

GOAL 2: REDUCE THE BURDEN OF DISEASE (continued)

BUDGET SUB PROGRAMME: CORONER SERVICES (Forensic Pathology Services) AND QUALITY SERVICES

Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implementation of forensic regulations.	Alignment of provincial forensic policies with regulations.	Standard operating procedures document produced.	Not in 2003/04 plan	Not in 2004/05 plan.	Not in 2005/06 plan.	Standard operating procedures aligned to regulations.	Standard operating procedures aligned to regulations.	Alignment with national code of forensic pathology service.	Alignment with national code of forensic pathology service.	Strategic Implementation completed.

GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT

Infrastructure development for forensic pathology services.	Planning of new infrastructure	Plans for future building made.	Not in 2003/04 plan	Not in 2004/05 plan.	Not in 2005/06 plan.	1 functional mortuary planned.	2 holding facilities planned.	2 holding facilities planned.	Strategic Implementation completed.	-
	Construction of new facilities.	New mortuary constructed.	Not in 2003/04 plan	Not in 2004/05 plan.	Not in 2005/06 plan.	Constructions started on Bloemfontein mortuary.	Construction of Bloemfontein mortuary to be at 60 %.	Bloemfontein and holding facilities constructions to be at 100%.	Strategic Implementation completed.	-
							Construction 2 holding facilities to begin.			

GOAL 4: APPROPRIATE AND SKILLED PERSONNEL

Appropriate training of forensic pathology officers.	Number of staff enrolled with tertiary institutions.	Personnel with specific qualification for Forensic Pathology Services.	Not in 2003/04 plan	Not in 2004/05 plan.	Not in 2005/06 plan.	0	0	25	50	Strategic Implementation completed.
	Number of in house training workshops.	In-service training conducted.	Not in 2003/04 plan	Not in 2004/05 plan.	Not in 2005/06 plan.	4	4	4	Strategic Implementation completed.	-

Table DHS6: Performance indicators for district health services

Indicator ¹	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Input									
1. Provincial PHC expenditure per uninsured person	R	128.28	417.54	170.17	67.70	134.73	No data	No data	N/A
2. Sub-districts offering full package of PHC services	%	86	76	100	92	100	No data	No data	100
Output									
3. PHC total headcount	No	6 113 418	6 040 799	6 186 261	5 900 659	5 880 464	No data	No data	N/A
4. Utilisation rate - PHC	No	2.7	2.2	2.2	2.0	2.0	No data	No data	3.5
5. Utilisation rate - PHC under 5 years	No	3.8	3.7	3.5	3.5	3.3	No data	No data	5.0
Quality									
6. Supervision rate	%	No data	No data	36.2	46.8	60	No data	No data	100
7. Fixed PHC facilities supported by a doctor at least once a week	%	No data	No data	60.6	70	56	No data	No data	100
Efficiency									
8. Provincial PHC Expenditure per headcount at Provincial PHC facilities	R	93.49	117.51	79.80	No Data	55.78	No data	No data	78

Source: DHS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

'Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities

Table DHS7: Performance indicators for district hospitals sub-programme

Indicator ¹	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	National target 2007/08
Output										
1. Caesarean section rate for district hospitals	%	13.6	19.5	10.7	11.4	11.7	No data	No data	No data	11
2. Separations - Total	No	No data	No data	122 652	121 868	126382	No data	No data	No data	N/A
3. Patient Day Equivalents	No	No data	No data	1 825.2	43 000.7	514681.7	No data	No data	No data	N/A
4. OPD Total Headcounts	No	No data	No data	245 589	282 313	287043	No data	No data	No data	N/A
Quality										
5. District hospitals with patient satisfaction survey using DoH template.	%	Not yet implemented.			100	25	No data	No data	No data	N/A
6. District hospitals with clinical audit (M and M) meetings every month	%	50	No data	No data	No data	No data	No data	No data	No data	100
Efficiency										
7. Average length of stay in district hospitals	Days	5.8	4.3	3.2	3.1	2.9	No data	No data	No data	3.2
8. Bed utilisation rate (based on usable beds) in district hospitals	%	70.45	69.5	71.1	68.2	67.3	No data	No data	No data	72
9. Expenditure per patient day equivalent in district hospitals	R	1 158	747.03	970.96	814 in 2007/8 prices	898.01	No data	No data	No data	814
Outcome										
10. Case fatality rate in district hospitals for surgery separations.	%	0.2	2.98	2.0	2.0	1.9	No data	No data	No data	3.5

Source: DHIS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

Service level agreements and transfers to municipalities and non-government organisations

Table DHS8: Transfers¹ to municipalities and non-government organisations (R '000)

Municipalities	Base year 2007/08 (estimate)	Year 1 2008/09 (MTEF projection)	Year 2 2009/10 (MTEF projection)	Year 3 2010/11 (MTEF projection)
Non-government organisations				
Naledi Hospice	5,193	5,445	5,990	6,589
CANSA	7,530	10,604	11,664	12,831
PPHC	8,477	14,097	15,506	17,057
LAMP	7,599	6,835	7,518	8,270
Lesedi la setjhaba Motheo)	108	447	491	540
Lesedi la Setjhaba (Xhariep)	143	471	518	570
Maokeng Anti AIDS Youth Club	114			
Susanna Wesley Guild	64	448	492	542
Masiphile		405	446	490
Ha re thusaneng orgnisation		405	446	490
Ha re ahaneng setjhaba		405	446	446
Kroonstad		298	328	361
Epilepsy SA		55	61	67
Tshwarangang Homebased Care		55	61	67
Kwakwatsi Activits against HIV/AIDS		80	88	97
Viljoenskroon Hospice		88	97	106
Maokeng Care Givers		74	81	89
Tshireletsong HIV/AIDS consortium		38	42	46
Thusanang Homebased Care		37	40	44
Child Welfare Bloemfontein & Childline Free State		55	61	67
Khanya Consortium		82	84	90
Disability information line		72	79	87
Age-In-Action		55	61	67
Pheko ka Kopanelo		28	30	33
First Aid to Disable Drug Abuse		55	61	67
Tshepong Home Care		76	80	90
Masilonyana HIV and AIDS		110	121	133
Malebogo Youth Development project		55	61	67
Uncedo Homebased Care		110	121	133
Lesedi Youth Empowerment		76	80	90
Lesedi Hospice		55	61	67
Friends for Life		87	88	93
Bethulie Aids Awareness		66	73	84
Sakhisizwe Support Group		71	76	83
Matlakeng Group		71	76	83
Total NGOs	29,228	41,411	45,528	50, 036

Source: Annual Performance Plan 2007/08

Past expenditure trends and reconciliation of MTEF projections with plan

An account should be given of how the spending trends of previous years have transpired and how MTEF projections correspond to strategic plan objectives.

Table DHS9: Trends in provincial public health expenditure for district health services

(R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (Estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹	921,733	1,034,995	1,137,573	1,290,966	1,303,960	1,491,986	1,681,204	1,900,012
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	322.51	362.14	398.03	451.70	456.25	522.04	588.24	664.80
Total per uninsured person	378.54	425.05	467.18	530.17	535.51	612.73	690.43	780.29
Total capital ²	8,089	15,911	21,469	40,783	16,870	26,699	30,886	37,928
Constant (2004/05) prices³	10,000.80	10,784.65	11,375.73	12,302.91	11,853.00	12,950.44	14,592.85	16,492.10
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	3.50	3.77	3.98	4.30	4.12	4.53	5.11	5.77
Total per uninsured person	4.11	4.43	4.67	5.05	4.86	5.32	5.99	6.77
Total capital ²	8,089	15,911	21,469	40,783	16,870	26,699	30,886	37,928

Source: Budgeting and Expenditure Subdirectorates

SUB PROGRAMME: HIV AND AIDS

ANNEX 4: HIV & AIDS, STI & TB CONTROL

SITUATION ANALYSIS

Epidemiological Information

- According to the 2006 HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, the Free State province has the third highest prevalence of HIV.
 - The sample size achieved in Free State province for the syphilis component of the study is inadequate considering the very low prevalence of the disease but narrow Confidence Interval range of the estimate indicates reasonable accuracy.
 - The sero-prevalence rate among antenatal patients increased marginally from 30.1% in 2003, to 31.1% in 2006.
 - The national prevalence of Syphilis for this study in 2005, is 2.7 and current provincial figure of 2.99 compares favourably with the prevalence of 3.8 reported for the years 2003 and 2004.
 - HIV infection is the highest among women in their late twenties. Clearly, more efforts need to be directed at the youth and this age group in order to make a visible impact.
 - The Free State has a population of approximately 2 795 556 (2006 ASSA) model estimates people of which it is estimated that about 388 000 people are living with HIV and AIDS. By the end of 2006/2007 a total of 11 000 people had started with antiretroviral therapy (ART).
 - District Disease Outbreak Response Teams (DORT) are in place and no major disease outbreaks have occurred. Sporadic episodes of Congo Fever, Meningococcal Meningitis, Food Poisoning and Shigellosis have been reported.
 - The TB incidence is 789/100 000 (2006 case finding).
 - The cure rate of new smear positive cases was 67,5% in 2005 and 68% in 2006.
 - The treatment interruption rate of new smear positive cases was 5,9% in 2005 and 5% in 2006.
 - TB & HIV co-infection remain at 72% based on the MRC study of 2002.
 - The incidence of MDR-TB is 1, 8 % of total TB case load in the province for 2006.
- In the Free State, nine (9) cases of extensive drug-resistance TB (XDR-TB) were identified in 2006. At this stage, it is still difficult to determine the extent of XDR-TB in South Africa.

APPRAISAL OF EXISTING SERVICES AND PERFORMANCE SINCE 2003/04

A functional provincial AIDS Council, 5 district AIDS Councils and 18 local AIDS Councils ensure involvement of all stakeholders. A Comprehensive Care Management and Treatment (CCMT) service for HIV and AIDS is being rendered in the province and includes all the service components discussed here.

Community Home Based Care and Step-Down Facilities

In collaboration with 151 civil society organisations an integrated community home based care programme in 80 towns takes care of patients with AIDS and other debilitating diseases. This service is in process of being extended to 21 farms. To date, 2005 volunteers (including DOT Supporters) receive stipends to render the service to 70 641 beneficiaries. In eight (8) functional step-down facilities with a total of 84 beds, 122 trained volunteers render the service to 2 769 persons under the supervision of professional nurses.

Voluntary Confidential Counselling and Testing (VCCT)

VCCT services were provided to 98 270 beneficiaries at 235 operational sites in the province. A total of 510 lay counsellors are active on the VCCT programme which will increase to 600 lay counsellors this year.

Flemish Government for VCCT

The inception date for implementation was set for September 2003 however, the project did not commence due to the fact that the Project Manager was not appointed. For this reason, the inception date was postponed to 1st June 2005 with the closing date of 31st March 2007. The Project Manager was only appointed on 11th July 2005 which caused a delay in the implementation of the objectives. Extension of 9 months was requested for the project to run until 31st March 2008. Progress on implementation of objectives to date, is as follows:

- Upgrading of 10 clinics to accommodate VCCT in underserved areas: 5 clinics are completed and 3 more clinics will be upgraded. Due to escalation of costs, the department will only be able to upgrade 7 clinics out of the original 10 clinics.
- Training of 100 Lay Counsellors on VCCT in underserved areas: 80 Lay Counsellors have been trained for 4 districts and 20 more will be trained for Xhariep in June 2007.
- Training of 100 teachers/educators as VCCT Volunteer Counsellors in underserved areas: 80 teachers trained as volunteer counsellors for 4 districts, 20 more to be trained at Thabo Mofutsanyana.
- Employ and train Mentors to cover the five districts: 5 Mentors for the district still to be employed.
- Identify 6-8 Youth Centres, conduct baseline study on youth centres and train 26 youths as lay counsellors: 8 centres were identified; baseline study done; ground breakers trained on VCCT.
- Quality control, monitoring and evaluation of lay counsellors and VCCT sites: This is an ongoing process.

Prevention of Mother to Child Transmission (PMTCT) of HIV

Nevirapine is available in all health institutions providing maternity services. Provincial PMTCT guidelines have been developed and are being implemented. Polymerase Chain Reaction (PCR) testing of infants who received Nevirapine is being piloted at National District Hospital and MUCPP Community Health Centre. Test kits for Dry Blood Spots are now available. PMTCT enrolment of pregnant women improved from 62% to 65,25%, exceeding the national target of 60%.

Condom Distribution

During 2006/07, 13 535 980 condoms were distributed in the Free State. Primary distribution sites have increased from 10 to 14 sites with 34 registered functional female condom distribution sites.

Education- and Awareness Campaigns

Information, Education and Communication (IEC) awareness campaigns are being conducted and stakeholders are being trained on an ongoing basis.

Provision of Post Exposure Prophylaxis (PEP)

Hospitals, selected clinics and community health centres (which have forensic trained nurses) provide antiretroviral drugs within 72 hours of exposure as prophylaxis for rape survivors.

Antiretroviral Treatment Programme (ARV)

The ARV programme is an integral part of the Comprehensive Treatment, Management and Care Plan for HIV and AIDS patients. The first site became functional in May 2004. An ARV site consists of a treatment site and approximately three referring assessment sites. In some districts, treatment and assessment sites were combined due to the small number of patients and large distances.

District	Assessment	Treatment	Total
Lejweleputswa	7	2	9
Motheo	6	4	10
Fezile Dabi	9	5	14
Xhariep	7	5	12
Thabo Mofutsanyane	6	4	10
Total	35	20	55

The Centre of Excellence at Pelonomi Hospital offers specialist care to patients on Antiretroviral Therapy and supports professional staff at the ARV sites.

Sexually Transmitted Infections (STI) training

Treatment Protocols on the Syndromic Management of STIs are available in all health facilities and training has been conducted at 134 facilities to enable implementation of the policy.

NGO/CBO involvements and service level agreements

- 26 NGO delegates trained as master trainers for management funded by Ireland Aid project.
- NGO policy distributed and marketed to 150 NGO s in the 5 districts.
- 30 Computers and 30 printers purchased for NGO's involved in the Ireland Aid Project.
- 30 NGO's trained on financial sustainability.
- 24 NGO's funded for HIV and AIDS prevention.

Training of service providers

Service providers are trained to prevent and manage the symptoms and complications of chronic diseases as follows:

Antiretroviral Therapy

By the end of March 2007, approximately 1 876 health care workers had been trained on Antiretroviral Therapy (ART) in the province. Training of staff has been done to ensure that at least one person per facility has ARV training.

Tuberculosis

Training aims to ensure that at least one person per facility has TB training however, staff rotation and turnover remains a big challenge.

Chronic Conditions:

- 24 trained on the management of Alzheimer's diseases.
- 100 health professionals trained on Hypertension.
- 39 trained on Palliative Care.

Tuberculosis Management

TB Direct Observed Treatment Support (DOT)

A total of 833 DOT Supporters are currently receiving a stipend to render treatment support to a total of 23 374 TB patients (2006). Retraining of all volunteers (3167 including volunteers for Department of Social Development) on DOT was done in the entire province. The DOT coverage of patients on TB treatment is currently at 92%.

Education and awareness

Community education and awareness is done by means of campaigns, radio talks, and distribution of pamphlets, posters and information sessions.

Quality assured tuberculosis sputum microscopy laboratory results turn around time (TAT)

The TAT of 48 hours remains a challenge. The provincial target for TAT is 80% of all sputum smears results within 72 hours; this is below the national target of 80% within 48 hours. A new Short Message Service (SMS) via cellphone devices has been introduced by NHLS to improve the TAT.

Training of Service Providers

A total of 247 professional nurses were trained on the integrated TB & HIV Management. PALSA Plus training was extended to clinics other than the ARV assessment sites. A total of 68 clinics were covered by the training. PALSA Plus guidelines were distributed to all Primary Health Care (PHC) facilities.

Electronic TB Register (ETR.Net)

The process of expanding the ETR.Net to hospitals, is having a lot of challenges because not all hospitals have dedicated TB coordinators to oversee its implementation.

Table HIV1: Situation analysis indicators for HIV & AIDS, STIs and TB control

Indicator	Type	Province wide value 2007	Xhariep 2007	Motheo 2007	Lejweleputswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2006/07
Input								
1. Fixed PHC facilities offering PMTCT	%	83	100	73.8	95.7	70	97.3	50
2. Fixed PHC facilities offering VCT	%	94.8	100	89.2	95.7	70	97.3	90
3. Hospitals offering PEP for occupational HIV exposure	%	100	100	100	100	100	100	100
4. Hospitals offering PEP for sexual abuse	%	64,5	100	83	33	50	100	100
5. ARV treatment service points compared to plan	Nr	45	7	9	9	9	11	100
6. Patients registered for ART compared to target.	Nr	17891	Only provincial data					
Process								
7. TB cases with a DOT supporter	%	92	95	87	94	96	95	100
8. Male condom distribution rate from public sector health facilities	No	6.8	9.9	4.1	6.1	6.8	9.1	7
9. Fixed facilities with any ARV drug stock out	%	0	0	0	0	0	0	0
Output								
10. STI partner treatment rate	%	21.6	32.8	21.4	18	25.4	19.8	27
11. Nevirapine dose to baby coverage rate	%	46	73	52	42	43	45	20
12. Nevirapine uptake – antenatal clients	%	74	67	70	68	82	81	
13. Clients HIV pre-test counselled rate in fixed PHC facilities	%	2.1	2.1	2.3	1.9	2.2	1.9	80
14. HIV testing rate (excluding antenatal)	%	78	46	81	89	67	90	
15. TB treatment interruption rate	%	5.0	4.5	6.6	5.4	2.7	4.9	10
Quality								
16. TB sputa specimens with turnaround time > 48 hours	%	61	89	60	60	76	36	N/A
Efficiency								
17. Dedicated HIV/AIDS budget spent	%	66	76	51	80	58	58	100
Outcome								
18. New smear positive PTB cases cured at first attempt	%	68	73	69	69	67	64	65

Source: DHIS data for calendar year 2007

POLICIES, PRIORITIES AND STRATEGIC GOALS

An **Operational Plan for CCMT** was tabled in 2003 and seeks to manage HIV and AIDS comprehensively. This plan is guided by the following principles:

- Prevention
- Treatment, Care and Support
- Research, Monitoring and Surveillance and
- Legal and Human Rights

Policy for cadres of community workers

A policy for cadres of community workers remains in place. Following announcements by both the Minister of Health and the Premier, Home Based Carers, Voluntary Confidential Councillors and DOT supporters received an increase ranging from R500 to R1000 per month, during the second half of 2006.

Post Exposure Prophylaxis

National policies on Sexual Assault and Guidelines on Management of Sexual Assault were implemented and training has commenced. The provincial Victim Empowerment Policy that was developed during 2006 will be reviewed to incorporate the new National Sexual Assault Policy and National Guidelines on Sexual Assault Care.

Antiretroviral Treatment Programme

Provincial policies include the ARV Strengthening Plan and ARV Drug Management Policy. Guidelines for the management of adult and paediatric patients are being implemented which includes nutritional management. ART Children Treatment Guidelines as well as the Management of Adverse Drug Events Guidelines have also been implemented.

Sexually Transmitted Infections

The National Policy on Syndromic Management of Sexually Transmitted Infections has been implemented. 134 facilities have been trained on the STI Treatment Protocols which are available in all health facilities in the Free State.

TB Management

The TB Control Programme is based on the Presidential Priorities 2007- 2009 which are as follows:

Strengthen TB Management

- Dedicated TB personnel provided at provincial, district and sub-district level in all provinces.

Strengthen the implementation of DOTS

- 60% of TB patients on DOT.
- 70% of new smear positive PTB patients who converted at 2 months from positive to negative.

Improve TB Case Detection

- 100% of PTB suspects whose sputum was tested.

Social mobilization to destigmatize TB, ensure early presentation and treatment completion

- Less than 10% of new smear positive PTB patients defaulting at the end of intensive phase of treatment.

Ensure good quality of TB services

- 50% of health facilities with a turn-around-time (TAT) of 48 hours or less.

Manage MDR-TB patients effectively

- 1% of MDR-TB among new patients;
- 6% of MDR-TB patients among re-treatment patients;

Manage XDR-TB patients effectively

- 100% of XDR-TB initiated on treatment, and
- 5% of XDR-TB among all MDR-TB patients.

The management of TB is being strengthened with the implementation of the TB Crisis Plan in Fezile Dabi district, which is a high priority area.

The following policies are in place for implementation in 2007/2008:

- National MDR-TB Policy
- Infection Prevention and Control Policy
- TB Treatment Policies have changed from 5 to 7 days administration

HAST

The TB Control Programme adheres to the objectives of the National TB Control Programme. A provincial HAST (HIV/AIDS/STI and TB) committee and four (4) district HAST committees are fully functional and ensure that TB/HIV integration activities take place at all facilities in the Free State.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Burden of Disease

Relations with external stakeholders will be strengthened e.g. liaison with traditional healers via the traditional healers sub-directorate.

Human Resources

Professional nurses need to be empowered to initiate ART on uncomplicated patients.

TB Management

Finance

Inadequate funding for TB and MDR/XDR-TB management: A budget bid for additional funding has been submitted to the Provincial Treasury.

Human Resources

There are no dedicated TB coordinators at local- and facility level. Rotation and staff turnover are a big challenge and a retention strategy needs to be put in place. Districts are looking at the appointment of coordinators at local area-level in the province.

Support systems

Volunteers are being placed in Ancillary Health Care training and are leaving the DOT Program. A need exists for the recruitment of additional volunteers to improve DOT coverage in the Free State.

Information

Poor quality of data and late reporting. A plan has been implemented to recruit data capturers through the Expanded Public Works Programme.

Table NHS Priority 4: Priority Health Programmes

Whilst efforts will continue to strengthen all health programmes, the two critical communicable disease programmes should enjoy additional priority during the next 2-3 years. These are: accelerated prevention of HIV; and implementation of the TB crisis plan. In addition the key preventative initiatives relating to illnesses of lifestyle must also receive special attention.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Accelerated HIV prevention	National microbiological surveillance system (NMS) established.		Commenced with the development of the accelerated HIV prevention strategy.	Provincial implementation plan adapted to national NMS plan.
Implementation of the TB crisis plan	Increase in smear conversion rate in high priority districts (Fezile Dabi).	10% above baseline	2% above baseline per annum.	2% above baseline per annum.
	Increase in cure rate in high priority districts (Fezile Dabi).		2% above baseline per annum.	2% above baseline per annum.

Table HIV2: Provincial objectives and performance indicators for HIV & AIDS, STI and TB control

GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS										
BUDGET SUB PROGRAMME: HIV AND AIDS										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Ensure sustainability of strategic partnerships Develop a Provincial Partnership plan.	Number of active partnerships per district with NGOs, NPOs, CBOs and FBOs.	Increased co-ordination of NGO activities.	3 Per district	3 per district	4 per district	4 per district	14 per district 20 Provincial	10 per district 50 Provincial	15 per district 75 Provincial	20 per district 100 Provincial
Improve access to ART for children less than 5 years of age.	Number of Khomanani Social Mobilisation Campaigns. (KSMC). Number of other partnership established including International Donors.	All calendar events honoured Healthy relations benefiting department.	5	5	5	5	5	5	5	5
			1 (Ireland AID)	1 (Ireland AID)	2 (Flemish & Ireland AID)	2 (Flemish & Ireland AID)	Sustain Flemish & Ireland AID Establish DOH/EU and CIDA partnership.	Sustain DOH/EU and CIDA partnership programme.	Sustain DOH/EU and CIDA partnership programme.	Sustain DOH/EU and CIDA partnership programme.
	% of PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Operational Plan.	Facilities with comprehensively trained nurses in IMCI and CCMT Operational Plan.	0%	0%	54% (191/353 PHC facilities)	54% (191/353 PHC facilities)	65% (230/353 PHC facilities)	75% (265/353 PHC facilities)	75% (265/353 PHC facilities)	80% (282/353 PHC facilities)

GOAL 2: REDUCE THE BURDEN OF DISEASE										
BUDGET SUB PROGRAMME: HIV AND AIDS										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Improve access to Antiretroviral Therapy (ART) for pregnant women.	% of facilities providing maternal services, which have staff trained in the Prevention of Mother to Child Transmission and Anti Retroviral Therapy programme.	Facilities rendering maternal health services with comprehensively trained nurses in PMTCT and CCMT Operational Plan.	No data	No data	33% facilities have staff trained in PMTCT.	66% facilities have staff trained in PMTCT.	100% of facilities have staff trained on PMTCT.	Sustain 100% facilities with staff trained in PMTCT.	Sustain 100% facilities with staff trained in PMTCT. 70% facilities have staff trained in ART.	Sustain 100% facilities with staff trained in PMTCT. 100% facilities have staff trained in ART.
			No data	No data	No data	No data	35% facilities have staff trained in ART.	50% facilities have staff trained in ART.	100% facilities have staff trained as specified.	Sustain 100% facilities with staff trained as specified.
Improve access to ART for youth and adolescents.	% of Primary Health Care facilities with at least 1 health care provider trained in the CCMT Plan (from both treatment and assessment sites).	Facilities providing youth and adolescents services with comprehensively trained nurses in CCMT Operational Plan.	No data	No data	20% facilities have staff trained as specified.	30% facilities have staff trained as specified.	50% facilities have staff trained as specified.	70% facilities have staff trained as specified.	100% facilities have staff trained as specified.	Sustain 100% facilities with staff trained as specified.
			No data	No data	No data	No data	No data	No data	No data	No data

GOAL 2: REDUCE THE BURDEN OF DISEASE											
BUDGET SUB PROGRAMME: HIV AND AIDS											
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Comprehensive Care Management and Treatment Plan for HIV and AIDS (CCMT).	Provincial STI partner notification rate (notify partner to come 4 treatment).	STI Notification Program in place.	No data	No data	83%	85%	86%	88%	90%	90%	
	Provincial STI partner tracing rate.	STI Partner Tracing Program in place.	No data	No data	28%	26%	27%	29%	30%	30%	
	Number of operational High Transmission Area (HTA) intervention sites.	HTA established.	No data	No data	10 HTA Sites	10 HTA Sites	15 HTA Sites	20 HTA Sites	25 HTA Sites	25 HTA Sites	
	Number of health care workers trained on the Comprehensive Management of HIV and AIDS.	Health Care Workers trained on CCMT	No data	No data	1251 HCW trained on CCMT	2000 HCW trained on CCMT	2050 HCW trained on CCMT	3000 HCW trained on CCMT	3050 HCW trained on CCMT	3050 HCW trained on CCMT	
	Number of sub districts; farms and rural areas with Community Home Based Care programmes.	HBC extended to farms and rural areas.	No data	No data	20 sub districts	20 sub districts	20 sub districts	Sustain 20 & extend to 20 farms	Sustain 20 & extend to 25 farms	Sustain 20 & extend to 25 farms	
	Number of sub districts with a focused programme for People living with HIV and AIDS (PLA).	PLA Program established in sub-districts.	No data	No data	15 sub districts	20 sub districts	Sustain 20 sub districts	Sustain 20 sub districts	Sustain 20 sub districts	Sustain 20 sub districts	
	Number of sub-districts with at least two accredited service points for the Comprehensive Plan.	Accredited service points increased.	No data	No data	2/20	7/20	7/20	10/20	15/20	20/20	
	% of public health facilities offering Voluntary Counselling and Testing.	VCCT offered in public health facilities.	No data	No data	97% (225 clinics and 10 CHCs)	98%	235 facilities including local municipalities	235	235	235	

GOAL 2: REDUCE THE BURDEN OF DISEASE										
BUDGET SUB PROGRAMME: HIV AND AIDS										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Comprehensive Care Management and Treatment Plan for HIV and AIDS (continue).	% of PHC facilities that offer Prevention of Mother to Child Transmission (PMTCT).	Facilities offering PMTCT.	No data	66% of facilities that provide maternal and child health services (30 hospitals and 140 clinics).	97% of facilities that provide maternal and child health services (224 clinics, 10 CHCs & 30 hospitals).	100% of facilities that provide maternal and child health services (225 clinics, 10 CHCs & 30 hospitals).	Sustain 100% of facilities providing maternal and child health services.	Sustain 100% of facilities providing maternal and child health services.	Sustain 100% of facilities providing maternal and child health services.	Sustain 100% of facilities providing maternal and child health services.
	Male condom distribution rate (equal to the number of condoms issued per month per male 15 years and above).	Condoms distributed at designated sites.	No data	No data	9 issued p/m as identified. (denominator: male in 15-64 reproductive age group, according to Free State population)	10 issued p/m as identified.	11 issued p/m as identified.	11 issued p/m as identified.	11 issued p/m as identified.	11 issued p/m as identified.
	Number of female condom distribution sites.	Condom distribution sites established.	No data	No data	22 sites	28 sites	32 sites	36 sites	40 sites	Sustain 40 sites
	Number of female condoms distributed.	Female condoms distributed at designated sites.	No data	No data	10 549 female condoms distributed	10 000 female condoms distributed	12 000 female condoms distributed	15 000 female condoms distributed	18 000 female condoms distributed	5/1000 STI treated
	Provincial incidence of Sexually Transmitted Infections (STI) treated (per 1000 population).	Reduced incidence of STIs.	No data	No data	10.3/1000 STI treated	7/1000 STI treated	6/1000 STI treated	5/1000 STI treated	5/1000 STI treated	5/1000 STI treated

GOAL 2: REDUCE THE BURDEN OF DISEASE (continued)										
BUDGET SUB PROGRAMME: HIV AND AIDS										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement the TB Crisis Plan	Smear Conversion rate of new positive cases at 2 months in high priority district (Fezile Dabi), increased by 2% above baseline, per annum.	Improved TB management in Fezile Dabi.	*No data	*No data	51% smear conversion rate	54,6%	56,6%	58,2%	60%	62%
	TB Cure Rate of new smear positive cases in Fezile Dabi in high priority district, increased by 2% above baseline, per annum.		*No data	*No data	58% cure rate	64,1%	63,5%	65,5%	67,5%	Maintain
Strengthen the implementation of the National TB Control strategy	% of TB Cases with DOT Supporters.	Improved treatment compliance.	95,6%	96,9%	93%	94,6%	94%	96%	98%	Maintain
	TB treatment interruption rate decreased by 2% by 2009.	Adherence to TB treatment.	8%	6,3%	No data	5,0%	5,7%	4,7%	3%	4,8%
	% of facilities with a TB sputa turnaround time of less than 48 hrs by 2007.	Prompt initiation of TB treatment.	12,6%	8,9%	No data	20,9%	30% (232 PHC facilities)	45 % (232 PHC Facilities)	50%	55%
	% Successful treatment increased by 0,2% per annum.	Cure rate and Completion rates improved.	70,2%	74,1%	76,7 %	76,2%	77,1%	77,3	77,5%	78%

*TB Crisis only declared in 2005/2006.

Table HIV3: Performance indicators for HIV & AIDS, STI and TB control

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007 Calendar Year	2007/08	2008/09	2009/10	2010/11	National target 2008
Input											
1. ARV treatment service points compared to plan	No	N/A	13 sites	38 sites	55 sites	45 sites	60 sites	65 sites	70 sites	75 sites	100
2. Fixed PHC facilities offering PMTCT	%	2 Pilot sites	66	97	100	83	100	100	100		100
3. Fixed PHC facilities offering VCT	%	82	95	97	100% (235 PHC facilities)	94.8	100% (235 PHC facilities)	100% (235 PHC facilities)	100% (235 PHC facilities)	100% (235 PHC facilities)	100
4. Hospitals offering PEP for occupational HIV exposure	%	100	100	100	100	100	100	100	100	100	100
5. Hospitals offering PEP for sexual abuse	%	N/A	1 district hospital 2 VCS	25 hospitals 3 VSC	87	64.5	87	100	100	100	100
6. HTA Intervention sites compared to plan	No	2	3	10	10	15	15	20	25	25	100
Process											
7. TB cases with a DOT supporter	%	96	100	89	92	92	94	96	98	100	100
8. Male condom distribution rate from public sector health facilities	No	7.6	8	9	9	6.8	10	10	11	11	11
9. Male condom distribution rate from primary distribution sites	No	15	18	22	24	10.2	11	11	11	11	32
10. Fixed facilities with any ARV drug stock out	%	N/A	zero	zero	zero	zero	zero	zero	zero	zero	0
11. Hospitals drawing blood for CD4 testing	No	No data	2 sites	2 sites	3 sites	30	3 sites	3 sites	3 sites	3 sites	100
12. Fixed PHC facilities drawing blood for CD4 testing	No	No data	15 sites	30 sites	150 sites	216 sites	173 sites	196 sites	231 sites	235 sites	20
13. Fixed facilities referring patients to ARV treatment points assessment	No	No data	15 sites	30 sites	35 sites	No data	45 sites	60 sites	80 sites	80 sites	10
Output											
14. STI partner treatment rate	%	18.4	20	25	20.7	21.6	26	30	35	35	40
15. Nevirapine dose to baby coverage rate	%	No data	5	44	32.4	46	50	60	70	80	70
16. Clients HIV pre-test counselled rate in fixed PHC facilities	%	20243 clients	25352 clients	100	100	2.1	100	100	100	100	100
17. Patients registered for ART compared to target	%	No data	3500	7000	11 000	17891	15 900	28 000	34 000	44 000	100
18. TB treatment interruption rate	%	7.2	6	5.9	5.5	5.0	5	4.8	4.5	4	4

Source: DHIS Data for calendar year 2007.

* This information is not collected by the TB Programme yet and will commence after 2 years when MRC Study has been conducted and completed.

** Indicator not captured on the DHIS yet. Discussions have taken place to ensure that information will be captured.

*** The WHO Performance Scale 1 or 2 is not familiar to the program and thus, not used.

Past expenditure trends and reconciliation of MTEF projections with plan

Table HIV4: Trends in provincial public health expenditure for HIV & AIDS conditional grant (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹								
Total	30,144	69,070	100,479	142,295	153,646	189,630	222,648	305,299
	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	10.55	24.17	35.16	49.79	53.76	66.30	77.90	106.80
Total per uninsured person	12.38	28.37	41.26	58.44	63.10	77.80	91.40	125.30
Constant (2004/05) prices²								
Total	327.06	719.71	1,004.79	1,356.07	1,396.64	1,649.70	1,937.00	2,656.10
	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.11	0.25	0.35	0.47	0.49	0.50	0.60	0.90
Total per uninsured person	0.13	0.30	0.41	0.56	0.57	0.60	0.70	1.00

Source: BAS System

SUB PROGRAMME: MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION

ANNEX 5 – MCWH & NUTRITION

SITUATION ANALYSIS

Cervical Cancer Screening Programme

Cervical cancer screening is presently done on targeted women of age 30 and over. Coverage is planned to increase by 7% per year of the targeted female population in the Free State. For 2006/07, a total of 15 734 pap smears were done in the province with a coverage rate of 3.2.

Genetic Services

The Genetics Programme is responsible for the training of district genetic nurses to be facilitators for genetic disorders, support groups and to support the haemophilia treatment centre at Universitas. A register of Birth Defects is available at each health facility in the province. An evaluation tool for these defects was finalised and distributed to the five health districts for implementation.

Maternal Health

The Annual Provincial Maternal Deaths Report for the 2006 calendar year reveals that a total of 189 maternal deaths were reported in the Free State. The 3rd Saving Mothers Report (2002 – 2004) was launched during February 2007 and is being disseminated in the province.

A Partogram Survey was completed in 8 hospitals and results are being awaited. Training of midwives on correct use of partogram was completed in Thabo Mofutsanyana and Lejweleputswa. Neonatal Health Care was supported by the 12 PPIP sites. The primary causes of perinatal deaths were identified and key recommendations were made. Training on resuscitation was conducted at Universitas and equipment for resuscitation training is being purchased for all districts.

Notification of priority birth defects attempts to establish a baseline of prevalence of genetic birth defects toward better management of these conditions.

The Choice on Termination of Pregnancy Act (Act 92 of 1996) was implemented to reduce maternal morbidity and mortality that relates to unsafe methods of terminating pregnancy. During 2006, a total of 6 674 pregnancies were terminated at the nine designated health facilities in the Free State. The department provided contraceptives in all clinics and extended contraceptive services to approved private services.

Integrated Management of Childhood Illness (IMCI)

The infant mortality of 66.1 per 1000 population under one year in 2005 decreased to 62.0 per 1000 for 2006. The under five mortality rate decreased from 18.4 (population under 5 years) in 2005 to 17.2 per 1000 in 2006. The impact of the Perinatal Care Index Program (PIP) was evaluated at Metsimaholo Hospital to determine the impact of the program on the reduction of infant and child mortality. This program has been rolled-out to Motheo district, whereby 12 doctors in Thaba Nchu have been trained.

Nutrition

21 out of the 31 hospitals as well as 1 out of 10 Community Health Centres have been certified Baby Friendly.

Expanded Programme on Immunisation

To improve child survival, there is a special focus on measles coverage. The average immunization coverage in the Free State decreased from 90.36% in 2005 to 88.9% in 2006, because of the introduction of new population figures. The Reach Every District (RED) strategy has been introduced in district and sub-districts with low immunization coverage.

Disease Surveillance

AFP (Acute Flaccid Paralysis)

The department is on course to eradicate Polio in the Free State. AFP surveillance has been implemented in all 5 districts with a total of 33 sites of which 6 are based in Regional Hospitals and 1 in a Tertiary Hospital. The target for AFP cases is 2 cases per 100'000 population of children under the age of 15 with a stool adequacy rate of 80%. The Free State was able to exceed the target of 18 per 100 000 cases by investigating 24 cases, increasing the number of cases investigated from 13 in 2005 to 24 in 2006. For every suspected case, 2 stools were collected 24 hours apart within 14 days of onset of paralysis. The stool adequacy rate for 2006 increased from 87% in 2005 to 96% in 2006. The case detection rate of increased from 2.5% in 2005 to 2.87% in 2006.

Measles

A team from the World Health Organisation (WHO) investigated the province with specific emphasis on Fezile Dabi district where no suspected measles cases had been investigated (a silent district). No missing cases that could have been investigated, were found. From 1 January 2006 to December 2006, 131 suspected cases were investigated in the Free State with no positive measles cases reported. The number of suspected cases that were investigated increased from 131 in 2006 compared to 125 in 2005. The elimination of measles in the Free State has improved with no positive cases out of all suspected cases for the past 3 years. The weekly reporting system from surveillance sites has been implemented to strengthen the detection of measles cases.

Table MCWH1: Situation analysis indicators for MCWH & Nutrition

Indicator	Type	Province wide value 2007	Xhariep 2007	Motheo 2007	Lejwele- putswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2007
Input								
1. Hospitals offering CTOP services	%	30	0	60	16	30	20	100
2. CHCs offering TOP services	%	10	0	0	1	0	0	50
Process								
3. Fixed PHC facilities with DTP-Hib vaccine stock out	%	30.3	22.2	43	53.1	13.4	13.5	<5%
Output								
4. (Full) Immunisation coverage under 1 year	%	86.9	89.1	84.1	93.7	82.6	90.1	90
5. Vitamin A coverage under 1 year	%	110	114	102.5	147	89.5	113	80
6. Measles coverage under 1 year	%	87	94.7	84.8	94.9	82.6	90.4	90
7. Cervical cancer screening coverage	%	4.2	4.3	4.5	3.8	3.6	5.3	15
8. Total deliveries in facilities	No	51636	1585	16282	11089	13996	8684	
Quality								
9. Facilities certified as baby friendly	%	21	2	6	4	6	2	20
10. Fixed PHC facilities certified as youth friendly	%	21	0	0	0	19	2	20
11. Fixed PHC facilities implementing IMCI	%	97.8	100	97.5	95	95.8	98.2	70
Outcome								
12. Facility Delivery Rate	%	85	60	95	91	78	79	-
13. Institutional delivery rate for women under 18 years	%	8	11	7	8	9	8	13

Source: DHIS data for 2007

POLICIES, PRIORITIES AND STRATEGIC GOALS

Child Health and Nutrition Policies

- The policy on Anaphylactic Shock is being updated by the National EPI Directorate.
- A draft policy on the Management of Child Health for the Free State was developed and awaits approval.
- The final draft policy on Measles Immunisation for children admitted to hospitals awaits approval.
- The provincial Breastfeeding policy was reviewed and is now known as the provincial Infant Feeding policy.
- TFO (To take out) and Enteral Feeding policy was developed to assist with the provisioning of nutrition supplements to people admitted to hospitals and in need thereof.
- The provincial Foodservice Management policy has been revised.
- The Nutrition Supplementation Program policy has been revised.

Strategies for Child Health and Nutrition

- Healthcare workers have been trained in the national Food Based Dietary Guidelines which focus on the promotion of a healthy lifestyle. These healthy living guidelines include information on healthy eating, the importance of being active and the reduction of smoking and alcohol use.
- The Supplementary Nutrition program contributed to the reduction of morbidity and mortality associated with malnutrition and communicable diseases (specifically HIV and AIDS, Tuberculosis and persons receiving Antiretroviral Therapy). By providing these nutrition supplements to People Living with HIV and AIDS, the progression of HIV to full blown AIDS have been delayed and in patients that received ARV treatment it has contributed to lowering the resistance to the ART medication. In the case of underweight patients and patients suffering from malnutrition, supplements were given to prevent possible death due to illnesses such as kwashiorkor, marasmus and marasmic kwashiorkor.
 - o Nutrition supplements can prevent low birth weight in the case of pregnant women.
 - o Nutrition supplements were used in the PMTCT programme to prevent the transmission of HIV from mother to child.
 - o It has also assist with the prevention of malnutrition amongst orphans and vulnerable children.
 - o The nutritional supplementation program is available at all public health facilities.
 - o People who are household food insecure were supported through the supplementary program and health education as part of the Home Based Care Program.
- Nutrition support has been implemented in hospitals to strengthen the management of severe malnutrition amongst children younger than 5 years. The case fatality rate is not the same as mortality. Nutrition support to decrease fatality rate is a separate program from the nutrition supplementation program and is available at hospitals only. It is aimed at patients admitted to hospitals due to severe malnutrition to prevent death.
- Contribute to the reduction of malnutrition of the following groups of children through the supplementary nutrition program and health education of:
 - a) Underweight rate for children younger than 5 years remained almost the same with 78.7% in 2006 and 78.2% in 2005, (1.2 p K in 2006).
 - b) The severe malnutrition rate increased from 14.93% in 2005 to 23.78% in 2006, (0.04 p K in 2006).
 - c) 3.34% for the not gaining weight rate.

Expanded programme on Immunisation including disease surveillance

The immunisation coverage for children under one year has decreased to 88.9% in 2006. The measles coverage improved. The measles elimination strategy has been strengthened by the implementation of the RED strategy. 22 AFP cases in children less than 15 years of age have been identify and investigated with a stool adequacy rate of 96%.

Strategies to reduce under 5 morbidity and mortality

IMCI training courses for health care professionals were conducted. 98% of the Free State Primary Health Care facilities were supported in implementing IMCI. The immunisation coverage for all children less than one year has been increased to 88.9%. The Perinatal Problem Identification Programme (PPIP) was implemented in Metsimaholo Hospital and extended to 1 hospital in Motheo district.

Strategies to decrease maternal morbidity and mortality

- Ten Key Recommendations by the National Committee on Confidential enquiries into maternal deaths (NCCEMD), implemented in the province.
- Basic Antenatal Care program is currently being implemented in Xhariep.
- All institutions rendering Maternal Health, PMTCT are offering CD4 counts to HIV positive pregnant.
- Fast tracking of HIV positive pregnant women to improve access of pregnant women into ARV's implemented.

Strategies to improve access to reproductive health services

Provide contraceptives in 90% of clinics and extend contraceptive services to approved private services and increase the number of facilities providing Termination of Pregnancy services.

Policies for reproductive health services

- The Choice on Termination of Pregnancy Act (Act 92 of 1996), as amended.
- Guidelines for the care and prevention of the most common genetic disorders, birth defects and disabilities.
- National Contraception Policy Guidelines.
- Maternal Health Guidelines.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Maternal Health

Accessibility to services is a challenge – operating facilities are few and the demand is high. Additional facilities are to be opened in three (3) towns to increase accessibility of Termination of Pregnancy services.

Finance and financial management

Districts find it difficult to comply with national programmes and still render services with current levels of funding and the burden of disease.

Human Resources

Recruitment and retention of staff has an impact on the achievement of national priorities.

SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Table MCWH2: Provincial objectives and performance indicators for MCWH & N

GOAL 2: REDUCE THE BURDEN OF DISEASE (continued)										
BUDGET SUB PROGRAMME: NUTRITION										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	20010/11 (target)
Reduce infant- and under 5 child morbidity and mortality.	% of PHC services that have a 60% saturation of IMCI trained personnel.	Implement the IMCI	63% (148 / 235 PHC facilities)	100% (235 / 235 PHC facilities)	96.4% (226 / 235 PHC facilities)	96% (226 / 235 PHC facilities)	78% (180 / 232 PHC facilities)	80% (185 / 232 PHC facilities)	82% (190 / 232 PHC facilities)	84% (194 / 232 PHC facilities)
	Number of health districts implementing the household and community component of IMCI.		No data	No data	2 health districts	3 health districts	5 health districts	Sustain	Sustain	Sustain
	% of health facilities with maternity beds assessed as baby-friendly (BFHI). (Re- assessments included.)		6 hospitals out of 31 hospitals and 10 CHC (14.6%)	11 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (28.6%)	18 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (45.2%)	21 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (52.4%)	25 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (61.9%)	26 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (64.3%)	27 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (66.7%)	28 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (69.0%)
	Reduce the under 5 mortality rate annually with 0.5%.	Reduce the infant and child mortality rate.	No data	22.9 per 1000 population (children 1-5 years)	18.5 per 1000 population (children 1-5 years)	17.2 per 1000 population (children 1-5 years)	10.4 per 1000 population (children 1-5 years)	10 per 1000 population (children 1-5 years)	9.5 per 1000 population (children 1-5 years)	9 per 1000 population (children 1-5 years)
	Reduce the infant mortality rate annually with 0.5%.		No data	82.5 per 1000 population (children under 1 years)	66.6 per 1000 population (children under 1 years)	62.0 per 1000 population (children under 1 years)	42.0 per 1000 population (children under 1 years)	42 per 1000 population (children under 1 years)	41.5 per 1000 population (children under 1 years)	41 per 1000 population (children under 1 years)
Improve immunisation coverage.	EPI coverage per district (expressed as a % of the population under 1 year)		82.32% (immunization coverage)	78.6% (immunization coverage)	87.4% (immunization coverage)	92.5% (immunization coverage)	92% (immunization coverage)	94% (immunization coverage)	95% (immunization coverage)	96% (immunization coverage)

GOAL 2: REDUCE THE BURDEN OF DISEASE (continued)										
BUDGET SUB PROGRAMME: NUTRITION										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Ensure that children 0-60 months receive Vitamin A Supplementation.	% population of children 0-60 months receiving Vitamin A supplementation.		23.4% (vitamin A coverage)	23.6% (vitamin A coverage)	31.2% (vitamin A coverage)	96% (vitamin A coverage)	95% (vitamin A coverage)	96% (vitamin A coverage)	Maintain	Maintain
BUDGET SUB PROGRAMME: MOTHER CHILD AND WOMEN'S HEALTH										
Ensure that post-partum mothers receive Vitamin A Supplementation.	% of post-partum mothers receiving Vitamin A supplementation. (Total number of postpartum mothers who received vitamin A / Total number of deliveries x 100%).	Reduce maternal deaths.	160.8% (vitamin A coverage)	149.6% (vitamin A coverage)	132.2% (vitamin A coverage)	101% (vitamin A coverage)	87% (vitamin A coverage)	88% (vitamin A coverage)	89% (vitamin A coverage)	90% (vitamin A coverage)
Ensure all eligible people receive food supplements.	Number of people who receive food supplements.	Reduce malnutrition.	47 516	43 612	54 763	75000	76716	78 000	80 000	82 000

GOAL 2: REDUCE THE BURDEN OF DISEASE (continued)										
BUDGET SUB PROGRAMME: MOTHER CHILD AND WOMEN'S HEALTH										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Improve women's health and reduce maternal mortality and morbidity.	Maternal mortality ratio.	Reduce maternal deaths.	No data	No data	262/100 000	Maternal death ratio: 321/100 000	310/100 000	300/100 000	290/100 000	280/100 000
Reduce infant, child, youth and adult morbidity and mortality caused by genetic disorders/birth defects.	Number of facilities doing genetic screening.	Increased access to genetic services.	6	6	6 Facilities offering genetic screening	6	18	25	30	36
Improve surveillance of birth defects.	Number of districts implementing the new standardized birth defects data collection tool.	Improved reporting on birth defects.	Not implemented	Not implemented	Not implemented	2	5	5	5	5
Reduce adolescent and youth morbidity and mortality.	% of PHC facilities accredited as youth friendly.	Increase access to health services for youth and adolescents.	0	0	5	5	5	10	10	10
Improve women's health.	Number of targeted women screened for cervical cancer (women of reproductive age).	Increased access to cervical cancer screening services.	No data	No data	22 892 out of 481 800 (4.75)	22128 out of 25000 (88.1)	25000 targeted women screened	25000 targeted women screened	25000 targeted women screened	25000 targeted women screened

Table MCWH3: Performance indicators for MCWH & Nutrition

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007 Calendar Year	2007/08	2008/09	2009/10	2010/11	National target 2008
Incidence											
1. Incidence of severe malnutrition under 5 years.	%	1.6 per 1000 population children <5 years	6.4 per 1000 population children <5 years	0.33 per 1000 population children <5 years	6.9 per 1000 population children <5 years	0.6 per 1000 population children <5 years	0.29 per 1000 population children <5 years	0.28 per 1000 population children <5 years	0.27 per 1000 population children <5 years	0.26 per 1000 population children <5 years	-
2. Incidence of pneumonia under 5 years.	%	6.03 per 1000 population children <5 years	16.78 per 1000 population children <5 years	13.84 per 1000 population children <5 years	130.1 per 1000 population children <5 years	15.9 per 1000 population children <5 years	12.50 per 1000 population children <5 years	12.0 per 1000 population children <5 years	11.50 per 1000 population children <5 years	11.0 per 1000 population children <5 years	-
3. Incidence of diarrhoea with dehydration under 5 years.	%	2.18 per 1000 population children <5 years	9.13 per 1000 population children <5 years	6.72 per 1000 population children <5 years	17.5 per 1000 population children <5 years	1.1 per 1000 population children <5 years	6.00 per 1000 population children <5 years	5.80 per 1000 population children <5 years	5.60 per 1000 population children <5 years	5.40 per 1000 population children <5 years	-
Input											
4. Hospitals offering TOP services	%	16.6	16.6	16.6	16.6	30	16.6	26.6	26.6	26.6	100
5. CHCs offering TOP services	%	10	10	10	10	10	10	10	10	30	80
Process											
6. Fixed PHC facilities with DTP-Hib vaccine stock out	%	Nil	22.6	22	20	29	18	17	16		0
7. AFP detection rate	%	11	4.25	2.4	96	2.2	18	18	18	18	1
8. AFP stool adequacy rate	%	100	100	100	2.8	86	80	80	80	80	80
Output											
9. (Full) Immunisation coverage under 1 year	%	82.32 (population <1 years)	88.5 (population <1 years)	89.82 (population <1 years)	92.5 (population <1 years)	86.9 (population <1 years)	93 (population <1 years)	94 (population <1 years)	95 (population <1 years)	96 (population <1 years)	90
10. Antenatal coverage	%	No data	94.3	93	93	98	99	100	100	100	80
11. Vitamin A coverage under 1 year	%	74 % (population <1 years)	93.1 (population <1 years)	101 (population <1 years)	96 (population <1 years)	110 (population <1 years)	Maintain	Maintain	Maintain	Maintain	80
12. Measles coverage under 1 year	%	84.02 (population <1 years)	89.9 (population <1 years)	92.22 (population <1 years)	104 (population <1 years)	87.7 (populat ion <1 years)	94 (population <1 years)	95 (population <1 years)	96 (population <1 years)	97 (population <1 years)	90
13. Cervical cancer screening coverage		0.57	0.25	5	3.4	4.2	4	6	8	10	15

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007 Calendar Year	2007/08	2008/09	2009/10	2010/11	National target 2008
Quality											
14. Facilities certified as baby friendly	%	6 hospitals out of 31 hospitals and 10 CHC (14.6%)	11 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (28.6%)	18 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (45.2%)	21 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (52.4%)	20 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (52.4%)	25 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (61.9%)	26 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (64.3%)	27 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (66.7%)	28 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (69.0%)	30
15. Fixed PHC facilities certified as youth friendly	%	0	0	5	5	21	10	10	10	10	30
16. Fixed PHC facilities implementing IMCI	%	63% (148 / 235 PHC facilities)	100% (235 / 235 PHC facilities)	96.4% (226 / 235 PHC facilities)	96% (226 / 235 PHC facilities)	97.8 (226 / 235 PHC facilities)	78% (180 / 232 PHC facilities)	80% (185 / 232 PHC facilities)	82% (190 / 232 PHC facilities)	84% (194 / 232 PHC facilities)	70
Outcome											
17. Institutional delivery rate for women under 18 years	%	No data	3.8	No data	8.8	8	9.2	10	11.5	12	13
18. Not gaining weight under 5 years	%	4.43 per 1000 population children < 5 years	3.5 per 1000 population children < 5 years	3.18 per 1000 population children < 5 years	3.16 per 1000 population children < 5 years	11.9 per 1000 population children < 5 years	3.14 per 1000 population children < 5 years	3.12 per 1000 population children < 5 years	3.10 per 1000 population children < 5 years	3.08 per 1000 population children < 5 years	70

Source: DHIS 2007

Past expenditure trends and reconciliation of MTEF projections with plan

Table MCWH4: Trends in provincial public health expenditure for INP conditional grant (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹	47,831	8,134	6,771	Transferred to Department of Education				
Total	2 858	2 858	2 858					
Total per person	16.74	2.32	2.55					
Total per uninsured person	19.65	2.73	2.78					
Constant (2004/05) prices²	518.97	84.76	67.71					
Total	2 858	2 858	2 858					
Total per person	0.18	0.03	0.02					
Total per uninsured person	0.21	0.03	0.03					

Source: BAS System

SUB PROGRAMME: DISEASE PREVENTION AND CONTROL

ANNEX 6 – NON-COMMUNICABLE DISEASES CONTROL

SITUATION ANALYSIS

Oral Health Services

The National PHC package and National Norms, Standards and Practice Guidelines for Oral Health, defines the basic package to be provided for oral health. In the province, 27 out of 81 oral health facilities provide the basic package as prescribed whilst other clinics provide extractions only. Oral Health services focus on prevention, promotion and treatment of oral diseases. The provincial extraction to filling ratio stands at 7:1.

Orthodontic Services will be provided in the province as soon as all the equipment is procured. Infection Control Equipment to the value of R1 086375 was procured and distributed to all districts.

Eye Care Services

Eye Care Services focus on prevention of blindness through partnership with the University Free State: Department of Ophthalmology and Optometry as well as the National Council for The Blind (Bureau for the Prevention of Blindness). The objective of this partnership is to reduce blindness due to cataract and refractive error. During 2006, 2 374 cataract operations were done. The target CSR for 2007 is 1400 per million population.

The optometry outreach programme is conducted in Fezile Dabi, Lejweleputswa, Thabo Mofutsanyana and Xhariep districts. A total of 4 948 spectacles were provided in 2006 through the outreach programme. Five optometrists were appointed at the beginning of 2007.

Mental Health Services

Implementation of Mental Health Care legislation and Provincial Mental Health Policy is maintained through the following main activities:

- Maintain designation of the Free State Psychiatric Complex and Mofumahadi Manapo Mopeli Regional Hospital.
- Improve functioning of the 3 Mental Health Review Boards
- Strengthen implementation of 72-hour assessment at identified and listed District Hospitals.
- Integration of Mental Health services into Primary Health Care Services.

Substance Abuse Services

The provincial Substance Abuse component was established in 2006. The programme will focus on implementing the mandate of the department as prescribed by the National Drug Master Plan 2006 -2011. The activities will include:

- Training of health professionals on substance abuse screening, management and referral
- Support District Hospitals to implement detoxification services, and
- Finalise Provincial Substance Abuse Policy.

Chronic Diseases, Geriatrics and Palliative Care

The total number of known patients with diabetes in the Free State during the period June 2005 to May 2006, is approximately 46 676, whilst a similar number of individuals were unaware of the fact that they had diabetes.

A need exists to examine the capacity of the primary health care service at clinic- and district level to provide proper diabetes care, based on recognised national and international guidelines and according to estimated patient numbers.

The National Cancer Control Program was reviewed. National guidelines on priority chronic diseases are available and have been implemented in the Free State. Awareness campaigns on priority chronic diseases and its complications are ongoing. Guidelines have been developed for management of Long Term Domiciliary Oxygen Therapy for patients with chronic obstructive pulmonary diseases.

Environmental Health Services

Environmental Health Services is one of the corner stones of the National Health System that seeks to promote good quality health through the control of nuisances and environmental risks that could have an impact on the environment and human health. The program consists of Food- and Port Health, Pollution Control and Waste Management. The department has a legislative mandate to render provincial functions such as Port Health, Hazardous Substances, Pollution and Malaria Control as well as a constitutional mandate to monitor Municipal Health Services. This is based on Section 155 (6) (a) (b) of the Constitution of the Republic of South Africa (Act 108 of 1996), that states that provinces have a legal obligation to provide a monitoring and support role to local government and to promote the development of local government capacity to enable municipalities to perform their functions and manage their own affairs

Food and Port Health Service

Port health service functions as a first-line of defence by taking measures to prevent the spread of diseases and reservoirs of diseases or vectors from entering and/or leaving the province. Food services mainly focus on the safety and quality of food within the province.

Designated ports of entry have been established at Bloemfontein Airport, Van Rooyen's Gate, Ficksburg, Caledonspoor and Maseru Bridge and are being manned by provincial Environmental Health Practitioners (EHP). A draft strategy for implementation of Port Health Service was developed and awaits approval. Port Health Officers have received basic training and equipment to render port health service.

Food Safety

Food Control Committees with the exception of Motheo, are operational and the following sampling runs have been conducted:

- Oil sampling in collaboration with the University of Free State. Sixty eight (68) oil-sampling was carried out to determine percentage of polymerised triglycerides (PTG) and fatty acids in cooking oil - only 4 samples did not comply.
- A total 40 samples were allocated to the province as part of the mycotoxin sampling plan with the following breakdown: maize meal 12 and wheat flour 30. Only 12 (twelve) samples did not comply with the Act.

The following remedial actions were taken on foodstuffs that did not comply with sampling requirements:

- Environmental Health Practitioners removed foodstuffs from the shelves.
- Manufactures took a proactive action of removing their products from the shelves.

Pollution Control Service

This service includes monitoring and control of hazardous substances, creation of healthy settings, correct management of health care risk waste and promotion of health and hygiene education on water and sanitation.

Control of Hazardous substances

A database of hazardous substances premises was developed and implemented. Suppliers of hazardous substances are registered and licensed. All registered premises comply with the Hazardous Substances Act.

Health Care Risk Waste Management

Management of Health Care Risk Waste in all provincial hospitals has been outsourced to private sector. 35 Occupational Health Nurses and Infection Control nurses were trained in the safe management of health care risk waste. The previous contract expired in March 2007 and a new contract for a period of three years, became effective on 01 September 2007.

Table PREV1: Situation analysis indicators for Non-Communicable Disease Control

Indicator	Type	Province wide value 2007	Xhariep 2007	Motheo 2007	Lejwele-putswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2006/07
Input								
1. Trauma centres for victims of violence	No	3	0	1	1	1	0	N/A
2. CHCs with fast queues for elder persons.	%	100	10	20	10	10	50	N/A
Output								
3. Health districts with health care waste management plan implemented	No	5	1	1	1	1	1	N/A
4. Hospitals providing occupational health programmes	%	84	80	90	50	70	90	80
5. Schools implementing Health Promoting Schools Programme (HPSP)	Nr	98	8	32	17	32	9	
6. Integrated epidemic preparedness and response plans implemented	Y/N	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Quality								
7. Outbreak response time	Days	1 day	1 day	<1 day	1 day	>1 day	>1 day	2
8. Malaria fatality rate	%	0	0	0	0	0	0	0.40
9. Cholera fatality rate	%	0	0	0	0	0	0	1
10. Cataract surgery rate	No	90.7	0	78.2	39.1	100	100	950

Source: DHIS data for calendar year 2007

POLICIES, PRIORITIES AND STRATEGIC GOALS

Eye Care Services

- The provincial Eye Care Policy is being implemented in the districts.
- National guidelines on cataract surgery, prevention of blindness, management of eye conditions at primary level and refractive errors have been implemented in the districts.
- The National and Provincial priority is to reduce blindness due to cataract and refractive errors.
- The strategic goal is to strengthen initiatives to prevent and reduce blindness through partnerships and increase the cataract surgery rate.

Mental Health Services

- Mental Health services are provided in line with the Mental Health Care Act and the approved provincial Mental Health Policy.
- The provincial priority is to strengthen community based Mental Health services in partnership with relevant stakeholders.
- The strategic goal is to establish community based Mental Health services per district.

Substance Abuse Services

- Provincial Draft Substance Abuse Policy is available.
- The priority is to implement objectives of the Drug Master Plan 2006 – 2011.
- The strategic goal is to reduce and prevent the harmful effects of the use of alcohol and other drugs in collaboration with other stakeholders.

Oral Health Services

- The Oral Health Policy in line with the National Oral Health Strategy, is available.
- The Oral Health Infection Control Policy will be drafted with the objective to improve infection control in the oral health facilities in the Free State.

Environmental Health

- Environmental Health indicators were developed and implemented.
- Health Care Risk Waste was outsourced to comply with the Environmental Management Act (Act 107 of 1989).
- A Port Health Strategy was developed and awaits approval.
- A Health Care Risk Waste Management Policy has been developed and awaits approval.

Provincial decentralisation strategy for district health system development

Municipal Environmental Health Officers in three district municipalities were devolved to the District Municipalities in line with the National Health Act (Act 61 of 2003).

Service level agreements with municipalities and non-governmental organisations

The province will enter into a Service Level Agreement with District Municipalities, to strengthen the provision of Municipal Health Services. The status of council resolutions on Municipal Health Services (MHS), Service Level Agreement (SLA) with province and devolution of MHS can be outlined in the following table:

District Municipality	Council resolution on MHS	SLA	Devolution of MHS
Xhariep	Yes	Yes	Not yet
Motheo	Yes	Yes	Not yet
Lejweleputswa	Yes	Yes	Yes
Northern Free State	Yes	Yes	Yes
Thabo Mofutsanyana	Yes	Yes	Yes

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Personal Health Care

Within current funding and incentives it remains a challenge to appoint and retain staff in the following categories essential for Personal Health Programs:

- Optometrist
- Ophthalmologist
- Ophthalmic nurses
- Dental assistants
- Dentists
- Oral Hygienists
- Dental Specialists

A lack of capacity exists to render effective and efficient Mental Health Care, Treatment and Rehabilitation at the Regional and District Hospitals. This must be addressed through training and capacity building on a continuous basis.

Challenges that exist are the appointment and retention of appropriate staff for effective rendering of Mental Health Services at all levels of care as well as a lack of Community Based Mental Health Services to support implementation of Mental Health Services in the Free State.

A lack of funding exists for eye care equipment and human resources, dental equipment as well as community based mental health services.

Environmental Health Services

Finance

Port Health Services: office accommodation and equipment.

Human Resource

A shortage of Municipal Health services staff which totals to 91 Environmental Health Practitioners.

Table NHSPriority 4: Priority Health Programmes

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Strengthen the follow up of patients with priority chronic conditions treated in PHC facilities (i.e. Hypertension, Diabetes Types I and II, Arthritis, Asthma in adults, Obesity, Rheumatic Fever and Rheumatic Heart Disease)	National Guidelines for Priority programmes available and implemented in all clinics.	Guidelines for Hypertension, Diabetes Types I and II, Arthritis, Asthma in adults, Obesity, Stroke, Palliative Care, Foot Health and Osteoporosis are available and implemented in all clinics.	Epilepsy Guidelines developed.	1 Health care professional trained per facility.
	No. of Districts with referral systems for chronic care patients.	Referral systems – which include chronic care patients, in place in all 5 districts.	Referral systems – which include chronic care patients, in place in all 5 districts.	Referral systems – which include chronic care patients, in place in all 5 districts.
Strengthen the self-management of patients	No. of districts implementing therapeutic education programmes for patients.	The 6 th draft plan on Therapeutic Education Programmes is available.	The draft plan on Therapeutic Education Programmes for patients, circulating.	National Department of Health will pilot this programme in 3 provinces.
Develop a comprehensive programme for the treatment and care of survivors of gender based violence	Implementation plan for the National Policy on Sexual Assault Care Practice in place.	Development of an implementation plan for the National Policy on Sexual Assault Care Practice.	Victim rights charter being implemented.	Await National Policy and implement.
		Identify Person/s who will be responsible for the Clinical Forensic Medicine Services.	Have representation in (5) Multi-disciplinary Forum (one per district) with all stakeholders in the care of survivors of gender based violence. Establish designated areas for the care of survivors of gender based violence in each district hospital (31).	Establish an identifiable core of healthcare professionals trained in the management of survivors of gender based violence in all district hospitals.
	Audit report of all specialized services (forensic clinic services, one-stop centres and Victim Empowerment Centres) produced.	Conduct an audit of all specialized services (i.e. forensic clinic services, one-stop centres, Victim Empowerment Centres) to determine what exists.	Data Set available.	
		Report on the status of the provision of services to victims of gender based violence.	Address challenges identified in the 2006/7 Report.	

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Develop a comprehensive programme for the treatment and care of survivors of gender based violence (continued)	Comprehensive plans for the provision of psychosocial support for survivors of gender-based violence developed.	All 9 provinces to develop comprehensive plans to provide psychosocial support to survivors of gender-based violence.	Develop and distribute information leaflets to elucidate services available for victims of gender based violence.	Strengthen training programme.
	No. of training workshops for professional nurses and medical practitioners focusing on sexual assault care practice.	Conduct 9 training workshops for professional nurses and medical practitioners on sexual assault care practice, including implementation of the above-mentioned policy guidelines.	Conduct 5 training Workshops. Conduct and record ICAM training sessions.	Conduct 5 training workshops. Distribute Recorded training sessions (ICAM).

Table PREV2: Provincial objectives and performance indicators for disease prevention and control

GOAL 2: REDUCE THE BURDEN OF DISEASE (continued)													
BUDGET SUB PROGRAMME: OTHER COMMUNITY SERVICE: DISEASE PREVENTION AND CONTROL													
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	20010/11 (target)			
Improve disability and rehabilitation services.	Number of clinics implementing programmes in developmental delays in children for occupational therapy programme.	Disability and rehabilitation services improved.	No data	No data	No data	No data	5/222 (2%) Clinics implementing a screening program in developmental delays.	15/222 (6.7%) 10 Additional Clinics implementing a screening program in developmental delays.	25/222 (11%) 10 Additional Clinics implementing a screening program in developmental delays.	30/222 (13.5%) 10 Additional Clinics implementing a screening program in developmental delays.			
	Number of hospitals implementing an audiology screening program for new born.						No data	No data	No data	3/31 (9.6%) Hospitals implementing an audiology screening program.	6/31 (19%) Hospitals implementing an audiology screening program.	Hospitals implementing an audiology screening program.	Hospitals implementing an audiology screening program.
	Number of schools/day care centres having early physiotherapy intervention programs implemented at health promoting schools.						No data	No data	No data	4 schools	6 schools	8 schools	10 schools
BUDGET SUB PROGRAMME: COMMUNITY BASED SERVICES													
Improve eye care services.	Number of cataract operations per million of population per year	Eye care services improved.	943	1039	1289 cataract operations per million of population	1200 cataract operations per million of population	1400 cataract operations per million of population	1600 cataract operations per million of population	1800 cataract operations per million of population	2000 cataract operations per million of population			
	Number of spectacles issued per year										No data	No data	1578 spectacles issued

Table PREV3: Performance indicators for Disease Prevention and Control

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007 Calendar Year	2007/08	2008/09	2009/10	2010/11	National target 2008
Input											
1. Trauma centres for victims of violence	No	n/a	3	1	1	3	1	1	1	1	1 per district
Process											
2. CHCs with fast queues for elder persons	%	0	30	60	100	100	100	100	100	100	All districts
Output											
3. Health districts with health care waste management plan implemented	No	No data	5	5	5	5	5	5	5	5	All districts
4. Hospitals providing occupational health programmes	%	No data	87	94	100	100	100	100	100	100	100
5. Schools implementing Health Promoting Schools Programme (HPSP)	%	No data	No data	48	48	98	88				
6. Integrated epidemic preparedness and response plans implemented	Y/N	No data	No data	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Integrated communicable disease control plans implemented.	Y/N	No data	No data	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Quality											
8. Schools complying with quality index requirements for HPSP	%	No data	23	23	58	58	65	98	123	148	173
9. Outbreak response time	Days	No data	No data	1 day	1 day	<1 day	1 day	1 day	1 day	1 day	1
10. Waiting time for a wheelchair.	Weeks	No data	No data	2 weeks	2 weeks	6 weeks	2 weeks	2 weeks	2 weeks	2 weeks	N/A
11. Waiting time for hearing aid.	Weeks	No data	No data	6 weeks	4 weeks	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	N/A
Outcome											
12. Dental extraction to restoration rate	%	No data	4.9	7.2	7:1	5	7:1	7:1	7:1	7:1	0.4
13. Malaria fatality rate	%	No data	0	0	0	0	0	0	0	0	0.25
14. Cholera fatality rate	%	No data	0	0	0	0	0	0	0	0	0.5
15. Cataract surgery rate	No per million	1075	1489	1289	2309	90	1400	1600	1800	2000	2000

Source: DHIS 2007

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

ANNEX 7: EMERGENCY MEDICAL AND PATIENT TRANSPORT SERVICES

Programme 3 has the following sub-programmes

- Emergency Transport
- Planned Patient Transport

SITUATION ANALYSIS

Emergency Medical Services in the Free State consists of the following components:

- Pre-hospital Emergency Care
 - o Response and Rescue Services
 - o Emergency Patient Transport (Ambulance)
 - o Control Centre (Communications)
- Planned Patient Transport (Commuter Service)
- Disaster Risk Management
- Administration and Finance

The Free State consists of five districts, i.e. Motheo, Xhariep, Fezile Dabi, Thabo Mofutsanyana and Lejweleputswa. The total number of ambulance stations is fifty nine (59).

Each district is currently headed by a Chief Divisional Officer (CDO). With the approval of the Macro Structure, EMS will be headed by a Senior Manager, four (4) Managers, and Assistant Managers in the districts. The new staff establishment in the districts was reviewed and awaits approval.

Table EMS1: Situation analysis indicators for EMS and patient transport

Indicator	Type	Province wide value 2007	Xhariep 2007	Motho 2007	Lejwele- putswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2006/07
Input								
1. Total rostered ambulances	No	168	33	29	36	43	27	
2. Rostered Ambulance per 1000 people	No	0.2	0.4	0.2	0.4	0.1	0.1	0.2
3. Hospitals with patient transporters	%	0	0	0	0	0	0	70
Process								
4. Kilometres travelled per ambulance (per annum)	Kms	52616						
5. Total kilometres travelled by all ambulances	Kms	3,984,261	607,628	745732	864203	1012485	754213	
6. Locally based staff with training in BAA	%	77	89	71	83	81	87	59
7. Locally based staff with training in AEA	%	22	11	26	16	18	12	29
8. Locally based staff with training in ALS (Paramedics)	%	1	0	3	1	1	1	15
Quality								
9. P1 (red calls) calls with a response of time <15 minutes in an urban area	%	1450	13	258	481	460	238	50
Quality								
10. P1 (red calls) calls with a response time of <40 minutes in a rural area	%	734	18	28	138	439	111	50
11. All calls with a response time within 60 minutes	Nr	8205	446	1230	4006	2201	322	
12. Percentage of operational rostered ambulances with single person crews	%	0%	0%	0%	0%	0%	0%	1.8
Efficiency								
13. Ambulance journeys used for hospital transfers	%	9%	10%	11%	8%	9%	7%	30
14. Green code patients transported by ambulance	Nr	32423	1235	6296	8611	7496	8785	
15. Cost per patient transported by ambulance	R	R93.63	R93.63	R93.63	R93.63	R93.63	R93.63	
16. Ambulances with less than 200 000 kms on the clock	%	58.6	60	58	55	46	74	50
Output								
17. Patients transported (by PTS) per 1,000 separations	No	2319	270	376	522	574	577	10

Source: Emergency Medical Services

POLICIES, PRIORITIES AND STRATEGIC GOALS

- Establishment of a Provincial Communications Centre in Pelonomi Regional Hospital.
- Establishment of a Provincial Disaster Management Unit for Health.
- Establishment of an Emergency Care College in the Free State.
- Procurement of additional vehicles.
- Recruitment and selection of additional staff.
- Improvement of response times to all calls.
- Purchasing of capital equipment.
- Improving communications network.
- Strengthening of Middle Management of EMS.

Strategic Goals

- To provide an efficient and effective Emergency Medical Services in line with national requirements of a response time to emergencies <15 min in urban areas and <45min in rural areas.
- Availability of a time tracking device for all vehicles which will assist in improving response times.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

- Additional funding required to address abovementioned priorities.
- Additional funding required to purchase additional vehicles. At the moment, there are no replacement vehicles should an ambulance be in for repairs/service.
- Budget to be increased annually in line with MTEF.

Table NHSPriority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Improving access to services	Transport systems	No increase in the Planned Patient Transport Fleet.	35 new Planned Patient Transport vehicles were distributed to the districts. This is not additional but replacement vehicles.	Maintain existing Planned Patient Transport Fleet
		52 ambulances was procured and distributed in the Districts.	45 new ambulances ordered, awaiting delivery.	To purchase additional 50 ambulances as replacement.
		No funds to implement the flying doctor service.	No funds available to implement the flying Doctor Service	Require funding for the implementation of the Flying Doctor service.
		No funding to implement Aeromedical Service.	No funding to implement Aeromedical Service.	Funding will be required for the implementation of Aeromedical Service.
		No agreement in place.	1% of referrals carried on private transport.	Agreement for referrals to be in place.

Specification of measurable objectives and performance indicators

Table EMS2: Provincial objectives and performance indicators for EMS and patient transport

GOAL 1: COMPASSIONATE AND QUALITY SERVICES											
BUDGET SUB PROGRAMME: EMERGENCY TRANSPORT											
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Ensure effective EMS response to disasters in the Free State.	Report on readiness to respond to disasters in line with the Free State Disaster Plan.	Quicker response times	All disasters attended to	All disasters attended to	Maintained	Maintained	Maintained	Disaster Management unit established.	Disaster Management Plan in place.	Implementation of Disaster Plan	
Implementation of provincial quality improvement strategy.	% compliance with QA indicators.	Quality service			0%	0%	0.7%	15%	25%	35%	
	% compliance with Free State Department of Health, health and safety auditing tool.	Risk free service			0%	0%	10%	50%	70%	85%	
	% compliance with Free State Department of Health clinical risk management plan.	Reduced morbidity			0%	0%	10%	50%	68%	85%	
	% compliance with FSDOH infection control plan.	Reduced morbidity			0%	0%	33%	64%	78%	90%	
	% compliance with provincial emergency hospital preparedness plan.	Improved service			20%	33%	50%	77%	91%	95%	

GOAL 1: COMPASSIONATE AND QUALITY SERVICES										
BUDGET SUB PROGRAMME: PLANNED PATIENT TRANSPORT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 1000 people.	Quicker response times			0.06	0.08	0.1	0.2	0.2	0.3
	% of BLS, ILS and ALS staff.	Motivated and well trained workforce			BLS 84% ILS 14% ALS 2%	BLS 80% ILS 17% ALS 3%	BLS 74% ILS 22% ALS 4%	BLS: 68% ILS:25% ALS:5%	BLS:62% ILS:28% ALS:7%	BLS55% ILS:35% ALS: 10%
	% of call responses within national urban and rural target (15 minutes and 40 minutes).	Improved service delivery			Urban 39.9% Rural 17.7%	Urban 39.9% Rural 17.7%	Urban 53% Rural 27%	Urban 64% Rural 40%	Urban 85% Rural 67%	Urban 95% Rural 75%
	% call-outs serviced by single person crew.	Improved service delivery			0.08%	0.08%	0	0	0	0
	% of ambulance journeys used for hospital transfers.	Improved service delivery			10.3%	10.7%	12%	15%	15%	20%
	% green code patients transported by ambulance.	Improved service delivery			68.7%	70%	65%	61%	58%	50%
	% ambulances with less than 500,000 kilometres on the clock.	Improved service delivery			43%	38%	25%	18%	15%	10%
	% of hospitals covered by planned patient transport.	Improved service delivery			100%	100%	100%	100%	100%	100%
	Number of patients transported by planned patient transport per 1000 separations.	Improved service delivery			488	520	567	600	727	820
	% of patients arriving at next referral levels on time.	Improved service delivery			13%	17%	33%	45%	60%	70%
Provide an effective and efficient Planned Patient Transport Service in line with the referral system.										

Table EMS3: Performance indicators for the EMS and patient transport

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	National target 2007/08
Input										
1. Total rostered ambulances	No	No data	No data	No data	No data	151	200	230	260	
2. Rostered ambulances per 1000 people	No	No data	3.05	0.122	0.06	0.06	0.2	0.2	0.3	0.300
3. Hospitals with patient transporters (exclude, not managed by EMS)	%	0	0	0	0	0	0	0	0	100
Process										
4. Kilometres travelled per ambulance (per annum)	Kms	No data	No data	No data	50,358					
5. Total kilometres travelled by all ambulances		No data	No data	No data	No data	589,928				
6. Locally based staff with training in BLS BAA	%	No data	No data	77.1	80	85	68	62	55	100
7. Locally based staff with training in ILS AEA	%	No data	No data	18.3	17	13	25	28	35	
8. Locally based staff with training in ALS (Paramedics)	%	No data	No data	4.6	3	2	7	10	15	
Quality										
9. P1 (red calls) calls with a response of time <15 minutes in an urban area	%	No data	No data	39.9	39.9	40	64	85	95	100
10. P1 (red calls) calls with a response time of <40 minutes in a rural area	%	No data	No data	17.7	17.1	18	40	67	75	100
11. All calls with response time within 60 minutes		No data	No data	No data	No data	8205				
Quality										
12. Call outs serviced by a single person crew (Percentage of operational rostered ambulances with single person crews)	%	No data	No data	0.08	0.08	0	0	0	0	0
Efficiency										
13. Ambulance journeys used for hospital transfers	%	No data	No data	10.3	10.7	11	15	15	20	30
14. Green code patients transported by ambulance	%	No data	No data	68.7	70	71	61	58	50	
15. Cost per patient transported by ambulance	R	No data	No data	78.42	93.63					
16. Ambulances with less than 200 000 kms on the clock	%	No data	No data	42.8	38	30	35	45	55	100
Output										
17. Patients transported (by PTS) per 1,000 separations	No	No data	No data	186	520	559	600	727	820	50

Source: *Emergency Medical Services*

Past expenditure trends and reconciliation of MTEF projections with plan

Table EMS4: Trends in provincial public health expenditure for EMS and patient transport (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices•	116,502	123,648	146,339	164,704	189,129	218,514	259,161	231,678
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	40.76	43.26	51.20	57.62	66.17	76.46	90.68	101.88
Total per uninsured person	47.84	50.78	60.10	67.64	77.67	89.74	106.43	119.58
Total capital ²	5,367	8,294	13,728	19,243	22,744	20,610	29,243	28,725
Constant (2004/05) prices³	1,264.05	1,288.41	1,463.39	1,569.63	1,719.18	1,896.70	2,249.52	2,527.49
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	0.44	0.45	0.51	0.55	0.60	0.66	0.79	0.88
Total per uninsured person	0.52	0.53	0.60	0.64	0.71	0.78	0.92	1.04
Total capital²	5,367	8,294	13,728	19,243	22,744	20,610	29,243	28,725

Source: BAS System

PROGRAMME 4: PROVINCIAL HOSPITALS

ANNEX 8: PROVINCIAL HOSPITALS

Programme 4 has the following sub-programmes

- General (regional) Hospitals
- Psychiatric Hospitals

SITUATION ANALYSIS

- Provincial hospital services are rendered through five general hospitals and one specialised psychiatric hospital.
- Pelonomi Regional Hospital, which is in the process of being reclassified as an academic hospital, serves the Motheo and Xhariep districts, with a population of 842 015.
- An estimated 270 000 of the Eastern Cape population, bordering the province in the south, comes to Pelonomi hospital for Regional services. This however, will not influence the current planning framework. A new regional hospital in Queenstown is planned but not scheduled to be functional in the next three years. A new regional hospital is planned to replace the Queen Elizabeth II Hospital in Maseru which is currently not a fully functional regional hospital and therefore refers to Pelonomi and Dihlabeng Hospitals.
- Pelonomi hospital maternity section is experiencing an increase in the numbers of deliveries and proportion of caesarean sections. Length of stay in the post natal unit increased due to a greater proportion of ill women and the number of antenatal admissions increased. An additional 16 maternal beds and 16 neonatal beds are implemented to address the shortage of beds and 10 Kangaroo-mother beds are in the process of implementation. The number of medical practitioner posts had to be increased to address the demand.
- At Pelonomi hospital a huge bottleneck in theatre results in no elective procedures being done in all disciplines with long waiting time for emergency and semi-urgent procedures. The main barrier is the availability of theatre nursing staff.
- Pelonomi Hospital is the only regional hospital in the Free State that offers the full package of level 2 services. The other regional hospitals in the Free State provide a partial package of level 2 services as they lack resident specialists for some of the core clinical disciplines which make up the service package for regional hospitals. Even Pelonomi Hospital has challenges to provide enough theatre time to sustain the elective secondary surgery that should be done at this hospital.
- Bongani Regional Hospital serves the Lejweleputswa District, with a population of 717 214.
- Boitumelo Regional Hospital serves the Fezile Dabi District, with a population of 502 521.
- Dihlabeng Regional Hospital serves the western part of Thabo Mofutsanyana District, with a population of 323 380.
- Mofumahadi Manapo Mopeli Regional Hospital serves the eastern part of Thabo Mofutsanyana District, with a population of 437 458.
- Dihlabeng and Mofumahadi Manapo Mopeli hospitals have been de-clustered into two separate and independent regional hospitals, under two separate management teams, but with one hospital board. The same arrangement applies to Bongani and Boitumelo hospitals.
- The provincial hospitals experience an increased patient load due to the burden of diseases such as conditions associated with HIV and AIDS.
- The increase in patient load is exacerbated by the reduced capacity of the district hospitals due to frequently inadequate number of medical doctors at such facilities.
- All of the 5 provincial hospitals have undergone COHSASA accreditation programme. Three hospitals had previously attained full two-year accreditation and one intermediate accreditation. Three of the hospitals have undergone external reassessment and another is due for external reassessment by May 2008. One provincial hospital was withdrawn from the programme due to the impact of current revitalisation projects at the hospital.
- Free State Psychiatric Complex is a specialised hospital, which serves as a referral mental healthcare facility for the province.
- The Mental Healthcare Act has been implemented effectively in the province, with functional Review Boards in Motheo and Thabo Mofutsanyana. Fezile Dabi is partially functional due to involuntary patients having to be admitted in other regions. The designation of the mental healthcare facility in Fezile Dabi will be reviewed with the completion of the Psychiatric Unit at Boitumelo Regional Hospital.
- The provincial hospitals receive patients from 24 district hospitals and refer to tertiary hospitals in the province. Some tertiary health services, e.g. oncology, haematology and dermatology, are rendered at secondary hospitals through outreach from the tertiary hospitals.

Table PHS1: Public hospitals by hospital type

Hospital type	Number of hospitals	Number of beds	Provincial average	Beds per 1000 uninsured people ¹	
				Highest district (include name)	Lowest district (include name)
District	24	1,510	0.53	0.66 Motheo	0.39 Fezile Dabi
General (regional)	5	1902	0.67	0.94 Motheo	0.57 Thabo Mofutsanyana
Central	1	632	0.22	Not applicable	
Sub-total - acute hospitals	30	4044	1.42	0.94 Motheo	0.57 Thabo Mofutsanyana
Tuberculosis ²	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Psychiatric ²	1	880	0.31	Not applicable	
Other specialist			---	---	---
Total public	31	4924	1.72	0.66 Motheo	0.39 Fezile Dabi
Private sector	22	2273	0.8	1.43 Lejweleputswa	0.15 Thabo Mofutsanyana

Source of data population insured/uninsured numbers: Mid-year estimates 2002 Insured/Uninsured population -Source of data Hospitals: Standard Compliance

Table PHS2: Public hospitals by level of care

Hospital type	Number of hospitals	Number of beds	Provincial average	Beds per 1000 uninsured people ¹	
				Highest district (include name)	Lowest district (include name)
Level 1	24	1513	0.06	0.07 Southern Free State Health	0.05 Northern Free State Health Complex
Level 2	5	2777	0.8	Complex 0.9 Pelonomi Regional Hospital	0.6 Mofumahadi Manapo Mopeli & Dihlabeng Regional Hospitals
Level 3	1	877	0.07	Psychiatric Beds 0.361 Free State Psychiatric Complex	
All acute levels	34	4922	0.06	0.07 Southern Free State Health Complex	0.05 Northern Free State Health Complex

Source of data population insured/uninsured numbers: Mid-year estimates 2002 Insured / Uninsured population
Source of data Hospitals: Standard Compliance

Table PHS3: Situation analysis indicators for general (regional) hospitals

Indicator	Type	Province wide value 2007 excluding FSPC	Motho FSPC 2007	Motho Pelonomi 2007	Lejweleputswa Bongani 2007	Thabo Mofutsanyana Dihlabeng 2007	Thabo Mofutsanyana MMM 2007	Fezile Dabi Boitumelo 2007	National target 2003/4
Input									
1. Expenditure on hospital staff as % of regional hospital expenditure.	%	average 69.3	78.6	74	65	57.4	72.2	69	
2. Expenditure on drugs for hospital use as % of regional hospital expenditure.	%	average 5.7	2.1	2	5	13.34	5.51	6.4	
3. Expenditure by regional hospitals per uninsured person.	%	41.9	67.65	114.70	127.43	263.72	226.88	233.55	
Output									
4. Caesarean section rate for regional hospitals	%	101029	N/A	54.4	31.4	58.3	52	24.9	22
5. Separations - Total	No	580074	6383	38799	32242	8535	13027	18426	
6. Patient Day Equivalents	No	209030	277345	222322	149253	41659	67036	99803	
7. OPD Total Headcounts	No	25	12452	84308	42109	25278	23223	34112	
Quality									
8. Regional hospitals with patient satisfaction survey using DoH template	%	93	N/A	0	0	50	0	0	20
9. Regional hospitals with mortality and morbidity meetings every month	%	68	N/A	83	100	100	85	100	90
10. Regional hospitals with clinical audit every meetings every month	%	4.7	N/A	83	100	50	85	25	
Efficiency									
11. Average length of stay in regional hospitals	Days	71.7	240	4.6	5.6	3.9	4.3	4.4	4.8
12. Bed utilisation rate (based on usable beds) in regional hospitals	%	average	86.10	76	77	67.8	57.9	68.5	72
13. Expenditure per patient day equivalent in regional hospitals	R	879.2	530.28	1 603.15	1 492.33	1 649.67	1 512.92	1 154.00	
Outcome									
14. Case fatality rate in regional hospitals for surgery separations	%	4.1	N/A	4.5	3.6	2.7	2.9	5.1	2.5

Source: DHIS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

POLICIES, PRIORITIES AND STRATEGIC GOALS

Rehabilitation, rationalisation and development of the hospital facility network in relation to the data presented in the situation analysis, the provincial IHPF and the hospital revitalisation strategy

- The revitalisation projects are continuing at Boitumelo Regional Hospital. The business cases for revitalisation have been approved for both Dihlabeng and Free State Psychiatric Complex.
- Restructuring of the department has been implemented with the new macro structure.
- As part of the de-clustering of the provincial hospitals, new posts of chief executive officers were created and filled at Boitumelo and Mofumahadi Manapo Mopeli Regional Hospitals

Delegations of financial, procurement and personnel functions: the provincial framework, capacity development and monitoring systems

- Some Financial, Supply Chain Management and Human Resource Management functions are delegated to hospital chief executives according to the provincial framework.
- Skills Development Plans are developed and implemented per hospital in accordance with the institutional skills audits and individual performance improvement plans.
- Two of the five CEOs are currently enrolled for the Masters in Public Health (Hospital Management) degree and two others are studying for other Masters programmes.

Quality improvement measures including actions plans, client satisfaction surveys, monitoring systems and adverse reporting systems

- Each provincial hospital monitors patient satisfaction through the administration of patient questionnaires based on the COHSASA accreditation programme. An average patient satisfaction rate of 85% was achieved in 2006/2007. A comprehensive client satisfaction survey is carried out annually through private suppliers.
- Adverse events are monitored and handled through institution-based and regional committees, as well as the provincial committee in accordance with the provincial Clinical Governance policy.

Increased efficiency (e.g. higher bed occupancy, reduced lengths of stay)

- Cost per PDE has increased from R1002 in 2005/06 to R1200 in 2006/2007 due to the increasing burden of disease, health inflation and the increase in the number of specialists.
- The average length of stay has dropped from 5.34 days in 2005/06 to 4.6 days in 2006/07.

Implementation of standardised services packages, including gap identification and reduction and reconfiguration of tertiary services

- Secondary Hospital Service packages are not fully implemented in the four provincial general hospitals due to lack of a full complement of resident specialists. Bongani has eight (8), Dihlabeng seven (7), Mofumahadi Manapo Mopeli four (4) and Boitumelo five (5) of the required nine (9) resident specialist.
- The hospitals are served by both full-time appointed specialists, as well as the private specialists that are appointed on sessional basis.
- The Free State Psychiatric Complex has all the required specialists and other healthcare professionals for the multi-disciplinary psychiatric team.
- The Mental Health Care Review Board is not yet fully operational in Lejweleputswa and Fezile Dabi districts, due to the major Hospital Revitalization Program of the hospital which includes the 60-bed Psychiatric Unit at Boitumelo Hospital.
- The implementation of the forms of the new Mental Health Care Act remains a challenge in all Regional Hospitals and District Hospitals in the Free State.
- The Psychiatric Outreach Program has been implemented in all five districts in the Free State from the Free State Psychiatric Complex (i.e level 1 and 2). According to the plan, the appropriate outreach program from FSPC to the Regional Hospital and selected District Hospitals, will be implemented as from 2009/2010.

Governance including appointment of CEOs or equivalent institutional managers, appointment of financial officers, performance agreements, and introduction and roles of hospital boards

- All five provincial hospitals have chief executive officers appointed. Each of the CEOs has performance agreements signed in line with the Senior Management Service handbook.
- Supporting the CEOs are managers for the Nursing, Clinical, Administration and Finance divisions at each hospital.
- Four of the five secondary hospitals have managerial accountants appointed to strengthen financial management
- The hospital complexes of Dihlabeng/Mofumahadi Manapo Mopeli and Bongani/ Boitumelo hospitals are each under one hospital board. There is another separate hospital board for the Free State Psychiatric complex.

Management system development including cost centre accounting and information systems

- Cost centre management structures have been implemented at each provincial hospital to improve decentralised decision-making and accountability.
- An electronic Hospital Information System namely Meditech, has been implemented at Bongani and Boitumelo hospitals, with the other three hospitals utilising the in-house patient administration and debtors system (PADS).
- Part of the Tertiary Services Grant has been allocated to the provincial hospitals and is being used to fund the salaries of specialists and to procure medication and consumables for tertiary services rendered at regional hospitals.

Uses of conditional grants

- The Revitalisation Grant is used to fund the revitalisation projects at Boitumelo Hospital.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

- There has been progressive reduction, in real terms, of the funding to secondary hospitals over the years.
- The inadequacy of the funding limits the hospitals' ability to make the necessary appointments of healthcare professionals and acquire the essential equipment.

Human resources

- The shortage of professional nurses continually impacts on the hospitals' ability to adequately cover all the relevant services. The province will actively recruit professional nurses and implement the Occupation Specific Dispensation (OSD).
- Due to the shortage, the hospitals frequently utilise professional nurses sourced from nursing agencies, which has a negative impact on the quality and long-term sustainability of services.
- The provincial hospitals continue to fail to effectively recruit and retain specialists, especially in the more rural parts of the province. This results in a lack of specialists to cover for some of the clinical disciplines.
- Due to inadequate availability of medical doctors in some district hospitals, some level 1 patients are referred and treated inappropriately at level 2 hospitals. The situation could worsen during the 2008/09 financial year due to the expected severely limited number of community service doctors.

Support systems

- The unavailability of level 1 hospitals in the Kroonstad and Welkom areas, results in level 1 patients being treated at Boitumelo and Bongani regional hospitals respectively.
- The shortage of ambulances and personnel in the EMS results in inconsistencies in the referral system.

Information

- All the provincial hospitals have dedicated Hospital Information Officers however, these officers occupy other posts since there are no Hospital Information Officer posts on the current staff establishments.
- Dihlabeng, Mofumahadi Manapo Mopeli and Free State Psychiatric Complex are not on the Meditech system like Bongani and Boitumelo which results in a lack of ability to share information between hospitals.

Table NHSPriority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Hospital improvement plans	Clinical audits	Clinical risk management policy approved.	Post of Chief Medical Officer has been created to effect the implementation of Clinical Audit.	Appoint Chief Medical Officer in Standard Compliance Unit for Clinical audits.
	Complaints mechanisms	Mechanism in place to manage complaints in all Regional hospitals	Mechanism in place to manage complaints in all Regional hospitals.	Need to develop or strengthen complaints mechanisms in line with best practice guidelines.
	Infection control	23 Professional nurses commenced Infection Control course at Wits University.	Provincial Infection Strategy to be developed.	Infection Control management implemented in all Regional hospitals.
	Telemedicine	Senior officials visited services and attended conferences in Canada. A draft telemedicine plan will form part of the Service Transformation Plan.	Teleradiology between MMM and Pelonomi hospital for CT scans images reporting done at Pelonomi. Teleradiology (Mini PACS) installed at Pelonomi radiology, ICU, Trauma Unit and Theatres.	Develop and cost the Plan for expansion of the service.

Table PHS4: Provincial objectives and performance indicators for general (regional) hospitals

GOAL 1: COMPASSIONATE AND QUALITY SERVICES								
BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Provide appropriate and accessible level of health care services for the designated catchments population	% implementation of the appropriate service packages.	Specialised services rendered by specialists.		Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 7/9 MMM: 2/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 7/9 MMM: 4/9 FSPC: 1	Bongani: 9/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 FSPC: 1	Bongani: 9/9 Boitumelo: 5/9 Dihlabeng: 9/9 MMM: 2/9 FSPC: 1	Bongani: 9/9 Boitumelo: 5/9 Dihlabeng: 9/9 MMM: 2/9 FSPC: 1
	Progress on achievement of efficiency targets per hospital (QRS).	Consistent monitoring of quality of services.	ALOS: 5.34 BUR: 71.65% Cost/PDE: R1002	ALOS: 4.6 BUR: 69.9% Cost/PDE: R1286	ALOS: 5.34 BUR: 73% Cost/PDE: R1350	ALOS: 5.34 BUR: 75% Cost/PDE: R1350	ALOS: 5.34 BUR: 75% Cost/PDE: R1400	ALOS: 5.34 BUR: 75% Cost/PDE: R1400
	Number of institutions with an outreach programme(s) to district hospitals as a % of the total.	District hospitals supported through outreach programme.		100%	100%	100%	100%	100%
	Number and type of disciplines conducting outreach programme(s) per regional hospital.	Improved quality of care at district hospitals.		Paeds (2) Fam Med (1) Psychiatry (1) Optometry (1)	Paeds (3) Fam Med (4) Psychiatry (2) Optometry (2) Anaesthetics (1)	Paeds (4) Fam Med (4) Psychiatry (2) Optometry (2) Anaesthetics (2)	Paeds (4) Fam Med (4) Psychiatry (2) Optometry (3) Anaesthetics (4)	Paeds (4) Fam Med (4) Psychiatry (2) Optometry (3) Anaesthetics (4)
	Number of patients, training sessions, procedures, etc. per discipline on outreach.	Improved quality of care at district hospitals.		1 training session per quarterly visit	6	6	6	6
	Referral rate between different levels (number referred / 1000 population).	Effective referrals between level of care.		IN:35% OUT:13%	IN:35% OUT:13%	IN:35% OUT:13%	IN:35% OUT:13%	IN:35% OUT:13%
	A strategy for tele-medicine should be in place.	Effective support for regional hospitals from tertiary hospital.		Provincial Telemed. Strategy developed	3 hospitals on telemed.	3 hospitals on telemed.	3 hospitals on telemed.	4 hospitals on telemed.

GOAL 1: COMPASSIONATE AND QUALITY SERVICES								
BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Provide appropriate and accessible level of health care services for the designated catchments population. (continued)	Number institutions linked and functional on tele-medicine.	Improved quality of care at regional hospitals.		2	3	4	4	4
Maintain and extend Level 2 Mental health care services.	Number of regional hospitals with designated mental health care services	Effective implementation of Mental Healthcare Act.		1	2	3	3	4
Monitor the implementation of Batho Pele and Patient Charter.	% implementation of approved service standards.	Consistent quality of care.		Service standards documented per regional hospital.	10 key service standards monitored and reported per regional hospital.	15 key service standards monitored and reported per regional hospital.	20 key service standards monitored and reported per regional hospital.	20 key service standards monitored and reported per regional hospital.
	% compliance with standards.	Consistent quality of care.		Service standards documented per regional hospital.	80% compliance achieved per service standard.	80% compliance achieved per service standard.	80% compliance achieved per service standard.	80% compliance achieved per service standard.
	% patient satisfaction rate.	Consistent patient satisfaction.		85%	85%	85%	85%	85%

GOAL 1: COMPASSIONATE AND QUALITY SERVICES								
BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Rendering quality patient care by implementing clinical governance.	Progress on COHSASA Accreditation.	Effective implementation of quality management systems.		1 Accredited 3 assessed	2 Accredited 1 assessed	4 Accredited	4 Accredited	4 Accredited
	% of departments having M&M meetings.	Consistent quality of care per clinical discipline.			Bongani: 3 Boitumelo: 2 Dihlabeng: 3 MMM: 2 FSPC: 2	Bongani: 4 Boitumelo: 2 Dihlabeng: 4 MMM: 4 FSPC: 2	Bongani: 5 Boitumelo: 4 Dihlabeng: 4 MMM: 4 FSPC: 2	Bongani: 5 Boitumelo: 4 Dihlabeng: 4 MMM: 4 FSPC: 2
	% of departments/ disciplines doing peer review.	Consistent quality of care per clinical discipline across the province.		none	2 clinical disciplines.	2 clinical disciplines.	3 clinical disciplines.	4 clinical disciplines.
	Percentage of medical records reviewed.	Improved quality of care and compliance.		Inpatient files audited per month	Inpatient files audited per month.	5% of all inpatient files audited per discipline per month.	5% of all inpatient files audited per discipline per month.	5% of all inpatient files audited per discipline per month.

GOAL 2: REDUCE THE BURDEN OF DISEASE								
BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Rendering quality patient care by implementing clinical governance (continued)	Nosocomial Infection Rate.	Effective prevention of nosocomial infections.		1.6%	2	2	2	2
	Provincial Infectious Diseases Unit established.	Effective management of infectious diseases.		Unit established	Admission and bed utilisation rates monitored.	Admission and bed utilisation rates monitored.	Admission and bed utilisation rates monitored.	Admission and bed utilisation rates monitored.
Implementation of the provincial health promotion strategy.	Number of health promotion activities implemented per regional hospital.	Improvement in health lifestyles.		4 annually	4 annually	4 annually	4 annually	4 annually
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT								
BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Provision of essential equipment to provincial health facilities.	Number of facilities with equipment surveys done.	Equipment needs verified.	1	3	4	5	5	5
	% implementation of the equipment plan per regional hospital.	Improved quality of care.		40%	50%	50%	50%	65%
	Number of hospitals with appropriate clinical engineering support at facility level.	Equipment safety standards.		3	3	4	4	4
	Essential equipment packages available by regional hospital.	Improved quality of care through appropriate healthcare technology.		Essential equipment lists approved.	Essential equipment lists approved.	Multi-term acquisition plans developed.	Equipment acquisition plans implemented	Equipment acquisition plans implemented
Implementation of the provincial equipment maintenance plan.	Number of facilities with appropriate clinical engineering support at facility level.	Equipment safety standards.	1	3	4	4	4	4

GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT									
BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Implementation of the provincial equipment maintenance plan (continued)	Asset register in place.	Effective asset management.		Electronic asset register in place.	Quarterly asset management reports submitted.	Quarterly asset management reports submitted.	Quarterly asset management reports submitted.	Quarterly asset management reports submitted.	
Ensure sustainability of strategic partnerships	Number of hospitals that are part of the Designated Service Provider Network (DSPN).	Improved revenue generation.		2	3	4	4	4	
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
Well functioning management and governance structures.	Boards functioning according to NHA , PHA And Mental Health Care Act.	Effective governance.		2 MHC Review Boards in place.	3 MHC Review Boards in place.	4 MHC Review Boards in place.	4 MHC Review Boards in place.	5 MHC Review Boards in place.	

Table PHS5: Performance indicators for general (regional) hospitals

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007 Calendar Year	2007/08	2008/09	2009/10	2010/11	National target 2008
Output											
1. Caesarean section rate for regional hospitals	%	No data	No data	39	58.7	41.9	45	40	30	30	18
2. Separations - Total	No	No data	No data	100571	1312	101029	1400	1400	1400	1400	
3. Patient Day Equivalents	No	No data	No data	No data	470434	580074	475000	475000	475000	475000	
4. OPD Total Headcounts	No	No data	No data	210396	197881	209030					
Quality											
5. Regional hospitals with patient satisfaction survey using DoH template	%	No data	DOH template not yet implemented	DOH template not yet implemented	DOH template not yet implemented	25	100	100	100	100	100
6. Regional hospitals with morbidity and mortality meetings every month	%	No data	No data	100	100	93	100	100	100	100	100
7. Regional hospitals with clinical audit (M&M) meetings every month	%	No data	No data	100	100	68	100	100	100	100	100
Efficiency											
8. Average length of stay in regional hospitals	Days	No data	4.99	5.34	4.6	4.7	4.5	4.5	4.5	4.5	4.1
9. Bed utilisation rate (based on usable beds) in regional hospitals	%	No data	72.26	71.65	69.9	71.7	75	75	75	75	75
10. Expenditure per patient day equivalent in regional hospitals	R	No data	1045.28	1301.30	1286.62	1466	average 879.2 excluding FSPC	1350	1350	1350	1,128
Outcome											
11. Case fatality rate in regional hospitals for surgery separations	%	No data	5.3	3.3	4.15	4.1	3.5	3.5	3	3	2.0

Source: DHIS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

Past expenditure trends and reconciliation of MTEF projections with plan

Table PHS6: Trends in provincial public health expenditure for general (regional) hospitals (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹								
Total ²	695,167	797,822	856,209	951,962	962,153	1,112,103	1,263,873	1,420,917
	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	243.24	279.15	299.58	333.08	336.65	389.12	442.22	497.17
Total per uninsured person	285.49	327.65	351.63	390.95	395.13	456.72	519.04	576.15
Total capital ²	6,950	12,336	10,375	12,720	12,730	19,473	22,281	23,950
Constant (2004/05) prices³	7,542.56	8,313.31	8,562.09	9,072.20	8,745.97	9,653.05	10,970.42	12,333.56
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	2.64	2.91	3.00	3.17	3.06	3.38	3.84	4.32
Total per uninsured person	3.10	3.41	3.52	3.72	3.59	3.96	4.51	5.07
Total capital ²	6,950	12,336	10,375	12,720	12,730	19,473	22,281	23,950

Source: BAS System

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

ANNEX 9: CENTRAL AND TERTIARY HOSPITALS

Programme 5 has only 1 sub-programme

- Central Hospital

SITUATION ANALYSIS

Epidemiological information as appropriate

Universitas Academic Hospital is providing a substantial part of Tertiary services (some T1, all T2 and some T3) to the Northern Cape population of 822 727. It is estimated that the level 3 cross border population from Northern Cape will remain constant for at least the next 5 years, pending the construction and commissioning of the new Kimberley Tertiary Hospital. The level 3 cross border population from Lesotho is estimated to be 1 000 000 of the total 2 000 000, whilst the Eastern Cape will be the same as for regional services at 270 000, also for the foreseeable future. A new hospital is planned to be replacing the very old and dilapidated Queen Elizabeth II hospital in Maseru. This however, will not influence the current planning framework. Likewise, a new regional hospital in Queenstown is planned but not scheduled to be on-line in the next three years.

Radiology

Imaging is a major portion of the care given to patients. Almost all patients receive some form of scan or sonar for the primary discipline to make a diagnosis and to plan treatment. The number of images increased in 2006 as the number of radiology examinations on private patients required for the PPP with Community Health Management/Netcare at both Universitas and Pelonomi Hospitals.

Waiting lists

Universitas Academic Hospital has extended waiting lists for surgical procedures such as Arthroplastia (Hip, Knee and Shoulder replacements) (R11,7 million required per year to erase the backlog) and Cardiothoracic Surgery (R20,7 million required per year to erase the backlog). Constrained resources, such as ICU beds (especially for Neonatal Care and Cardiothoracic Surgery) also play a role. These are indicative of conditions in all surgical areas.

To erase the backlog for surgical cases, a number of factors need to be addressed when funds become available:

- Increase the availability of theatre time and of ICU beds;
- Shortage of scrub nurses (posts are available, but cannot be filled due to unavailability of applicants);
- Shortage of anaesthetists (not enough consultants available for supervision);
- Availability of sufficient beds (addressed in revitalisation business case for UAH)
- Operational budget needs to be increased in line with the demand for services.

These constraints are addressed in the revitalisation and modernisation for tertiary services plans.

APPRAISAL OF EXISTING SERVICES AND PERFORMANCE

A proposal is currently under consideration to extend Programme 5 to have two sub-programmes. In addition to Central Hospital Services, Programme 5.2 should include Tertiary Hospitals – Pelonomi Hospital. The recommendation is that all level 3, 2 and 1 services rendered on the premises of Pelonomi hospital, as well as approved tertiary services rendered at other regional hospitals should be included and funded from this sub-programme as from the 2008/9 financial year.

Referral Chain

The referral system at present uses the current 5 regional hospitals as hubs for the referral of cases from clinics, Community Health Centres and district hospitals. Regional hospitals which lack the capacity to deliver the full package of services for regional hospitals, refer to Universitas and Pelonomi hospitals

Table CHS1: Numbers of beds in hospitals by level of care

Central /tertiary hospital (or complex)	Level 3 and 4 beds	Level 1 and 2 beds	Total beds
Academic Health Complex (including PH's tertiary beds)	664	566	1230

Table CHS2: Situation analysis indicators for each Central/ Tertiary hospital

Indicator	Type	2003/04	2004/05	2005/06	2006/07	National target 2003/04
Output						
1. Caesarean section rate - UAH	%	63	59.8	60.8	71.7	32
2. Separations - UAH	No	20,827	24196	26193	28623	
3. Patient Day Equivalents UAH	No	174,405	190763	189445	222080	
4. OPD Total Headcounts UAH	No	123,343	116729	133349	169497	
Quality						
5. Patient satisfaction survey using DoH template	Y/N	No	No	No	No	Yes
6. Mortality and morbidity meetings at least once a month	Y/N	No data	Yes	Yes	Yes	Yes
7. Clinical audit (M&M) meetings at least once a month	Y/N	Yes	Yes	Yes	Yes	Yes
Efficiency						
8. Average length of stay	Days	6.4	5.6	5.8	5.8	5.3
9. Bed utilisation rate (based on usable beds)	%	61	62.5	64.1	72.8	75
10. Expenditure per patient day equivalent	R	2,735	3,328	2,934	3153	1,877
Outcome						
11. Case fatality rate for surgery separations	%	23.21	1.9	1.4	0.9	3

Source: DHIS for calendar year 2006

POLICIES, PRIORITIES AND STRATEGIC GOALS

Strategic plans for central and tertiary hospital services, reflecting the implications of the Modernisation of Tertiary Services review.

- Redefinition of the Academic Platform.
- Addressing facility, equipment and maintenance backlogs (Implement Telemedicine Project).
- Strengthening of Outreach Programme and Referral System.
- Developing a viable Telemedicine Programme.

Planning and implementation of organisational development

- Implementation of new Staff Establishment at UAH and Revision of Staff Establishment at Pelonomi hospital.

Delegations of financial, procurement and personnel functions

This situation is directed by the delegations for Human Resources, Finances and Supply Chain Management as set out in the applicable circulars namely:

- **Finances**
Health Finance Circular no. 20 of 2004, Revised Financial Delegations
Health Finance Circular no. 45 of 2004, Additional Financial Delegations
- **Human Resources**
Human Resource Circular no. 67 of 2003, Human Resource Delegations, 2001
- **Supply Chain Management**
Health Supply Chain Management (SCM) Circular no. 3 of 2004, Supply Chain Management delegated powers of the Department.

Quality improvement measures including actions plans, client satisfaction surveys, monitoring systems and adverse reporting systems

- Universitas Hospital has an established Quality Improvement Unit which assists all supervisors and managers to maintain accreditation by COHSASA (The Council for Health Service Accreditation of South Africa). An external survey was conducted in late May 2007. Universitas Academic Hospital awarded pre-accreditation status on 19 November 2007 at intermediate level, granted focus survey to be carried out within six months. The preliminary dates for the survey is 06 and 07 May 2008.
- As part of the quality assurance programme, quality improvement projects were started specifically to evaluate all operational processes in the hospital with the aim to streamline it, exclude waste and optimise the utilisation of scarce resources.

ANALYSIS OF CONSTRAINTS

- Increase in health services demands at Level T1, T2 and T3 against the decline in budget allocation for tertiary service. The Free State Academic Health Complex will serve an uninsured population of 3,604,506 for T1 and 3,827,777 for T2 and T3 services by 2014.
- The disease profile of the catchment population is affected by ageing and the HIV and AIDS pandemic, which will increase demands for high-cost treatment of degenerative diseases and AIDS. The need for intensive and high risk maternal, neonatal care and care for children under 5 is also increasing due to the HIV pandemic, with additional demands on the budget. Free State infant and mortality rates are not yet within national norms. Maternity and Casualty Services in Bloemfontein to be efficient at lower levels.
- Due to the envisaged increase in clinical activities in high-tech and high-cost service rendering areas in an attempt to address the large backlogs and subsequent waiting lists for these services, substantial demands will be placed on theatre- and intensive care nurse utilisation and medicine and medical disposable consumption. The cost of medicines in general and the increased utilisation of expensive drugs will contribute further to increase costs of service delivery.
- An extensive outreach programme, supported by a hub-and-spoke telemedicine system needs to be in place between the tertiary- and regional- and district hospitals in order to ensure fully functional district- and regional hospitals and the effective decentralisation of some tertiary services at regional hospital level.
- The facilities revitalisation business case for UAH (main site and Annex) which reflects the facility, equipment and resources needs for 2007-2016, needs to be approved in order for the planning phases to start.
- The PPP with Community Health Management/Netcare needs to be managed optimally.
- Intergovernmental and intersectoral collaboration.
- Transformation and Equity.
- Rationalisation of services and structures.

MEASURES PLANNED TO OVERCOME THEM

The implementation of the Modernisation of Tertiary Services Master Plan is expected to address the above needs by making essential funding available for facility and equipment upgrades and proper maintenance, the extension of the staff establishment to relieve critical staff shortages and additional recurrent budget to enable the staff to address the long waiting lists in some areas.

Table NHSPriority 3: Quality of care

Improved quality of care in the restructured service platform is essential to the delivery of the required outcomes and the Provincial DoH's vision and mission.

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Hospital improvement plans	Clinical audits	Clinical risk management policy approved.	Post of Chief Medical Officer has been created to effect the implementation of Clinical Audit.	Appoint Chief Medical Officer in Standard Compliance Unit for Clinical Audits.
	Complaints mechanisms	Mechanism in place to manage complaints.	Mechanism in place to manage complaints.	Need to develop or strengthen complaints mechanisms in line with best practice guidelines.
	Infection control		The AHC has an Infection Control Advisory Committee to support Institutional Infection Control Committees.	Strengthen infection control structures in line with best practice guidelines.
	Telemedicine	The AHC hosted two workshops on telemedicine.	A telemedicine policy and roll-out plan was developed.	Plan will be implemented as from 2008/9.

Specification of measurable objectives and performance indicators
Table CHS3: Provincial objectives and performance indicators

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

GOAL 1: COMPASSIONATE AND QUALITY SERVICES

Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement the Service Transformation Plan (STP) for the Free State.	Implement Service Transformation Plan according to specific indicators in line with funding.	Appropriate configuration of services.			UAH beds to increase from 634 to 664.	Planning concluded for Revitalisation of UAH.	Planning concluded for Revitalisation of UAH.	Construction on revitalisation of UAH commences.
Implement the Modernisation of Tertiary Services (MTS) for the Free State.	Implement MTS in line with indicators as contained in plan.	Appropriate staffing levels and equipment.			3% of additional post on revised staff establishment filled.	10% of additional post on revised staff establishment filled Oncology equipment procured for R54 million Diagnostic Radiology equipment for R100 million procured.	15% of additional post on revised staff establishment filled Oncology equipment procured for R40 million Diagnostic Radiology equipment for R100 million procured ICU and Theatre equipment for R50 million procured.	20% of additional post on revised staff establishment filled Diagnostic Radiology equipment for R100 million procured ICU and Theatre equipment for R50 million procured.

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS									
GOAL 1: COMPASSIONATE AND QUALITY SERVICES									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Establish the therapeutic need for tertiary services.	A baseline study in place.	Baseline study completed.			Baseline study completed.				
	The gap in tertiary service rendering established and costed per discipline.				Gap quantified.	Gap costed.			
	% achievement of efficiency targets by established clinical and clinical-support cost centres.	Consistent monitoring of quality of services.			Develop flow diagrams for all processes at UAH.	Effect a 10% saving on resource utilisation due to streamlining of processes.	Monitor and Control.	Monitor and Control.	
	Number of departments/disciplines participating in the outreach programme(s) as a % of the total.	Regional hospitals supported through outreach programme.			10 (25%)	12(33%)	16 (48%)	24 (66%)	
	Number and type of disciplines covered per regional hospital from the tertiary services complex.	Improved quality of care at Regional hospitals.			Bongani: 8, Dihlabeng: 5 MMM: 4, Boitumelo: 4	Bongani : 10, Dihlabeng: 8, MMM: 7, Boitumelo: 7	Bongani: 12, Dihlabeng :10, MMM: 9 Boitumelo : 9	Bongani: 16 Dihlabeng: 12, MMM :11, Boitumelo: 11	
	Number of patients, training sessions, procedures done by outreach programme per discipline.	Improved quality of care at Regional hospitals.			11 000 patients seen at outreach facilities.	13 000 patients seen at outreach facilities 3 training sessions.	16 000 patients seen at outreach facilities 3 training sessions.	21 000 patients seen at outreach facilities 6 training sessions.	
	Number of patients per institution effectively serviced through telemedicine hub and spoke service.	Effective support for regional hospitals from Academic hospital.			1 300 teleradiology	3 000 teleradiology 5 000 other telemedicine.	5 000 teleradiology 10 000 other telemedicine.	8 000 teleradiology 15 000 other telemedicine.	

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS									
GOAL 1: COMPASSIONATE AND QUALITY SERVICES (continue)									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Rendering quality patient care by implementing clinical governance	Progress on COHSASA Accreditation.	Effective implementation of quality management systems.			Accreditation confirmed for next three years. 29(80%)	Accreditation maintained.	Accreditation maintained.	Accreditation maintained.	
	% of departments having Mortality and Morbidity meetings.	Consistent quality of care per clinical discipline.			29(80%)	33 (100%)	33 (100%)	33 (100%)	
	% of departments/ disciplines doing peer review.	Consistent quality of care per clinical discipline across the province.			100%	100%	100%	100%	
	Percentage of medical records reviewed.	Improved quality of care and compliance.			10% sample per month.	10% sample per month.	10% sample per month.	10% sample per month.	
	Serious Nosocomial Infection Rate	Effective prevention of nosocomial infections.			< 3%	< 3%	< 3%	< 3%	
	Infectious Diseases Unit established.	Effective management of infectious diseases.				Yes	Monthly meetings.	Monthly meetings.	
	% patient satisfaction rate according to national survey instrument.	Effective management of complaints.			97%	97%	97%	97%	

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS								
GOAL 2: REDUCE BURDEN OF DISEASE								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Reduce the burden of disease through level 3 services and expert outreach and support programmes to other levels of care.	The number of hip replacements, number of CAB procedures and number of Neonatal ICU bed days.	Improved quality of care.			As many as possible.	As many as possible.	As many as possible.	As many as possible.

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS								
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT								
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.				3.5%	3.5%	3.5%	3.5%
Develop and Implement Business case for revitalisation.	Facilities matches needs for tertiary services per discipline.	Improved quality of care through appropriate healthcare technology.			Business Case developed.	Planning commences.	Planning completed.	Construction started and 20% completed.
Provision of essential equipment to Department.	Essential equipment packages available by discipline per level of care.	Improved quality of care through appropriate healthcare technology.			70%	80%	90%	95%
	Equipment asset register implemented.	Effective asset management.			Implemented	Implemented	Implemented	Implemented

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS									
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Implementation of Equipment Maintenance Plan.	Appropriate clinical engineering support at facility level.	Improved quality of care through appropriate healthcare technology.			Yes	Yes	Yes	Yes	
Implementation of hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.	Maintenance budget managed effectively.			3,5	3,5	3,5	3,5	

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

GOAL 4: APPROPRIATE AND SKILLED PERSONNEL

Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Recruiting/attracting/retaining appropriate expertise and building capacity through staff-development, and creating opportunities in a conducive environment for personal and professional growth.	Staff establishment in line with MTS and STP.	Appropriate staffing levels.		Staff establishment approved				
	Filling posts in phased manner to implement new staff establishment over next 10 years.	Appropriate staffing levels.			3% of additional staff establishment implemented	10% of additional staff establishment implemented	15% of additional staff establishment implemented	20% of additional staff establishment implemented
	Skills audit matches job requirements.				Yes	Yes	Yes	Yes
The dedicated performance of an adequate, motivated and well trained work force.	Motivation and EAP programmes.	Motivated and well trained work force			EAP Programme in place	EAP Programme in place	EAP Programme in place	EAP Programme in place
	Accreditation by Statutory Bodies for training of Health Professionals.				Accredited	Accredited	Accredited	Accredited
	Endorsement of Academic Health Complex by Faculty of Health Sciences: University of the Free State.				Yes	Yes	Yes	Yes
Provision of facilities for training, education and research at Academic Health Services Complex.	Sufficient training and research opportunities at AHC.				Yes	Yes	Yes	Yes

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS									
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS									
Measurable Objective	Indicator (Performance Measure)	Output	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	
Public Private Partnership with CHM/Netcare.	% achievement of PPP agreement targets.	Effective governance			100%				
	Number of additional services added to shared services in PPP.					2	2	0	
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE									
Well functioning management and governance structures.	Boards functioning according to NHA and PHA and King II Report.				Yes	Yes	Yes	Yes	

Table CHS4: Performance indicators for each Central hospital

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	National target 2007/08
Input										
1. Caesarean section rate - UAH	%	63	59.8	60.8	71.7	70	70	70	70	32
2. Separations - UAH	No	20,827	24196	26193	28623	28930	41116	43647	46334	
3. Patient Day Equivalents UAH	No	174,405	190763	189445	222080	226836	335373	355676	377207	
4. OPD Total Headcounts UAH	No	123,343	116729	133349	169497	175692	230003	263615	302139	
Quality										
5. Patient satisfaction survey using DoH template	Y/N	No	No	No	No	Yes	Yes	Yes	Yes	Yes
6. Mortality and morbidity meetings at least once a month	Y/N	No data	No data	No data	No data	Yes	Yes	Yes	Yes	Yes
7. Clinical audit (M&M) meetings at least once a month	Y/N	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Efficiency										
8. Average length of stay	Days	6.4	5.6	5.8	5.8	6.8	7	7	7	5.3
9. Bed utilisation rate (based on usable beds)	%	61	62.5	64.1	72.8	70	75	75	75	75
10. Expenditure per patient day equivalent	R	2,735	3,328	2,934	3153	2,766	2,932	3,108	3,294	1,877
Outcome										
11. Case fatality rate for surgery separations	%	23.21	1.9	1.4	0.9	2.5	2.5	2.5	2.5	3

Source: DHIS. Financial data is for the financial year to date (01 April 2007 – 31 January 2008). Statistical data is for the calendar year (01 January – 31 December 2007).

Past expenditure trends and reconciliation of MTEF projections with plan
Table CHS5: Trends in provincial public health expenditure for central hospitals (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹								
Total ²	444,581	462,621	543,235	599,443	651,419	768,473	873,677	985,192
	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	155.56	161.87	190.08	209.74	227.93	268.88	305.70	344.71
Total per uninsured person	182.58	189.99	233.09	246.18	269.52	315.59	358.80	404.60
Total capital ²	1,464	17,253	2,384	13,017	5,000	10,000	10,919	15,436
Constant (2004/05) prices³	4 823.70	4 820.51	5,432.35	5,712.69	5,921.40	6,576.77	7,336.21	8,159.50
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	1.69	1.69	1.90	2.00	2.07	2.33	2.65	2.99
Total per uninsured person	1.98	1.98	2.23	2.35	2.43	2.74	3.11	3.51
Total capital ²	1,464	17,253	2,384	13,017	5,000	10,000	10,919	15,436

Source: BAS System

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

ANNEX 10 – HEALTH SCIENCES AND TRAINING

SITUATION ANALYSIS

Human Resource Development

Training needs assessment and gap analysis, both in-service and pre-service

- All (100%) cost centres have submitted their training needs which were collated into a Master Workplace Skills Plan. These training needs include the strategic priorities, national Skills Development Plan, individual training needs and competencies required for a job holder.
- Various training programmes were implemented to address identified training needs.

Relevance, quality and capacity of training programmes, including numbers trained and attrition rates

- Personnel are nominated for courses in line with criteria, which includes the relevance of a course to the job of an individual.
- Evaluation tools have been developed and are being used by participants to assess the quality of training provided by the service provider.
- Personnel are being evaluated after courses, to determine whether they can do the work the training was meant to equip them for.

POLICIES, PRIORITIES AND STRATEGIC GOALS

Legislations, plans and policies

- Nursing Education Act of the Free State No. 34 of 1998
- South African Qualification Authority No. 58 of 1995
- Higher Education Act No. 101 of 1997
- Further Education Act No. 98 of 1998
- National Health Act No. 61 of 2003
- Nursing Act No. 33 of 2005
- Health Profession Act of 1994
- Skills Development Act No. 97 of 1998
- Skills Development Levy Act No. 9 of 1999
- Employment Equity Act No. 55 of 1998
- Labour Relations Act No. 66 of 1995
- Public Finance Management Act No. 1 of 1999
- Basic Conditions of Employment Act No. 75 of 1997
- Human Resource Plan
- National Skills Development Strategy
- Bursary Policy

Plans to address shortfall in the number of professionals being trained in order to meet future service requirements

- Expand the education system for nurses in the Free State Department of Health;
- Expand support services for Nursing Education Institutions;
- Revitalise and expand infrastructure for Nursing Education institutions;
- Align education and training programs to needs of Free State Department of Health, e.g. intake increased from average of 106 students to 250 every year since 2006;
- Plan to increase pass rate by 2% (currently 68%) every year until it reaches 80% by improving existing student academic support.

Plans to address any shortfall in the relevance, quality and capacity of training programmes

A community-based approach has been adopted for the development of new learning programmes. Student-centred learning as well as computer-based education and training initiatives are being developed.

Plans to address the training skills and competencies gap, both in-service and pre-service

Other transversal (including emergency medical care) as well as non-transversal training are also offered through iCAM. The Skills Development Unit is well established, and is expanding fast.

No of students in training: Nursing Education Institutions 1995 to 2007

Qualifications	1995-1999*	2000	2001	2002	2003	2004	2005	2006	2007
Diploma (4 years)	1160	545	465	384	360	388	450	593	692
Bridging Diploma (2 years)	180	120	130	95	86	104	80	102	104
Enrolled Nursing Certificate (2 years)	N/A	24	N/A	40	35	56	75	150	80
Enrolled Nursing Auxiliary Certificate (1 year)	N/A	27	32	33	30	40	30	60	100
Post Basic Diploma (1 year)	N/A	10	18	23	30	30	35	138	94
Total	1340	726	645	575	541	619	670	1043	1070

Training programmes for primary health care nurses and duration of re-orientation programmes for primary health care

- Primary Health Care nurses are being trained at the University of Free State. The duration of the program is one year and students are being funded.
- During the 2006 calendar year, 30 professional nurses have been registered for Primary Health Care of which 29 (96,7%) passed. The table below, reflects the intake per year as well as the final results for the previous years:

Primary Health Care Training 2004-2006

Year	Number of Students	Pass Rate	Failure Rate
2004	58	55 (94.8%)	3 (5.2%)
2005	27	26 (96.3%)	1 (3.7%)
2006	30	29 (96.7%)	1 (3.3%)

Pass and failure rate - all learning programs, FSSON, 2003 – 2006

Pass/failure rate	Year			
	2003	2004	2005	2006
Number Passed	383 (66%)	452 (72%)	446 (63%)	633 (77%)
Number Failed	197 (34%)	169 (28%)	274 (27%)	189 (23%)
Total	580	621	698	822

The gender and race equity profile of the FSSON does not address the population profile of the province.

Gender and race equity profile of student intake: all learning programs, FSSON, 2005 – 2007

Gender	Year		
	2005	2006	2007
Male	51 (19.4%)	80 (22.5%)	104 (31%)
Female	210 (80.6%)	276 (77.5%)	231 (69%)
Total	261	357	335

Race	Year		
	2005	2006	2007
African	240 (92%)	332 (93%)	315 (94%)
Coloured	12 (4.5%)	14 (4%)	11 (3.3%)
White	8 (3%)	11(3%)	9 (2.7%)
Indian	1 (0.5%)	0	0
Total	261	357	335

Training programmes for mid-level workers (e.g. in nursing, pharmacy, emergency medical services, dentistry, radiography, physiotherapy, occupational therapy)

- A total of 341 Mid-level Health Care Workers (81 Enrolled Nursing, 210 Auxiliary Nursing, 40 Basic Pharmacist Assistants, and 10 Post-Basic Pharmacist Assistants) were put on the 18.1 Learnership program for the 2006 calendar year.
- Several discussions on Training Programmes have taken place regarding Occupational Health, Physiotherapy, Emergency Care Practitioners and Clinical Associates.
- The Clinical Associate, a new category of mid-level health care worker will commence training in 2008 at the Medical School of the Faculty of Health Sciences of the Free State University. This program will be funded by National Health as from 2008 – 2010 and by the Free State Department of Health as from 2011. An extended Task Team of the School of Medicine, University of Free State and Free State Department of Health is preparing for the implementation of this qualification at the Free State University in 2008.
- In terms of Emergency Medical Care Workers, 10 Ambulance Emergency Assistants were trained of which 8 successfully completed the program, 5 Paramedics are on Advance Life Support Training and 144 Basic Ambulance Assistants received Basic Life Support and Refresher Training.

Status and profile of the education and training, numbers and funding of Midlevel Health Care Workers, FSDOH, 2004-2007

Mid-level Categories	Provider of Education	Funding	Student Intake			
			2004	2005	2006	2007
Enrolled Nurses	Hospital Nursing Schools, FSDoH	Voted Funds and HWSETA	40	30	75	70
Pharmacist Assistants	Private Provider	Voted Funds and HWSETA	-	70	10	45
Post Basic Pharmacist Assistants	Private Provider	Voted Funds and HWSETA	29	45	40	20
Physiotherapy Technicians	Higher Education	National Education	-	-	Learning Prog. developed	2
Rehabilitation Technicians	Higher Education	National Education	-	-		Learning Prog. developed
Dental Assistants	Higher Education	National Education	15	19	23	5
Emergency Care Practitioners (AA and CCA)	Private Providers	Voted Funds	-	87	41	12
Clinical Associates	Higher Education	National Education	-	-	Learning Prog. developed	

* NB: The total number of midlevel workers trained is 189, another 152 were put on the 18.2 learnerships and this has resulted in a total of 341 Mid-level Health Care Workers being trained for 2006).

Skills development and other training programmes (e.g. in management, integrated management of childhood illnesses, counselling, home based care, ABET, learnerships)

Various training programs have been implemented in 2006/07 to develop the skills of personnel. Reflected below, are the training programs that were provided in 2006/07 and the number of attendees.

Training provided to employees (Skills Development Unit) 2004 – 2006

Rehabilitation Technicians	Number of Attendees		
	Year		
	2004	2005	2006
Transversal Training	1691	330	3050
Comprehensive HIV and AIDS Care Management & Treatment Training	738	1251	1591
Continuous Professional Development Training (CPD)	564	401	946
Total	2993	1982	5587

- Management- and related training courses are being offered on a continuous basis through distance education satellite broadcasting (iCAM) as well as formal contact sessions.
- Other transversal- as well as non-transversal training courses are continuously being offered through the abovementioned media.
- 215 Volunteers were selected for Ancillary Health Care Training (NQF Level 1). 153 volunteers from 5 districts have undergone the Recognition of Prior Learning (RPL) process. Orientation on the program commenced and theory started in May 2007.
- Integrated Management of Childhood Illnesses has been integrated into the curricula for the basic- and post basic nursing and medical courses (computer based).
- A total of 392 employees have been registered for the ABET programme that will commence in November 2007.
- An Internship Program which was designed to develop the skills of unemployed graduates is being implemented. 12 Engineering Interns as well as 2 Internal Audit Interns commenced with the Internship Programme and are progressing well. An Internship Policy has been developed and is in process of consultation.
- For 2006, Health and Welfare SETA approved 250 (18.1) employed learnerships (75 auxiliary nursing, 75 enrolled nursing, 40 basic pharmacist assistants, 40 post-basic pharmacist assistants and 20 intensive care nursing).
- A total of 21 learnership learners commenced with the critical care nursing program in January 2007. 231 learners have completed their learnership program of which 196 have been absorbed in the establishment of the Department of Health.
- For 2007, Health and Welfare SETA approved 158 learnerships which will be implemented as from June 2007. Of these, 93 were employed learnerships (18.1) and 65 were unemployed learnerships (18.2). These learnerships programmes are being offered at various institutions in the Free State and are amongst others, Auxiliary Nursing (69 learners), Enrolled Nursing (69 learners) and Post-basic Pharmacy Assistant program (40 learners).

Free State School of Nursing

Other formal training programs are offered by FSSON. A total of 201 students completed training in 2006 i.e. 29 General Nurses (2 year diploma), 57 General Nurses (4 Year programme), 73 Midwifery, 8 Child Health Nurses, 11 Operating Room Nurses and 23 Critical Care Nurses. The average pass rate was 67%.

Bursaries

At present, the department is supporting 164 Medical Students, 12 Dental Students, 499 Nursing Students and 213 other students with full time bursaries (a total of 888 full time bursaries). For 2006, the department allocated 233 new full time bursaries and 108 new part time bursaries as reflected in the table below:

New full-time Bursaries	Allocation
Top 100	12
EMS	10
Student transfer from Education (MBCHB)	3
Special Ward Bursaries	
MBCHB	5
MSC Medical Micro-biological	1
BSC Medical Science	1
Clinical Technology	11
4-year Diploma in Nursing	190
Total	233

New part-time Bursaries	Allocation
Occupational Health	10
Psychiatric	26
Advanced Midwifery	18
Primary Health Care	46
Forensic Nursing	8
Total	108

For 2007, the department allocated 261 new full time bursaries and 94 new part time bursaries reflected in the table below:

New full-time Bursaries	Allocation
4-year Diploma in Nursing	192
Emergency Medical Services	16
MBChB	17
Occupational Therapy	1
Optometry	2
Physiotherapy	1
B Sc Biology	1
Dentistry	1
Biomedical Technology	1
B Soc Nursing (1 st and 2 nd year)	29
Total	261

New part-time Bursaries	Allocation
Master in Public Health	7
Occupational Health	10
Psychiatric	18
Advanced Midwifery	20
Primary Health Care	26
Forensic Nursing	9
Study by Instruction (MBA, MPA & PHD Degree on Data Warehousing, Business Intelligence & System Thinking)	3
Doctoral in Public Health	1
Total	94

Structured in-service education/continuing professional development programmes

- Structured in-service education is being presented by professional training officers in institutions.
- A total of 946 Health Care Professionals received Continuous Professional Development (CPD) training through satellite broadcasting and formal contact sessions for all categories of health care workers.

Curriculum innovation and development (e.g. competency based and health system based curricula, problem based learning, community based education)

- Community-based and student-centred approaches to education and training have been adopted and have either been implemented or are being developed in the offering of learning programmes.
- Computer-based education initiatives are also being developed. Competency-based assessment has commenced.
- The SA Nursing Council accredited the process for Recognition of Prior Learning (RPL). This has been implemented however, more candidates need to be recruited. For 2007, RPL test has been decentralised to Bethlehem and Welkom.

Personnel expenditure on which the development component of the HPT&D grant will be expended:

- Personnel
- All students at the Free State School of Nursing.
- Lecturers, Free State School of Nursing
- Registrars, University Free State (UFS) Medical School
- Teaching staff, UFS Medical School

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

The limited financial resources for bursaries and the expansion of the nursing education system in the FSDoH pose great challenges.

Measures Planned to Overcome

- Utilize the Health Professional Training and Development Grant for health-related bursaries.
- Budget from voted funds to be set aside for revitalization and expanding infrastructure of nursing education institutions.

Programme Management Capacity

- Lack of accredited facilities for experiential learning/limited training opportunities.
- Shortage of personnel with appropriate credentials.
- Poorly developed transport system.
- Lack of regional co-operation in further and higher education system.

Measures Planned to Overcome

- The department is in a process of ensuring that more facilities are accredited by SANC for experiential learning.
- Negotiations are taking place in terms of co-operation and collaboration with Further and Higher Education Institutions.
- A Memorandum of Agreement has been signed with certain Higher and Further Education Institutions.
- Critical posts are being filled.

Support systems which need strengthening include:

Statutory accreditation processes and outcomes, which could be influenced by:

- Shortage of professionals with appropriate credentials.
- Availability of specialised equipment in line with Health Professional Councils training requirements.
- In order to provide an educational conducive environment for students it is necessary to ensure that transport is available to take them to the places where they must work to gain relevant experience. Poorly developed transport infrastructure makes this task difficult.
- During their work in community situations their safety must be ensured.
- Strengthen student academic support system

Table HR4: Situational analysis and projected performance for health sciences and training

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	National target 2007/08
Input										
1. Intake of medical students	No	150	134	150	160	160	140	140	140	n/a
2. Intake of nurse students	No	156	140	170	355	360	370	390	390	n/a
3. Students with bursaries from the province	No	356	189	595	730	930	1030	1000	1000	n/a
Process										
4. Attrition rates in first year of medical school	%	1	0.9	3	7	7	6.5	4.2	<3	10
5. Attrition rates in first year of nursing school	%	1	0.7	1	1.2	1	1	1	1	10
Output										
6. Basic medical students graduating	No	88	172	106	110	115	13	16	12	n/a
7. Basic nurse students graduating	No	148	132	92	125	130	160	286	286	n/a
8. Medical registrars graduating	No	41	34	45	40	42	38	64	37	n/a
9. Advanced nurse students graduating	No	450	330	350	370	400	400	400	400	n/a
Indicator										
10. Average training cost per basic nursing graduate	R	41 000	45 000	48 000	50 000	50 000	55 000	55 000	55 000	n/a
11. Development component of HPT & D grant spent	%	-	100%	100%	100%	100%	100%	100%	100%	100

Source: Resource Management and Support Cluster

Specification of measurable objectives and performance indicators

BUDGET SUB PROGRAMME: HEALTH SCIENCES AND TRAINING										
GOAL 4: APPROPRIATE AND SKILLED PERSONNEL										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Implement a Workplace Skills Plan.	% increase in student intake for nursing and mid-level health care workers every year.	250 student intake 341 mid-level health care workers (81 enrolled nursing, 210 Auxiliary nursing, 40 Basic Pharmacist assistant, 10 Post Basic Pharmacy assistant)	98	122	243	219	250	250	250	250
	Number of bursaries awarded per district for full-time study for professions as categorized.	300 full time Bursaries Annually	160	132	234	228	260	300	300	300
	% of managers trained in various aspects of management.	350 (28.2%) managers trained in various aspects of management	0	338	30	350	300	350	350	350
	% of learners trained in ABET training (300 to be trained and 60 per district per year).	392 to start there training in November 2007	364	364	-	-	300	300	300	300
	Number of 18.1 learnerships implemented.	250 learnership implemented	0	96	130	53	-	50	50	50
	% of health professionals who attended CPD sessions.	946(11.8%) officials attend the sessions	0	564	401	946	1500	800	1300	1500
	% of employees who received transversal training.	3050(18.6%) employees to complete transversal training	0	1691	330	3050	3200	1500	1500	1500
	Number of volunteers trained as Community Health Care Workers (NQF Level 1,3 and4). (Extended Expanded Public Works Programme - EPWP).	215 NQF Level 1 236 NQF Level 3 NQF Level 4 not implemented yet due to non availability of service providers	0	-	46	-	215	282 (NQF level 1) 150 (NQF Level 3) 152 (NQF Level 3) 200 (NQF Level 4)	300 (NQF level 1) 150 (NQF Level 3) 219 (NQF Level 4)	300 (NQF level 1) 150 (NQF Level 3) 219 (NQF Level 4)
	Number of 18.2 learnerships (unemployed people) implemented.	235 learnership implemented	65	132	130	235	100	50	50	50

Past expenditure trends and reconciliation of MTEF projections with plan
Table HR5: Trends in provincial public health expenditure for HPT&R conditional grant (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹								
Total	79,199	90,949	95,873	98,150	111,964	122,541	142,267	153,801
	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	27.71	31.82	33.55	34.34	39.18	42.88	49.78	53.81
Total per uninsured person	32.53	37.35	39.37	40.31	45.98	50.32	58.43	63.16
Constant (2004/05) prices²	859.31	947.69	958.73	935.37	1,017.75	1,063.66	1,234.88	1,334.99
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.30	0.33	0.34	0.33	0.36	0.37	0.43	0.47
Total per uninsured person	0.35	0.39	0.39	0.38	0.42	0.44	0.51	0.55

Source: BAS System

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

ANNEX11: - HEALTH CARE SUPPORT SERVICES

Programme 7 has the following sub-programmes

- Laundries
- Orthotic and Prosthetic Services

Specific information to be included in the plans for health care support services

SITUATION ANALYSIS

Laundry Services

Linen is processed at the four (4) Laundries situated at Bloemfontein (2), Kroonstad (1) and Qwa Qwa (1). The users determine service levels and are required to purchase linen. Notwithstanding the critical shortage of linen items, services have been satisfactory over the past three years.

In an attempt to address linen shortages, fabric to the value of approximately R3 million was purchased by Linen Services. A project to combat the general shortage of linen in the province is currently being developed to combat this situation. Phase 1 of the Electronic Tracking of linen items, was successfully completed during 2005/06 and entails the installation of hardware and software for Bloemfontein and Kroonstad Laundries as well as 2 Hospitals in each region. Phase II has commenced but has been delayed by construction work at Elisabeth Ross Hospital Phase III is pending.

The vehicle fleet is being monitored via satellite tracking in an attempt to streamline the routes and to improve service delivery. The implementation of a quality assurance programme is nearing final evaluation for accreditation.

Participation in the Provincial Expanded Public Works Programme with regard to linen manufacturing has been initiated for the manufacture of hospital linen by FET colleges to stimulate economic growth skills development, youth involvement, and contribute to the alleviation of poverty. This project is underway and first deliveries of linen items are expected mid October 2007.

Medical Orthotic and Prosthetic Services

The O&P service is a unique medical rehabilitation service that involves a clinical assessment and evaluation leading to the custom designing, development and/ or fitting of an orthosis or prosthesis.

The service is currently provided in the following centres Bethlehem, Bloemfontein and Welkom in the respective districts as follows: Thabo Mofutsanyane, Motheo and Leveleputswa in the Free State. A new and modern facility for Bloemfontein Centre has just been completed at Pelonomi terrain, and occupation will take place in the last quarter of this financial year.

Three additional service points were established in rural areas (outreach services at: Xhariep, Thabo Mofutsanyana and Leveleputswa). Additional to the expansion of the service to the rural areas, was the inclusion of Botshabelo Hospital and the newest inclusion is the service at Parys Hospital which started in September 2007. Hoopstad services were discontinued due to the low numbers of attending patients and the critical low levels of staff in the Welkom centre. The construction of the new Orthotic and Prosthetic facility for Thabo Mofutsanyana, has been submitted to Infra Structure Unit at Dhlabeng Regional Hospital. During August 2007, the project was suspended due to financial constraints. Future plans are to expand services to include the remaining two districts of the province namely Xhariep and Fezile Dabi.

POLICIES, PRIORITIES AND STRATEGIC GOALS

Laundry Services

The goal of Laundry Services is to optimise and manage linen (an asset in excess of R17 million) within the province. Control and management is addressed via the direct off-site management of linen items on behalf of the user, by the Laundry Services. The control of these items is achieved by the electronic tracking mentioned earlier. A target of a 100% delivery of required items is pursued.

Orthotic and Prosthetic Service

The draft policy of Orthotic and Prosthetic Services for ensuring adequate service provision, improvement of quality service, availability of appropriate personnel and resources, was developed and will be implemented as an interim policy, once approved. A proposal of partnerships with the Private Sector has been received and is being considered by the Department.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Laundry Services

There is a critical shortage of funding for capital replacement of production equipment. Alternative methods of revenue are being exercised. Retention of this revenue is not permitted so the benefit is negated.

A serious lack in training for laundry-specific skills including management skills is hampering the cost-efficiency of service delivery. In-house training is being used but is inadequate for higher level employees. A nationally accredited training programme is required (and being investigated) to successfully address this gap.

The acquisition of high quality linen remains a challenge. Alternative sources and methods of linen item manufacture will be pursued.

Orthotic and Prosthetic Service

Finance and Financial Management:

Support from Phekalong provisioning section was secured. The staff establishment is still under revision whereafter the challenges experience with finances and financial management, will be addressed. Staff from Welkom and Bloemfontein centre is being utilised as an interim measure, to address this matter.

Human Resources:

The new staff establishment (micro structure) for O&P Services has been approved from the beginning of the 2007/08 financial year. All the necessary functional expertise has been included in the plan.

The critical shortage of Medical Orthotists and Prosthetists still poses a threatening challenge for closure of certain centres. The O&P profession does not have the Community Service as yet. The Job Evaluations are still outstanding for O&P Learnerships, O&P Assistants and Technicians' posts. Shortages of some categories in the support staff also remain a problem for the efficiency of the services.

Measures planned to overcome:

The granting of necessary funding for all the newly approved posts will be of great benefit. To be provided with special relief from the current "Financial Stringency Measures" to fill the critical posts of the O & P functions.

Plans are already in place to integrate new functionaries into the services. Learnership posts have now been included in the new micro structure a list of functional and planned staff establishment that include all the functional departments such as Human Resource, Supply Chain Management, Administrative and the Learnership is available.

Support Systems:

The O & P Centre which is housed in an old Nurses' home building in BHM, remains challenge due to the inappropriateness of the facility for rendering an Orthotic and Prosthetic service. The structure does not allow necessary expansion to accommodate the increasing staff and equipment resources.

The following support systems are urgently required in the services of O & P throughout the Province:

- Adequate Provisioning facility
- Human Resource section (personnel officers)
- Administrative department
- Occupational Health & Safety
- Additional dedicated transport systems

The O&P structural or building plans should be incorporated into the current programmes of revitalization in the province. If possible and affordable the anticipated centres in Fezile Dabi and Xhariep Districts can be considered now.

Specification of measurable objectives and performance indicators

Table SUP1: Provincial objectives and performance indicators for support services

BUDGET SUB PROGRAMME: LAUNDRIES										
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Develop and implement a comprehensive Linen Management Plan.	% Availability of linen	Adequate levels of linen provided	60% of all linen processed/returned and measured both by requisition forms and electronically	80% of all linen processed/returned and measured both by requisition forms and electronically	100% of all Linen processed/returned and measured both by requisition forms and electronically	100% of all linen processed/returned and measured both by requisition forms and electronically	100% of all linen processed/returned and measured both by requisition forms and electronically	100% of all linen processed/returned and measured both by requisition forms and electronically	100% of all linen processed/returned and measured both by requisition forms and electronically	100% of all linen processed/returned and measured both by requisition forms and electronically
BUDGET SUB PROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES										
Improve Accessibility to Orthotic and Prosthetic Services	Number of users per year	Accessibility to Orthotic and Prosthetic Services improved	9291 patients attended	11579 patients attended	13190 patients attended	9711 patients attended	An additional 144 patients per year to attend to a total of 9855	An additional 145 patients per year to attend to a total of 10 000	An additional 100 patient per year to attend to a total of 10100	An additional 100 patient per year to attend to a total of 10200
	Number of Medical Orthotic and prosthetic outreach programs increased		No data	No data	No data	2 Medical Orthotic and prosthetic outreach programs	2 Medical Orthotic and prosthetic outreach programs	3 Medical Orthotic and prosthetic outreach programs increased	3 Medical Orthotic and prosthetic outreach programs increased	3 Medical Orthotic and prosthetic outreach programs increased

Past expenditure trends and reconciliation of MTEF projections with plan
Table SUP2: Trends in provincial public health expenditure for support services (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices¹								
Total	36,255	46,584	24,544	37,968	36,602	40,909	51,311	54,838
	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	12.69	16.30	8.59	13.28	12.81	14.31	17.95	19.19
Total per uninsured person	14.89	19.13	10.08	15.59	15.03	16.80	21.07	22.52
Constant (2004/05) prices²	393.37	485.41	245.44	361.84	332.71	355.09	445.38	475.99
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.14	0.17	0.09	0.13	0.12	0.12	0.16	0.17
Total per uninsured person	0.16	0.20	0.10	0.15	0.14	0.15	0.18	0.20

Source: BAS System

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

ANNEX 12 – HEALTH FACILITIES MANAGEMENT

Programme 8 has the following sub-programmes

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

SITUATION ANALYSIS

Appraisal of the existing service platform (quality, efficiency, sustainability, access) and performance (such as time and cost over runs) on improvements

Alignment of infrastructure with Spatial Framework is underway.

- CSIR has been appointed by DPWR&T to update the condition of all buildings in terms of quality for delivery of services.
- Most projects are behind schedule due to lack of monitoring by DPWR&T and municipalities that are appointed as delivery agents for clinics.
- Funds (R18 million) have been allocated for maintenance of all facilities to address major backlogs such as new electric cabling, upgrading of lifts, sewerage reticulation, replacement and refurbishment of boilers, gas piping system upgrade and general building refurbishment.
- Infrastructure projects: Elizabeth Ross, Thebe, Tokollo, Thusanong, Diamant and Katileho hospitals including EMS facilities, laundries and medical depot are underway.
- Revitalisation projects: Boitumelo and Pelonomi hospitals are underway to improve access and extend services.
- Clinic upgrading and building is continuing with four new clinics in Lejweleputswa and extension of others will be extended for additional pharmacy space requirement in terms of applicable legislation.
- IT infrastructure accompanies all buildings to ensure communication and health technologies are operational.

Description of current public private partnerships.

- Co-location PPP at two sites (Pelonomi and Universitas) with total number of 195 beds.
- The project is fully implemented and number of patients is increasing steadily.
- Currently the department with provincial treasury are strengthening management of the project.

Table HFM1: Historic and planned capital expenditure by type²

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Major capital ³	104 662	94 190	163 481	145 720	141 329	312,921	365,592	462,508
Minor capital ⁴								
Compensation of Employees						2,676	2,891	3,109
Maintenance			2 311	8 329	37 581	17,337	18,862	20484
Equipment	47		5 161	3 338		634	696	2,140
Equip maintenance								
Software and Other						3,000	3,267	3,463
Intangible Assets								
Total capital ¹	104 709	94 190	170 953	157,387	178 910	336,568	391,308	491,704

Source: BAS System

Table HFM2: Summary of sources of funding for capital expenditure

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Infrastructure grant	28 390	24 011	48 063	125 741	86 491	99 816	109 627	116 204
Equitable share	20 818	22 975	30 857		-	-	-	
Revitalisation grant ¹	50 356	47 204	92 157	63 810	90 419	141 979	159 987	159 987
Donor funding	-	-	-	-	-	-	-	
Other	5 145	-	-	-	-	-	-	
Total capital	104 709	94 190	171 077	189 551	176 910	241 795	269 614	276 191

Source: BAS System

Table HFM3: Historic and planned major project completions by type

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
New hospitals	0	0	0	0	0	0	0	2
New clinics / CHC's	1	5	2	2	4	4	2	3
Upgraded hospitals	2	0	0	1	3	2	1	2
Upgraded clinics / CHC's	0	0	0	0	1	4	4	4

Table HFM4: Total projected long term capital demand for health facilities management (R '000)²

Programme	Province wide total	Planning horizon (years)	Province total annualised ⁴	Annualised Motheo	Xhariep	Thabo Mofutsanyana	Lejwele-putswa	Fezile Dabi
Programme ¹								
MECs office and Administration ¹								
Programme 2								
Clinics and CHC's	27	3	2005/06 31 947	7	5	3	3	9
			2006/07 41 000					
			2007/08 41 000					
Mortuaries								
District hospitals	11	3	2005/06 31 426 547	3	3	1	2	2
			2006/07 57 595 517					
			2007/08 14 599 000					
Programme 3								
EMS infrastructure ¹								
Programme 4								
Regional Hospitals	4	3	2005/06 67 582 000	1		1	2	
			2006/07 113 598 793					
			2007/08 99 029 023					
Psychiatric hospitals ¹								
TB hospitals ¹								
Other specialised hospitals ¹								
Programme 5								
Provincial tertiary and national tertiary hospitals ¹	1	3	2005/06 313 259					
Other programmes^{1,3}								
Such as nursing, EMS etc colleges	22 668 460	3						
Total all programmes	R411 211 for the next 3 years							

Source: Infrastructure Management Directorate

Table HFM5: Situation analysis indicators for health facilities management

Indicator	Type	Province wide value 2007	Xhariep 2007	Motho 2007	Lejwele- putswa 2007	Thabo Mofutsanyana 2007	Fezile Dabi 2007	National target 2006/07
Input								
1. Equitable share capital programme as % of total health expenditure	%		-	-	-			1.5
2. Hospitals funded on revitalisation programme	%	2	0	1	0	0	1	17
3. Expenditure on facility maintenance as % of total health expenditure	%	-	-	-	-	-	-	2.5
4. Expenditure on equipment maintenance as % of total health expenditure	%		-	-	-			2
Process								
5. Hospitals with up to date asset register	%							100
6. Health districts with up to date PHC asset register (excl hospitals)	No							All
Quality								
7. Fixed PHC facilities with access to piped water	%	100	100	100	100	100	100	100
8. Fixed PHC facilities with access to mains electricity	%	100	100	100	100	100	100	100
9. Fixed PHC facilities with access to fixed line telephone	%	100	100	100	100	100	100	100
10. Average backlog of service platform in fixed PHC facilities	R							30
11. Average backlog of service platform in district hospitals	R		-	-	-			30
12. Average backlog of service platform in regional hospitals	R							30
13. Average backlog of service platform in specialised hospitals	R							30
14. Average backlog of service platform in tertiary and central hospitals	R							30
15. Average backlog of service platform in provincially aided hospitals	R							30
Efficiency								
16. Projects completed on time	%	1	0	0	1	0	0	-
17. Project budget over run	%	0	0	0	0	0	0	-
Outcome								
18. Level 1 beds per 1000 uninsured population	No							100
19. Level 2 beds per 1000 uninsured population	No							65
20. Population within 5km of fixed PHC facility	%		-	-	-			85

Source: Infrastructure Management Directorate

POLICIES, PRIORITIES AND STRATEGIC GOALS

Key strategies to reduce maintenance backlog.

- Main strategy currently is to reduce the number of new construction site and to concentrate more on maintenance and equipment backlogs.
- Provision has been made from the head office for maintenance at facility level and the department aims to employ maintenance district managers. The funding will be escalated annually in order to address maintenance issues in the entire province.

Implementation of the required changes to the service platform linked to programme activity in health facilities.

- The department aims to strengthen the primary health care facilities in order to manage patients at lower levels of care.
- Most of the hospitals will be placed on the hospital revitalisation programme to release funding for the lower levels from other sources.

Compliance with statutory obligations (for example mortuaries, pharmacies etc.)

- The department allocates money annually for making sure that the existing facilities are refurbished and altered to meet the required standards and compliance requirements.

Plans for the development of public private partnerships

- The department will be constructing two new hospitals at Ladybrand and Trompsburg and possibility of a partnership with private provider is being investigated for management of these facilities.
- As maintenance of equipment is concerned, maintenance plans in line with COHSASA will be drawn up for the department and will be handed to the institutions. Presently all maintenance funding for equipment is handled at institutional level. This is not always the best practice.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management (including procurement processes and decisions e.g. DPWRT, SMMEs and Tender board)

- The department of health is looking at using other implementing agents in order to manage projects better and to avoid major cost over-runs. Some of the minor projects will be handled internally.
- Consultative meetings are held regularly to resolved planning and project management issues between the department of health and the department of public works.

Human resources

- Free State department of health is recruiting young professionals to join the department and the department plans to absorb all the bursary holders into department upon their completion.

Support systems (including information)

- The department is aiming to reduce reliance on paper and to concentrate more on electronic information storage and transmission. This will help reduce the time of transmission and would result in better information storage and management.

Policy and political considerations (such as site selection)

- Policy decisions is to ensure that services are taken to where the people are and to reduce duplication of service, rather to ensure that public has access to the various levels of care and that transport is supplied where there is a need.
- With the maintenance budget for equipment at institutional level, the amount needed per institution is not always enough. This funding is also not spent correctly and sometimes this funding is absorbed in medicine etc.
- The need for appropriately skilled staff is not easy to address and once trained there is no staff retention strategies for technicians.
- The lack of a suitable central workshop facility remains a stumbling block that must be overcome in the very near future to ensure that the department can help more institutions with maintenance.

Table NHSPriority 5: Physical infrastructure

Activity	Indicators	Targets 2006/07	Targets 2007/08	Targets 2008/09
Hospital revitalisation	Funded hospitals in plan	2 Hospitals continuing with the programme and 3 new hospitals added to the programme on planning	4 hospitals continuing and 1 hospital on planning	5 Hospitals continuing and 2 on planning
	Approved business cases, including MTS hospitals	5 Business Cases approved		Develop and Complete 2 Business Cases
	Maintenance increased	Worst 19% of non revitalisation hospitals receiving essential upgrades	Worst 19% of non revitalisation hospitals receiving essential upgrades	Worst 13% of non revitalisation hospitals receiving essential upgrades
			Maintenance expenditure increased to 1%	Maintenance expenditure increased to 2%.
Primary Health Care	Designated staff accommodated	The Audit and accommodation needs Business Plan prepared	Finalising of the Business Plan and providing accommodation to 80% of designated staff	100% provision of accommodation to designated staff
	Facilities audited	Audit condition of health facilities completed	Worst 19% of facilities receiving essential upgrades	Worst 13% of facilities receiving essential upgrades
	CHC's development	STP not finalised	STP not finalised	STP not finalised

Specification of measurable objectives and performance indicators
Table HFM6: Additional Provincial objectives and performance indicators for health facilities management

GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT										
BUDGET SUB PROGRAMME: HEALTH FACILITIES MANAGEMENT										
Measurable Objective	Indicator (Performance Measure)	Output	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Develop and implement infrastructure Plan	Number of hospitals on the Revitalisation Programme.	7 Completed Hospitals	2	2	4	4	5	7		
	Number of clinics based on the CUBP.	23 New Clinics and Upgraded	1	5	2	2	5	8	6	7
	Number of facilities based on the Maintenance Plan.	234					28	32	36	42
	Number of facilities upgraded and refurbished.	13	0	0	0	0	1	4	4	4

Table HFM7: Performance indicators for health facilities management

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	National target 2007/08
Input										
1. Equitable share capital programme as % of total health expenditure	%	1.37	10.9	0.96	-	-				2.5
2. Hospitals funded on revitalisation programme	%	2	2	4	4	5	7			25
3. Expenditure on facility maintenance as % of total health expenditure	%	0.39	0.36	0.32		1	2	2.5	3	4
4. Expenditure on equipment maintenance as % of total health expenditure	%	-	-	-	-					4
Process										
5. Hospitals with up to date asset register	%	No data	No data	90	90					100
6. Health districts with up to date PHC asset register (excl hospitals)	No	No data	No data	48	53					All
Quality										
7. Fixed PHC facilities with access to piped water	%	100	100	100	100					100
8. Fixed PHC facilities with access to mains electricity	%	100	100	100	100					100
9. Fixed PHC facilities with access to fixed line telephone	%	98	98	98	98					100
10. Average backlog of service platform in fixed PHC facilities	R	21 634	20 000	12 483	5 000	0				15
11. Average backlog of service platform in district hospitals	R	34 500	39 000	47 300	53 300	68 400				15
12. Average backlog of service platform in regional hospitals	R	416 648	42 466	57 266	31 549	22 929				15
13. Average backlog of service platform in specialised hospitals	R	n/a	n/a	n/a	n/a	n/a				15
14. Average backlog of service platform in tertiary and central hospitals	R	2 500	-	-	-	-				15
15. Average backlog of service platform in provincially aided hospitals	R	n/a	n/a	n/a	n/a	n/a				15
Efficiency										
16. Projects completed on time	%	No data	No data	0	-	-				
17. Project budget over run	%	No data	No data	100	-	-				
Outcome										
18. Level 1 beds per 1000 uninsured population	No	No data	No data	0.64	-	-				90
19. Level 2 beds per 1000 uninsured population	No	No data	No data	0.78	-	-				60
20. Population within 5km of fixed PHC facility	%	No data	No data	81 595	-	-				95

Source: Infrastructure Management Directorate

Table HFM8: Trends in provincial public health expenditure for health facilities management (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices²								
Total	104,709	94,190	170,953	157,387	178,910	336,568	391,308	491,704
Total per person	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per uninsured person	36.64	32.96	59.82	55.07	62.60	117.76	136.92	172.04
Total per uninsured person	43.00	38.68	70.21	64.64	73.47	138.22	160.70	201.93
Constant (2004/05) prices³	1,136.09	981.46	1,709.53	1,499.90	1,626.29	2,921.41	3,396.55	4,267.99
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.40	0.34	0.60	0.52	0.57	1.02	1.19	1.49
Total per uninsured person	0.47	0.40	0.70	0.62	0.67	1.20	1.39	1.75

Source: BAS System

FREE STATE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN 2008/2009 TO 2010/2011

PART C

ANNUAL PERFORMANCE PLAN OF YEAR-ONE Annex 13

PROGRAMME 1: ADMINISTRATION

STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE				
Sub-programme 1.1 Office of the MEC	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Measurable Objective Implementation of the political strategic direction of the Free State Department of Health.	Report on the alignment of the corporate plans within the mandate of the department.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.	Sub Programme: Office of the MEC R4,264
STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE				
Sub-programme 1.2 Management	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Ensure compliance with the Public Finance Management Act.	Statements/ reports/ certificates submitted in line with prescripts.	Compliance certificate submitted monthly within 10 days after month closure.	Compliance certificate submitted monthly within 10 days after month closure.	Sub Programme: Management R191,613
		Revenue Report was submitted by the 15 th of each month.	Revenue Report was submitted by the 15 th of each month.	
		In Year Monitoring Report submitted to Treasury on the 15 th of each month.	In Year Monitoring Report submitted to Treasury on the 15 th of each month.	
		Budget Statement No 2 submitted by 24 November.	Budget Statement No 2 submitted by the end of November.	
		Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	Monthly cash requisition submitted to Provincial Treasury on 25 th of each month.	
		Compliance to PROPAC Resolutions monthly report submitted as determined by the Premier.	Compliance to PROPAC Resolutions monthly report submitted as determined by the Office of the Premier.	
		Monthly reconciliation of Fund Requisitions.	Compile and submit fund requisition to Provincial Treasury daily before 10h00.	

STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE				
Sub-programme 1.2 Management (continued)	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate
Implement effective supply chain management (SCM).	Implement an integrated strategic planning and reporting framework in line with PFMA and prescripts.	A functional departmental SCM forum.		SCM forums functional i.to legislation.
		%departmental procurement in line with the BEE regulations.	41 officials trained in BEE waiting codes to be finalised.	70% of procurement spent in line with treasury guideline.
		Number of SCM personnel trained on introductory course.	60% of SCM staff in 31 institutions trained.	70% of SCM staff in 31 institutions trained.
Implementation of an integrated Security Plan	Implementation of an integrated Security Plan	Compliance with national and provincial strategic planning and reporting prescripts.	Compliant.	Compliance.
		% reduction of crime incidents at FSDoH institutions.	Development of Security Policy for Department.	Implementation of Security Policy at all institutions of Department.
		% of institutions with security measures.	Implementation of security personnel, (in house and contracts) with inclusion of institutions from the municipality.	Implementation of security personnel (in house and contracts) and two way radios communication for Motheo District.
Optimal management of information.	Optimal management of information.	Integration of information management.		Guard houses for Elizabeth Ross and Katleho Hospitals.
				Purchasing of the Security Uniform.
				Appointment of the Provincial info and District committee
		% data integrated in Data Warehouse and usable as information for managers.	Expand Human Resource system ARV roll out info system Piloted incorporated	Incorporate stand alone information systems in to a single logical structure.
				Expand ARV Information System
				Expand TB Information System
		% of facilities fully functional on DHIS and Hospital Info System.	DHIS – being used by facilities as from 2000.	Expand Notifiable Diseases Information System
				Expand Death Notification Information System
				Implement version 1.4 when funds are available.

(as indicated above)

STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE				
Sub-programme 1.2 Management (continued)	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Measurable Objective	Establish a functional Monitoring and Evaluation Unit.		Business Intelligence Committee established.	
Optimal management of information (continued).	% of institutions implementing institutional marketing plans.		3 Districts are implementing marketing plans.	
Implement the Department of Health Services Marketing Strategy.	Priorities implemented as per Plan.	Use Integrated Health Planning Framework to inform development of final Service Transformation Plan.	Service Transformation Plan for 10 years commencing 2008 complied and submitted.	
Implement the Free State Department of Health.	% of pharmacy facilities in full compliance of the registration requirements with SAPC.	100% (41) hospital and CHC pharmacy facilities licensed and recorded: 20% (8) facilities fully compliant.	40% (18) of hospital and CHC pharmacy facilities fully compliant.	
Ensure the upgrading of the pharmacy facilities to enhance service delivery.		96% (49 of 51 completing bursary holders were employed).	50% (all 10) completing bursary holders employed.	
Implement a comprehensive Human Resource (HR) plan for the department.	% of Bursary Holders and Community Service Health Professionals retained.	100% community service health professionals have being placed.	100 % community service health professionals be placed.	(as indicated above)
	% of institutions/offices with fully functional Occupational Health- and Employee Wellness programme.	62% of institutions and offices with fully functional occupational health- and employee wellness programme.	68% of institutions and offices with fully functional occupational health- and employee wellness programme.	
	% of institutions that have complied with the Employment Equity targets.	Committees in institutions actively functioning and individual cases handled by the programme.	Employees and management are aware of the services rendered by the programme.	
		7 out of 60 (11.6%) institutions of Health have employment Equity plans developed.	20 out of 60 (33.33%) institutions of Health have employment Equity plans developed.	
Improve measures to reduce absenteeism	Number of personnel trained on leave record at institutions.	1377 personnel trained on leave record at all institutions.	1400 personnel trained on leave record at all institutions.	
Develop and implement a People/ Diversity Management Strategy for department.	People/ Diversity Management Strategy for department developed and approved.	Not in plan.	People / diversity Management Strategy for FSDoH in first draft format and needs to be finalised and discussed with stakeholders.	

PROGRAMME 2: DISTRICT HEALTH SERVICES

STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES					
Sub-programme 2.1 District Management	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)	
Implement the provincial health promotion strategy.	Number of health promotion structures functioning at appropriate levels.	1 Provincial forum Nil district health forums	1 provincial forum 3 district health promotion forums	Sub Programme: District Management R62.309	
	Number of community projects implemented.	10 community based projects.	16 community based projects.		
	Number of settings-approach projects implemented.	Health Promoting Schools- 59 Workplaces-7 Hospitals-3 Village-1	Health Promoting Schools -68 Workplaces-8 Hospitals-3 Villages-3		
	Number of districts implementing the 5 priority health promotion campaigns (nutrition, substance abuse, tobacco and physical activity).	5 Districts implementing the 5 priority campaigns.	5 Districts implementing the 5 priority campaigns.		
Enhance the promotion of healthy lifestyles and encourage changes from risky behaviour, especially among the youth.	Number of districts implementing context-specific plans for the promotion of a healthy lifestyle.	5 districts implementing specific plans for healthy lifestyles.	5 districts implementing specific plans for healthy lifestyles.	districts implementing specific strategies for healthy lifestyles.	
	Number of (provincially agreed upon) strategies implemented in each district, which are aimed at reducing chronic diseases of lifestyle; Build healthy public policies 2.Create supportive environments 3.Develop personal skills 4.Reorient health services 5.Strengthen community participation 6. Awareness campaigns	5 districts implementing specific strategies for healthy lifestyles.			
	Number of institutions implementing institutional marketing plans.	3 institutions implementing district marketing plans.	7 Institutions implementing district marketing plans.		
Implement the Free State Department of Health Services Marketing Strategy.					

STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES					
Sub-programme 2.1 District Management	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
	Implement the Provincial Quality Assurance strategy.	% compliance with Quality Assurance standards	I Hospital received focus. Clinic Supervisory Manual Foreword to be finalised.	5 hospitals awaiting accreditation results. Clinic supervisory manual to be finalized.	(as indicated above)
	Monitor the implementation of Batho Pele and Patient Charter.	% implementation of approved service standards.	10 Institutions implementing approved service standards.	15 institutions implementing approved service standards.	
		% compliance with standards	10 institutions complying with service standards.	15 institutions complying with service standards.	
		% patient satisfaction rate according to national survey instrument.	91% patient satisfaction rate.	92% patient satisfaction rate.	
		Implement the District Health System according to Legislation.	% implementation of District Plans.	% implementation of District Plans.	
	Provide appropriate and accessible level of health care services for the designated catchment population.	% of appropriate Primary Health Care service packages rendered per local area in line with the referral system.		72% of appropriate Primary Health Care service packages rendered per local area in line with the referral system.	
	Sub-programme 2.2 District Hospitals	STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES			
	Provide appropriate and accessible level of health care services for the designated catchment population.	Number of institutions implementing the appropriate service packages.			Sub Programme: District Hospitals R598,393
		Progress on achievement of efficiency targets. (Provincial PHC expenditure per headcount at provincial PHC facilities) (National target R99) (QRS)			
		. Cost per PDE (R814) . ALOS (3.2 days) . Bed Occupancy Rate (72%)			

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE				
Sub-programme 2.3 Community Health Centre	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate
Provide appropriate and accessible health care services for the designated catchment population.		Number of local areas implementing the appropriate Primary Health Care package.		
		Progress on the achievement of efficiency targets		
		<ul style="list-style-type: none">· Utilisation Rate (3.5 days)· Expenditure per Headcount (R78)· Total Headcount.		
STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE				
Sub-programme 2.4 Community Health Clinics	Provide appropriate and accessible health care services for the designated catchment population.	Number of local areas implementing the appropriate Primary Health Care package.		
		Progress on the achievement of efficiency targets		
		<ul style="list-style-type: none">· Utilisation Rate (3.5 days)· Expenditure per Headcount (R78)· Total Headcount.		
Implement Free State rural health strategy.		Number of mobiles that visit farms 4, 6 and 12 weekly.		
STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE				
Sub-programme 2. Coroner Services	Implementation of forensic regulations.	Alignment of provincial forensic policies with regulations.	Standard operating procedures aligned to regulations.	Standard operating procedures aligned to regulations
STRATEGIC GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT				
Sub-programme 2.5 Coroner Services	Infrastructure development for Forensic pathology services.	Planning of new infrastructure.	1 functional mortuary planned.	2 holding facilities planned.
		Construction of new facilities.	Constructions started on Bloemfontein mortuary.	Construction of Bloemfontein mortuary to be at 60 %.
				Construction 2 holding facilities to begin.
Sub Programme: Community Health Centres R58,573				
Sub Programme: Coroner Services R31,198				

Sub Programme:
Community Health Centres
R58,573

Sub Programme:
Community Health Clinics
R336,239

Sub Programme:
Coroner Services R31,198

STRATEGIC GOAL 4: APPROPRIATE AND SKILLED PERSONNEL				
Sub-programme 2.5 Coroner Services	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Measurable Objective Appropriate training of forensic pathology officers.	Number of staff enrolled with tertiary institutions.	0	0	(as indicated above)
	Number of in house training workshops.	4	4	
STRATEGIC GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS				
Sub-programme: HIV and AIDS Ensure sustainability of strategic partnerships Develop a Provincial Partnership plan	Number of active partnerships per district with NGOs, NPOs, CBOs and FBOs.	4 per district	4 per district 20 Provincial	Sub Programme: HIV and AIDS R217,443
	Number of Khomanani Social Mobilisation Campaigns. (KSMC).	5	5	
	Number of other partnership established including International Donors.	2 (Flemish & Ireland AID) 60% 215/353 PHC facilities)	Sustain Flemish & Ireland AID Establish DOH/EU and CIDA partnership	
	% of PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Operational Plan.	66% facilities have staff trained in PMTCT.	65% (230/353 PHC facilities)	
STRATEGIC GOAL 2: REDUCE TE BURDEN OF DISEASE				
Sub-programme: HIV and AIDS Improve access to Antiretroviral Therapy (ART) for pregnant women.	% of facilities providing maternal services, which have staff trained in the Prevention of Mother to Child Transmission and Anti Retroviral Therapy programme.	No data.	100% of facilities have staff trained on PMTCT. 35% facilities have staff trained in ART.	(as indicated above)
	% of Primary Health Care facilities with at least 1 health care provider trained in the CCMT Plan (from both treatment and assessment sites).	30% facilities have staff trained as specified.	50% facilities have staff trained as specified.	
Improve access to ART for youth and adolescents.				

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE				
Sub-programme HIV and AIDS	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Comprehensive Care Management and Treatment Plan for HIV and AIDS (CCMT)	Provincial STI partner notification rate (notify partner to come 4 treatment).	85%	86%	
	Provincial STI partner tracing rate.	26%	27%	
	Number of operational High Transmission Area (HTA) intervention sites.	10 HTA Sites	15 HTA Sites	
	Number of health care workers trained on the Comprehensive Management of HIV and AIDS.	2000 HCW trained on CCMT	2050 HCW trained on CCMT	
	Number of sub districts, farms and rural areas with Community Home Based Care programmes.	20 sub districts	20 sub districts	
	Number of sub districts with a focused programme for People living with HIV and AIDS (PLA).	20 sub districts	Sustain 20 sub districts	
	Number of sub-districts with at least two accredited service points for the Comprehensive Plan.	7/20	7/20	(as indicated above)
	% of public health facilities offering Voluntary Counselling and Testing.	98%	235 facilities including local municipalities	
	% of PHC facilities that offer Prevention of Mother to Child Transmission (PMTCT).	100% of facilities that provide maternal and child health services. 225 clinics, 10 CHC & 30 Hospitals	Sustain 100% of facilities providing maternal and child health services	
	Male condom distribution rate (equal to the number of condoms issued per month per male 15 years and above).	10 issued p/m as identified.	11 issued p/m as identified.	
	Number of female condom distribution sites.	28 sites	32 sites	
	Number of female condoms distributed.	10 000 female condoms distributed	12 000 female condoms distributed	
	Provincial incidence of Sexually Transmitted Infections (STI) treated (per 1000 population).	7/1000 STI treated	6/1000 STI treated	

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE					
Sub-programme 2.3 HIV and AIDS	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Implement the TB Crisis Plan		Smear Conversion rate of new positive cases at 2 months in high priority district (Fezile Dabi), increased by 2% above baseline, per annum.	54,6%	56,6%	(as indicated above)
		TB Cure Rate of new smear positive cases in Fezile Dabi in high priority district, increased by 2% above baseline, per annum	61,5%	63,5%	
Strengthen the implementation of the National TB Control strategy		% of TB Cases with DOT Supporters.	94,9%	94%	
		TB treatment interruption rate decreased by 2% by 2009	5,9%	5,7%	
		% of facilities with a TB sputa turnaround time of less than 48 hrs by 2007	19,1%	30% (232 PHC facilities)	
		% Successful treatment increased by 0,2% per annum	76,9%	77,1%	

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE					
Sub-programme 2.3 Nutrition	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)	
Measurable Objective	% of PHC services that have a 60% saturation of IMCI trained personnel.	96% (226 / 235 PHC facilities)	78% (180 / 232 PHC facilities)		Sub Programme: Nutrition R8.827
	Number of health districts implementing the household and community component of IMCI.	3 health districts	5 health districts		
	% of health facilities with maternity beds assessed as baby-friendly (BFHI). (Re-assessments included.)	21 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (52.4%)	25 hospitals out of 31 hospitals and 1 CHC out of 10 CHC (61.9%)		
	Reduce the under 5 mortality rate annually with 0.5%.	17.2 per 1000 population (children 1-5 years)	10.4 per 1000 population (children 1-5 years)		
	Reduce the infant mortality rate annually with 0.5%.	62.0 per 1000 population (children under 1 years)	42.0 per 1000 population (children under 1 years)		
Improve immunisation coverage.	EPI coverage per district (expressed as a % of the population under 1 year)	92.5% (immunization coverage)	92% (immunization coverage)		
Ensure that children 0-60 months receive Vitamin A Supplementation.	% population of children 0-60 months receiving Vitamin A supplementation.	96% (vitamin A coverage)	95% (vitamin A coverage)		

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE					
Sub-programme 2.3 Community based Services (Mother, Child & Women's Health	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)	
Measurable Objective	% of post-partum mothers receiving Vitamin A supplementation.	101% (vitamin A coverage)	87% (vitamin A coverage)		
Ensure that post-partum mothers receive Vitamin A Supplementation.	(Total number of postpartum mothers who received vitamin A / Total number of deliveries x 100%)				
Ensure all eligible people receive food supplements.	Number of people who receive food supplements	75000	76716		
Improve women's health and reduce maternal mortality and morbidity.	Maternal mortality ratio.	Maternal death ratio:321/100 000	310/100 000		
Reduce infant, child, youth and adult morbidity and mortality caused by genetic disorders/birth defects.	Number of facilities doing genetic screening.	6	18		
Improve surveillance of birth defects.	Number of districts implementing the new standardized birth defects data collection tool.	2	5		
Reduce adolescent and youth morbidity and mortality.	% of PHC facilities accredited as youth friendly.	5	5		
Improve women's health.	Number of targeted women screened for cervical cancer (women of reproductive age).	22128 out of 25000 (88.1)	25000 targeted women screened		
					Sub Programme: Community Based Services R172.468

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE					
Sub-programme 2.3 Community Based Services: Disease Prevention & Control	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Improve disability and rehabilitation services.		Number of clinics implementing programmes in developmental delays in children for occupational therapy programme.	No data	5/222 (2%) Clinics implementing a screening program in developmental delays.	(as indicated above)
		Number of hospitals implementing an audiology screening program for new born.	No data	3/31 (9.6%) Hospitals implementing an audiology screening program.	
		Number of schools/day care centres having early physiotherapy intervention programs implemented at health promoting schools.	No data	4 schools	
STRATEGIC GOAL 2: REDUCE TE BURDEN OF DISEASE					
Sub-programme: Community Based Services Improve eye care services.		Number of cataract operations per million of population per year	1200 cataract operations per million of population	1400 cataract operations per million of population	(as indicated above)
		Number of spectacles issued per year	3000 spectacles issued	4000 spectacles issued	

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES					
Sub-programme 3.1 Emergency Transport	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)	
Ensure effective EMS response to disasters in the Free State. Implementation of provincial quality improvement strategy	Report on readiness to respond to disasters in line with the Free State Disaster Plan.	Maintained	maintained		Sub Programme: Emergency Transport R202,467
	% compliance with QA indicators.	0%	0.7%		
	% compliance with Free State Department of Health, health and safety auditing tool.	0%	10%		
	% compliance with Free State Department of Health clinical risk management plan.	0%	10%		
	% compliance with FSDOH infection control plan.	0%	33%		
	% compliance with provincial emergency hospital preparedness plan.	33%	50%		
STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES					
Sub-programme 3.2 Planned Patient Transport Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 1000 people.	0.08	0.1		Sub Programme: Planned Patient Transport R5,328
	% of BLS, ILS and ALS staff.	BLS 80% ILS 17% ALS 3%	BLS 74% ILS 22% ALS 4%		
	% of call responses within national urban and rural target (15 minutes and 40 minutes).	Urban 39.9% Rural 17.7%	Urban 53% Rural 27%		
	% call-outs serviced by single person crew.	0.08%	0		
	% of ambulance journeys used for hospital transfers.	10.7%	12%		
	% green code patients transported by ambulance.	70%	65%		
	% ambulances with less than 500,000 kilometres on the clock.	38%	25%		
	% of hospitals covered by planned patient transport.	100%	100%		
Provide an effective and efficient Planned Patient Transport Service in line with the referral system.	Number of patients transported by planned patient transport per 1000 separations.	520	567		
	% of patients arriving at next referral levels on time.	17%	33%		

PROGRAMME 4: PROVINCIAL HOSPITALS

STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES				
Sub-programme 4.1 General Regional Hospitals	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Measurable Objective				
Provide appropriate and accessible level of health care services for the designated catchments population	% implementation of the appropriate service packages.	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 7/9 MMM: 2/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 7/9 MMM: 4/9 FSPC: 1	Sub Programmes: General Hospitals R944,398 Psychiatric/ Mental Hospital R159,337
	Progress on achievement of efficiency targets per hospital (QRS).	ALOS: 5.34 BUR: 69.9% Cost/PDE: R1286	ALOS: 5.34 BUR: 73% Cost/PDE: R1350	
	Number of institutions with an outreach programme(s) to district hospitals as a % of the total.	100%	100%	
	Number and type of disciplines conducting outreach programme(s) per regional hospital.	Paeds (2) Fam Med (1) Psychiatry (1) Optometry (1)	Paeds (3) Fam Med (4) Psychiatry (2) Optometry (2) Anaesthetics (1)	
	Number of patients, training sessions, procedures, etc. per discipline on outreach.	1 training session per quarterly visit.	6	
	Referral rate between different levels (number referred / 1000 population).	In: 35% Out: 13%	In: 35% Out: 13%	
	A strategy for tele-medicine should be in place.	Provincial Telemedicine Strategy developed	3 hospitals on Telemedicine.	
	Number institutions linked and functional on tele-medicine.	2	3	
	Number of regional hospitals with designated mental health care services	1	2	
	% implementation of approved service standards.	Service standards documented per regional hospital	10 key service standards monitored and reported per regional hospital	
Monitor the implementation of Batho Pele and Patient Charter.	% compliance with standards.	Service standards documented per regional hospital	80% compliance achieved per service standard	85%
	% patient satisfaction rate.	85%		

STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES				
Sub-programme 4.1 General Regional Hospitals	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Rendering quality patient care by implementing clinical governance.	Progress on COHSASA Accreditation.	1 Accredited 3 assessed	2 Accredited 1 assessed	(as indicated above)
	% of departments having M&M meetings.		Bongani: 3 Boitumelo: 2 Dihlabeng: 3 MMM: 2 FSPC: 2	
	% of departments/ disciplines doing peer review.	none	2 clinical disciplines	
	Percentage of medical records reviewed.	Inpatient files audited per month	Inpatient files audited per month	
STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE				
Rendering quality patient care by implementing clinical governance.	Nosocomial Infection Rate.	1.6%	2	2008/09 Budget (Target) (as indicated above)
	Provincial Infectious Diseases Unit established.	Unit established	Admission and bed utilisation rates monitored	
Implementation of the provincial health promotion strategy.	Number of health promotion activities implemented per regional hospital.	4 annually	4 annually	
STRATEGIC GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT				
Provision of essential equipment to provincial health facilities.	Number of facilities with equipment surveys done.	3	4	2008/09 Budget (Target) (as indicated above)
	% implementation of the equipment plan per regional hospital.	40%	50%	
	Number of hospitals with appropriate clinical engineering support at facility level.	3	3	
	Essential equipment packages available by regional hospital.	Essential equipment lists approved	Essential equipment lists approved	

STRATEGIC GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT				
Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Ensure sustainability of strategic partnerships.	Number of facilities with appropriate clinical engineering support at facility level.	3	4	(as indicated above)
	Asset register in place.	Electronic asset register in place	Quarterly asset management reports submitted	
	Number of hospitals that are part of the Designated Service Provider Network (DSPN).	2	3	
STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE				
Well functioning management and governance structures.	Boards functioning according to NHA , PHA And Mental Health Care Act.	2 MHC Review Boards in place	3 MHC Review Boards in place	(as indicated above)

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

STRATEGIC GOAL 1: COMPASSIONATE AND QUALITY SERVICES				
Sub-programme 5.1 Central Hospital Services	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Measurable Objective Implement the Service Transformation Plan (STP) for the Free State.	Implement Service Transformation Plan according to specific indicators in line with funding.		UAH beds to increase from 634 to 664.	Sub Programme: Central Hospital Services R760,192
Implement the Modernisation of Tertiary Services (MTS) for Free State.	Implement MTS in line with indicators as contained in plan.		3% of additional post on revised staff establishment filled	
	A baseline study in place.		Baseline study completed	
	The gap in tertiary service rendering established and costed per discipline.		Gap quantified	
	% achievement of efficiency targets by established clinical and clinical-support cost centres.		Develop flow diagrams for all processes at UAH	
	Number of departments/disciplines participating in the outreach programme(s) as a % of the total.		10 (25%)	
	Number and type of disciplines covered per regional hospital from the tertiary services complex.		Bongani: 8, Dihlabeng: 5 MMM: 4, Boitumelo: 4	
	Number of patients, training sessions, procedures done by outreach programme per discipline.		11 000 patients seen at outreach facilities	
	Number of patients per institution effectively serviced through telemedicine hub and spoke service.		1 300 teleradiology	
	Progress on COHSASA Accreditation.		Accreditation confirmed for next three years	
	% of departments having Mortality and Morbidity meetings.		29(80%)	
Rendering quality patient care by implementing clinical governance	% of departments/disciplines doing peer review.		100%	
	Percentage of medical records reviewed.		10% sample per month	
	Serious Nosocomial Infection Rate.			
	Infectious Diseases Unit established.		< 3%	
	% patient satisfaction rate according to national survey instrument.		97%	

STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE				
Sub-programme 5.1 Central Hospital Services	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Measurable Objective Reduce the burden of disease through level 3 services and expert outreach and support programmes to other levels of care.	The number of hip replacements, number of CAB procedures and number of Neonatal ICU bed days.		As many as possible	(as indicated above)
STRATEGIC GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT				
Sub-programme 5.1 Central Hospital Services				
Hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.		3.5%	(as indicated above)
Develop and Implement Business case for revitalisation.	Facilities matches needs for tertiary services per discipline.		Business Case developed	
Provision of essential equipment to Department.	Essential equipment packages available by discipline per level of care.		70%	
	Equipment asset register implemented.		Implemented	
Implementation of Equipment Maintenance Plan.	Appropriate clinical engineering support at facility level.		Yes	
Implementation of hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.		3, 5	

STRATEGIC GOAL 4: APPROPRIATE AND SKILLED PERSONNEL					
Sub-programme 5.1 Central Hospital Services	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)	
Measurable Objective Recruiting/attracting/retaining appropriate expertise and building capacity through staff-development, and creating opportunities in a conducive environment for personal and professional growth. The dedicated performance of an adequate, motivated and well trained work force.	Staff establishment in line with MTS and STP.	Staff establishment approved			
	Filling posts in phased manner to implement new staff establishment over next 10 years.		3% of additional staff establishment implemented		(as indicated above)
	Skills audit matches job requirements.		Yes		
	Motivation and EAP programmes.		EAP Programme in place		
STRATEGIC GOAL 4: APPROPRIATE AND SKILLED PERSONNEL					
Sub-programme 5.1 Central Hospital Services Provision of facilities for training, education and research at Academic Health Services Complex.	Accreditation by Statutory Bodies for training of Health Professionals.		Accredited		
	Endorsement of Academic Health Complex by Faculty of Health Sciences: University of the Free State.		Yes		(as indicated above)
	Sufficient training and research opportunities at AHC.		Yes		
STRATEGIC GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS					
Sub-programme 5.1 Central Hospital Services Public Private Partnership with CHM/Netcare.	% achievement of PPP agreement targets.		100%		
	Number of additional services added to shared services in PPP.				(as indicated above)
STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE					
Sub-programme 5.1 Central Hospital Services Well functioning management and governance structures.	Boards functioning according to NHA and PHA and King II Report.		Yes		(as indicated above)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

STRATEGIC GOAL 4: APPROPRIATE AND SKILLED PERSONNEL					
Sub-programme 6.1 Health Sciences and Training	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Implement a Workplace Skills Plan.	% increase in student intake for nursing and mid-level health care workers every year.		219	250	Programme: Health Sciences and Training R120,456
	Number of bursaries awarded per district for full-time study for professions as categorized.		228	260	
	% of managers trained in various aspect of management.		350	300	
	% of learners trained in ABET training (300 to be trained and 60 per district per year)		-	300	
	Number of 18. 1 learnership implemented.		53	-	
	% of health professionals who attended CPD sessions.		946	1500	
	% of employees who received transversal training.		3050	3200	
	Number of volunteers trained as Community Health Care Workers (NQF Level 1, 3 and 4). (Extend Expanded Public Works Programme - EPWP).		-	215	
Promote employability and sustainable livelihoods through skills development for the Free State Department of Health.	Number of 18.2 learnerships (unemployed people) implemented.		235	100	

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE					
Sub-programme 7.1 Laundries	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)	
Measurable Objective Develop and implement a comprehensive Linen Management Plan.	% Availability of linen.	100% of all linen processed/returned and measured both by requisition forms and electronically.	100% of all linen processed/returned and measured both by requisition forms and electronically.	Sub Programme: Laundries R58,493	
STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE					
Sub-programme 7.2 Orthotic and Prosthetic Services					
Improve Accessibility to Orthotic and Prosthetic Services.	Number of users per year.	9711 patients attended.	An additional 144 patients per year to attend to a total of 9855.	Sub Programme: Laundries R10,154	
	Number of Medical Orthotic and prosthetic outreach programs increased.	2 Medical Orthotic and prosthetic outreach programs.	2 Medical Orthotic and prosthetic outreach programs.		

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

STRATEGIC GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT					
Sub-programme 8.1 Health Facilities Management	Measurable Objective	Performance Measure Indicator	Actual 2006/07	2007/08 Estimate	2008/09 Budget (Target)
Develop and implement infrastructure Plan.		Number of hospitals on the Revitalisation Programme.	4	5	Programme: Health Facilities Management R294,192
		Number of clinics based on the CUBP.	2	5	
		Number of facilities based on the Maintenance Plan.		28	
		Number of facilities upgraded and refurbished.	0	1	

Annex 14

QUARTERLY REPORTING SYSTEM (QRS) FOR 2008/09

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	1ST QUARTER ACTUAL OUTPUT - VALIDA-TED	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELIMI- NARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDA-TED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
QUARTERLY OUTPUTS																
PROGRAMME 1: ADMINISTRA-TION																
Human Resources																
Doctor clinical work load - PHC	30 patients	30 patients			30 patients			30 patients								
Nurse clinical work load - PHC	40 patients	40 patients			40 patients			40 patients								
Quality Assurance																
Clinical audit rate	70.0%	70.0%			70.0%			70.0%								
Complaints resolved rate	50.0%	50.0%			50.0%			50.0%								

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELIMI- NARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDA-TED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
District hospitals															
Separations - total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Patient day equivalents (PDE) - total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
OPD total headcount	72.0%	72.0%		72.0%			72.0%			72.0%					
Utilisation rate - usable beds - total															
Caesarean section rate	11.0%	72.0%		72.0%			72.0%			72.0%					
Fatality rate surgery	3.5%	3.5%		3.5%			3.5%			3.5%					
Average length of stay - total	3.2 days	3.2 days		3.2 days			3.2 days			3.2 days					
Expenditure per PDE	R 814	R 814		R 814			R 814			R 814					

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELI- MINARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDA- TED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
HIV and AIDS, TB and STI Control															
ART service points registered	-	-		-			-								
ART patients - total registered	-	-		-			-								
HIV and AIDS budget spent-	100.0%	100.0%		100.0%			100.0%			100.0%					
VCT facility rate - non- antenatal clients (fixed PHC)	100.0%	100.0%		100.0%			100.0%			100.0%					
HIV testing rate (excluding antenatal)	100.0%	100.0%		100.0%			100.0%			100.0%					
PMTCT facility rate	100.0%	100.0%		100.0%			100.0%			100.0%					

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	1ST QUARTER ACTUAL OUTPUT - VALIDA-TED	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELI- MINARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDA-TED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-JUAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
Nevirapine antenatal clients uptake rate	100.0%	100.0%			100.0%			100.0%			100.0%					
Nevirapine newborn uptake rate	70.0%	70.0%			70.0%			70.0%			70.0%					
ARV drug stock-out rate	0%	0%			0%			0%			0%					
TB sputa results less 48 hours rate	80.0%	80.0%			80.0%			80.0%			80.0%					
New smear positive PTB cure rate	60.0%	60.0%			60.0%			60.0%			60.0%					
TB treatment interruption rate	4.0%	4.0%			4.0%			4.0%			4.0%					
STI partner treatment rate	40.0%	40.0%			40.0%			40.0%			40.0%					
Male condom distribution rate	11	11			11			11			11					

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELI- MINARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDATED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
Disease Prevention and Control															
Outbreak less than 24 hours response rate	0%	0%		0%			0%			0%					
Cataract operations	950	950		950			950			950					
Maternal, Child and Women Health															
Deliveries at all facilities	-	-		-			-			-					
Delivery rate of less than 18 year olds in facilities	13.0%	13.0%		13.0%			13.0%			13.0%					
Immunisation coverage under 1 years old	90.0%	90.0%		90.0%			90.0%			90.0%					

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELI- MINARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDA-TED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
PROGRAMME 3: EMERGENCY MEDICAL SERVICES															
EMS rostered ambulances	-	-		-			-								
EMS total kilometres travelled	-	-		-			-								
EMS emergency cases - total ¹	-	-		-			-								
EMS code red with response under 15 minutes - urban	100.0%	100.0%		100.0%			100.0%			100.0%					
EMS rostered ambulances with single-person crew-	0%	0%		0%			0%			0%					

¹ This refers to the number of emergency cases transported by EMS during the reporting period. This is the sum of all red, yellow, green and blue emergency cases. It also includes inter-hospital transfers but excludes OPD cases.

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELI- MINARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDATED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
EMS code red with response under 40 minutes - rural	100.0%	100.0%		100.0%			100.0%			100.0%					
EMS all calls with response within 60 minutes	100.0%	100.0%		100.0%			100.0%			100.0%					
PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES															
4.1. General (regional) hospitals															
Separations - total	-	-		-			-			-					
Patient day equivalents (PDE) - total	-	-		-			-			-					
OPD total headcount	-	-		-			-			-					
Utilisation rate - usable beds - total	75.0%	75.0%		75.0%			75.0%			75.0%					
Caesarean section rate	18.0%	18.0%		18.0%			18.0%			18.0%					
Fatality rate surgery	2.0%	2.0%		2.0%			2.0%			2.0%					
Average length of stay - total	4.1 days	4.1 days		4.1 days			4.1 days			4.1 days					
Expenditure per PDE	R 1,128	R 1,128		R 1,128			R 1,128			R 1,128					

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELI- MINARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDATED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMINA- RY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
PROGRAMME 5: CENTRAL HOSPITAL SERVICES															
5.1. Central hospitals															
Separations - total	-	-		-			-			-					
Patient day equivalents (PDE) - total	-	-		-			-			-					
OPD total headcount	-	-		-			-			-					
Utilisation rate - usable beds - total	75.0%	75.0%		75.0%			75.0%			75.0%					
Caesarean section rate	25.0%	25.0%		25.0%			25.0%			25.0%					
Fatality rate surgery	3.0%	3.0%		3.0%			3.0%			3.0%					
Average length of stay - total	5.3 days	5.3 days		5.3 days			5.3 days			5.3 days					
Expenditure per PDE	R 1,877	R 1,877		R 1,877			R 1,877			R 1,877					

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	TARGET FOR 2007/08 AS PER ANNUAL PERFOR- MANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	1ST QUARTER PRELI- MINARY OUTPUT	1ST QUARTER ACTUAL OUTPUT - VALIDA-TED	2ND QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PRELI- MINARY OUTPUT	2ND QUARTER ACTUAL OUTPUT - VALIDATED	3RD QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PRELIMI- NARY OUTPUT	3RD QUARTER ACTUAL OUTPUT - VALIDA-TED	4TH QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PRELIMI- NARY OUTPUT	4TH QUARTER ACTUAL OUTPUT - VALIDATED	PRELIMI- NARY OUTPUT FOR 2007/08	ACT-UAL OUT-PUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
5.2. Provincial tertiary hospitals																
Separations - total																
Patient day equivalents (PDE) - total																
OPD total headcount																
Utilisation rate - usable beds - total																
Caesarean section rate																
Fatality rate surgery																
Average length of stay - total																
Expenditure per PDE																

LIST OF ACRONYMS

Abbreviation	Actual
<i>Supply Chain Management and other finance related</i>	
BBBEE	Broad Based Black Economic Empowerment
BEE	Black Economic Empowerment
SCM	Supply Chain Management
EPWP	Expanded Public Works Programme
PADS	Patient Admission Debit System
SMME	Small Medium and Micro Enterprises
IYM	In Year Monitoring
PROPAC	Provincial Public Accounts Committee
EBT	Electronic Banking Transfer
<i>Emergency Medical Services</i>	
EMS	Emergency Medical Services
PPT	Planned Patient Transport
EMT	Emergency Transport
<i>EMS training</i>	
ILS	Intermediate Life Support
ALS	Advanced Life Support
PPT	Planned Patient Transport
ECP	Emergency Care Practitioners
<i>Other training</i>	
CPD	Continuous Professional Development
NQF	National Qualification Framework
CUT	Central University of Technology
UFS	University of the Free State
iCAM	Interactive Communication and Management System.
HWSETA.	Health and Welfare Sector Education and Training Authority
ABET	Adult Basic Education and Training
FSSON	Free State School of Nursing
<i>Health Services</i>	
IMCI	Integrated Management of Childhood Illnesses
ART	Anti Retro Viral Therapy
CHSC	Clinical Health Services Cluster
HSC	Health Support Cluster
QA	Quality Assurance
DHS	District Health System
DHS	District Health Services
MDG	Millennium Development Goals
CCMT	Comprehensive Care Management and Treatment Plan for HIV and AIDS.
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infections
PNMR	Perinatal mortality rate
PLA	People living with AIDS
Ass D	Assisted Delivery
LBW	Low birth weight
NMR	Neonatal mortality rate
MTS	Modernisation of Tertiary Services
PLHA	People living with HIV and AIDS
ART	Anti Retro Viral Therapy
PHC	Primary Health Care

Abbreviation	Actual
Supply Chain Management and other finance related	
YFS	Youth Friendly Service
BFHI	Baby Friendly Hospital Initiative
SLA	Service Level Agreement
DHS	District Health Services
DHS	District Health System
PEMP	Protein Energy Malnutrition Programme
AFP	Acute Flaccid Paralysis
SAPS	South African Police Services
DH	District Hospital
CHC	Community Health Centre
PCR	Polymerase Chain Reaction
VCCT	Voluntary Confidential Counselling and Testing
VEP	Victim Empowerment Programme
PEP	Post Exposure prophylaxis (for victims of rape)
ETR	Electronic TB Register
DOTS	Directly Observed Treatment Short Course
HAST	HIV and AIDS Steering Committees
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
BME	Benefit Medical Examination (for ex miners)
DORT	Disease Outbreak Response
TB	Tuberculosis
MDR	Multi Drug Resistant
PDE	Patient Day Equivalent
Planning	
IHPF	Integrated Health Planning Framework
STP	Service Transformation Plan
APP	Annual Performance Plan
MTS	Modernisation of Tertiary Services
MTEF	Medium Term Expenditure Framework
DHER	District Health Expenditure Review
Other	
DSPN	Designated Service Provider Network
IYM	In-Year Monitoring
FSPC	Free State Psychiatric Complex
IT	Information Technology
CANSA	Cancer Association of South Africa
SLA	Service Level Agreement
PPP	Public Private Partnership
SITA	State Information Technology Agency
ITAC	Information Technology Advisory Committee
PERSAL	Personnel and Salary System
FS	Free State
NGO	Non Government Organisation
NPO	Non Profit Organisation
CBO	Community Based Organisation
FBO	Faith Based Organisation
EPWP	Expanded Public Works Programme
BMMS	Building Maintenance Management System

Abbreviation	Actual
<i>Supply Chain Management and other finance related</i>	
LG	Local government
HST	Health Systems Trust
OHS	Occupational Health and Safety
NDoH	National Department of Health
DHIS	District Health Information System
HISP	Hospital Information System
ICC	Inter Cluster Committee
<i>Regulatory bodies and industry standards</i>	
SAPC	South African Pharmacy Council
GPP	Good Pharmacy Practice
GMP	Good Manufacturing Practice
PROPAC	Provincial Public Accounts Committee