Free State Province

FREE STATE
DEPARTMENT OF HEALTH

Annual Performance Plan
2009/2010 TO 2011/2012

FREE STATE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN

2009/2010 TO 2011/2012

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POLITICAL MANDATES 2009

ALIGNMENT WITH GOVERNMENT STATEGIC PRIORITIES

The strategic direction is derived from the following documents:

- Government Program of Action (2009 Election Mandate)
- State of the Nation Address (10 May 20090)
- State of the Province Address (15 June 2009)
- Premier's Injunctions (Operation Hlasela)
- Provincial Extended Executive Council Lekgotla Resolutions (04-06 June 2009)
- National Health 10 Point Plan

EXPLANATORY NOTE

The Free State Department of Health has 7 strategic goals which are aligned with the strategic intent of the government as outlined in the endorsement of the MEC.

These goals are relevant to all components of the department and are not necessarily addressed in the plan in sequence.

In terms of the PFMA and related prescripts the health sector format is prescribed by treasury. The document has to be aligned to budget programme and sub programme structures in order to spell out the resource allocation applicable to the achievement of these goals in each component and institution of the department. The prescribed format enables monitoring of financial management linked to implementation of the plan.

Alignment between the departmental priorities and the government programme of action, the state of the nation address and the state of the province address are set out in part A (page 16 to 18).

The Head of department in his endorsement explains the structure of the plan (page 10).

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FREE STATE
DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN

2009/2010 TO 2011/2012

PART A

FREE STATE DEPARTMENT OF HEALTH

PART A

Strategic Overview of the Annual Performance Plan 2009/2010 to 2011/2012

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 FRAMEWORK

REGULATORY FRAMEWORK

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

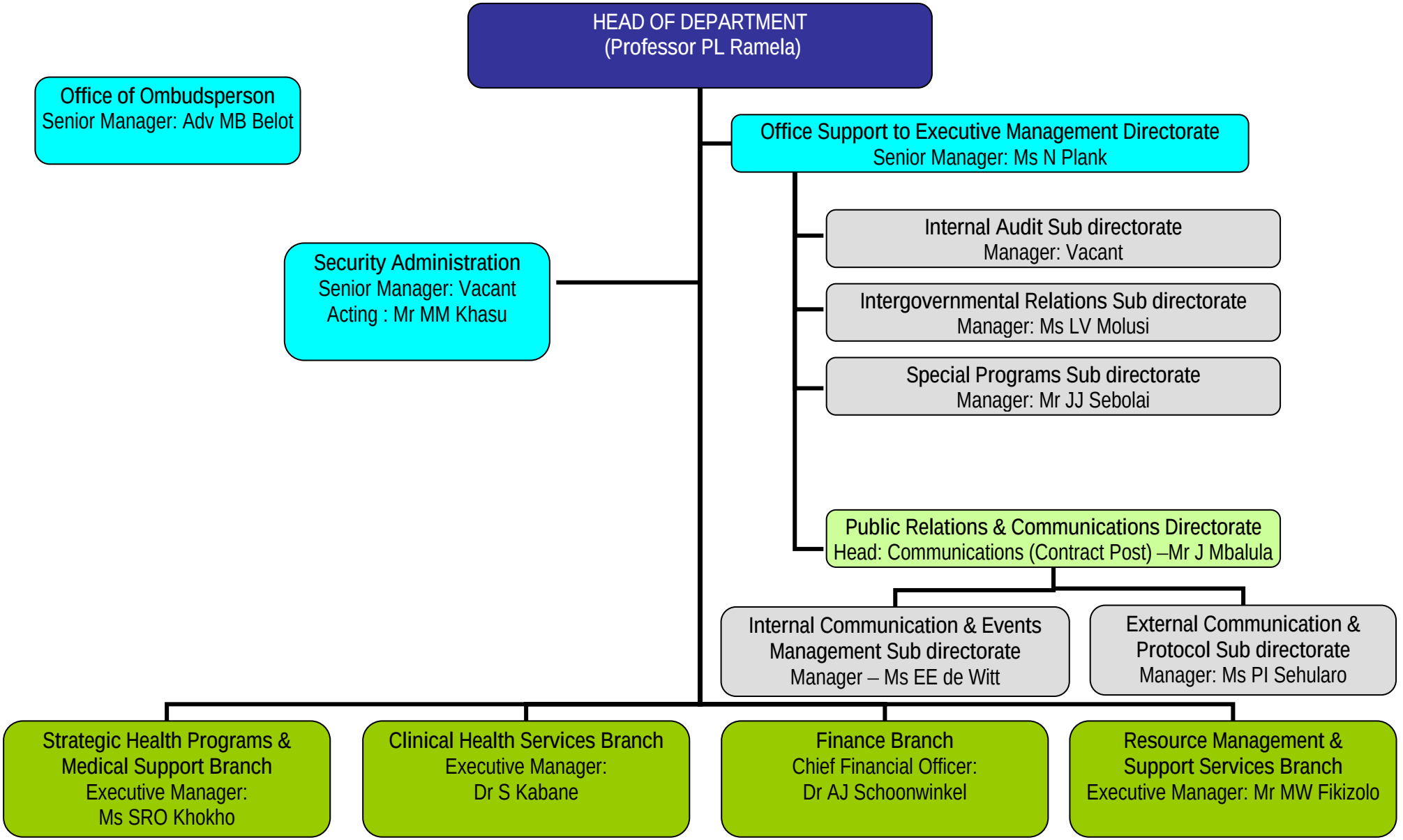
- Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)
- National Health Act, 1977 (Act No. 63 of 1977)
- National Health Act, 2003 (Act No. 61 of 2003)
- Free State Hospitals Act, 1996 (Act No.13 of 1996)
- Free State Health Act, 1999 (Act No. 8 of 2000)
- Free State School Health Services Act, 1998 (Act No. 11 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 Finance Management Act, 1999 (Act No. 1 of 1999)
- 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, 2007 (Act 1 of 2007)
- Free State Appropriation Act, 2005 (Act 1 of 2005)
- Free State Adjustment Appropriation Act, 2005 (Act 9 of 2005)
- Provincial Health Act, (Act 3 of 2009)
- Appropriation Act, 2008 (Act 1 of 2008)
- Adjustment of Appropriation, 2008 (Act 4 of 2008)

Health Sector Legislation:

- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- Medicine and Related Substance Act, 1695 (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, 2005 (Act 33 of 2005)
- Dental Technicians Act, 1979 (Act No. 19 of 1979)
- Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992)
- 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 Second Amendment Act, 1993 (Act No.180 of 199)


HEAD OF DEPARTMENT
(Professor PL Ramela)
Office of Ombudsperson
Senior Manager: Adv MB Belot
Office Support to Executive Management Directorate
Senior Manager: Ms N Plank
Security Administration
Senior Manager: Vacant
Acting : Mr MM Khasu
Internal Audit Sub directorate
Manager: Vacant
Intergovernmental Relations Sub directorate
Manager: Ms LV Molusi
Special Programs Sub directorate
Manager: Mr JJ Sebolai
Public Relations & Communications Directorate
Head: Communications (Contract Post) –Mr J Mbalula
Internal Communication & Events Management Sub directorate
Manager – Ms EE de Witt
External Communication & Protocol Sub directorate
Manager: Ms PI Sehularo
Strategic Health Programs & Medical Support Branch
Executive Manager:
Ms SRO Khokho
Clinical Health Services Branch
Executive Manager:
Dr S Kabane
Finance Branch
Chief Financial Officer:
Dr AJ Schoonwinkel
Resource Management & Support Services Branch
Executive Manager: Mr MW Fikizolo

ENDORSEMENT BY MEC FOR HEALTH

At the commencement and initial stages of the current term of office, an array of health service delivery challenges were discerned that necessitate political interventions and identification of priorities for the department of Health for the Medium Term Expenditure framework.

It is therefore for those reasons that this Annual Performance Plan is aligned with the integration of the political and strategic direction as derived from the following:

- Government's Program of Action (Election Manifesto 2009)
- State of the Nation Address
- State of the Province Address
- Premier's Injunctions
- Provincial Extended Lekgotla Resolutions
- National Health 10 Point Plan

I therefore undertake to ensure that this plan is adequately resourced and implemented in so far as the global and local economic situation permitting.

Signed

ME E.S. MABE
MEC: HEALTH

Date: 16 July 2009

ENDORSEMENT BY HEAD OF DEPARTMENT

The newly elected government has determined clear strategic direction for the five year period 2009/10 up to and including 2013/14.

The Annual Performance Plan for 2009/10 to 2011/12 reflects all the 2009 government and health sector priorities. This plan is resourced in terms of the medium term expenditure framework guideline allocation. Despite the current challenging environment all the resources available to the department will be directed toward delivering the mandate of the department including addressing the following initiatives:

1. Provision of strategic leadership and creation of social compact for better health outcomes.
2. Improve the quality of health services.
3. Reduce the burden of disease.
4. Revitalisation of physical infrastructure.
5. Improved Human Resource Management.
6. Overhaul the health care system and improve its management.
7. Research and development

The format of this plan is prescribed for the health sector as a whole and determined by national treasury in collaboration with the health sector as a whole. The formats content, accountability and reporting structures are determined in terms of the PFMA and related guidelines.

This document outlines an analysis of the issues which impact on the health of the citizens as well as delivery of quality health care services. Issues of equity between districts and the burden of disease as well as creative cost management strategies such as Public Private Partnerships are discussed at provincial level in part A.
More detailed analysis per budget programme and level of service are set out in part B. This section also details the strategic programmes and projects required in order to transform health services.
Clear links exist between various health sector plans and the plans of other spheres of government and levels of service

The service delivery culture of loyal employees will continue to ensure the implementation of this plan which will be monitored by quarterly review supported by efficient information systems

As the Head of this department I undertake to manage and monitor the implementation of this plan within available resources.

Signed

PROF P.L. RAMELA
HEAD: HEALTH
Date: 16 July 2009

SITUATION ANALYSIS

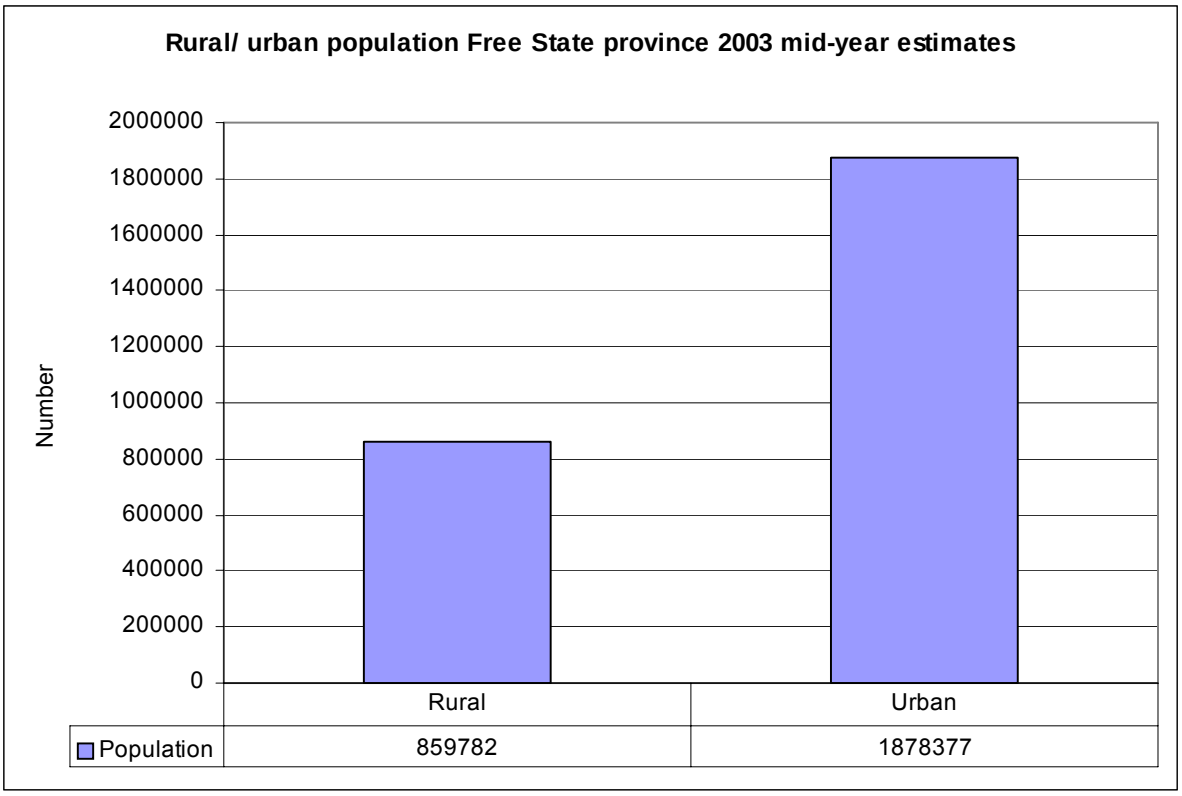
DEMOGRAPHIC PROFILE

Free State Population

Gender	2001 census	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

Graph1. Rural and urban population Free State province



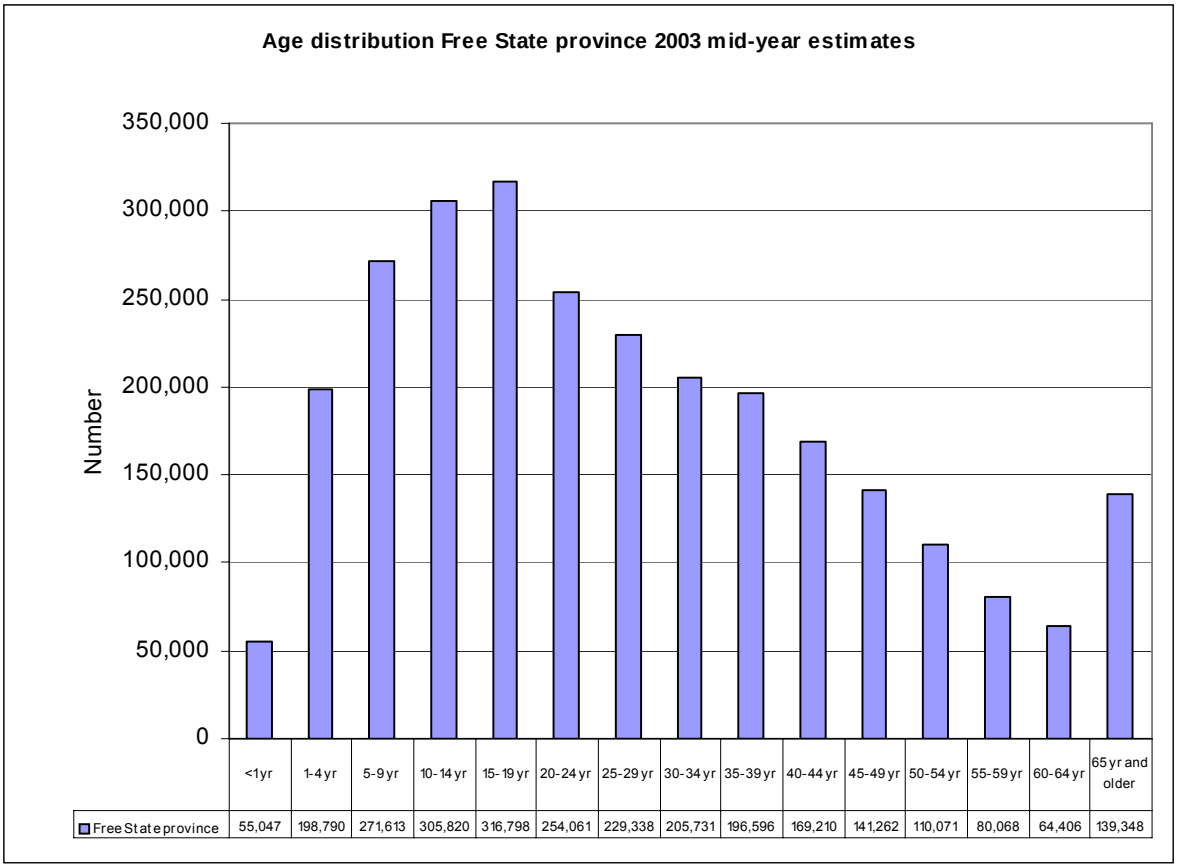
Source 2002 midyear estimates.

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



Source: Statistics South Africa

ENVIRONMENTAL INFRASTRUCTURE PROFILE

(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	94601	110570	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	Motheo	Lejweleputswa	Thabo Mofutsanyana	Fezile Dabi
	2001	2001	2001	2001	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 sanitation facilities.	± 15% of clinics	2 clinics

Level of service per District Municipality in the Free State

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

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	25.9	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 puerparium	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*

ALTERNATIVE SERVICE DELIVERY OPTIONS

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 facility complete	R 10 million	38 beds
Final phase of upgrading Pelonomi Private facility	R15 million	105
Upgrading of Renal Unit at Universitas	R3 million	The facility had to be renovated for a joint use, as per agreement.

ALIGNMENT OF THE DEPARTMENTAL PRIORITIES AND BUDGET WITH THE GOVERNMENT PROGRAM OF ACTION

GOVERNMENT PROGRAMME OF ACTION (GPOA)	PRIORITIES: APP 2009/ 2010
Work together with all key sectors in our society through a social compact to continue to transform the health care.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objectives**: • Implementation of the political strategic direction of the Free State Department of Health. • Intergovernmental and inter-sectoral collaboration
Partnerships will be built with Labour, business and community organizations to step-up the national fight against HIV and AIDS.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objective:** • Intergovernmental and inter- sectoral collaboration.
Transform the economy to create decent work and sustainable livelihoods.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objective:** • Comply with BBBEE and PPPFA policies
Implement a comprehensive rural development strategy, agrarian reform and measures to ensure food security.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objectives:** • Participation in rural development strategy to ensure access to health services for rural communities. • Food supplementation Programme.
Provide universal, affordable education which empowers our people and promotes self development.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objective:** • Learnership and ABET training Programme to empower people for employment.
Implement a comprehensive strategy to fight crime and corruption.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objectives:** • Review and implement the fraud prevention strategy. • Strengthen the Internal Audit Unit. • Strengthen Risk Management in the department. • Strengthen the implementation of National Policy on Sexual Assault. • Intergovernmental and inter-sectoral collaboration.

GOVERNMENT PROGRAMME OF ACTION (GPOA)	PRIORITIES: APP 2009/ 2010
Commitment to priorities such as the youth, women, workers, rural poor, elderly and people with disabilities.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objective:** • Increase access and participation in the programs of the department through NYSP, Care Givers and volunteers.
Accelerate the campaigns on health promotion and disease-prevention by changing social values and norms through common community action. Furthermore, communities will be encouraged to adopt healthy diets and to exercise and to take part in campaigns against drug and substance abuse.	**Goal: Improve the quality of health services.** **Objectives:** • Ensure implementation of Batho Pele Revitalization Program. • Implement National School Health Services Policy and Implementation Guidelines. • Implement Healthy Lifestyle Programs
Reduce the rate of new HIV infections by 50% through aggressive prevention campaign and expand access to appropriate treatment, care and support to at least 80% of all HIV positive people and their families. Continue to raise awareness about addressing sexual and reproductive health rights of women and strengthen the enforcement of these rights, as well as ensuring that they are incorporated in the HIV and AIDS programmes. More resources will be devoted to strengthening the implementation of the national plan on HIV and AIDS and STI.	**Goal: Reduce the Burden of Disease** **Objectives:** • Reduce the incidence of HIV infection. • Provide appropriate packages of support, care and treatment to HIV positive people and their families. • Comprehensive Care, Management and Treatment Plan for HIV and AIDS (CCMT). • TB and HIV Integration Management. • Improve adolescent and Youth Health.
Improve the health status of the population and achieve the health-related Millennium Development Goals (MDGs). This will include measures to scale up HIV prevention, address the challenge of TB and reduce child HIV infection rates through up-scaling the Prevention for Mother-To-Child Transmission of HIV to 95%in all districts.	**Goal: Reduce the Burden of Disease** **Objectives:** • Reduce infant and under 5 child morbidity and mortality. • Reduce maternal mortality and morbidity. • Improve women's health. • Improve TB treatment outcomes • Reduce the incidence of drug resistant TB.
Upgrade and improve public hospitals and clinics, as well as the administrative systems and buildings so that long queues and waiting times are reduced and improved quality care is available.	**Goal: Revitalization of physical infrastructure.** **Objectives:** • Develop and implement an Infrastructure Plan. • Ensure the upgrading of pharmacy facilities in line with legislation to enhance service delivery • Provide a functional information network system to all health facilities. • Implementation of the departmental maintenance plan. • Implement Hospital Revitalization Program

GOVERNMENT PROGRAMME OF ACTION (GPOA)	PRIORITIES: APP 2009/ 2010
Improve management and leadership skills at all levels of the health system, as well as meeting the national standards of quality care and ensuring an explicit accountability framework.	**Goal: Overhaul the health care system and improve its management.** **Objectives**: • Develop an effective and efficient Information System which is used for management in the FSDH. • Implementation of Picture Archiving and Communication Systems (PACS). • Provision of essential equipment to provincial health facilities. • Provide Computerized Tomography. • Ensure compliance with the Public Finance Management Act. • Implement an integrated strategic plan. • Intergovernmental and inter-sectoral collaboration (interprovincial, international).
Introduce the National Health Insurance System (NHI) system, which will be phased in over the next five years. NHI will be publicly funded and publicly administered and will provide the right of all to access quality health care, which will be free at the point of service. People will have a choice of which service provider to use within a district. In the implementation of the NHI there will be an engagement with the private sector in general, including private doctors working in group practices and hospitals, to encourage them to participate in the NHI system. Review existing drug policy and strategy to support effective implementation of the NHI and strengthen the managerial and technical capacity of government. Government will also conduct a feasibility study for the establishment of a state-owned pharmaceutical company.	**Goal: Overhaul the health care system and improve its management.** **Objectives:** • Prepare for the implementation of NHI. **Goal: Overhaul the health care system and improve its management.** **Objectives:** • Review the existing drug policy strategy • Strengthen the managerial and technical capacity of government. • Conduct a feasibility study for the establishment of a state-owned pharmaceutical company.
Create a health care system which promotes a healthy nation able to participate in a developing society.	**Goal: Overhaul the health care system and improve its management.** **Objectives:** • Create an appropriate platform for service delivery by implementing the Service Transformation Plan. • Implement performance, monitoring and evaluation system. • Prioritize EMS communication system to improve response time. • Finalize the transfer of moveable and immovable assets as part of the PHC devolution process. • Review the Department's Clusters. • Review the funding of NGOs that are providing health services.

GOVERNMENT PROGRAMME OF ACTION (GPOA)	PRIORITIES: APP 2009/ 2010
Invest in research and development in the health sector, including infant mortality research, HIV prevention technologies, health status surveys, development of new medicines, and indigenous knowledge systems	**Goal: Research and Development** **Objectives:** • Strengthen capacity of the research and development unit of the department. • Establish partnerships with relevant research institutions.

ALIGNMENT OF THE DEPARTMENTAL PRIORITIES AND BUDGET WITH THE STATE OF THE NATION ADDRESS

STATE OF THE NATION ADDRESS (SONA)	PRIORITIES: APP 2009/ 2010
Economic downturn.	**Goal: Provision of strategic leadership and creation of social compact for better health outcomes.** **Objectives:** • Reduce the cost of doing business. • Implement cost effective procurement process. • Comply with BBBEE and PPPFA policies. • Support proudly South African Campaign (Free State).
Customer Care.	**Goal: Improve the quality of health services.** **Objectives:** • Ensure implementation of Batho -Pele Revitalization Program. • Establish an integrated departmental employee health & wellness strategic framework.
2010 Preparedness	**Goal: Improve the quality of health services.** **Objective:** • Hospital and EMS preparedness
Regulation of Security Industry	**Goal: Improve the quality of health services.** **Objectives:** • Secure staff, patients and assets of the department • Develop policy in terms of the specific needs • Vetting of security companies and personnel
Fast -track Phase 2 of Expanded Public Works Program, community work program	**Goal: Revitalization of physical infrastructure.** **Objectives:** • Implementation of the departmental maintenance plan. • Implement Hospital Revitalization Program. • Unbundling of physical infrastructure projects to support EPWP. • Service Level Agreements with Department of Public Works and Rural Development. • Intergovernmental and intersectoral collaboration (CETA).

STATE OF THE NATION ADDRESS (SONA)	PRIORITIES: APP 2009/ 2010
Job and skills retention.	**Goal: Improved Human Resource Management.** **Objectives:** • Strengthen relationship with Labour Organization and employees • Implement the Workplace Skills Plan. • Promoting employability and sustainable livelihood through skills development.
Job Creation (National 500 000, Provincial 50 000)	**Goal: Improved Human Resource Management.** **(Help create jobs to address unemployment)** • Job creation through learnerships, Infrastructure Programs and Maintenance Programs. • Implementation of Workplace Skills Plan.

PREMIER'S INJUNCTIONS	PRIORITIES: AP 2009/2010
Covered in previous sections.	

BUDGET PROGRAMME 1: ADMINISTRATION

Table ADMIN1: Provincial objectives and performance indicators for Administration

BUDGET SUB PROGRAMME: OFFICE OF THE MEC		
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Implementation of the political strategic direction of the Free State Department of Health.	Government Programme of Action implemented.	Alignment of reports and plans.
BUDGET SUB PROGRAMME: MANAGEMENT		
Implement an integrated strategic plan.	Plans integrated with NDOH, Provincial Government Plans and IDP's,	Integrated planning
Develop an effective and efficient Information System which is used for management in the FSDH.	Business Intelligence System which produces appropriate analysis for management.	Information- based decision making within the FSDH.
Ensure compliance with the Public Finance Management Act and Treasury Regulations.	Statements/ reports/ certificates submitted in line with prescripts.	Compliance Certificate submitted in line with prescripts.
		Efficient functioning of Paymasters.
		Revenue and Expenditure Reports compiled & submitted in line with prescripts.
		In-Year Monitoring Report submitted to Treasury in line with prescripts.
		Budget Statement No 2 submitted to Provincial Treasury in line with prescripts.
		Monthly cash requisition submitted in line with prescripts.
		PROPAC Resolutions handed in line with prescripts.
		Reconciliations completed within due dates
		Fund Requisitions submitted within due dates.
GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT.		
Provide economic opportunities.	Use tender- and contract evaluation prescripts to enforce 70% of procurement spent on SMME's in the province.	Promote BBBEE .
Improve Asset Management.	Number of Logis Stores meeting the reporting requirements.	100% compliance with prescribed reporting requirements.
Ensure effective implementation of Supply Chain Management.	Number of institutions fully implementing three of the five aspects (elements) of SCM.	100% compliance with implementing three elements of SCM.
	Establish Departmental SCM Forum.	Established and functional SCM Forum.
		Number of institutions fully participating in the functions of the forum.
	Establishment of Quotations Committee in line with prescripts.	Efficient and effective functioning of Quotations Committee.
Compliance with Legislation. (PROGRAMME 7 ?)	Trading Entity complying with reporting requirements.	100% Compliance with requirements of Medicine Control Act.
		100% compliance with reporting requirements on Financial Statement.
		Pay 98% of the creditors within 30 days.

GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE		
Provision of essential equipment to provincial health facilities.	Essential equipment packages available per level of care.	3 packages. Basic Equipment available at all levels of care
Implementation of the provincial maintenance plan.	Provincial Maintenance Plan on major works.	Annual Maintenance Plans on priority institutions.

Table HR2: Provincial objectives and performance indicators for Human Resources

BUDGET SUB PROGRAMME: MANAGEMENT		
GOAL 5: IMPROVED HUMAN RESOURCES MANAGEMENT		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Implement a comprehensive Human Resource (HR) plan for the department.	% Community services professionals who do not have bursaries retained.	Incentive schemes implemented to retain.
	Targeted HRM functions decentralised to all districts & regional & academic hospitals.	Effective & efficient HRM at all levels / throughout the department.
Establish an integrated departmental Employee Health and Wellness Strategic Framework.	Four functional pillars in place: • HIV&AIDS Management • Health & Productivity Management • Occupational Hygiene and Safety Management • Wellness Management	Develop a Comprehensive & fully functional EH & WP service per district.

BUDGET SUB PROGRAMME: MANAGEMENT		
GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT.		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Ensure the upgrading of pharmacy facilities in line with legislation to enhance service delivery.	Number of Pharmacy facilities in full compliance with the registration requirements of SAPC.	All Hospitals and CHC's as well as PHC clinic pharmacy facilities, registered and recorded with SAPC Drug Policy Reviewed
Provide a functional information network system to all health facilities.	Data from various systems integrated into Data Warehouse and usable as information for managers.	Fully integrated data warehouse.
Implementation of Picture Archiving and Communication Systems (PACS)	Implementing Picture Archiving and Communication System (PACS).	PACS implemented.

BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES

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

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT		
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Ensure implementation of Batho Pele Revitalisation Programme.	Number of institutions with Batho Pele Revitalisation Programme.	5 Districts supported to implement Batho Pele Revitalisation Programme.
Implement the Provincial Quality Assurance strategy.	Number of facilities implementing at least three out of the five Quality assurance strategies	Quality Patient Care in all health facilities.
Implement the District Health System according to Legislation.	Number of Districts implementing the five components of the Health Act	Functional District Health System.
Provide appropriate and accessible level of health care services to the Free State community.	% of appropriate Primary Health Care service packages rendered per local area in line with the referral system.	Improved efficiency of PHC services.

GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Provide appropriate and accessible level of health care services to the Free State community.	Number of District hospitals implementing the appropriate service packages.	Improved access and patients treat ed at the correct levels.
	Progress on achievement of efficiency targets. (Provincial PHC expenditure per headcount at PHC facilities) (National target R99) (QRS) • Cost per PDE (R814) • ALOS (3.2 days) • Bed Occupancy Rate (70 - 80%)	
Implement provincial quality improvement strategy.	Number of District Hospitals implementing at least three out of the five Quality Assurance Strategies.	Quality Patient Care in all health facilities.
	No of institutions compliant with Hospital Emergency preparedness plans	Appropriate response to emergency.
BUDGET SUB PROGRAMME: COMMUNITY HEALTH CENTRES		
Provide appropriate and accessible health care services for the to the Free State community.		Number of local areas implementing appropriate PHC package.
		Progress on the achievement of efficiency targets • Expenditure per Headcount (R99) • Total Headcounts • Doctor clinical workload • Nurse clinical workload. • Utilization rates CHC facilities below 5 years (5 visits) • Utilization rates CHC facilities above 5 years (3 visits)
BUDGET SUB PROGRAMME: COMMUNITY HEALTH CLINICS		
Provide appropriate and accessible health care services to the Free State community.		Number of local areas implementing appropriate PHC package.
		Progress on the achievement of efficiency targets • Utilization Rate (3.5 days) • Expenditure per Headcount (R99) • Total Headcounts • Doctor clinical workload • Nurse clinical workload. • Utilization rates CHC facilities below 5 years (5 visits) • Utilization rates CHC facilities above 5 years (3 visits)
Implement Free State Rural Health Strategy.	Number of farms/points visited by the mobile clinics 4, 6 and 12 weekly.	Access to Primary Health care services per District in rural areas.

BUDGET SUB PROGRAMME: FORENSIC HEALTH SERVICES		
GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT		
Expanding medico-legal mortuary services to offer comprehensive services on a 24-hour basis.	Number of mortuaries that collect and release bodies on a 24-hour basis.	6 medico-legal mortuaries that collect , receive and release bodies on a 24-hour basis.

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

BUDGET SUB PROGRAMME: HIV AND AIDS		
GOAL 3: REDUCE THE BURDEN OF DISEASES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Reduce the incidence of HIV infection.	Rate of new HIV infections.	Improve Recording and Database Management. Increased offering of package of prevention for HIV & AIDS.
Provide appropriate packages of support, care and treatment to HIV positive people and their families.	Number of HIV positive people receiving treatment, care and support.	Increased number of people accessing ART.
		Increased number of support groups.
	Number of families receiving support.	Increased number of households visited by Home Based Care.
Comprehensive Care, Management and Treatment Plan for HIV and AIDS (CCMT).	Number of facilities implementing revised therapy for PMTCT.	Availability of dual therapy in facilities implementing PMTCT.
	Rate of VCCT and TB testing among TB/HIV positive patients.	Testing TB patients for HIV.
		Testing HIV positive patients for TB.
Improve TB treatment outcomes.	Smear conversion rate of new positive patients at 2 months.	Availability of TB treatment at all facilities rendering TB services.
	TB cure rate of new smear positive patients.	Improve Recording and Database Management. Effective treatment support for TB patients.
	TB treatment defaulter rate.	
Reduce the incidence of drug resistant TB.	Proportion of Patients Tested for MDR TB amongst TB patients.	TB cultures done and drug sensitivity tests done.
	Proportion of patients tested for XDR-TB amongst MDR-TB patients.	
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOME		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Ensure sustainability of strategic partnerships.	Number of active NPO partnerships.	Partnerships that last for the duration of the service level agreements.
	Number of other partnerships established including International Donors.	Healthy relations benefiting the department.

Table MCWH2: Provincial objectives and performance indicators for MCWH and Nutrition

BUDGET SUB PROGRAMME: MOTHER, CHILD AND WOMEN'S HEALTH		
GOAL 3: REDUCE THE BURDEN OF DISEASE		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Reduce infant- and under 5 child morbidity and mortality.	Under 5 mortality.	Functional Child Health services at all Primary Health Care services.
	Infant mortality.	
	EPI coverage per district.	
Reduce maternal mortality and morbidity.	Maternal mortality ratio per calendar year (overall).	Successful births and post partum care up to 42 days post delivery.
	Maternal mortality ratio per calendar year (Obstetric-related).	
Improve adolescent and youth health.	Number of fixed PHC facilities certified as youth friendly.	Increased number of accredited youth friendly services.
Improve women's health.	Number of targeted women screened for cervical cancer.	Increased number of women screened for cervical cancer.

	Number of health facilities designated for provision of TOP services.	Increased number of facilities designated for provision of TOP services.
	Number of clinics per district, providing a complete method mix of contraceptives.	Complete method mix of contraceptives available.

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

BUDGET SUB PROGRAMME: OTHER COMMUNITY SERVICE: DISEASE PREVENTION AND CONTROL		
GOAL 3: REDUCE THE BURDEN OF DISEASE		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Expand disability and rehabilitation services.	Number of clinics implementing programmes in developmental delays in children for occupational therapy programme.	Disability and rehabilitation services improved.
	Number of hospitals implementing an audiology screening program for newborns.	
	Number of schools/day care centres having early physiotherapy intervention programs implemented at health promoting schools.	
BUDGET SUB PROGRAMME: COMMUNITY BASED SERVICES		
Implement a model of care for prioritised chronic conditions.	Number of districts implementing model for chronic care.	Availability of trained personnel and equipment.

BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES

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

BUDGET SUB PROGRAMME: EMERGENCY TRANSPORT		
GOAL 2: IMROVE THE QUALITY OF HEALTH SERVICES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 10 000 people.	1 ambulance per 10 000 people per district, in the Free State.
	% of calls within national urban and rural targets (Urban: 15 min) (Rural: 40 min)	Response times within national norms. Improvement of the communication systems for EMS.
	% of ambulances with less than 500 000 km on the odometer.	Availability of ambulances that are fully operational.
Provide an efficient preparedness and response plan to disaster in the Free State province.	Number of disaster exercise/drills done per district.	Preparedness to respond to disasters.
BUDGET SUB PROGRAMME: PLANNED PATIENT TRANSPORT		
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of patients transported by planned patient transport service.	Availability of planned patients transport.

BUDGET PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

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

BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS		
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Establish well functioning management and governance structures in provincial hospitals.	Hospital Management Structures functional.	Well functioning Hospital Management Teams.
	Hospital Boards functioning according to departmental policy.	Well functioning Hospital Boards.
	Mental Health Reveiw Boards functioning according to legislation.	3 well functioning Mental Health Review Boards.
Ensure sustainability of strategic partnerships.	Compliance with PPP service level agreements at Pelonomi.	Full compliance with the PPP contract.
Ensure sustainability of revitalised hospitals.	Staff appointed in revitalised hospitals.	Maintained revitalised hospitals.
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES		
Provide nine specialist clinical disciplines as per NDOH Facility Definitions and designated tertiary services to the Free State communities.	Implementation of the nine level 2 disciplines per regional hospital.	Full package of service available at all Regional Hospitals.
	Provision of designated tertiary services.	100% of designated services.
	Progress on achievement of efficiency targets per hospital (QRS).	Achievement of efficiency targets as set as national norms.
	Number and type of disciplines conducting outreach programme(s) per regional hospital.	5 x disciplines per regional hospital to each District Hospital Complex.
	Number of patients seen per discipline on outreach.	Nr of level 2 patients seen at District Hospitals.
	Number of training sessions per discipline on outreach.	50 training sessions given via outreach.
	Referral rate between different levels (number referred/1000 population).	Referral rate less than 10%.
	Number institutions linked and functional on tele-medicine.	All regional hospitals linked.
Render level 2 and 3 psychiatric services according to legislation.	Full package of psychiatric services implemented.	Available services stipulated in Mental Health Act.
Maintain Level 2 Mental health care services.	Number of regional hospitals with designated mental health care services.	3 designated hospitals.
Implementing clinical governance programmes per provincial hospital.	Nosocomial Infection Rate.	Less than 3% in all hospitals.
	Morbidity and mortality forums per hospital.	1 forum per regional hospital
	Medical record review per hospital.	2 annually per regional hospital
	Adverse events committee established per hospital.	1 per regional hospital.
Monitor the implementation of Batho Pele and Patient Rights Charter.	% implementation of approved service standards.	Implement per regional hospital.
	% compliance with standards.	75% compliance
	% patient satisfaction rate.	85%
GOAL 3: REDUCE THE BURDEN OF DISEASE		
Treatment and prevention of TB and HIV and AIDS at regional hospitals.	Number of patients treated at regional hospitals.	Number of patients treated at regional hospitals.
	Number of health promotion activities implemented per regional hospital.	5 per regional hospital.

BUDGET PROGRAMME 5: CENTRAL HOSPITAL SERVICES
Table CHS3: Provincial objectives and performance indicators for central hospital services

BUDGET SUB PROGRAMME: CENTRAL HOSPITAL		
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Public Private Partnership with CHM/Netcare.	Amount of penalties endured.	Effective support for PPP.
Functional Hospital Board.	Regular meetings	Effective governance.
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES		
Developing the outreach and tele-health programme.	Number of departments/disciplines participating in the outreach programme(s) as a % of the total.	Regional hospitals supported through outreach programme.
	Number and type of disciplines covered per regional hospital from the tertiary services complex.	Improved quality of care at Regional hospitals.
	Number of patients, training sessions, procedures done by outreach programme per discipline.	Improved quality of care at Regional hospitals.
	Number of patients per institution effectively serviced through telemedicine hub and spoke service.	Effective support for regional hospitals from Academic hospital.
		Number of disciplines making use of Aero medical service for outreach.
Rendering quality patient care by implementing clinical governance.	Progress on COHSASA Accreditation.	Effective implementation of quality management systems.
	% of departments having Mortality and Morbidity meetings.	Consistent quality of care per clinical discipline.
	Nosocomial Infection Rate.	Effective prevention of nosocomial infections.
	% patient satisfaction rate.	Patient satisfaction.
GOAL 3: REDUCE THE BURDEN OF DISEASE		
Reduce the burden of disease through level 3 services and expert outreach and support programmes to other levels of care.	Number of Open Heart procedures.	Reduced morbidity and mortality
	Number of Neonatal ICU bed days.	
	Waiting list for arthroplasty (timeframe and number).	
	Number of Kidney transplants.	
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE		
Hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.	Improved facilities.
Implementation of Equipment Plan for MTS (Revitalise equipment according to MTS funding).	Procurement plans implemented per discipline.	Improved equipment for MTS.
GOAL 5: IMPROVED HUMAN RESOURCE MANAGEMENT		
Implementation of the staff establishment for MTS.	Filling posts in phased manner to implement new staff establishment over next 10 years.	Appropriate staffing levels.

BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Table HR3: Provincial objectives and performance indicators for Health Sciences and Training

Measurable Objective	Indicator (Performance Measure)	Output
BUDGET SUB PROGRAMME: HUMAN RESOURCE DEVELOPMENT		
GOAL 5: IMPROVED HUMAN RESOURCES MANAGEMENT		
Implement the Workplace Skills Plan.	Number of nurses successfully trained.	Decrease the vacancy rate for nurses.
	Number of Managers and Senior Managers trained in various aspects of management.	Improved capacity for Senior Managers and Managers.
	Number of learners trained in ABET.	Improved literacy level of the lower category.
	Number of 18.1 learnerships implemented.	Improved skills level of all employees.
	Number of personnel undergone in-service training programmes.	
	Number of personnel per category trained in HIV/AIDS management.	Reduced HIV/AIDS prevalence in the workplace.
	Number of qualified Emergency Care Practitioners.	Increased number of qualified EMS personnel.
	Number of EMS related programmes (Continuous Professional Development, Rescue, Dispatchers).	Provide skills to EMS personnel.
Promoting employable and sustainable livelihood through skills development.	Number of volunteers trained as Community health Care Workers (NQF Level 1 & 3) EPWP.	Efficient functioning of funded NGOs
	Number of 18.2 learnerships (unemployed youth) and number of internships implemented.	Reduced level of unemployment and alleviate poverty.

BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Table SUP1: Provincial objectives and performance indicators for Health Care Support Services

BUDGET SUB PROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES		
GOAL 3: REDUCE THE BURDEN OF DISEASE		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Improve accessibility to Orthotic and Prosthetic Services.	Number of users per year.	Accessibility to Orthotic & Prosthetic services improved.
	Number of Medical Orthotic & Prosthetic Outreach programs increased.	
BUDGET SUB PROGRAMME: LAUNDRIES		
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE		
Develop laundry facilities upgrading plan.	Number of laundries upgraded.	Upgraded laundry complying to norms.
Develop a Service Improvement Plan.	Number of service improvement strategies.	Service Improvement Plan.

BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Table HFM6: Provincial objectives and performance indicators for Health Facilities Management

BUDGET SUB PROGRAMME: INFRASTRUCTURE MANAGEMENT		
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE		
Measurable Objective	**Indicator (Performance Measure)**	**Output**
Develop and implement an Infrastructure Plan.	Number of Hospitals on Revitalization Program.	Hospitals complying to norms and standards providing quality health care services.
	Number of Hospitals upgraded.	Well functioning and improved conditions of health facilities complying to norms and standards.
	Number of Clinics upgraded.	Improved conditions of primary health care facilities.
	Number of new clinics built.	Improved access to Primary Health care facilities.
	Number of Community Health Centres upgraded.	Well functioning primary health care facilities.
Provide Computerised Tomography.	Number of Computerised Tomography equipment.	Comprehensive and Quality health care services.
Conduct an appraisal of conditions of health facilities.	The Comprehensive facility condition appraisal report.	One comprehensive report on the conditions of health facilities.
Provide Medical Equipment for Revite sites.	The number of Hospitals on Revite with adequate medical equipments.	Adequately equipped hospitals for the provision of health care services.

FREE STATE DEPARTMENT OF HEALTH: COST THE FUNDING GAPS FOR 2009 TO 2012

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.

BUDGET PROGRAMME 1: ADMINISTRATION

Budget Sub Programme: Management (Information Technology Services)

ISSUE: PROVISION OF INFORMATION TECHNOLOGY SUPPORT					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Replacement of Servers	**1000**	**750**	**250**	**R 6,800,000.00**	**Replace dysfunctional equipment**
Replacement of Switches	**1200**	**900**	**300**	**R 8,300,000.00**	**Replace dysfunctional equipment**
Replacement of Routers	**750**	**750**	**250**	**R 2,640,000.00**	**Replace dysfunctional equipment**
Replacement of PCs	**100**	**100**	**100**	**R 1,500,000.00**	**Replace dysfunctional equipment**
Total				R19, 240.000.00	

Budget Sub Programme: Provincial Top 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 p.a.	25 PA learners funded by HSA Program + 60 funded by HWSETA	35 PA learners per annum	R 5000.00 X 35 = R175 000.00 p.a	Per annum
Appoint midlevel workers	120 pharmacy assistants p.a.	65	55	R 90 000.00 X 55=R 4950 000.00 p.a	Per annum
Equipment including IT	120 computers and printers	70	50	R 15 000.00 X 50 = R 750 000.00	To be spread over 3 years
Upgrading of Hospital and CHC pharmacies	44 facilities	31	13	R500 000.00 X 13 = R6 500 000.00	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
Annual Fees for facility + responsible pharmacist.	44 + 300	0	44 + 300	R 1600.00 X 44 = R60 200.00 p.a R 300 x 300 = 90 000 p.a.	Per annum
Total				R 72 525 200.00	

Budget Sub Programme: Management (Services Marketing and Health Promotion)

ISSUE: IMPLEMENTATION OF HEALTH PROMOTION AND SCHOOL HEALTH SERVCES					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Compensation of employees	17 officials	14 officials	3 officials needed (1 each at levels 8,9 and 10)	R784 149.92	Budget allocated is insufficient to ensure implementation of planned programmes
Total				**R784 149.92**	

Budget Sub Programme: Management: (Standard Compliance)

Item	**Total required quantity**	**Existing quantity**	**Gap/shortfall**	**Cost of filling the gap**	**Comment**
Compensation of employees	Personnel of 13 officials	9	4 (2 x level 8, 1 x level 5 , 1 level 12.)	R885 143.99	Budget allocated insufficient to ensure implementation of programmes
Total				**R885 143.99**	

Budget Sub Programme: Management (Supply Chain Management)

ISSUE: IMPLEMENTATION OF HEALTH PROMOTION AND SCHOOL HEALTH SERVCES					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Implementation of Supply Chain				R6 million	

BUDGET PROGRAMME 2

Budget Sub Programme: DISTRICT HEALTH SERVICES

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Microstructure.	453 posts	5282	453	R 83 Million	There is no additional budget for the micro structure.
TB Hospitals.	To be discussed with Strategic Health Programmes.				For discussion with Strategic Health Programmes.
MLM Consolidation of PHC.	Posts and Contracts.	Personnel moved from the Municipality to the Province.	R 18 Million	R 12 Million plus R 5 Million for contracts	The OSD and provincial contracts normalise the situation.
Upgrading and compliance with the Pharmacy Act.	24 district hospitals 10 CHC's	The pharmacies are there but not compliant with the Act.	34 Pharmacies	R 84 Million	The upgrading is done in consultation with the Infrastructure and Pharmaceutical Directorates.
24 hr Services at PHC level.	46	31	15	R 48 Million	The implementation of the provincial plan takes place.
Additional Mobile clinics.	107	83	24	R15 Million	
DSPN.				R1 Million	
Equipment.	Maintenance is a problem for all institutions	All institutions need support	The gaps are according to the maintenance plan	R20 Million	The provincial Infrastructure component is involved as they are having a stake in the maintenance of facilities.
Travel Medicine Clinic.	One unit at National Hospital	None	One	R580,000	The unit is mostly used to prepare for the 2010 World Cup.
Maintenance.	24 hospitals 10 CHC'S 235 Clinics	All institutions need support	All institutions need support	R58 Million	Infrastructure to do the audit of the status of the institutions.
Load Shedding.	24 hospitals 10 CHC'S 235 Clinics	All institutions affected	All needs assistance		
Total					

Budget Sub Programme: (Forensic Services)

ISSUE: Compassionate and Quality Services					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Take over of medico-legal services from SAPS to DoH.	New improved Medico Legal Service.	A New Service.	0		The new service is funded through a National Conditional Grant.
Establish a dedicated Clinical Forensic Medicine Service.	Good and Services to support Institutions.	PEP budget.	0		

Budget Sub Programme: TB Management

ISSUE: Strengthening TB Management					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Appointment of personnel for TB Directorate.	Managers: 2	0	2	R1 033 391.94	The budget allocation for 2008/09 was not sufficient for filling the vacant posts.
	Assistant Managers: 5	2	3	R636 067.14	
	Chief Medical Officer: 1	1	1	R635 928 05	
	Project Manager	0	1	R434,567.92	
	Administrative Clerks: 2	2	0	R179 075.00	
	Administrative Officer: 1	0	1	R151 648.59	
Upgrading of MDR/XDR-TB Unit.	3	1	2	R40 000 000.00	Project funding to be spread over two financial years.
Appoint dedicated local area TB coordinators.	20	5	15	R 3 725 925.00	
Appointment of additional personnel for new MDR-TB unit.	35 (Professional & Enrolled nurses)	Nil	35	R5 456 360.00	Personnel will be appointed after completion of the infrastructure upgrading.
Laboratory & drug costs for MDR-TB patients in new unit.	Tests for +/- 60% patients p.a.	Nil		R5 358 335.00	No comment.
	Drug costs for +/- 60 % new patients.	Nil		R3 046 075.00	
Total				**R60 347 341.07**	

Budget Sub Programme: Reproductive Health (PMTCT)

ISSUE: Provision of Reproductive Health Services					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Drugs for PMTCT dual Therapy.			R110231	R5917829 Over two years	
Training of Health Professionals on dual therapy.			R600 000	R600 000	
Total				**R6 517 829**	

BUDGET PROGRAMME 4: Provincial Hospital Services

Budget Sub Programme: General Hospitals

Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Compliance of the hospital pharmacies according to the Pharmacy Act.	6	2	4	R 3,900, 000	Judged to be non-compliant by the Pharmacy Council.
Revitalisation of Dihlabeng Regional Hospital.	R370,000,000.00		Need for rebuilding	R368,000,000.	As per approved business case.
CT Scan at each regional hospital	5	3	2	R12,000,000.	CT Scan at Boitumelo and Dihlabeng.
Outreach Medical Officers (from Academic Health Services).	10	1	9	R 4,887,000	Increase accessibility of specialised health services.
Resident radiologists per regional hospital.	5	1	4	R2,172,000	Required for rendering a complete Regional Hospital package.
Outreach programmes per discipline per regional hospital to DHS.	45	14	31	R3,100,000	Increase accessibility of specialised health services.
Multidisciplinary Psychiatric team at Boitumelo.	3	2	1	R2,300,000	Required for compliance with the Mental Health Act.
Resident specialist per discipline at each regional hospital.	36	24	12	R 6,516,000	Required for rendering a complete Regional Hospital package.
Filling of all professional nurses posts per regional hospital.	1258	974	284	R 56,880,000	To fill only 80% of the nurses posts.
Total				**R459,755,000**	

Budget Sub Programme: Specialised Hospitals (Psychiatry)

ISSUE: COMPLIANCE WITH PHARMACY ACT					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Compliance of the hospital pharmacies according to the Pharmacy Act.	1	0	1	R 1,500, 000	Judged to be non-compliant by the Pharmacy Council.
Total				**R1,500,000**	

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 3,830 posts.	2,694	1,100	R184m	The gap was planned to be filled over 15 years. Currently, however, no funds 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 hundred years of age	Maintenance backlogs Infrastructure upgrades Facility upgrades.	R400m	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 needs replacement/upgrade.	R500m	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	The problem here is not just funding, but also a severe staff shortage due to unavailability of scarce skilled personnel.
ISSUE: ROLLING OUT HOSPITAL INFORMATION SYSTEM					
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					
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.	R30m	Included in equipment costs in UAH Revitalisation Business Case.
ISSUE: COMPLIANCE WITH PHARMACY ACT					
Refurbish pharmacy to be compliant with Pharmacy Act.	New pharmacy built.	Existing pharmacy have insufficient space to make compliant.	Pharmacy not compliant.	R10m	Included in facility costs in UAH Revitalisation Business Case.

Budget Programme 6: Health Sciences and Training

ISSUE: Increase capacity of Nurse Training Colleges					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Additional Campuses	5 Campuses	3 Campuses	2 Campuses		
Staffing	20	0	20	R2 million	
Transport and vehicles maintenances	2 sedan, 1 bus, 1 mini bus	0		R2 million	
Material Resources	R6 million	0	R6 million	R6 million	
Renovations of current campuses	R10 million		R10 million	R10 million	
Additional Lectures for existing campuses	110	78	32	R 4 800 000 p/a	Ratio 1:15 for 4 year diploma
Additional Support staff	22	88		R500 000	
Transport and vehicles maintenances	2 sedans, 3 Mini Buses	6 sedans, 5 Mini Buses, 3 Buses	R5 million	R5 million	

ISSUE: Re-opening of EMS College					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Infrastructure	One campus	0	1		
Compensation of Employees	7 Staff members			R 1 922 762-00	
Operational Cost (Goods and Services): Current	Medical and rescue equipment, student catering and accommodation			R21 407 330-00	
Operational Cost (Goods and Services): Capital	Vehicles			R 1 769 299-00	
Total				**R25 099 391-00**	

ISSUE: Strengthening Training Capacity on HIV/AIDS					
Item	**Total required quantity**	**Existing quantity**	**Gap / shortfall**	**Cost of filling the gap**	**Comment**
Staffing	11 personnel posts	8 personnel posts	11 personnel posts	R5 million	
Material Resources	Office furniture	none	Office furniture	R1,5 million	
Capital Budget	Renovation of building	none	Building	R12 million	
IT Services	4 computers, 4 data projectors, 1 printer, 1 fax and 1 scanner	None	same	R1 million	
Total				**R 19.5 million**	

Budget Programme 8: Health Facilities Management

ISSUE: Building Infrastructure Services					
Item	Total required quantity	Existing quantity	Gap / shortfall	Cost of filling the gap	Comment
Conditions of Laundry Facilities	**Structural extension and upgrading of 4 Laundry facilities.**	**5 Laundries in the FS DoH**	**Extend and upgrade of 4 Laundry facilities**	**R15 million**	**Insufficient Funds**
EMS College Facility	**1 EMS College**	**No EMS College**	**One EMS College**	**R25 Million**	**A need for EMS College not budgeted for.**
Building of New PHC Clinics	**229**	**224**	**05 new clinics**	**R30 Million**	**Insufficient funds**
Maintenance of Health facilities	**24 District Hospitals and 224 clinics**	**10 District Hospitals and 81 Clinics**	**14 District Hospitals 148 Clinics and 10 CHC**	**R65 Million**	**No funding**
Upgrading of Free State School of Nursing facilities	**3 Campuses @ R12 Million**	**3 Campuses**	**Upgrading of 3 Nursing Campuses**	**R15 Million**	**Budgetary challenges**
Total				R150 Million	

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

Expenditure	**2004/05 (actual) R'000**	**2005/06 (actual) R'000**	**2006/07 (actual) R'000**	**2007/08 (actual) R'000**	**2008/09 (estimate) R'000**	**2009/10 (MTEF projection) R'000**	**2010/11 (MTEF projection) R'000**	**2011/12 (MTEF projection) R'000**
Current prices (R million)	2,794,911	3,121,275	3,461,337	3,833,997	4,691,147	5,168,719	5,897,148	6,297,776
Total per person	978.09	1,092.11	1,211.10	1,310.37	1,641.69	1,808.81	2,058.90	2,203.93
Total per uninsured person	1,147.99	1,281.84	1,421.49	1,537.99	1,926.86	2,123.02	2,416.55	2,586.77
Constant (2004/05) prices R million)	29,067.07	31,183.28	32,986.54	34,851.03	40,812.98	3,931.83	51,185.19	54,790.65
Total per person	1,026.82	1,091.09	1,154.18	1,219.63	1,428.27	1,573.67	1,791.25	1,917.42
Total per uninsured person	1,205.20	1,208.63	1,354.68	1,360.12	1,676.37	1,847.03	2,102.40	2,250.49
% of Total spent on:								
Administration Programme 1	165,707 (5%)	146,548 (4%)	160,757 (3%)	189,997 (5%)	183,860 (4%)	222,787 (4%)	231,916 (4%)	245,805 (4%)
District Health Services Programme 2	1,034,995 (37.03%)	1,137,573 (36.83%)	1,290,966 (37.30%)	1,408,370 (35.73%)	1,739,708 (37.08%)	1,845,277 (35.70%)	2,085,485 (35.08%)	2,229,904 (35.41%)
Emergency Medical Services Programme 3	123,648 (4%)	146,339 (4%)	164,704 (5%)	191,585 (5%)	225,247 (5%)	257,313 (5%)	286,386 (5%)	297,185 (5%)
Provincial Hospital Services Programme 4	797,822 (28.55%)	856,209 (25.05%)	951,962 (27.50%)	997,366 (26.01%)	1,246,092 (26.56%)	1,290,700 (24.97%)	1,453,279 (24.70%)	1,553,594 (24.67%)
Central Hospital Services Programme 5	462,621 (16.55%)	543,235 (16.16%)	599,443 (17.32%)	693,694 (18.09%)	816,863 (17.41%)	973,391 (18.83%)	1,057,681 (17.98%)	1,130,431 (17.95%)
Health Science and Training Programme 6	90,949 (3%)	95,873 (2%)	98,150 (3%)	98.727 (3%)	101,448 (2%)	116,797 (2%)	150,855 (3%)	155,776 (2%)
Health Care Support Programme 7	46,584 (1%)	24,544 (1%)	37,968 (1%)	43,311 (2%)	41,361 (1%)	52,464 (2%)	58,916 (2%)	62,059 (2%)
Health Facilities Management Programme 8	94,190 (3%)	170,953 (5%)	157,387 (5%)	210,947 (6%)	336,568 (7%)	409,990 (8%)	558,837 (9%)	623,022 (10%)
All personnel (R million)	1,680,574	1,849,533	2,012,009	2,351,744	2,900,615	3,048,360	3,234,718	3,419,097
Capital	176,798	228,839	245,981	302,700	406,147	439,982	612,774	666,865

Source: BAS System & Budget Statement

PROGRAMME 1: ADMINISTRATION

ANNEX 1: ADMINISTRATION

Programme 1 has the following sub programmes:
- Office of the MEC
- Provincial Top Management

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

Provincial Top 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 stay within budget in terms of the annual financial allocation without reducing the quality level of Health services rendered.

The Department of Health regularly informed Treasury since the first quarter of the 2008 financial year that the Department will overspend in 2009 because of various circumstances.

The shortage of funding for the OSD for nurses, increased inflation and higher health inflation, added to unfunded mandates hamper the rendering of the full complement of health services.

Various presentations were made to Provincial and National Treasury where the deteriorating financial position of the Free State Department of Health was confirmed. It was mentioned throughout that the whole Sector is in financial difficulty and that the Provincial Department would not be able to escape it's part of the burden. The projected over run of expenditure by the Health Sector as at the 30th September 2008 amounts to R 3,3 billion. To this the Free State Department of Health contributes a projected R 360 million over expenditure taking into account an adjustment for ICOS.

The implication of this projection is that the Department will run out of cash towards December. In order to keep rendering services, shifting of funding between various programs and economic items is non negotiable. In many instances Institutions struggle to fulfil their mandate. Stringency measures have been implemented during each of the last four years in the department with various levels of impact on the performance of the department

The ultimate goals of any health system are:
- Improved Health Outcomes
- Financial Risk Protection
- Responsiveness to the health needs of the population it serves

It is important that any analysis of the impact of the stringency measures is aimed at determining this impact on the health system as a whole. It should also determine the extent to which it affects the ability of the health system to achieve each of its ultimate goals.

It is important to note that the stringency measures have been applied over the past four years without fail, and therefore the impact of these measures can already be felt by the health system even allowing for their "lag effect". In other words some of the system failures we are currently experiencing are a result of the implementation of the stringency measures some four years ago.

A quick analysis of the Free State Provincial health system will indicate that it has the following features, which are alarming and indicate poor performance:

Impact of the financial situation on the performance of the department

- 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

The departmental turnaround plan is being finalised. It is not possible to fully align the Annual Performance Plan with the turnaround plan within the existing deadlines however, the main thrusts are included. The implementation of the 2008/09 cost containment measures will further inform the final draft of the Annual Performance Plan as necessary.

It is crucial that the critical underfunding of health services in the country, be addressed as a matter of urgency to minimise the undesirable consequences of some of the cost containment measures which have become unavoidable.

In some cases, additional funding is necessary to establish the required means of cost containment. In the longer term, savings are anticipated to result from these measures.

SITUATION ANALYSIS

Pharmaceutical Services

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. The legislation is applicable to all State facilities where medicines are kept, dispensed and administered. Current levels of compliance are as follows:

Registration of Free State Department of Health Pharmacies with SAPC

Period of registration	Number of facilities registered
Until 2010	8
Until 2009	12
Until 2008	11
Total registered	31

There are 13 facilities that are licensed and recorded but not registered due to various levels of non compliance. At 3 of these facilities renovations are in process but at 8 facilities major infrastructural changes are needed.

Equipment and reference material was purchased and distributed to support services in achieving and maintenance of this requirement. Despite this certain facilities remain not yet fully compliant citing financial constraints as the reason.

Free State Department of Health does not have the capacity for large scale manufacture of medicine. Extemporaneous preparation of ointments, lotions and solutions for wards and out patients does however occur.

The pre-packing facilities at the hospitals and regional pharmacies do not comply with all the Good Manufacturing Practice / Good Pharmacy Practice requirements. A centralised pre-packing unit is planned at the Medical Depot phase 3 upgrading. In the interim, the province attempts to tender for pre-packed items for the majority of items used mainly at PHC Level.

Universitas, Pelonomi and Boitumelo Hospitals currently have a comprehensive computerised MEDITECH Stores and dispensing system. Management Sciences for Health donated the RX

solutions program which was installed at 38 facilities. Stores management and dispensing staff are being trained.

Emergency power systems should be available at all pharmacy facilities to prevent losses due to cold chain failure. At approximately 60% of hospitals, CHC's and clinics this is not available.

All hospitals and CHC pharmacies require direct, personal supervision of a pharmacist. The Free State province complies to that requirement although at some facilities the responsible pharmacist might be a pharmacist busy with community service. A total of 128 Pharmacist Assistants completed their post basic training since 2003. There are currently 85 Pharmacist Assistant learners enrolled and at various stages of competency. Clinics are allocated to each pharmacist to visit them at least once a month to comply with prescripts for indirect supervision of the Pharmacist Assistants.

Information Technology

The department was very successful for the past three (3) years in ensuring that both infrastructure and software is available for the support of service delivery. More clinics delivering ARV were connected to the central data information management system to access different programmes. Several databases were developed to address challenges such as transport management.

However from the 2006/07 financial year the infrastructure (especially servers) started to deteriorate and need urgent replacement. Critical information was lost as a result. Strategies to implement alternatives to replace ailing servers and related infrastructure are being finalised.

Security Administration

In April 2002 the Security Service was decentralized from the Department of Public Safety, Security and Liaison to different Departments including the Department of Health. Since then an organizational structure was developed for this service and most of the critical posts were filled. Subsequently the security policy was developed and approved. The policy is currently being implemented.

Internal Audit

The Internal Audit Unit is responsible for providing independent objective assurance and support designed to add value to improve the departmental operations and internal control system. The unit develops an annual Audit Plan based on the Risk Assessment Plan. The Audit Committee was established in 2008 to support the functions of the unit. The Audit Plan is approved by the Audit Committee. Supply Chain Management and Financial Management were identified as High Risk Areas according to the Risk Assessment Plan for 2008/2009. The Specialized Investigation, Fraud and Anti Corruption Unit is governed by the Internal Audit Charter.

Audits include the review, evaluation of the controls and procedures in place. The review of the audit encompasses the following Compliance with policies, plans, procedures, laws and regulations, Reliability and integrity of information, Economical and efficient use of resources; and Safeguarding of assets.

14 Internal Audits were performed during 2007/2008. 70 special investigations were conducted ranging from fraud, corruption, nepotism, mismanagement of assets, embezzlement and theft. 7 cashiers were dismissed for embezzlement and since then the revenue of Botshabelo Hospital increased to 77%.

A Fraud Prevention Plan and Whistle blowers policy was approved and circulated under Health Finance Circular 14 of 2008.

POLICIES, PRIORITIES AND STRATEGIC GOALS

Pharmaceutical Services
Full compliance with the Medicines and Related Substances Act 101 of 1965 as amended, and the Pharmacy Act 53 of 1974 as amended. This requires prioritisation of the following strategies

- 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.

Information Technology
Improved infrastructure will enable the department as part of the government e-strategy to implement e-health to meet millennium goals and Free State Growth and Development Strategy. Also the integration of electronic health records accessible at all health facilities nationwide.

Security Administration
This service is guided by the Minimum Information Security Standards Policy (MIS), Position Paper for Security Managers in Government Bodies and the Departmental Security Policy which includes different acts in relation to security services in compliance with the Free State Growth and Development Strategy under the goal “crime prevention and security”.

Security Committees will be established throughout the Department. Two committees have already been established. Security appraisals surveys of all institutions will be conducted to re-design the security status in the Department. An effective communication system in terms of two way radios is needed. Only Motheo District has got two way radios system.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management
An estimated amount of R100 million is needed to upgrade and maintain existing infrastructure. To equip all remaining clinics with computers an estimated amount of R50 million for full electronic health records implementation. A way around financial challenges could be lease or rental options.

Security Administration
Due to cost containment measures travelling is restricted. It is therefore difficult to establish the security committees. Two way radio communication projects can also not be completed in other four Districts.

Human Resources
Limited resources to fill posts. Security personnel will be shifted around in different institutions from the higher concentrations to lower concentrations of personnel.

Support Systems
Limited resources to improve security technology such as surveillance cameras, security alarms and two way radios. These will be addressed in phases.

Internal Audit
Limited resources to fill posts.

Table NHSPriority3: Implementation of integrated National Health Information System

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Review and enforce current data flow policy and include data management and ownership guidelines.	Develop Data Management Guidelines.	Strengthen data ownership, including utilization at the point of collection and signing off of data prior to sending to the next level.	Provincial DoHs to provide the required data.	NDoH to design and conduct the Audit in consultation with Provinces. Provincial DoHs to provide the required data.
Conduct an Audit of health information posts and post requirements in each province and monitor provincial progress on an ongoing basis.	Ensure that health information posts are created and filled.	Increased supply of health information personnel	This is not funded thus there are no current targets	National DoH and Provinces.
Improve Quality of Health Information.	Provide appropriate ICT infrastructure.	Improved ICT infrastructure.	Depends on the availability of funding	National DoH and 9 Provincial DoHs.
	Creation of posts for health Information officers (HIOs) at all levels of the health system.	HIOs appointed and trained.	Depends on the availability of funding	
	Provide appropriate training and supervision.		Ongoing training and support	
	Harmonise data collection tools.		Data collection tools harmonised between levels of care and management	
	Provide standard definitions of data elements and indicators.	Standard definitions available.	NIDS aligned standards between levels of care and management	
Implement Turn-Around-Strategy for improving Audit Outcomes.	Improve the response time to queries raised by the Auditor General.	Queries raised by the AG responded within 10 days (maximum).	Monthly feedback on audit queries and PROPAC resolutions	National DoH and Provincial DoHs
	Achieve an Unqualified Audit Opinion from the Auditor General.	Unqualified Audit Opinions achieved for the Financial Year 2008/09.	Monthly feedback on audit queries and PROPAC resolutions	

BUDGET PROGRAMME 1: ADMINISTRATION

Table ADMIN 1: Provincial objectives and performance indicators for Administration

BUDGET SUB PROGRAMME: OFFICE OF THE MEC										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implementation of the political strategic direction of the Free State Department of Health. (GPOA)	Government Programme of Action implemented.	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										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implement an integrated Strategic Plan. (APP Part A)	Plans integrated with National Department of Health, Provincial Government Plans and IDPs.	Integrated planning.	Complied.	Complied.	Complied.	Compliance.	Compliance.	Compliance.	Compliance.	Compliance.
Provide economic opportunities	Use tender- and contract evaluation prescripts to enforce 70% of procurement spent on SMME's in the province.	Promote BBBEE						Institutions spent 70% of the goods and services budget on SMMEs.	Institutions spent 70% of the goods and services budget on SMMEs.	Institutions spent 70% of the goods and services budget on SMMEs.
Improve Asset Management.	Number of Logis Stores meeting the reporting requirements.	100% compliance with prescribed reporting requirements.						70% of Logis Stores meeting the reporting requirements	80% of Logis Stores meeting the reporting requirements	95% of Logis Stores meeting the reporting requirements

BUDGET SUB PROGRAMME: MANAGEMENT										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Ensure effective implementation of Supply Chain Management.	Number of institutions fully implementing three of the five aspects (elements) of SCM.	100% compliance with implementing three elements of SCM.						70% of institutions fully implementing three of the five aspects (elements) of SCM. These are: Demand Management Acquisition Management Logistics Management Disposal Management Supply Chain Management Performance Contract	80% of institutions fully implementing three of the five aspects (elements) of SCM.	95% of institutions fully implementing three of the five aspects (elements) of SCM.

BUDGET SUB PROGRAMME: MANAGEMENT										
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Ensure the upgrading of pharmacy facilities in line with legislation to enhance service delivery. (GPOA)	Number of Pharmacy facilities in full compliance with the registration requirements of SAPC.	All Hospitals and CHC's as well as PHC clinic pharmacy facilities, registered and recorded with SAPC.	No data.	Hospital and CHC pharmacy facilities: a) 100% (44) licensed with NDoH.	Hospital and CHC pharmacy facilities:	Hospital and CHC pharmacy facilities :	Hospital and CHC pharmacy facilities:	33 pharmacy facilities at CHCs and hospitals, fully compliant.	44 pharmacy facilities (additional 9) at CHCs and hospitals, fully compliant.	20 pharmacy facilities at clinics recorded with SAPC
			No data.	0% (0) recorded with SAPC	b) 80% (35) recorded with SAPC	b) 93% (41) recorded with SAPC	b) 100% (44) recorded with SAPC			
			No data.	0% (0) fully compliant.	20% (9) fully compliant.	40% (18) fully compliant.	60% (27) fully compliant.			
Provide a functional information network system to all health facilities.(GPOA)	Data from various systems integrated into Data Warehouse and usable as information for managers.	Fully integrated data warehouse.	Planned and prepared Data Warehouse.	Created Data Warehouse structure.	Started populating Data Warehouse.	HR & MPM information fully developed.	DSMS	NHLS DHIS Integrated Health Information System.	Strategic Planning Management System I.	Strategic Planning Management System II.
Implementation of the departmental maintenance plan. (GPOA) (SONA)	Departmental Maintenance Plan on major works.	Annual Maintenance Plans on priority institutions.	Not in plan	Not in plan	Not in plan	Not in plan	Annual Maintenance Plan approved and fully implemented.	Annual Maintenance Plan approved and fully implemented.	Annual Maintenance Plan approved and fully implemented.	Annual Maintenance Plan approved and fully implemented.
Provision of essential equipment to provincial health facilities. (GPOA)	Essential equipment packages available per level of care.	3 packages. Basic equipment available at all levels of care	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	100 % packages at all levels.	Review of packages in line with National Guidelines.	

BUDGET SUB PROGRAMME: MANAGEMENT										
GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Develop an effective and efficient Information System which is used for management in the Free State Department of Health. (GPOA)	Inclusive public health information strategy. Availability of public health information to inform management decisions.	Information-based decision making within the FSDH.	Not in plan.	Not in plan.	Not in plan.	Not in plan.	Develop a public health information management strategy.	Consolidate various information units. Implement a Business Intelligence Task Team.	Evaluate and review.	
Implementation of Picture Archiving and Communication Systems (PACS) (GPOA)	Implementing Picture Archiving and Communication System (PACS)	PACS Implemented.	PACS implemented at Radiology and Trauma Unit at Pelonomi.	PACS implementation extended to Theatres and Intensive Care Units at Pelonomi.	Not in plan	Not in plan	Not in plan	PACS implemented to cover wards and specialist clinics at Pelonomi & Universitas.	PACS implemented at Boitumelo.	

BUDGET SUB PROGRAMME: MANAGEMENT										
GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Ensure compliance with the Public Finance Management Act and Treasury Regulations.	Statements/ reports/ certificates submitted in line with prescripts	Compliance	Compliance certificate was submitted monthly	Compliance certificate was submitted monthly	Compliance certificate was submitted monthly.	Compliance certificate was submitted monthly.	Compliance certificate submitted monthly.	Compliance in line with treasury requirements	Compliance in line with treasury requirements	Compliance in line with treasury requirements

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Current prices[1] (R million)	165,707	146,548	160,757	189,997	191,232	222,787	231,916	245,805
Total[2]	2858	2858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	57.98	51.28	56.25	66.48	70.56	77.95	81.15	86.01
Total per uninsured person	68.05	60.18	66.02	78.03	82.81	91.49	95.24	100.95
Total capital[2]	24,700	5,705	6,418	2,921	3,784	4,352	4,140	5,054
Constant (2004/05) prices[3]	1,725.01	1,465.48	1,532.01	1,747.97	1,750.30	1,936.02	2,015.35	2,136.05
Total[2]	2858	2858	2 858	2 858	2 858	2858	2858	2 858
Total per person	0.60	0.51	0.54	0.61	0.61	0.68	0.71	0.75
Total per uninsured person	0.71	0.60	0.63	0.72	0.72	0.80	0.83	0.88
Total capital[2]	24,700	5,705	6,418	2,921	3,784	3,280	4,140	5,054

Source: BAS System & Budget Statement

Table 2.14: Summary of provincial payments and estimates by economic classification: Programme1: Administration

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	139 200	153 192	185 836	192 649	197 533	181 769	219 367	227 776	240 751
Compensation of employees	83 090	90 613	125 264	135 958	135 592	129 807	146 278	149 443	152 809
Goods and services	52 417	56 492	57 025	56 691	61 941	51 248	73 089	78 333	87 942
Interest and rent on land									
Financial transactions in assets and liabilities	3 693	6 087	3 547			714			
Unauthorised expenditure									
Transfers and subsidies to:	1 643	1 146	1 240	331	331	754	140		
Provinces and municipalities	931	70	14						
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises	699	472	84	331	331				
Foreign governments and international organisation									
Non-profit institutions	2	5				266			
Households	11	599	1 142			488	140		
Payments for capital assets	5 705	6 419	2 921	3 784	3 784	1 337	3 280	4 140	5 054
Buildings and other fixed structures	882								
Machinery and equipment	4 477	5 857	2 153	3 784	3 784	1 337	3 280	4 140	5 054
Cultivated assets									
Software and other intangible assets	346	562	768						
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	146 548	160 757	189 997	196 764	201 648	183 860	222 787	231 916	245 805

PROGRAMME 1: ADMINISTRATION

ANNEX 2: ADMINISTRATION: HUMAN RESOURCES MANAGEMENT

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 26 167 posts were on the staff establishment and a total of 16 146 were filled. This implies an overall vacancy rate of 38.3%.

A report was submitted to the MEC: Health for the abolishment of 3 810 unfunded vacancies, it must however still be approved.

Accuracy of the staff establishment at all levels of the system compared to service requirements
A total of 1 245 new appointments were handled. The annual turnover rate of the Department currently stands at 6.5%.

The implementation of the revised micro structure has been approved.

Staff recruitment and retention systems and challenges
- A staff retention strategy was developed. New recruitment methods are being investigated to ensure that vacancy lists reach all potential applicants, especially those who are differently able.
- The Draft Human Resource Plan was approved.
- A total of 254 posts were upgraded and 8 posts were downgraded through the job evaluation process.
- Job offers were issued to bursary holders and community service health professionals to retain them in permanent posts. A total of 124 of these job offers were accepted.

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 line with PROPAC Resolutions a Leave Monitoring and Control Unit was established (Res.79/2005). Leave registers were implemented (Res.30/2006). Training via iCAM teaches supervisors how to handle unacceptable sick leave certificates. Institutions and districts were visited to provide training on leave matters. The current sick leave days in the department is 9 days per person at a cost of R 29 046. A total of 807 employees received leave payouts at a cost of R 9 969.87 as an average payment per employee.

THE EMPLOYEE ASSISTANCE PROGRAMME
The programme is integrated into the whole Employee Health and Wellness Programme. This consists of Occupational Health and Safety Wellness and HIV and AIDS workplace programmes. The programme is functional at corporate office, district offices, regional hospitals and the academic hospital.

Service delivery structures have been established and staff appointed where possible to render the wellness services. There are five EAP committees at district level, four EAP committees at regional hospitals and one at the Academic Hospital. A Provincial EAP Committee has been established.

Table HR1: Public health personnel during December 2008

Categories	Number employed			% of total employed	Number per 1000 people[2]	Number per 1000 uninsured people[2]	Vacancy rate[5]
	Filled	Vacant	Total				
Medical Officers	836	638	1474	56.72%	2.92	3.43	43.28%
Specialists	201	193	394	51.02%	7.03	8.25	48.98%
Dentists	71	113	184	38.59%	2.48	2.91	61.41%
Professional Nurses	2929	2274	5203	56.29%	0.00	0.00	43.70%
Staff Nurses	529	292	821	64.43%	1.85	2.17	35.56%
Nursing Assistants	1624	2196	3820	42.51%	5.68	0.00	57.48%
Pharmacists	348	348	696	50.00%	1.21	1.42	50%
Physiotherapists	19	26	45	42.22%	6.64	7.80	57.7%
Physiotherapist Chief	21	15	36	58.33%	7.34	8.62	41.6%
Physiotherapist Senior	21	51	72	29.17%	7.34	8.62	70.8%
Occupational Therapists	24	24	48	50.00%	8.39	9.85	50%
Occupational Therapist Chief	10	14	24	41.67%	3.49	4.10	58.3%
Occupational Therapist Senior	32	38	70	45.71%	1.11	1.31	54.28%
Occupational Therapist Assistant	4	0	4	100.00	1.39	1.64	0%
Radiographer	23	31	54	42.59%	8.04	9.44	57.40%
Radiographer Chief	93	20	1113	82.30%	3.25	3.81	17.69%
Radiographer Senior	64	59	123	52.03%	2.23	2.62	47.96%
Emergency Care Practitioners	1038	1146	2184	47.53%	3.63	4.26	52.47%
Dietician	18	24	42	42.86%	6.29	7.39	57.14%
Dietician Principal	6	9	15	40.00%	2.09	2.46	60%
Dietician Senior	28	34	62	45.16%	9.79	1.15	54.83%
Nurse Students	71	0	71	100.00%	2.48	2.91	0%
Total	**8010**	**7545**	**15555**	**51.49%**	**0.00**	**0.00**	**48.50%**

Source: HR Database: December 2008

Formulas:
a) Number per 1000 people: Total filled divided by total population (2,857,519)
b) Number per 1000 uninsured people: Total filled divided by uninsured population (2,434,606)
c) % Vacancy Rate: Total vacant posts x 100 = % vacancy rate
Total posts 1

POLICIES, PRIORITIES AND STRATEGIC GOALS

Planned deployment of human resources in relation to the requirements for service delivery

The Department has already employed 9 Tunisian Doctors in terms of the government-to-government agreement. A request was made to the National Health to employ a further 35 Tunisian Doctors.

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

With the implementation of the revised micro structure on the PERSAL system the correct placement of staff will be dealt with accordingly.

Approval was already granted to abolish a total of 535 unfunded vacancies. A second request was submitted for approval to abolish a total of 3 810 unfunded vacancies.

Staff recruitment and retention plans

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

In order to improve on the recruitment period, the MEC: Health approved that delegations be given to the lowest levels possible. This provision will allow for CEO's and District Managers to approve appointments of persons on levels 1 to 10.

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

Approval was granted to place bulk standardized advertisements in the external media for Nurses posts as well as Registrars. This not only saves expenditure but allows for quicker external recruitment.

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 to the department. If affordable, bursary holders and community service health professionals will be offered employment.

Table NHS Priority 6: Strengthening Human Resources for Health

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Implement recruitment and retention strategies for health Workers, including Memoranda of Understanding to regulate recruitment.	Finalise Occupational Specific Dispensation (OSD) for Medical Officers, Medical Specialist, Dentist, Dental Specialist, Pharmacologists, Pharmacists and Emergency Care Practitioners.	Finalise OSD negotiations by 01 May 2008. Full implementation of OSD for these categories by march 2009.	The process to finalize & implement the relevant OSD is vested with NDoH. Currently discussions are taking place in terms of the funding of this OSD.	National and Provincial DoHs in collaboration with National Treasury and DPSA.
	Finalise OSD for Dieticians, Physiotherapists, Occupational Therapists, Psychologists, Radiographers, Audio- and speech Therapists, Dental Therapists, Dental Technicians, Medical Technical Officers, Medical Orthotists and Prothetists, Oral Hygienists, Chiropodists, Environmental Health Practitioners, Health Technologists, Forensic Pathology Officers.	OSD to be effective as from 01 July 2009.	The process to finalize & implement the relevant OSD is vested with NDoH. They will form a task team who will develop the OSD guidelines, but at this stage such a team has not yet been identified.	National and Provincial DoHs in collaboration with National Treasury and DPSA.
Fast-track the filling of vacant posts.	Develop and implement a Departmental Recruitment Strategy to fast-track the filling of vacant posts in the health sector, including the use of recruitment agencies where required.	Departmental Recruitment and Selection strategy finalised.	The Retention Strategy was approved by the Head: Health. The Department is part of the IDIP exercise where the reasons for staff leaving / remaining are identified. Once this survey has been completed middle December, can the relevant strategy be revised accordingly.	National DoH and Provincial DoHs
Finalise Provincial Organograms.	Finalise the organograms of all 9 Provincial DoHs.	Provincial Organograms finalised by end of June 2008.		Provincial DoH
Strengthen the implementation of Performance Management Systems.	Signing of Performance Management Agreements (PMAs) by all Senior Management Services (SMS) members in the Public Health Sector.	All SMS Members have signed PMAs for 2008/09 by 30 April 2008.	All SMS Members have submitted their signed Performance Plans accept 3. These Members are currently being charged with misconduct.	National DoH and Provincial DoHs

Table HR2: Provincial objectives and performance indicators for Human Resources

BUDGET SUB PROGRAMME: PROVINCIAL TOP MANAGEMENT (continue)										
GOAL 5: IMPROVED HUMAN RESOURCE MANAGEMENT										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implement a comprehensive Human Resource (HR) plan for the department.	% Community services professionals who do not have bursaries retained.	Incentive schemes implemented to retain.					Stats will only be made available as from this period.	20% of Community services professionals who function in the dept who do not have bursaries, retained.	30% of Community services professionals who function in the dept who do not have bursaries, retained.	40% of Community services professionals who function in the dept who do not have bursaries, retained.
	Targeted HRM functions decentralised to all districts & regional & academic hospitals.	Effective and efficient HRM at all levels throughout the department.								

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
- District Hospitals
- Community Based Services
- Other Community Services
- Coroner Services (Forensic Pathology Services)
- HIV and AIDS
- Nutrition (includes maternal, child and women's health)
- Disease Prevention and Control

Introductory paragraph to explain the financial situation

OBJECTIVE	2008/09	2009/10	% INCREASE
District Management	66,620	59,022	(11.40)
Community Health Clinics	366,977	377,088	2.76
Community Health Centres	60,653	70,552	16.32
Community Based Services	103,116	128,253	24.38
HIV/AIDS	36	23	(36.11)
HIV/AIDS Conditional grant	69,467	76,414	10.00
Nutrition	6,060	10,499	73.25
Coroner Services	-	-	-
District Hospitals	640,627	738,790	15.32
TOTAL	**1,313,556**	**1,460,641**	**11.20**

DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

The Free State comprises of five districts, Motheo in the central part of the Free State, Xhariep in the South and Western Free State, Lejweleputswa in central west, Fezile Dabi in the North and Thabo Mofutsanyana in the East. The total provincial population is estimated at 2,857,519 with an uninsured population of approximately 2,434,306.

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

The 85.2% of the Free State population which has no medical insurance and therefore is mainly dependent of public health services, numbers 2,434,606 people.

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 (R million)

District	% of total Free State population	2004/ 2005	% of total District budget	2005/2006 expenditure	2006/07	2007/08	2008/09	2009/10	% of total District budget
Xhariep	5.11	59	6.31	75	87	78	97	109	7
Motheo	27.23	271	30.94	305	341	336	411	454	31
Lejweleputswa	23.63	152	20.17	173	191	208	246	275	19
Fezile Dabi	16.94	128	15.12	149	192	166	208	251	16
Thabo Mofutsanyana	27.09	240	27.46	271	305	295	353	386	27
Total	**100**	**850**	**100**	**973**	**1 116**	**1,083**	**1,315**	**1,475**	**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. How ever 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. However both these districts experience difficulty in attracting and retaining professional health staff.

Table DHS1: District health service facilities by health district (updated as per previous APP)

Health district	Facility type	No.	Population	Uninsured population per sub district
Xhariep	Non fixed clinics	21	132 070	Letsemeng (32 801)
	Fixed Clinics	16		
	CHCs	1		Kopanong (46 136)
	Sub total clinics + CHCs	38		Mohokare (33 497)
	District hospitals	3		
Motheo	Non fixed clinics	19	736 292	Naledi (23 026)
	Fixed Clinics	59		
	CHCs	2		Mangaung (587 994)
	Sub total clinics + CHCs	80		Mantsopa (46 301)
	District hospitals	4		
Fezile Dabi	Non fixed clinics	20	487 971	Maqhaka (156 616)
	Fixed Clinics	32		
	CHCs	5		Nqwathe (110 957)
	Sub total clinics + CHCs	57		Metsimaholo (98 832)
	District hospitals	4		Mafube (49 346)
Lejweleputswa	Non fixed clinics	19	762 858	Masilonyana (60 881)
	Fixed Clinics	49		Tokologo (24 740)
	CHCs	1		Tsweloplele (47 744)
	Sub total clinics + CHCs	69		Matjhabeng (440 648)
	District hospitals	5		Nala (75 940)
Thabo Mofutsanyana	Non fixed clinics	19	769 427	Dihlabeng (990 891)
	Fixed Clinics	66		
	CHCs	1		Setsoto (59 432)
	Sub total clinics + CHCs	86		Nketoana (59 432)
				Phumelela (41 876)
	District hospitals	8		MAP (326 603)
DHS Province	Non fixed clinics	100	2 857 519	2 434 606
	Fixed Clinics	222		
	CHCs	10		
	Sub total clinics + CHCs	327		
	District hospitals	24		

Source: District Management 2008

In the Free State, 31.49% of the population live in rural areas and 68.6% in urban areas. The province is large and sparsely populated with most of its people living in urban areas. Xhariep district has been identified as a Rural Area by Provincial Government. Rural Health Services are rendered from 109 mobiles in all towns in the Free State on a 4 - 6 weekly basis.

Maluti -a- Phofung in Thabo Mofutsanyana has been declared as a presidential rural node.

APPRAISAL OF EXISTING SERVICES AND PERFORMANCE

District Health Services (DHS)

The Primary Health Care package is comprehensive, effective and efficient to address the needs of the Free State community and has been fully implemented in line with the referral system in all Districts. In order to maintain the continuum of care, Primary Health Care services are supported by Level 2 and 3 hospitals. There are however challenges experienced of a limited budget, shortage of personnel, especially Health Professionals and equipment which have an impact on service delivery. The Service Transformation Plan will address some of these challenges once implemented.

After consolidation of primary health care services, District Health Services- and clinic staff establishments have been approved which take into consideration the principles of the District Health Services and provide for minimum staffing levels based on the utilisation of the clinic.

All 5 districts have District Health Plans which are developed in consultation with stakeholders on a yearly basis. These plans are monitored on a quarterly basis.

Governance Structures

Governance Structures are fully functional both at both clinic and district hospitals levels. A total of 73 clinic committees have been established in all five districts in the Free State.

Services Marketing and Health Promotion

The introduction of Batho Pele Revitalisation Program compelled the department to establish a Batho Pele component to monitor compliance with Service Delivery Improvement Plan (SDIP), Service Delivery Charter (SDC), and Service Standards for the Free State Department of Health.

Implementation of the program at districts and local areas are supported by means of training customer care and communication officers. Opportunities such as campaigns and governmental events are used to ensure broader and effective marketing of services. Information is being disseminated to communities, through national and local radio stations.

Healthy Lifestyles

The Healthy Lifestyle program has been implemented in all five districts with the focus on the five priority areas, i.e. nutrition, safe sexual behaviour, tobacco control, substance and alcohol abuse as well as physical activity. The districts are implementing the five priority health promotion campaigns as well as specific plans for healthy lifestyles on an annual basis.

Health Promoting Schools

The Health Promoting Schools concept was introduced to several schools whereby the principles of health promotion; policy development; capacity building; reorienting health services; community participation and creating supporting environments, are practiced. To date, there are 74 Health Promoting Schools in the Free State. All health promoting schools participate in the healthy lifestyles programme and 34 schools implementing anti smoking policies.

School health services rendered to the primary target of Grade R and Grade 1 has been implemented in all five districts. The number of schools received services; 375 schools, target learners reached with the service 19650 and 3712 secondary target.

Standard Compliance

Quality Assurance is facilitated through Accreditation, Clinical Governance, Infection Control and the licensing of Private Facilities.

3 Regional Hospitals and 1 Tertiary Hospital have received full COHSASA accreditation. 8 hospitals have re-entered for the COHSASA accreditation process. Other Hospitals will enter the program once revitalisation is completed.

The Free State Department of Health has embarked on a pilot program with COHSASA to implement an Adverse Incident Monitoring System (AIMS) in 24 hospitals in the Free State. This will entail a case control study phased over 9 months, where 12 hospitals has been selected through a stratified random sampling to implement the AIMS program and 12 hospitals as control sites from 1 October 2008. All sites will then be targeted with AIMS for a further 9 months.

Traditional Practices

A Traditional Practices Unit is newly established to realise the objectives of the Traditional Health Practitioners Act (Act 22 of 2007) and to begin with the process of accommodating traditional practices within the Western Medicine Model. Systems are being put in place and a provincial register for Traditional Health Practitioners is being developed.

Forensic Pathology Services (Coroner Services)

Forensic Pathology services are being rendered from 6 functional mortuaries in the Free State namely Bloemfontein, Bethlehem, Phuthaditjhaba, Kroonstad, Welkom and Sasolburg. There are two functional holding facilities, i.e. in Botshabelo and Harrismith. The mortuaries in Phuthaditjhaba and Bloemfontein are the only centres functioning with full time medical staff. Sessions doctors on contract serve other units. The Free State Forensic Pathology Services (FPS) is conducting approximately 4000 medico legal autopsies per year, of which 50% are performed in Bloemfontein by trained Forensic Pathologists.

Clinical Forensic Medicine Services

Services for live victims of violence are being provided by five designated Sexual Assault Victim Support Centres in the Free State. These Centres are within the following health facilities: Tshepong, Dr JS Moroka, Botshabelo, Kopano and Elizabeth Ross.

The Clinical Forensic Medicine Unit supports the delivery of these services by means of targeted training of medical- and nursing staff.

Table DHS2: Personnel in District Health Services by Health District for December 2008					
Health District	**Personnel Category**	**Filled Posts**	**Approved Posts**	**Vacancy Rate**	**Number in Post per 1000 uninsured population.**
Fezile Dabi (DC 20) District Hospitals	**Medical Officers**	38	65	42%	0.09
	Pharmacists	10	23	57%	0.02
	Professional Nurses	73	93	22%	0.17
	Sub Total	**121**	**181**	**33%**	0.29
Fezile Dabi (DC20) Local Areas (PHC)	**Medical Officers**	6	13	54%	0.01
	Pharmacists	14	44	68%	0.03
	Professional Nurses	11	75	85%	0.02
	Sub Total	**31**	**132**	**77%**	0.07
Lejweleputswa (DC 18) District Hospitals	**Medical Officers**	29	49	41%	0.04
	Pharmacists	18	25	28%	0.02
	Professional Nurses	72	104	31%	0.11
	Sub Total	**119**	**178**	**33%**	0.18
Lejweleputswa (DC 18) Local Areas (PHC)	**Medical Officers**	7	9	22%	0.01
	Pharmacists	40	48	17%	0.06
	Professional Nurses	165	247	33%	0.25
	Sub Total	**212**	**304**	**30%**	0.32
Motheo (DC 17) District Hospitals	**Medical Officers**	61	112	46%	0.09
	Pharmacists	49	69	29%	0.07
	Professional Nurses	167	226	26%	0.26
	Sub Total	**277**	**407**	**32%**	0.44
Motheo (DC 17) Local Areas (PHC)	**Medical Officers**	5	12	58%	0.00
	Pharmacists	22	73	70%	0.03
	Professional Nurses	360	527	32%	0.57
	Sub Total	**387**	**612**	**37%**	0.61
Thabo Mofutsanyana (DC 19) District Hospitals	**Medical Officers**	46	106	57%	0.07
	Pharmacists	26	57	54%	0.04
	Professional Nurses	145	192	24%	0.23
	Sub Total	**217**	**355**	**39%**	0.34
Thabo Mofutsanyana (DC 19) Local Areas (PHC)	**Medical Officers**	1	4	75%	0.00
	Pharmacists	27	74	64%	0.04
	Professional Nurses	22	24	8%	0.03
	Sub Total	**50**	**102**	**51%**	0.07
Xhariep (DC 16) District Hospitals	**Medical Officers**	7	18	61%	0.06
	Pharmacists	2	7	71%	0.01
	Professional Nurses	18	36	50%	0.15
	Sub Total	**27**	**61**	**56%**	0.23
Xhariep (DC 16) Local Areas (PHC)	**Medical Officers**	2	11	82%	0.01
	Pharmacists	18	34	47%	0.15
	Professional Nurses	14	76	82%	0.12
	Sub Total	**34**	**121**	**72%**	0.30
Grand Total		**1475**	**2453**	**40%**	13.10

Source: Human Resources Database Free State Department of Health

Table DHS3: Situation analysis indicators for district health services

Indicator[1]	Type	Province wide value 2008	Xhariep 2008	Motheo 2008	Lejweleputswa 2008	Thabo Mofutsanyana 2008	Fezile Dabi 2008	National target 2008/09
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	6.330.456	394.636	1,653.202	1,272.923	1,963.585	1,056107	N/A
4. Utilisation rate PHC	3.5	2,2	3,0	2.1	1,7	2,6	2,1	2.3
5. Utilisation rate PHC under 5 years	5	3,9	5.4	3,8	3.1	4,5	3,6	3.8
Quality								
6. Supervision rate	%	70,5%	62.2%	75.1%	58.1%	95.2%	39.6%	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	141.15	186.68	142.85	145.45	134.13	128.00	99

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

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

Indicator	Type	Province wide value 2008	Xhariep 2008	Motheo 2008	Lejweleputswa 2008	Thabo Mofutsanyana 2008	Fezile Dabi 2008	National target 2008/9
Input								
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.	%	5.9	3.6	7.8	3.9	4.8	6.6	N/A
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	%	13.6%	0	18%	10.2%	9..2%	17%	12.5
5. Separations Total	No	126 382	7166	31067	25008	36251	26890	N/A
6. Patient Day Equivalents	No	5280628	27238.8	198854.4	93731.1	126691.6	81546.9	N/A
7. OPD Total Headcounts	No	303467	15744	111557	41852	59413	56434	N/A
Quality								
8. District hospitals with patient satisfaction survey using DoH template	%	12.5	3	4	4	8	4	10
9. District hospitals with clinical audit (M and M) meetings every Month	%	50	50	50	50	50	50	36
Efficiency								
10. Average length of stay in district hospitals	Days	3	2.6	4.3	3.0	2.6	2.5	4.2
11. Bed utilisation rate (based on usable beds) in district hospitals	%	73%	74.4%	78%	72.3%	58.7%	81,35	72
12. Expenditure per patient day equivalent in district Hospitals	R	1272.33	1195.09	158.45	1298,53	1303.46	1428.26	814
Outcome								
13. Case fatality rate in district hospitals for surgery separations	%	2.5%	0.8%	2.7%	2.9%	4.4%	1.8%	3.9

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

POLICIES, PRIORITIES AND STRATEGIC GOALS
Referral Policy
National and Provincial and Quality Assurance and Infection Control Policy

District Health Services
- Implementation of the District Health System according to Legislation
- Implementation of the District Hospital Package
- Implementation of the National Health Program by means of PHC Packages
- Implementation of the approved DHS Micro Structure
- Implementation of the Rural Health Strategy

The functioning of District Health Services is guided by the following initiatives:

Services
- Strengthening and revitalisation of Primary Health Care Services through integration and coordination.
- Alignment of interventions in districts with provincial strategic health program management initiatives
- Strengthening health information to generate good quality data
- Improve services through the following quality improvement programs:
  - Infection Control
  - Clinical Governance
  - COHSASA Accreditation
  - Clinic Supervision Manual

Management
- Strengthening District Management Teams regarding their responsibilities and accountability.
- Implementation of the new micro structure in phases of 5 years, to fill the critical posts.
- Performance Appraisals.

Training
- Orientation and training of Primary Health Care personnel and stakeholders.
- Training of Managers in management courses on Primary Health Care and Hospital Services.

Governance
- Strengthening of Governance Structures (i.e. District Health Councils, Hospital Boards and Clinic Committees).
- Strengthening of Partnerships.
- Involvement and participation of Free State communities.

Services Marketing and Health Promotion
Health facilities are required to implement projects such as Service Standards, Patient's Rights Charter, Know Your Service Rights, Flagship Projects as well as Complaints Management procedures. The following have been prioritised:
- Sustainability of Batho Pele Policies and Guidelines
- Implementation and sustainability of School Health Services
- More resources are necessary to strengthen and implement health promotion in all districts

Standard Compliance
The following policies have been developed to improve quality care in health institutions:
- Provincial Infection Prevention and Control Policy
- Provincial Infection Control Manual
- Management of Cultural Diversity Policy

Traditional Practices

- Traditional Health Practitioners Act (Act 22 of 2007)
- Draft Policy on African Traditional Medicine for South Africa

Forensic Pathology Services (Coroner Services)

The national Guidelines for Clinical Forensic Medicine Services, has been adopted and implemented in the Free State. Due to the limited availability of trained personnel capable for delivering services to victims of sexual assault, the department needs to provide a reliable inter facility transport system to support these services.

There will be five multi-disciplinary centres for the care of victims of sexual assault and designated areas in 20 health facilities (district hospitals and community health centres) by the end of 2009/10.

Forensic Pathology Services will be rendered in three functional mortuaries (instead of six centres) and eleven holding facilities. The current facilities in Welkom require significant refurbishment. The priority for development is in the Sasolburg area where the mortuary within SAPS has become too small to accommodate the staff as well as the workload it has to carry.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

District Health Services

Budget

Primary Health Care remains underfunded which has an effect on the ability to deliver services. There needs to be greater prioritisation in terms of resource allocation given the high priority and strategic significance of this service.

Human Resource

The challenge in terms of the recruitment and retention of staff can be addressed by the filling of critical funded posts and by implementation of the new Micro Structure in phases.

Financial capacity of all levels of staff will be improved by the appointment of Managerial Accountants and by upgrading Supply Chain Management personnel levels (Micro Structure). Accommodation of health personnel poses a challenge.

Allocation of the MDR Unit: Costing of the Dr JS Moroka MDR Unit and for the new Kopano TB Centre to have dedicated budget for 2009/10.

Dedicated DHIS managers are provided for in the new Micro Structure.

Implementation of the standard compliance and traditional practice components is compromised by the inability to fill posts due to current financial constraints. The financial implication to fill these posts, is R986, 194 and R821,609 respectively.

Support Systems

Support from donors / partners will enable purchase critical equipment to address the backlog. Information Management using the DHIS system poses challenges. Finances are required for implementation of Version 1.4 to ensure good quality of data.

Too few vehicles and personnel are available for mobile services. A total of 109 mobiles are currently used to render Rural Health Services on 4 – 6 weekly basis.

Services Marketing and Health Promotion
Lack of human- and financial resources at provincial and district level impede implementation of the program. The current financial constraints limit the ability to appoint staff.

Forensic Pathology Services (Coroner Services)
Forensic Pathology Services are funded through a National Conditional Grant provides adequate funding for compensation of employees as well as for goods and services however infrastructural development is severely underfunded due mainly to the prevailing economic climate.

The Clinical Forensic Medicine Service is currently inadequately funded. There are a significant number of nursing personnel specifically trained in Forensic Medicine, who are allocated to other units with the health system. This reflects the general shortage of personnel. A multi disciplinary approach is of paramount importance, including but not limited to the South African Police Service, the Department of Social Development, the Department of Justice and Constitutional Development and the Department of Safety and Security. Currently, each of these departments is planning for services for victims without adequate interaction with the other stakeholders.

Table NHSPriority 1: Health Program Priorities: Intensifying the campaign on both communicable diseases including healthy lifestyles

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Ongoing implementation of the healthy lifestyles program for South Africa.	Establish community based food gardens projects.	Finalise a government wide integrated comprehensive program on health promotion, targeting the youth by July 2008.	Healthy lifestyles program targeting youth, has been finalised and implemented.	National and Provincial DoHs.
		20 community based food garden projects established by March 2009.	21 Community Based Projects sustained in the 5 Districts.	
	Expand the number of health promoting schools.	Number of health promoting schools expanded from 3500 to 5000.	110 Health Promoting Schools, 16 Workplaces, 8 Hospitals, 6 Villages.	National DoH and Provincial DoHs working with the Department of Education.
		Increase the percentage of schools that implement anti- smoking policies to at least 10% by March 2009.	110 Health Promoting Schools implementing the Anti-smoking Policies.	

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

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implement the District Health System according to Legislation.	Number of Districts implementing the five components of the Health Act.	Functional District Health system.	Not in plan.	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 Five (5) District Health Councils functional.	Implementation of District Health Plans Five (5) District Health Councils functional	Implementation of District Health Plans Five (5) District Health Councils functional
Ensure implementation of Batho Pele Revitalisation Program. (GPOA) (SONA)	Number of institutions with Batho Pele Revitalisation Program.	5 Districts supported to implement Batho Pele Revitalisation Program.	Not in plan.	Not in plan.	Not in plan.	Not in plan.	5 Districts supported to implement phase 1 of Batho Pele Revitalization Program (BPRP).	5 Districts implementing (BPRP) 24 Hospitals 10 CHC	PHC Clinics implementing BPRP	Impact assessment survey conducted in 5 districts. 11 hospitals per annum.14 clinics per district per annum.
Implement National School Health Services Policy and Implementation Guidelines. (GPOA)	Number of local areas with fully functioning school health services.	20 local areas with fully functioning school health services.	Not in plan.	Not in plan.	Not in plan.	Not in plan.	5 local areas with fully functioning school health services. (1 per district)	10 local areas with fully functioning school health services. (2 per district)	15 local areas with fully functioning school health services.	20 local areas with fully functioning school health services.

BUDGET SUB PROGRAM: DISTRICT HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide appropriate and accessible District Hospitals Services to the Free State community.	Number of District hospitals implementing the appropriate service packages.	Improved access and patients treated at the correct levels.	Not in plan.	Not in plan.	Not in plan.	District Hospital Package piloted	District Hospital Package incrementally implemented	6/24 District Hospitals implementing 80% of the District Hospital package.	6/24 District Hospitals Implementing 90% of the package	6/24 District Hospitals implementing 95% of the package
	Progress on achievement of efficiency targets (provincial PHC headcount at PHC facilities) (National target R99) (QRS) • Cost per PDE (R814) • ALOS (3.2 days) • Bed Occupancy Rate (70 - 80%)		Cost per PDE R747.03 ALOS 4.3 days BOR 69.5%	Cost per PDE R970.96 ALOS 3.2 days BOR 71.1%	Cost per PDE R939 ALOS 3.1 days BOR 68.2%	Cost per PDE R1119 ALOS 3.1 days BOR 69.5%	Cost per PDE R814 ALOS 3 days, BOR 80%	Cost per PDE R1200 ALOS 3 days, BOR 75%	2.5% improvement in efficiency indicators as listed.	2.5% improvement in efficiency indicators as listed.
Implement provincial quality improvement strategy.	Number of District Hospitals implementing at least three out of the five Quality Assurance Strategies.	Quality Patient Care in all health facilities.	Not in plan.	Not in plan.	Not in plan.	4 hospitals received full accreditation, 1 reconfirmation of progress.	8 hospitals re entered for the accreditation process and 1hospital that completed Revitalization process to re enter for accreditation.	20 District Hospitals to be registered in the COHSASA program.	All District hospitals to have undergone COHSASA accreditation process and maintain quality standards.	COHSASA accreditation extended to all CHCs.
								20 District Hospitals to re-enter.		
								Clinical Governance: Clinical Audits implemented in 24 District Hospitals.	Clinical Governance implementation extended to all CHCs.	Clinical Governance implementation extended to all clinics.

BUDGET SUB PROGRAM: DISTRICT HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implement provincial quality improvement strategy (continue)	Number of District Hospitals implementing at least three out of the five Quality Assurance Strategies (continue)	Quality Patient Care in all health facilities. (continue)						Infection Prevention and Control surveillance implemented in 24 hospitals.	Implementation of Infection Prevention and Control Surveillance in all hospitals	Implementation of Infection Prevention and Control Surveillance in CHC's & PHC's
								Adverse events committees functional in all district hospitals		
	No of institutions compliant with Hospital Emergency Preparedness Plans.	Appropriate response to emergency.	Not in plan.	Not in plan.	Not in plan.	24 District hospitals with emergency preparedness plans in place. Hospital drills are conducted on a continued basis.	Compliance with hospital emergency preparedness plans in line with provincial guidelines.	All district hospitals have Emergency preparedness plans	All district hospitals have Emergency preparedness plans	All district hospitals have Emergency preparedness plans

BUDGET SUB PROGRAMME: COMMUNITY HEALTH CENTRES										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide appropriate and accessible Primary Health Care Services to the Free State community.	Number of local areas implementing appropriate PHC package.	Access to full package per sub district	Not measured	Not measured	20 local areas implemented appropriate PHC package.	20 local areas implemented appropriate PHC package.	Appropriate PHC package implemented per local area	Appropriate Primary Health Care package implemented per sub district	All sub districts implement PHC package	All sub districts implement PHC package
	Achievement of efficiency targets • Expenditure per Headcount (R88) • Total Headcounts • Doctor clinical workload • Nurse clinical workload. • Utilization rates CHC facilities below 5 years (5 visits) • Utilization rates CHC facilities above 5 years (3 visits)		Expenditure per headcount R93.49	Expenditure per headcount R117.51	Expenditure per headcount R79.80	Expenditure per headcount R89	Expenditure per headcount (R88)	Expenditure per headcount (R88)	Expenditure per headcount (R88)	Expenditure per headcount (R88)
			6 040 799	6 186 261	5 900 659	5 880 464	Total headcounts 6 000 000	Total headcounts 100 000	Total headcounts 100 000	Total headcounts 100 000
			Not measured	Doctor clinical workload 25.7 patients	Doctor clinical workload 15 patients	Doctor clinical workload 30 patients	Doctor clinical workload 25 patients	Doctor clinical workload 35 patients	Doctor clinical workload 35 patients	Doctor clinical workload 35 patients
			Not measured	Nurse clinical workload 29.2 patients	Nurse clinical workload 34 patients	Nurse clinical workload 36 patients	Nurse clinical workload 30 patients	Nurse clinical workload 35 patients	Nurse clinical workload 35 patients	Nurse clinical workload 35 patients
			Utilization rates CHC facilities below 5 years (5 visits) 3.7	Utilization rates CHC facilities below 5 years (5 visits) 3.5	Utilization rates CHC facilities below 5 years (5 visits) 3.5	Utilization rates CHC facilities below 5 years (5 visits) 3.6	Utilization rates CHC facilities below 5 years (5 visits) 3.8	Utilization rates CHC facilities below 5 years (5 visits) 5.0	Utilization rates CHC facilities below 5 years (5 visits) 5.0	Utilization rates CHC facilities below 5 years (5 visits) 5.0
							Utilization rates CHC facilities above 5 years (3 visits) 2	Utilization rates CHC facilities above 5 years (3 visits) 2	Utilization rates CHC facilities above 5 years (3 visits) 2	Utilization rates CHC facilities above 5 years (3 visits) 2

Data is for **both Community Health Centres and Community Health Clinics*

BUDGET SUB PROGRAMME: COMMUNITY HEALTH CLINICS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide appropriate and accessible health care services at Clinics for designated catchment population	Number of local areas implementing appropriate PHC package.	Access to full package per sub district	Not measured	Not measured	20 local areas implemented appropriate PHC package.	20 local areas implemented appropriate PHC package.	Appropriate Primary health Care package implemented per local area.	Appropriate Primary Health Care package implemented per Sub-district in line with the referral system	All sub districts implement PHC package Sub-district in line with the referral system	All sub districts implement PHC package Sub-district in line with the referral system
	Achievement of efficiency targets • Utilisation Rate (3.5 days) • Expenditure per Headcount (R88) • Doctor clinical workload • Nurse clinical workload • Utilization rates PHC facilities below 5 years (5 visits) • Utilization rates PHC facilities above 5 years (3 visits)		Expenditure per headcount R93.49	Expenditure headcount R117.51	Expenditure per headcount R79.80	Expenditure per headcount R89	Expenditure per headcount (R88)	Expenditure per headcount (R99)	Expenditure per headcount (R109)	Expenditure per headcount (R120)
			Not measured	Doctor clinical workload 25.7 patients	Doctor clinical workload 15 patients	Doctor clinical workload 30 patients	Doctor clinical workload 25 patients	Doctor clinical workload: 35	Doctor clinical workload: 35	Doctor clinical workload: 35
			Not measured	Nurse clinical workload 29.2 patients	Nurse clinical workload 34 patients	Nurse clinical workload 36 patients	Nurse clinical workload 30 patients	Nurse clinical workload: 35	Nurse clinical workload: 35	Nurse clinical workload: 35
			Utilization rates CHC facilities below 5 years (5 visits) 3.7	Utilization rates CHC facilities below 5 years (5 visits) 3.5	Utilization rates CHC facilities below 5 years (5 visits) 3.5	Utilization rates CHC facilities below 5 years (5 visits) 3.6	Utilization rates CHC facilities below 5 years (5 visits) 3.8	Utilization rates PHC facilities below 5 years (5 visits) 5.0	Utilization rates PHC facilities below 5 years (5 visits) 5.0	Utilization rates PHC facilities below 5 years (5 visits) 5.0
							Utilization rates PHC facilities above 5 years (3 visits)	Utilization rates PHC facilities above 5 years (3 visits) 2	Utilization rates PHC facilities above 5 years (3 visits) 2	Utilization rates PHC facilities above 5 years (3 visits) 2

BUDGET SUB PROGRAMME: COMMUNITY HEALTH CLINICS										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Participation in rural development strategy to ensure access to health services for rural communities (GPOA).	Number of farms/points visited by the mobile clinics 4 – 6 weekly.	Access to Primary Health care services per District in rural areas.	Not measured	Not measured	Not measured	Not measured	Number of mobiles per district that visit farms 4- 6 and 12 weekly	40% of farms visited 4 – 6 weekly	At least 50% of all farms visited on 4, weekly basis.	At least 60% of all farms visited on 4 weekly basis

Data is for **both Community Health Centres and Community Health Clinics*

BUDGET SUB PROGRAM: CORONER SERVICES										
GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Expanding medico legal mortuary services to offer comprehensive services on a 24-hour basis.	Number of mortuaries that collect and release bodies on a 24 - hour basis.	Access to medico legal services improved	Not in plan	Not in plan	6 (Welkom, Kroonstad, Sasolburg, Bloemfontein, Bethlehem, Phuthaditjhaba) received bodies on a 24- hour basis.	6 (Welkom, Kroonstad, Sasolburg, Bloemfontein, Bethlehem, Phuthaditjhaba) received bodies on a 24- hour basis.	6 mortuaries receiving and releasing bodies on a 24- hour basis.	1 of the 6 mortuaries receiving and releasing bodies on a 24- hour basis. The remaining 5 continue to receive as before	2 of the 6 mortuaries receiving and releasing bodies on a 24-hour basis.	3 of the 6 mortuaries receiving and releasing bodies on a 24-hour basis.

Table DHS6: Performance indicators for district health services

Indicator[1]	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (target)	2010/11 (target)	2011/12 (target)
Input									
1. Provincial PHC expenditure per uninsured person	R	417.54	170.17	67.70	134.73	148.00	157.00	167.01	180
2. Sub-districts offering full package of PHC services	%	76	100	92	100	100	100	100	100
Output									
3. PHC total headcount	No	6 040 799	6 186 261	5 900 659	5 880 464	**4796356**	100 000	100 000	100 000
4. Utilisation rate - PHC	No	2.2	2.2	2.0	2.0	**2.0**	3.0	3.5	3.5
5. Utilisation rate - PHC under 5 years	No	3.7	3.5	3.5	3.3	**3.9**	5.0	5.0	5.0
Quality									
6. Supervision rate	%	No data	36.2	46.8	60	**73.2**	70	80	90
7. Fixed PHC facilities supported by a doctor at least once a week	%	No data	60.6	70	56	60	65	70	75
Efficiency									
8. Provincial PHC Expenditure per headcount at Provincial PHC facilities	R	117.51	79.80	89	55.78	141.15	88	88	88

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

Table DHS7: Performance indicators for district hospitals sub-programme

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (target)	2010/11 (target)	2011/12 (target)	National target 2007/08
Output										
1. Caesarean section rate for district hospitals	%	19.5	10.7	11.4	11.7	11	<11	<11	<11	11
2. Separations -Total	No	No data	122 652	121 868	126 382	130 896	135 410	139 924	144 438	N/A
3. Patient Day Equivalents	No	No data	1 825.2	43 000.7	51 4681.7	57 450	61 500	66 828	72 156	N/A
4. OPD Total Headcounts	No	No data	245 589	282 313	287043	290 795	295 036	299 277	303 518	N/A
Quality										
5. District hospitals with patient satisfaction survey using DoH template.	%	Not yet implemented.		100	25	**100%**	100%	100%	100%	N/A
6. District hospitals with clinical audit (M and M) meetings every month	%	No data	No data	No data	No data	**100%**	100%	100%	100%	100
Efficiency										
7. Average length of stay in district hospitals	Days	4.3	3.2	3.1	2.9	**3**	3	3	3	3.2
8. Bed utilisation rate (based on usable beds) in district hospitals	%	69.5	71.1	68.2	67.3	**73**	72	72	72	72
9. Expenditure per patient day equivalent in district hospitals	R	747.03	970.96	814 in 2007/8 prices	898.01	**1272.85**	1200	1200	1200	814
Outcome										
10. Case fatality rate in district hospitals for surgery separations.	%	2.98	2.0	2.0	1.9	**2.5**	2.0	2.0	2.0	3.5

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

Table DHS8: Transfers[1] to municipalities and non-government organisations (R '000)

Municipalities	Base year 2007/08 (actual)	2008/09 (estimate)	Year 1 2009/10 (MTEF projection)	Year 2 2010/11 (MTEF projection)	Year 3 2011/12 (MTEF projection)
Motheo					
Total municipalities					
Non-government organisations					
Naledi Hospice	1,805	1,805	5,445	5,445	7,220
CANSA	8,415	8,415	10,604	7,604	10,848
PPHC	15,040	15,040	14,097	12,097	12,997
LAMP	6,189	6,189	6,835	5,835	10,014
Lesedi la Setjhaba (Motheo)	168	168	447	447	336
Sediba sa Bophelo (Xhariep/Motheo)		219	471	471	384
Lesedi le Chabile	219				2,528
Bethlehem Child Welfare	176				2,406
Epilepsy SA			55	55	-
ST Helena	97				630
Ernest Oppenheimer					630
Maokeng Anti AIDS Youth Club		176			
Susanna Wesley Guild		97	448	448	228
Masiphile			405	405	
Ha re Thusaneng Orgnisation			405	405	
Ha re Ahaneng Setjhaba			405	405	
Kroonstad			298	298	
Tshwaraganang Home Based Care			55	55	
Kwakwatsi Activits against HIV/AIDS			80	80	
Viljoenskroon Hospice			88	88	
Maokeng Care Givers			74	74	
Tshireletsong HIV/AIDS Consortium			38	38	
Thusanang Home Based Care			37	37	
Child Welfare Bloemfontein & Childline Free State			55	55	
Kanya Consortium			82	82	
Disability information line			72	72	
Age-In-Action			55	55	
Pheko ka Kopanelo			28	28	
First Aid to Disable Drug Abuse			55	55	
Tshepong Home Care			76	76	
Masilonyana HIV and Aids			110	110	
Malebogo Youth Development project			55	55	
Uncedo Home Based Care			110	110	
Lesedi Youth Empowerment			76	76	
Lesedi Hospice			55	55	
Friends for Life			87	87	
Bethulie AIDS Awareness			66	66	
Sakhisizwe Support Group			71	71	
Matlakeng Group			71	71	
HIV/AIDS Prevention (TB Control)				7,201	
P4: Old Age Homes			1,045	1,045	
Total payments and estimates	**32,109**	**42,456**	**43,657**	**48,221**	**53,697**

Source: BAS System & Budget Statement

Table DHS9: Trends in provincial public health expenditure for district health services (R million)

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Current prices[1]	1,034,995	1,137,573	1,290,966	1,408,370	1,701,649	1,845,277	2,085,485	2,229,904
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2 858
Total per person	362.14	398.03	451.70	492.78	595.40	645.65	729.70	780.23
Total per uninsured person	425.05	467.18	530.17	578.39	698.83	757.81	856.46	915.77
Total capital[2]	15,911	21,469	40,783	44,552	23,385	28,469	47,763	52,002
Constant (2004/05) prices[3]	10,784.65	11,375.73	12,302.91	12,957.00	14,770.31	16,017	18,102.01	19,355.57
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2 858
Total per person	3.77	3.98	4.30	4.53	5.17	5.60	6.33	6.77
Total per uninsured person	4.43	4.67	5.05	5.32	6.07	6.58	7.43	7.95
Total capital[2]	15,911	21,469	40,783	44,552	23,385	28,469	47,763	49,769

Source: BAS System & Budget Statement

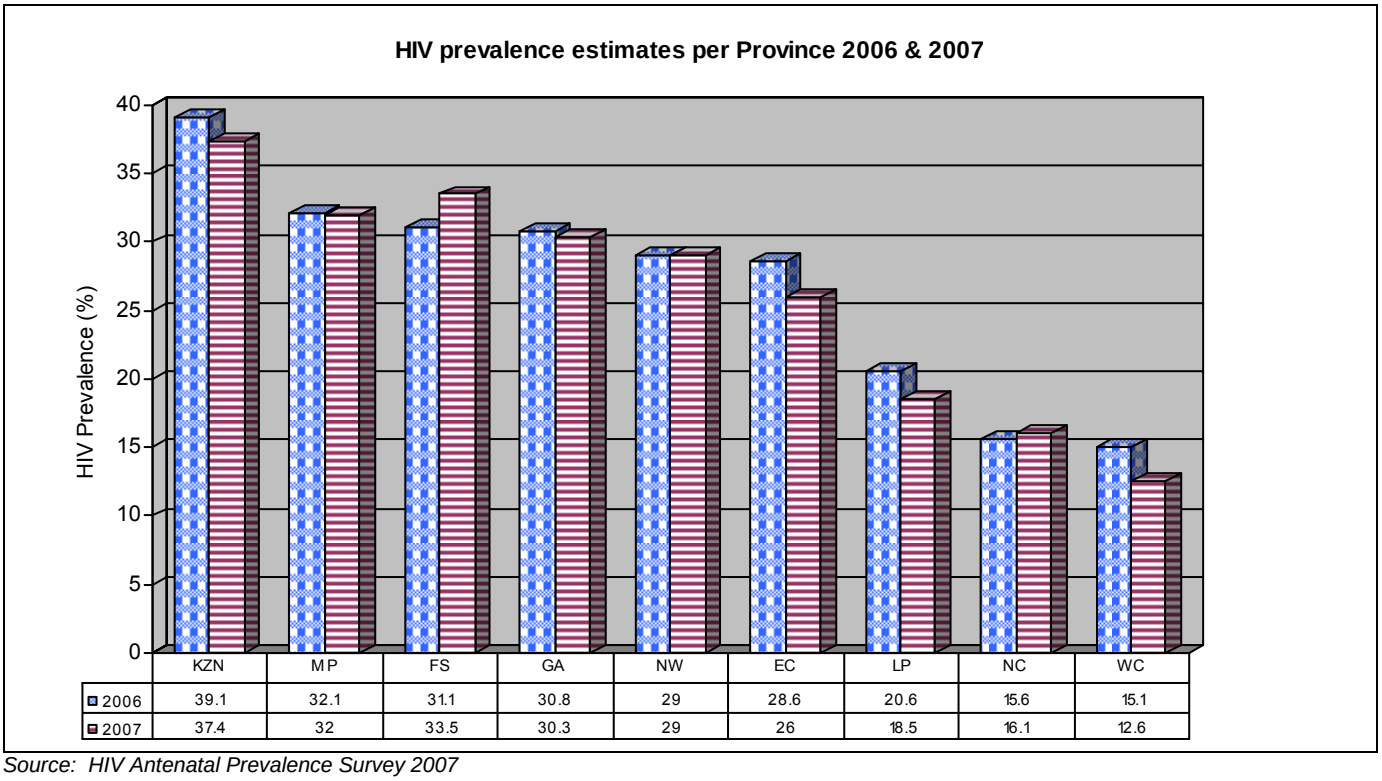
PROGRAMME 2: DISTRICT HEALTH SERVICES

SUB PROGRAMME: HIV AND AIDS

ANNEX 4: HIV & AIDS, STI AND TB CONTROL

Epidemiological Information

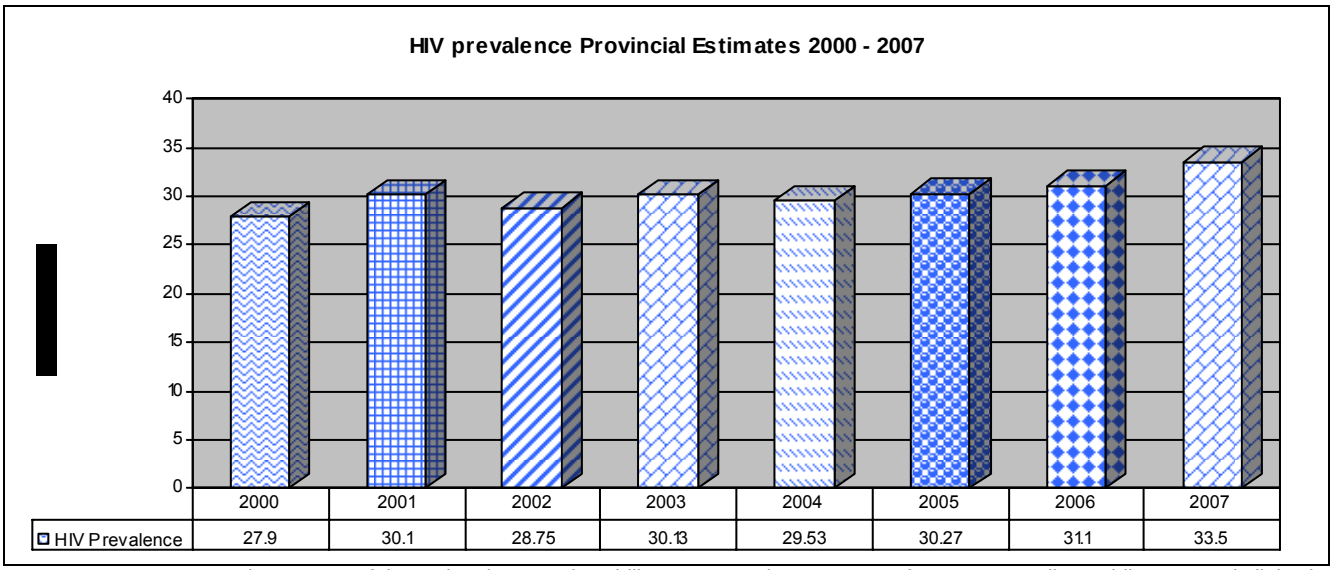
According to the 2007 National HIV Antenatal Prevalence Survey, the overall HIV prevalence estimates among first time antenatal care attendees in South Africa, is 28.0%. The Free State province is ranked second highest in the country with an HIV prevalence of 33.5% followed by Mpumalanga at 32% and Gauteng at 30.3%.



	KZN	MP	FS	GA	NW	EC	LP	NC	WC
2006	39.1	32.1	31.1	30.8	29	28.6	20.6	15.6	15.1
2007	37.4	32	33.5	30.3	29	26	18.5	16.1	12.6

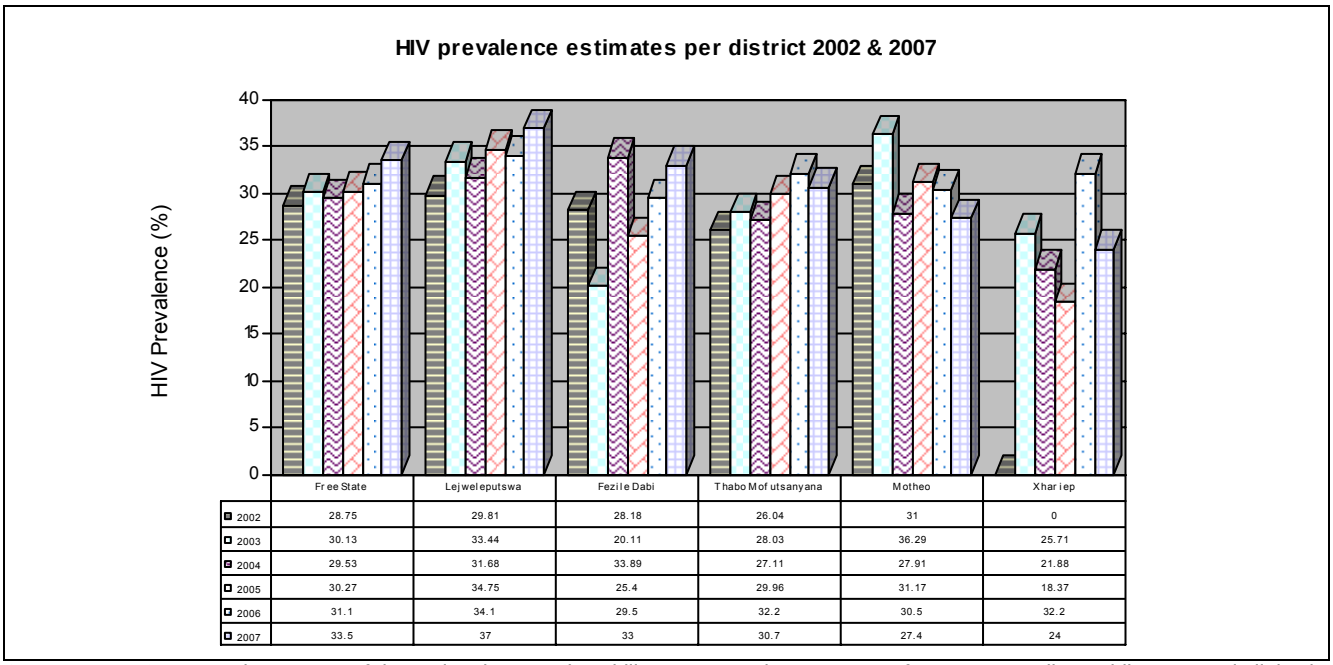
Source: HIV Antenatal Prevalence Survey 2007

The Free State at 33.5% represents a 5.6% increase in HIV prevalence when compared to the 27.9% in 2000. Syphilis prevalence among the antenatal attendees in the same period, remained at 2.2% in 2007.



Source: Free State Province report of the national HIV and syphilis sero prevalence survey of women attending public antenatal clinics in South Africa – 2006 and HIV Antenatal Prevalence Survey 2007

The HIV prevalence estimates among first time antenatal care attendees per district in the Free State are as follows:

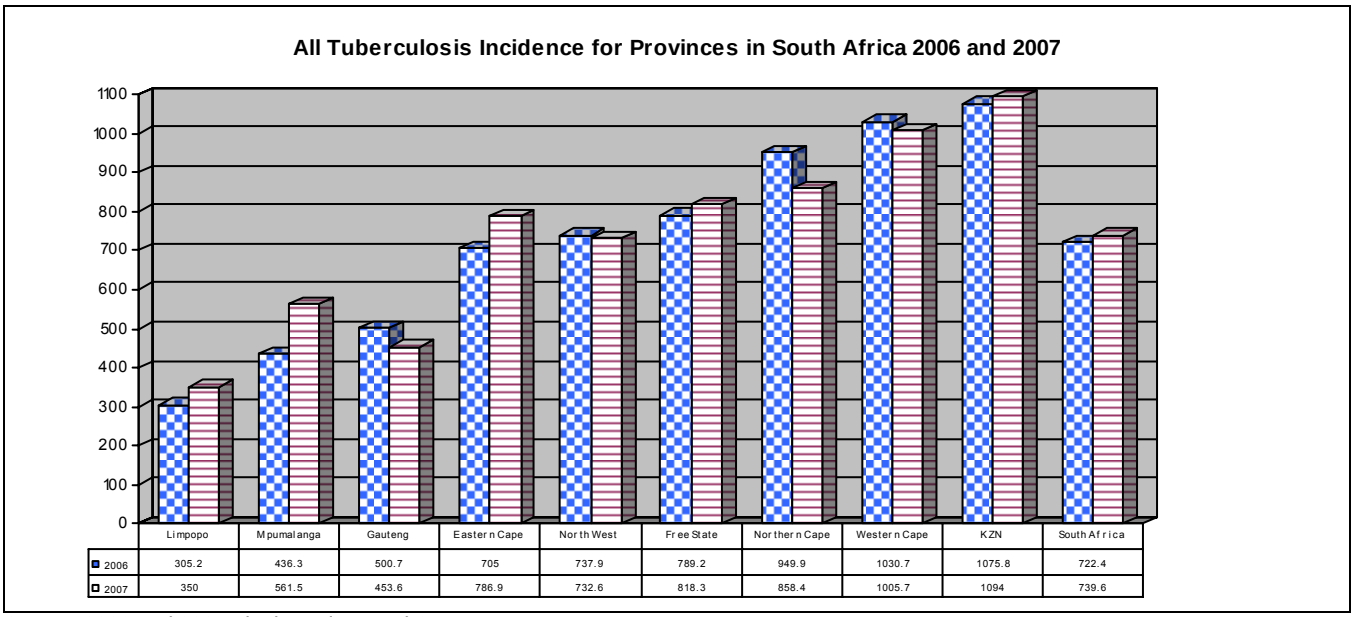


Source: Free State Province report of the national HIV and syphilis sero- prevalence survey of women attending public antenatal clinics in South Africa – 2006 and HIV Antenatal Prevalence Survey 2007

Tuberculosis Management

Case Findings

A total of 24 267 TB cases, of which 19 933 were new Pulmonary TB cases, were reported in 2007. This translates to an incidence of 818/100 000 cases and places the Free State fourth in the country with the highest incidence of TB cases.



Source: 2006 and 2007 Final Province and Country TB Report - NDoH

Breakdown of all TB case incidence per district for 2007

Lejweleputswa	1071.8/100 000
Motheo	800.6/100 000
Thabo Mofutsanyana	682.6/100 000
Fezile Dabi	630.9/100 000
Xhariep	973.3/100 000

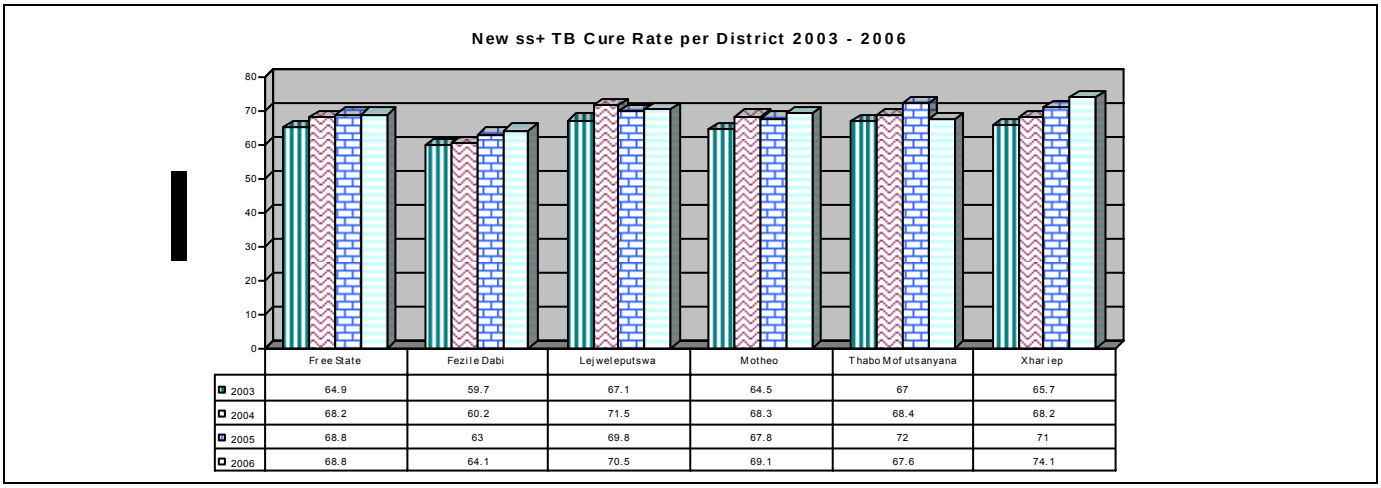
The district with the highest incidence and TB case load is Lejweleputswa. This is due to the goldmining industry in the district. This industry predisposes its employees to TB and most of its employees are resident or interact with the communities of this area. The cure rate of new smear positive cases is 68.8% (2006 cohort) and treatment interruption rate of new smear positive cases for the same period, remained at 5.0%.

Smear Conversion

The province has the second highest smear conversion rate in the country at 71.8% (2007) compared to 67,9% (2006) however, the patients remaining positive at the end of two months are still a cause for concern as the province has the highest percentage of these in the whole country at 12.0%.

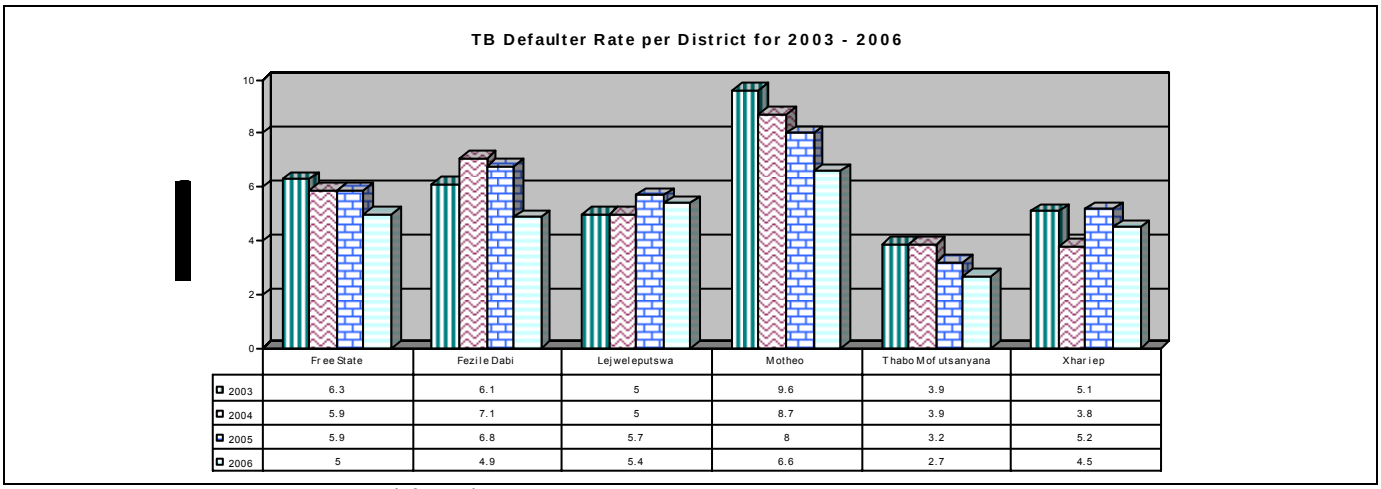
Treatment Outcomes

The TB cure rate of new smear positive cases has been constant over the past three years and is still far below the national target of 85%, as determined by the World Health Organisation (WHO). The province however, has the lowest percentage of patients defaulting treatment in the whole country and this could be due to amongst other things, a strong Directly Observed Treatment (DOT) support provided by volunteers on a stipend program.



	Free State	Fezile Dabi	Lejweleputswa	Motheo	Thabo Mofutsanyana	Xhariep
2003	64.9	59.7	67.1	64.5	67	65.7
2004	68.2	60.2	71.5	68.3	68.4	68.2
2005	68.8	63	69.8	67.8	72	71
2006	68.8	64.1	70.5	69.1	67.6	74.1

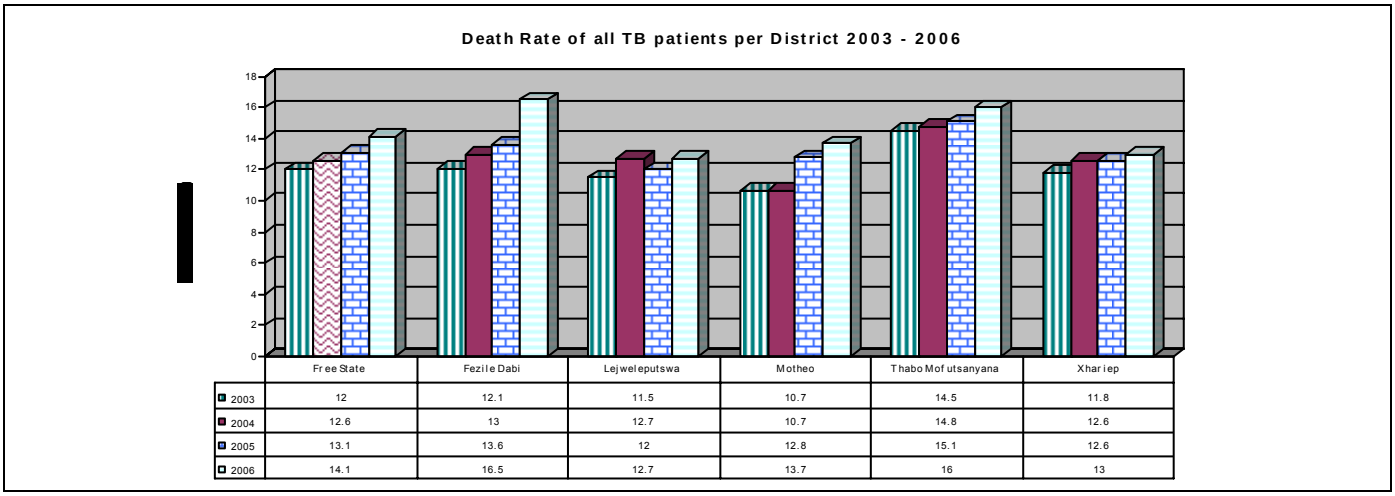
Source: FSDH ETR.Net 2003 -2006TB information



	Free State	Fezile Dabi	Lejweleputswa	Motheo	Thabo Mofutsanyana	Xhariep
2003	6.3	6.1	5	9.6	3.9	5.1
2004	5.9	7.1	5	8.7	3.9	3.8
2005	5.9	6.8	5.7	8	3.2	5.2
2006	5	4.9	5.4	6.6	2.7	4.5

Source: FSDH ETR.Net 2003 - 2006TB information

The death rate of all patients on TB treatment remains a concern at 14.1% for the 2006 cohort. This has been increasing over the past years and can be attributed to TB and HIV co-infection. TB and HIV collaborative activities have been strengthened including efforts to increase VCT uptake amongst TB patients as well as intensified TB screening among HIV positive patients. The incidence of MDR-TB is 1.06 % of the total TB case load in the province for 2007. In the Free State, 10 cases of extensively drug resistance TB (XDR-TB) were identified up to 2007. The province has strengthened its efforts to detect MDR and XDR-TB patients.



Source: FSDH ETR.Net 2003 – 2006 TB information

APPRAISAL OF EXISTING SERVICES AND PERFORMANCE

In the Free State, a functional provincial AIDS Council, 5 districts AIDS councils and 20 local AIDS councils, ensure involvement of all stakeholders. The department is implementing the Comprehensive HIV and AIDS Management and Treatment Plan (CCMT). To date, all 5 districts are receiving the full package. By the end of the 2008/09 financial year, all sub districts will be receiving the full package.

Community Home Based Care (CHBC) and Step Down Facilities (SDF)

An integrated Community Home Based Care program is available in 80 towns in the Free State which takes care of patients with AIDS and other debilitating diseases in collaboration with 154 civil society organisations. This service has been extended to 34 farms in the province.

To date, 2005 volunteers (including DOT Supporters) receive stipends to render the service to 72 672 beneficiaries. In eight (8) functional step down facilities with a total of 84 beds, 122 trained volunteers render the service to 3 626 persons under the supervision of professional nurses. Support groups for people living with HIV and AIDS are capacitated on an ongoing basis. 18 sub districts have focussed programs for People living with HIV and AIDS (PLWA).

Voluntary Confidential Counselling and Testing (VCCT)

All Primary Health Care facilities in the province, offer voluntary counselling services. All VCT sites are doing CD4 count tests to HIV positive clients. VCT services are provided to 107 283 beneficiaries at 227 operational sites. To date, a total of 545 counsellors are active on the program.

Flemish Government Fund for VCCT

Funding for the project has come to an end. Two projects have not been completed. These are the extension of the Nelson Mandela Clinic in Edenburg which is at an advanced stage, and the Sasolburg Clinic extension which will have to be abandoned since it had just started.

Prevention of Mother to Child Transmission (PMTCT) of HIV

The HIV testing rate among antenatal clients has increased from 66% in 2006/07 to 80.7% in 2007/08. CD4 count testing is offered to pregnant women at the point of HIV diagnosis. Polymerase Chain Reaction (PCR) test is being provided to all HIV exposed infants at 6 weeks after birth. PMTCT is provided at all facilities (210) rendering antenatal health care in the province.

Number of facilities that provide antenatal care per district:

Free State	Motheo	Xhariep	Lejweleputswa	Thabo Mofutsanyana	Fezile Dabi
210	49	17	45	62	37

The revised PMTCT dual therapy guidelines have been implemented in August 2008 and incorporate provision of AZT at 28 weeks, to HIV positive pregnant women who are not on HAART. The province will implement these in all hospitals and PHC clinics. To date, the guidelines have been implemented at 16 Hospitals and 59 clinics. The implementation of Dual Therapy which has already started in 75 facilities in the Province will be negatively affected by the financial constraints experienced in the Province. The extent can however currently not be quantified.

Education and Awareness Campaigns

Information, Education and Communication (IEC) awareness campaigns are being conducted and stakeholders are being trained on an ongoing basis. During 2007/08, 94 Khomanani Social Mobilisation campaigns were conducted in the Free State.

Provision of Post Exposure Prophylaxis (PEP)

Antiretrovirals are available at all hospitals in the province for PEP for rape survivors and personnel.

Antiretroviral Treatment Program (ARV)

The ARV program is an integral part of the Comprehensive HIV and AIDS Care, Management and Treatment Plan (CCMT) and aims to prolong the lives of the people who progress from HIV infection to AIDS stage, making it possible for them to lead normal and productive lives.

The goal has been achieved to establish at least one ART accredited site in all 5 districts by the end of the 1st year of implementation and at least 1 ART accredited site in all 20 sub districts by the end of the 5th year of implementation. By October 2008, all 20 sub districts had at least one accredited ART site.

5 Districts	20 Sub-districts	28 Accredited ART Sites
Lejweleputswa	Matjabeng	Bongani Hospital
	Tselopele	Mohau Hospital
	Masilonyana	Masilo Clinic
	Nala	Albert Luthuli Clinic
	Tokologo	Tswaraganang Clinic
Motheo	Mangaung	National Hospital
		Heidedal CHC
		Botshabelo Hospital
		Dr J Moroka Hospital
	Mantsopa	Mantsopa Hospital
	Naledi	Lebohang Clinic
Thabo Mofutsanyana	Maluti-a-Phofung	Mofumahadi Manapo Mopeli Hospital
		Harrismith Clinic
	Phumelela	Bophelong Clinic
	Nketoana	Petsane Clinic
	Dihlabeng	Phekolong Hospital
		Mamello CHC
	Setsoto	Photholoa Hospital
Fezile Dabi	Metsimaholo	Metsimaholo Hospital
	Ngwathe	Tokollo Hospital
		Boitumelo Hospital
	Mqhaka	PAX CHC
	Mafube	Philani Clinic
Xhariep		Bophelong CHC
	Letsemeng	Ethembeni CHC
		Lephoi Clinic
	Kopanong	Itumeleng CHC
	Mohokare	Thembalethu Clinic

To date, 24 905 adults and 4 662 eligible children are on ART treatment.

Sexually Transmitted Infections (STI) / High HIV Transmission Areas (HTA)
This program complements HIV prevention by effectively treating sexually transmitted infections, identifying high transmission areas in the province and by strengthening the prevention strategies in these areas. During 2007/08, 5348 clients were treated for STIs at HTA intervention sites compared to 7000 in 2006/07.

Provincial	2005/06	2006/07	2007/08
Incidence of STIs treated	4/1000 STIs treated	7/1000 STIs treated	3/1000 STIs treated
STI partner notification rate	83%	85%	90.3%
STI partner tracing rate	28%	26%	24.5%

The number of High Transmission Area intervention sites increased from 10 to 15 sites and female condom distribution sites from 28 to 42 sites in 2006/07 and 2007/08 respectively.

District	High Transmission Area Sites	Condom Distribution Sites
Thabo Mofutsanyana	4	10
Lejweleputswa	3	6
Motheo	4	14
Fezile Dabi	2	6
Xhariep	2	6
Total	**15**	**42**

During 2007/08, 11 579 700 male condoms were distributed compared to 12 223 780 in 2006/07, with a condom distribution rate of 6 condoms per male per month in the public sector. In the same period, 163 668 female condoms were distributed compared to 71 611 in 2006/07.

NGO/CBO involvements and service level agreements
A total of 48 Non-profit Organisations (NPOs) have been contracted for Primary Health Care including HIV and AIDS for a period of 3 years starting from 2008/09 until2010/11. To date, 182 NGO delegates from 56 non-governmental organisations have been trained on monitoring and reporting tools as well as financial management.76 carers have been trained on reporting tools for their PHC service packages. Support visits have been conducted to funded NPOs focusing on M & E issues and financial management. NPOs are reporting on their activities and financial expenditure.

Tuberculosis Management

TB Direct Observed Treatment Support (DOTS)
The DOT coverage of patients on TB treatment for 2007, is 92,28% compared to 94% in 2006 and only includes DOT provided by a volunteer on stipend. A total of 713 DOT Supporters are receiving a stipend to render treatment support to 24 274 TB patients (2007).

The decrease in DOT coverage is due to the attrition of volunteers. Family members are being recruited for this task. With the assistance of a non-governmental organisation named “TB Free” volunteers are continuously retrained.

HIV/AIDS/STI and TB Control (HAST)
Integrated HAST activities are carried out in health facilities to ensure comprehensive care and treatment of TB and HIV co-infected patients. The implementation of an integrated approach is monitored by HAST committees which consists of managers and coordinators of these programs, in all five districts. The Belgium Donor funding which assisted with the implementation of these integrated activities will end in 2009.

Education and awareness
The province has developed an Advocacy, Communication and Social Mobilization (ACSM) plan that outlines various activities carried out to ensure education and awareness on TB issues. Involvement of communities and other stakeholders is of utmost importance and all efforts are made to bring them on board.

Quality assured tuberculosis sputum microscopy laboratory results turn around time (TAT)
Achieving the national target of 80% within 48 hours remains a challenge particularly in remote facilities situated in rural areas. The province achieved a TAT of 79.93% of sputum within 72hrs in 2007.

Training of Service Providers
Health care professionals are being trained on TB Management with the assistance of Foundation for Professional Development who offers Integrated TB and HIV training. To date, a total of 160 doctors and 855 professional nurses have been trained. Staff turnover and rotation remains a challenge

Electronic TB Register (ETR.Net)
The Electronic TB register is successfully being expanded to include all hospitals. To date, 30 out of 33 hospitals are reporting on this system. Hospitals without a TB focal person are still posing a challenge. The National TB Control Program has updated the monitoring tools to also include TB and HIV data elements. A new Electronic Drug Resistant (EDR) Register was also launched and implemented in all provinces.

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

Indicator	Type	Province wide value 2008	Xhariep 2008	Motheo 2008	Lejweleputswa 2008	Thabo Mofutsanyana 2008	Fezile Dabi 2008	National target 2008/09
Input								
1. Fixed PHC facilities offering PMTCT	%	95.5	100	86.6	100	93.8	97.3	50
2. Fixed PHC facilities offering VCT	%	98.7	100	95	100	98.5	100	90
3. Hospitals offering PEP for occupational HIV exposure	%	94	80	100	100	70	90	100
4. Hospitals offering PEP for sexual abuse	%	78.3	66.7	100	25	100	100	100
5. ARV treatment service points compared to plan	Nr	28	5	6	5	7	5	100%
6. Patients registered for ART compared to target.	Nr	27000	Only provincial data					N/A
Process								
9. TB cases with a DOT supporter	%	91	99	85	92	95	93	100
10. Male condom distribution rate from public sector health facilities	No	7.3	10.3	4.0	8.6	7.2	10.3	7
11. Fixed facilities with any ARV drug stock out	%	80	40	90	95	95	80	0
Output								
12. STI partner treatment rate	%	22.2	33.9	24.6	16.5	26.7	18.7	27
13. Nevirapine dose to baby coverage rate	%	65	111	61	64	62	70	20
14. Nevirapine uptake – antenatal clients	%	72.9	75.2	60.2	65.5	71,9	91.7	
15. Clients HIV pre-test counselled rate in fixed PHC facilities	%	2.8	3.4	2.9	3	2.6	2.5	80
16. HIV testing rate (excluding antenatal)	%	80.6	90.7	74.4	83.3	76	78.6	
17. TB treatment interruption rate	%	5 (2007)	5.2	6.9	5.5	3.9	3.6	10
Quality								
18. TB sputa specimens with turnaround time > 48 hours	%	45.8	64.8	58.1	32.6	65.6	17.5	N/A
Efficiency								
19. Dedicated HIV/AIDS budget spent	%	100	100	100	100	100	100	100
Outcome								
20. New smear positive PTB cases cured at first attempt	%	68 (2008)	78.4	67.2	79.3	74.7	68	65

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

POLICIES, PRIORITIES AND STRATEGIC GOALS

The **HIV & AIDS and STI National Strategic Plan 2007 to 2011** was launched in 2007 with the following main objectives:

- Reduce the rate of new HIV infections by 50% by 2011.
- Reduce HIV infection and AIDS morbidity and mortality as well as its socio-economic impacts by providing appropriate packages of treatment, care and support to 80% of HIV positive people and their families by 2011.

POLICIES AND GUIDLINES IMPLEMENTED

- National Strategic Plan 2007/2011
- CCMT Operational Plan
- Adult- and Children Treatment Guidelines
- STI Guidelines
- VCT Guidelines
- National Home Based Care Guidelines
- Regulatory Framework on Step Down Care (draft)
- Guidelines to establish and maintain support groups for people living with and /or affected by HIV and AIDS

Prevention of Mother to Child Transmission of HIV (PMTCT)

In addition to the implementation of the current national PMTCT policy (Single dose Nevirapine), the revised PMTCT guidelines incorporates the provision of AZT to all HIV positive pregnant women and HIV exposed infants. Currently, the revised guidelines are being implemented at 16 hospitals and 59 Primary Health Care clinics. This will be expanded to include all Hospitals and Primary Health Care clinics.

TB MANAGEMENT

The **National TB Strategic Plan 2007 to 2011** was launched for implementation in October 2007. The Strategic objectives of this plan are as follows:

- To strengthen the implementation of the DOT strategy
- To address TB and HIV, MDR and XDR TB
- To contribute to health system strengthening
- To work collaboratively with all care providers
- To empower people with TB as well as communities
- To coordinate and implement research
- To strengthen infection control

The following policies are being implemented

- National Multi Drug Resistant TB Policy 2006
- TB Infection Prevention and Control Policy
- National TB Guidelines 2007

ANALYSIS OF CONSTRAINTS AND MEASUES PLANNED TO OVERCOME

HIV and AIDS/STI/CDC

Finance

Conditional Grant: The programs in CCMT particularly the ART, are underfunded. Antiviral drugs as well as laboratory costs are expensive. More funding will be sought during budget reviews of the conditional grant and other sources.

Equitable Share: This fund is perpetually operating under financial constraints which negatively impact on the implementation of programs.

Human Resources
Recruitment and retention of personnel in CCMT, remains a challenge. The establishment of partnerships with NGOs, is to a certain extent helping in this regard.

Integration of CCMT programs into Primary Health Care
CCMT is to be implemented at PHC facilities as an integral part of the Primary Health Care package rather than as a vertical program. Staff awareness is being created.

TB Management

Finance
Inadequate funding for TB and MDR/XDR TB management: National Treasury made funding available to provinces for strengthening TB Management, with the focus on infrastructure development for MDR and XDR TB management. Operational costs for these units remain the responsibility of the provinces. A budget bid has been submitted to Treasury for additional funding of the program to supplement the existing budget.

Human Resources
There are no dedicated TB coordinators at local and facility level. Rotation and staff turnover is 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. Dedicated personnel for the TB program in hospitals remains a challenge. As a result TB activities are not properly coordinated in hospitals.

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 remains a challenge. A plan has been implemented to recruit data capturers through the Expanded Public Works Program (EPWP). The inability of the provincial DHIS to interface with the Electronic TB Register is also a challenge.

Table NHSPriority 1: Health Program Priorities: Intensifying the campaign on both communicable diseases including healthy lifestyles

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Implement the updated strategy on HIV and AIDS and intensify campaign against various TB strains as well as other communicable diseases.	Implement life skills, Sexual and Reproductive Health (SRH) education and HIV prevention programs in primary and secondary schools.	Programs implemented in 80% of primary and secondary schools by March 2008.	Support youth development in accredited facilities for Youth Friendly Services. Provide sexual reproductive health education.	Provincial DoHs, with support from National Health.
	Increase the number of condoms distributed.	Increase the number of male condoms distributed from 425 million to 450 million and distribute at least 3.5 million female condoms.	11 male condoms issued per male, per month. 15 000 female condoms distributed.	National DoH to procure and supply to Provincial DoHs. Provincial DoHs to ensure distribution.
	Roll out integrated microfinance and gender education interventions.	Integrated microfinance and gender education interventions initiated in 4 provinces by March 2009.	Provinces to be identified by National Department of Health	National DoH and 4 provinces working with the lead department (Social Development)
	Increase the percentage of adults who have ever tested for HIV.	Percentage of adults ever tested increased from 25% to 35% by March 2009.	Dependant on funding.	National and Provincial DoHs.
	Increase the percentage of adults starting ART.	Increase the percentage of adults starting ART by 10% (from 2007 figures).	22 410 (dependant on funding)	National and Provincial DoHs.
	Increase the number of eligible children initiated on ART.	Increase from 17000 to 24000 the number of eligible children initiated on ART.	4 590 (dependant on funding)	National and Provincial DoHs.
	Strengthen social mobilization in all provinces to support the National TB Control Program.	All provinces implemented advocacy, communication and social mobilization plans by July 2008.	Advocacy, Communication and Social Mobilization activities conducted according to provincial plan.	National and Provincial DoHs.
	Reduce TB defaulter rate to improve TB treatment outcomes through the appointment of TB tracer teams.	TB defaulter rate reduced from 10% to 7% by March 2009.	4.70%	National and Provincial DoHs.
	Train personnel in clinical management of TB.	At least 3600 health personnel trained in clinical management of TB, including drug resistant TB.	Train 300 health personnel in the Free State.	National and Provincial DoHs.
	Improve treatment coverage of patients diagnosed with drug resistant TB.	All laboratory diagnosed drug resistant patients, initiated on treatment.	100% drug resistant patients put on treatment.	National and Provincial DoHs.

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

BUDGET SUB PROGRAM: HIV AND AIDS										
GOAL3: REDUCE THE BURDEN OF DISEASE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Reduce the incidence of HIV infection. (GPOA)	Rate of new HIV infections.	Improve Recording and Database Management. Increased offering of package of prevention for HIV and AIDS.	Indicator not measured	Indicator not measured	Indicator not measured	Indicator not measured	Indicator not measured	All designated facilities offering at least 6 aspects of the prevention package.	All designated facilities offering at least 7 aspects of the prevention package.	All designated facilities offering at least 8 aspects of the prevention package.
Provide appropriate packages of support, care and treatment to HIV positive people and their families. (GPOA)	Number of HIV positive people receiving treatment, care and support.	Increased number of people accessing Comprehensive Care Management and Treatment Plan for HIV and AIDS.	Not in plan	Not in plan	10 663	22 389	27000	42 000 (cumulative)	49 000 (cumulative)	55,000 (cumulative)
		Increased number of support groups.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	At least 2 support groups for 5 sub districts.	At least 2 support groups for 10 sub districts.	At least 2 support groups for 15 sub districts.
	Number of families receiving support.	Increased number of households visited by Home Based Care.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	4,900 per quarter.	5,500 per quarter.	6,000 per quarter.
Comprehensive Care, Management and Treatment Plan for HIV and Comprehensive Care Management and Treatment Plan for HIV and AIDS. (Comprehensive Care Management and Treatment Plan for HIV and AIDS.). (GPOA)	Number of antenatal care facilities implementing revised therapy for PMTCT.	Availability of dual therapy in facilities implementing PMTCT.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	90% of facilities implementing the revised PMTCT therapy	100% of facilities implementing the revised PMTCT therapy	Monitor and evaluate dual therapy at all PHC facilities.
	% of HIV positive pregnant women who qualify receiving dual therapy prophylaxis.	Increased number of HIV positive pregnant women receiving dual therapy.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	70%	75%	80%
	% of HIV exposed infants receiving Dual Therapy.	HIV exposed infants receiving Dual Therapy.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	100%	100%	100%
	Rate of VCCT and TB testing among TB/HIV positive patients.	Testing TB patients for HIV.	Not in plan	Not in plan	Not in plan	65.3%	70%	75% of TB patients tested for HIV.	80% of TB patients tested for HIV.	85% of TB patients tested for HIV.
		Testing HIV positive patients for TB.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	90% of HIV patients tested for TB.	95% of HIV patients tested for TB.	98% of HIV patients tested for TB.

BUDGET SUB PROGRAM: HIV AND AIDS (continue)										
GOAL3: REDUCE THE BURDEN OF DISEASE (continue)										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Improve TB treatment outcomes. (GPOA)	Smear conversion rate of new positive patients at 2 months.	Availability of TB treatment at all facilities rendering TB services.	60%	61.1%	67.2%	72.1%	71%	73%	75%	75.5%
	TB cure rate of new smear positive patients.	Improve Recording and Database Management.	64.5%	67.2%	67.5%	68.8%	69.5%	70.%	70.5%	71%
	TB treatment defaulter rate.	Effective treatment support for TB patients.	6.4%	5.3%	5.9%	5%	4.7	4.5%	4.2%	4%
Reduce the incidence of drug resistant TB. (GPOA)	Proportion of MDR TB amongst PTB patients.	TB cultures done and drug sensitivity tests done.	0.6%	0.9%	1.0%	1.4%	4.5%	4% MDR TB amongst PTB patients.	3% MDR TB amongst PTB patients.	2% MDR TB amongst PTB patients.
	Proportion of XDR TB amongst MDR TB patients.		Not in plan	Not in plan	Not in plan	6.3%	3%	2% XDR TB amongst MDR TB patients.	1% XDR TB amongst MDR TB patients.	0,5% XDR TB amongst MDR TB patients.

BUDGET SUB PROGRAM: HIV AND AIDS (continue)										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Ensure sustainability of strategic partnerships.	Number of active NPO partnerships.	Partnerships that last for the duration of the service level agreements.	9 NPO partnerships for the province	10 NPO partnerships for the province	18 NPO partnerships for the province	24 NPO partnerships for the province	48 NPO partnerships for the province	74 NPO partnerships for the province	74 NPO partnerships for the province	74 NPO partnerships for the province
	Number of other partnerships established including International Donors.	Healthy relations benefiting the department.	1 (Ireland Aid)	2 (Flemish and Ireland Aid)	2 (Flemish and Ireland Aid)	Sustain Flemish and Ireland Aid. Establish DOH/EU and CIDA partnership	Sustain DOH/EU and CIDA partnership program.	9 other partnerships, including international donors.	11 other partnerships, including international donors.	Sustain 11 other partnerships, including international donors.

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

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (target)	2010/11 (target)	2011/12 (target)	National target 2008
Input										
1. ARV treatment service points compared to plan	No	5 service points	15 service points	20 service points	26 service points	27 service points	27 service points	30 service points	34 service points	100
2. Fixed PHC facilities offering PMTCT	%	66	97	87.3	92	94.2	100	100	100	100
3. Fixed PHC facilities offering VCT	%	95	97	86.4	95	98.2 (225 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
5. Hospitals offering PEP for sexual abuse	%	1 district hospital 2 VCS	25 hospitals 3 VSC	87	100	78.3	100	100	100	100
6. HTA Intervention sites compared to plan	No	3	10	10	15	20	25	25	25	100
Process										
7. TB cases with a DOT supporter	%	96	89	92	92,2	91	98	100	100	100
8. Male condom distribution rate from public sector health facilities	No	8	9	6.8	6.0	7.6	11	11	11	11
9. Male condom distribution rate from primary distribution sites	No	18	22	24	11	11	11	11	11	32
10. Fixed facilities with any ARV drug stock out	%	0	0	4.8	3	0	0	0	0	0
11. Hospitals drawing blood for CD4 testing	No	5 sites	10 sites	17 sites	87%	21	3 sites	3 sites	3 sites	100
12. Fixed PHC facilities drawing blood for CD4 testing	No	15 sites	30 sites	45 sites	95%	221	231 sites	232 sites	232 sites	20
13 Fixed facilities referring patients to ARV treatment points assessment	No	15 sites	30 sites	45 sites	95%	221	80 sites	80 sites	80 sites	10
Output										
14. STI partner treatment rate	%	20	25	20.2	22	22.5	35	35	35	40
15. Nevirapine uptake rate among babies born to women with HIV	%	94	102	62.7	102	69	70	80	80	70
16. Clients HIV pre-test counselled rate in fixed PHC facilities	%	25352 clients	100	100	100	2.8	100	100	100	100
17. Patients registered for ART compared to target	%	3500	11 000	36 481	22 389	27 000	34 000	44 000	44 000	100
18. TB treatment interruption rate	%	6.8	5.9	7.6	5 (2006)	5.2	4.5	4	4	4

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

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

** Indicator net captured on the DIHIS 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.

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

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection	2011/12 (MTEF projection
Current prices[1]	69,070	100,479	142,295	153,646	189,630	235,792	326,658	350,365
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	24.17	35.16	49.79	53.76	66.35	82.50	114.30	122.59
Total per uninsured person	28.37	41.26	58.44	63.10	77.88	96.83	134.15	143.89
Constant (2004/05) prices[2]	719.71	1,004.79	1,356.07	1,413.54	1,645.99	2,046.67	2,835.39	3,041.17
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	0.25	0.35	0.47	0.49	0.58	0.72	0.99	1.06
Total per uninsured person	0.30	0.41	0.56	0.58	0.68	0.84	1.16	1.25

Source: BAS System & Budget Statement

PROGRAMME 2: DISTRICT HEALTH SERVICES

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

ANNEX 5 – MCWH & NUTRITION

SITUATION ANALYSIS

Women's Health

Cervical Cancer Screening Program

Cervical cancer screening is presently done on 5% of targeted women of age 30 and over. The aim is to have all women above 30, screened with 3 cervical smears done at 10-year intervals. Only 1 centre at Pelonomi Hospital in Motheo district is equipped for providing this service. There should be at least one appropriately equipped centre per district to provide colposcopy services.

The number of women screened for 2007/08, was 34 895 compared to 15 734 in 2006/07. This has exceeded the target of 25 000 women by 9 895. The coverage rate increased from 3.2 in 2006/07 to 6.6 in 2007/08.

Genetic Services

The purpose of the genetics component is to ensure that genetic disorders are appropriately managed at all levels of care. The emphasis is on primary prevention through health promotion and education, counselling and tests for early detection of abnormalities.

14/30 facilities are doing genetic screening. All five districts in the province are implementing the new standardized data collection tool. Genetic outreach clinics increase accessibility to services. A register of Birth Defects is available at each health facility in the province. Pivotal to genetic screening is obstetric ultrasound screening that is unfortunately not routinely available in the province. District genetic nurses are trained as facilitators for genetic disorder support groups.

During 2007/08, four (4) professional nurses were trained in the management of haemophilia. The district genetics nurses link with the haemophilia treatment centre at Universitas Hospital. This has increased accessibility of services. There are 173 haemophilia clients in the province with an average age of 37years.

Data on genetic disorders is collected from health facilities. Notification of priority birth defects attempts to establish a baseline of prevalence of genetic births defects. The numbers of reported priority birth defects are as follows: 6 cleft lip; 11 cleft palate; 3 spina bifida; 6 anencephaly and 4 encephalocele.

Termination of Pregnancy (TOP)

Deaths resulting from unsafe TOP are estimated at 68 000 annually in developing countries with 30 000 of these, occurring in Africa. Legalisation is an important measure in reducing the incidence of unsafe TOP.

In February 1997, South Africa legalized TOP with the implementation of the Choice on Termination of Pregnancy Act (Act of 1996) to reduce maternal morbidity and mortality that relates to unsafe methods of terminating pregnancy.

The annual number of TOP's increased steadily from 1999 and peaked in 2005, then started declining in 2006 and 2007. The TOP rate per 1 000 live births, increased steadily from 97 in 1999, to 235 in 2005 and decreased in 2006 (208) and 2007 (176).

TOP rate per 1 000 live births

Year	Rate of TOP per 1000 live births
1999	97
2005	234
2006	208
2007	176
Total number of terminations in accredited facilities 1999 to 2007	**65 021**

TOP surveillance study conducted in the Free State for the period 1999 – 2007

There are 14 accredited TOP performing facilities in the Free State, nine (64%) of these facilities are in urban area whereas five (36%) are situated in the rural areas. 81.2% of the terminations were performed among the age group of 20 years and older. Younger women (below 15 years), accounted for 2.5% during the nine year period of data collection:

Age Group (years)	Frequency	Percentage
<15	1643	3%
15-19	10 579	16%
20-24	20 555	32%
25-29	14 450	22%
30-34	10 031	15%
35-39	5 796	9%
>=40	1 967	3%
Total	**65 021**	**100%**

The total number of pregnancies terminated in 2007 from the nine functional designated facilities in the Free State Department of Health was 6 754. All hospitals and clinics provide contraceptive services.

Accessibility and availability of the service

By the end of 2008, 16 out of 40 facilities (11 public- and 5 private) provided TOP services in the Free State:

Termination of Pregnancy (By Choice) Facilities	Termination of Pregnancy (Medical Referrals) Facilities	Private Facilities
Kopano Community Health Centre (Welkom)	Pelonomi Regional Hospital (Bloemfontein) Universitas Tertiary Hospital (Bloemfontein) Thebe Hospital (Harrismith)	Marie Stopes
Elizabeth Ross Hospital (Qwaqwa)		Hoogland Medi Clinic
Dr JS Moroka Hospital (Thaba Nchu)	Bongani Regional Hospital (Welkom)	Medi Clinic (Bloemfontein)
Katleho Hospital (Virginia)		
Metsimaholo Hospital (Sasolburg)		Medi Clinic (Welkom)
National Hospital (Bloemfontein)	Dihlabeng Hospital (Bethlehem)	Rosepark

- Health education campaigns need to be strengthened in our schools to resolve the problem of teenage pregnancy (<15 years and 15 to 19 years age cohorts).
- The sterilization outreach program needs to be supported.
- Staff shortages and high staff turnover rates exacerbate the problem.
- Raising awareness among the users of the service, about the importance of early reporting for the service, will help decrease the chances of complications.

Contraceptive Services

Through the use of contraceptives, sexually active individuals may exercise their sexual rights without the risk and fear of unwanted pregnancy.

Contraceptive services have been included in the comprehensive Primary Health Care package of services. This is competing with curative services and taking a lower priority in the overburdened health care services that do not promote the use of contraceptives.

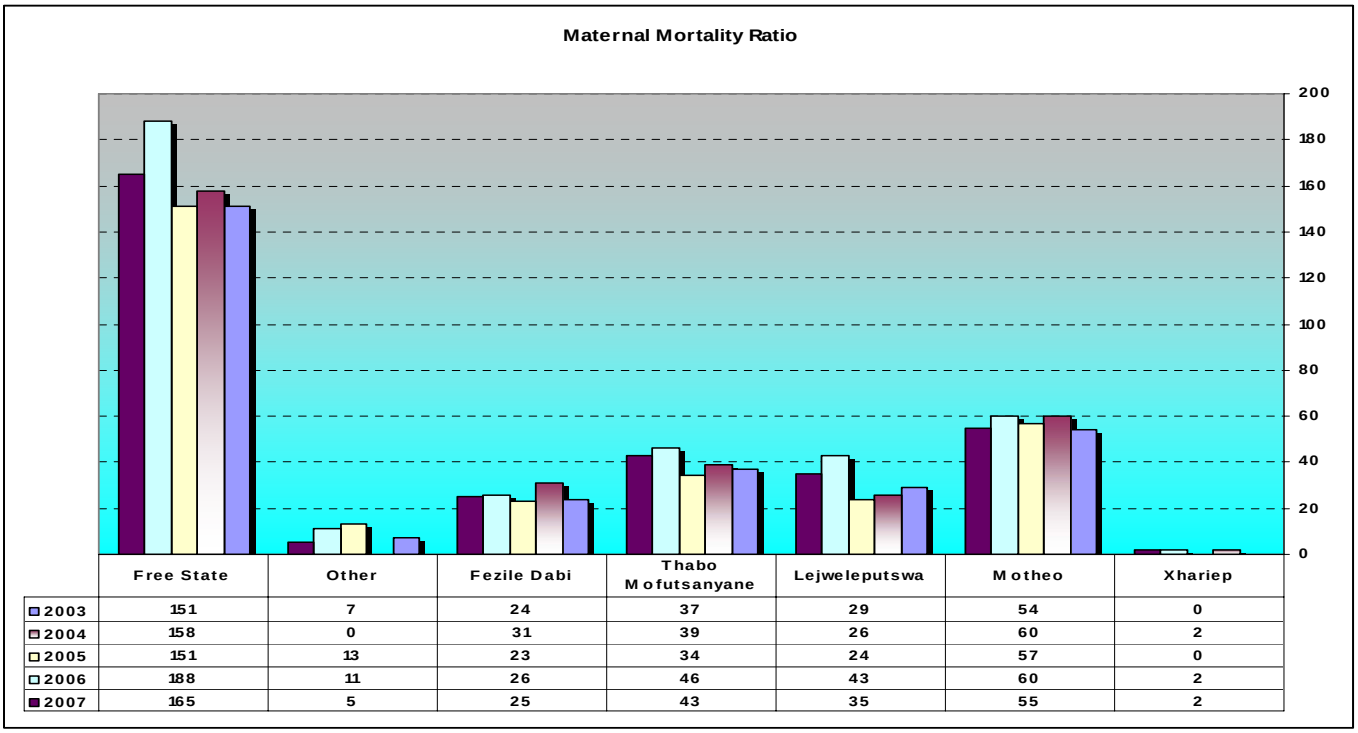
The following is recommended:

- Designated contraceptive services, especially at community health centre level.
- A specialist contraceptive clinic addressing contraceptive complications need to be established in every district.
- Emergency contraception must be available at every 24-hour facility.
- All services to be youth friendly.

Maternal Health

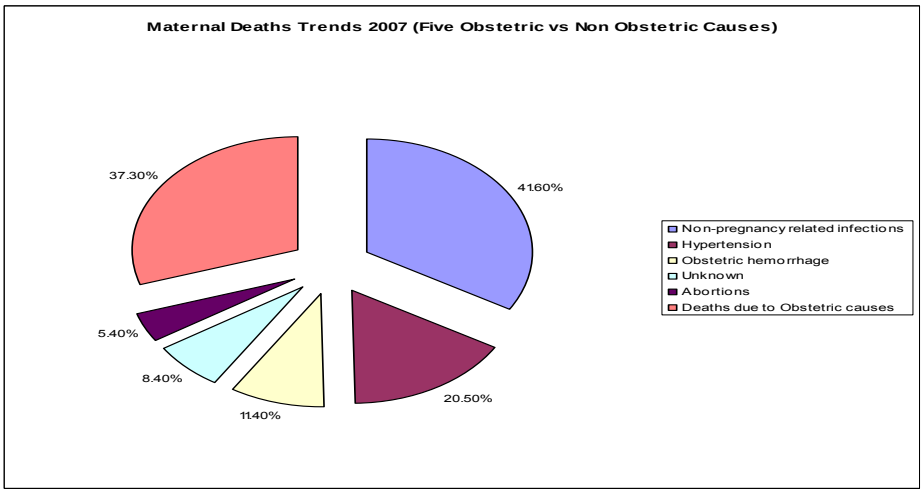
The Annual Provincial Maternal Deaths Report for the 2006 calendar year reveals that a total of 189 maternal deaths were reported in the Free State, compared to 165 in the 2007 calendar year which brings the maternal mortality ratio to 288/100 000 live births.

The 3rd Saving Mothers Report (2002-2004) was launched in February 2007 and disseminated in the province. Guidelines for maternity care, the Saving Mothers Report 2002 – 2004 and posters on protocols to manage common conditions leading to maternal deaths are implemented in all facilities rendering maternity services. The Maternal Death Notification Program aims to reduce the rate of maternal deaths without HIV and AIDS by 50% and to reduce those with HIV and AIDS by 25%.



	Free State	Other	Fezile Dabi	Thabo Mofutsanyane	Lejweleputswa	Motheo	Xhariep
2003	151	7	24	37	29	54	0
2004	158	0	31	39	26	60	2
2005	151	13	23	34	24	57	0
2006	188	11	26	46	43	60	2
2007	165	5	25	43	35	55	2

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



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

Child Health

Trends in key provincial mortality indicators PHC and Hospital

Indicator	Free State Mortality database (Jan – Dec 05)	Free State Mortality database (Jan – Dec 06)	DHIS (Jan – Dec 07)	Target
Infant mortality (under 1)[1]	66.1 per '000 pop under 1yr	62.0 per '000 pop under 1yr	113.0 per '000 pop under 1yr	45 per 1,000 live births by 2006
Child mortality (under 5)	18.4 per '000 pop under 5yr	17.2 per '000 pop under 5yr	89 per '000 pop under 5yr	59 per 1,000 live births by 2006
Maternal mortality	267.6 per '00,000 live births	372.2 per '00,000 live births	372.2 per '00,000 live births	100 per 100,000 live births by 2006

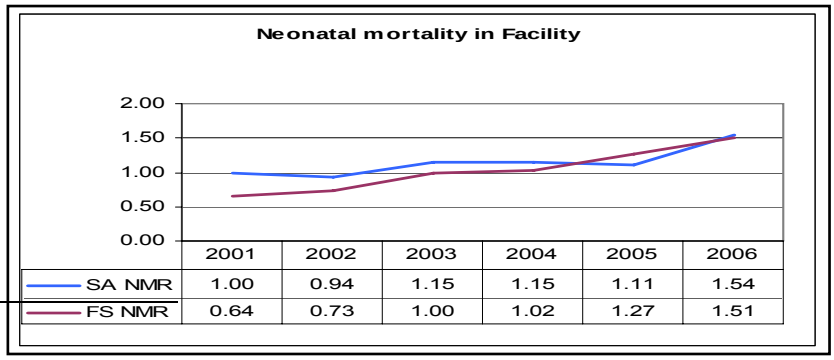
Source: Free State Department of Health Mortality database. No information available for 2007/2008.

The provincial infant mortality rate 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. Amongst many other factors, the decrease may be attributed to the child survival strategies that are in place. The goal of child survival strategies is to reduce child and infant mortality by 0.5% annually. The strategies implemented in this regard include the Integrated Management of Childhood Illnesses (IMCI), the Expanded Program on Immunisation (EPI) and the Vitamin A Supplementation Program.

Perinatal and Neonatal Health

The fifth "Saving Babies" Report for the period 2003-2005 was published in July 2007 by the Medical Research Council (MRC). The province launched this report in January 2008 and five national recommendations were adopted for implementation in 2008/09. This report covers the perinatal (0-7 days), stillbirth and neonatal (0-1 month) death rates. The recommendations are aimed at reducing the incidences of avoidable factors that cause death. Copies of the report were disseminated in the province to ensure implementation of the five national recommendations.

Source: DHIS Data 2001- 2007



A total of 262 facilities (30 hospitals, 10 community health centres, 222 clinics) are implementing the recommendations of the “Saving Mothers” and “Saving Babies” reports. The quality of implementation is being monitored.

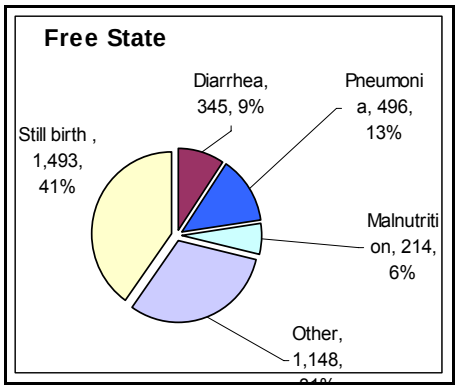
PPIP sites were increased from 12 to 21 to support neonatal health care. The primary causes of perinatal deaths were identified and key recommendations were made. Resuscitation equipment was purchased to train health care workers on resuscitation techniques of newborn babies. Training on resuscitation was conducted at Universitas Hospital.

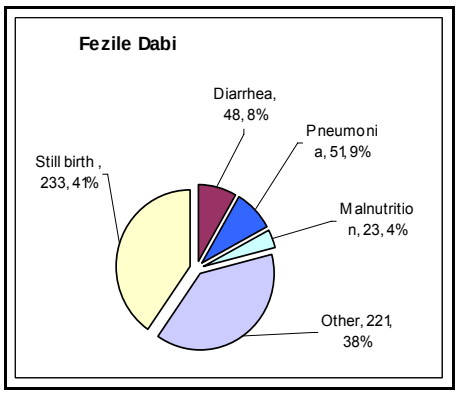
In the province, 27 out of 40 maternal health facilities have advanced midwives. Training and support is rendered where gaps are identified. A Partogram Survey was completed in 8 hospitals and training of midwives on correct use of partogram was completed in Thabo Mofutsanyana and Lejweleputswa.

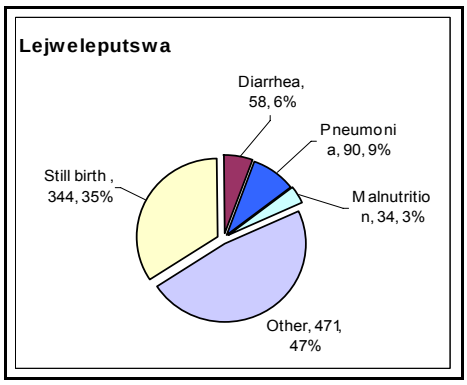
In order to avoid a delay in transportation of pregnant women, a colour coded sticker system for transportation of pregnant women is being implemented in all districts. Emergency transport is designated specifically for pregnant women and newborn babies. Partogram training was conducted and support in this regard is being maintained in all five districts.

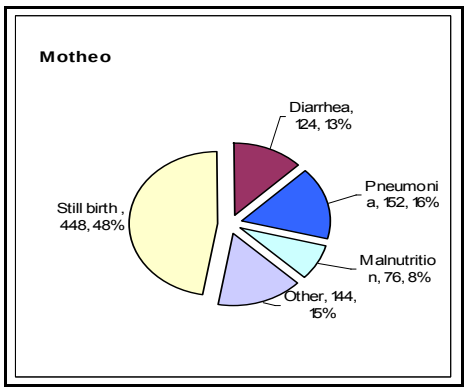
Under 5 mortality

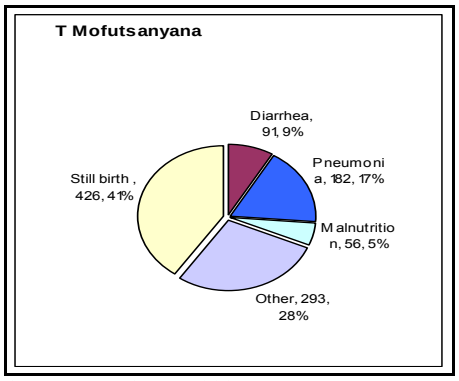
The following tables represent deaths in children under-5 years at health facilities in the Free State for 2006:

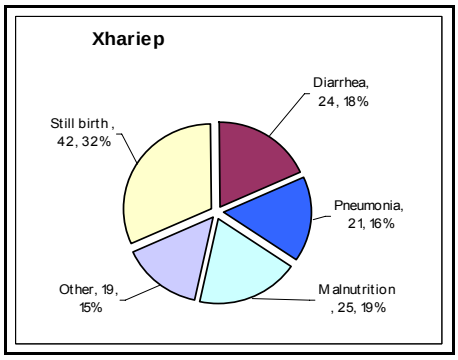












Source: DHIS Data 2007

Recommendations

It is clear that all districts need to focus on the provision of safe and accessible services around pregnancy and birth. The level of malnutrition in Xhariep also indicates a priority area.

Integrated Management of Childhood Illness (IMCI)

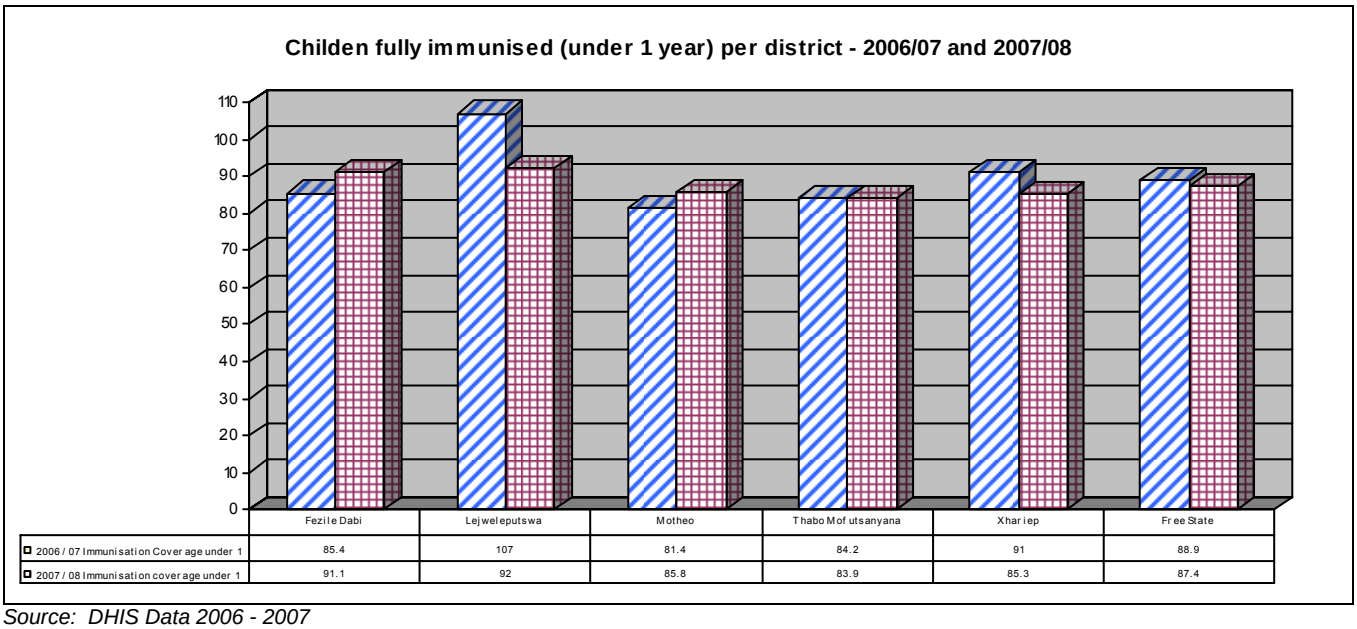
Specialised staff trained to manage childhood illnesses and to fast track referrals of problems to appropriate levels proved to be effective and should be maintained. More specialised nurses need to be trained in IMCI principles. Community assessment and access should be improved through use of dedicated staff with the help of non governmental organisations

Expanded programs of immunisation need to be maintained to enhance coverage of all children, with a special focus on measles and rubella. The morbidity and mortality of all babies and children should be reported through the PPIP and PCIP programs at institutions at all levels to assist in identification of causes of childhood illnesses.

75% of PHC services have 60% saturation of IMCI trained personnel. All five districts and 15 sub districts are implementing the household and community IMCI component. 178/232 primary health care facilities implementing IMCI, have IMCI personnel trained on the CCMT Plan.

Expanded Program on Immunisation

The immunisation coverage for children under one year has dropped from 88.9% in 2006 to 87.4% in 2007. To improve child survival, there is a special focus on measles coverage. The measles coverage under one year, increased from 89.2 in 2006 to 89.6 in 2007. The measles elimination strategy has been strengthened by the implementation of the Reach Every District (RED) strategy in all 5 districts and sub districts with low immunization coverage. The change over of the DT vaccine to Td, took place during February 2008 in health care facilities that provide immunisation services.



Source: DHIS Data 2006 - 2007

A total of 122 suspected measles cases were investigated in the Free State with no positive measles cases reported however, 46 of these cases were confirmed Rubella cases. These cases occurred mainly in Thabo Mofutsanyana and Xhariep districts, which were put on high alert. One suspected case of measles in Dihlabeng sub district was investigated and found to be a false positive measles case. All districts achieved the target to investigate suspected measles for the 2007/08.

AFP (Acute Flaccid Paralysis)

During 2007/08 the Free State remained Polio Free. AFP surveillance has been implemented in all (5) districts. Surveillance sites have increased from 33 to 41 sites of which 6 are based in regional hospitals, 1 in the tertiary hospital and 6 at private hospitals.

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%. For each suspected case, 2 stools must be collected 24 hours apart within 14 days of onset of paralysis. During 2007/08, the Free State had an AFP detection rate of 2.2 with a stool adequacy rate of 85%.

Nutrition

The purpose is to enhance the community nutritional status through:

- Nutrition promotion, education and advocacy
- Promotion and support of breastfeeding
- Growth monitoring and promotion
- Micronutrient malnutrition control

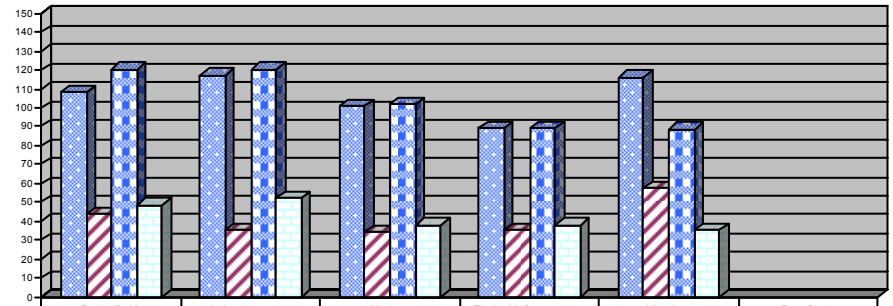
Disease management through dietetic services is available to patients with acute and chronic illnesses with respect to disease specific nutrition support, treatment and counselling

22 out of the 31 facilities (60%) with maternity beds have been assessed and nine facilities have been accredited as baby friendly in 2007/08. Five health care facilities have been re-assessed and retained its Baby Friendly Status i.e. National, Mofumahadi Manapo Mopeli, Metsimaholo, Stoffel Coetzee hospitals and MUCPP. The financial constraints experienced by the Department are likely to impact negatively on the Baby Friendly Status of facilities as none could be re-assessed. As a result, these facilities are likely to lose the accreditation however, all attempts will be made to maintain the status. Nine (9) facilities which were for accreditation will also not be assessed for the same reason.

The number of children 5 years and older (new ambulatory) suffering from severe malnutrition during 2007/08, was 2 165.

During 2007/08, 71 544 people received food supplements in Thabo Mofutsanyana (13 027), Xhariep (8 943), Fezile Dabi (14 625), Motheo (17 426), Lejweleputswa (17 523). A total of 105% of post partum mothers received Vitamin A supplementation compared to 96% in 2006/07. Some Districts are already experiencing challenges with the provision of food supplements as a result of the financial constraints and this is likely to continue. Children under 1 year will be prioritised going forward.

Vitamin A Supplements given to children per district - 2006/07 and 2007/08



	Fezile Dabi	Lejweleputswa	Motheo	Thabo Mofutsanyana	Xhariep	Free State
2006 / 07: Vit A 6-11 mths	108.6	117.3	100.7	89.3	116.3	
2006 / 07: Vit A 12-59 mths	43.6	35.6	34.1	35.1	57.7	
2007 / 08: Vit A 6-11 mths	120.4	120.4	101.7	89.2	88.8	
2007 / 08: Vit A 12-59 mths	48.6	52.1	38	38.1	35	

Source: DHIS Data 2006- 2007

Table MCWH1: Situation analysis indicators for MCWH and Nutrition

Indicator	Type	Province wide value 2008	Xhariep 2008	Motheo 2008	Lejweleputswa 2008	Thabo Mofutsanyana 2008	Fezile Dabi 2008	National target 2008
Input								
1. Hospitals offering CTOP services	%	33	0	66	33	30	20	100
2. CHCs offering TOP services	%	10	0	0	100	0	0	50
Process								
3. Fixed PHC facilities with DTP Hib vaccine stock out	%	38.8	11.8	53,3	44.4	40	44.7	<5%
Output								
4. (Full) Immunisation coverage under 1 year	%	91.6	88.9	90.7	97.1	88.4	92.4	90
5.Vitamin A coverage under 1 year	%	100.8	91.4	94.4	106.1	91.5	117.1	80
6. Measles coverage under 1 year	%	92,7	94.7	91.8	97.8	89.4	92.8	90
7. Cervical cancer screening coverage	%	3.6	3.1	4	3.1	3.6	4	15
8. Total deliveries in facilities	No	52963	1472	15932	11737	14772	9050	-
Quality								
9. Facilities certified as baby friendly	%	20	3	5	5	5	2	20
10. Fixed PHC facilities certified as youth friendly	%	21	0	0	0	19	2	20
11. Fixed PHC facilities implementing IMCI	%	96.2	90	93	98	99	98	70
Outcome								
12. Facility Delivery Rate	%	80	53.5	93.7	89	81.1	82.1	-
13. Institutional delivery rate for women under 18 years	%	8.4	11.8	8.2	8	9.	8.2	13

Source: DHIS. (Statistical data is for the calendar year: 01 January – 31 December 2008).

POLICIES, PRIORITIES AND STRATEGIC GOALS

Strategies to decrease maternal morbidity and mortality

The objective is to improve maternal health by reducing Maternal Mortality Ratio (MMR) by three quarters, between 1990 and 2015. Strategies to improve maternal health include;

- Implementation of the ten key recommendations as set by the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD) from Saving Mothers report, 2002-2004.
- Facilities and District to conduct monthly maternal morbidity and mortality review meetings
- Pregnant women and their babies to be managed by skilled personnel. This includes implementation of Basic Antenatal Care (BANC) at all clinics offering Antenatal Care Service.

Strategies to reduce under-5 morbidity and mortality

The objective is to reduce child mortality through reduction by two thirds, between 1990 and 2015;

- Institutions to implement recommendations from Saving Babies report 2003 2005.
- Facilities and Districts to conduct monthly perinatal morbidity and mortality review meetings.
- Facilities to conduct deliveries to implement PPIP (Perinatal Problem Identification Program).
- Increase the number of facilities within the province implementing child mortality audit tools e.g. ChPIP (Child Problem Identification Program).
- Train health care workers in ChPIP and provide ongoing support for its implementation.
- Facilitate and support Paediatric outreach programs to improve health care of children.
- Sustain IMCI case management training to increase implementation and saturation levels.
- Strengthen monitoring and evaluation initiatives
- Accelerate training of other health workers on the IMCI strategy
- The Choice on Termination of Pregnancy Act (Act 92 of 1996), as amended
- National Contraceptive Guidelines
- National Contraceptive Service Delivery Guidelines
- A draft policy on Contraception for the Free State Department of Health was developed

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance

Funding for implementation of Maternal Health activities is limited. The situation is likely to continue with the current financial situation. Some crucial meetings could not take place so far due to the above mentioned situation (e.g.) the maternal deaths assessors meeting. This will however be one of our priorities despite the financial constraints.

Human resources

Staffing norms for maternity facilities must be developed to assist with the proper staffing of Maternity Units.

Support systems

The following needs attention

- Institutions do not adhere to the set time frames to report and send maternal deaths files to the provincial Maternal Deaths Committee.
- Follow up of maternal deaths reported by the community members (home deaths).
- Institutions/districts not holding regular Maternal Mortality Review meetings.
- Maternity Care Guidelines available but not implemented, institutional protocols not developed.
- Posters with management guidelines not put in relevant places.
- Delay of EMS in transporting pregnant women with complications.
- EMS policy: Priority given to clients outside the facility.
- Blood for emergency obstetric cases – Some institutions do not have blood on site.
- Delay in blood replacement time, even in institutions where blood is available.
- Partogram quality assurance program not implemented.
- PPIP recommendations not adopted and implemented at the PPIP sites.

Maternal health

Accessibility of Termination of Pregnancy service remains a challenge due to scarce human resources. Additional facilities need to be opened in each district per complex in order to increase accessibility to TOP services.

Table NHSPriority 1: Health Program Priorities: Intensifying the campaign on both communicable diseases including healthy lifestyles

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Improve Maternal, Child and Women's Health and Nutrition.	Improve Women's Health and reduce maternal mortality.	90% of health institutions implement the recommendations of the Saving Mothers and Saving Babies Reports.	262 facilities (30 hospitals, 10 CHCs, 222 PHC clinics) and all PPIP sites implementing the recommendations.	National and Provincial DoHs.
	Strengthen provision of Vitamin A supplementation to children and post -partum mothers.	Vitamin A supplementation provided to 100% of children aged 6-11 months; 35% of children aged 12-59 months; and 75% of post partum mothers.	96% vitamin A coverage for children 0-60 months.	National and Provincial DoHs.
			88% of post-partum mothers receiving Vitamin A Supplementation. (Total nr of postpartum mothers who received vitamin A / Total number of deliveries x 100%).	National and Provincial DoHs.
	Improve Immunisation Coverage.	40/52 Districts with full immunisation coverage of 80% and above.	94% immunisation coverage for the Free State.	National and Provincial DoHs.
		30/52 Districts implement the Reach Every District (RED) strategy.	All 5 Districts implementing the RED Strategy.	National and Provincial DoHs.
	Improve cold chain capacity for new vaccines.	Conduct a cold chain audit in all 9 provinces, with the assistance of WHO.	Audit done at selected facilities in each district.	National and Provincial DoHs.

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

BUDGET SUB PROGRAM: MOTHER, CHILD AND WOMEN'S HEALTH										
GOAL 3: REDUCE THE BURDEN OF DISEASE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Reduce infant and under 5 child morbidity and mortality. (GPOA)	Under 5 mortality rate	Functional Child Health services at all Primary Health Care services	22.9 per 1000 population under 5 yrs.	18.5 per 1000 population under 5 yrs.	17.2 per 1000 population under 5 yrs.	16.4 per 1000 population under 5 yrs.	15.5 per 1000 population under 5 yrs.	15.25 per 1000 population under 5 yrs.	15 per 1000 population under 5 yrs.	14.5 per 1000 population under 5 yrs.
	Infant mortality rate		82.46 per 1000 population under 1 year	66.6 per 1000 population under 1 year	62.0 per 1000 population under 1 year	60.0 per 1000 population under 1 year	59.5 per 1000 population under 1 year	59 per 1000 population under 1 year.	58.5 per 1000 population under 1 year.	58 per 1000 population under 1 year
	EPI coverage per district.		78.6%	87.4%	88.9%	87.4%	93%	90%	93.5%	94.%
Reduce maternal mortality and morbidity. (GPOA)	Maternal mortality ratio (MMR) per calendar year (overall).	Successful births and post partum care up to 42 days post delivery.	295 per 100 000 live births (2004 calendar year)	262 per live births (2005 calendar year)	320 per 100000 population (2006 calender year)	288 per 100000 population (2007 calender year)	280 per 100000 population (2008 calender year)	Reduce MMR to 275 per 100 000 population (2009 calendar year)	Reduce MMR to 270 per 100 000 population (2010 calendar year)	Reduce MMR to 265 per 100000 population (2011 calender year)
	Maternal mortality ratio per calendar year (obstetric related).		46.6%	44%	30.2%	30%	28%	Reduce MMR due to preventable causes to 25%	Reduce MMR due to preventable causes to 23%	Reduce MMR due to preventable causes to 20%
Improve adolescent and youth health. (GPOA)	Number of fixed PHC facilities certified as youth friendly.	Increased number of accredited youth friendly services.	Not in plan.	Not in plan.	20 PHC Facilities	20 PHC Facilities	30 PHC services youth friendly	30 PHC services youth friendly	40 PHC services youth friendly	50 PHC services youth friendly

BUDGET SUB PROGRAM: MOTHER, CHILD AND WOMEN'S HEALTH										
GOAL 3: REDUCE THE BURDEN OF DISEASE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Improve women's health. (GPOA)	Number of targeted women screened for cervical cancer.	Increased number of women screened for cervical cancer.	No data	22 892out of 481 800 women screened for cervical cancer	22 128 women screened for cervical cancer	34 895 women screened for cervical cancer	27 000 women screened for cervical cancer	27 500 women screened for cervical cancer	27 500 women screened for cervical cancer	27 500 women screened for cervical cancer
	Number of health facilities designated for provision of TOP services.	Increased number of multiple facilities designated for provision of TOP services.	1 5(including private)	14 (including private)	14 (including private)	14 (including private)	19 multiple facilities	20 multiple facilities	22 multiple facilities	24 multiple facilities
	Number of facilities providing a complete contraceptive method.	Availability of complete contra-ceptive method (oral and injectable) in all facilities.	235 clinics	234 clinics	234 clinics	234 clinics	232 PHC facilities & 24 District Hospitals	232 PHC facilities & 24 District Hospitals	232 PHC facilities & 24 District Hospitals	232 PHC facilities & 24 District Hospitals

Table MCWH3: Performance indicators for MCWH and Nutrition

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007 Calendar Year	2008 (actual)	2008 (actual)	2009/10 (target)	2010/11 (target)	National target 2007/08
Incidence										
1. Incidence of severe malnutrition under 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	**0.8** 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.	%	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	**9.7** 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.	%	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	**2.4** 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	%	30	33	40	30	45.2	33	26.6	26.6	100
5. CHCs offering TOP services	%	1	1	1	1	1	10	10	30	80
Process										
6. Fixed PHC facilities with DTP Hib vaccine stock out	%	22.6	22	20	29	37	38.8	16		0
7. AFP detection rate	%	4.25	2.4	2.87	2.2	2.2	1.6	18	18	1
8. AFP stool adequacy rate	%	100	100	80	86	85	71	80	80	80
Output										
9. (Full) Immunisation coverage under 1 year	%	88.5 (population <1 years)	89.82 (population <1 years)	89.8 (population <1 years)	86.9 (population <1 years)	87.82 (population <1 years)	91 (population <1 years)	95 (population <1 years)	96 (population <1 years)	90
10. Antenatal coverage	%	94.3	93	88.9	98	97	100	100	100	80
11. Vitamin A coverage under 1 year	%	93.1 (population <1 years)	101 (population <1 years)	106.44 (population <1 years)	110 (population <1 years)	104.1 (population <1 years)	100.3 maintain	maintain	Maintain	80
12. Measles coverage under 1 year	%	89.9 (population <1 years)	92.22 (population <1 years)	89.2 (population <1 years)	87.7 (population <1 years)	89.6 (population <1 years)	92.4 (population <1 years)	96 (population <1 years)	97 (population <1 years)	90
13. Cervical cancer screening coverage	%	0.25	5	3.65	4.2	3.1	3.6	8	10	15

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007 Calendar Year	2008 (actual)	2008 (estimate)	2009/10 (target)	2010/11 (target)	National target 2007/08
Quality										
14. Facilities certified as baby friendly	%	28.6	45.2	52.4		0	26 out of 31 hospitals and 1 CHC out of 10 CHC (66.6)	27 out of 31 hospitals and 1 CHC out of 10 CHC (66.7%)	28 out of 31 hospitals and 1 CHC out of 10 CHC (69.0%)	30
15. Fixed PHC facilities certified as youth friendly	%	0	5	5	21	0	9.3	10	10	30
16. Fixed PHC facilities implementing IMCI	%	100% (235 / 235 PHC facilities)	96.4% (226 / 235 PHC facilities)	96% (226 / 235 PHC facilities)	97.8 (226 / 235 PHC facilities)	(226 / 235 PHC facilities)	96.2 (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	%	3.8	3.7	8.6	8	8	8.6	11.5	12	13
18. Not gaining weight under 5 years	%	3.5 per 1000 population children < 5 years	3.18 per 1000 population children < 5 years	3.5 per 1000 population children < 5 years	11.9 per 1000 population children < 5 years	3.1` 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. (Statistical data is for the calendar year: 01 January – 31 December 2008).

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

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]	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) prices[2]	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 & Budget Statement

PROGRAMME 2: DISTRICT HEALTH SERVICES

SUB PROGRAMME: DISEASE PREVENTION AND CONTROL

ANNEX 6: NON -COMMUNICABLE DISEASES CONTROL

SITUATION ANALYSIS

Disease Surveillance

The Free State Province is not an endemic area for malaria. Imported cases are appropriately managed at health care facilities. No deaths and no cases of Cholera were reported during 2007/2008. The provincial outbreak response time is 1 day compared to the national target of 2 days. Xhariep and Lejweleputswa are meeting the provincial target however, Thabo Mofutsanyana, Motheo and Fezile Dabi districts' outbreak response time is more than one day.

A program to monitor targeted diseases needs to be in place to ensure that appropriate actions are taken to prevent and eradicate the targeted diseases and prevent development of acute epidemics. The following diseases are at present monitored:

- AFP (Acute Flaccid Paralysis)
- Measles
- Diseases gazetted as notifiable conditions

.

The communicable disease profile of the FSDH for the last three years is shown in the following table:

Diseases	2005	2006	2007
Congo Fever	0	4	2
Meningococcal	8	18	16
Malaria	38	40	42
Food poisoning	8	22	10
Typhoid Fever	3	3	0
Hepatitis A	28	24	15
Haemophillus Influenza B	1	2	
Human Rabies	0	0	1
Diarrhoea	56	77	83

Source: DHIS Information

Eye Care Services

Eye Care Services focus on prevention of blindness through partnership with the University of the 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. The optometry outreach program is conducted in Fezile Dabi, Lejweleputswa, Thabo Mofutsanyana and Xhariep districts.

During the 2007 calendar year a total of 3065 cataract operations were performed compared to 2374 in 2006. The cataract operations per million population for 2007, was 1415. The Free State was awarded the National Cataract Trophy for eye surgery for the third time. A total of 4601 spectacles were provided for the 2007 calendar year. It is not expected that services will be negatively affected for the financial year 2009/2010 as the contract with the Bureau for Blindness runs until 2010.

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 services. In the province, 28 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 8:1, compared to 7:1 last year.

Orthodontic Services are provided at Pelonomi Regional Hospital and outreach programs are being conducted in four districts in the Free State. These are however, threatened by the financial situation that the Department finds itself in. 22 Community Service Dentists commenced in January 2008 and 1 in July 2008.

Mental Health Services

The Mental Health Care Policy implemented in 2004 as directed by the Mental Health Care Act 2002 (Act No 17 of 2002), will be reviewed during 2009. Progress over the period of 5 years in terms of implementing Mental Health Care legislation and the Mental Health Care Policy, can be outlined as follows:

- Mental Health services are integrated and rendered as part of PHC services at about 80% of fixed- and mobile clinics.
- 20 fully functional mental health service delivery points (specializing clinics) at the level of community health centre, are available in the five districts.
- 20 District Hospitals are rendering 72-hour assessment services in the province
- Two Regional Hospitals are designated as Mental Health facilities in terms of the Act.
- The Free State Psychiatric Complex is recognized and designated as a Mental Health facility, re and rehabilitation centre for people with intellectual disabilities. The Psychiatry outreach program has been implemented in 13 facilities at the level of community health centre (specializing clinics).
- District Mental Health- and Substance Abuse Coordinating structures comprising of stakeholders indicative of intersectoral collaboration, have been established in all 5 districts however, are only functional at 3 districts.

Substance Abuse Services

Substance Abuse services focus on implementing the mandate of the department as prescribed by the National Drug Master Plan 2006-2011. Progress on the activities can be outlined as follows:

- Health Professionals were trained on substance abuse screening, management and referral.
- District Hospitals were supported to implement detoxification services.
- The provincial Substance Abuse Policy was finalised and outlines substance abuse services to be provided at all levels of care. 32 Primary Health Care Clinics, 16 District Hospitals, 4 Regional Hospitals and 1 Tertiary Hospital were supported to implement the policy.

Chronic Diseases, Geriatrics and Palliative Care

The total number of known patients with diabetes in the Free State is approximately 46 676, whilst a similar number of individuals are unaware of the fact that they have diabetes.

A need exists to examine the capacity of 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.

Based on the Free State Hospital Data for the 2007 calendar year, 2627 new patients were put on Diabetes Mellitus treatment and 3776 new patients on Hypertension treatment. Chronic obstructive pulmonary diseases are prevailing. Stroke is the third killer disease. Stroke units need to be established as there are no stroke units in the Free State, at the moment. The process of establishing these is still at a level of consultation, in order to analyse the situation and needs.

The Free State was awarded a national trophy for best performance in Geriatrics Program. To date, 80 Professional Nurses were trained on Diabetes Management, 65 Health Care Providers on Palliative Care, 25 Professional Nurses on Asthma, Chronic obstructive pulmonary diseases, management and administration of Long Term Domicilliary Oxygen Therapy (LTDOT). Workshops to create awareness on health days have been conducted for Active Ageing, Arthritis and Osteoporosis. Despite the financial situation it is expected that LTDOT Programme will continue without any disruptions.

Disabilities and Rehabilitation

The Disabilities and Rehabilitation programme aims to address the needs of people with disabilities, especially with regard to health care in general.

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 with restricted access to health information and services. They are often dependant on others and are thus at risk for ill health. The incidence of HIV and AIDS is high within this group because of restricted access to essential information. In order to meet this need, HIV and AIDS information is being made available in audio tapes and in Braille.

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

The main function of the programme is to provide/lobby for comprehensive health service for people with disabilities within the province by means of various programs:

Physiotherapy Services

Physiotherapy services include promotive care, preventative care, critical care, curative care and community-based rehabilitation service (CBR). These services are rendered at 31 hospitals, 135 clinics, 10 community health centres, 5 schools, 5 day-care centres for disabled and 12 Old Age Homes. Physiotherapy further renders an emergency after-hour critical care service at one tertiary- and 5 provincial hospitals. Out of the 107 posts 53 are filled. The highest vacancy rate exists at level 1 with an 89% vacancy rate. The current status of permanently appointed physiotherapists at level 1 is as follows:

- Xhariep = 1
- Thabo Mafutsanyana = 3
- Fezile Dabi = 2
- Lejweleputwa = 2
- Motheo = 4

Service standards for Physiotherapy services were implemented at one health care facility in each district. 80% of personnel attended 80% of identified courses as per Training Plan. All health care facilities provide quality physiotherapy data.

Occupational Therapy (OT) Services
Occupational Therapy services are rendered at all hospitals in the province. The department has 107 Occupational Therapy posts of which 67 are filled. Twenty-three (23) community Therapists were accommodated and 13 took up permanent employment at the end of the community service year. Out of the 222 clinics, 129 are receiving occupational therapy services and out of the 10 community health centres, 7 are receiving occupational therapy services.

Speech Therapy and Audiology Services
Services are rendered at tertiary level, 5 provincial hospitals as well as at Thusanong/Nala/Mohao, Phekolong and Metsimaholo hospital complexes.

Medical Social Welfare Services
The newly created post of Chief Social Worker at provincial office will be filled during the 2009/2010 financial year.

Work Assessment Centre
A total of 137 clients were evaluated, 32 government disability grants were finalised and 132 students have been trained during 2008/09. Valpar equipment was purchased to support effective evaluation. An Assistant Manager and Community- and Senior Occupational therapists have been appointed.

Environmental Health Services
Environmental Health Services is one of the cornerstones of the National Health System that seeks to promote good quality health through the control of nuisances and environmental risks which can 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 entries have been established at Bloemfontein Airport, Van Rooyen's Gate, Ficksburg, Caledonspoort 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 received basic training and equipment to render port health service.

a) Port Health Services Strategy
Port Health Services are not fully rendered due to resource- and personnel challenges. In terms of the International Health Regulation, all designated ports should be manned by provincial Environmental Health Practitioners (EHPs). It further provides procedures for the management of eventualities at the ports of entries. Despite these challenges, the department participates in the operations to manage the ports of entries. The Water Sampling program is being implemented to prevent public health risks. Inspection of consignments in the terms of the Foodstuffs, Cosmetics and Disinfectants Act (Act 54 of 1972) is being conducted.

b) Surveillance of Communicable Diseases

Port Health has a significant role in the management of diseases in the ports of entries. Improved coordination in dealing with the outbreak of diseases is of critical importance. Health education to prevent the spread of diseases, are being conducted on an ongoing basis. The following is a summary of six months of data of products that were cleared at the ports of entries:

Port of Entry	Nr of Port Health Officers	Imports inspected	Exports inspected	Inland imports/ Extended detention	Mortal remains
Caledonspoort	01		71 consignments of fruits, vegetables cereals, meat, sweets, etc. 02 consignments non compliant.	02 consignments of NAN 1 and 2.	2 compliant
Ficksburg	01	01 consignment	216 consignments of fruits, vegetables, cereals, meat, sweets, etc. 08 non compliant.	482 291kg of 53 consignments of NAN 1 and 2	
Maseru Bridge	01	35 consignments of cosmetics, meat, fruits and vegetables, 10 consignments non compliant.	30 208 kg of 293 consignments of fruits, vegetables, cereals, meat, sweets, etc 12 consignments non compliant.	457kg of 02 consignments of sweets	2 compliant
Van Rooyen	Serviced by Bloemfontein airport PHO.	725kg of 04 consignments of vegetables	55 consignments, consignments		
Bloemfontein	01			21000kg Rice imported from Thailand. Compliant. 1 consignment	

From the data above, more exports were inspected than imports and there are more extended detentions that were cleared than imports. The low reporting at Bloemfontein Airport can be attributed to the low frequency of inspections and lack of coordination of port health activities at the airport. Proper coordination and increase in the frequency of inspection at Bloemfontein Airport will improve port health service.

Port health officers were also placed on high alert during the outbreak of meningococcal meningitis in Lesotho. Pamphlets were distributed at the affected ports of entry.

Interdepartmental meetings

Port Health Officers attend local Border Control Coordinating Committee (BCOCC) meetings which address infrastructural- and operational issues affecting ports of entry. The following departments are members of both local- and provincial BCOCC:

- Department of Health
- South African Revenue Services (SARS)
- Home Affairs
- South African Police Services (SAPS)
- South African National Defence Force (SANDF)
- Department of Agriculture

Food Safety

Food Control Committees are operational in all five districts in the province. During 2007/08, the following food samplings were undertaken:

Product	Thabo Mofutsanyana	Xhariep	Fezile Dabi
Mycotoxin: Ochratoxin A; Currants	4 Samples	4 Samples	4 Samples
Coffee: Instant Coffee and Ground Coffee	4 Samples 2 Samples	6 Samples 4 Samples	6 Samples 2 Samples
Mycotoxin: Deoxynivalenol, Maize Meal	4 Samples	4 Samples	4 Samples
Wheat Flour: Cake Flour	3 Samples	3 Samples	4 Samples
Bread Flour	4 Samples	3 Samples	3 Samples
Whole Wheat Flour	3 Samples	4 Samples	3 Samples
Mycotoxin: Patulin, Apple Juice	12 Samples	12 Samples	12 Samples
Total	**40 samples**	**40 samples**	**40 samples**

- Peanut butter: Afflotoxin.
- Cayenne pepper: Chemical (Sudan Read) analysis.
- Milk: Bacteriological- and chemical analysis.
- Water: Bacteriological and chemical analysis.

Pollution Control Service

The 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

The manufacturing, selling, letting, using and application of hazardous substances is regulated by the Department of Health. It is a legislative requirement for the Health Department to issue to a person a license for a business to carry or supply Group I or Group II hazardous substances and to manufacture, sell, let, use or apply any Group I or Group II hazardous substances.

During 2007/08 financial year, 127 licenses were issued and the following is the status of issued licenses per health district:

District	Number of licences issued
Lejweleputswa	28
Motheo	10
Xhariep	16
Thabo Mofutsanyana	41
Fezile Dabi	16
Total	**127**

Health Care Risk Waste Management

The management of Health Care Risk Waste in all provincial hospitals has been outsourced to the private sector. A new contract was awarded to Millennium Waste Services and Compass Waste Services with effect from 01 September 2007 for a period of 3 years. The new contract covers hospitals, clinics, state mortuaries, laundries, community health centres and Emergency Services. During 2007/08, 15 officials from state laundries and 10 from state mortuaries were trained in the safe management of health care risk waste.

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

Indicator	Type	Province wide value 2008	Xhariep 2008	Motheo 2008	Lejweleputswa 2008	Thabo Mofutsanyana 2008	Fezile Dabi 2008	National target 2008/09
Input								
1. Trauma centres for victims of violence	No	5	1	1	1	1	1	N/A
2. CHCs with fast queues for elder persons.	%	100	100	100	100	100	100	N/A
Output								
3. Health districts with health care waste management plan implemented	No	25	5	5	5	5	5	N/A
4. Hospitals providing occupational health programs	%	94	80	100	100	70	90	80
5. Schools implementing Health Promoting Schools Program (HPSP)	Nr	98	9	23	20	31	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	2062	0	982	269	453	358	950

Source: DHIS. (Statistical data is for the calendar year: 01 January – 31 December 2008).

POLICIES, PRIORITIES AND STRATEGIC GOALS

- National guidelines on the management of cholera and malaria are being implemented.
- National guidelines on epidemic preparedness and response are being implemented.

Eye Care Services

- The provincial Eye Care Policy is being implemented.
- National guidelines on cataract surgery, prevention of blindness, management of eye conditions at primary level and refractive errors have been implemented.
- 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.

Oral Health Services

- The Oral Health Policy and the National Oral Health Strategy are being implemented.
- The Oral Health Infection Control Policy is included in the departmental Infection Control Policy.
- The Uniform Patient Fee Structure (UPFS) for Oral Health is being drafted for implementation in 2009.

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

- The provincial draft Substance Abuse Policy has been implemented.
- 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.

Chronic Diseases, Geriatrics and Palliative Care

- The policy on Management and Administration of Long-term Domiciliary Oxygen Therapy in adults is available.
- National guidelines on management of substance abuse and misuse amongst older persons are available.
- Guidelines on the management of epilepsy are available.

Disabilities and Rehabilitation

- Policy on the Provisioning of Assistive Devices in Free State.
- Policy on Free Health Care for People with Disabilities.

The priorities and strategic goals are as follows:

- Provisioning of assistive devices (wheelchairs, walking aids, white canes, hearing aids and walking aids) and its accessories.
- Provisioning of free health care to people with disabilities.
- Training of therapists and implementation of ICF (International Classification of Functioning, Disability and Health).
- Accessibility of health facilities to people with disabilities.
- Training of frontline health personnel in Sign Language.

Physiotherapy Services

- The Provincial Policy for Physiotherapy was finalized and awaits approval for implementation.
- Clinical practice guidelines available for Cerebral Palsy
- Clinical practice guidelines available for Low back Pain
- Clinical practice guidelines available for Hemiplegia
- Clinical practice guidelines available for Chronic Lung Disease

The priorities and strategic goal are as follows:
Implementation of early intervention programs at health promotion schools and day care centres – one in each district.

Occupational Therapy Services

The Occupational Therapy policy was finalised and awaits approval for implementation. Both the Early Intervention guideline and School Health guideline have been developed and standardized for implementation in 2008/09.

The priorities and strategic goal are as follows:

- Implementation of the screening checklist for developmental delays for nursing personnel, in 5 health care facilities per district. This will improve the referral of children with developmental delays.
- Increasing the percentage of hospitals/community health care centres, clinics and schools implementing the Early Childhood Development and School Health guideline.

Environmental Health

- Environmental Health indicators were developed and implemented.
- Provincial Environmental Health Policy presented to Provincial Health Council, National and Free State Institute of Environmental Health, SALGA Free State, Central University of Technology, Free State Environmental Health Forum and approved for implementation.
- The Hazardous Substances Act is currently under review.
- Health Care Risk Waste was outsourced to comply with the Environmental Management Act (Act 107 of 1989).
- A Port Health Strategy has been approved and implemented.
- A Health Care Risk Waste Management Policy for the Free State was developed and awaits approval.

Provincial decentralisation strategy for District Health System development

Municipal Environmental Health Officers in three district municipalities (i.e. Fezile Dabi, Lejweleputswa and Thabo Mofutsanyana), were devolved to the District Municipalities in line with the National Health Act (Act 61 of 2003). Motheo has signed a Service Level Agreement with the District Municipality and is in process of becoming a Metropolitan Municipality.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Communicable Diseases

Finance and financial management

Inaccessibility of provincial funds to ensure district training. Districts do not have ring-fenced funding for the management of outbreaks.

Human resources

District Coordinators are overloaded with more than one program. Identified posts could not be filled due to financial constraints. There is a need to train more district personnel on epidemic preparedness and response.

Support systems
The unavailability of vehicles at provincial- and district level for rapid response, late and incomplete data and problems with the capturing of notifications on the system, is a challenge.

Personal Health Care
The appointment and retention of staff in the following categories essential for Personal Health Programs is a challenge:

- 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 services at regional- and district hospitals and needs to 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. A lack of transport in districts to render community oral health services, is a challenge.

Chronic Diseases, Geriatrics and Palliative Care
Dedicated budget for Geriatric Care and shortage of personnel remains a challenge within the department.

Disabilities and Rehabilitation

Finance and financial management
The budget to purchase furnished facilities with minimum standard equipment and to have accommodation that complies with the minimum standards where services are being rendered, is a challenge.

Human Resource
Disability and rehabilitation are challenged with scarce skills and all efforts need to be made to recruit and retain personnel. Rehabilitation should be seen as a high priority.

The major constraints encountered by components are:

- Lack of dedicated personnel to carry objectives of the component with regard to disability issues.
- Insufficient funding for the programs that are being run by the component, especially to purchase assistive devices. Funding allocated for assistive devices does not meet the demand for assistive devices hence, a serious backlog exists which accumulates each year.
- Long waiting periods for clients to access their assistive devices. The waiting period in this case, means the time from when the client is assessed, time for procurement process, delivery period by the suppliers and finally, the time when client receives an assistive device. This process is time consuming especially at the end of financial years and during festive seasons, when companies are closed.

Physiotherapy Services
A severe shortage of physiotherapists exists due to lack of funding of posts. Equipment is old, outdated and not replaced and holds a medico-legal implication. Un-rehabilitated patients end up in being re-admitted to hospital or applying for disability grants, adding to the financial implications for the department.
Physiotherapy can eliminate and reduce dependency of medicine and patients can be taught to take care of their conditions further reducing the financial burden on the State.

Work Assessment Centre
A need exists to increase medical assessment screening for clients requiring disability grants.

Measures to overcome constraints
- More funding required to purchase basic assistive devices.
- Improved number of, and working relationships amongst rehabilitation personnel in order to cater for disability programs.
- Disabilities and Rehabilitation programs to be seen as a priority as it plays a major role in promotion, prevention, curative as well as rehabilitative health care.

Environmental Health Services
Finance and financial management
Municipalities are experiencing financial constraints in terms of rendering Municipal Health Service. District Municipalities were funded R12 per household for rendering this service.

The province conducted a financial viability analysis and the findings indicated that Municipalities require R30 741 498 to render minimum municipal health service within their area of jurisdiction. On further analysis, the findings indicate that the cost of rendering municipal health service in Free State was R14 803 512 during the 2007/08 financial year as opposed to the required R30 741 498.

Resources
All ports are faced with a challenge of office- and residential accommodation. Maseru Bridge and Caledonspoort is currently having offices. Ports of entries are being upgraded through BCOCC to address the challenge on office availability.
- Minimum sampling equipments have been procured to improve inspection services at ports of entries.
- Lack of Port Health Assessment areas remains a challenge, upgrading is being awaited.
- Rendering of comprehensive Port Health Service (including basic PHC at Bloemfontein Point of entry),
- Lack of transport for Environmental Health Practitioners (EHPs) to perform duties.
- Identification materials (uniform and reflectors) have been procured for 2009/10. Only officials in Maseru are currently having reflectors.
- Two vehicles will be procured in next financial year, depending on the availability of funding.

Human Resource
The province is experiencing a shortage of Environmental Health Practitioners. The national norm for environmental health practitioners per population is 1 per 15 000 population. The Free State is currently at 1 per 29 190 population. There is a general shortage of 90 Environmental Health Practitioners in the province. Two additional Port Health Officers will be appointed as part of the strategy.

Table NHSPriority 1: Health Program Priorities: Intensifying the campaign on both communicable diseases including healthy lifestyles

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Strengthening Malaria Control	Ensure maximum coverage of indoor residual spraying to prevent malaria transmission.	More than 85% of targeted dwellings sprayed before the beginning of the malaria season (August/September)	The Free State is not a malaria endemic area.	National and Provincial DoHs.
	Strengthen malaria awareness health promotion activities in affected provinces.	Malaria awareness health promotion activities implemented in affected provinces, commenced in July 2008.	Create awareness on malaria and the necessary prophylaxis to be taken when visiting malaria endemic areas.	National and Provincial DoHs.
Improve the management of NCDs at PHC level.	Support Provincial DoHs to adhere to NCD Management Guidelines at PHC level.	Improved adherence to NCD Management Guidelines at PHC level; better outcomes for people living with NCDs.		National and Provincial DoHs
Improve the quality of life of the elderly through sight restoration.	Expand the cataract surgery project.	1600 cataract operations performed per million population by March 2009.	1600 cataract operations performed per million population by March 2009.	National and Provincial DoHs Private Health Sector and NGOs

Table PREV2: Provincial objectives and performance indicators for Non-Communicable Diseases Control

BUDGET SUB PROGRAM: COMMUNITY BASED SERVICES										
GOAL 3: REDUCE THE BURDEN OF DISEASE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implement a model of care for prioritised chronic conditions.	Number of districts implementing model for chronic care.	Register to establish the numbers of persons being treated for diabetes	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	Provincial data base developed	2 Sub - Districts implementing model for chronic care(diabetes)	5 Sub - Districts implementing model for chronic care. (Diabetes)
Expand disability and rehabilitation services.	Number of designated facilities to provide Occupational Therapy programs in developmental delays	Improved access to Disability and rehabilitation services	Not in plan	Not in plan	Not in plan	5/222 (2%) clinics implementing a screening program in developmental delays.	10/222 (4,5%) clinics implementing a screening program in developmental delays.	13/222 (5.8%) clinics implementing a screening program in developmental delays.	15/222 (6.7%) clinics implementing a screening program in developmental delays.	20/222 (9%) clinics implementing a screening program in developmental delays.
	Number of hospitals implementing an audiology screening program for newborns.		Not in plan	Not in plan	Not in plan	3/31 (9.6%) hospitals implementing an audiology screening program.	6/31 (19%) hospitals implementing an audiology screening program.	6/31 (19%) hospitals implementing an audiology screening program.	6/31 (19%) hospitals implementing an audiology screening program.	6/31 (19%) hospitals implementing an audiology screening program.
	Number of schools having early physiotherapy intervention programs (interims of healthy lifestyle) implemented at health promoting schools.		Not in plan	Not in plan	Not in plan	4 schools.	6 schools	8 schools.	10 schools.	12 schools.

Table PREV3: Performance indicators for Disease Prevention and Control

	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007 Calendar Year	2007/08 (actual)	2008 (estimate)	2009/10 (target)	2010/11 (target)	2011/12 (target)	National target 2007/08
Input											
1. Trauma centres for victims of violence	No	3	1	1	3	1	5	15	-	-	1 per district
Process											
2. CHCs with fast queues for elder persons	%	30	60	100	100	100	100	100	100	-	All districts
Output											
3. Health districts with health care waste management plan implemented	No	5	5	5	5	5	5	5	5	-	All districts
4. Hospitals providing occupational health programs	%	87	94	100	100	100	92	100	100	-	100
5. Schools implementing Health Promoting Schools Program (HPSP)	%	No data	48	48	98	88	94	-	-	-	
6. Integrated epidemic preparedness and response plans implemented	Y/N	No data	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes
7. Integrated communicable disease control plans implemented.	Y/N	No data	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-	Yes
Quality											
8. Schools complying with quality index requirements for HPSP	%	23	23	58	58	65	92	123	148	-	173
9. Outbreak response time	Days	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	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	6 weeks	4 weeks	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	-	N/A
Outcome											
12. Dental extraction to restoration rate		4.9	7.2	7:1	5	7:1	6.4	7:1	7:1	0.4	N/A
13. Malaria fatality rate	No data	0	0	0	0	0	0	0	0	0.25	N/A
14. Cholera fatality rate	No data	0	0	0	0	0	0	0	0	0.5	N/A
15. Cataract surgery rate	1075	1489	1289	2309	90	1400	2062	1800	2000	2000	N/A

Source: DHIS. (Statistical data is for the calendar year: 01 January – 31 December 2008).

Table 2.16: Summary of provincial payments and estimates by economic classification: Programme 2: District Health Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	1 057 533	1 207 614	1 323 200	1 422 517	1 492 630	1 650 679	1 770 226	1 967 927	2 109 610
Compensation of employees	704 884	777 547	897 543	978 860	1 061 383	1 188 668	1 200 547	1 231 787	1 305 297
Goods and services	352 649	430 067	425 657	443 657	431 247	462 011	569 679	736 140	804 313
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:	58 571	42 569	40 618	42 770	49 971	50 640	54 168	67 795	68 292
Provinces and municipalities	35 264	17 054	6 835						
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisation									
Non-profit institutions	18 379	23 691	31 383	41 411	48 612	48 265	52 322	64 570	64 779
Households	4 928	1 824	2 400	1 359	1 359	2 375	1 846	3 225	3 513
Payments for capital assets	21 469	40 783	44 552	26 699	43 075	38 389	28 469	49 763	52 002
Buildings and other fixed structures	7 935	16 455	32 957	3 306	17 886	26 124	5 000		
Machinery and equipment	13 327	24 240	11 528	22 975	24 771	12 265	23 469	49 652	51 884
Cultivated assets									
Software and other intangible assets	207	88	67	418	418			111	118
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	1 137 573	1 290 966	1 408 370	1 491 986	1 585 676	1 739 708	1 852 863	2 085 485	2 229 904

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

The Emergency Medical Care (EMS) staff establishment for the five Districts was approved in January 2008 and allows for a structure of 2008 Emergency Care Practitioner posts. 84 out of the 928 vacant posts, have been filled in the 2008/09 financial year. Five Assistant Managers for the districts were appointed and work closely with District Health Managers.

The EMS Control Centre was opened on 18 December 2008 and the control room functions of the different districts were gradually taken over, with the last district taken over with effect from 15 September 2008. There is a need to increase the functional capacity. The current single call centre in Bloemfontein cannot cope with the demand. An additional centre needs to be established in the eastern Free State (Thabo Mofutsanyana). A dedicated radio network must be created to replace the current outsourced and ineffective network.

The Aero-medical service was introduced with effect from 01 February 2008. The department is in negotiations with Northern Cape Health Department to acquire the services of a fixed-wing aircraft on a partnership-basis. The Aero-medical service will improve on response times in urban and rural areas.

The EMS College was re-established with effect from 01 April 2008 and the staff establishment was approved. A Principal and three lectures have been appointed. Three EMS Operational Paramedics have been seconded to the college in contribution to the accreditation process. Joint training with the Central University of Technology (CUT) has commenced. To date, three refresher courses for Basic Ambulance Assistants (BAA) and three rescue refresher courses were conducted. The course for Intermediate Life Support (4-month course) is currently going on.

The national norm is one ambulance per 10 000 population with a response time of urban 15 minutes and rural 40 minutes. With the current population estimate of 2, 9 million, 290 ambulances are required to render the service. The department has 168 ambulances and 84 Planned Patient Transport Busses. During the 2008/09 financial year, 35 ambulances and two mobile Intensive Care Units (ambulances) were procured. The latter will support the inter-hospital transfer of patients between Pelonomi, National and Universitas Hospitals.

Table EMS1: Situation analysis indicators for EMS and patient transport

Indicator	Type	Province wide value 2008	Motheo 2008	Xhariep 2008	Lejweleputswa 2008	Fezile Dabi 2008	Thabo Mofutsanyana 2008	National target 2008/09
Input								
1. Total rostered ambulances	No	144	30	20	34	20	50	220
2. Rostered Ambulances per 1000 people	No	0.02						0.2
3. Hospitals with patient transporters	%	0	0	0	0	0	0	70
Process								
4. Average kilometres travelled per ambulance (per annum)	Kms	35 408	31 117	29 496	32 950	51 067	32 414	
5. Total kilometres travelled by all ambulances	Kms	5 285 837	933 524	589 928	1 120 327	1 021 357	1 620 701	
6. Locally based staff with training in BAA	%	87	159	71	205	148	232	59%
7. Locally based staff with training in AEA	%	11.5	30	6	26	17	28	29%
8. Locally based staff with training in ALS (Paramedics)	%	1.1	4	0	3	2	1	15
Quality								
9. P1 (red calls) calls with a response of time <15 minutes in an urban area	%	22.4	31	12	28	33	8	50%
Quality								
10. P1 (red calls) calls with a response time of <40 minutes in a rural area	%	20	23	19	21	26	11	50%
11. P1 (red calls) calls with a response time within 60 minutes	NO	8205	1 230	446	4 006	322	2 201	12 000
12. Percentage of operational rostered ambulances with single person crews	%	0.4	0	0.8	0	1.2	0	1.8
Efficiency								
13. No of ambulance trips used for inter-hospital transfers	%	42	39	57	38	40	36	30
14. Green code patients transported by ambulance	%	61.4	65	68	71	70	63	20%
15. Cost per patient transported by ambulance	R	R82.36	R82.36	R82.36	R82.36	R82.36	R82.36	
16. Ambulances with less than 200 000 kms on the clock	%	10.4	11	7	13	9	12	50%
Output								
17. EMS emergency cases - total	No	55 414	10 788	2 7 83	15 813	11399	14 631	

Source: Emergency Medical Support Services (Statistical Data for 2008 calendar year)

POLICIES, PRIORITIES AND STRATEGIC GOALS

National guidelines for Emergency Medical Services have been adopted and implemented in the Free State. In spite of limited staff and vehicles, the department needs to provide an effective pre-hospital, inter-hospital and planned patient transport to patients.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

National norms regarding response times and patient care, are currently not met by the province. Provincial Emergency Medical Services is funded within the equitable share. In order maximize the service to meet the national standard, will require additional funding which will enable the procurement of resources required to render the service.

The department intends to procure a minimum of fifty (50) ambulances on an annual basis to enable a build up of resources. The personnel budget does not allow for the full staff required to be employed. At the moment, the department has a total of 1164 personnel which are adequate to operate 105 ambulances whilst the fleet is up to 168 response vehicles together with Planned Patient Transport (PPT) services and Inter-facility Transfer (IFT) services. This gap is being addressed by means of the utilisation of casual employees sourced from the volunteer database, in order to supplement the current staff.

In order to ensure the availability of scarce skills, more Advanced Life Support (ALS) personnel need to be trained. All ambulances need to be equipped with advanced equipment which will have a benefit to patients. The EMS Control Centre must be able to link with other stakeholders' communication centres.

Doctors need to be a regular part of the aero-medical crew to ensure the best skills. Doctors from different facilities need to be trained in Aero-medical environment to ensure the availability of this service to the Free State community.

Inter-hospital fleet with staff needs to be established to ensure compliance with national norms regarding the inter-facility transfers prescripts. Planned Patient Transport needs to be developed to the fullest to ensure maximum number of patients transported to Tertiary facilities.

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

BUDGET SUB PROGRAMME: EMERGENCY TRANSPORT										
GOAL 2: IMPROVE THE QUALTIY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 10 000 people.	1 ambulance per 10 000 people per district, in the Free State.	Not in plan	0.06 1 ambulance per 4000 people.	0.08 1 ambulance per 3800 people.	0.1 1 ambulance per 3600 people.	70% of required vehicles (270).	40% (108) of required vehicles (270).	45% (121) of required vehicles (270).	Maintain 100%
	% of calls within national urban and rural targets (Urban: 15 min) (Rural: 40 min)	Response times within national norms.	Not in plan	Urban: 39% Rural: 17%	Urban 39% Rural: 17%	Urban: 53% Rural: 27%	Urban: 60% Rural: 35%	Urban: 60% Rural: 35%	Urban: 65% Rural: 40%	Urban:70% Rural: 45%
	% of ambulances with less than 500000 km on the odometer.	Availability of ambulances that are fully operational.	Not in plan	43%	38%	39%	45%	55%	65%	75%
Provide an efficient preparedness and response plan to disaster in the Free State province.	Number of disaster exercise/drills done per district.	Preparedness to respond to disasters.	Not in plan	Not in plan	Not in plan	Not in plan	2 per district.	2 per district.	2 per district.	2 per district.
Provide additional capacity and back up for the control centre.	An additional centre with back up capacity.	Efficient management of calls.				1 in Bloemfontein	1 in Bloemfontein	Additional control centre in Thabo Mofutsanyana	Build radio network	

BUDGET SUB PROGRAMME: PLANNED PATIENT TRANSPORT										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of patients transported by planned patient transport service.	Availability of planned patients transport.	Not in plan	488000	520000	567000	561000	600 000	610 000	727 000

Table EMS3: Performance indicators for the EMS and patient transport

Indicator	Type	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	151	200	230	260	
2. Rostered ambulances per 1000 people	No	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	100
Process									
4. Kilometres travelled per ambulance (per annum)	Kms	No data	No data	50,358					
5. Total kilometres travelled by all ambulances		No data	No data	No data	589,928				
6.Locally based staff with training in BLS BAA	%	No data	77.1	80	85	68	62	55	100
7.Locally based staff with training in ILS AEA	%	No data	18.3	17	13	25	28	35	
8.Locally based staff with training in ALS (Paramedics)	%	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	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	17.7	17.1	18	40	67	75	100
11.All calls with response time within 60 minutes		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	0.08	0.08	0	0	0	0	0
Efficiency									
13.Ambulance journeys used for hospital transfers	%	No data	10.3	10.7	11	15	15	20	30
14.Green code patients transported by ambulance	%	No data	68.7	70	71	61	58	50	
15.Cost per patient transported by ambulance	R	No data	78.42	93.63					
16. Ambulances with less than 200 000 kms on the clock	%	No data	42.8	38	30	35	45	55	100
Output									
17. Patients transported (by PTS) per 1,000 separations	No	No data	186	520	559	600	727	820	50

Source: Emergency Medical Support Services (Statistical Data for 2008 calendar year)

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

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Current prices[1]	**123,648**	**146,339**	**164,704**	**191,585**	**223,610**	**257,313**	**286,386**	**297,185**
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	43.26	51.20	57.63	67.03	78.24	90.03	100.21	103.98
Total per uninsured person	50.78	60.10	67.64	78.64	91.83	105.67	117.61	122.05
Total capital[2]	8,294	13,728	19,243	28,764	20,554	25,895	51,800	42,713
Constant (2004/05) prices[3]	**1,288.41**	**1,463.39**	**1,569.63**	**1,762.58**	**1,940.93**	**2,233.48**	**2,485.83**	**2,579.57**
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	0.45	0.51	0.55	0.62	0.67	0.78	0.87	0.90
Total per uninsured person	0.53	0.60	0.64	0.72	0.78	0.92	1.02	1.06
Total capital[2]	**8,294**	**13,728**	**19,243**	**22,764**	**20,554**	**25,895**	**51,800**	**42,713**

Source: BAS System & Budget Statement

Table 2.18: Summary of provincial payments and estimates by economic classification: Programme 3: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	132 315	145 389	162 821	197 904	200 021	205 720	231 418	234 586	254 472
Compensation of employees	69 932	83 377	95 279	109 946	112 063	112 156	131 947	134 445	136 884
Goods and services	62 383	62 012	67 542	87 958	87 958	93 564	99 471	100 141	117 588
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:	296	72				626			
Provinces and municipalities	219	61							
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisation									
Non-profit institutions									
Households	77	11				626			
Payments for capital assets	13 728	19 243	28 764	20 610	20 610	18 901	25 895	51 800	42 713
Buildings and other fixed structures			7 455			2 401			
Machinery and equipment	13 728	19 243	21 309	20 610	20 610	16 500	25 895	51 800	42 713
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	146 339	164 704	191 585	218 514	220 631	225 247	257 313	286 386	297 185

PROGRAMME 4: PROVINCIAL HOSPITALS

ANNEX 8: PROVINCIAL HOSPITALS

Programme 4 has the following sub-programmes
General (regional) Hospitals
Psychiatric Hospitals

Programme 4 consists of 5 Regional Hospitals and 1 Psychiatric Hospital. The 5 Regional Hospitals' mandate is to provide 9 disciplines of specialist services. A detailed situational analysis is provided for each hospital that indicates that only Pelonomi Hospital is able to attract and retain specialists too provide the full package of regional hospital services. The other regional hospitals provide these services mainly with sessional specialists and Cuban specialists. Budgetary constraints and accommodation contribute to the inability of these hospitals to recruit the specialists.

The Psychiatric Hospital has all its specialist's posts filled, because it is situated in Bloemfontein.

The major contributor to budgetary constraint of Provincial Hospitals in 2008 / 2009 financial year was the Occupation Specific Dispensation (OSD) for nurses. The needed budget for OSD was not available. The nursing vacant posts could not be filled because the available funding had to top-up the OSD funding.

As a result of budgetary constraints, the provincial hospitals were not able to employ more doctors, nurses and other health professionals. Hence the need to consolidate and rationalize the hospital services for 2009 / 2010 financial year for efficiency and affordability.

SITUATION ANALYSIS

Pelonomi Regional Hospital
Pelonomi Regional Hospital is a 659 bedded hospital situated in Bloemfontein, with 5 out of 9 theatres that are operational. It has a total of 1540 personnel, inclusive of 35 Medical Specialists.

It provides the full package of regional hospitals which are 9 speciality disciplines for the communities of Motheo and Xhariep districts, with a catchment population of 842 015. In addition to Regional Hospital services, Pelonomi Regional Hospital provides four tertiary disciplines for the entire Free State for parts of the Eastern Cape, Lesotho and Northern Cape. These disciplines are Trauma, Burns, Spinal and Specialised Infectious Diseases Unit.

The state-of-the-art Trauma Unit in Pelonomi Regional Hospital has been newly built. This unit is ready for 2010 FIFA World Cup. Pelonomi Regional Hospital beds were reduced as part of the transformation process. The spare capacity is used as PPP with Community Health Management. The PPP agreement provides for sharing of some services e.g. Radiology and Theatres.

The hospital is on revitalization project. Currently, the hospital is busy with the Pharmacy and the services passage as part of revitalization process. The ICU tender has been advertised.

Pelonomi Regional Hospital is a training platform for Nurses, Medical Registrars and Medical Interns. This hospital has taken a lead in the Free State to implement Cost Centres. Pelonomi is the ARV Centre of Excellence which means that patients with side effects are treated here. The centre is also doing research on the subject. Training for the Free State Health Professionals is provided at this centre.

Bongani Regional Hospital
Bongani Regional Hospital is a 450 bedded hospital situated in Welkom and has 5 theatres that are operational. It has a total of 788 personnel, inclusive of 17 full and part-time Specialists.

It provides the full package of regional hospitals which are 8 speciality disciplines for the communities of Lejweleputswa district, with a catchment population of 762 858.

Bongani Regional Hospital is a training platform for Nurses, Medical Registrars and Medical Interns. The Hospital has been accredited by COHSASA for 3 years. Psychiatric services are not provided.

Boitumelo Regional Hospital
Boitumelo Regional Hospital is a 312 bedded hospital situated in Kroonstad. It has 2 out of 5 newly renovated theatres that are operational.

It has a total of 579 personnel, inclusive of 7 Specialists (4 specialities are rendered on sessions and 2 specialists are rendered by Cuban specialists). Boitumelo provides regional hospital services for the Fezile Dabi District with a catchment population of 502 521.

The revitalization is progressing very well in Boitumelo Regional Hospital. The Maternity wards have been finalized. The world-class Psychiatric Unit is estimated to be finalised in November 2008.

The hospital is a designated Psychiatric Unit for Fezile Dabi and Lejweleputswa districts. The Outpatient Department (OPD) Clinics are modern and compliant to infection control guidelines with UV lights.

Dihlabeng Regional Hospital
Dihlabeng Regional Hospital is a 135 bedded hospital situated in Bethlehem. It has 4 theatres that are operational. It has a total of 367 personnel, inclusive of 6 fulltime Specialists and 11 part-time sessional Specialists.

It provides a package of regional hospitals which are 8 speciality disciplines for part of Thabo Mofutsanyana district with a catchment population of 323 380. The Psychiatric discipline is not available in Dihlabeng.

Is not on revitalization yet, as a result the hospital has high maintenance needs. This hospital is able to a large extend to treat mainly level 2 patients.

Mofumahadi Manapo Mopeli Regional Hospital (MMM)
MMM Regional Hospital is a 290 bedded hospital situated in Witsieshoek, of which 20 are private beds. It has 4 operational theatres. It has a total of 536 personnel, inclusive of 8 Specialists, 4 of which are Cuban Specialists.

MMM Regional Hospital provides services to the Eastern part of Thabo Mofutsanyana district, with a catchment population of 437 458.

MMM Regional Hospital has been accredited by COHSASA for 2 years. This is a great achievement for a rural hospital. MMM Regional Hospital is 21 years in existence.

It has a designated Psychiatric Unit with a functional MHCRB and provides services for the whole Thabo Mofutsanyana district. One of its challenges is accommodation for health professionals.

Free State Psychiatric Complex (FSPC)
The one specialized Psychiatric Hospital for the Free State is situated in Bloemfontein, with a catchment population of 2 857 519. The hospital has 877 beds and provides the Comprehensive Psychiatric services from level 1 to 3. It has a total of 920 of personnel of which 6 are specialists. The Mental Health Act is fully implemented at the FSPC.

The hospital conducts outreach and training sessions for the whole province including Northern Cape. The Mental Health Care Review Board (MHCRB) is fully functional at the FSPC for the Xhariep and Motheo districts.

Fezile Dabi and Lejweleputswa districts are provided for by MHCRB of Boitumelo, and for Thabo Mofutsanyana the MMM MHCRB is functional. This institution has been accredited by COHSASA for 2 years. One of its major achievements is that there is no waiting list in the Free State for observation patients.

Table PHS1: Public hospitals by hospital type

Hospital type	Number of hospitals	Number of beds	Beds per 1000 uninsured people[1]		
			Provincial average	Highest district (include name)	Lowest district (include name)
District	24	1,513	0.53	0.66 Motheo	0.39 Fezile Dabi
General (regional)	5	2777	0.8	0.94 Motheo	0.57 Thabo Mofutsanyana
Central	1	632	0.22	Not applicable	
Sub-total - acute hospitals	30	4921	1.42	0.94 Motheo	0.57 Thabo Mofutsanyana
Tuberculosis[2]	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Psychiatric[2]	1	877	0.31	Not applicable	
Other specialist			---	---	---
Total public	31	5798	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 providing level of care	Number of beds	Beds per 1000 uninsured people[1]		
			Provincial average	Highest district (include name)	Lowest district (include name)
Level 1	24	1513	0.53	0.07 Southern Free State Health Complex	0.05 Northern Free State Health Complex
Level 2	5	2777	0.8	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 2008 excluding FSPC	Motheo FSPC 2008	Motheo Pelonomi 2008	Lejweleputswa Bongani 2008	Thabo Mofutsanyana Dihlabeng 2008	Thabo Mofutsanyana MMM 2008	Fezile Dabi Boitumelo 2008	National target 2008/9
Input									
1. Expenditure on hospital staff as % of regional hospital expenditure.	%	average 68.08	79.8	70	64	65.5	71.9	69	N/A
2. Expenditure on drugs for hospital use as % of regional hospital expenditure.	%	Average 5	1.44	3.5	5.3	6.6	3.3	6.3	N/A
3. Expenditure by regional hospitals per uninsured person.	R	269.90	216.67	580.14	241.23	126.23	157.73	244.18	N/A
Output									
4. Caesarean section rate for regional hospitals	%	43.6	N/A	56.5	35.2	60.3	45.7	25.7	22
5. Separations - Total	No	99543	5875	38010	21747	9312	14082	16392	N/A
6. Patient Day Equivalents	No	599745.1	277345	218891	159407	44957.4	75332	101158	N/A
7. OPD Total Headcounts	No	259074	11903	87137	73030	26754	34318	37835	N/A
Quality									
* 8. Regional hospitals with patient satisfaction survey, using DOH template	%	25	N/A	0	0	50	0	0	20
9. Regional hospitals with mortality and morbidity meetings every month	%	93	N/A	83	100	100	85	100	90
10. Regional hospitals with clinical audit meetings every month	%	68	N/A	83	100	50	85	25	N/A
Efficiency									
11. Average length of stay in regional hospitals	Days	4.8	240	4.6	5.8	3.9	4.3	4.9	4.8
12. Bed utilisation rate (based on usable beds) in regional hospitals	%	73.6	86.10	76.1	77.4	75.2	62	71.9	72
13. Expenditure per patient day equivalent in regional hospitals	R	1682.28	636.44	2066.57	1 244.76	2291.97	1 673.08	1276.22	N/A
Outcome									
14. Case fatality rate in regional hospitals for surgery separations	%	3.8	N/A	3.4	4.5	3.2	3.6	4.8	2.5

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

** COHSASA template is used.*

POLICIES, PRIORITIES AND STRATEGIC GOALS

The functioning of Provincial Hospitals are guided by the following policies.

- National Health Act no 61 of 2003.
- Division of Revenue Act (DORA), PFMA, Labour Relations and UPFS and Supply Chain Management policy.
- Mental Health Act no 17 of 2002
- Free State Hospitals Act, 1996 (Act No. 13 of 1996).
- Free State Health Act,1999 (Act No. 8 of 2000)
- Policy on PDMS.
- Norms and standards for Regional Hospitals.
- Community Service Policy.
- Policy on Service Transformation Plan.
- Human Resource Plan of the Free State Department of Health.
- National Health Systems Priorities.
- Referral policy.
- National and Provincial Policy and Quality Assurance and Infection Control.
- Policy on Hospital Boards.
- Policy on Occupation Specific Dispensation (OSD).
- Treasury Directives and regulations

The priorities for Provincial Hospitals are the following:

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

- Continue with revitalization of Pelonomi and Boitumelo Hospitals. To strengthen certain areas of revitalization e.g. appointment of a project manager for Pelonomi and to align projects for revitalization.
- Commence revitalization of Dihlabeng Hospital.
- Rationalization of Provincial Hospital Services for efficiency and affordability.

Planning and implementation of organisational development

- Implementation of the Micro-Structure of Provincial Hospitals including the implementation of the new Nursing Practice Model.
- Implementation of strategy to improve Nursing Assistants and Staff Nurses training to address the needs of Provincial Hospitals.

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

- Continue with development of CEO's and the Executive Management Team of the Provincial Hospitals (MPH and MBA and Executive Development Programs).
- Fast track implementation of CEO's delegations.

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

- Maintain quality standards in all provincial hospitals.
- Strengthen Psychiatric Services in all Regional Hospitals.
    - FSPC to provide both level 2 and 3 services for Xhariep and Motheo
    - Boitumelo Hospital to provide to Fezile Dabi and Lejweleputswa.
    - MMM Hospital to provide to Thabo Mofutsanyane District.
- Strengthen disaster preparedness of Hospitals. Upgrade plans, disaster drills (Training of Staff and purchase of Disaster Coats).
- Establishment of the Provincial Infectious Disease's Unit in Pelonomi Hospital.

- Strengthen infection control systems in Provincial Hospitals (UV lights, installation of elbow taps in all clinical areas, alcohol base sprays in entrances of clinical care areas and posters of instructions).

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

- Strengthen the relation between Levels of Care (level 1, 2 and 3). Quarterly meeting of the 3 Chief Directorates.
- Develop equipment package for Regional Hospitals.

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

- Hospital boards to be appointed in line with Free State Provincial and National Health Act.
- MHCRB to be appointed in line with Mental Health Care Act.

Management system development including cost centre accounting and information systems

- Improvement in implementation of Cost Centres in Provincial Hospitals

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and Financial Management	
• Inadequate budget allocations and financial management capacity at Provincial Hospitals.	• Budget Bid to address cost pressures submitted for all Provincial Hospitals. • Managerial Accountants to be appointed for all Provincial Hospitals. • Rationalization of Provincial Hospital Services in line with the budget.
Human Resources	
• Recruitment and retention of professional staff especially in rural areas.	• Filling of critical vacancies in Provincial Hospitals is targeted to facilitate the development and implementation of management systems. • New Staff Establishments for Provincial Hospitals finalized, awaiting approval. • Ensure availability of accommodation for staff.
Support Systems	
• Infrastructure development and maintenance (physical building, health technology and equipment, transport, security.	• The hospital revitalization programme is assisting this process. • Avail a percentage of operational budget for maintenance according to need.
Information Systems	
• Implementation of uniform patient information system for the provincial hospitals.	• Replacement of current systems by the new information systems for all provincial hospitals.

Table NHS Priority 2: Quality improvement through the implementation of a Health Facilities Implementation Plan

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Improve the Quality of Care provided through the Public Health System.	Develop and implemented a National Health Facilities Improvement Plan.	National Health Facilities Improvement Plan developed, initially targeted at improving Quality of Care in 32 facilities, 28 hospitals and 4 Community Health Centres (CHC).	Awaiting National Health Plan.	National DoH with Provincial DoHs
		National Health Facilities Improvement Plan implemented in 32 facilities and focusing on key domains including safety; clinical care; governance; patient perceptions and experience of care received; access to care; infrastructure, environment and facilities management, and health promotion, prevention and public health.	2 Facilities: Pelonomi Regional and National District hospital.	All 9 Provincial DoHs, 32 facilities across the 9 provinces.
		Implementation monitored and results from the 32 facilities used to inform the development of Health Facility Improvement Plans to be rolled out progressively with full management.	Monitored	National and Provincial DoHs.

BUDGET SUB PROGRAM: GENERAL REGIONAL HOSPITALS										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCLIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Establish well functioning management and governance structures in provincial hospitals.	Hospital Management Structures functional.	Well functioning hospital Management Teams.								
	Hospital Boards functioning according to departmental policy.	Well functioning Hospital Boards.								
	Mental Heath Review Boards functioning according to legislation.	3 Well functioning Mental Health Review Boards.								
Ensure sustainability of strategic partnerships.	Compliance with PPP service level agreements at Pelonomi.	Full compliance with the PPPP contract.								
Ensure sustainability of revitalised hospitals.	Staff appointed in revitalised hospitals.	Maintained revitalised hospitals.								

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

BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide nine clinical disciplines as per NDOH Facility Definitions and designated tertiary services to the Free State communities.	Implementation of the nine level 2 disciplines per regional hospital.	Full package of service available at all regional hospitals.	Not in plan	Not in plan	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 Pelonomi: 9/9 FSPC: 1	Bongani:8/9 Boitumelo:5/9 Dihlabeng:8/9 MMM:4/9 Pelonomi: 9/9 FSPC: 1	Bongani:9/9 Boitumelo:7/9 Dihlabeng:9/9 MMM:5/9 Pelonomi: 9/9 FSPC: 1	9 Disciplines at 5 General hospitals. 1 at FSPC.
	Provision of designated tertiary services.	Number of designated tertiary services provided in provincial hospitals.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	Pelonomi: 4	Pelonomi: 4	Pelonomi: 4
	Progress on achievement of efficiency targets as per hospital (QRS).	Achievement of efficiency targets as set.	ALOS: 4.9 BUR: 77.26% Cost/PDE R1045.28	ALOS: 5.3 BUR: 71.6% Cost/PDE :R1301.30	ALOS: 5 BUR: 73% Cost/PDE: R1200	ALOS: 5 BUR: 75% Cost/PDE: R1250	ALOS: 4.8 BUR: 75% Cost/PDE: R1500	ALOS: 5.5 BUR: 75% Cost/PDE: R1800	ALOS: 4.6 BUR: 75% Cost/PDE: R1800	ALOS: 4 BUR: 75% Cost/PDE: R1800
	Number and type of disciplines conducting outreach programme(s) per regional hospital.	Number of disciplines per regional hospital conducting outreach to district hospitals.	Not in plan	Not in plan	Paeds (2) Fam Med (1) Psychiatry (1) Optometry (1)	Paeds (3) Fam Med (4) Psychiatry (2) Optometry (2) Anaesthetics (1)	Bongani: 4 (Paeds, Fam Med, Psch, O&G) Boitumelo: 2 Dihlabeng: 4 MMM: 3 Pelonomi: 5 FSPC:1	Bongani: 4 (Paeds, Fam Med, O&G, Anaesthetic) Boitumelo: 2 Dihlabeng: 4 MMM: 3 Pelonomi: 5 FSPC:1	Bongani: 6 (Paeds, Fam Med, Psch, O&G, Optometry, Anaesthetic, Medical/ Surgery) Boitumelo: 6 Dihlabeng: 6 MMM: 6 Pelonomi: 6 FSPC:1	Bongani: 6 (Paeds, Fam Med, Psch, O&G, Optometry, Anaesthetic, Medical/ Surgery) Boitumelo: 6 Dihlabeng: 6 MMM: 6 Pelonomi: 6 FSPC:1
	Number of patients seen per discipline on outreach.	Number of level 2 patients seen at district hospitals.	Not in plan	Not in plan	Not in plan	Not in plan	1500 patients	1500 patients	2500 patients	3000 patients
	Number of training sessions on outreach.	Number of training sessions given on outreach.	Not in plan	Not in plan	Not in plan	Not in plan	15 sessions per annum per discipline	20 sessions per annum per discipline	25 sessions per annum per discipline	30 sessions per annum per discipline

BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Provide nine clinical disciplines as per NDOH Facility Definitions and designated tertiary services to the Free State communities (continue).	Referral rate between different levels (number referred/1000 population).	Referral rate IN less than 30% and OUT less than 10%.	Not in plan	Not in plan	Not in plan	Not in plan	IN: 35% OUT: 15%	IN: 30% OUT: 10%	IN: 25% OUT: 9%	IN: 20% OUT: 8%
	Number of institutions linked and functional on tele-medicine.	All regional hospitals linked.								
Maintain Level 2 Mental Health Care services.	Full package of psychiatric services implemented.	Availability of full package of Psychiatric Services.	Not in plan	Not in plan	Fully implemented.	Fully implemented.	Fully implemented.	Fully implemented FSPC	Fully implemented.	Fully implemented.
	Number of regional hospitals with designated mental health care services.	3 designated hospital, including FSPC.	Not in plan	Not in plan	Not in plan	2	3	3	3	3

BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Implementing clinical governance programmes per provincial hospital.	Nosocomial Infection Rate.	Nosocomial infection rate.	Not in plan	Not in plan	1.6%	2%	2%	≤5%	≤ 3%	≤ 3%
	Morbidity and mortality forums per hospital.	Number of M & M forums per regional hospital.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	6	6	6
	Medical record review per hospital.	Number of reviews of medical records per regional hospital.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	2 reviews per regional hospital	2 per regional hospital	2 per regional hospital
	Adverse events committee established per hospital.	Number of meetings of Adverse Events Committee per regional hospital.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	10 meetings per hospital per year	6 per hospital	6 per hospital
Monitor the implementation of Batho Pele and Patient Rights Charter.	Number of approved service standards implemented.	Service Standards Implement per Provincial hospital.	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	15 Provincial standards implemented per provincial Hospital as determined by baseline	20Provincial standards implemented per provincial Hospital.	25Provincial standards implemented per provincial Hospital.
	% compliance with standards.	% compliance.	Not in plan	Not in plan	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	60 % compliance	85% compliance	90% compliance
	% patient satisfaction rate.	Patient Satisfaction Rate.	Not in plan	Not in plan	85%	85%	85%	80% as per new instrument	85%	85%

BUDGET SUB PROGRAMME: GENERAL REGIONAL HOSPITALS (continue)										
GOAL 3 : REDUCE THE BURDEN OF DISEASE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Treatment and prevention of TB and HIV and AIDS at regional hospitals.	Number of patients treated at regional hospital.	Number of patients treated at regional hospital.	Not in plan	Not in plan	Not in plan	Not in plan	Baseline determined	Baseline determination	2% Decrease	2.5% Decrease
	Number of health promotion activities implemented per regional hospital.	5 per regional hospital.	Not in plan	Not in plan	4 annually	4 annually	4 annually	4 per hospital annual	6 per hospital annual	8 per hospital annual

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 2007/08
Output											
1. Caesarean section rate for regional hospitals	%	No data	No data	39	58.7	41.9	45	40	45	45	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		470434	580074	475000	475000	475000	475000	
4. OPD Total Headcounts	No	No data	No data	210396	197881	209030	209080	209130	209180	209230	
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	69.2	4.8	5.5	4.6	4.1
9.Bed utilisation rate (based on usable beds) in regional hospitals	%	No data	72.26	71.65	69.9	71.7	86.5	76.5	75	75	75
10.Expenditure per patient day equivalent in regional hospitals	R	No data	1045.28	1301.30	1286.62	1466	average 636.44 excluding FSPC	1682.28	1800	1800	1,128
Outcome											
11.Case fatality rate in regional hospitals for surgery separations	%	No data	5.3	3.3	4.15	4.1	n/a	3.9	3	3	2.0

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

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

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Current prices[1]	797,822	856,209	951,962	997,366	1,198,776	1,290,700	1,453,279	1,553,594
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	279.15	299.58	333.08	348.97	419.45	451.61	508.50	543.59
Total per uninsured person	327.65	351.63	390.95	409.60	492.31	530.06	596.83	638.03
Total capital[2]	12,336	10,375	12,720	10,390	15,597	24,039	24,294	23,713
Constant (2004/05) prices[3]	**8,313.31**	**8,562.09**	**9,072.20**	**9,175.77**	**10,161.82**	**11,203.28**	**12,614.46**	**13,485.20**
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	2.91	3.00	3.17	3.21	3.64	3.92	4.41	4.72
Total per uninsured person	3.41	3.52	3.72	3.77	4.27	4.60	5.18	5.54
Total capital[2]	12,336	10,375	12,720	10,390	15,597	24,039	24,294	23,713

Source: BAS System & Budget Statement

Table 2.17: Summary of provincial payments and estimates by economic classification: Programme 4: Provincial Hospital Service

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	841 169	936 385	983 720	1 089 895	1 148 509	1 230 032	1 268 721	1 425 227	1 525 948
Compensation of employees	575 641	623 150	698 152	760 038	783 638	833 127	885 101	935 482	991 180
Goods and services	265 528	313 235	285 568	329 857	364 871	396 905	383 620	489 745	534 768
Unauthorised expenditure									
Financial transactions in assets and liabilities									
Transfers and subsidies to:	4 665	2 857	3 256	2 735	2 735	3 408	3 750	3 758	3 933
Provinces and municipalities	2 548	560							
Public corporations and private enterprises[5]									
Non-profit institutions			726	1 045	1 045	886	1 375	1 370	1 548
Households	2 117	2 297	2 530	1 690	1 690	2 522	2 375	2 388	2 385
Payments for capital assets	10 375	12 720	10 390	19 473	19 473	12 652	24 039	24 294	23 713
Buildings and other fixed structures									
Machinery and equipment	10 368	12 720	10 390	19 060	19 060	12 652	24 039	24 294	23 713
Software and other intangible as	7			413	413				
Total economic classification:	856 209	951 962	997 366	1 112 103	1 170 717	1 246 092	1 296 510	1 453 279	1 553 594

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

ANNEX 9: CENTRAL AND TERTIARY HOSPITALS

Programme 5 has only 1 sub-programme
Central Hospital

During the 2008/09 financial year, programme 5 experienced financial constraints. The main pressure was with the modernisation of tertiary services budget hence the rationalization of activities that needs modernisation of tertiary service budget.

SITUATION ANALYSIS

Tertiary Services
Currently, Universitas Academic Hospital (UAH) and Pelonomi Hospital are the major providers of tertiary care in the Free State. Tertiary services are also rendered at Pelonomi, Dihlabeng, Bongani and to a lesser degree at Mofumahadi Manapo Mopeli and Boitumelo regional hospitals.

Flow of patients across provincial boundaries
Universitas tertiary hospital is providing a substantial part of Tertiary services (some T1, all T2 and some T3) to the Northern Cape population of 822 727.

In addition to the above, the Eastern Cape population, bordering the province in the south, comes to Pelonomi hospital for Regional services. It is estimated that the level 3 cross border population from Northern Cape will remain constant for at least the next 5 years. The level 3 cross border population from Lesotho is estimated to be 1 000 000 (total population of Lesotho is approximately 2 million based on the 2002 census according to the Lesotho Embassy) while the Eastern Cape will be the same as for Regional services at 270 000, also for the foreseeable future.

Waiting lists
Universitas Academic Hospital has extended waiting lists for surgical procedures. Two examples are Arthroplastia (Hip, Knee and Shoulder replacements) and Cardiothoracic Surgery. Erasing the backlog for surgical cases will depend on a number of factors to be addressed:

- Shortage of scrub nurses (posts are available, but cannot be filled due to unavailability of applicants)
- Shortage of anaesthetists (supervision – not enough consultants available)
- Availability of enough beds (addressed in revitalisation business case for UAH)
- Operational budget

For arthroplasty procedures for example, a total of R11,7 million will be needed per year, whereas R20,7 million per year is needed to erase the backlog for Cardiothoracic procedures. These backlogs only represent two surgical departments, as an example of the under-servicing situation, which exists due to personnel shortages and budgetary constraints.

Quality Assurance
The Hospital has an established Quality Improvement Unit and this Unit is assisting all supervisors and managers to maintain accreditation by COHSASA (The Council for Health Service Accreditation of South Africa). The next external survey was in May 2008. UAH plans to maintain accreditation a further 2 years.

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
Hospital 1	664	0	664

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

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	National target
Output								
1. Caesarean section rate - UAH	%	63	59.8	60.8	71.7	74.7	63	32
2. Separations - UAH	No	20,827	24196	26193	28623	22138	20,827	N/A
3. Patient Day Equivalents UAH	No	174,405	190763	189445	222080	171794	174,405	N/A
4. OPD Total Headcounts UAH	No	123,343	116729	133349	169497	144781	123,343	N/A
Quality								
5. Patient satisfaction survey using DoH template	Y/N	No	No	No	No	No	No	Yes
6. Mortality and morbidity meetings at least once a month	Y/N	No data	Yes	Yes	Yes	Yes	No data	Yes
7. Clinical audit (M&M) meetings at least once a month	Y/N	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Efficiency								
8. Average length of stay	Days	6.4	5.6	5.8	5.8	5.6	5.6	6.8
9. Bed utilisation rate (based on usable beds)	%	61	62.5	64.1	72.8	72.3	72.3	75
10. Expenditure per patient day equivalent	R	2,735	3,328	2,934	3153	3134	3470.02	1,876
Outcome								
11. Case fatality rate for surgery separations	%	23.21	1.9	1.4	0.9	0.7	0.7	3.6

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

POLICIES, PRIORITIES AND STRATEGIC GOALS

Policies and Legislations

- National Health Act No 61 of 2003.
- Division of Revenue Act (DORA), PFMA and UPFS and Supply Chain Management policies
- Policy on PDMS.
- Community Service Policy.
- Policy on Service Transformation Plan.
- Human Resource Plan of the Free State Department of Health.
- National Health Systems Priorities.
- Referral policy.
- National and Provincial Policy and Quality Assurance and Infection Control.
- Policy on Occupation Specific Dispensation (OSD).

Strategic goals

- Redefinition of the Academic Platform
- Addressing Facility, Equipment and Maintenance Backlogs
- Strengthening of Outreach Programme and Referral System
- Developing a viable Telemedicine Model
- Addressing Tertiary Services backlogs
- Clinical Risk Management
- Implementation of Quality Assurance Policy and Strategy
- Quality Improvement Projects and maintenance of COHSASA Accreditation
- Clinical Governance and Patient Safety
- Infection Control and Service standards
- Designated Service Provider Networks
- PPP and Public Private Initiatives (PPI) projects
- Appointment of community Principal Specialist in Obstetrics & Gynaecology, Urology, Anaesthetics and Paediatrics to address the burden of diseases in the Province (Reduce maternal deaths rate and child and infant mortality)

Analysis of constraints and measures planned to overcome

CONSTRAINTS	MEASURES PLANNED TO OVERCOME
Finance and financial management	
• Financial constraints continue to pose a threat to tertiary services in the province. • Increasing costs of services. • Decreasing funding envelope • Increased demand for services. (Maternity and Casualty Services in Bloemfontein)	Modernization of Tertiary Services Project has assisted in relieving the financial pressures to a certain extent. The programme will put mechanisms in place to contain over-expenditure.
Human resources	
• Personnel shortages. • The implementation of the new approved staff establishment was hampered in 2007 by financial constraints. • Monitoring and evaluation of performance.	Implementation of Macrostructure In 2008, the key appointments of Community Principal Specialists in the following disciplines: Obstetrics and Gynaecology and Anaesthesiology, will be made to address problematic service delivery matters.

Support systems	
• Rationalisation of services and structures.	An extensive Outreach Programme support by hub and spoke and spoke telemedicine system is in place between the tertiary, regional and districts hospitals in order to ensure fully functional district and regional hospitals. The budget has been set aside to roll out the telemedicine project.

Table CHS3: Provincial objectives and performance indicators

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS										
GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCLIAL COMPACT FOR BETTER HEALTH OUTCOMES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Public Private Partnership with CHM/Netcare.	Sustained PPP	Effective support for PPP.	Not in plan	Not in plan	Not in plan	Not in plan	Maintenanc e of PPP project	Maintenance of PPP project	Maintenance of PPP project.	Maintenance of PPP project.
Functional Hospital Board.	Regular meetings	Participation in governance.	Not in plan	Not in plan	Not in plan	Not in plan	4 meetings per year	4 meetings per year	4 meetings per year	4 meetings per year

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Developing the outreach and tele-health programme.	Number of disciplines participating in the outreach programme (s) as a % of the total.	Regional hospitals supported through outreach programme.	Not in plan	Not in plan	Not in plan	Not in plan	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.	Not in plan	Not in plan	Not in plan	Not in plan	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 seen, training sessions, procedures done by outreach programme per discipline.	Improved quality of care at Regional hospitals.	Not in plan	Not in plan	Not in plan	Not in plan	11 000 patients seen at outreach facilities	13 000 patients seen at outreach facilities.	16 000 patients seen at outreach facilities.	21 000 patients seen at outreach facilities.
			Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	10 training sessions	15 training sessions	20 training sessions
			Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	100 procedures done.	150 procedures done.	200 procedures done.
	Number of patients per institution effectively serviced through telemedicine hub and spoke service.	Effective support for regional hospitals from Academic hospital.	Not in plan	Not in plan	Not in plan	Not in plan	1 300 teleradiolog y	3 000 teleradiology cases	5 000 teleradiology.	8 000 teleradiology.
			Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	1 500 cases other telemedicine.	3 000 other telemedicine.	5 000 other telemedicine.

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS										
GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Rendering quality patient care by implementing clinical governance.	Progress on COHSASA Accreditation.	Effective implementation of quality management systems.	Not in plan	Not in plan	Not in plan	Not in plan	% score >90% programme)	% score > 90% on maintenance of COHSASA accreditation	% score >90%	% score >90%
	% of departments having Mortality and Morbidity meetings.	Consistent quality of care per clinical discipline.	Not in plan	Not in plan	Not in plan	Not in plan	29(80%)	33 (100%) of departments having Mortality and Morbidity meetings	33 (100%)	33 (100%)
	Reduced Nosocomial Infection Rate.	Effective prevention of nosocomial infections.	Not in plan	Not in plan	Not in plan	Not in plan	< 3%	< 5% Nosocomial Infection rate %	< 3%	< 3%
	% patient satisfaction rate.	Patient satisfaction.	Not in plan	Not in plan	Not in plan	COHSA SA tool	>90%	>80% patient satisfaction rate.	>98%	>98%

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS										
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.	Improved facilities.	Not in plan	Not in plan	Not in plan	Not in plan	3.5%	3,5% budget allocated and spent for facilities maintenance	3,5%	3,5%

Table CHS4: Performance indicators for each Central hospital

Indicator	Type	2003/04	2004/05	2005/06	2007	2007/08	2008/09	2009/10	2010/11	National target
Output										
1. Caesarean section rate - UAH	%	63	59.8	60.8	71.7	70	74.7	70	70	32
2. Separations - UAH	No	20,827	24196	26193	28623	28930	22138	43647	46334	N/A
3. Patient Day Equivalents UAH	No	174,405	190763	189445	222080	226836	171794	355676	377207	N/A
4. OPD Total Headcounts UAH	No	123,343	116729	133349	169497	175692	144781	263615	302139	N/A
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	5.6	7	7	5.3
9. Bed utilisation rate (based on usable beds)	%	61	62.5	64.1	72.8	70	72.3	75	75	75
10. Expenditure per patient day equivalent	R	2,735	3,328	2,934	3153	2,766	1,876	3,108	3,294	1,877
Outcome										
11. Case fatality rate for surgery separations	%	23.21	1.9	1.4	0.9	2.5	0.7	2.5	2.5	3

Source: DHIS. (Financial data is from 01 April 2008 – 31 January 2009. Statistical data is for the calendar year: 01 January – 31 December 2008).

Table CHS5: Trends in provincial public health expenditure for central hospitals (R million)

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Current prices[1]	462,621	543,235	599,443	693,694	862,389	973,391	1,057,681	1,130,431
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	161.87	190.08	209.74	242.72	301.75	340.58	370.08	395.53
Total per uninsured person	189.99	233.09	246.18	284.88	354.16	399.75	434.37	464.24
Total capital[2]	17,253	2,384	13,017	11,066	10,644	45,050	25,440	30,440
Constant (2004/05) prices[3]	**4 820.51**	**5,432.35**	**5,712.69**	**6,381.98**	**7,485.54**	**8,449.03**	**9,180.67**	**9,812.14**
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	1.69	1.90	2.00	2.23	2.62	2.96	3.21	3.43
Total per uninsured person	1.98	2.23	2.35	2.62	3.07	3.47	3.77	4.03
Total capital[2]	17,253	2,384	13,017	11,066	10,644	45,050	25,440	30,440

Source: BAS System & Budget Statement

Table 2.22: Summary of provincial payments and estimates by economic classification: Programme 5: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	538 965	585 296	680 440	757 273	769 954	798 475	929 232	1 027 696	1 095 232
Compensation of employees	339 907	358 620	452 676	511 222	509 548	530 250	567 389	655 468	702 174
Goods and services	199 058	226 676	227 764	246 051	260 406	268 225	361 843	372 228	393 058
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:	1 886	1 130	2 188	1 200	1 200	1 956	1 800	4 545	4 759
Provinces and municipalities	1 188	292							
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisation									
Non-profit institutions									
Households	698	838	2 188	1 200	1 200	1 956	1 800	4 545	4 759
Payments for capital assets	2 384	13 017	11 066	10 000	10 000	16 432	45 050	25 440	30 440
Buildings and other fixed structures									
Machinery and equipment	2 384	13 017	11 066	10 000	10 000	16 432	45 050	25 440	30 440
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	543 235	599 443	693 694	768 473	781 154	816 863	976 082	1 057 681	1 130 431

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

ANNEX 10 – HEALTH SCIENCES AND TRAINING

SITUATION ANALYSIS

Programme 6 has the following sub programmes:

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

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

Legislation, 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 2
- Bursary Policy
- White Paper on Public Service Education and Training
- White Paper on Human Resource Management in the Public Service
- Human Resource Development Strategy for the Public Service
- Millennium Development Goals

Legislation, plans and policies

- Batho Pele White Paper
- White Paper on Transforming the Public Service
- White Paper on new employment Policy of the Public Service
- Green Paper on new Law for a New Public Service
- Presidential Pronouncements and Budget Speech
- IDPs
- Medium Term Strategy Framework
- National Spatial Development Strategies
- Provincial Growth and Development Strategy

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 120 students to 300 every year;
- Plan to increase pass rate by 10% (currently 75%) every year.
- Strengthen the collaboration with higher education institutions and private sector to increase the student intake.

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

- Officials are nominated for courses according to job description and performance development plans.
- In order to address the quality of training programmes accredited Service Providers are appointed and training programmes are evaluated for the quality.

Training programmes for primary health care nurses;

- Primary Health Care Nurses are being trained through the University of Free State and the duration of the programme is one year.
- For 2008/9 financial year a total of 25 professional nurses were registered for Primary Health Care of which 15 (93.8%) were competent.

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

- For 2008, 363 Mid-level Health Care Workers (180 Enrolled Nursing, 120 Auxiliary Nursing, 23 Basic Pharmacist Assistants, 25 Post-Basic Pharmacist Assistants and 15 Radiographers) were put on the 18.2 Learnership program.

- Several discussions on Training Programmes have taken place regarding Occupational Health, Physiotherapy and Emergency Care Practitioners.

- The Clinical Associate, a new category of mid-level health care worker, discussions are still ongoing as to whether the Provincial Dept Of Health will be able to fund the programme to start in 2009 at the University Of the Free State as planned since the Dept is in a financial crisis. The programme coordinator will be appointed and funded by Provincial Department of Health as from November 2008. Currently the Free State Department of Health has sent five students to the University of Pretoria for training in this category.

- For 2008, a total of 24 Ambulance Emergency Assistants were trained of which 7 successfully completed the program, another 5 is still busy with a remedial programme in order to pass

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 to develop the skills of personnel. Reflected below, is the training that were provided.

Rehabilitation Techniques	Number of Attendees			
	Year			
Calendar Year	**2005**	**2006**	**2007**	**2008**
Transversal Training	330	3050	455	270
Comprehensive HIV and AIDS Care Management & Treatment Training	1251	1591	1448	2175
Continuous Professional Development (CPD)	401	946	4867	5305
Total	**1982**	**5587**	**6670**	**7750**

Structured in-service education/continuing professional development programmes

- Structured in-service education is being presented by professional training officers in institutions.
- For 2008, a total of 5 305 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. More candidates need to be recruited, however. For 2007, RPL test has been decentralised to Bethlehem and Welkom.

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

- 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 Free State Department of Health, pose great challenges.

Measures Planned to Overcome

- Utilized the Health Professional Training and Development Grant for health-related bursaries.
- Budget from voted funds, 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 have been filled: 2 Head of Department's posts and 4 lecturers' posts were filled.

Support systems that 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 for 2007/08
Input										
1. Intake of medical students	No	150	134	154	17	16	21	12	25	n/a
2. Intake of nurse students	No	156	1120	250	250	120	120	236	350	n/a
3. Students with bursaries from the province	No	356	189	347	355	524	201	-	-	n/a
Process										
4. Attrition rates in first year of medical school	%	1	0.9	3	7	**7**	**7**	**7**	7	n/a
5. Attrition rates in first year of nursing school	%	1	0.7	4	7.8	5.5	5.5	5.5	5.5	n/a
Output										
6. Basic medical students graduating	No	88	172	119	44	39	24			
7. Basic nurse students graduating	No	148	132	212	88	99	110	120	120	n/a
8. Medical registrars graduating	No	41	34	45	40	42	38	37	37	n/a
9. Advanced nurse students graduating	No	450	330	350	118	400	38	40	40	n/a
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%	n/a

Source: Resource Management and Support Cluster

Specification of measurable objectives and performance indicators

GOAL 5: IMPROVED HUMAN RESOURCES MANAGEMENT										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
BUDGET SUB PROGRAMME: NURSE TRAINING COLLEGES (FSSON) (HUMAN RESOURCE DEVELOPMENT)										
Implement the Workplace Skills Plan. (SONA)	Number of nurses successfully trained.	Decrease the vacancy rate for nurses.	98	122	243	117	250	286	350	400
BUDGET SUB PROGRAMME: TRAINING OTHER (SKILLS DEVELOPMENT)										
Implement the Workplace Skills Plan. (SONA)	Number of Managers and Senior Managers trained in various aspects of management.	Improved capacity for Senior Managers and Managers.	338	320	350	300	200	200	350	350
	Number of learners trained in ABET.	Improved literacy level of the lower category.	364	0	0	300	300	300	300	300
	Number of 18.1 learnerships implemented.	Improved skills level of all employees.	65	131	53	0	50	50	50	50
	Number of personnel undergone in- service training programmes.	Empowered and updated personnel.	2255	731	3996	3000	3100	3200	3300	3400
	Number of personnel per category trained in HIV/AIDS management.	Reduced HIV/AIDS prevalence in the workplace.	500	1300	1480	1500	1600	1700	1800	500
	Number of qualified Emergency Care Practitioners.	Increased number of qualified EMS personnel.	0	0	0	0	25	25 (not cumulative)	25 (not cumulative)	25 (not cumulative)
	Number of EMS related programmes (Continuous Professional Development, Rescue, Dispatchers).	Provide skills to EMS personnel.	0	0	0	0	105	185	200	250

BUDGET SUB PROGRAMME: TRAINING OTHER (SKILLS DEVELOPMENT)										
GOAL 5: IMPROVED HUMAN RESOURCES MANAGEMENT										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Promoting employable and sustainable livelihood through skills development. (SONA)	Number of volunteers trained as Community health Care Workers (NQF Level 1 & 3) EPWP.	Poverty alleviation and social upliftment.	0	46	0	215	50	50	70	80
	Number of 18.2 learnerships (unemployed youth) and number of internships implemented.	Reduced level of unemployment and alleviate poverty.	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	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection	2011/12 (MTEF projection
Current prices[1]	90,949	95,873	98,150	98,727	123,158	116,797	150,855	155,776
Total	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	31,82	33.55	34.34	34.54	43.09	40.87	52.78	54.51
Total per uninsured person	37.35	39.37	40.31	40.54	50.58	47.97	61.95	63.97
Constant (2004/05) prices[2]	947.69	958.73	935.37	908.29	575.41	1,013.80	1,309.42	1,352.14
Total	2 858	2 858	2 858	2 858	2858	2 858	2858	2858
Total per person	0.33	0.34	0.33	0.32	0.20	0.35	0.46	0.47
Total per uninsured person	0.39	0.39	0.38	0.37	0.24	0.42	0.54	0.56

Source: BAS System & Budget Statement

Table 2.24: Summary of provincial payments and estimates by economic classification: Programme 6: Health Science and Training

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	69 430	70 768	70 649	90 575	93 916	86 134	97 268	122 153	126 074
Compensation of employees	45 812	45 336	44 081	56 103	56 350	61 892	63 629	69 355	70 135
Goods and services	23 618	25 432	26 568	34 472	37 566	24 242	33 639	52 798	55 939
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:	25 157	25 855	22 970	31 640	31 640	13 789	28 599	27 150	28 150
Provinces and municipalities	150	38							
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisation									
Non-profit institutions									
Households	25 007	25 817	22 970	31 640	31 640	13 789	28 599	27 150	28 150
Payments for capital assets	1 286	1 527	5 108	326	5 682	1 525	3 332	1 552	1 552
Buildings and other fixed structures						284			
Machinery and equipment	1 286	1 527	4 939	326	5 682	1 241	3 332	1 552	1 552
Cultivated assets									
Software and other intangible assets			169						
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	95 873	98 150	98 727	122 541	131 238	101 448	129 199	150 855	155 776

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

ANNEX 11: HEALTH CARE SUPPORT SERVICES

Programme 7 has the following sub-programmes
- Laundries
- Orthotic and prosthetic
- Trading account for the medical depot

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.

Participation in the Provincial Expanded Public Works Programme with regard to linen manufacturing has been initiated for the manufacture of hospital linen by Women's group to stimulate economic growth skills development, youth involvement, and contribute to the alleviation of poverty.

POLICIES, PRIORITIES AND STRATEGIC GOALS

Laundry Services
The goal of Laundry Services is to optimise and manage linen (an asset in excess of R20 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.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Laundry Services
There is a critical shortage of funding for capital replacement. Alternative methods of procuring equipment have been investigated.

In-house training is being implemented but is inadequate for higher level employees. A nationally accredited training programme is being investigated to address this gap.

Table NHS Priority 1: Health Programme Priorities: Intensifying the campaign on both communicable diseases including healthy lifestyles

Objective	Planned Activities	National Targets/ Outputs (2008/09)	Provincial Targets/ Outputs (2008/09)	Responsibility
Improve service delivery to people with disabilities.	Further reduce the waiting period for a wheelchair.	All 9 provinces implement a waiting period of not longer than 6 weeks for wheelchair.	6 months.	National and Provincial Departments of Health

ORTHOTIC AND PROSTHETIC SERVICES

SITUATION ANALYSIS

The Orthotic and Prosthetic service is a unique medical rehabilitation service that involves a clinical assessment and evaluation leading to the custom designing, development and/ or fitting of orthotic or prosthetic assistive devices.

Services are currently provided at the following centres Bethlehem, Bloemfontein and Welkom; and in the following districts: Thabo Mofutsanyana, Motheo and Leweleputswa. A new centre for Bloemfontein has been fully operational at Pelonomi Hospital since the first quarter of this financial year.

A feasibility Study is being conducted for the establishment of an additional service point in Thabo Mofutsanyana District this year. At present there are 10 outreach services in the province.

There is an urgent need for more space in the Bethlehem Centre. The construction of the new Orthotic and Prosthetic facility for Thabo Mofutsanyana is a critical requirement to satisfy Occupational Safety Standards, Accreditation Status by HPCSA as well as the improvement of operational systems and the further development of functions of the service.

POLICIES, PRIORITIES AND STRATEGIC GOALS

High on the list of critical requirements of the Orthotic and Prosthetic Service is the erection of the new facility or provision of additional space at the current building. Other priorities include the introduction of the high tech equipment to relieve the overburdened staff and to improve efficiency of clinical functions.

- The implementation of the approved Orthotic and Prosthetic Micro structure
- The long term vision of the service is to extend services to each of the districts (especially the rural periphery). The two remaining districts in the province are Xhariep and Fezile Dabi. The financial situation of the province will clearly delay the achievement of this goal in the short term.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and Financial Management:

- The available budget does not provide for the procurement of new technological equipment.
- Essential targets cannot be achieved due to Inadequate funding for capital assets and human resource.
- The centres rely on adjacent health institutions for assistance in provisioning and human resource functions.
- There is also a lack of appropriately trained staff in financial management functions.

Human Resources

A new staff establishment for Orthotic and Prosthetic Services has been approved from the beginning of the 2007/08 financial year. All the required functional expertise has been included in the plan. However, no funding was allocated for implementation

Certain service centres are faced with possible closure due to the critical shortage of Medical Orthotists and Prosthetists. The Orthotic and Prosthetic profession does not have the Community Service as yet which could relieve this situation. Lengthy job evaluations and work study hamper appointment of staff in critical posts. During the current year only 7 Orthotic and Prosthetic Assistants and 3 Administrative Officers have been appointed. Shortages of some categories of support staff also remains a serious challenge for normal functioning as well as the efficiency of the services.

MEASURES PLANNED TO OVERCOME THIS

- Prioritise the filling of critical posts
- Completion of work study and job evaluations
- Negotiate for the availability of profession specific bursaries for training of Orthotic and Prosthetic Assistants to augment the low numbers of O and P practitioners Plans are already in place to integrate new functionaries into the services.

Support Systems

The Orthotic and Prosthetic Centre which is housed in an old Nurses' home building in Bethlehem, remains a challenge. The structure does not allow for necessary expansion to accommodate the increasing staff and equipment.

The following support systems are urgently required in the services of Orthotic and Prosthetic Services throughout the Province:

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

Table SUP1: Provincial objectives and performance indicators for support services

BUDGET SUB PROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES.										
GOAL 3: REDUCE THE BURDEN OF DISEASE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Improve accessibility to Orthotic and Prosthetic Services.	Number of Medical Orthotic and Prosthetic Outreach programs increased.	Accessibility to Orthotic and Prosthetic services improved.	Not applicable	Not applicable	2 Medical Orthotic and Prosthetic outreach programs	2 Medical Orthotic and Prosthetic outreach programs	3 Medical Orthotic and Prosthetic outreach programs	2 Medical Orthotic and Prosthetic outreach programs	2 Medical Orthotic and Prosthetic outreach programs	Improve accessibility to Orthotic and Prosthetic Services.
	Number of users per year.		11579 patients attended	13190 patients attended	9711 patients attended	An additional 144patients 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 50 patients per year to attend to a total of 10050	An additional 50 patients per year to attend to a total of 10100	

BUDGET SUB PROGRAMME: LAUNDRIES										
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Develop laundry facilities upgrading plan.	Number of laundries upgraded.	Upgraded laundry complying to norms.	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	1 (one)	1 (one)	1 (one)
Develop a Service Improvement Plan.	Number of service improvement strategies.	Service Improvement Plan for laundries	Not applicable	Not applicable	Not applicable	Not applicable	Turnaround time improved by 40% (48-72 hours).	Turnaround time improved by 60% (48-72 hours).	Turnaround time improved by 80% (48-72 hours).	Turnaround time improved by 90% (48-72 hours).
			Not applicable	Not applicable	Not applicable	Not applicable	45% Management of linen rooms.	60% Management of linen rooms.	85% Management of linen rooms.	100% Management of linen rooms.

Past expenditure trends and reconciliation of MTEF projections with plan

Table SUP2: Trends in provincial public health expenditure for support services (R million)

Expenditure	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12(MTEF projection)
Current prices[1]	46,584	24,544	37,968	43,311	36,260	52,464	58,916	62,059
Total	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	16.30	8.59	13.28	15.15	12.69	18.36	20.61	21.71
Total per uninsured person	19.13	10.08	15.59	17.79	14.89	21.55	24.20	25.49
Constant (2004/05) prices[2]	485.41	245.44	361.84	588.81	314.74	455.39	511.39	538.67
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	0.17	0.09	0.13	0.21	0.11	0.16	0.18	0.19
Total per uninsured person	0.20	0.10	0.15	0.24	0.13	0.19	0.21	0.22

Source: BAS System & Budget Statement

Table 2.25: Summary of provincial payments and estimates by economic classification: Programme 7: Health Care Support Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	49 486	59 125	56 844	68 679	62 412	62 670	77 163	86 918	93 323
Compensation of employees	30 267	33 366	38 749	44 797	45 561	42 520	50 349	55 618	57 498
Goods and services	19 219	25 759	18 095	23 882	16 851	20 150	26 814	31 300	35 825
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:	315	208	2 150	20	2 020	2 109	2 000	2 000	2 000
Provinces and municipalities	102	28							
Departmental agencies and accounts			2 000		2 000	2 000	2 000	2 000	2 000
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisation									
Non-profit institutions									
Households	213	180	150	20	20	109			
Payments for capital assets	5 249	3 214	5 007	2 241	2 241	1 582	2 531	1 859	508
Buildings and other fixed structures									
Machinery and equipment	5 249	3 214	5 007	2 241	2 241	1 582	2 531	1 859	508
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	55 050	62 547	64 001	70 940	66 673	66 361	81 694	90 777	95 831

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

Health facility improvement in Free State Department of Health is financed by three different sources of funding, viz. Provincial Infrastructure grant, Enhancement and Revitalisation. Provincial Infrastructure grant is primarily allocated to larger projects, such as, hospitals and forensic mortuaries. Enhancement is allocated to upgrading of hospitals and clinics and maintenance. Currently there are two sites on revitalisation (Boitumelo and Pelonomi) that will be finalised by 2015/16.

Out of the three funding sources only revitalisation fund the complete institution in terms of medical and non-medical equipments. However, it is the department intention to include equipment in other two funding sources.

The Free State Province has 232 Primary Health Care Facilities, 24 District Hospitals, 5 Regional Hospitals, 1 Central Hospital and 1 Psychiatric Hospital. The past five years thirty percent of health facilities were upgraded, past ten years fifty percent of the facilities were upgraded and refurbished, the remaining fifty percent require major upgrading and or replacement.

The upgraded facilities are however rapidly deteriorating due to maintenance backlog as a result of lack of funding and shortage of skilled personnel. The estimated maintenance backlog is R150m. Other facilities (laundries, mortuaries, EMS stations and staff accommodation) have not been given sufficient attention. Huge capital injection is required to meet these demands.

The current single Emergency Medical Services call centre in Bloemfontein cannot cope with the demand. An additional centre needs to be established in the eastern Free State (Thabo Mofutsanyana). This will be factored into the plan when funds become available. A dedicated radio network is also necessary.

Table HFM1: Historic and planned capital expenditure by type[2]

	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Major capital[3]	94 190	163 481	145 720	187,433	312,585	250,586	380,426	422,883
Minor capital[4]								
Compensation of Employees					1,920	3,120	3,120	3,120
Maintenance		2 311	8 329	16,055	17,878	108,007	115,584	125,056
Equipment		5 161	3 338	7,459	2,912	56,800	73,500	88,000
Equip maintenance								
Software and Other Intangible Assets					1,273	-	-	-
Total capital[1]	94 190	170 953	157,387	210,947	336,568	418,513	572,630	639,059

Source: BAS System & Budget Statement

Table HFM2: Summary of sources of funding for capital expenditure

	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (actual)	2008/09 (estimate)	2009/10 (MTEF projection)	2010/11 (MTEF projection)	2011/12 (MTEF projection)
Infrastructure grant	24 011	48 063	125 741	86 491	99 816	109 627	116 204	123,176
Equitable share	22 975	30 857		-	-	-		
Revitalisation grant[1]	47 204	92 157	63 810	90 419	202,753	232,681	312,500	312,500
Donor funding	-	-		-	-	-		
Other	-	-	-	-	-	-		
Total capital	94 190	171 077	189 551	176 910	302,569	342,308	428,704	435,676

Source: BAS System & Budget Statement

Table HFM3: Historic and planned major project completions by type

	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate) update to actual	2007/08 (MTEF) update to actual	2008/09 (MTEF) update to estimate	2009/10 (MTEF) update to target	2010/11 (MTEF projection)	2011/12 (MTEF projection)
New hospitals	0	0	0	0	0	0	2	
New clinics / CHC's	5	2	2	4	4	2	3	
Upgraded hospitals	0	0	1	3	2	1	2	
Upgraded clinics / CHC's	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 Mofutsan-yana	Lejweleput-swa	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 2006/07	Xhariep 2006/07	Motheo 2006/07	Lejweleputswa 2006/07	Thabo Mofutsanyana 2006/07	Fezile Dabi 2006/07	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 the funding in line with the following legislative framework:

- Constitution of the Republic of South Africa (Act 108 of 1996)
- National Health Act 61 of 2003
- Occupational Health and Safety Act No. 85 of 1993
- Preferential Procurement Policy Framework Act No. 5 of 2000
- Public Financial Management Act No. 1 of 1999
- Public Service Act of 1994
- Skills Development Act No. 97 of 199
- Pharmacy Act No. 53 of 1974
- Medicines and Related Substances Act No. 101 of 1965
- The Mental Health Care Act No. 17 of 2002
- National Building Regulations
- Construction Industry Development Board Act
- Government Immovable Asset Management (Act) (GIAM(A))

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Analysis of constraints	Measures planned to overcome them
Finance and Financial management	
Limited financial budgets are hindering Maintenance programmes as well as delaying reconstruction and refurbishment of existing facilities. Limited financial resources have also resulted in many facilities not having sufficient equipments and furniture.	Number of new projects being minimised to address Maintenance Backlog. Limited number of projects will release some funds for equipment and furniture.
Human resources	
Shortage of skilled artisans and engineering personnel at institutional level present a great challenge in performing proper maintenance.	Situation is being addressed nationally.
Support systems (including information)	
Aging technology at the hospital further puts pressure on the financial resources and compromises patient care.	Aging technology is being addressed under the equipment strategy for all facilities.

Specification of measurable objectives and performance indicators

BUDGET SUB PROGRAMME: INFRASTRUCTURE MANAGEMENT										
GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE										
Measurable Objective	**Indicator (Performance Measure)**	**Output**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (target)**	**2010/11 (target)**	**2011/12 (target)**
Develop and implement an Infrastructure Plan (GPOA)	Number of Hospitals on Revitalization Program	Hospitals complying to norms and standards providing quality health care services.	02 Hospitals *	02 Hospitals	02 Hospitals	03 Hospitals	03 Hospitals	03 Hospitals	03 Hospitals	04 Hospitals
	Number Hospitals upgraded.	Well functioning and improved conditions of health facilities complying to norms and standards.	Not in plan	Not in plan	01 Hospital*	02 Hospitals	03 Hospitals	* 02 Hospitals	01 Hospital	01 Hospital
	Number of Clinics upgraded.	Improved conditions of primary health care facilities.	Not in plan	Not in plan	01*	06	02	00	03	02
	Number of new clinics built.	Improved access to Primary Health care facilities.	06	02	N/A	02	03	00	02	03
	Number of Community Health Centres upgraded.	Well functioning primary health care facilities.	Not in plan	Not in plan	Not in plan	Not in plan	01*	00	01	02
	Number of EMS College upgraded	A functional EMS training college	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	01	01	00
	Number of EMS Control Centre	Improve access to Emergency Medical Service	Not in plan	Not in plan	Not in plan	Not in plan	Not in plan	01	00	00
Provide Computerised Tomography. (GPOA)	Number of Computerised Tomography equipment.	Comprehensive and Quality health care services.	Not in plan	Not in plan	Not in plan	Not in plan	01	01	0	0

** The number is cumulative, it the number of hospitals/clinics but the number of projects during the specific financial year that might be from the previous financial year/s*

Table HFM7: Performance indicators for health facilities management

Indicator	Type	2003/04	2004/05	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	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						

Source: Infrastructure Management Directorate

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

Expenditure[1]	**2004/05 (actual)**	**2005/06 (actual)**	**2006/7 (actual)**	**2007/08 (actual)**	**2008/09 (estimate)**	**2009/10 (MTEF projection)**	**2010/11 (MTEF projection)**	**2011/12 (MTEF projection)**
Current prices[2]	94,190	170,953	157,387	210,947	336,568	409,990	558,837	623,022
Total	2 858	2 858	2 858	2 858	2 858	2 858	2858	2858
Total per person	32.96	59.82	55.07	73.81	117.76	143.45	195.53	217.99
Total per uninsured person	38.68	70.21	64.64	86.63	138.22	168.37	229.50	255.86
Constant (2004/05) prices[3]	**981.46**	**1,709.53**	**1,499.90**	**1,940.71**	**2,921.41**	**3,558.71**	**4,850.71**	**5,407.83**
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2858
Total per person	0.34	0.60	0.52	0.68	1.02	1.25	1.70	1.89
Total per uninsured person	0.40	0.70	0.62	0.80	1.20	1.46	1.99	2.22

Source: BAS System & Budget Statement

Table 2.27: Summary of provincial payments and estimates by economic classification: Programme 8: Health Facilities Management

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	2 310	8 329	16 055	20 013	20 013	21 239	102 604	104 911	112 139
Compensation of employees				2 676	2 676	2 195	3 120	3 120	3 120
Goods and services	2 310	8 329	16 055	17 337	17 337	19 044	99 484	101 791	109 019
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:	-	-	-	-	-	-	-	-	-
Provinces and municipalities									
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisation									
Non-profit institutions									
Households									
Payments for capital assets	168 643	149 058	194 892	316 555	316 555	315 329	307 386	453 926	510 883
Buildings and other fixed structures	163 482	145 720	187 433	312 921	312 921	309 081	250 586	380 426	422 883
Machinery and equipment	5 161	3 338	7 459	634	634	6 248	56 800	73 500	88 000
Cultivated assets									
Software and other intangible assets				3 000	3 000				
Land and subsoil assets									
Heritage assets									
Specialised military assets									
Total economic classification	170 953	157 387	210 947	336 568	336 568	336 568	409 990	558 837	623 022

ANNEXURE 3 PART C

ANNUAL PERFORMANCE PLAN OF YEAR ONE

PROGRAMME 1: ADMINISTRATION

Sub-programme: Office of the MEC		**Strategic Goal : EFFICIENT MANAGEMENT AND GOVERNANCE**							
Strategic Objective	**Measurable Objective**	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	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.	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.
Sub-programme: Management									
	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.	Compliance.	Compliance.	Routine reports and plans comply with prescripts and deadlines	Routine reports and plans comply with prescripts and deadlines	Routine reports and plans comply with prescripts and deadlines	Routine reports and plans comply with prescripts and deadlines
Establish an appropriate public health information management unit.	Inclusive public health information strategy.	Information-based decision making within the FSDH.	Not in plan.	Develop public health information management strategy.	Consolidate various information units.	All information units in the department to reside within the same management structure include: Research Unit, Information Management, CDC, Rehabilitation, Tuberculosis, Environmental Health, Nutrition, Emergency Medical Services and others.		Link established sources of information to develop integrated public health information system.	Establish Standard Operating Procedures for data management.
	Availability of public health information to inform management decisions.				Implement Business Intelligence Task Team.				Develop and implement complete planning cycle and annual performance plan.

Sub-programme : Management		Strategic Goal : EFFICIENT MANAGEMENT AND GOVERNANCE							
Strategic Objective	**Measurable Objective**	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ensure compliance with the Public Finance Management Act.	Efficient Management and Governance	Compliance certificate submitted in line with prescripts.	Compliance certificate was submitted monthly.	Compliance certificate submitted monthly.	Compliance in line with treasury requirements.	Compliance	Compliance	Compliance	Compliance
Ensure the upgrading of pharmacy facilities in line with legislation to enhance service delivery	Number of Pharmacy facilities in full compliance with the registration requirements of SAPC	All Hospitals and CHC's as well as PHC clinic pharmacy facilities registered and recorded with SAPC	Hospital and CHC pharmacy facilities: - 93% (41) recorded with SAPC. - 40% (18) fully compliant.	Hospital and CHC pharmacy facilities: - 100% (44) recorded with SAPC. -60% (27) fully compliant.	33 Pharmacy facilities at CHCs and hospitals, fully compliant.	Manage the process of ensuring compliance.			33 pharmacy facilities at CHCs and hospitals, fully compliant.
Implement effective and efficient supply chain management	Promote BBBEE	Minimum of 70% of tenders and contracts awarded to SMMEs in the province on an annual basis.			Institutions spent 70% of the goods and services budget on SMMEs.	Institutions spent 70% of the goods and services budget on SMMEs. (annual target – cannot be measured quarterly)			
	Improve Asset Management	Number of Logis Stores meeting the reporting requirements.			70% of Logis Stores meeting the reporting requirements.	30% of 31 of logis stores meeting the reporting requirements	40% of 31 of logis stores meeting the reporting requirements	50% of 31 of logis stores meeting the reporting requirements	70% of 31 of logis stores meeting the reporting requirements
	Ensure effective Implementation of Supply Chain Management	100% compliance with implementing five elements of SCM (Demand, Acquisition, Logistics, Disposal & Performance Management)			70% of institutions fully implementing 2 of the 5 aspects (elements) of SCM.	70% of institutions fully implementing 2 of the 5 aspects (elements) of SCM. (annual target – cannot be measured quarterly)			

Sub-programme : Management		Strategic Goal : EFFICIENT MANAGEMENT AND GOVERNANCE							
Strategic Objective	**Measurable Objective**	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Provide a functional information network system to all health facilities.	Data from various systems integrated into Data Warehouse and usable as information for managers.	HR & MPM information fully developed.	DSMS	NHLS DHIS Integrated Health Information System.	NHLS integration	Integration of DHIS	Preparation phase for DHIS implementation	
	Implementation of Picture Archiving and Communication Systems (PACS)	Implementing Picture Archiving and Communication System (PACS)	Not in plan	Not in plan	PACS implemented to cover wards and specialist clinics at Pelonomi & Universitas.	PACS readiness evaluative at Pelonomi and Universitas	PACS implementation at identified wards as per readiness evaluation	PACS implementation at identified specialised clinics as per readiness evaluation	
	Provision of essential equipment to provincial health facilities.	Essential equipment packages available per level of care.	Not in plan	Not in plan	100% packages at all levels.	Clinic package	District hospital's package	Regional hospital's package	
	Implementation of the provincial maintenance plan.	Provincial Maintenance Plan on major works.	Not in plan	Annual Maintenance Plan approved and fully implemented.	Annual Maintenance Plan approved and fully implemented.	Annual Maintenance Plan approved and fully implemented. (annual target – cannot be measured quarterly)			

BUDGET SUB PROGRAMME: MANAGEMENT (continue)		Strategic Goal 6 : EFFICIENT MANAGEMENT AND GOVERNANCE						
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement a comprehensive Human Resource (HR) plan for the department.	% of Bursary Holders retained.	25 completing bursary holders were employed	98% of Bursary Holders retained	85% of Bursary Holders retained	Letters send to CEO/DM to identify funded vacancies	Complete list of bursary holders	Letters send to CEO/DM to identify funded vacancies	Placement of bursary holders in posts
	% Community services professionals who do not have bursaries retained		Stats will only be made available as from this period.	20% of community services professionals who function in the dept who do not have bursaries, retained.	Not possible to set quarterly targets	Not possible to set quarterly targets	Not possible to set quarterly targets	Not possible to set quarterly targets

PROGRAMME 2: DISTRICT HEALTH SERVICES

Sub programme: District Management	**GOAL 1: COMPASSIONATE AND QUALITY SERVICES**							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement the District Health System according to Legislation.	Number of Districts with reviewed District Health Plans and functional District Health Councils.	Implementation of District Health Plans.	Implementation of District Health Plans.	Implementation of District Health Plans.	Plans in place in all Districts. Review of plans 2nd quarter	Review of plans 2nd quarter	Review of plans 3rd quarter	Review of plans 4th quarter
				Five (5) District Health Councils functional	At least one meeting held	At least one meeting held	At least one meeting held	At least one meeting held
Ensure implementation of Batho Pele Revitalisation Program	Number of institutions implementing Batho Pele Revitalisation Program	Not in plan	5 districts supported to implement phase 1 of Batho Pele Revitalisation Program (BPRP)	5 districts implementing (BPRP) 24 hospitals and 10 CHCs	5 districts implementing (BPRP), 24 hospitals and 10 CHCs (annual target, not to be measured quarterly)			
Implement National School Health Services Policy and Implementation Guidelines.	Number of local areas with fully functioning school health services.	Not in plan.	5 local areas with fully functioning school health services (1 per district).	10 local areas with fully functioning school health services (2 per district)	3 local areas with functional school health services	6local areas with functional school health services	8 local areas with functional school health services	10 local areas with functional school health services

Sub programme: Coroner Services	**GOAL 2: REDUCE THE BURDEN OF DISEASE**							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Expanding medico-legal mortuary services to offer comprehensive services on a 24-hour basis.	Number of mortuaries that collect and release bodies on a 24-hour basis.	6 (Welkom, Kroonstad, Sasolburg, Bloemfontein, Bethlehem, Phuthaditjhaba) received bodies on a 24 -hour basis.	6 mortuaries receiving and releasing bodies on a 24-hour basis.	1 of the 6 mortuaries receiving and releasing bodies on a 24 -hour basis. The remaining 5 continue to receive as before.	Review of the Technical staff establishment of the Bloemfontein Mortuary completed.	0% Vacancy Rate at Bloemfontein Mortuary	Shift system Piloted	Shift system Adopted or Rejected.

Sub programme: District Hospitals	GOAL 1: COMPASSIONATE AND QUALITY SERVICES							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Provide appropriate and accessible level of health care services for the designated catchment population.	Number of District Hospitals implementing the appropriate service packages.	District Hospital Package piloted.	District Hospital Package incrementally implemented.	6/24 District Hospitals implementing 80% of the package.	6/24 District Hospitals implementing 80% of the package.	6/24 District Hospitals implementing 80% of the package.	6/24 District Hospitals implementing 80% of the package.	6/24 District Hospitals implementing 80% of the package.
	Progress on achievement of efficiency indicators: Cost per PDE (R814) ALOS (3.2 days) BOR (70-80%)	Cost per PDE R1119 ALOS 3.1 days, BOR 69.5%	Cost per PDE R814 ALOS 3 days, BOR 80%	Cost per PDE R1200 ALOS 3 days, BOR 75%	Cost per PDE R1200 ALOS 3 days, BOR 75%	Cost per PDE R1200 ALOS 3 days, BOR 75%	Cost per PDE R1200 ALOS 3 days, BOR 75%	Cost per PDE R1200 ALOS 3 days, BOR 75%
Implement Provincial Quality Improvement Strategy.	Number of District Hospitals implementing three Quality Assurance Strategies.	4 hospitals received full accreditation, 1 reconfirmation of progress.	8 hospitals re entered for the accreditation process and 1hospital that completed Revitalization process to re enter for accreditation.	20 District hospitals to be registered in the COHSASA program. 20 District hospitals to re-enter.	Commence process to get registration with COHSASA.	20 District hospitals to be registration in the COHSASA program.	Support visits to facilities in preparation towards accreditation.	Evaluate facilities' progress on the accreditation program.
				Clinical governance: Clinical Audits implemented in 24 District Hospitals	Clinical Audits implemented in 6 District hospitals	Clinical Audits implemented in 12 District hospitals	Clinical Audits implemented in 17 District hospitals	Clinical Audits implemented in 24 District hospitals
				Infection Prevention and Control surveillance implemented in 24 hospitals.	District hospitals implementing	District hospitals implementing	District hospitals implementing	District hospitals implementing
				Adverse events committees functional in all District Hospitals	6 Local area implementing quality standards	8 Local area implementing quality standards	9 Local area implementing quality standards	10 Local area implementing quality standards
	Number of institutions compliant with Hospital Emergency Preparedness Plans.	24 District hospitals with emergency preparedness plans in place. Hospital drills conducted on continued basis.	Compliance with hospital emergency preparedness plans in line with provincial guidelines.	All Districts hospitals have emergency preparedness plans	All district hospitals are implementing the emergency preparedness plans	All district hospitals are implementing the emergency preparedness plans	All district hospitals are implementing the emergency preparedness plans	All district hospitals are implementing the emergency preparedness plans

Sub program: Community Health Centres	GOAL 1: COMPASSIONATE AND QUALITY SERVICES							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Provide appropriate and accessible Primary Health Care Services at the CHCs for the designated catchment population.	Number of CHCs implementing appropriate PHC package.	20 local areas implemented appropriate PHC package.	Appropriate PHC package implemented per local area.	Appropriate Primary Health Care package implemented per sub district.				
	Achievement of efficiency indicators • Expenditure per Headcount (R88) • Total Headcounts • Doctor clinical workload • Nurse clinical workload. • Utilization rates CHC facilities below 5 years (5 visits) • Utilization rates CHC facilities above 5 years (3 visits)	Expenditure per Headcount (R89) Total Headcounts: 5 880 464 Doctor clinical workload: 30 Nurse clinical workload: 36 Utilization rates CHC facilities below 5 years (5 visits) 3.6 Utilization rates CHC facilities above 5 years (3 visits):	Expenditure per Headcount (R88) Total Headcounts: 6 000 000 Doctor clinical workload: 25 Nurse clinical workload: 30 Utilization rates CHC facilities below 5 years (5 visits) 3.8 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Total Headcounts: 100 000 Doctor clinical workload: 35 Nurse clinical workload: 35 Utilization rates CHC facilities below 5 years (5 visits) 5.0 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Total Headcounts: 100 000 Doctor clinical workload: 35 Nurse clinical workload: 35 Utilization rates CHC facilities below 5 years (5 visits) 5.0 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Total Headcounts: 100 000 Doctor clinical workload: 35 Nurse clinical workload: 35 Utilization rates CHC facilities below 5 years (5 visits) 5.0 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Total Headcounts: 100 000 Doctor clinical workload: 35 Nurse clinical workload: 35 Utilization rates CHC facilities below 5 years (5 visits) 5.0 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Total Headcounts: 100 000 Doctor clinical workload: 35 Nurse clinical workload: 35 Utilization rates CHC facilities below 5 years (5 visits) 5.0 Utilization rates CHC facilities above 5 years (3 visits): 2

Sub program: Community Health Clinics	GOAL 1: COMPASSIONATE AND QUALITY SERVICES							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Provide appropriate and accessible level of health care services at Clinics for designated catchment population.	Number of sub districts implementing appropriate PHC package.	20 local areas implemented appropriate PHC package.	20 local areas implemented appropriate PHC package.	Appropriate Primary Health Care package implemented per sub district.	Appropriate Primary Health Care package implemented per sub district. (Annual Target – cannot be measured quarterly)			
	Achievement of efficiency indicators • Utilisation Rate (3.5 days) • Expenditure per Headcount (R88) • Doctor clinical workload • Nurse clinical workload. • Utilization rates CHC facilities below 5 years (5 visits) • Utilization rates CHC facilities above 5 years (3 visits)	Expenditure per Headcount (R89) Doctor clinical workload: 30 Nurse clinical workload: 36 Utilization rates CHC facilities below 5 years (5 visits) 3.6 Utilization rates CHC facilities above 5 years (3 visits):	Expenditure per Headcount (R88) Doctor clinical workload: 25 Nurse clinical workload: 30 Utilization rates CHC facilities below 5 years (5 visits) 3.8 Utilization rates CHC facilities above 5 years (3 visits):3	Expenditure per Headcount (R99) Doctor clinical workload: 35 Nurse clinical workload: 35 Utilization rates CHC facilities below 5 years (5 visits) 3.8 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Doctor clinical workload: 25 Nurse clinical workload: 30 Utilization rates CHC facilities below 5 years (5 visits) 5.0 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Doctor clinical workload: 25 Nurse clinical workload: 30 Utilization rates CHC facilities below 5 years (5 visits) 3.8 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Doctor clinical workload: 25 Nurse clinical workload: 30 Utilization rates CHC facilities below 5 years (5 visits) 3.8 Utilization rates CHC facilities above 5 years (3 visits): 2	Expenditure per Headcount (R88) Doctor clinical workload: 25 Nurse clinical workload: 30 Utilization rates CHC facilities below 5 years (5 visits) 3.8 Utilization rates CHC facilities above 5 years (3 visits): 2
Implement Free State Rural Health Strategy.	Number of farms/points visited by mobile clinics 4-6 weekly.	Not measured.	Number of mobiles per district that visit farms 4-6 and 12 weekly.	40% of farms visited 4-6 weekly.	40% of farms visited 4-6 weekly.	40% of farms visited 4-6 weekly.	40% of farms visited 4-6 weekly.	40% of farms visited 4-6 weekly.

HIV AND AIDS, STI AND TB Control

Sub programme: HIV and AIDS	**Goal 2: Reduce the burden of disease**							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Reduce the incidence of HIV infection.	Rate of new HIV infections.	Indicator not measured	Indicator not measured	All Districts offering at least 6 aspects of the prevention package.	(Annual Target – cannot be measured quarterly)			
Provide appropriate packages of support, care and treatment to HIV positive people and their families.	Number of HIV positive people receiving treatment, care and support.	22 389	27000	42 000 (cumulative)	(Annual Target – cannot be measured quarterly)			
		Not in plan	Not in plan	At least 2 support groups for 5 sub districts.	(Annual Target – cannot be measured quarterly)			
	Number of families receiving support.	Not in plan	Not in plan	4,900 per quarter.	4,900 per quarter.	4,900 per quarter.	4,900 per quarter.	4,900 per quarter.
Comprehensive Care, Management and Treatment Plan for HIV and AIDS (CCMT).	Number of antenatal care facilities implementing revised therapy for PMTCT.	Not in plan	Not in plan	90% of facilities implementing the revised PMTCT therapy	60% of facilities implementing the revised PMTCT therapy	70% of facilities implementing the revised PMTCT therapy	80% of facilities implementing the revised PMTCT therapy	90% of facilities implementing the revised PMTCT therapy
	% of HIV positive pregnant women who qualify receiving dual therapy prophylaxis.	Not in plan	Not in plan	70%of HIV positive pregnant women receiving dual therapy prophylaxis	40% of HIV positive pregnant women receiving dual therapy prophylaxis	50% of HIV positive pregnant women receiving dual therapy prophylaxis	60% of HIV positive pregnant women receiving dual therapy prophylaxis	70% of HIV positive pregnant women receiving dual therapy prophylaxis
	% of HIV exposed infants receiving dual therapy.	Not in plan	Not in plan	100% of HIV exposed infants receiving dual therapy.	HIV exposed infants receiving dual therapy.	HIV exposed infants receiving dual therapy.	HIV exposed infants receiving dual therapy.	HIV exposed infants receiving dual therapy.
	Rate of VCCT and TB testing among TB/HIV positive patients.	65.3%	70%	75% of TB patients tested for HIV.	(Annual Target – cannot be measured quarterly)			
		Not in plan	Not in plan	90% of HIV patients tested for TB.	(Annual Target – cannot be measured quarterly)			

* Efficiency indicators must be measured since they form part of the mandate of the Department of Health. Many factors not in the control of the department thus cannot be linked to quarterly targets for which the department can be held accountable.

Sub programme: HIV and AIDS	Goal 2: Reduce the burden of disease							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Improve TB treatment outcomes.	Smear conversion rate of new positive patients at 2 months.	72.1%	71%	73%	(Annual Target – cannot be measured quarterly)			
	TB cure rate of new smear positive patients.	68.8%	69.5%	70.%	(Annual Target – cannot be measured quarterly)			
	TB treatment defaulter rate.	5%	4.7	4.5%	(Annual Target – cannot be measured quarterly)			
Reduce the incidence of drug resistant TB.	Proportion of MDR TB amongst PTB patients.	1.4%	4.5%	4% MDR TB amongst PTB patients.	(Annual Target – cannot be measured quarterly)			
	Proportion of XDR TB amongst MDR TB patients.	6.3%	3%	2% XDR TB amongst MDR TB patients.	(Annual Target – cannot be measured quarterly)			

* Efficiency indicators must be measured since they form part of the mandate of the Department of Health. Many factors not in the control of the department thus cannot be linked to quarterly targets for which the department can be held accountable.

Sub programme: HIV and AIDS	Goal 5: Strategic and Innovative Partnerships							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ensure sustainability of strategic partnerships.	Number of active NPO partnerships.	24 NPO partnerships for the province.	48 NPO partnerships for the province.	74 NPO partnerships for the province.	Selection of NPOs and signing of contracts.	Transfer of funds to NPOs.	Contract Management.	Contract Management and evaluation of projects.
	Number of other partnerships established including International Donors.	Sustain Flemish and Ireland Aid. Establish DOH/EU and CIDA partnership.	Sustain DOH/EU and CIDA partnership program.	9 other partnerships, including international donors.	Nr of other partnerships including international donors.	Nr of Memorandum of Agreements signed.	Sustain partnerships with signed Memorandum of Agreements.	Sustain partnerships with signed Memorandum of Agreements

Mother, Child and Women's Health & Nutrition (MCWHN)

Sub programme: Mother, Child and Women's Health	**Goal 2: Reduce the burden of disease**							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Reduce infant- and under 5 child morbidity and mortality.	Under 5 mortality rate	16.4 per 1000 population under 5 yrs.	15.5 per 1000 population under 5 yrs.	15.25 per 1000 population under 5 yrs.	15.25 per 1000 population under 5 yrs. (Annual Target – not able to put quarterly targets)			
	Infant mortality rate	60.0 per 1000 population under 1 year	59.5 per 1000 population under 1 year	59 per 1000 population under 1 year.	59 per 1000 population under 1 year. (Annual Target – not able to put quarterly targets)			
	EPI coverage per district.	87.4%	93%	90%	90% (Annual Target – not able to put quarterly targets)			
Reduce maternal mortality and morbidity.	Maternal mortality ratio (MMR) per calendar year (overall).	288 per 100000 population (2007 calender year)	280 per 100000 population (2008 calender year)	Reduce MMR to 275 per 100 000 population (2009 calendar year)	275 per 100 000 population (Annual Target – not able to put quarterly targets)			
	Maternal mortality ratio per calendar year (obstetric-related).	30%	28%	Reduce MMR due to preventable causes to 25%	Reduce MMR due to preventable causes to 25% (Annual Target – not able to put quarterly targets)			
Improve adolescent and youth health.	Number of fixed PHC facilities certified as youth friendly.	20 PHC Facilities	30 PHC services youth friendly.	30 PHC services youth friendly	30 PHC Facilities			
Improve women's health.	Number of targeted women screened for cervical cancer.	34 895 women screened for cervical cancer	27 000 women screened for cervical cancer	27 500 women screened for cervical cancer	7000	14 000	21 000	27 500
	Number of health facilities designated for provision of TOP services.	14 (including private)	19 multiple facilities	20 multiple facilities	19	19	20	20
	Number of facilities providing a complete contraceptive method.	234 clinics	232 PHC facilities & 24 District Hospitals.	232 PHC facilities & 24 District Hospitals	232 PHC facilities & 24 District Hospitals			

* Efficiency indicators must be measured since they form part of the mandate of the Department of Health. Many factors not in the control of the department thus cannot be linked to quarterly targets for which the department can be held accountable.

Community Based Services

Sub programme: Community Based Services	Goal 2: Reduce the burden of disease							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement a model of care for prioritised chronic conditions.	Number of districts implementing model for chronic care.	Not in plan	Not in plan	1 district implementing model for chronic care.	The implementation process requires consultation which will then determine quarterly targets.			
Expand disability and rehabilitation services.	Number of designated facilities to provide Occupational Therapy programs in developmental delays	5/222 (2%) clinics implementing a screening program in developmental delays.	10/222 (4,5%) clinics implementing a screening program in developmental delays.	5 additional = 15/222 (6,7%) clinics implementing a screening program in developmental delays.	1 additional clinic (11/222) implementing a screening program in developmental delays	1 additional clinic (12/222) implementing a screening program in developmental delays	1 additional clinic (13/222) implementing a screening program in developmental delays	2 additional clinics (15/222) implementing a screening program in developmental delays
	Number of hospitals implementing an audiology screening program for newborns.	3/31 (9.6%) hospitals implementing an audiology screening program.	6/31 (19%) hospitals implementing an audiology screening program.	3 additional = 9/31 (29%) hospitals implementing an audiology screening program.	Planning	1 additional (7/31) hospitals implementing an audiology screening program.	1 additional (8/1) hospitals implementing an audiology screening program.	1 additional (9/31) hospitals implementing an audiology screening program.
	Number of schools having early physiotherapy intervention programs (interims of healthy lifestyle) implemented at health promoting schools.	4 schools.	2 additional = 6 schools	2 additional = 8 schools.	Planning and implementation.	Implemented at 1 additional school (7/8 schools)	Planning and implementation	Implemented at 1 additional school (8/8 schools).

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Sub-programme : Emergency Transport	**GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES**							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 10 000 people.	0.1 (1 ambulance per 3600 people)	70% of required vehicles (270)	40% (108) of required vehicles (270).	Planning for procurement of ambulances	Orders placed for 35 ambulances and 2 ICU ambulances	Delivery of vehicles	Distribution of vehicles
	% of calls within national urban and rural targets (Urban:15min) (Rural: 40 min)	Urban:53% Rural: 27%	Urban : 60% Rural: 35%	Urban : 60% Rural: 35%	Planning for procurement of ambulances	Orders placed for 35 ambulances and 2 ICU ambulances	Delivery of vehicles	Distribution of vehicles
	% ambulances with less than 500 000 kilometres on the odometer.	39%	45%	55%	55%	55%	55%	55%
Provide an efficient preparedness and response plan to disaster in the Free State province.	Number of disaster exercise/drills done per district.	Not in plan.	2 per district.	2 per district.	1 drill per district	1 drill per district	2 drills per district	2 drills per district
Provide additional capacity and backup for the control centre.	An additional control centre with backup capacity.	1 in Bloemfontein	1 in Bloemfontein	Additional call centre in Thabo Mofutsanyana.	Develop plan for additional call centre and secure funding.	Identify site.	Secure equipment and contract.	Implement call centre.

Sub-programme : Planned Patient Transport	**GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES**							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of patients transported by planned patient transport service.	567 000	561 000	600 000	600 000 patients transported by planned patient transport service, per annum. (Not possible to set quarterly targets)			

PROGRAMME 4: PROVINCIAL HEALTH SERVICES

Sub-programme :General (Regional) Hospital	GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Provide nine clinical disciplines as per NDOH Facility Definitions, plus Family Medicine, and designated tertiary services to the catchment population.	Implementation of the nine level 2 disciplines per regional hospital.	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 7/9 MMM: 4/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9 FSPC: 1	Bongani: 8/9 Boitumelo: 4/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9 FSPC: 1	Bongani: 8/9 Boitumelo: 5/9 Dihlabeng: 8/9 MMM: 4/9 Pelonomi: 9/9 FSPC: 1
	Provision of designated tertiary services.	Not in plan	Not in plan	Pelonomi 4	Pelonomi 4	Pelonomi 4	Pelonomi 4	Pelonomi 4
	Progress on achievement of efficiency targets per hospital (QRS).	ALOS: 5 BUR: 75% Cost/PDE: R1250	ALOS: 4.8 BUR: 75% Cost/PDE: R1500	ALOS: 5.5 BUR: 75% Cost/PDE: R1800	ALOS: 5.8 BUR: 71 Cost/PDE: R2000	ALOS: 5.6 BUR: 72 Cost/PDE: R1900	ALOS: 5.6 BUR: 72 Cost/PDE: R1800	ALOS: 5.5 BUR: 75% Cost/PDE: R1800
	Number and type of disciplines conducting outreach programme(s) per regional hospital.	Paeds (3) Family Med (4) Psychiatry (2) Optometry (2) Anaesthetics (1)	Bongani 4 (Paeds, Fam Med, Psch, O & G / Optometry) Boitumelo 2 Dihlabeng 4 MMM 3 Pelonomi 5 FSPC 1	Bongani 4 (Paeds, Fam Med, O&G Anaesthetic) Boitumelo 2 Dihlabeng 4 MMM 3 Pelonomi 5 FSPC 1	Regional Hospitals 4 FSPC 1	Regional Hospitals 4 FSPC 1	Regional Hospitals 5 FSPC 1	Regional Hospitals 5 FSPC 1
	Number of patients seen per discipline on outreach.	Not in plan	1500 patients	1500 patients	500 patients	400 patients	600 patients	500 patients
	Number of training sessions on outreach.	Not in plan	15 sessions per annum per discipline	20 Sessions per Annum per discipline	5 sessions per annum per discipline	5 sessions per annum per discipline	5 sessions per annum per discipline	5 sessions per annum per discipline
	Referral rate between different levels (number referred/1000 population).	Not in plan	IN : 35 % OUT : 15%	IN : 30 % OUT : 10%	IN: 20% OUT: 6%	IN: 35% OUT: 15%	IN: 30% OUT: 10%	IN: 30% OUT: 10%

Sub-programme :General (Regional) Hospital	GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Maintain Level 2 Mental Health Care services.	Full package of psychiatric services implemented.	Fully implemented.	Fully implemented	Fully implemented at FSPC	Full package implemented at the FSPC	Full package implemented at the FSPC	Full package implemented at the FSPC	Full package implemented at the FSPC
	Number of regional hospitals with designated mental health care services.	2	3	3	3	3	3	3
Implementing clinical governance programmes per regional hospital.	Nosocomial Infection Rate.	2%	2%	≤5%	3%	3%	4%	5%
	Morbidity and mortality forums per hospital.	Not in plan	Not in plan	6	6	6	6	6
	Medical record review per hospital.	Not in plan	Not in plan	2 reviews per regional hospital	0	2 per regional hospital per annum		0
	Adverse events committee established per hospital.	Not in plan	Not in plan	10 meetings per hospital per annum.	3 meetings per hospital per annum	2 meetings per hospital per annum	2 per hospital per annum	3 per hospital per annum

Sub-programme :General (Regional) Hospital	GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Monitor the implementation of Batho Pele and Patient Rights Charter.	Number of approved service standards implemented.	Not in plan	Not in plan	15 Provincial Standards implemented per provincial hospital as determined by baselinel	15 key service standards monitored and reported per provincial hospital	15 key service standards monitored and reported per provincial hospital	15 key service standards monitored and reported per provincial hospital	15 key service standards monitored and reported per provincial hospital
	% compliance with standards.	10 key service standards monitored and reported per regional hospital.	15 key service standards monitored and reported per regional hospital	60% compliance	60% compliance			
	% patient satisfaction rate.	85%	85%	80% as per new instrument	80%	80%	80%	80%

Sub-programme :General (Regional) Hospital	GOAL 2: REDUCE THE BURDEN OF DISEASE							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implementation of the provincial health promotion programme per regional hospital.	Number of health promotion activities implemented per regional hospital.	4 annually	4 annually	4 per hospital annually	1 per hospital	1 per hospital	1 per hospital	1 per hospital
Management of TB and HIV and AIDS at regional hospitals.	Number of patients managed per regional hospital.	Not in plan	Baseline determined.	Baseline determination	Baseline determination			

Sub-programme :General (Regional) Hospital	GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Ensure sustainability of strategic partnerships.	Compliance with PPP service level agreements at Pelonomi.	Not in plan	Not in plan	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance
	Number of patients seen as part of the Designated Service Provider Network (DSPN).	Not in plan	Not in plan	2500	**500**	**1000**	**500**	**500**

PROGRAMME 5: PROVINCIAL HEALTH SERVICES

Sub-programme : Central Hospital Services	**GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES**							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Developing the outreach and Tele-health programme.	Number of disciplines participating in the outreach programme(s) as a % of the total.	Not in plan	10 (25%)	12 (33%)	12	12	12	12
	Number and type of disciplines covered per regional hospital from the tertiary services complex.	Not in plan	Bongani 8	Bongani 10	Bongani 8 Dihlabeng 5 MMM 4 Boitumelo 4	Bongani 8 Dihlabeng 5 MMM 4 Boitumelo 4	Bongani 8 Dihlabeng 5 MMM 4 Boitumelo 4	Bongani 8 Dihlabeng 5 MMM 4 Boitumelo 4
			Dihlabeng 5	Dihlabeng 8				
			MMM 4	MMM 7				
			Boitumelo 4	Boitumelo 7				
	Number of patients seen, training sessions, procedures done by outreach programme per discipline.	Not in plan	11 000 patients seen at outreach facilities	13 000 patients seen at outreach facilities.	Not possible to set quarterly target	Not possible to set quarterly target	Not possible to set quarterly target	Not possible to set quarterly target
				10 training sessions				
				100 procedures done				
	Number of patients per institution effectively serviced through telemedicine hub and spoke service.	Not in plan	1 300 tele-radiology	3 000 teleradiology cases	Not possible to set quarterly target	Not possible to set quarterly target	Not possible to set quarterly target	Not possible to set quarterly target
				1 500 cases other telemedicine.	Not possible to set quarterly target	Not possible to set quarterly target	Not possible to set quarterly target	Not possible to set quarterly target

Sub-programme : Central Hospital Services	GOAL 1: COMPASSIONATE QUALITY HEALTH SERVICES							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Rendering quality patient care by implementing clinical governance.	Progress on COHSASA Accreditation.	Accreditation confirmed for next three years.	% score >90% programme)	% score > 90% on maintenance of COHSASA accreditation	% score > 90% on maintenance of COHSASA accreditation	% score > 90% on maintenance of COHSASA accreditation	% score > 90% on maintenance of COHSASA accreditation	% score > 90% on maintenance of COHSASA accreditation
	% of departments having Mortality and Morbidity meetings.	29(80%)	29(80%)	33 (100%) of departments having Mortality and Morbidity meetings	33 (100%) of departments having Mortality and Morbidity meetings	33 (100%) of departments having Mortality and Morbidity meetings	33 (100%) of departments having Mortality and Morbidity meetings	33 (100%) of departments having Mortality and Morbidity meetings
	Reduced Nosocomial Infection Rate.	< 3%	< 3%	< 5% Nosocomial Infection rate	< 5% Nosocomial Infection rate	< 5% Nosocomial Infection rate	< 5% Nosocomial Infection rate	< 5% Nosocomial Infection rate
	% patient satisfaction rate	97%	>90%	>80% Patient satisfaction rate.	Not applicable	Not applicable	>80% Patient satisfaction rate	Not applicable

Sub-programme : Central Hospital Services	GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Hospital facilities essential maintenance programme.	% budget allocated and spent for facilities maintenance.	3.5%	3.5%	3,5% budget allocated and spent for facilities maintenance	Depends on funding	Depends on funding	Depends on funding	Depends on funding

Sub-programme : Central Hospital Services	GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Public Private Partnership with CHM/ Netcare.	Sustained PPP.	Not in plan	Maintenance of PPP Project.	Maintenance of PPP Project	Maintenance of PPP Project	Maintenance of PPP Project	Maintenance of PPP Project	Maintenance of PPP Project

Sub-programme : Central Hospital Services	GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Functional Hospital Board.	Regular meetings	Not in plan	Not in plan	4 meetings per year	1	1	1	1

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Sub-programme: Bursaries	Strategic Goal 4: Appropriate and skilled personnel							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement the Workplace Skills Plan.	Number of bursaries awarded.	355	201 new bursaries	307	-	-	-	307
	Number of bursary holders completed and placed.	94	132	94	-	-	-	94

Sub-programme: Nurse Training Colleges FSSON)	Strategic Goal 4: Appropriate and skilled personnel							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement the Workplace Skills Plan.	Number of new student nurses accepted for training.	117	250	286	-	-	-	286
	Number of new campuses established.	0	0	0	-	-	-	0

Sub-programme: Training Other (Skills Development)		Strategic Goal 4: Appropriate and skilled personnel						
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement the Workplace Skills Plan.	Number of Managers and Senior Managers trained in various aspects of management.	300	200	200	50	50	50	50
	Number of learners trained in ABET.	300	300	300	-	-	-	300
	Number of 18.1 learnerships implemented.	0	50	50	-	16	17	17
	Number of personnel undergone in- service training programmes.	3000	3100	3200	800	800	800	800
	Number of personnel per category trained in HIV/AIDS management.	1500	1600	1700	425	425	425	425
Promoting employable and sustainable livelihood through skills development.	Number of volunteers trained as Community health Care Workers (NQF Level 1 & 3) EPWP.	215	50	50	-	10	20	20
	Number of 18.2 learnerships (unemployed youth) and number of internships implemented.	235	100	50	-	16	17	17

Sub-programme: EMS Training College		Strategic Goal 4: Appropriate and skilled personnel						
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Implement the Workplace Skills Plan.	Number of qualified Emergency Care Practitioners.	0	25	25 (not cumulative)	-	-	-	25
	Number of EMS related programmes (Continuous Professional Development, Rescue, Dispatchers).	0	105	185	46	46	46	47

ROGRAMME 7: HEALTH CARE SUPPORT SERVICES

SUB-PROGRAMME: HEALTH CARE SUPPORT SERVICES: LAUNDRIES	STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Develop laundry facilities upgrading plan.	Number of laundries upgraded.	Not in plan	Not in plan	1 (one)	100% planning	Tender finalisation	15% completion	25% completion
Develop a Service Improvement Plan.	Number of service improvement strategies.	Not in plan	Turnaround time improved by 40% (48-72 hours).	Turnaround time improved by 60% (48-72 hours).	40% turnaround time	45% turnaround time	50% turnaround time	60% turnaround time
		Not in plan	45% Management of linen rooms.	60% Management of linen rooms.	30% take over	40% take over	50% take over	60% take over

SUB-PROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES	STRATEGIC GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE							
Measurable Objective	**Performance Measure Indicator**	**Actual 2007/08**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Improve accessibility to Orthotic and Prosthetic Services.	Number of Medical Orthotic and Prosthetic Outreach programs increased.	2 Medical Orthotic and Prosthetic Outreach programs.	2 Medical Orthotic and Prosthetic Outreach programs.	2 Medical Orthotic and Prosthetic Outreach programs.	2 Medical Orthotic and Prosthetic Outreach programs.			
	Number of users per year.	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 50 patients per year to attend to a total of 10 050.	An additional 50 patients per year to attend to a total of 10 050.			

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Sub-programme : Infrastructure Management	GOAL 3 : OPTIMAL FACILITIES AND EQUIPMENT							
Measurable Objective	**Performance Measure Indicator**	**2007/08 (Actual)**	**2008/09 Estimate**	**2009/10 Budget (Target)**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**
Develop and implement an Infrastructure Plan.	Number of Hospitals on Revitalization Program.	03 Hospitals	03 Hospitals	03 Hospitals	Tender finalisation	10% completion	30% completion	35% completion
	Number Hospitals upgraded.	02 Hospitals	03 Hospitals	02 Hospitals	Tender finalisation	10% completion	30% completion	35% completion
	Number of Clinics upgraded.	06	02	03	100% planning for procurement	Tender finalisation	Implementation or installation	Commissioning
	Number of new clinics built.	02	03	0	0	0	0	0
	Number of Community Health Centres upgraded.	Not in plan	01*	02	Finalised planning	Tender finalisation	Site handover	20% completion
	Number of EMS College upgraded.	Not in plan	Not in plan	01	-	-	-	1
	Number of EMS Control Centre.	Not in plan	Not in plan	01	-	-	-	1
Provide Computerised Tomography.	Number of Computerised Tomography equipment.	N/A	01	01	100% planning for procurement	Tender finalisation	Implementation or installation	Commissioning

ANNEXURE 4

QUARTERLY REPORTING SYSTEM (QRS) FOR 2009/10

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	NATIONAL TARGET / BENCHMARK	TARGET FOR 2009/10 AS PER ANNUAL PERFORMANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PLANNED OUTPUT AS PER APP	ACTUAL OUTPUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
QUARTERLY OUTPUTS								
PROGRAMME 1: ADMINISTRATION								
1.1 Human Resources								
Doctor clinical work load - PHC	30	25 patients	23 patients	25 patients	25 patients	25 patients	30 patients	30 patients
Nurse clinical work load - PHC	40	30 patients	30 patients	30 patients	30 patients	30 patients	40 patients	40 patients
1.2 Quality Assurance								
Clinical audit rate	70	70%	40%	40%	10%	10%	58%	58%
Complaints resolved rate	50	50%	50%	50%	50%	50%	50%	50%
PROGRAMME 2: DISTRICT HEALTH SERVICES								
2.1 Clinics and community health centres								
PHC total headcount		6000000	1500000	1500000	1500000	1500000	5,939,183	5038793
Expenditure per PHC headcount (province)	R78	R88	R88	R88	R88	R88	R119	R119
Utilisation rate - PHC	3.5	2.0	2.0	2.0	2.0	2.0	2.0	2.0
Utilisation rate under 5 year olds PHC	5	3.8	3.8	3.8	3.8	3.8	3.6	3.6
Supervision visit rate	100%	80%	70%	80%	80%	80%	59%	59%

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	NATIONAL TARGET / BENCHMARK	TARGET FOR 2009/10 AS PER ANNUAL PERFORMANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PLANNED OUTPUT AS PER APP	ACTUAL OUTPUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
2.2 District hospitals								
Separations - total	-	122,028	30 507	30,507	30,507	30,507	122,188	122,188
Patient day equivalents (PDE) - total	-	509,400	125,000	127,350	127,350	127,350	521,222	521,222
OPD total headcount	-	265,476	65000	65000	65000	65000	280,554	280,554
Utilisation rate - usable beds - total	72%	72%	68%	70%	70%	70%	68.7%	68.7%
Caesarean section rate	11%	11%	11%	11%	11%	11%	11.8%	11.8%
Fatality rate surgery	3.5%	3.5%	2.8%	2.8%	2.8%	2.8%	3.5	3.5
Average length of stay - total	3.2days	3.2days	3.0days	3.0days	3.0days	3.0days	3.1	3.1
Expenditure per PDE	R814	R814	R880	R880	R880	R880	R1119	R1119
2.3 HIV and AIDS, TB and STI Control								
ART service points registered	-	31	26	28	28	31	26	26
ART patients - total registered	-	32000	18675	26184	28684	31184	22389	22389
HIV and AIDS budget spent-	100%p/a	100%	25%	50%	75%	100%	69%	69%
VCT facility rate - non-antenatal clients (fixed PHC)	100%	100%	100%	100%	100%	100%	95%	95%
HIV testing rate (excluding antenatal)	100%	100%	75%	75%	75%	75%	100%	100%
PMTCT facility rate	100%	100%	100%	100%	100%	100%	92%	92%
Nevirapine antenatal clients uptake rate	100%	70%	70%	70%	70%	70%	100%	100%
Nevirapine newborn uptake rate	70%	100%	100%	100%	100%	100%	102%	102%
ARV drug stock-out rate	0%	0%	0%	0%	0%	0%	3%	3%
TB sputa results less 48 hours rate	80%	65%	55%	60%	62%	65%	55.6%	55.6%
New smear positive PTB cure rate	60%	68.5%	68.9%	68.9%	69%	68.5%	68%(2006)	68%(2006)
TB treatment interruption rate	10%	4.7%	5.2%	5%	4.8%	4.7%	5%(2006)	5%(2006)
STI partner treatment rate	40%	30%	20%	20%	20%	20%	22%	22%
Male condom distribution rate	11	10%	10%	10%	10%	10%	6.0	6.0
2.4 Disease Prevention and Control								
Outbreak less than 24 hours response rate	-	100%	50%	50%	50%	50%	0%	0%
Cataract operations	-	2000	450	359	450	60	1415	1415
2.5 Maternal, Child and Women Health								
Deliveries at all facilities			12000	12000	12000	12000	53,241	53,241
Delivery rate of less than 18 year olds in facilities	13%	13%	10%	10%	10%	10%	2.6	2.6
Immunisation coverage under 1 years	90%	90%	90%	92.5%	92.5%	92.5%	87.4%	87.4%

PROGRAMME / SUBPROGRAMME / PERFORMANCE MEASURES	NATIONAL TARGET / BENCHMARK	TARGET FOR 2009/10 AS PER ANNUAL PERFORMANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PLANNED OUTPUT AS PER APP	ACTUAL OUTPUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
PROGRAMME 3: EMERGENCY MEDICAL SERVICES								
EMS rostered ambulances	-	200	80	80	80	80	168	168
EMS total kilometres travelled	-	12981453	3000000	3000000	3000000	3000000	12,981,453	12,981,453
EMS emergency cases - total[2]	-	13000	3000	3000	3000	3000	12,071	12,071
EMS code red with response under 15 minutes - urban	100%	64%	30%	30%	30%	30%	69.8%	69.8%
EMS rostered ambulances with single-person crew	0%	0%	0%	0%	0%	0%	0%	0%
EMS code red with response under 40 minutes - rural	100%	40%	47%	47%	47%	47%	100%	100%
EMS all calls with response within 60 minutes	0%	40%	40%	40%	40%	40%	100%	100%
PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES								
4.1. General (regional) hospitals								
Separations - total	-	100,551	25,000	25,000	25,000	25,000	100353	100353
Patient day equivalents (PDE) - total	-	575,141	143,000	143,000	143,000	143,000	575046	575046
OPD total headcount	-	211,997	60,000	60,000	60,000	60,0000	211997	211997
Utilisation rate - usable beds - total	75%	75%	73%	75%	75%	75%	71.1%	71.1%
Caesarean section rate	22%	45 %	45 %	45 %	45 %	45 %	42.2%	42.2%
Fatality rate surgery	2.5%	4.1	4.1	4.1	4.1	4.1	3.9	3.9
Average length of stay - total	4.8days	5.5 days	5.5 days	5.5 days	5.5 days	5.5 days	4.7	4.7
Expenditure per PDE	R1,128	R1800	R1800	R1800	R1800	R1800	R1,458	R1,458

[2] 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	NATIONAL TARGET / BENCHMARK	TARGET FOR 2007/08 AS PER ANNUAL PERFORMANCE PLAN (APP)	1ST QUARTER PLANNED OUTPUT AS PER APP	2ND QUARTER PLANNED OUTPUT AS PER APP	3RD QUARTER PLANNED OUTPUT AS PER APP	4TH QUARTER PLANNED OUTPUT AS PER APP	ACTUAL OUTPUT FOR 2007/08	ACTUAL OUTPUT FOR 2007/08 AS PER ANNUAL REPORT
PROGRAMME 5: CENTRAL HOSPITAL SERVICES								
5.2. Central hospitals								
Separations - total	-	28,684	7,400	7,400	7,400	7,400	28684	28684
Patient day equivalents (PDE) - total	-	222,178	60,000	60,000	60,000	60,000	222178	222178
OPD total headcount	-	175,331	58,443	58,443	58,443	58,443	175331	175331
Utilisation rate - usable beds - total	75%	75%	75%	75%	75%	75%	72.2%	72.2%
Caesarean section rate	25%	32%	32%	32%	32%	32%	73.3	73.3
Fatality rate surgery	3	3%	3%	3%	3%	3%	0.9	0.9
Average length of stay - total	5.3days	5.3days	5.3days	5.3days	5.3days	5.3days	6	6
Expenditure per PDE	R1,877	R1,877	R1,877	R1,877	R1,877	R1,877	R3134	R3134

LIST OF ACRONYMS

Abbreviation	Actual
Supply Chain Management and other finance related	
BBBEE	Broad Based Black Economic Empowerment
BEE	Black Economic Empowerment
DORA	Division of Revenue Act
EBT	Electronic Banking Transfer
EPWP	Expanded Public Works Programme
IYM	In Year Monitoring
PADS	Patient Admission Debit System
PFMA	Public Finance Management Act
PROPAC	Provincial Public Accounts Committee
RAP	Risk Assessment Plan
SCM	Supply Chain Management
SMME	Small Medium and Micro Enterprises
Emergency Medical Services	
EMS	Emergency Medical Services
ALS	Advanced Life Support
BAA	Basic Ambulance Assistants
BLS	Basic Life Support
ECP	Emergency Care Practitioners
IFT	Inter-facility Transfer
ILS	Intermediate Life Support
PPT	Planned Patient Transport
Health Sciences and Training	
ABET	Adult Basic Education and Training
CHW	Community Health Care Workers
CPD	Continuous Professional Development
CUT	Central University of Technology
DSPN	Designated Service Provider Network
FET	Further Education and Training
FSSON	Free State School of Nursing
HPT&D	Health Professionals Training and Development
HWSETA	Health and Welfare Sector Education and Training Authority
iCAM	Interactive Communication and Management System.
NQF	National Qualification Framework
RPL	Recognition of Prior Learning

SANC	South African Nursing Council
UFS	University of the Free State
Health Services	
CHSC	Clinical Health Services Cluster
RMSC	Resource Management and Support Cluster
SHP & MSC	Strategic Health Programmes and Medical Support Cluster
DHS	District Health System
DHS	District Health Services
PHC	Primary Health Care
CHC	Community Health Centres
FPS	Forensic Pathology Services
QA	Quality Assurance
ICC	Inter Cluster Committee
ICF	International Classification of Functioning, Disability and Health
ICT	Information, Communication Technology
IT	Information Technology
UAH	Universitas Academic Hospital
UPFS	Uniform Patient Fee Structure
MMM	Mofumahadi Manapo Mopeli
FSPC	Free State Psychiatric Complex
AFP	Acute Flaccid Paralysis
Abbreviation	Actual
ALOS	Average Length of Stay
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
ASSA	AIDS Committee of Actuarial Society of South Africa
Ass D	Assistive Delivery
BANC	Basic Antenatal Care
BCOCC	Border Control Coordinating Committee
BFHI	Baby Friendly Hospital Initiative
BME	Benefit Medical Examination (for ex miners)
BOR	Bed Occupancy Rate
BUR	Bed Utilisation Rate
CBR	Community-based Rehabilitation
CDO	Chief Divisional Officer
CEO	Chief Executive Officer
CCMT	Comprehensive Care, Management and Treatment Plan for HIV and AIDS
CHPPIP	Children Perinatal Problem Identification Programme
COHSASA	Council for Health Service Accreditation of South Africa

CTOP	Choice on Termination of Pregnancy
DORT	Disease Outbreak Response Team
DOTS	Directly Observed Treatment Support
EAP	Employee Assistance Program
EHP	Environmental Health Practitioner
EPI	Expanded Program on Immunisation
ETR	Electronic TB Register
EDR	Electronic Drug Resistant Register
HAST	HIV/AIDS/STI and TB Control
HBC	Home Based Care
HPSP	Health Promoting Schools Program
HTA	High Transmission Area
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
KSMC	Khomanani Social Mobilisation Campaign
LBW	Low birth weight
MCWH	Maternal, Child and Women's Health
MDR	Multi Drug Resistant
MMR	Maternal Mortality Ratio
NCD	Non Communicable Diseases
NMR	Neonatal mortality rate
OHS	Occupational Health and Safety
OHS & EW	Occupational Health and Employee Wellness
OSD	Occupation Specific Dispensation
OT	Occupational Therapy
PACS	Picture Archiving & Communication Systems
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEP	Post Exposure Prophylaxis (for victims of rape)
PHO	Port Health Officers
PLWA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PNMR	Perinatal mortality rate
PPIP	Perinatal Problem Identification Programme
QRS	Quarterly Reporting System
RED	Reach Every District
SADHS	South African Demographic Heath Survey
SDC	Service Delivery Charter
SDIP	Service Delivery Improvement Plan

SMS	Short Message Service
Abbreviation	**Actual**
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
STRETCH	Streamlining Tasks, Rules, Expanding Treatment and Care of HIV and AIDS
TAT	Turnaround Time
TB	Tuberculosis
TOP	Termination of Pregnancy
TTO	To Take Out
VCCT	Voluntary Confidential Counselling and Testing
VEP	Victim Empowerment Programme
YFS	Youth Friendly Service
Planning	
APP	Annual Performance Plan
DHER	District Health Expenditure Review
IHPF	Integrated Health Planning Framework
MDG	Millennium Development Goals
MTS	Modernisation of Tertiary Services
MTEF	Medium Term Expenditure Framework
STP	Service Transformation Plan
Systems	
BAS	Basic Accounting System
BMMS	Building Maintenance Management System
DHIS	District Health Information System
HISP	Hospital Information System
PADS	Patient Administration and Debtors System
PERSAL	Personnel and Salary System
Other	
CANSA	Cancer Association of South Africa
CBO	Community Based Organisation
COHSASA	The Council for Health Service Accreditation of South Africa
DPWRT	Department of Public Works, Roads and Transport
DSPN	Designated Service Provider Network
EPWP	Expanded Public Works Programme
FBO	Faith Based Organisation
GIAMA	Government Immovable Assets Management Act
ICF	International Classification of Functioning, Disability and Health
ITAC	Information Technology Advisory Committee
LG	Local Government

Abbreviation	Actual
MRC	Medical Research Council
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NDoH	National Department of Health
NGO	Non Government Organisation
NPO	Non Profit Organisation
PPP	Public Private Partnership
PPI	Public Private Initiatives
SANDF	South African National Defence Force
SAPS	South African Police Services
SARS	South African Revenue Services
SEMDSA	Society for Endocrinology, Metabolism and Diabetes for South Africa
SITA	State Information Technology Agency
SLA	Service Level Agreement