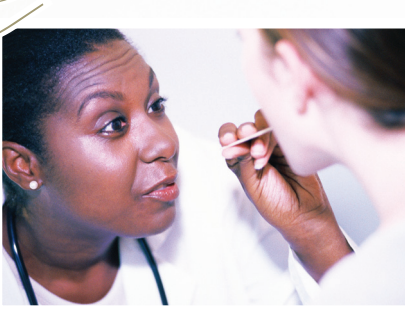
ANNUAL *Performance* PLAN

2010/2011 to 2012/2013



health

Department of
Health
FREE STATE PROVINCE

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FREE STATE DEPARTMENT OF HEALTH
ANNUAL PERFORMANCE PLAN
2010/2011 TO 2012/2013

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INTRODUCTION

POLITICAL MANDATES 2010

ALIGNMENT WITH GOVERNMENT STRATEGIC PRIORITIES

The strategic direction for the Free State Department of Health is derived from the following:

- Government's Programme of Action (2009 Election Mandate)
- State of the Nation Address
- State of the Province Address
- Premier's Injunctions (Operation Hlasela/Health Summit Resolutions)
- Provincial Extended Executive Council Lekgotla Resolutions
- National Health System Priorities (10 Point Plan)

EXPLANATORY NOTE

The Free State Department of Health has the following 7 strategic goals which are aligned with the strategic intent of government:

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.

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

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.

FOREWORD BY THE MEC FOR HEALTH

Implementation of government priorities include management of the current challenges facing the health service which is identified as a national priority. The 5 year plan linked to my term of office describes how this will be done. This Annual Performance Plan shows how the planned strategies will be implemented and how scarce resources will be managed to enable this.

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

- Government's Programme 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
- MEC' Budget Speech

Health has been identified as one of the five key priorities for government in the next five years. The proposed approach builds on the gains that have been achieved by government over the past fifteen years, whilst it addressed the shortfalls in the current health system. To this extent, the following ten health priorities have been identified as part of government's plan of action:

- Implement the national health insurance plan
- Improve quality of health services
- Overhaul management system
- Improved human resource management
- Physical infrastructure revitalization
- Accelerate implementation of the HIV and AIDS and STI plans
- Attaining better health for the population
- Social mobilization for better health
- Drug policy review
- Research and development

The above injunctions and mandates are what the Free State Department of Health under my leadership pledges to deliver to the people of the Free State with the resources placed at our disposal.

Me ES Mabe: MEC for Health
08 March 2010

STATEMEMENT BY THE HEAD OF DEPARTMENT (HOD)

This Annual Performance Plan describes the first 3 year phase of implementing the 5 year (2010/11 to 2014/15) Strategic Plan. Resources for implementation are derived from allocation for the 2010/11 year as well as the indicative figures for the outer two years of medium term expenditure framework (MTEF).This plan will be reviewed annually over the same period.

The Annual Performance Plan focuses on addressing the key challenges that have been identified for the Free State health system. These challenges which include the following were identified through a consultative and open process which culminated in the Health Summit that was held on the 16th to 17th July 2009 at Bloemfontein: These key challenges include the following:

- Increased burden of disease and increased demand for health care services
- Insufficient growth in the funding for health care services
- Mismatch between funding envelope and health care services package
- Inefficient and suboptimal utilization of facilities, equipment and personnel
- Inefficient procurement and distribution of medicines and consumables
- Deterioration of the quality of health care services
- Shortage of key clinical personnel and inappropriate skills mix
- Lack of skilled personnel in key areas such as Supply Chain Management
- Lack of professionalism amongst health personnel
- Delayed emergency medical services response times
- Managerial incompetence
- Lack of appropriate health infrastructure
- Lack of support for and focus on Primary Health Care services
- Lack of integrated Health Information System
- Lack of evidence based planning, monitoring, evaluation and decision-making
- Insufficient utilization of innovative partnership solutions including PPP's

This historic summit resolved that the following interventions have to be implemented in order to address these identified challenges:

1. In order to improve the quality of health care services, it was resolved that:

- Key clinical vacancies have to be filled
- Key clinical support vacancies have to be filled
- Essential equipment should be procured
- There has to be a continuous supply of medicines and consumables
- Continuous Quality improvement and patient safety plans have to be implemented
- Capacitate the hospital CEO's and District Management and give them appropriate delegations to execute their responsibilities
- Emergency medical services response times have to be improved

2. In order to improve the supply and distribution of medicines and consumables, it was resolved that:

- Consider outsourcing the management of the Medical Depot.
- Consider a PPP funding and management option for the Medical Depot.
- Implement an electronic ordering and dispensing system for chronic medication including ARV's
- Establish centralized shared services hubs at district level to manage supply chain including medicine and consumables.

3. In order to strengthen Primary Health Care Services and to reduce the disease burden, it was resolved that:

- Expand telemedicine and outreach services.
- Re-organise the Academic Platform in Bloemfontein.
- Capacitate and empower governance structures to establish community networks for health promotion.
- Establish networks with NGO's and CBO's on health promotion programmes beyond HIV;AIDS and TB.
- Decentralise interfacility transport between facilities in the districts.
- Implement specific projects aimed at improving child and maternal mortality.
- Strengthen the implementation of strategic programmes at district level.

4. In order to implement evidence based planning, decision-making, M&E, it was resolved that:

- Establish an Integrated Health Information System including the e-patient record
- Establish a Health Information Unit
- Appoint an utilize available expertise in Health Informatics

5. In order to address the mismatch between the funding envelope and the increase demand for services, it was resolved that:

- The current package of services has to be costed and then rationalized in line with the funding.
- The number of clinics has to be reconfigured in line with staff availability and service package to be provided. Local consolidation of services at district level.
- Apply the skills mix model that efficiently and appropriately deploys personnel according to workloads.
- Review the number of hospitals and reconfigure the low bed hospitals as Community Health Centres.
- Redistribute personnel between facilities for optimal service outputs.
- Ensure that preparatory work for the implementation of the NHI is prioritized.
- Decentralise specialized services and reduce dependency on Bloemfontein Hub.
- Prioritise Health in the adjustment budget for 2009.
- Engage suppliers of Lab and Blood services and products to look at alternative payment models.

6. In order to address the skills and personnel shortage, the following was resolved:

- Expand the intake of the nursing colleges.
- Capacitate and train key personnel.

- Engage faculty of Health Sciences to increase throughput rates for both under and post graduates at UFS.
- Establish innovative training partnerships with the private sector.
- Improve incentives for workforce through OSD and other innovations.

7. In order to improve health facilities, infrastructure and equipment, the following was resolved:
- Consider PPP's and other innovative funding models.
- Implement integrated planning with other key government departments.
- Implement maintenance of facilities through shared services hubs using the EPWP approach at district levels.

It is important to note that this APP is developed with a full understanding of the limitation of available resources. There is therefore a deliberate intention to phase-in the costly medium to long term interventions, whilst ensuring that interventions that are immediate in nature are fully funded for immediate implementation. The resources that will be placed at the disposal of this department will focused on addressing the above interventions as outlined.

Dr S Kabane
Acting Head of Health
08 March 2010.

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

It is hereby certified that this Annual Performance Plan:

- was developed by the Provincial Department of Health in the Free State.
- was prepared in line with the current Strategic Plan of the Department of Health of the Free State under the guidance of Me E.S. Mabe, MEC for Health.
- accurately reflects the performance targets which the Provincial Department of Health in the Free State will endeavour to achieve given the resources made available in the budget for 2010/11.

.....

Mrs K Mzozoyana
Chief Financial Officer
08/03/2010

JEMackenzie

Mrs J.E. Mackenzie
Manager Strategic, Risk Management & Information Analysis
8 March 2010

Dr S Kabane
Acting Head of Health
08 March 2010.

APPROVED BY:

Me ES Mabe: MEC for Health
08 March 2010

UPDATED SITUATION ANALYSIS

Major demographic characteristics e.g. population distribution (by age, district etc.) and migration, poverty indicators etc.

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.

TRENDS IN SERVICE VOLUMES, AS REFLECTED IN TABLE A1 BELOW:

TABLE A1: TRENDS IN KEY PROVINCIAL SERVICE VOLUMES

Indicator	**2006/07 (actual)**	**2007/08 (actual)**	**2008/09 (actual)**	**2009/10 (estimate)**
PHC headcount in PHC facilities	5 900 659	6 330 456	6 511 220	6 760 253
PHC headcount in hospitals	OPD 282 313	OPD 303 467	OPD 287 899	OPD 297 881
Hospital separations	121 868	126 382	122 567	125 683

Epidemiological profile and progress towards the health-related Millennium Development Goals (MDGs).
An illustration of the Free State Department of Health's status in implementing the health-related Millennium Development Goals (MDGs) is presented in Table A2 below:

TABLE A2: ILLUSTRATION OF THE REVIEW OF PROGRESS TOWARDS THE HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS (MDGs) AND PROGRESS REQUIRED BY THE UNITED NATIONS IN 2015

MDG GOAL	TARGET	INDICATOR	SOUTH AFRICA'S PROGRESS IN **2004-2009**	FREE STATE 2007 UNLESS OTHERWISE INDICATED	SOURCE OF DATA	FREE STATE REQUIRED PROGRESS BY 2015	SOUTH AFRICA'S REQUIRED PROGRESS BY 2015
Goal 1: Eradicate Extreme Poverty And Hunger	Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	Prevalence of underweight in children (under 5 years of age).	29 165 children suffered from malnutrition in 2007 (0.6%)	956 severely malnourished under 5	Development Indicators Mid-term Review, published by the Presidency, RSA, 2008.	Reduce severe malnutrition to 5 per 1000 population under 5 years.	Not more than 14, 582 children presenting to health facilities with severe malnutrition. (0%)
		Incidence of severe malnutrition in children (under 5 years of age).	5.4%			100 000 people receiving food supplementation programme.	2.7% (or less)
Goal 4: Reduce Child Mortality	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate.	58 per 1000	68.2 per 1000 (SADHS 2003)	South Africa Demographic and Health Survey (SADHS) 2003	28/1000 (2013/14)	19,7 per 1000 (or less)
		Infant mortality rate.	43 per 1000	48.1 (SADHS 2003)		20/1000 (2013/14)	14,3 per 1000 (or less)
		Proportion of one year old children immunized against measles	85,8% in 2007	Measles coverage under 1 year 87.4% (DHIS)	District Health Information System (DHIS), National DoH, 2007.	94% of one year old children immunized against measles.	100%
Goal 5: Improve Maternal Health	Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate	Maternal mortality ratio.	147 per 100 000	288 per 100 000 (MCWH)	National Confidential Enquiries into Maternal Deaths, 2002-2004	208 per100 000 (2013/14)	36,8 per 100 000 (or less)
		Proportion of births attended by skilled health personnel.	92%	90% (DHIS) (to use SADHS)	South Africa Demographic and Health Survey (SADHS) 2003	95% of births attended by skilled health personnel	100%

MDG GOAL	TARGET	INDICATOR	SOUTH AFRICA'S PROGRESS IN **2004-2009**	FREE STATE 2007 UNLESS OTHERWISE INDICATED	SOURCE OF DATA	FREE STATE REQUIRED PROGRESS BY 2015	SOUTH AFRICA'S REQUIRED PROGRESS BY 2015
Goal 6: Combat HIV and AIDS, malaria and other diseases	Have halted by 2015, and begin to reverse the spread of HIV and AIDS.	HIV prevalence among 15- to 24-year-old pregnant women.	12,9% (amongst 15-19 year old)	31.5% (National HIV and Syphilis Prevalence Survey of SA 2007)	National HIV and Syphilis Prevalence Survey of South Africa 2007	5% reduction in prevalence of HIV among 15 to 24 year old pregnant women.	9.5% (or less) (50% reduction in prevalence)
			28,1% (amongst 20-25 year old)				14% (or less) (50% reduction in prevalence)
	Have halted by 2015, and begin to reverse the incidence of malaria and other major diseases.	Proportion of tuberculosis cases detected and cured under directly observed treatment, short-course (DOTS).	64%	71.3% (ETR.Net)	DHIS, 2008	85% TB cure rate, conditional on implementation of IPT.	85%

***Note**: The mortality rates were previously calculated based on population numbers in the denominator for planning purposes going forward the SADHS figures will be used for standardization. It is necessary to establish systems which will be able to measure this annually. In the meantime facility data can be used as an annual measure in the Annual Performance Plan.*

PERFORMANCE (SERVICE) DELIVERY ENVIRONMENT

The budget allocation has decreased over the past 3 years due to decreased population caused by among other things migration. However the burden of disease has increased for example the patient numbers have increased by around 1 million.

This has a detrimental effect on the ability to deliver health service. The Service Transformation Plan (STP) is being reviewed to take into consideration the financial situation. The whole platform must take account of the availability (and ability to train) appropriate staff and packages of services.

Health has been identified as one of the five key priorities for government in the next five years. The proposed approach builds on the gains that have been achieved by government over the past fifteen years, whilst it addressed the shortfalls in the current health system. To this extent, health priorities have been identified as part of government's plan of action.

The key service delivery challenges facing the Free State Public Health System, include amongst others:

- Increased burden of disease and increased demand for health care services.
- Insufficient growth in the funding for health care services.
- Mismatch between the funding envelope and health care services package.
- Inefficient and suboptimal utilization of facilities, equipment and personnel.
- Inefficient procurement and distribution of medicines and consumables;
- Deterioration of the quality of health care services.
- Shortage of key clinical personnel and inappropriate skills mix.
- Lack of skilled personnel in key areas such as Supply Chain Management.
- Lack of professionalism amongst health personnel.
- Delayed emergency medical services response times.
- Lack of appropriate health infrastructure.
- Lack of support for and focus on Primary Health Care services.
- Lack of integrated Health Information System.
- Lack of evidence based planning, monitoring, evaluation and decision-making.
- Insufficient utilization of innovative partnership solutions including PPPs.

ORGANISATIONAL ENVIRONMENT

Major factors in the department which have a current or potential impact on service delivery particularly for the implementation of the Annual Performance Plan 2010/11-2012/13

The cost of current models for service delivery needs to be adjusted in line with what the department can afford. Feasibility studies must be conducted and strategies designed to address key challenges including:

- The resources do not match the demand for services in terms of filling key clinical and clinical support vacancies, medicines and medical consumables, essential equipment and resources for rural health services.

- Address the mismatch between the funding envelope and the increased demand for services by eg costing and rationalisation of current package of services in line with available funding.

- The implementation of an appropriate service platform depends on an effective EMS and patient transport and inter facility transport systems.

- Specific projects to quantify and reduce the burden of disease.

- The health information system must redesigned to provide all the knowledge required to enable decisions based on actual facts. This includes appointment in the department of appropriate expertise. This will also include implementation of an independent (not part of any cluster) Monitoring and Evaluation component which produces independent reliable reports.

HUMAN RESOURCES

Current deployment of human resources in relation to service delivery requirements
For the 2008/2009 financial year, a total of 28 278 posts were on the staff establishment and a total of 16 015 were filled. This implies an overall vacancy rate of 43.4%.

Accuracy of the staff establishment at all levels of the system compared to service requirements
A total of 1 060 new appointments were handled. The annual turnover rate of the Department currently stands at 7.7%.

The implementation of the revised micro structure has been approved and implemented.

Staff recruitment and retention systems and challenges
- A staff retention strategy was approved and implemented.
- The Human Resource Plan was approved and implemented.
- A total of 635 posts were upgraded and 0 posts were downgraded through the job evaluation process.
- A total of 3 505 officials were paid performance rewards. This represents 20.9% of the total staff establishment.

Absenteeism and staff turnover rates
The Free State Provincial Government has contracted SOMA Health Risk Manager to address the issue of absenteeism and ill-health retirement. The relevant contract was terminated on 31 March 2009 and a new national tender will be issued by the DPSA.

The Employee Assistance Programme
The programme is integrated into the whole Employee Health and Wellness Progamme. 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.

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

TABLE A3: NATIONAL HEALTH SYSTEMS PRIORITIES FOR 2009-2014 (THE 10 POINT PLAN)

PRIORITY	KEY ACTIVITIES
1. Provision of Strategic leadership and creation of Social compact for better health outcomes.	• Ensure unified action across the health sector in pursuit of common goals.
	• Mobilize leadership structures of society and communities.
	• Communicate to promote policy and buy in to support government programs.
	• Review of policies to achieve goals.
	• Impact assessment and program evaluation.
	• Development of a social compact
	• Grassroots mobilization campaign
2. Implementation of National Health Insurance (NHI).	• Finalisation of NHI policies and implementation plan.
	• Immediate implementation of steps to prepare for the introduction of the NHI, e.g. Budgeting, Initiation of the drafting of legislation.
	• Conduct accreditation of health facilities based on quality of care provided.
3. Improving the Quality of Health Services.	• Implement quality improvement plans for the 18 identified health districts.
	• Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation.
	• Consolidate and expand the implementation of the Health Facilities Improvement Plans.
	• Establish a National Quality Management and Accreditation Body
4. Overhauling the health care system and improving its management.	• Identify existing constitutional and legal provisions to unify the public health service and draft proposals for legal and constitutional reform.
	• Development of a decentralised operational model, including new governance arrangements.
	• Training managers in leadership, management and governance.
	• Assess skills, competencies and qualifications of hospital managers.
	• Decentralization of management.
5. Improved Human Resources Planning Development and Management.	• Refinement of the Human Resources for Health Plan, for health.
	• Re-opening of nursing schools and colleges.
	• Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals
	• Specify staff shortages and training targets for the next 5 years.
	• Make an assessment of and also review the role of the Health Professional Training and Development Grant (HPTDG) and the National Tertiary Services Grant (NTSG).
	• Manage the coherent integration and standardisation of all categories of Community Health Workers.

PRIORITY	KEY ACTIVITIES
6. Revitalization of infrastructure.	• Urgent implementation of refurbishment and preventative maintenance of all health facilities.
	• Assess progress on hospital revitalisation and submit progress reports.
	• Review the funding of the Revitalization program and submit proposals to get the participation of the private sector to speed up this program
	• Commission an Audit of Appropriate and Essential Equipment Audit to assess percentage of equipment that is fully functional and maintained.
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases.	• Implementation of PMTCT, Paediatric Treatment guidelines.
	• Implementation of Adult Treatment Guidelines.
	• Urgently strengthen programs against TB, MDR-TB and XDR-TB.
8. Mass mobilisation for the better health for the population.	• Increase the Life Expectancy of all South Africans through diverse interventions.
	• Reduce Child Mortality through diverse interventions.
	• Decrease the Maternal Mortality Ratio through diverse interventions.
	• Intensify health promotion programs.
	• Place more focus on non-communicable diseases and patients' rights, quality and provide accountability.
9. Review of drug policy:	• Complete and submit proposals and a strategy, with the involvement of various stakeholders.
	• Draft plans for the establishment of a State-owned drug manufacturing entity.
10. Strengthening Research and Development	• Commission research to accurately quantify infant mortality.
	• Commission research into the impact of social determinants of health and nutrition.
	• Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines.

Table A4: The 10 Point Plan for the National Health Sector for 2009-2014 with Free State provincial targets to be undertaken in pursuit of each of the priorities.

National Priority	Key National Activities	Free State 2014 Outputs	Provincial Targets		
			2010/11	2011/12	2012/13
1. Provision of Strategic Leadership and creation of Social Compact for better Health outcomes	Provide strategic leadership.	Implementation of the political strategic direction in the Free State Department of Health.	Annual Performance Plan aligned to the national health and political strategic imperatives.	Annual Performance Plan aligned to the national health and political strategic imperatives.	Annual Performance Plan aligned to the national health and political strategic imperatives.
	Mobilize Leadership Structures of society and communities.	Align the Hospital Boards and Mental Health Review Boards with Mental Health Care Act and National Health Act.	5 Hospital Boards aligned to National Health Act.	6 Hospital Boards aligned to National Health Act.	6 Hospital Boards aligned to National Health Act.
			3 Mental Health Review Boards functioning according to Legislation.	3 Mental Health Review Boards functioning according to Legislation.	3 Mental Health Review Boards functioning according to Legislation.
		Functional governance structures at all level 1 facilities.	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.
			13 Hospital Boards	13 Hospital Boards	13 Hospital Boards
	Communicate to promote policy and buy in to support government programs.	Provincial Consultative Health Forum (PCHF) established.	-	-	-
		Annual Provincial Communication Strategies.	Provincial Communications Strategies published.	Provincial Communications Strategies published.	Provincial Communications Strategies published.
	Review of policies to achieve MDG goals and NHS priorities.	Implementation of stated policies monitored by the Quarterly Performance Report.	Annual Progress Report to National Department of Health.	Annual Progress Report to National Department of Health.	Annual Progress Report to National Department of Health.
	Impact assessment and program evaluation.	Commission a mid-term evaluation on performance.	-	-	Mid Term evaluation of performance commissioned.
2. Implementation of National Health Insurance (NHI)	Implement an appropriate and functional service platform.	Implementation of Service Transformation Plan to ensure appropriate service platform for NHI.	Incremental implementation of STP in line with resources.	Incremental implementation of STP in line with resources.	Incremental implementation of STP in line with resources.

National Priority	Key National Activities	Free State 2014 Outputs	Provincial Targets		
			2010/11	2011/12	2012/13
	Conduct accreditation of health facilities based on quality of care provided.	Implement quality improvement programmes to Support the implementation of National Health Insurance (NHI).	80% compliance with quality standards in hospitals.	90% compliance with quality standards in hospitals.	95% compliance with quality standards in hospitals.
3. Improving the Quality of Heath services	Focus on Maluti-a-Phofung sub district as one of the 18 Health Districts project by implementing a quality improvement plan which focuses on the following key service delivery indicators: • TB Cure Rate • HIV Prevalence • Maternal Mortality Rate • Infant Mortality Rate Child Mortality Rate	Quality Improvement Plan implemented and monitored in Maluti-a-Phofung sub district.	-	Quality Improvement Plan mplemented and monitored in Maluti-a-Phofung sub district.	Quality Improvement Plan monitored in Maluti-a-Phofung sub district.
	Refine and scale up the detailed plan on the improvement of Quality of services and directing its immediate implementation.	262 facilities having Quality Improvement Plans.	Reduce prevailing % of SAC 1 and 2 by 10 %.	Reduce prevailing % of SAC 1 and 2 by 10 %.	Reduce prevailing % of SAC 1 and 2 by 10 %.
			60% Incident completion rate.	60% Incident completion rate.	60% Incident completion rate.
			Less than 10 % Nosocomial Infection Prevalence Rate.	Less than 10 % Nosocomial Infection Prevalence Rate.	Less than 10 % Nosocomial Infection Prevalence Rate.
			Overall reduction of at least 10% for Adverse Events Rate.	Overall reduction of at least 10% for Adverse Events Rate.	Overall reduction of at least 10% for Adverse Events Rate.
	Measure public and private health facilities performance against national core standards.	80 public and 26 private health facilities with performance assessment report in terms of national core standards.	112 health facilities with performance assessment reports.	112 health facilities with performance assessment reports.	112 health facilities with performance assessment reports.
4. Overhauling the health care system and improve its management.	Development of a decentralised operational model, including new governance arrangements.	District Management Teams established in all districts.			
		District Health Plans aligned with Annual Performance Plan.			
	Training managers in leadership, management and governance.	Filling of executive management posts with appropriately qualified personnel.	6 Hospital Executive Management teams and CEOs qualified in Hospital Management.	6 Hospital Executive Management teams and CEOs qualified in Hospital Management.	6 Hospital Executive Management teams and CEOs qualified in Hospital Management.

National Priority	Key National Activities	Free State 2014 Outputs	Provincial Targets		
			2010/11	2011/12	2012/13
	Assess skills, competencies and qualifications of hospital managers.	Conduct a Skills Audit.			
	Decentralization of management.	Support the provision of Financial, Human Resource and Supply Chain Management delegations to hospital CEOs	100% of HRM, Finance and SCM authority delegated to CEOs.	100% of HRM, Finance and SCM authority delegated to CEOs.	100% of HRM, Finance and SCM authority delegated to CEOs.
	Improve Financial Audit Outcomes.	Unqualified Audit/Improved Audit Outcomes.	Strengthen Financial Management Systems.	Work towards a Clean Audit by 2014.	Work towards a Clean Audit by 2014.
5. Improved Human Resources Planning, Development and Management.	Refinement of the Human Resources for Health Plan for health in line with national and provincial processes.	Annual HR Plan aligned with requirements and needs for service delivery.	6% of Critical vacant posts filled.	6% of Critical vacant posts filled.	6% of Critical vacant posts filled.
	Re-opening of nursing schools and colleges.	5 Nursing Schools & 1 Campus	1 Nursing School	1 Nursing School 1 Campus	1 Nursing School
	Fully functional and Accredited College of Emergency Care.	1 accredited college of emergency care.	1 accredited college of emergency care	None	None
	Recruitment and retention of professionals, including urgent collaboration with countries that have excess of these professionals.	Number of Community Service Health professionals retained.	30%	30%	30%
		Number of bursary holders retained (including the community service health professionals bursars).	90%	90%	90%
		Development and Implementation of Professional Skills Mix Model (PSMM).	50% roll out of the PSMM Plan at UAH.	75% roll out of the PSMM Plan at UAH.	100 % roll out of the PSMM Plan at UAH.
		Implement Skill Mix Nursing Model.	50% (3) implementation in all provincial hospitals	90% (4) implementation in all provincial hospitals	100% (6) implementation in all regional hospitals
6. Revitalization of infrastructure	Urgent implementation of refurbishment and preventative maintenance of all health facilities.	Improve maintenance and upgrading of health facilities.	31 x Hospital 232 x Clinics and CHC's 4 x Colleges 6 x Forensic Mortuaries 5 x Laundries (Includes Day to Day minor maintenance)	31 x Hospital 232 x Clinics and CHC's 4 x Colleges 6 x Forensic Mortuaries 5 x Laundries (Includes Day to Day minor maintenance)	31 x Hospital 232 x Clinics and CHC's 4 x Colleges 6 x Forensic Mortuaries 5 x Laundries (Includes Day to Day minor maintenance)
	Assess progress on revitalization and submit progress reports.	12	4	4	4

National Priority	Key National Activities	Free State 2014 Outputs (From 5 year Strategic Plan)	Provincial Targets		
			2010/11	2010/11	2010/11
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	Decrease the incidence of HIV.	Proportion of ART patients treated for new STI.	3% of ART patients treated for new STI.	2% of ART patients treated for new STI.	1% of ART patients treated for new STI.
		Proportion of ANC clients tested for HIV.	100% of ANC clients tested for HIV.	100% of ANC clients tested for HIV.	100% of ANC clients tested for HIV.
	Implementation of PMTCT, Paediatric Treatment guidelines.	PMTCT and Paediatric Care according to treatment guidelines at all relevant facilities.	100% of facilities where antenatal care is delivered implementing the revised PMTCT therapy.	Monitor and evaluate dual therapy at all PHC facilities.	Monitor and evaluate dual therapy at all PHC facilities.
	Implementation of Adult Treatment Guidelines.	All PHC facilities implementing the integrated model of care.			
	Urgently strengthen programs against TB, MDR-TB and XDR-TB.	85% TB Cure Rate.	75%	77%	78%
8. Mass mobilisation for the better health for the population	Increase the Life Expectancy of all South Africans through diverse interventions.	98 817 of adult patients initiated on ART.	61 720 of adult patients initiated on ART.	80 198 of adult patients initiated on ART.	98 817 of adult patients initiated on ART.
		12 078 of child patients initiated on ART.	7 628 of child patients initiated on ART.	9 802 of child patients initiated on ART.	12 078 of child patients initiated on ART.
	Reduce Child Mortality through diverse interventions.	Reduce child mortality to 48 per 1000 population under 5.	58.2 per 1000 population <5	53 per 1000 population <5	48 per 1000 population <5
		Reduce infant mortality to 27 per 1000 population under 1 year.	41 per 1000 population under 1 year.	33 per 1000 population under 1 year	27 per 1000 population under 1 year
		New immunisation protocol implemented.	90% Expanded Programme on Immunisation coverage	91% Expanded Programme on Immunisation coverage	92 % Expanded Programme on Immunisation coverage
	Decrease the Maternal Mortality Ratio through diverse interventions.	Reduce MMR to 220 per 100 000 live births.	Reduce MMR to 244 per 100 000 live births.	Reduce MMR to 230 per 100 000 live births.	Reduce MMR to 220 per 100 000 live births.
		Reduce MMR due to obstetric related causes, to 18%.	Reduce MMR due to obstetric related causes to 23%.	Reduce MMR due to obstetric related causes to 20%.	Reduce MMR due to obstetric related causes to 18%.
	Intensify health promotion programs.	All five districts implementing the Healthy Lifestyle Strategy.	Healthy Lifestyle Strategy implemented in all five districts.	Healthy Lifestyle Strategy implemented in all five districts.	Healthy Lifestyle Strategy implemented in all five districts.
	Place more focus on non-communicable diseases and patients' rights, quality and	Implement a model o f care for prioritized chronic conditions.	2 sub district implementing the model of care for diabetes mellitus.	5 sub district implementing the model of care for diabetes mellitus.	7 sub district implementing the model of care for diabetes mellitus.

National Priority	Key National Activities	Free State 2014 Outputs (From 5 year Strategic Plan)	Provincial Targets		
			2010/11	2010/11	2010/11
	provide accountability	Early detection and rapid response to disease outbreaks to reduce morbidity and mortality.	Outbreak response responded to with 24 hours.	Outbreak response responded to with 24 hours.	Outbreak response responded to with 24 hours.
		Strengthen surveillance on priority communicable diseases: • 0% malaria fatality rate. • 0% cholera fatality rate.	0% malaria fatality rate. 0% cholera fatality rate.	0% malaria fatality rate. 0% cholera fatality rate.	0% malaria fatality rate. 0% cholera fatality rate.
9. Review of drug policy:	Complete and submit proposals and a strategy, with the involvement of various stakeholders.	95% availability of essential drugs.	95% availability of essential drugs.	95% availability of essential drugs.	95% availability of essential drugs.
10. Research and development.	Coordinate research conducted in health facilities.	Research registers available.	Research Registers available in all provincial hospitals.	Research Registers available in all provincial hospitals.	Research Registers available in all provincial hospitals.

REVISION TO LEGISLATIVE AND OTHER MANDATES

There are no new legislation and amendments to existing legislation which will influence the implementation of the APP.

OVERVIEW OF THE 2009/10 BUDGET AND MTEF ESTIMATES

EXPENDITURE ESTIMATES

	Programme R'000	Audited Outcomes			Main appro-priation	Adjusted appropria tion	Revised estimate	Medium term expenditure estimate		
	R'000	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
1.	Administration	160,757	185,067	174 ,721	222,787	223,443	180,157	234,650	248,935	259,356
2.	District Health Services	1,290,966	1,408,370	1,648,502	1,845,277	2,075,596	1,946,598	2,341,975	2,567,719	2,749,044
3.	Emergency Medical Services	164,704	191,585	225,798	257,313	287,195	265,733	338,103	369,100	359,150
4.	Provincial Hospital Services	951,962	997,366	1170,676	1,290,700	1,392,332	1,314,554	1,493,510	1,593,913	1,660,087
5.	Central Hospital Services	599,443	693,694	813,713	973,391	964,194	954,479	1,036,711	1,103,060	1,162,245
6.	Health Sciences and Training	98,150	98,727	107,762	116,797	122,911	108,060	139,591	151,520	162,990
7.	Health Care Support Services	62 ,547	64,001	64,150	81,064	82,974	71,233	90,605	96,429	100,757
8.	Health Facilities Management	157,387	210,947	272,996	409,990	392,597	261,041	508,426	572,883	603,744
	Sub-total	**3,485,916**	**3,849,757**	**4,478,318**	**5,197,319**	**5,541,242**	**5,101,855**	**6,183,571**	**6,703,559**	**7,057,373**
	Direct charges against the National Revenue Fund	**-24,579**	**-20,690**	**-24,822**	**-28,600**	**-28,600**	**-28,599**	**-31,861**	**-33,772**	**-33,772**
	Total	**3,461,337**	**3,829,067**	**4,453,496**	**5,168,719**	**5,512,642**	**5,073,256**	**6,151,710**	**6,669,787**	**7,023,601**

Source: BAS System & Budget Statement & Annual Financial Statement

Table A5: Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
Economic Classification	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
Current payments	**3,141,519**	**3,454,003**	**4,051,611**	**4,649,982**	**4,959,372**	**4,680,094**	**5,458,117**	**5,914,853**	**6,261,428**
Compensation of employees	2,012,009	2,351,744	2,881,158	3,048,360	3,183,257	3,159,097	3,575,952	3,711,258	3,903,780
Goods and services	1,123,423	1,098,712	1,169,465	1,601,622	1,776,115	1,519,211	1,866,705	2,199,197	2,353,057
Financial transactions in assets and liabilities	6,087	3,547	988			1,786			
Transfers and subsidies to	**73,837**	**72,364**	**75,793**	**78,755**	**79,921**	**91,263**	**91,110**	**89,097**	**91,593**
Provinces and municipalities	18,103	6,849	887			2 156			
Departmental agencies and accounts		2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Public Corporations and Private Enterprises	472	84	266						
Non-profit institutions	23,696	32,109	44,084	53,697	54,453	54,346	63,547	60,019	62,226
Households	31,566	31,322	28,556	23,058	23,468	34,614	25,563	27,078	27,367
Payments for capital assets	**245,981**	**302,700**	**326,092**	**439,982**	**473,349**	**300,046**	**617,943**	**670,235**	**675,171**
Buildings and other fixed structures	162,175	227,845	245,001	255,586	304,376	198,857	386,000	450,861	479,744
Machinery and equipment	83,156	73,851	81,091	184,396	168,973	101,189	231,943	219,374	195,427
Software and other intangible assets	650	1,004							
Total economic classification	**3,461,337**	**3,829,067**	**4,453,496**	**5,168,719**	**5,512,642**	**5,073,256**	**6,151,710**	**6,669,787**	**7,023,601**

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

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

Expenditure	**Audited/ Actual**			**Estimate**	**Medium term projection**		
	2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	**3,461,337**	**3,829,067**	**4,453,496**	**5,512,642**	**6,151,710**	**6,669,787**	**7,023,601**
Total[2]	2 858	2 858	2 858	2 858	2 858	---	---
Total per person	1,164.91	1,310.37	1,564.05	1,929.17	2,152.82	---	---
Total per uninsured person	1,367.26	1,537.99	1,835.74	2,264.29	2,526.78	---	---
Constant (2008/09) prices[3]	**41,536.04**	**42,502.64**	**44,534.96**	**52,370.10**	**55,365.39**	**57,397.98**	**60,442.45**
Total	2 858	2 858	2 858	2 858	2 858	---	---
Total per person	1,453.57	1,487.40	1,558.52	1,832.71	1,937.53	---	---
Total per uninsured person	1,706.07	1,745.77	1,829.25	2,151.07	2,274.10	---	---
% of Total spent on:-							
DHS[4]	37.30%	36.73%	37.02%	37.65%	38.07%	38.50%	39.14%
PHS[5]	27.50%	26.01%	26.29%	25.26%	24.28%	23.90%	23.64%
CHS[6]	17.32%	18.09%	18.27%	17.49%	16.85%	16.54%	16.55%
Capital[2]	245,981	302,700	326,092	473,349	617,943	670,235	675,171
Health as % of total public expenditure	102.7%	102.39%	100%	100%	100%	100%	100%

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

TABLE A7: CPIX MULTIPLIERS FOR ADJUSTING CURRENT PRICES TO CONSTANT 2008/09 PRICES

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

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

BUDGET PROGRAMMES AND SUB PROGRAMMES

Budget programmes		Sub programmes	Additional health sub-programmes	Page No
1	Administration	• Office of the MEC • Management	Planning	30
			Human Resource Management	
2	District Health Services	• District Management • Clinics • Community Health Centres • District Hospitals • Community Based Services • Other Community Services • Coroner Services		46
		• HIV and AIDS		64
		• Nutrition	Maternal Child, Women's Health and Nutrition	72
			Non-Communicable Diseases Control (Disease Prevention)	77
3	Emergency Medical Services	• Emergency Transport • Planned Patient Transport		79
4	Provincial Hospital Services	• General (regional) Hospitals • Psychiatric Hospitals		88
5	Central Hospital Services	• Provincial Tertiary Hospitals		102
6	Health Sciences and Training	• Nurse Training Colleges • EMS Training Colleges • PHC Training • Training Other		115
7	Health Care Support Services	• Laundries • Orthotic and Prosthetic Services • Medicines Trading Account		122
8	Health Facilities Management	• Community Health Facilities • EMS • District Hospitals • Provincial Hospitals • Central Hospitals • Other Facilities		127

PART B – PROGRAMME AND SUB-PROGRAMME PLANS

BUDGET PROGRAMME 1: ADMINISTRATION

PROGRAMME PURPOSE

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

Budget Programme 1 has the following sub programmes:

- Office of the MEC
- Provincial Management

Office of the MEC

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

Provincial Management

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

TABLE ADMIN1: PUBLIC HEALTH PERSONNEL IN 2008/09

Categories	Number employed	% of total employed	Number per 1000 people[2]	Number per 1000 uninsured people[2]	Number per 100 000 people	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member
Medical officers[3]	319	39%	1.11	1.31	11.16	48.47	2.77	264 260
Medical specialists	183	54%	6.40	7.51	6.40	47.49	4.63	771 651
Dentists[3]	57	56%	1.99	2.34	1.99	41.58	0.79	423 097
Dental specialists	Included above							
Professional nurses	3744	60%	1.31	1.53	131.02	39.05	6.33	81 369
Enrolled Nurses	426	70%	1.49	1.74	14.90	29.58	7.35	0
Enrolled Nursing Auxilliaries	2161	45%	7.56	8.87	75.62	54.81	0	0
Student nurses	96	1%	0.33	0.39	3.35	0	0	0
Pharmacists[3]	119	51%	4.16	4.88	4.16	50.00	0.46	117 776
Physiotherapists	80	58%	2.79	3.28	2.79	48.80	0.35	134 143
Occupational therapists	70	56%	2.44	2.87	2.44	44.80	0.27	119 102
Radiographers	176	65%	6.15	7.22	6.15	33.70	0.88	152 864
Emergency medical staff	1022	47%	3.57	4.19	35.76	53.26	2.84	84 369
Dieticians	54	51%	1.88	2.21	1.88	48.57	0.22	124 576
Community Care-Givers (even though not part of the PDoH staff establishment)	2098	87%	7.34	8.61	73.42	12.94		
Total	10 605	52%	0	0	0	39.50	26.89	0

Source: Persal 09/11/2009 (November info), COGNOS information system based on September 2009 information, HIV/AIDS statistics regarding Community Care-Givers

Comments: 1. Due to the implementation of OSD (Occupational Specific Dispensation) for the Occupational Class Nursing, the translation in ranks is not fully reflected within the various information systems.
2. The figures for Community Care-Givers change monthly due to other employment opportunities.
3. Department employee Dieticians and not Nutritionists
4. Enrolled Nurses, Enrolled Nursing Auxilliaries & Student nurse were combined in % of total personnel budget, annual cost per staff member are not indicated.

Table formulas:
a) % of total employed: Number employed divided total approved posts
b) Number per 1000 people: Number employed divided total population (2,857,519) times a 1000
c) Number per 1000 people uninsured people: Number employed divided by uninsured population (2,434,606) times a1000
d) Number per 100 000 people: Number employed divided by population (2,857,519) times a100 000
e) %Vacancy rate: Total vacant posts divided by approved posts times a 100 = % Vacancy rate
f) % of total personnel budget: Actual expenditure of number employed divided by total compensation budget (R3,048,360,000) times a 100
g) Annual cost per staff member: Actual expenditure of number employed divided by number employed.

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

TABLE ADMIN2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR ADMINISTRATION

BUDGET SUB PROGRAMME: OFFICE OF THE MEC								
STRATEGIC GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES.								
GOAL STATEMENT: INTEGRATED PLANNING (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implementation of the political strategic direction of the Free State Department of Health.	Alignment of corporate plans within the mandate of the Free State Department of Health.	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.	Government Programme of Action implemented.	Plans aligned and reports submitted as prescribed.	Plans aligned and reports submitted as prescribed.

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES.								
GOAL STATEMENT: INTEGRATED PLANNING (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implementation of an integrated strategic planning and reporting framework in line with PFMA and prescripts.	Compliance with national- and provincial strategic planning and reporting prescripts.	Complied.	Complied.	Complied.	Compliance.	Compliance.	Compliance.	Compliance.

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 5: IMPROVED HUMAN RESOURCE MANAGEMENT								
GOAL STATEMENT: IMPLEMENTATION OF A COMPREHENSIVE HUMAN RESOURCES PLAN (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implementation of a comprehensive Human Resources Plan for the Department.	37* Institutions/ offices with fully functional Occupational Health- and Employee Wellness Program.	22 institutions/ offices with fully functional Occupational Health- and Employee Wellness Program	24 institutions/ offices with fully functional Occupational Health- and Employee Wellness Program	25 institutions/ offices with fully functional Occupational Health- and Employee Wellness Program	27 institutions/ offices with fully functional Occupational Health- and Employee Wellness Program	29 institutions/ offices with fully functional Occupational Health- and Employee Wellness Program	32 institutions/ offices with fully functional Occupational Health- and Employee Wellness Program	37 institutions/ offices full functional Occupational Health- and Employee Wellness Program in the whole Department
	Number of critical posts filled.	Not in Plan.	Not in Plan.	Not in Plan.	Not in Plan.	6%	6%	6%
	Number of Community Service Health professionals retained.	Not in Plan.	Not in Plan.	Not in Plan.	Not in Plan.	30%	30%	30%
	Number of Bursary holders retained.	Not in Plan.	Not in Plan.	Not in Plan.	Not in Plan.	90%	90%	90%

*(*37: 31 hospitals i.e. District- Regional- and Academic, 1 Corporate Office i.e. Bophelo, Medical Depot, Mortuaries and Offices, 5 District Offices)*

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT.								
GOAL STATEMENT: ENSURE AVAILABILITY OF APPROPRIATE TECHNOLOGY (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Improve information communication technology systems.	Approved ICT Comprehensive Plan.	Not in plan.	Not in plan.	Not in plan.	Draft ICT Comprehensive plan.	Approve and Implement ICT Comprehensive plan	Implement ICT Comprehensive plan	Maintained ICT Comprehensive plan.
	Number of institutions ICT upgraded and or replaced.	31 hospitals 13 clinics 15 admini-stration support offices.	Maintained all connected institutions.	Maintained all connected institutions.	Infrastructure Audit	4 Health Institutions replaced.	6 Health Institutions replaced.	10 Health Institutions replaced.
						2 Health Institutions upgraded.	4 Health Institutions upgraded.	8 Health Institutions upgraded.
Improve Health Technology	Number of new facilities equipped.	Not in Plan.	Not in Plan.	Not in Plan.	2 New Facilities equipped at 50%	3 Hospitals 5 Clinics 1 CHC	3 Hospitals 3 Clinics	3 Hospitals 3 Clinics
	Standardised Equipment lists at all levels of care	Not in Plan.	Not in Plan.	Not in Plan.	Not in Plan.	Drafts available for all level of cares.	Approved lists available.	Procure in accordance with the approved equipment list.

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE FINANCIAL MANAGEMENT (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ensure compliance with the Public Finance Management Act (PFMA) and Treasury Regulations.	Statement/reports/ certificates submitted in line with prescripts.	Compliance certificate was submitted monthly.	Compliance certificate was submitted monthly.	Compliance certificate was submitted monthly.	Submit monthly 10 days after BAS closure.	Submit monthly 10 days after BAS closure.	Submit monthly 10 days after BAS closure.	Submit monthly 10 days after BAS closure.
	Operation Clean Audit 2014.	Qualified audit opinion.	Qualified audit opinion.	Qualified audit opinion.	Develop and implement Audit Plan.	Monitor implementation of Audit Plan.	Monitor implementation of Audit Plan.	Monitor implementation of Audit Plan.
Implementation of cost effective procurement process.	Departmental contracts below market value.	Not in plan.	Not in plan.	100% of 42 contracts obtained below market value (R53 800 000)	100%	100%	100%	100%
Comply with BBBEE and PPPFA policies and FSPP and promote local and South African products.	*70% on procurement of goods and services spent on SMME and HDI's.	Not in plan.	Not in plan.	Actual spending 40% on SMME and HDIs.	Spending 50 % on SMME and HDIs.	Spending 60 % on SMME and HDIs.	Spending 70 % on SMME and HDIs.	Maintain

**The actual spending on SMME and HDI is calculated by using the total spent / actual expenditure on goods and services, divided by departmental total budget on goods and services.*

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE ASSET MANAGEMENT (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Strengthening Supply Chain Management (SCM) in line with policy prescripts.	Number of institutions implementing all elements of supply Chain Management Policies.	Not in plan.	Not in plan.	Not in plan.	21 (70%) of institutions fully implementing 5/5 elements of SCM: • Demand Management • Acquisition Management • Logistics Management • Disposal Management • Supply Chain Management Performance Contract	25 (80%) of institutions fully implementing 5/5 elements of SCM: • Demand Management • Acquisition Management • Logistics Management • Disposal Management • Supply Chain Management Performance Contract	31(100%) of institutions fully implementing 5/5 elements of SCM: • Demand Management • Acquisition Management • Logistics Management • Disposal Management • Supply Chain Management Performance Contract	Maintain
Improve asset management by establishing a comprehensive Asset Register.	Availability of the comprehensive Asset Register.	Used LOGIS Asset Module as an Asset Register.	Used LOGIS Asset Module as an Asset Register.	Used LOGIS Asset Module as an Asset Register.	Comprehensive Asset Register available.	Accurate and electronic Asset Register.	Fully implementation of the system.	Maintain

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE ASSET MANAGEMENT (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Improve Transport and Fleet Management.	Fully functional of electronic fleet management system (database)	Not in plan.	Implemented transport electronic database.	Implemented database at corporate office.	Identify institutions which can implement electronic system	Address the underlying cause of inability to implement electronic fleet management system.	Implement the electronic system with the institutions that have capacity to do so.	100% of institutions using electronic database.

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE AVAILABILITY OF MEDICINES AND CONSUMABLES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Improved Service Level for the Medical Depot.	% institutional demand met within standard delivery time Emergency medicines: 48 hours Others (4-6 weeks)	Not in plan.	Not in plan.	Not in plan.	50% of 581 items supplied by the depot within standard delivery time.	Meet at least 80% demand of institutions.	Meet at least 90% demand of institutions.	Meet at least 95 % demand of institutions.

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE AVAILABILITY OF MEDICINES AND CONSUMABLES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
	Improve the recovery of outstanding debt from institutions	Not in plan.	Not in plan.	Not in plan.	70% of all outstanding payments owed by DoH settled within 30 days (once cash flow problem has been resolved)	80% of all outstanding payments owed by DoH settled within 30 days (once cash flow problem has been resolved).	100% of debt by the DoH settled within 30 days of receiving the invoice.	100% of debt by the DoH settled within 30 days of receiving the invoice.

BUDGET SUB PROGRAMME: PROVINCIAL MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPLEMENT COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ensure compliance of pharmacy facilities in line with legislation to enhance service delivery.	Number of pharmacy facilities that are fully compliant with legislation.	Hospital and CHC pharmacy facilities: 9 fully compliant	Hospital and CHC pharmacy facilities: 21 fully complaint	Hospital and CHC pharmacy facilities: 31 fully complaint	35 fully complaint Hospital and CHC pharmacy facilities	39 fully complaint Hospital and CHC pharmacy facilities	42 fully complaint Hospital and CHC pharmacy facilities	44 fully compliant Hospital and CHC pharmacy facilities 20 PHC recorded with SAPC

SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES

TABLE ADMIN3: SITUATIONAL ANALYSIS AND PROJECTED PERFORMANCE FOR HUMAN RESOURCES [1]

		Audited/ Actual performance			Estimate	Medium-term targets		
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
1. Medical officers per 100,000 people	No	**18.7**	**20.80**	**23.79**	**28.09**	**32.39**	**36.69**	40.99
2. Medical officers per 100,000 people in rural districts	No	**12.2**	**13.62**	**15.76**	**19.79**	**23.82**	**27.85**	31.88
3. Professional nurses per 100,000 people	No	**105**	**94.20**	**131.37**	**148.46**	**165.55**	**182.64**	199.73
4. Professional nurses per 100,000 people in rural districts	No	**92.5**	**103.45**	**113.55**	**147.73**	**164.82**	**199**	216.09
5. Pharmacists per 100,000 people	No	**34**	**12.20**	**12.21**	**14.51**	**16.81**	**19.11**	21.41
6. Pharmacists per 100,000 people in rural districts	No	**24**	**5.03**	**5.00**	**7.3**	**9.6**	**11.9**	16.5
7. Vacancy rate for professional nurses	%	**38**	**40**	**39**	**37**	**30**	**20**	10
8. Vacancy rate for doctors	%	**38**	**40**	**45**	**40**	**30**	**20**	10
9. Vacancy rate for medical specialists	%	**26**	**40**	**41**	**39**	**30**	**20**	10
10. Vacancy rate for pharmacists	%	**55**	**48**	**49**	**40**	**30**	**20**	10
11. Attrition rate for professional nurses	%	**25**	**13.27**	**-**	**10**	**7**	**5**	2
12. Absenteeism for professional nurses	%	**5**	**11.88**	**13**	**13**	**12**	**11**	10

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

QUARTERLY TARGETS FOR 2010/11

TABLE ADMIN4: QUARTERLY TARGETS FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY BIANNUAL ANNUAL		**Q1**	**Q2**	**Q3**	**Q4**
Implementation of the political strategic direction of the Free State Department of Health.	Government Programme of Action implemented.	**QUARTERLY**	Plans aligned and reports submitted as prescribed.	Quarterly reports submitted as prescribed.	Quarterly reports submitted as prescribed.	Quarterly reports submitted as prescribed.	Quarterly reports submitted as prescribed.
Implement an integrated strategic planning and reporting framework in line with PFMA and prescripts.	Compliance with national- and provincial strategic planning and reporting prescripts.	**QUARTERLY**	Compliance with plans and reports in line with prescripts.	Compliance.	Compliance.	Compliance.	Compliance.

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY BIANNUAL ANNUAL		**Q1**	**Q2**	**Q3**	**Q4**
Implementation of a comprehensive Human Resources Plan for the Department.	Number of institutions / offices with fully functional Occupational Health- and Employee Wellness Program.	**QUARTERLY**	29 institutions / offices with fully functional Occupational Health- and Employee Wellness Program.	7	8	9	5
	Number of critical posts filled	**ANNUAL**	6% of critical posts filled.	-	-	-	6% of critical posts filled.
	Number of Community Service Health professionals retained	**ANNUAL**	30% of Community Service Health Professionals retained.	-	-	-	30% of Community Service Health Professionals retained.
	Number of Bursary holders retained	**ANNUAL**	90% of Bursary Holders retained.	-	-	-	90% of Bursary Holders retained.

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY		**Q1**	**Q2**	**Q3**	**Q4**
Improve information communication technology	Approved ICT Comprehensive Plan.	**ANNUAL**	Approve and implement ICT Comprehensive Plan.	Implement infrastructure upgrade at 1 institution.	Implement infrastructure upgrade at 2 institutions.	Implement infrastructure upgrade at 1 institution.	Implement infrastructure upgrade at 1 institution.
				Promote ICT security in the department.	Implement ICT security plan in all departmental IT programmes.	Implement ICT security plan for all transversal programmes.	Maintain.
	Number of institutions ICT upgraded and or replaced.	**ANNUAL**	4 Health Institutions (replaced) 2 Health Institutions (Upgraded)	-	-	-	4 Health Institutions (replaced) 2 Health Institutions (Upgraded)-
Improve Health Technology	Number of new facilities equipped	**ANNUAL**	3 Hospitals 5 Clinics 1 CHC	-	-	-	3 Hospitals 5 Clinics 1 CHC
	Standardised Equipment lists at all levels of care	**ANNUAL**	Drafts available for all level of cares	-	-	-	Drafts available for all level of cares

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY BIANNUAL ANNUAL		**Q1**	**Q2**	**Q3**	**Q4**
Ensure compliance with the Public Finance Management Act (PFMA) and Treasury Regulations.	Statement/reports/ certificates submitted in line with prescripts.	**MONTHLY**	Submit monthly 10 days after BAS closure.	Compliance	Compliance	Compliance	Compliance
	Operation Clean Audit	**MONTHLY**	Monitor implementation of Audit Plan.	Compliance	Compliance	Compliance	Compliance
Implementation of cost effective procurement process.	Contracts at Department below market value.	**QUARTERLY**	100%	100%	100%	100%	100%
Comply with BBBEE and PPPFA policies and FSPP and promote local and South African products.	% procurement of goods and services spent on SMME and HDI's	**QUARTERLY**	Spending 60 % on SMME and HDIs.	60%	60%	60%	60%
Strengthening Supply Chain Management (SCM) in line with policy prescripts.	Ensure compliance with Supply Chain Management Policies.	**QUARTERLY**	80% (25 of 31) institutions fully implementing 5/5 elements of SCM: • Demand Management • Acquisition Management • Logistics Management • Disposal Management • Supply Chain Management Performance Contract	20% (5/25 institutions)	40% (10/25 institutions)	60% (15/25 institutions	100% (25/25 institution)

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY BIANNUAL ANNUAL		**Q1**	**Q2**	**Q3**	**Q4**
Improve asset management by establishing a comprehensive Asset Register.	Availability of the comprehensive Asset Register.	**QUARTERLY**	Accurate and electronic Asset Register.	25% of accuracy	50% of accuracy	75% of accuracy	100% of accuracy
Improve Transport and Fleet Management.	Fully functional of electronic fleet management system (database)	**MONTHLY**	Address the underlying course of inability to implement electronic fleet management system.	25% implementation of Database	50% implementation of Database	75% implementation of Database	100% implementation of Database
Improved Service Level for the Medical Depot	% institutional demand met within standard delivery time, emergency medicines: 48 hours, others (4-6 weeks).	**QUARTERLY**	Meet at least 80% demand of institutions.	80%	80%	80%	80%
	Improve the recovery of outstanding debt from institutions	**QUARTERLY**	80% of all outstanding payments owed by DoH settled within 30 days (once cash flow problem has been resolved).	80%	80%	80%	80%
Ensure compliance of pharmacy facilities in line with legislation to enhance service delivery.	Number of pharmacy facilities that are fully compliant with legislation.	**QUARTERLY**	39 fully complaint Hospital and CHC pharmacy facilities	35	35	35	39

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE ADMIN 5: EXPENDITURE ESTIMATES: ADMINISTRATION

Sub-programme	Audited outcome			Main appro-priation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
MEC's Office	3,219	599	2,906	4,600	4,609	4,841	5,230	5,584	5,958
Management	151,446	184,468	171,815	218,187	218,834	195,610	229,420	243,351	253,398
Theft & Losses	6 092					1,786			
TOTAL	160,757	185,067	174,721	222,787	223,443	180,157	234,650	248,935	259,356

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

Summary of Provincial Expenditure Estimates by Economic Classification[1]

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
R' thousand	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**153,192**	**180,964**	**171,993**	**219,367**	**219,613**	**177,581**	**230,392**	**245,815**	**255,456**
Compensation of employees	90,613	125,264	128,011	146,278	146,634	127,275	159,077	167,825	176,219
Goods and services	56,492	52,153	42,994	73,089	72,979	48,520	71,315	77,990	79,237
Financial transactions in assets and liabilities	6,087	3,547	988			1,786			
Transfers and subsidies to	**1,146**	**1,182**	**1,403**	**140**	**550**	**1,499**	**327**	**276**	**246**
Provinces and municipalities	70	14	887						
Public corporations & Private Enterprises	472	84	266						
Non-profit institutions	5						27	29	31
Households	599	1 084	250	140	550	841	300	247	214
Payments for capital assets	**6,419**	**2,921**	**1,325**	**3,280**	**3,280**	1,077	3,931	2,844	3,655
Machinery and equipment	5,857	2,153	1,325	3,280	3,280	1,077	3,931	2,844	3,655
Software and other intangible assets	562	768							
Total economic classification	**160,757**	**185,067**	**174,721**	**222,787**	**223,443**	**180,157**	**234,650**	**248,935**	**259,356**

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE ADMIN 6: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR ADMINISTRATION (R MILLION)

	Audited/actual			Estimate	MTEF projection		
Expenditure	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	160,757	185,067	174,721	223,443	234,650	248,935	259,356
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	67.51	71.89	61.14	74.29	73.91	74.92	78.06
Total per uninsured person	79.24	84.38	71.77	87.19	86.74	87.93	91.61
Total capital[2]	6,419	2,921	1,325	3,280	3,931	2,844	3,655
Constant (2008/09) prices[3]	1,929.08	2,054.24	1,747.21	2,122.71	2,111.85	2,140.84	2,230.46
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.67	0.72	0.61	0.74	0.74	0.75	0.78
Total per uninsured person	0.79	0.84	0.72	0.87	0.87	0.88	0.92
Total capital[2]	6,419	2,921	1,325	3,280	3,931	2,844	3.655

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations using CPIX Multiplier

BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

PROGRAMME PURPOSE

The purpose of the District Health Services (DHS) is to render Level 1 services at the Primary Heath Care, Clinics and the District Hospitals.

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

TABLE DHS1: DHS FACILITIES BY HEALTH DISTRICT IN 2008/09

Health district[1]	Facility type	No.	Population	Uninsured Population	Population per PHC facility[5] or per hospital bed	Per capita utilisation
Xhariep	Non fixed clinics[3]	20	132 070	112 524	5 626	0,2
	Fixed Clinics[4]	16			7 033	2,9
	CHCs	1			112 524	0,5
	Sub-total clinics + CHCs	37			3 041	3,6
	District hospitals (80 beds)	3			1 407	0,07
Motheo	Non fixed clinics[3]	19	736 292	627 321	33 017	0,1
	Fixed Clinics[4]	55			11 406	2,2
	CHCs	2			313 661	0,4
	Sub-total clinics + CHCs	76			8 254	2,7
	District hospitals (632 beds)	4			993	0,05
Fezile Dabi	Non fixed clinics[3]	20	487 971	415 751	20 786	0,1
	Fixed Clinics[4]	33			12 599	1,8
	CHCs	5			83 150	0,6
	Sub-total clinics + CHCs	58			7 168	2,6
	District hospitals (325 beds)	4			1 279	0,06
Lejweleputswa	Non fixed clinics[3]	18	762 858	649 955	36 109	0,1
	Fixed Clinics[4]	43			15 115	2
	CHCs	1			649 955	0,02
	Sub-total clinics + CHCs	62			10 483	2
	District hospitals (428 beds)	5			1 519	0,04
Thabo Mofutsanyana	Non fixed clinics[3]	22	769 427	629 055	28 593	0,1
	Fixed Clinics[4]	63			9 985	3
	CHCs	1			629 055	0,1
	Sub-total clinics + CHCs	86			7 315	3,2
	District hospitals (536 beds)	8			1 174	0,06
DHS Province	Non fixed clinics[3]	99	2 857 519	2 4354 606	24 592	0,1
	Fixed Clinics[4]	210			11 593	2,3
	CHCs	10			243 461	0,3
	Sub-total clinics + CHCs	319			7 632	3
	District hospitals (2001 beds	24			1 217	0,05

Source: Uninsured Population 2002.
Formula: Headcounts divided by uninsured population (PHC), Separations divided by uninsured population (District Hospitals)

TABLE DHS2: PERSONNEL IN DISTRICT HEALTH SERVICES BY HEALTH DISTRICT

Health district	Personnel category[1]	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Xhariep	PHC facilities	34	121	72%	0.13
	Medical officers	02	11	82%	0.00
	Professional nurses	14	76	82%	0.05
	Pharmacists	18	34	47%	0.07
	Community health workers	239	270	11%	0.98
	District hospitals	27	61	56%	0.11
	Medical officers	07	18	61%	0.02
	Professional nurses	18	36	50%	0.07
	Pharmacists	02	07	71%	0.01
Motheo	PHC facilities	387	612	37%	1.58
	Medical officers	05	12	58%	0.02
	Professional nurses	360	527	32%	1.47
	Pharmacists	22	73	70%	0.09
	Community health workers	506	560	9%	2.07
	District hospitals	277	407	32%	1.13
	Medical officers	61	112	46%	0.25
	Professional nurses	167	226	26%	0.68
	Pharmacists	49	69	29%	0.20
Fezile Dabi	**PHC facilities**	31	132	77%	0.12
	Medical officers	6	13	54%	0.02
	Professional nurses	11	75	85%	0.04
	Pharmacists	14	44	68%	0.05
	Community health workers	259	300	13%	1.06
	District hospitals	121	181	33%	0.49
	Medical officers	38	65	42%	0.15
	Professional nurses	73	93	22%	0.29
	Pharmacists	10	23	57%	0.04
Lejweleputswa	**PHC facilities**	212	304	30%	0.08
	Medical officers	07	09	22%	0.02
	Professional nurses	165	247	33%	0.67
	Pharmacists	40	48	17%	0.16
	Community health workers	459	580	20%	1.88
	District hospitals	119	178	33%	0.48
	Medical officers	29	49	41%	0.11
	Professional nurses	72	104	31%	0.29
	Pharmacists	18	25	28%	0.07
Thabo Mofutsanyana	**PHC facilities**	50	102	51%	0.20
	Medical officers	01	04	75%	0.00
	Professional nurses	22	24	8%	0.09
	Pharmacists	27	74	64%	0.11
	Community health workers	635	700	9%	2.60
	District hospitals	217	355	39%	0.89
	Medical officers	46	106	57%	0.20
	Professional nurses	145	192	24%	0.59
	Pharmacists	26	57	54%	0.10
Province	**PHC facilities**	714	1271	53%	2.93
	Medical officers	21	49	58%	0.08
	Professional nurses	572	1193	48%	2.34
	Pharmacists	121	273	53%	0.49
	Community health workers	2098	2410	12.4%	8.61
	District hospitals	761	1182	39%	3.12
	Medical officers	181	350	49%	0.74
	Professional nurses	475	1027	31%	1.95
	Pharmacists	145	181	48%	0.59

**Community health workers are being employed by NGOs and not by the Free State Department of Health.*

Table formula: Nr of posts per 1000 uninsured people: Posts filled divided by uninsured population (2,434,606) times a 1000.

SITUATION ANALYSIS INDICATORS FOR DHS

TABLE DHS3: SITUATION ANALYSIS INDICATORS FOR DISTRICT HEALTH SERVICES

Indicator[1]	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
1. Provincial PHC expenditure per uninsured person	R	-	-	-	-	-	-	-
2. PHC total headcount	No	6,463,473	402,588	1,680,182	1,316,640	1,999,537	1,064,526	117,674,357
3. PHC total headcount under 5 years	No	1,140,339	67,815	298,500	201,749	394,122	178,153	22,882,694
4. Utilisation rate – PHC	No	2.2	3.0	2.1	1.7	2.6	2.0	2.44
5. Utilisation rate under 5 years - PHC	No	3.9	5.3	3.9	3.1	4.7	3.5	4.52
6. Percentage of fixed PHC facilities with a monthly supervisory visit.	%	73.6	62.7	86.7	63.4	89.6	43.9	
7. Cost per PHC visit	R	147,11	181,72	176	149,49	124,48	127,90	
8. Professional Nurse clinical workload (PHC)	No	40.2	36.3	33.2	42.8	44.1	46.7	38.7
9. Doctor clinical workload (PHC)	No	29.3	30.0	22.1	44.3	36.8	28.7	23.6
10. Percentage of community Health Centres (CHCs) with a resident doctor	%	-	-	-	-	-	-	-
11. Percentage of fixed clinics supported by a doctor at least once a week	%	-	-	-	-	-	-	-

Source: District Health Services and DHIS: 2009/10 data is for the first 3 quarters of the 2009/10 financial year.

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DHS

TABLE DHS4: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HEALTH SERVICES

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT								
STRATEGIC GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
GOAL STATEMENT: INTEGRATED PLANNING (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ensure functional governance structures at all level 1 facilities	Number of governance structures having at least 6 meetings	Audited	Audited	Audited	Audited	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.
						13 Hospital Boards	13 Hospital Boards	13 Hospital Boards
Extend the scope of the NGO's beyond the specific programmes beyond HIV AIDS and TB Programmes.	Number of NGO's on service level agreements to do other PHC functions support, education defaulter and tracing.	Not in plan.	Not in plan.	50	50	60 NGOs contracted to do other PHC functions.	70 NGOs contracted to do other PHC functions.	80 NGOs contracted to do other PHC functions.

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT								
STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE IMPLEMENTATION OF QUALITY IMPROVEMENT STRATEGIES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ensure implementation of Batho Pele Revitalization program.	Number of institutions complying with Batho Pele Revitalization program (BPRP).	Provincial Service Standards developed	Service Delivery Improvement Plan (SDIP) for EMS and Pharmaceutical services developed.	30 institutions implementing Batho Pele Revitalization Programme	60 institutions complying with BPRP	100 institutions complying with BPRP	200 institutions complying with BPRP	262 institutions complying with BPRP
Measure public and private health facilities performance against national core standards.	Number of health establishments with performance assessment reports	Not in Plan	Not in plan	2 hospitals with assessment reports	42 health establishments with performance assessment reports	112 health establishments with performance assessment reports	140 health establishments with performance assessment reports	185 health establishments with performance assessment reports
Intensify health promotion programs.	Number of Local Areas implementing Healthy lifestyles plan.	1Provincial forum	3 district forums	5 districts with 4 district forums	5 districts – 10 local areas, all five pillars.	20 local areas	Sustain 20 local areas	Impact assessment
Enhance the implementation of school health services.	Number of Local Areas implementing school health services.	3 districts, 4 local areas	5 districts, 11 local areas	5 districts , 16 local areas	5 districts, 17 local areas	20 local areas	Sustain 20 local areas	Impact assessment

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT								
STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: INCREASE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Strengthen "National 18 Priority District Project" at Thabo Mofutsanyana i.e Maluti -A-Phofung.	Reduced infant mortality <1 year	17.2 per 1000 population <1 year	60,0 per 1000 population < 1 year	59,5 per 1000 population <1 year	45 per 1000 population <1 year	41 per 1000 life births <1 year	33 per 1000 population<1 year	27per 1000 population <1 year
	Reduced child mortality< 5 years	17,2 per 1000 population	16,4 per 1000 population	15,5 per 1000 population	15,25 per 1000 population	15 per 1000 population	13 per 1000 population	12,5 per 1000 population
	Reduced maternal mortality and morbidity	320 per 100 000 Live births	288 per 100 000 Live births	256 per 100 000 Live births	250 per 100 000 Live births	244per 100 000 Live births	230 per 100 000 Live births	220 per 100 000 Live births
Improve accessibility of services at Primary Health Care facilities and District hospitals.	Number of facilities implementing the full PHC (based on the referral system) and District Hospital packages.	Audited	Audited	Audited	212/212 clinics	212/212 clinics	212/212 clinics	212/212 clinics
					6/24 district hospitals	6/24 district hospitals	6/24 district hospitals	6/24 district hospitals
Strengthen Rural Health Services.	Adherence to 6 weekly mobile clinic visits to the farms.	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits
Improve patient care & satisfaction.	Improve patient satisfaction rate at level 1 services to 80%.	No data.	No data.	75%	80%	85%	90%	95%

BUDGET SUB PROGRAMME: DISTRICT MANAGEMENT								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT.								
GOAL STATEMENT: STRENGTHEN THE IMPLEMENTATION OF THE DISTRICT HEALTH SYSTEM POLICY (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Strengthen the implementation of the District Health System policy.	District Health Services provincial policy developed and implemented	-	-	-	Draft DHS model translated into policy	Policy implemented	Implementation maintained and monitored	Implementation maintained and monitored
Strengthen Rural Health Strategy.	Number of farms visited by a mobile every 6 weeks.	Not in plan.	Not in plan.	Not in plan.	3 500	4 000	4 5000	5 0000

BUDGET SUB PROGRAMME: PRIMARY HEALTH CARE CLINICS								
STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Provide appropriate and accessible health care services at Clinics for designated catchment population	No of local areas 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 local area	Appropriate Primary Health Care package implemented per sub-district in line with the referral system	All sub districts implement PHC package Sub-districts in line with the referral system	All sub districts implement PHC package Sub-districts in line with the referral system	All sub districts implement PHC package Sub-districts in line with the referral system
Strengthen Rural Health Strategy.	Number of farms visited by a mobile every 6 weeks.	Not in plan.	Not in plan.	Not in plan.	3 500	4 000	4 5000	5 0000

BUDGET SUB PROGRAMME: COMMUNITY HEALTH CENTRES								
STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Provide appropriate and accessible Primary Health Care Services to the Free State Community.	Achievement of efficiency targets: • Expenditure per Headcount (R99) • Total headcounts • Doctor clinical workload • Nurse clinical workload • Utilization rates CHC facilities below 5 years (5visits) • Utilization rate CHC facilities above 5 years (3 visits)	Expenditure per headcount R79.80	Expenditure per headcount R89.00	Expenditure per headcount R88.00	Expenditure per headcount R88.00	Expenditure per headcount R88.00	Expenditure per headcount R88.00	Expenditure per headcount R88.00
		5 900 659	5 880 464	Total headcounts 6 000 000	Total headcounts 6 300 000	Total headcounts 6 500 000	Total headcounts 6 700 000	Total headcounts 6 900 000
		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	Doctor clinical workload 35 patients
		Nurse clinical workload 34 patients	Doctor clinical workload 25.7 patients	Nurse clinical workload 36 patients	Nurse clinical workload 35.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) 3.5	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 below 5 years (5 visits) 5.0

TABLE DHS5: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS SUB-PROGRAMME

Indicator[1]	Type	Audited/ Actual performance			Estimate	MTEF Projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Provincial PHC expenditure per uninsured person	R	**67.70**	**134.73**	**148.00**	**157.00**	**167.01**	**180**	180	N/A
2. PHC total headcount	No	5,932,312	5,926,774	6,463,473	4,747,443	**6 500 000**	**6 700 000**	6 900 000	N/A
3. PHC total headcount under 5 years		1,040,853	1,056,994	1,140,339	836023	**-**	**-**	-	N/A
4. Utilisation rate - PHC	No	2.0	2.0	2.2	2.1	**3.5**	**3.5**	**3.5**	3.5
5. Utilisation rate under 5 years - PHC	No	3.5	3.7	3.9	3.9	**5.0**	**5.0**	**5.0**	5.5
6. Percentage of fixed PHC facilities with a monthly supervisory visit.	%	51.2	65.7	73.6	73	**75**	**80**	80	100%
7. Expenditure per PHC visit	R	No data	No data	147,11	136,97	**-**	**-**	-	N/A
8. Professional Nurse clinical workload (PHC)	No	36.1	36	40,2	38.8	**35**	**35**	35	40
9. Doctor clinical workload (PHC)	No	31.2	32.5	29.3	36.8	**35**	**35**	35	30

Source: District Health Services and DHIS: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR DHS

TABLE DHS6: QUARTERLY TARGETS FOR DISTRICT HEATLH SERVICES FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Ensure functional governance structures at all level 1 facilities	Number of governance structures having at least 6 meetings	**QUARTERLY**	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.	196 Clinic Committees & 5 District Health Councils.
			13 Hospital Boards	13 Hospital Boards	13 Hospital Boards	13 Hospital Boards	13 Hospital Boards
Extend the scope of the NGO's beyond the specific programmes beyond HIV AIDS and TB Programmes.	Number of NGO's on service level agreements to do other PHC functions support, education defaulter and tracing.	**QUARTERLY**	60 NGOs on service level agreements to do other PHC functions support, education defaulter & tracing.	15	15	15	15
Ensure implementation of Batho Pele Revitalization program.	No of institutions complying with Batho Pele Revitalization program.	**QUARTERLY**	100 institutions complying with BPRP.	25	25	25	25
Measure public and private health facilities performance against national core standards.	Number of health establishments with performance assessment reports.	**QUARTERLY**	112 health establishments with performance assessment reports.	60	75	90	112
Intensify health promotion programs.	Number of local areas implementing healthy lifestyles plan.	**QUARTERLY**	20 Local Areas	5	5	5	5
Enhance the implementation of school health services.	Number of local areas implementing school health services.	**QUARTERLY**	20 Local Areas	5	5	5	5

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2010/11	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Strengthen "National 18 Priority District Project" at Thabo Mofutsanyana i.e Maluti -A-Phofung.	Reduced child mortality	QUARTERLY	15 per 1000 population	15 per 1000 population	15 per 1000 population	15 per 1000 population	15 per 1000 population
	Reduced maternal mortality		244 per 100 000 live births	244 per 100 000 live births	244 per 100 000 live births	244 per 100 000 live births	244 per 100 000 live births
Improve accessibility of services at Primary Health Care facilities and District hospitals.	Number of facilities implementing the full PHC (based on the referral system) and District Hospital packages.	QUARTERLY	212/212 clinics	212/212 clinics	212/212 clinics	212/212 clinics	212/212 clinics
			6/24 district hospitals	6/24 district hospitals	6/24 district hospitals	6/24 district hospitals	6/24 district hospitals
Strengthen Rural Health Services.	Adherence to 6 weekly mobile clinic visits to the farms.	QUARTERLY	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits	6 weekly visits
Improve patient care & satisfaction.	Improve patient satisfaction rate at level 1 services to 80%.	ANNUALLY	85%	-	-	-	85%

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2010/11	QUARTERLY TARGETS			
				Q1	Q2	Q3	Q4
Strengthen the implementation of the District Health System policy	District Health Services provincial policy developed and implemented	**ANNUALLY**	Policy implemented	Policy implemented	Policy implemented	Policy implemented	Policy implemented
Strengthen Rural Health Strategy.	Number of farms visited by a mobile every 6 weeks.	**QUARTERLY**	4 000	4 000	4 000	4 000	4 000

TABLE DHS7: SITUATION ANALYSIS INDICATORS FOR DISTRICT HOSPITALS

Indicator	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
1. Caesarean section rate in district hospitals	%	12.1	0.0	19.0	9.8	8.9	17.4	16.2%
2. Total separations in District Hospitals	No	122,608	7,530	30,710	23,629	37,092	23,647	1,716,911
3. Patient Day Equivalents in District Hospitals	No	110,968.4	8836.2	49023.2	16878.6	15891.1	20339.2	10,740,610
4. Total OPD Headcounts in District Hospitals	No	286,536	16381	111609	38106	63359	57081	7,486,845
5. Average length of stay in district hospitals	Days	3.1	2.6	4.4	2.8	2.6	2.5	4.3
6. Bed utilisation rate in district hospitals	%	67.8	70.5	75.4	64.7	56.0	80.4	73.2
7. Expenditure per patient day equivalent (PDE) in district hospitals	R	-	-	-	-	-	-	N/A

Source: DHIS 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

TABLE DHS8: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISTRICT HOSPITALS

BUDGET SUB PROGRAMME: DISTRICT HOSPITALS								
STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implement quality assurance Policy and Strategy at institutions.	Number of institutions fully compliant to quality assurance policy & strategy.	Not in plan.	Not in plan.	Not in plan.	Not in plan.	21 district hospitals to reach 80%	22 district hospitals to reach 80%	24 district hospitals to reach 80%
Improve accessibility of services at Primary Health Care facilities and District hospitals.	Number of facilities implementing the full PHC and District Hospital packages	Not in plan.	Not in plan.	Not in plan.	0 Clinics and 7 district hospitals are rendering a full package of service.	1 clinic per district & 1 district hospital	3 clinics per district & 1 district hospital	5 clinics per district & 1 district hospital
					10 CHC's render full package of service.	STP District hospitals: 11 10 CHC's	STP District hospitals: 11 10 CHC's	STP District hospitals: 11 10 CHC's
Provide appropriate and accessible District hospital services to FS community	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 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%	Cost per PDE R1300 ALOS 3 days BOR 75%	Cost per PDE R1300 ALOS 3 days BOR 75%	Cost per PDE R1400 ALOS 3 days BOR 75%

BUDGET SUB PROGRAMME: DISTRICT HOSPITALS								
STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implement provincial quality improvement strategy	No of institutions compliant with Hospital Emergency Preparedness Plans	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	All district hospitals have emergency preparedness plans

QUARTERLY TARGETS FOR DISTRICT HOSPITALS

TABLE DHS9: QUARTERLY TARGETS FOR DISTRICT HOSPITALS FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Implement quality assurance Policy and Strategy at institutions.	Number of institutions fully compliant to quality assurance policy & strategy.	**QUARTERLY**	21 district hospitals to reach 80%	5	5	5	6
Improve accessibility of services at Primary Health Care facilities and District hospitals.	Number of facilities implementing the full PHC and District Hospital packages.	**QUARTERLY**	21 Municipalities	21 Municipalities	21 Municipalities	21 Municipalities	21 Municipalities
		QUARTERLY	STP: 6 District hospitals & 10 CHC's	4 district hospitals 2 CHC's	5 district hospitals 2 CHC's	5 district hospitals 2 CHC's	6 district hospitals 2 CHC's
Provide appropriate and accessible District hospital services to FS community	Progress on achievement of efficiency targets (provincial PHC headcount at PHC facilities) (National target R99) (QRS) 1. Cost per PDE (R814) • ALOS (3.2 days) • Bed Occupacy Rate (70 – 80%)	**QUARTERLY**	Cost per PDE R1300 ALOS 3 days BOR 75%	Cost per PDE R1300 ALOS 3 days BOR 75%	Cost per PDE R1300 ALOS 3 days BOR 75%	Cost per PDE R1300 ALOS 3 days BOR 75%	Cost per PDE R1300 ALOS 3 days BOR 75%
Implement provincial quality improvement strategy	No of institutions compliant with Hospital Emergency Preparedness Plans.	**QUARTERLY**	All district hospitals have emergency preparedness plans	24	24	24	All district hospitals have emergency preparedness plans

PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

TABLE DHS10: PERFORMANCE INDICATORS FOR DISTRICT HOSPITALS

Indicator		Audited/ Actual performance			Estimate	Medium-term targets			National target
	Type	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Caesarean section rate in district hospitals	%	11.6	11.8	12.1	11.8	**<11**	<11	<11	15%
2. Total separations in District Hospitals	No	128 737	137 688	137 688	122 608	**139 924**	**144 438**	-	Provincial Target
3. Patient Day Equivalents in District Hospitals	No	110 238.2	110 783.3	110 968.4	111987	**66 828**	**72 156**	-	Provincial Target
4. Total OPD Headcounts in District Hospitals	No	282 291	280 558	286 536	239 852	**299 277**	**303 518**	-	Provincial Target
5. Average length of stay in district hospitals	Days	3.1	3.1	3.1	3.0	**3**	**3**	**33.2**	3.5days
6. Bed utilisation rate in district hospitals	%	68.3	68.8	68.8	75.6	**75**	75	75	75%
7. Expenditure per patient day equivalent (PDE) in district hospitals	R	814	898.01	1272.85	1200	**1300**	**100**	1400	N/A

Source: District Health Services and DHIS: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE DHS11: DISTRICT HEALTH SERVICES

Sub-programme	Audited outcome			Main appro-priation	Adjusted appropri ation	Revised estimate	Medium term expenditure estimates		
R' thousand	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
District Management	78,148	50,089	36,869	57,222	72,336	48,936	60,077	74,208	79,308
Clinics	191,641	237,252	388,107	375,547	470,462	468,272	515,498	587,108	593,103
Community Health Centres	48,555	61,355	49,296	78,307	75,013	48,057	61,082	91,062	97,123
Community-based Services	248,227	240,580	248,289	260,079	251,465	305,503	316,486	313,938	331,594
HIV and AIDS	151,691	170,032	214,453	274,921	338,139	315,807	478,855	573,929	664,542
Nutrition	8,541	11,401	7,898	13,142	16,608	8,989	12,899	13,803	14,724
Coroner Services	35,591	54,486	35,802	32,855	39,890	39,890	37,218	39,451	41,423
District Hospitals	528,572	583,175	667,788	753,204	811,683	743,144	859,860	874,220	927,227
TOTAL	**1,290,996**	**1,408,370**	**1,648,502**	**1,845,277**	**2,075,596**	**1,946,598**	**2,341,975**	**2,567,719**	**2,749,044**

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

Summary of Provincial Expenditure Estimates by Economic Classification[2]

	Audited Outcomes			Main appro-priation	Adjusted appropriati on	Revised estimate	Medium-term estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**1,207,614**	**1,323,200**	**1,576,167**	**1,762,640**	**1,985,341**	**1,861,384**	**2,244,003**	**2,471,742**	**2,656,383**
Compensation of employees	777,547	897,543	1,176,570	1,200,547	1,246,973	1,275,994	1,444,876	1,496,486	1,571,308
Goods and services	430,067	425,657	399,597	562,093	738,368	585,390	799,127	975,256	1,085,075
Transfers and subsidies to	**42,569**	**40,618**	**45,961**	**54,168**	**54,924**	**58,402**	**63,991**	**60,492**	**62,730**
Provinces and municipalities						1,498			
Non-profit institutions	23,691	31,383	43,117	52,322	53,078	53,164	62,145	58,522	60,628
Households	1,824	2,400	2,844	1,846	1,846	3,740	1,846	1,970	2,102
Payments for capital assets	**40,783**	**44,552**	**26,374**	**28,469**	**35,331**	**26,812**	**33,981**	**35,485**	**29,931**
Buildings and other fixed structures	16,455	32,957	14,385	5,000	12,035	9,516	5,000	5,000	5,000
Machinery and equipment	24,240	11,528	11,989	23,469	23,296	17,296	28,981	30,485	24,931
Software and other intangible assets	88	67							
Total economic classification	**1,290,966**	**1,408,370**	**1,648,502**	**1,845,277**	**2,075,596**	**1,946,598**	**2,341,975**	**2,567,719**	**2,749,044**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE DHS12: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR DISTRICT HEALTH SERVICES (R MILLION)

Expenditure	**Audited / Actual Outcome**			**Estimate**	**MTEF projection**		
	2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	1,290,966	1,408,370	1,648,502	2,075,596	2,341,975	2,567,719	2,749,044
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	542.13	547.08	576.90	690.04	737.63	772.78	827.35
Total per uninsured person	636.31	642.11	677.11	809.91	819.45	907.02	971.07
Total capital[2]	40,783	44,552	26,374	35,331	33,981	35,485	29,931
Constant (2008/09) prices[3]	15,491.59	15,632.91	16,485.02	19,718.16	21,077.78	22,082.38	23,641.78
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	5.42	5.47	5.77	6.90	7.36	7.73	8.27
Total per uninsured person	6.36	6.42	6.77	8.10	8.66	9.07	9.71
Total capital[2]	40,783	44,552	26,374	35,331	33,981	35,485	29,931

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

HIV & AIDS, STI & TB CONTROL (HAST)

SITUATION ANALYSIS INDICATORS FOR HAST

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

Quarterly Indicators	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
1. Total number of registered Antiretroviral Therapy (ART) clients on treatment	No	13686	824	4044	3355	3116	2347	N/A
2. Male condom distribution rate	No	7.5	11	4.1	8.9	7.7	9.8	12.4
3. Antenatal client initiated on AZT during antenatal care rate.		21.8	10	19.5	67.8	53.3	30	N/A
4. Antenatal client Nevirapine uptake		76.8	69.2	72.8	69.8	69.3	59.1	75.7%
5. Newborn baby NVP uptake		101	103	101	102	105	105	73.6%
6. Newborn Baby AZT uptake		39.6	4.6	17.3	41.5	38.3	32.7	N/A
7. PTB treatment interruption (defaulter) rate	%	4.6	4.4	7.3	4.6	3.4	3.5	N/A
8. TB sputa turn-around time under 48 hours rate	%	53.4	33	41.4	64.1	36.8	83	N/A
9. PTB two month smear conversion rate	%	73.6	79.8	74.1	77.2	71.4	67.9	N/A

***Source**: District Health Information System*

HIV/AIDS

Annual Indicators	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
10. Fixed facilities with any ARV drug stock out	%	± 11%	0 %	0 %	0 %	0 %	O %	N/A
11. STI partner treatment rate	%	22.1	34.2	23.8	16.5	26.3	19.6	21.2%
12. PTB cure rate	%	71.5	77.7	68.5	71.1	74.3	69.6	N/A

***Source**: District Health Information System & Strategic Health Programmes Chief Directorate*

PROVINCIAL STRATEGIC OBJECTIVES FOR HAST

TABLE HIV2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HIV AND AIDS

BUDGET SUB PROGRAMME: HIV & AIDS								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: IMPROVE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Improve TB treatment outcomes.	Smear conversion rate of new positive patients at 2 months.	6,480/9,460 = 68,5%	6,620/9,174= 72,1%	6,898/9,393 = 73,4%	75%	77%	79%	81%
	TB cure rate of new smear positive patients.	6,741/9,784 = 68,9%	6,518/9,464 = 68,8%	6,542/9,176 = 71,3%	73%	75%	77%	78%
	TB treatment defaulter rate.	581/9,784 =5,9%	475/9,464 = 5%	449/9,176 = 4,9%	4%	4.4%*	4.3%	4.2%
Reduce the incidence of drug resistant TB.	Proportion of MDR TB amongst TB patients.	191/19,123 = 1%	158/19,943 = 0,8%	234/20,999 = 1,1%	4%	3%	2%	1%
	Proportion of XDR TB amongst MDR TB patients.	Not in plan	10/158 = 6,3%	6/234 = 3%	2%	1%	0.5%	0.5%

**The 2010/11 target for TB treatment defaulter rate had to be adjusted from 3,5% - as submitted in Draft II of the Annual Performance Plan - to 4,4%. The reason is that the actual for 2009/10 is at 5% thus, 3,5% would have been too stretched.*

BUDGET SUB PROGRAMME: HIV & AIDS								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: IMPROVE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Reduce the incidence of HIV infection.	Proportion of ART patients treated for new STI.	Indicator not measured.	Indicator not measured.	1 658 patients (indicator not measured as rate).	5 % of ART patients treated for new STI (2 210 patients)	3% of ART patients treated for new STI	2% of ART patients treated for new STI	1% of ART patients treated for new STI
	Proportion of ANC clients tested for HIV. *Numerator:* *Antenatal client INITIATED on AZT* *Denominator:* *Antenatal client (NOT on HAART) HIV test positive – total*	Indicator not measured.	Indicator not measured.	Indicator not measured.	85% of ANC clients tested for HIV.	100% of ANC clients tested for HIV.	100% of ANC clients tested for HIV.	100% of ANC clients tested for HIV.
Expand access to ART for people living with HIV and AIDS.	Number of adult patients initiated on ART.	Indicator not measured.	Indicator not measured.	29 112 adult patients initiated on ART.	44 921 adult patients initiated on ART.	61 720 adult patients initiated on ART.	80 198 adult patients initiated on ART.	98 817 adult patients initiated on ART.
	Number of child patients initiated on ART.	Indicator not measured.	Indicator not measured.	3904 child patients initiated on ART.	5 552 child patients initiated on ART.	7 628 child patients initiated on ART.	9 802 child patients initiated on ART.	12 078 child patients initiated on ART.

BUDGET SUB PROGRAMME: HIV & AIDS								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: IMPROVE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Comprehensive Care, Management and Treatment Plan for HIV and AIDS (CCMT).	Percentage of antenatal care facilities implementing revised therapy for PMTCT.	Not in plan	Not in plan	Not in plan	90% of facilities implementing the revised PMTCT therapy	100% of facilities where antenatal care is delivered implementing the revised PMTCT therapy	Monitor and evaluate dual therapy at all PHC facilities.	Monitor and evaluate dual therapy at all PHC facilities.
	Reduction in Mother to Child Transmission Rate	Not in plan	Not in plan	Not in plan	10% MTC Transmission Rate.	8% MTC Transmission Rate.	6% MTC Transmission Rate.	MTC Transmission Rate below 5%.
	% of HIV exposed infants receiving Dual Therapy.	Not in plan	Not in plan	Not in plan	100%	100%	(unfunded mandate) 100%	(unfunded mandate) 100%
	% of Eligible co-infected patients initiated on treatment.	Not in plan	Not in plan	Not in plan	Not in plan	100%	100%	100%
	Rate of TB screening among HIV positive patients.	Not in plan	Not in plan	Not in plan	90% of HIV patients screened for TB.	95% of HIV patients screened for TB.	98% of HIV patients screened for TB.	100%% of HIV patients screened for TB.
	IPT uptake among HIV positive patients.	Not in plan	Not in plan	Not in plan	0% uptake	30% uptake	40% uptake	50% uptake

PROVINCIAL PERFORMANCE FOR HAST

TABLE HIV3: PERFORMANCE INDICATORS FOR HIV & AIDS, STI AND TB CONTROL

Quarterly Indicators	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Total number of registered Antiretroviral Therapy (ART) clients on treatment	No	6163	11726	13686	13750	69 348	90 000	100 895	N/A
2. Male condom distribution rate	No	6.8	6.1	7.5	7.3	9	10	11	15
3. Antenatal client initiated on AZT during antenatal care rate.	%	N/A	N/A	21.8	74	75	80	90	100%
4. Antenatal client Nevirapine uptake	%	55.1	76.2	73.9	70	75	80	90	100%
5. Newborn baby NVP uptake	%	103.7	102.3	95	102	100	100	100	95%
6. Newborn Baby AZT uptake	%	N/A	N/A	39.6	101	100	100	100	95%
7. PTB treatment interruption (defaulter) rate	No	4.9	4.7	4.6	4%	4,4%	3.5%	3.5%	5%
8. TB sputa turn-around time under 48 hours rate	%	50.4	52.8	53.9	65%	75%	80%	80%	80%
9. PTB two month smear conversion rate	%	68.7	72.2	73.6	75%	75%	80%	80%	75%

Annual Indicators	Type	Audited/ actual performance			Estimate	MTEF projection			National Target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
10. Fixed facilities with any ARV drug stock out	%	No data.	No data.	No data.	11%	0%	0%	0%	0%
11. STI partner treatment rate	%	No data.	No data.	No data.	4.9	4.5	4	3.5	40%
12. PTB cure rate	%	69.2	71.5	71.1	73%	75%	77%	78%	85%

Source: DHIS & Strategic Health Programmes Chief Directorate: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR HAST

TABLE HIV4: QUARTERLY TARGETS FOR HIV & AIDS, STI AND TB CONTROL FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY		**Q1**	**Q2**	**Q3**	**Q4**
Improve TB treatment outcomes.	Smear conversion rate of new positive patients at 2 months.	**ANNUALLY**	77%	-	-	-	77%
	TB cure rate of new smear positive patients.	**ANNUALLY**	75%	-	-	-	75%
	TB treatment defaulter rate.	**ANNUALLY**	4.4%	-	-	-	4.4%
Reduce the incidence of drug resistant TB.	Proportion of MDR TB amongst TB patients.	**ANNUALLY**	3%	-	-	-	3%
	Proportion of XDR TB amongst MDR TB patients.	**ANNUALLY**	1%	-	-	-	1%
Reduce the incidence of HIV infection.	Proportion of ART patients treated for new STI	**ANNUALLY**	3% of ART patients treated for new STI	-	-	-	3% of ART patients treated for new STI
	Proportion of ANC clients tested for HIV	**ANNUALLY**	100% of ANC clients tested for HIV	-	-	-	100% of ANC clients tested for HIV
Expand access to ART for people living with HIV and AIDS.	Number of adult patients initiated on ART.	**QUARTERLY**	61 720	49149	53390	57546	61 720
	Number of child patients initiated on ART.	**QUARTERLY**	7 628	6075	6599	7128	7 628

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY		**Q1**	**Q2**	**Q3**	**Q4**
Comprehensive Care, Management and Treatment Plan for HIV and AIDS (CCMT).	Percentage of antenatal care facilities implementing revised therapy for PMTCT.	**QUARTERLY**	100% of facilities where antenatal care is delivered implementing the revised PMTCT therapy	100	100	100	100
	Reduction in Mother to Child Transmission Rate	**ANNUALLY**	8% MTC Transmission Rate	-	-	-	8% MTC Transmission Rate
	% of HIV exposed infants receiving Dual Therapy.	**QUARTERLY**	100%	100%	100%	100%	100%
	% of Eligible co-infected patients initiated on treatment.	**ANNUALLY**	100%	-	-	-	100%
	Rate of TB screening among HIV positive patients.	**ANNUALLY**	95% of HIV screened tested for TB.	-	-	-	95% of HIV patients screened for TB.
	IPT uptake among HIV positive patients.	**QUARTERLY**	30% uptake.	Start the project and order supplies.	Start Roll Out.	15% uptake.	30% uptake.

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE HIV5: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR HIV & AIDS CONDITIONAL GRANT (R MILLION)

Expenditure	**Audited / Actual Outcome**			**Estimate**	**MTEF projection**		
	2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Total	142,295	153,646	189,630	298,931	433,583	528,209	615,594
Total per person	49,79	53.77	66.36	104.61	151.73	184.85	215.43
Total per uninsured person	58.43	63.11	77.89	122.78	178.09	216.96	252.85
Constant (2008/09) prices[2]	1,707.18	1,705.47	1,896.30	2,839.84	3,902.25	4,542.60	5,294.11
Total	2858	2858	2858	2858	2858	2858	2858
Total per person	0.60	0.60	0.66	0.99	1.37	1.59	1.85
Total per uninsured person	0.70	0.70	0.78	1.17	1.60	1.87	2.17

MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION

SITUATION ANALYSIS FOR MCWH & N

TABLE MCWH1: SITUATION ANALYSIS INDICATORS FOR MCWH & N

Quarterly Indicators	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
1. Immunisation coverage under 1 year	%	90.3	93.1	87.9	95.2	89.7	88	89.5%
2. Vitamin A coverage under 1 year	%	103.2	96	94.1	105.9	103.4	115.5	98.7%
3. Vitamin A coverage – new mothers	%	92.7	87.1	88.3	101	91.1	92.8	78.4%
4. Measles coverage under 1 year	%	91.5	96.7	89.3	95.8	91.4	88.4	91.7%
5. Pneumococcal Vaccine (PCV) 1st Dose Coverage*	%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. Rota Virus (RV) 1st Dose Coverage*	%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7. Cervical cancer screening coverage	%	3.6	2.7	4.0	2.8	3.7	4.1	43.9%
8. Institutional MMR rate	No per 100 000	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9. Antenatal visits before 20 weeks rate	No	42.6	56.7	38.4	39.9	40.7	36.9	32.5%

**Information on these indicators will only be collected as from 2010/11.*

Annual Indicators	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
10. Vitamin A coverage – 1 to 4 years	%	44.3	40.7	37.4	40.6	52.6	47.1	31.3%
11. Severe malnutrition under 5 years incidence	No per 1000	3.7	5.7	3.4	2.6	4.6	4.1	5.5
12. Couple year protection rate	%	34.3	33.2	28.1	30.6	45.3	33.4	31.9%
13. Total deliveries in facilities	No	52 057	1 382	15 603	11 593	14 554	8 925	945,223
14. Delivery rate for women under 18 years	%	8.5	11.1	8.6	7.8	8.9	8.1	8.8%
15. Facility Infant mortality (under 1) rate	No per 100 000	124.9	104.2	82.2	197.9	134.8	113.7	N/A
16. Facility Child mortality (under 5) rate	No per 100 000	97.6	83	72.4	145.5	96.5	94.8	N/A

Source: DHIS & Strategic Health Programmes Chief Directorate: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

PROVINCIAL STRATEGIC OBJECTIVES FOR MCWH & N

TABLE MCWH2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR MCWH&N

BUDGET SUB PROGRAMME: MATERNAL,CHILD AND WOMENS HEALTH								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: IMPROVE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Reduce infant and under 5 child morbidity and mortality.	Reduction in under 5 child mortality.	17.2 per 1000 population under 5 yrs.	16.4 per 1000 population under 5 yrs. (68.2 SADHS 2003)	15.5 per 1000 population under 5 yrs.	62,5 (facility based mortality rate to be used for quarterly reporting)	58.2 per 1000 population <5	53 per 1000 population <5	48 per 1000 population <5
	Reduction in infant mortality.	17.2 per 1000 population under 5 yrs.	60.0 per 1000 population under 1 year (48.1 SADHS 2003)	59.5 per 1000 population under 1 year	45 per 1000 population under 1 year.	41 per 1000 population under 1 year.	33 per 1000 population under 1 year	27 per 1000 population under 1 year
	Immunisation coverage	88.9%	87.4%	93%	90%	90% Expanded Programme on Immunisation coverage	91%	92 %

BUDGET SUB PROGRAMME: MATERNAL,CHILD AND WOMENS HEALTH								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: IMPROVE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Reduce maternal mortality and morbidity.	Maternal mortality ratio (MMR) per calendar year (overall).	320 per 100000 live births (2006 calendar year)	288 per 100000 live births (2007 calendar year)	256 per 100000 live births (2008 calendar year)	Reduce MMR due to preventable causes to 25%	Reduce MMR to 244 per 100 000 live births	Reduce MMR to 230 per 100 000 live births	Reduce MMR to 220 per 100 000 live births
	Maternal mortality ratio per calendar year (obstetric related).	30.2%	288 per 100000 population (2007 calendar year)	28%	Reduce MMR due to obstetric related causes to 25%	Reduce MMR due to obstetric related causes to 23%	Reduce MMR due to obstetric related causes to 20%	Reduce MMR due to obstetric related causes to 18%
	Number of health care professionals trained in ESMOE	Not in plan.	Not in plan.	Not in plan.	13 Doctors 12 midwives trained in ESMOE	30 Doctors 50 midwives trained in ESMOE	-	-
Improve access to Termination of Pregnancy (TOP) services.	Number of designated facilities providing TOP services.	No data.	No data.	16/40	20 facilities providing TOP services.	24 facilities providing TOP services	30 facilities providing TOP services	30 facilities providing TOP services

PERFORMANCE INDICATORS FOR MCWH & N

TABLE MCWH3: PERFORMANCE INDICATORS FOR MCWH & N

Indicator	Type	Audited/ Actual performance			Estimate	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Immunisation coverage under 1 year	%	88.2	87.5	90.3	93.6	90	91	92	90%
2. Vitamin A coverage under 1 year	%	102.6	104.4	103.2	97.5	100	100	100	90%
3. Vitamin A coverage – new mothers	%	114.1	115	92.7	86.3	90	90	90	90%
4. Measles coverage under 1 year	%	89.2	88.2	91.5	94.8	96	97	98	90%
5. Pneumococcal (PCV) 1st Dose Coverage*	%	N/A	N/A	N/A	N/A	60	70	80	90%
6. Rota Virus (RV) 1st Dose Coverage*	%	N/A	N/A	N/A	N/A	60	70	80	90%
7. Cervical cancer screening coverage	%	2.8	3.2	3.6	3.8	3.8	4.0	4.2	40%
8. Cervical cancer screening smear adequacy*	%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9. Institutional MMR rate*	No per 100 000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10. Antenatal visits before 20 weeks rate	No	41.1	43.5	39.8	43.5	40	45	50	70%

**Data on these indicators will only be collected as from 2010/11.*

Annual Indicators	Type	Audited/ Actual performance			Estimate	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
11. Vitamin A coverage – 1 to 4 years	%	43.6	48.4	44.3	42.6	45%	48%	-	80%
12. Severe malnutrition under 5 years incidence	No per 1000	4	4	3.7	4.2	4	3.5	3	10
13. Couple year protection rate	%	31	39.6	34.3	30.8	30	35	40	75%
14. Total deliveries in facilities	No	54 291	53 235	52 057	66 857	52100	52200	52300	N/A
15. Delivery rate for women under 18 years	%	8.6	8.5	8.5	8.2	8.0	7.5	7	10
17. Facility Infant mortality (under 1) rate	No per 100 000	125.9	109	103.6	94.3	103	102.5	102	N/A
18. Facility Child mortality (under 5) rate	No per 100 000	99	88.6	82.2	74.9	81.5	81	80.5	N/A

Source: DHIS & Strategic Health Programmes Chief Directorate: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR MCWH & N

TABLE MCWH4: QUARTERLY TARGETS FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY		**Q1**	**Q2**	**Q3**	**Q4**
Reduce infant and under 5 child morbidity and mortality.	Reduction in under 5 child mortality.	**ANNUALLY**	58.2 per 1000 population <5	-	-	-	58.2 per 1000 population <5
	Reduction in infant mortality.	**ANNUALLY**	41 per 1000 population under 1 year.	-	-	-	41 per 1000 population under 1 year.
	Immunisation coverage	**QUARTERLY**	90% Expanded Programme on Immunisation coverage	90%	90%	90%	90%
Reduce maternal mortality and morbidity.	Maternal mortality ratio (MMR) per calendar year (overall).	**ANNUALLY**	Reduce MMR to 244 per 100 000 live births	-	-	-	Reduce MMR to 244 per 100 000 live births
	Maternal mortality ratio per calendar year (obstetric related).	**ANNUALLY**	Reduce MMR due to obstetric related causes to 23%	-	-	-	Reduce MMR due to obstetric related causes to 23%
	Number of health care professionals trained in ESMOE.	**ANNUALLY**	30 Doctors 50 midwives trained in ESMOE.	-	-	-	30 Doctors 50 midwives trained in ESMOE.
Improve access to Termination of Pregnancy (TOP) services.	Number of designated facilities providing TOP services.	**ANNUALLY**	24 facilities providing TOP services.	-	-	-	24 facilities providing TOP services.

DISEASE PREVENTION AND CONTROL (DCP)

SITUATION ANALYSIS INDICATORS FOR DCP

TABLE DCP1: SITUATION ANALYSIS INDICATORS FOR DISEASE PREVENTION AND CONTROL

Indicator	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
1. Outbreaks responded to within 24 hours	%	100	100	100	100	100	100	1.13
2. Malaria fatality rate (annual)	%	0	0	0	0	0	0	1.06
3. Cholera fatality rate (annual)	%	0	0	0	0	0	0	N/A
4. Cataract surgery rate (annual)	No per million population	1621	Service not rendered in this district.	Figures not available per districts – some districts cross-refer.				1,059 per million population

Source: Strategic Health Programmes Chief Directorate

PROVINCIAL STRATEGIC OBJECTIVES FOR DCP

TABLE DCP2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR DISEASE PREVENTION AND CONTROL

BUDGET SUB PROGRAMME: NON COMMUNICABLE DISEASES								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: IMPROVE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Early detection and rapid response to disease outbreaks to reduce morbidity and mortality.	Outbreak response responded to with 24 hours.	1day	1day	1day	1day	1day	1day	1day
Strengthen surveillance on priority communicable diseases.	Malaria fatality rate (annual).	0%	0%	0%	0%	0%	0%	0%
	Cholera fatality rate (annual).	0%	0%	0%	0%	0%	0%	0%

PERFORMANCE INDICATORS FOR DCP

TABLE DCP3: PERFORMANCE INDICATORS FOR DCP

Indicator	Type	Audited/ actual performance			Estimate	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Outbreaks responded to within 24 hours	%	100	100	100	100	100	100	100	N/A
2. Malaria fatality rate (annual)	%	0	0	0	0	0	0	0	N/A
3. Cholera fatality rate (annual)	%	0	0	0	0	0	0	0	N/A
4. Cataract surgery rate (annual)	No per million population	2634 (2006)	2060 (2007) 710 per million population	3512 (2008) 1211 per million population	2181 (2009) 752 rate per million	2000 per million	-	-	2000 per million

Source: Strategic Health Programmes Chief Directorate: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR DCP

TABLE DCP4: QUARTERLY TARGETS FOR DISEASE PREVENTION AND CONTROL FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	PERFORMANCE INDICATOR	REPORTING PERIOD	ANNUAL TARGET 2010/11	QUARTERLY TARGETS			
		QUARTERLY		Q1	Q2	Q3	Q4
Early detection and rapid response to disease outbreaks to reduce morbidity and mortality.	Outbreaks responded to within 24 hours	**QUARTERLY**	1day	1Day	1Day	1Day	1Day
Strengthen surveillance on priority communicable diseases	Malaria fatality rate (annual)	**ANNUALLY**	0%	-	-	-	0%
	Cholera fatality rate (annual)	**ANNUALLY**	0%	-	-	-	0%

BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

PROGRAMME PURPOSE

The aim of the programme is to provide emergency medical rescue and transport service to all patients in the Free State Province within the shortest possible time.

Programme 3 has the following sub-programmes

- Emergency Transport
- Planned Patient Transport

The Emergency Medical Services provide access to emergency medical treatment through the following functions within the Free State Province.

- Emergency communications centre for call taking and dispatching and incident management;
- Basic, Intermediate and Advanced Life Support ambulance service throughout the Province;
- Rescue from entrapments in motor vehicles including heavy vehicle rescue;
- Support Industrial rescue from entrapments in industrial and agricultural machinery;
- Support Urban Search and Rescue of patients entrapped by collapsed building;
- Special events medical standby at major events;
- Disaster mass casualty incident command and control;
- Emergency radio communications and
- Planned Patient Transport service.

SITUATION ANALYSIS INDICATORS FOR EMS

TABLE EMS1: SITUATION ANALYSIS INDICATORS FOR EMS

Indicator	Type	Province wide value 2008/09	Xhariep 2008/09	Motheo 2008/09	Lejweleputswa 2008/09	Thabo Mofutsanyana 2008/09	Fezile Dabi 2008/09	National Average 2008/09
1. Rostered Ambulances per 1000 people	No per 1000	**0.04%**	0.02%	0.04%	0.05%	0.03%	0.06%	0.08
2. Percentage of P1 calls with a response of time <15 minutes in an urban area	%	**40**	36	44	42	40	38	54.11
3. Percentage of P1 calls with a response time of <40 minutes in a rural area	%	**17**	16	15	19	17	18	53.08
4. Percentage of calls with a response time within 60 minutes	%	**81**	87	76	83	79	80	67.97

Source: Emergency Medical Support Services.: Data is for the first 3 quarters of the 2009/10 financial year.

PROVINCIAL STRATEGIC OBJECTIVES FOR EMS

TABLE EMS2: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR EMERGENCY MEDICAL HEALTH SERVICES

BUDGET SUB PROGRAMME: EMERGENCY TRANSPORT								
STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPLEMENT COMPREHENSIVE SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 10 000 people.	0.08 1 ambulance per 3800 people.	0.1 1 ambulance per 3600 people.	77 of required vehicles (270).	40% (108) of required vehicles (270).	40% (108) of required vehicles (270).	45% (121) of required ambulances (270)	50%(135) of required ambulances (270)
	% of calls within national urban and rural targets: (Urban: 15 min) (Rural: 40 min)	Urban 39% Rural: 17%	Urban: 53% Rural: 27%	Urban: 60% Rural: 35%	Urban: 60% Rural: 35%	Urban: 65% Rural: 40%	Urban:70% Rural: 45%	Urban : 75% Rural : 50%
	% of ambulances with less than 500000 km on the odometer.	38%	39%	45%	55%(59)	60% (64)	65%(70)	70% (94)
Provide an efficient preparedness and response to disasters in the Free State Province.	Number of disaster exercise/drills done per district.	Not in plan	Not in plan	2 per district.	2 per district.	2 per district.	2 per district.	2 per district

BUDGET SUB PROGRAMME: PLANNED PATIENT TRANSPORT								
STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPLEMENT COMPREHENSIVE SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Provision of effective EMS communications Centres.	Number of EMS Communications Centre established.	Not in the plan	1 in Bloemfontein	1 in Bloemfontein	Additional control centre in Thabo Mofutsanyana	Maintain the Communication Centres with the strengthening of radio network	Maintain the Communication Centres with the strengthening of vehicle tracking	Maintain the Communication Centres with the strengthening of mobile communications vehicle.
Provide an efficient, planned patient transport service.	Number of patients transported by planned patient transport service.	520 000 patients transported	567 000 patients transported	601 000 patients transported	610 000 patients transported	620 000 patients to be transported	627 000 patients to be transported	635 000 patients to be transported

PERFORMANCE INDICATORS FOR EMS

TABLE EMS3: PERFORMANCE INDICATORS FOR THE EMS AND PATIENT TRANSPORT

Indicator		Audited/ actual performance			Estimate	MTEF projection			National target
	Type	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Rostered Ambulances per 1000 people	No per 1000	0.02	0.04	0.05	0.1	40% (108) of required ambulances (270)	41% (121) of required ambulances (270)	50% (135) of required ambulances (270)	N/A
2. Percentage of P1 calls with a response of time <15 minutes in an urban area	%	18.9	40	39	45	Urban: 65%	Urban: 70%	Urban: 75%	80%
3. Percentage of P1 calls with a response time of <40 minutes in a rural area	%	15.3	17	16	35	Rural: 40%	Rural: 45%	Rural: 50%	80%
4. Percentage of All calls with a response time within 60 minutes	%	53	56	81	85	60%	70%	80%	100%

Source: Emergency Medical Support Services.: 2009/10 Data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR EMS

TABLE EMS4: QUARTERLY TARGETS FOR EMS FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of ambulances per 10 000 people	**QUARTERLY**	40% (108) of required vehicles (270).	90 of required 270	95 of required 270	100 of required 270	108 of required 270
	% of calls within national urban and rural targets (Urban: 15 min) (Rural: 40 min)	**QUARTERLY**	Urban: 65% Rural: 40%	Urban : 65% Rural : 40%	Urban : 65% Rural : 40%	Urban : 65% Rural : 40%	Urban : 65% Rural : 40%
	% of ambulances with less than 500000 km on the odometer.	**QUARTERLY**	60%	60%	60%	60%	60%
Provide an efficient preparedness and response plan to disaster in the Free State province.	Number of disaster exercise/drills done per district.	**QUARTERLY**	2 per district	Planning	1 x Disaster exercise	Planning	1 x Disaster exercise
Provision of an effective EMS Communications Centres.	Number of EMS Communications Centre established.	**QUARTERLY**	Developed back up centre at Thabo Mofutsanyana.	Identify site	Planning	Identify service provider	Develop implementation plan
Provide an efficient pre-hospital and inter-hospital patient transport service.	Number of patients transported by planned patient transport service.	**QUARTERLY**	627 000	156750	156750	156750	156750

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE EMS 5: EXPENDITURE ESTIMATES: EMERGENCY MEDICAL SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
R' thousand	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Emergency Transport	152,861	189,904	219,273	250,716	280,598	259,044	260,237	329,387	359,487
Planned Patient Transport	11,843	1,681	6,525	6,597	6,597	5,894	5,496	8,716	9,613
TOTAL	**164,704**	**191,585**	**255,798**	**257,313**	**287,195**	**264,938**	**265,733**	**338,103**	**369,100**

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

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
R' thousand	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**145,389**	**162,821**	**209,134**	**231,418**	**258,592**	**241,676**	**288,103**	**296,100**	**309,500**
Compensation of employees	83,377	95,279	111,942	131,947	158,920	140,698	189,674	200,106	210,111
Goods and services	62,012	67,542	97,192	99,471	99,672	100,978	98,429	95,994	99,389
Transfers and subsidies to	**72**		**43**			**70**			
Provinces and municipalities	61								
Households	11		43			70			
Payments for capital assets	**19,243**	**28,764**	**16,621**	**25,895**	**28,603**	**23,987**	**50,000**	**73,000**	**49,650**
Buildings and other fixed structures		7,455	2,401		700	700			
Machinery and equipment	19,243	21,309	14,220	25,895	27,903	23,287	50,000	73,000	49,650
Total economic classification	**164,704**	**191,585**	**225,798**	**257,313**	**287,195**	**265,733**	**338,103**	**369,100**	**359,150**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE EMS6: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR EMS AND PATIENT TRANSPORT (R MILLION)

Expenditure	**Audited / Actual Outcome**			**Estimate**	**MTEF projection**		
	2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	**164,704**	**191,585**	**225,798**	**287,195**	**338,103**	**369,100**	**359,150**
Total[2]	2 858	2 858	2 858	2 858	2858	2858	2858
Total per person	69.17	74.42	79.02	95.48	106.49	111.08	108.09
Total per uninsured person	81.18	87.35	92.75	112.07	124.99	130.38	126.87
Total capital[2]	19,243	28,764	16,621	28,603	50,000	73,000	49,650
Constant (**2008/09**) prices[3]	1,976.45	2,126.59	2,257.98	2,728.35	3,042.93	3,174.26	3,088.69
Total[2]	2 858	2 858	2 858	2 858	2858	2858	2858
Total per person	0.69	0.74	0.79	0.95	1.06	1.11	1.08
Total per uninsured person	0.81	0.87	0.93	1.12	1.25	1.30	1.27
Total capital[2]	19,243	28,764	16,621	28,603	50,000	73,000	49,650

Source: BAS System & Budget Statement

BUDGET PROGRAMME 4: PROVINCIAL HOSPITALS

PROGRAMME PURPOSE

The purpose of Provincial Hospital Services is to provide level 2 Hospital Services or Specialist Hospital Services. In the Free State, the level 2 services are provided in 5 Regional Hospitals and 1 Psychiatric Hospital.

Programme 4 has the following sub-programmes

General (regional) Hospitals
Psychiatric Hospitals

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

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 Xhariep District	0.05 Fezile Dabi
Level 2	5	2777	0.8	0.9 Motheo	0.6 Thabo Mofutsanyana
Level 3	1	877	0.07	Psychiatric Beds 0.361 FSPC	
All acute levels	34	4922	0.06	0.07 Xhariep District	0.05 Fezile Dabi

PROVINCIAL STRATEGIC OBJECTIES FOR GENERAL HOSPITALS

TABLE PHS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR GENERAL (REGIONAL) HOSPITALS

BUDGET SUB PROGRAMME 4: PROVINCIAL HOSPITALS								
STRATEGIC GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES.								
GOAL STATEMENT: STRENGTHEN GOVERNANCE STRUCTURES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Align the Hospital Boards and Mental Health Review Boards with Mental Health Care Act and National Health Act.	Number of Hospital Boards aligned to National Health Act.	3	3	4	4	5	6	6
	Number of Mental Health Review Boards functioning according to Legislation.	3	3	3	3	3	3	3
Filling of vacant Executive Management posts with appropriately qualified personnel.	Number of Hospital Executive Management teams and CEOs qualified in Hospital Management.	4	4	5	6	6	6	6
Support the provision of Financial, Human Resource and Supply Chain Management delegations to hospital CEOs.	Hospital management authority delegated to CEOs.	Partial	Partial	Partial	100% of HRM, Finance and SCM	100% of HRM, Finance and SCM	100% of HRM, Finance and SCM	100% of HRM, Finance and SCM
Ensure adherence to service level agreements with strategic partners.	% of compliance with PPP service level agreements and co-operative relations with local Private Health sector, NGO's and integrated infrastructure planning with other Government Departments.	PPP = 100% Private Sector, NGO's and other departments adhoc	PPP = 100% Private Sector, NGO's and other departments adhoc	PPP = 100% Private Sector, NGO's and other departments adhoc	PPP = 100% Private Sector, NGO's and other departments adhoc	100% 100%	100% 100%	100% 100%

STRATEGIC GOAL 2: IMPROVE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPLEMENT COMPREHENSIVE HEALTH SERVICES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ensure provision of a full package of Regional Hospital services and Comprehensive Psychiatric services.	Number of level 2 disciplines and comprehensive psychiatric services available.	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: 8/9 Boitumelo: 5/9 Dihlabeng:8/9 MMM: 4/9 Pelonomi:9/9 FSPC: 1	Bongani: 9/9 Boitumelo: 5/9 Dihlabeng:8/9 MMM: 4/9 Pelonomi:9/9 FSPC: 1	Bongani: 8/9 Boitumelo: 7/9 Dihlabeng:8/9 MMM: 5/9 Pelonomi:9/9 FSPC: 1	9 Disciplines at 3 general hospitals, 8 disciplines at 2 regional hospitals, 1 at FSPC.	9 Disciplines at 3 general hospitals, 8 disciplines at 2 regional hospitals, 1 at FSPC.
Achieve efficiency targets as per hospital (QRS)	Progression on achievement of efficiency targets as per hospital (QRS).	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: R2000	ALOS: 4 BUR: 75% Cost/PDE: R2200	ALOS: 4 BUR: 75% Cost/PDE: R2500
Provide outreach services to lower levels of care.	Number of clinical disciplines conducting outreach.	3 clinical disciplines	3 clinical disciplines	3 clinical disciplines	3 clinical disciplines	4 clinical disciplines	4 clinical disciplines	5 clinical disciplines
Implement quality management programme, Batho Pele and Patient Rights Charter.	Number of hospitals implementing National Core Standards.	5	5	6	6	6	6	6
Provide appropriate equipment.	% of planned equipment procured.	% of planned equipment procured.	80%	80%	80%	90% (6 week buffer stock)	95% (6 week buffer stock)	95% (6 week buffer stock)
Ensure good hygienic standards in hospitals.	Cleanliness score of ≥80%	Not in Plan.	Not in Plan.	Not in Plan	Not in Plan.	≥75%	≥80%	≥80
	Number of dirty areas reported to the dedicated internal call centre.					3%	2%	1%

OBJECTIVE STATEMENT (Strategic objective in format)	PERFORMANCE INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Implement the Infection prevention and control programme per hospital.	Infection Control Plan available per hospital in line with National policy.	Not in plan	Not in plan	Not in plan	Not in plan	6	6	6
	Nosocomial infection control rate					<5%	<5%	<5%
Ensure waiting times are according to national core standards.	Patient waiting times in Admissions, OPD, Casualty and Pharmacy are in line with National Core Standards.	Not in plan	Not in plan	Not in plan	Not in plan	Admissions : 30 minutes OPD : 2 Hours Medical Casualty : 1 Hour Pharmacy : 1 Hour		
Ensure that patients are treated with dignity and respect.	% of staff wearing identity tags.	Not in plan	Not in plan	Not in plan	Not in plan	80%	90%	100%
	Patient Satisfaction Rate.	85%	85%	85%	80% as per new instrument	85%	85%	90%
Improve patient safety.	% of SAC 1 and 2 (Fatal and very serious adverse incidences) in relation to all adverse events.	Not in Plan.	Not in Plan.	Not in Plan	Not in Plan.	< 3%	< 3%	< 3%
Improve availability of medication and medical consumables.	% of medication available.	80%	80%	80%	80%	90% (6 week buffer stock)	95% (6 week buffer stock)	95% (6 week buffer stock)
	% of medical consumables available.	80%	80%	80%	80%	90% (6 week buffer stock)	95% (6 week buffer stock)	95% (6 week buffer stock)

STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: INCREASE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implement strategies of integration of management of TB and HIV and AIDS in hospital.	Number of TB focal points available in hospitals.	0	0	0	1	3	5	5
	National and Provincial TB and HIV and AIDS policies implemented in hospitals.	Not in plan	Not in plan	Not in plan	6	6	6	6
	Number of Hospitals with TB and HIV and AIDS co-ordinators.	Not in plan	Not in plan	Not in plan	3	4	5	5
Implement HCT in hospitals, including Voluntary testing	Testing site available in all hospitals.	Not in plan	Not in plan	Not in plan	Not in plan	6	6	6
Conduct Health Promotion activities in hospitals.	Number of Health Promotion activities conducted.	Not in Plan	Not in Plan	36	42	48	48	48

STRATEGIC GOAL 5: IMPROVED HUMAN RESOURCE MANAGEMENT								
GOAL STATEMENT: IMPROVE SKILLS OF PERSONNEL (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Implement Skill Mix Nursing Model.	100% of Skill Mix Nursing Model implementation in hospitals.	Not in Plan	Not in Plan	Not in Plan	Pilot in 1 provincial hospital.	50% (3) implementation in all provincial hospitals	90% (4) implementation in all provincial hospitals	100% (6) implementation in all regional hospitals
Filling of critical posts	% of posts filled.	Not in Plan	Not in Plan	Not in Plan	70%	80%	80%	80%
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: INTEGRATED PLANNING (This row has been added to direct alignment with the 5 Year Strategic Plan)								
Provide a service delivery model for regional hospital aligned to STP (Service Transformation Plan).	% of STP implementation.	Not in Plan	Not in Plan	Not in Plan	Planning	50% implemented	70% implemented	100% implemented
Implement quality improvement programmes to support the implementation of National Health Insurance (NHI).	% of compliance with quality standards.	Not in Plan	Not in Plan	Not in Plan	Not in Plan	80%	90%	95%
STRATEGIC GOAL 7: RESEARCH AND DEVELOPMENT								
Coordinate research conducted in Hospitals.	Research registers available in hospitals	Not in Plan	Not in Plan	Not in Plan	100%	100%	100%	100%

PERFORMANCE INDICATORS FOR GENERAL (REGIONAL) HOSPITALS

TABLE PHS2: SITUATION ANALYSIS INDICATORS FOR GENERAL (REGIONAL) HOSPITALS

Indicator	Type	Audited /actual performance			Estimate	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Caesarean section rate in regional hospitals	%	41.3	42.5	43.9	45.3	44.5	43	40	25%
2. Total separations in Regional hospitals	No	100 193	108 837	95 972	86 557	90 000	85 000	80 000	N/A
3. Patient Day Equivalents in Regional hospitals	No	119685.6	115009.2	116585.2	110 000	112 000	114 000	115 000	N/A
4. Total OPD Headcounts in Regional hospitals	No	197871	215616	267135	187656	190 000	200 000	220 000	N/A
5. Average length of stay in Regional hospitals	Days	4.9	4.7	4.8	4.9	5.1	5	4.9	4.8
6. Bed utilisation rate in Regional hospitals	%	73.2	71.1	71.0	71	70	72	75	75%
7. Expenditure per patient day equivalent (PDE) in Regional hospitals	R	1,300	1,400	1,400	1,600	1,800	2,000	2,200	N/A

Source: DHIS 2009/10 data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR GENERAL (REGIONAL) HOSPITALS

TABLE PHS3: QUARTERLY TARGETS FOR GENERAL (REGIONAL) HOSPITALS FOR 2010/11

STRATEGIC GOAL 1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES.							
OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD QUARTERLY/ ANNUALLY**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Align the Hospital Boards and Mental Health Review Boards with Mental Health Care Act and National Health Act.	Number of Hospital Boards aligned to National Health Act.	**ANNUALLY**	5 Hospital Boards aligned to National Health Act.	-	-	-	5
	Number of Mental Health Review Boards functioning according to Legislation.	**QUARTERLY**	3 Mental Health Review Boards functioning according to Legislation.	3	3	3	3
Filling of vacant executive management posts with appropriately qualified personnel.	Number of Hospital Executive management teams and CEOs qualified in Hospital Management.	**QUARTERLY**	6 hospital CEOs qualified in Hospital Management.	6	6	6	6
Support the provision of financial, HR and SCM delegations to hospital CEOs	Hospital management authority delegated to CEOs	**QUARTERLY**	100% of HRM, Finance and SCM.	100%	100%	100%	100%
Ensure adherence to service level agreements with strategic partners.	% of compliance with PPP service level agreements and co-operative relations with local Private Health sector, NGO's and integrated infrastructure planning with other Government Departments.	**QUARTERLY**	PPP = 100%	100%	100%	100%	100%
			Private Sector, NGO's and other government departments = 100%	100%	100%	100%	100%

STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES.							
OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD QUARTERLY)**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Ensure provision of a full package of Regional Hospitals and comprehensive Psychiatric Services.	Number of Level 2 disciplines and comprehensive psychiatric services available.	**QUARTERLY**	Bongani: 8/9 Boitumelo: 7/9 Dihlabeng:8/9 MMM: 5/9 Pelonomi:9/9 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	**Bongani: 6 (Paeds, Fam Med, Psch, O&G, Optometry, Anaesthetic, Medical/ Surgery)** **Boitumelo: 6** **Dihlabeng: 6** **MMM: 6** **Pelonomi: 6** **FSPC: 1**	Bongani: 8/9 Boitumelo: 7/9 Dihlabeng:8/9 MMM: 5/9 Pelonomi:9/9 FSPC: 1
Achieve efficiency targets as per hospital (QRS)	Progression on achievement of efficiency targets as per hospital (QRS).	**QUARTERLY**	ALOS: 4.6 BUR: 75% Cost/PDE: R2000 **FSPC : R700**	ALOS: 4.6 BUR: 75% Cost/PDE: R2000 **FSPC : R700**	ALOS: 4.6 BUR: 75% Cost/PDE: R2000 **FSPC : R700**	ALOS: 4.6 BUR: 75% Cost/PDE: R2000 **FSPC : R700**	ALOS: 4.6 BUR: 75% Cost/PDE: R2000 **FSPC : R700**
Provide outreach services to lower levels of care.	Number of clinical disciplines conducting outreach.	**QUARTERLY**	4 clinical disciplines	3 clinical disciplines	3 clinical disciplines	4 clinical disciplines	4 clinical disciplines.
Implement quality management programme, Batho Pele an Patient Rights Charter.	Number of hospitals implementing National Core Standards.	**QUARTERLY**	6	6	6	6	6
Provide appropriate equipment.	% of planned equipment procured.	**QUARTERLY**	90%	10%	40%	75 %	90%
Ensure good hygienic standards in hospitals.	Cleanliness score of ≥80%	**QUARTERLY**	≥75%	10%	50%	≥75%	≥75%
	Number of dirty areas reported to the dedicated internal call centre.		3%	0	0	2%	3%

STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES.							
OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD QUARTERLY**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Implement the Infection prevention and control programme per hospital.	Infection Control Plan available per hospital in line with National policy.	**QUARTERLY**	6	6	6	6	6
	Nosocomial infection control rate.		<5%	<5%	<5%	<5%	<5%
Ensure waiting times are according to national core standards.	Patient waiting time in Admissions, OPD, Casualty and Pharmacy are in line with National Core Standards.	**QUARTERLY**	Waiting times are according to National Core Standards	Admissions: 30 minutes OPD: 2 Hours Medical Casualty: 1 Hour Pharmacy: 1 Hour			
Ensure that patients are treated with dignity and respect.	% of staff wearing identity tags	**QUARTERLY**	80% (6 Hospitals)	80%	80%	80%	80%
	Patient satisfaction rate.		85%	85%	85%	85%	85%
Improve patient safety.	% of SAC 1 and 2 (fatal and serious adverse incidence per month) in relation to all adverse events.	**QUARTERLY**	< 3%	2%	2%	2%	2%
Improve availability of medication and medical consumables.	% of medication available.	**QUARTERLY**	90% (6 week buffer stock)	90% (6 week buffer stock)	90% (6 week buffer stock)	90% (6 week buffer stock)	90% (6 week buffer stock)
	% of medical consumables available.	**QUARTERLY**	90% (6 week buffer stock)	90% (6 week buffer stock)	90% (6 week buffer stock)	90% (6 week buffer stock)	90% (6 week buffer stock)

STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASES.							
OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD QUARTERLY**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Implement strategies of integration of management of TB and HIV and AIDS in hospital.	Number of TB focal points available in hospitals.	**QUARTERLY**	3	2	2	2	3
	National and Provincial TB and HIV and AIDS policies implemented in hospitals.	**QUARTERLY**	6	6	6	6	6
	Number of Hospitals with TB and HIV and AIDS coordinators.	**QUARTERLY**	4	3	3	4	4
Implement HCT in hospitals, including voluntary testing	Testing site available in all hospitals.	**QUARTERLY**	6	0	6	6	6
Conduct Health Promotion activities in hospitals.	Number of Health Promotion activities conducted.	**QUARTERLY**	48	12	16	10	10

STRATEGIC GOAL 5: IMPROVED HUMAN RESOURCE MANAGEMENT							
OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD QUARTERLY)**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Implement Skill Mix Nursing Model.	% of Skill Mix Nursing Model implemented in hospitals.	**QUARTERLY**	50% (3) implementation in all provincial hospitals	25%	30 %	40 %	50%
Filling of critical posts	% of posts filled.	**QUARTERLY**	80%	20%	50%	75%	80%
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT							
OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD QUARTERLY)**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Provide service delivery model for regional hospital aligned to STP (Service Transformation Plan).	% of STP implementation.	**QUARTERLY**	50% implemented	25%	30%	40%	50%
Implement quality improvement programmes to support the implementation of National Health Insurance (NHI).	% of compliance with quality standards.	**QUARTERLY**	3 revitalized hospitals for NHI implementation.	3	3	3	3
STRATEGIC GOAL 7: RESREACH AND DEVELOPMENT							
Coordinate research conducted in Hospitals.	% of provincial hospitals implementing research registers.	**QUARTERLY**	100%	100%	100%	100%	100%

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE PHS4: EXPENDITURE ESTIMATES: PROVINCIAL HOSPITAL SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
R' thousand	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
General (regional) hospitals	820,054	820,821	995,804	1,102,435	1,195,390	1,117,805	1,273,482	1,358,421	1,408,998
Public-Private Partnerships				1,200	1,200	1,200	1,320	1,452	1,550
Psychiatric hospitals	131,908	176,545	174,872	187,065	195,742	195,549	218,708	234,040	249,539
TOTAL	**951,962**	**997,366**	**1,170,676**	**1,290,700**	**1,392,332**	**1,314,554**	**1,493,510**	**1,593,913**	**1,660,087**

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

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropria tion	Revised estimate	Medium-term estimate		
R' thousand	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
Current payments	**936,385**	**983,720**	**1,153,905**	**1,262,911**	**1,368,973**	**1,299,488**	**1,463,664**	**1,562,054**	**1,626,082**
Compensation of employees	623,150	698,152	834,581	885,101	925,746	915,863	1,008,812	1,053,747	1,106,434
Goods and services	313,235	285,568	319,324	377,810	443,227	383,625	454,852	508,307	519,648
Transfers and subsidies to	**2,857**	**3,256**	**4,430**	**3,750**	**3,750**	**4,657**	**4,023**	**4,295**	**4,584**
Provinces and municipalities	560								
Non-profit institutions		726	967	1,375	1,375	1,182	1,375	1,468	1,567
Households	2,297	2,530	3,463	2,375	2,375	3,475	2,648	2,826	3,017
Payments for capital assets	**12,720**	**10,390**	**12,341**	**24,039**	**19,609**	**10,409**	**25,823**	**27,564**	**29,421**
Buildings and other fixed structures					570				
Machinery and equipment	12,720	10,390	12,341	24,039	19,039	10,409	25,823	27,564	29,421
Total economic classification	**951,962**	**997,366**	**1,170,676**	**1,290,700**	**1,392,332**	**1,314,554**	**1,493,510**	**1,593,913**	**1,660,087**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE PHS5: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR GENERAL (REGIONAL) HOSPITALS (R MILLION)

Expenditure	**Audited / Actual Outcome**			**Estimate**	**MTEF projection**		
	2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	951,962	997,366	1,170,676	1,392,332	1,493,510	1,593,913	1,660,087
Total[2]	2 858	2 858	2 858	2 858	2858	2858	2858
Total per person	399.77	387.43	409.68	462.89	470.39	479.70	499.62
Total per uninsured person	469.22	454.73	480.85	543.30	552.10	563.03	586.41
Total capital[2]	12,720	10,390	12,341	19,609	25,823	27,564	29,421
Constant (**2008/09**) prices[3]	**11,423.54**	**11,070.76**	**11,706.76**	**13,227.15**	**13,441.59**	**13,707.65**	**14,276.75**
Total[2]	2 858	2 858	2 858	2 858	2858	2858	2858
Total per person	4.00	3.87	4.10	4.63	4.70	4.80	5.00
Total per uninsured person	4.69	4.55	4.81	5.43	5.52	5.63	5.86
Total capital[2]	12,720	10,390	12,341	19,609	25,823	27,564	29,421

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations using CPIX Multiplier

BUDGET PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

UNIVERSITAS – CENTRAL

PROGRAMME PURPOSE

The aim of Programme 5 is to manage, monitor, organise and render Level III and IV tertiary services in the Free Sate as well as training, education, research, service and service delivery of the Medical School and other schools in the faculty.

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

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
Universitas Academic Hospital	648	0	648
Total	**648**	**0**	**648**

PROVINCIAL STRATEGIC OBJECTIVES FOR CENTRAL HOSPITALS

TABLE CHS1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR CENTRAL HOSPITALS

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL1: PROVISION OF STRATEGIC LEADERSHIP AND CREATION OF SOCIAL COMPACT FOR BETTER HEALTH OUTCOMES								
GOAL STATEMENT: STRENGTHEN GOVERNANCE STRUCTURES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Strengthen Collaboration with FHS: UFS and FHS: CUT and FSSoN, 3MIL and private training institutions to increase output of health professionals in areas of critical skills shortage.	% of departments experiencing a shortage with regards to health workers from critical skills categories	3%	4%	7%	>10%	<10%	<7%	20%

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE IMPLEMNTATION OF QUALITY IMPROVEMENT STRATEGIES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ensure implementation of Batho Pele Program at UAH.	Patient satisfaction rate	UAH 97%	UAH 97%	UAH 97%	UAH 97%	UAH >90%	UAH >95%	UAH >97%
Implement Clinical Governance Programme.	Clinical Governance Programme Implemented in UAH (M&M meeting, Clinical audits, Protocols and guidelines being followed, Peer review and Retrospective Medical Document Review in place).	Clinical Governance Programmes in place at UAH	Clinical Governance Programmes in place at UAH	Clinical Governance Programmes in place at UAH	Clinical Governance Programmes in place at UAH (no evidence available)	Improve Clinical Governance with evidence for all aspects to be in place from at least 60% of all departments	Improve Clinical Governance with evidence for all aspects to be in place from at least 70% of all departments	Improve Clinical Governance with evidence for all aspects to be in place from at least 80% of all departments
Improve Patient Safety	% of SAC 1 and 2 (fatal and very serious adverse incidents per month).	Keep SAC 1+2 <25%	Keep SAC 1+2 <25%	Keep SAC 1+2 <25%	Keep SAC 1+2 <25%	Keep SAC 1+2 at UAH <25%	Keep SAC 1+2 at UAH <25%	Keep SAC 1+2 at UAH <25%
	% Incidents reported per admission.	-	-	UAH 4%	3% of Admissions	UAH 4%	UAH 4%	UAH 4%
	Incident completion rate.	-	-	UAH 95%	UAH 100%	UAH 80%	UAH 90%	UAH 100%
	Nosocomial Infection Rate as a % of total admissions	< 7% of total admissions	-	UAH < 7 % of total admissions	UAH < 7 % of total admissions	UAH < 7 % of total admissions	UAH < 7 % of total admissions	UAH < 7 % of total admissions
	Adverse Event Rate as a % of PDEs	< 10% of PDEs	< 10% of PDEs	< 10% of PDEs	< 10 % of PDEs	< 10 % of PDEs	< 7 % of PDEs	< 5 % of PDEs

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEALTH SERVICES								
GOAL STATEMENT: IMPROVE IMPLEMNTATION OF QUALITY IMPROVEMENT STRATEGIES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Maintain Service Quality Standards of UAH.	Percentage Quality Assurance Score on the national Core Standards	>90% measured against COHSASA standards	>90% measured against COHSASA standards	>90% measured against COHSASA standards	>85% measured against COHSASA standards	>80% measured against core standards	>80% measured against core standards	>80% measured against core standards
Implement Quality Improvement Plans for all departments at UAH.	% departments with 1 new quality improvement plan per annum, covering for example: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes among staff.	Not in place	Not in place	Not in place	Not in place	Quality Improvement Plan in Place for UAH on those listed under indicator.	One new QIP in place for more than 70% of departments at UAH.	One new QIP in place for more than 70% of departments at UAH.

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL 3: REDUCE THE BURDEN OF DISEASE								
GOAL STATEMENT: INCREASE UTILISATION OF EFFECTIVE INTERVENTIONS (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Reduce backlogs of tertiary service package to be rendered by the UAH.	% of annual expected tertiary service volumes per discipline that cannot be rendered (% of annual patients not treated – on the waiting lists)	Average 10%	Average 20%	Average 30%	Average 30% UAH package volumes not handled at UAH	Average 25% UAH package volumes not handled at UAH	Average 22% UAH package volumes not handled at UAH	Average 20% UAH package volumes not handled at UAH

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE								
GOAL STATEMENT: IMPROVE THE MAINTENANCE AND UPGRADING OF FACILITIES(This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Annual upgrading/ replacement of UAH equipment.	% of UAH equipment value replaced. (Equipment value is estimated at R800)	Not in Plan.	Not in Plan.	5% equipment replaced.	Only an additional 2.5 % could be replaced.	Replace an additional 10% of UAH equipment value.	Replace an additional 8% of UAH equipment value.	Replace an additional 9% of UAH equipment value.

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGICGOAL 5: IMPROVED HUMAN RESOURCE MANAGEMENT								
GOAL STATEMENT: IMPROVE SKILLS OF PERSONNEL (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Development and Implementation of Professional Skills Mix Model (PSMM).	Percentage roll out of the PSMM Plan.	Not in plan.	Not in plan.	Not in plan.	Develop the PSMM Plan Piloting UAH.	50% roll out	75% roll out	100 % roll out

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE IMPLEMENTATION OF QUALITY IMPROVEMENT STRATEGIES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Strengthen outreach to regional hospitals.	Number of outreach visits per regional hospital per annum.	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	Bongani: 18 Dihlabeng: 14, MMM :14, Boitumelo: 14	Bongani: 20 Dihlabeng: 16, MMM :16, Boitumelo: 16	Bongani: 22 Dihlabeng: 18, MMM :18, Boitumelo: 18
	Number of departments involved per regional hospital.	Bongani: 2, Dihlabeng: 1 MMM: 2, Boitumelo: 3	Bongani: 3, Dihlabeng: 2 MMM: 3, Boitumelo: 3	Bongani: 3, Dihlabeng: 3 MMM: 4, Boitumelo: 4	Bongani: 4, Dihlabeng: 4 MMM: 4, Boitumelo: 4	Bongani: 5, Dihlabeng: 5 MMM: 5, Boitumelo: 5	Bongani: 7, Dihlabeng: 7 MMM: 7, Boitumelo: 7	Bongani: 9, Dihlabeng: 9 MMM: 9, Boitumelo: 9
	Reduction of advanced pathology by improving early detection of chronic and degenerative diseases (% advanced cases seen at AHC).	Not measured	Not measured	Not measured	More than 50% of tertiary patients with advanced pathology	Less than 40%	Less than 30%	Less than 20%
	Number of ESMO-like training sessions offered in collaboration with institutions of higher education to support basic skills of MOs and other professional categories.	Not done	Not done	Not done	4 ESMO training sessions	4 ESMO training sessions	6 training sessions	8 training sessions

SUB PROGRAMME: CENTRAL HOSPITALS								
STRATEGIC GOAL 6: OVERHAUL THE HEALTH CARE SYSTEM AND IMPROVE ITS MANAGEMENT								
GOAL STATEMENT: IMPROVE IMPLEMENTATION OF QUALITY IMPROVEMENT STRATEGIES (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	PERFORMANCE INDICATOR	AUDITED/ACTUAL PERFORMANCE			ESTIMATED PERFORMANCE	MEDIUM TERM TARGETS		
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Implement Telemedicine between UAH and regional hospitals.	Number of telemedicine encounters between UAH and regional hospitals.	None	None	None	None	At least 1 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM. Bongani, KHC and UAH	At least 2 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM, Dihlabeng, Bongani, KHC and UAH	At least 3 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM, Dihlabeng, Boitumelo, Bongani, KHC and UAH
	Number of active teleradiology links between UAH and regional hospitals.	Not in Plan.	Not in Plan.	1	3	3	4	5

TABLE CHS2: PERFORMANCE INDICATORS FOR CENTRAL HOSPITALS

NAME OF CENTRAL HOSPITAL: UNIVERSITAS

Indicator	Type	Audited/ actual performance			Estimate	MTEF projection			National target
		2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Caesarean section rate in Central Hospital	%	69.90	73.25	73.35	69.08	69.08	68.77	68.47	50%
2. Total separations in Central Hospital	No	26536	31275	28169	26205	26414.42	26625.52	26838.30	N/A
3. Patient Day Equivalents in Central Hospital	No	17392.20	18590.92	18592.17	19678	19971.59	20269.56	20571.97	N/A
4. Total OPD Headcounts in Central Hospital	No	153496	175331	188230	226769	234906.53	243336.07	252068.10	N/A
5. Average length of stay in Central Hospital	Days	6.0	6.83	7.08	7.45	7.23	7.02	6.81	5.5days
6. Bed utilisation rate in Central Hospital	%	69.20	68.80	67.10	67.29	67.01	66.74	66.46	75%
7. Expenditure per patient day equivalent (PDE) in Central Hospital	R	2876	3284.63	3534.36	4073.17	4219.71	4371.52	4528.79	SAHR

Source: DHIS: 2009/10 data is for the first 3 quarters of the 2009/10 financial year.

QUARTERLY TARGETS FOR CENTRAL/TERTIARY HOSPITALS

TABLE CHS3: QUARTERLY TARGETS FOR CENTRAL HOSPTIALS FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Strengthen Collaboration with FHS: UFS and FHS: CUT and FSSoN, 3MIL and private training institutions to increase output of health professionals in areas of critical skills shortage.	% of departments experiencing a shortage wrt health workers from critical skills. categories	**ANNUAL**	< 10%	-	-	-	<10%
Ensure implementation of Batho Pele Revitalization Program at UAH.	Patient satisfaction rate.	**ANNUAL**	>90%	-	-	-	>90%
Implement Clinical Governance Programme.	Clinical Governance Programme Implemented in UAH (M&M meeting, Clinical audits, Protocols and guidelines being followed, Peer review and Retrospective Medical Document Review in place).	**ANNUAL**	Improve Clinical Governance with evidence for all aspects to be in place for at least 60% of all departments.	-	-	-	>60%
Improve Patient Safety	% of SAC 1 and 2 AIMS incidents per month.	**MONTHLY**	Keep SAC 1+2 at UAH <25%	Keep SAC 1+2 at UAH <25%	Keep SAC 1+2 at UAH <25%	Keep SAC 1+2 at UAH <25%	Keep SAC 1+2 at UAH <25%
	% Incidents reported per admission.		UAH 4%	UAH 4%	UAH 4%	UAH 4%	UAH 4%
	Incident completion rate.		UAH 80%	UAH 80%	UAH 80%	UAH 80%	UAH 80%
	Nosocomial Infection Rate.		UAH < 7 % of total admissions	UAH < 7 % of total admissions	UAH < 7 % of total admissions	UAH < 7 % of total admissions	UAH < 7 % of total admissions
	Adverse Event Rate.		< 10 % of PDEs	< 10 % of PDEs	< 10 % of PDEs	< 10 % of PDEs	< 10 % of PDEs
Maintain Service Quality Standards of UAH.	Percentage Quality Assurance Score against National Core Standards	**QUARTERLY**	QA maintained at > 80%	QA maintained at > 80%	QA maintained at > 80%	QA maintained at > 80%	QA maintained at > 80%

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
Implement Quality Improvement Plans for	% departments with 1 new quality improvement plan per annum, covering for example: patient safety; infection prevention and control; availability of medicines; waiting times and positive and caring attitudes among staff.	**ANNUAL**	Quality Improvement Plan in Place for UAH on those listed under indicator.	**-**	**-**	**-**	Quality Improvement Plans in Place for UAH.
Reduce backlogs of tertiary service package to be rendered by the UAH.	% of annual expected tertiary service volumes per discipline that cannot be rendered (% of annual patients not treated – on the waiting lists).	**ANNUAL**	Average 25% of required tertiary service package not rendered at UAH.	**-**	**-**	**-**	Average 25% of required tertiary service package not rendered at UAH.
Annual upgrading/ replacement of UAH equipment	% of UAH equipment value replaced (Equipment value is estimated at R800)	**ANNUAL**	Replace an additional 10% of UAH equipment value.	**-**	**-**	**-**	Replace an additional 10% of UAH equipment value.
Development and Implementation of Professional Skills Mix Model (PSMM).	Percentage roll out of the PSMM Plan.	**QUARTERLY**	50% roll out of the PSMM Plan.	-	25%	-	50%
Strengthen outreach to regional hospitals.	Number of outreach visits per regional hospital per annum	**ANNUAL**	Bongani: 18 Dihlabeng: 14, MMM :14, Boitumelo: 14	**-**	**-**	**-**	Bongani: 18 Dihlabeng: 14, MMM :14, Boitumelo: 14
	Number of departments involved per regional hospital	**ANNUAL**	Bongani: 5, Dihlabeng: 5 MMM: 5, Boitumelo: 5	**-**	**-**	**-**	Bongani: 5, Dihlabeng: 5 MMM: 5, Boitumelo: 5
	Reduction of advanced pathology by improving early detection of chronic and degenerative diseases.	**QUARTERLY**	Less than 40%	47.5%	45%	42.5%	40%

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
Strengthen outreach to regional hospitals. (continue)	Number of ESMO-like training sessions offered in collaboration with institutions of higher education to support basic skills of MOs and other professional categories.	**QUARTERLY**	4 ESMO training sessions	1 ESMO training session	1 ESMO training session	1 ESMO training session	1 ESMO training session
Implement Telemedicine between UAH and regional hospitals.	Number of telemedicine encounters between UAH and regional hospitals.	**QUARTERLY**	At least 1 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM. Bongani, KHC and UAH	At least 1 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM. Bongani, KHC and UAH	At least 1 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM. Bongani, KHC and UAH	At least 1 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM. Bongani, KHC and UAH	At least 1 monthly telemedicine encounter between all regional hospitals and UAH; Teleradiology between MMM. Bongani, KHC and UAH
	Number of active teleradiology links between UAH and regional hospitals.	**QUARTERLY**	3 active teleradiology links between UAH and regional hospitals.	3	3	3	3

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE CHS4: EXPENDITURE ESTIMATES: CENTRAL AND TERTIARY SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
R' thousand	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
Central Hospitals	360,165	438,911	813,713	968,591	959,394	949,679	1,031,431	1,097,253	1,156,046
Public-Private Partnership				4,800	4,800	4,800	5,280	5,808	6,199
Provincial Tertiary Hospitals	239,278	254,783							
TOTAL	**599,443**	**693,694**	**813,713**	**973,391**	**964,194**	**954,479**	**1,036,711**	**1,103,060**	**1,162,245**

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

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
Current payments	**585,296**	**680,440**	**801,689**	**926,541**	**917,344**	**933,617**	**987,723**	**1,076,060**	**1,135,245**
Compensation of employees	358,620	452,676	523,870	567,389	582,772	592,438	635,731	659,717	699,638
Goods and services	226,676	227,764	277,819	359,152	334,572	341,179	351,992	416,343	435,607
Transfers and subsidies to	**1,130**	**2,188**	**2,026**	**1,800**	**1,800**	**772**	**2,000**	**2,000**	**2,000**
Provinces and municipalities	292								
Households	838	2,188	2,026	1,800	1,800	772	2,000	2,000	2,000
Payments for capital assets	**13,017**	**11,066**	**9,998**	**45,050**	**45,050**	**45,050**	**46,988**	**25,000**	**25,000**
Machinery and equipment	13,017	11,066	9,998	45,050	45,050	20,090	46,988	25,000	25,000
Total economic classification	**599,443**	**693,694**	**813,713**	**973,391**	**964,194**	**954,479**	**1,036,711**	**1,103,060**	**1,162,245**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE CHS5: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR CENTRAL AND TERTIARY HOSPITALS (R MILLION)

Expenditure	Audited / Actual Outcome			Estimate	MTEF projection		
	2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	599,443	693,694	813,713	964,194	1,036,711	1,103,060	1,162,245
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	*251.73*	*269.46*	*284.76*	*320.55*	326.52	331.98	349.79
Total per uninsured person	295.46	316.27	334.23	376.23	383.24	389.64	410.55
Total capital[2]	13,017	11,066	9,998	45,050	46,988	25,000	25,000
Constant (2008/09) prices[3]	7,193.32	7,700.00	8,137.13	9,159.84	9,330.40	9,486.32	9,995.31
Total[2]	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	*2.52*	*2.69*	*2.85*	*3.20*	3.26	3.32	3.50
Total per uninsured person	2.95	3.16	3.34	3.76	3.83	3.90	4.10
Total capital[2]	13,017	11,066	9,998	45,050	46,988	25,000	25,000

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations using CPIX Multiplier

Programme 5 provides tertiary services to the central population of South Africa, including Lesotho. The additional populations added tor tertiary care, is approximately 50% of Lesotho population (1 million people) and around 20% of the Northern Cape population (200 000 people) as well as the Eastern Cape population, bringing the catchment population to 4,37 million people. The total per person population is calculated at 2,9 million (Free State population) instead of 4,37 million population.

BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

PROGRAMME PURPOSE

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

Programme 6 consists of four sub-programmes:

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

SPECIFIC INFORMATION FOR HEALTH SCIENCES AND TRAINING

TABLE HST1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH SCIENCES AND TRAINING

BUDGET SUB PROGRAMME: NURSE TRAINING COLLEGES								
STRATEGIC GOAL 5: IMPROVED HUMAN RESOURCES (DEVELOPMENT AND) MANAGEMENT								
GOAL STATEMENT: IMPROVE SKILLS OF PERSONNEL(This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Increase the supply of nurses.	Number of training schools re-opened.	Campuses and 3 hospital nursing schools are training at full capacity.	3 Campuses and 2 hospital nursing schools are training at full capacity	3 Campuses and 2 hospital nursing schools are training at full capacity	3 Campuses and 7 hospital nursing schools are training at full capacity	1 Nursing school re-opened.	1 Nursing school re-opened 1 Campus re-opened	1 Nursing school re-opened.
	Intake number of nurses trained in different categories.	548 nurses trained in all 3 categories.	432	456	428	500	500	500

BUDGET SUB PROGRAMME: TRAINING OTHER								
STRATEGIC GOAL 5: IMPROVED HUMAN RESOURCES (DEVELOPMENT AND) MANAGEMENT								
GOAL STATEMENT: IMPROVE SKILLS OF PERSONNEL(This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Train different categories of employees	Number of managers and senior managers trained in various management programs.	350 managers and senior managers trained in various management programs.	330	200	200	350	350	350
	Number of personnel trained on HIV and AIDS management.	1480 personnel trained on HIV and AIDS management.	1500	1600	1700	1800	2000	2500

	Number of learners trained in ABET (target per annum not cumulative).	300	300	300	300	300	300	300

STRATEGIC GOAL 5: IMPROVED HUMAN RESOURCES (DEVELOPMENT AND) MANAGEMENT								
GOAL STATEMENT: IMPROVE SKILLS OF PERSONNEL (This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Train different categories of employees	18.1 learnerships implemented based on SETA funding.	53 per annum	0	50	50	50	50	50
	Number of personnel undergone in-service training programmes (CPD).	3996 per annum	3000	3100	3200	3300	3400	3400
	Number of trained Emergency Care Practitioners and related programs.	Not in the plan	Not in the plan	75 per annum	45	45	45	45
Promote employability and sustainable livelihood through skills development.	Number of 18.2 learnerships.	130 learnerships	235	100	300	300	300	300
	Number of non health care professionals trained (CHCW).	0	215 non health care professionals trained	50	100	100	100	100

PERFORMANCE INDICATORS FOR HEALTH SCIENCES AND TRAINING

TABLE HST2: SITUATION ANALYSIS INDICATORS FOR HEALTH SCIENCES AND TRAINING

Indicator		Audited / actual performance			Estimate	Medium term goals			National target
	Type	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2014/15
1. Intake of nurse students	No	250	120	120	318	295	250	250	N/A
2. Students with bursaries from the province	No	355	524	201	No data	No data	No data	No data	N/A
3. Basic nurse students graduating	No	88	100	130	302	252	173	200	N/A
4. Medical registrars graduating	No	40	42	38	No data	No data	No data	No data	N/A
5. Advanced nurse students graduating	No	118	400	38	67	48	80	90	N/A
6. Average training cost per basic nursing graduate	R	50 000	50 000	55 000	R60,000	R65,000	R70,000	R75,000	N/A
7. Development component of HPT&D grant spent	%	100%	100%	100%	100%	100%	100%	100%	N/A

Source: Resource Management and Support Cluster

TABLE HST3: QUARTERLY TARGETS FOR HEALTH SCIENCES AND TRAINING 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		QUARTERLY		**Q1**	**Q2**	**Q3**	**Q4**
Increase the supply of nurses.	Number of training schools re-opened	**QUARTERLY**	1 hospital nursing school re-opened	0	0	0	1 hospital nursing school reopened
	Number of nurses admitted for training in different categories at all training facilities.	**ANNUALLY**	**500**	**-**	**-**	**-**	**500**
Train different categories of employees.	Number of managers and senior managers trained in various management programs.	**QUARTERLY**	350	87	87	88	88
	Number of personnel trained on HIV and AIDS management.	**QUARTERLY**	1800	450	450	450	450
	Number of learners trained in ABET (target per annum not cumulative).	**ANNUALLY**	300	0	0	0	300
	18.1 learnerships implemented based on SETA funding.	**QUARTERLY**	50	0	25	10	15
	Number of personnel undergone in-service training programmes (CPD).	**QUARTERLY**	3300	825	825	825	825
	Number of trained Emergency Care Practitioners and related programs.	**QUARTERLY**	45	0	0	0	45
Promote employability and sustainable livelihood through skills development.	Number of 18.2 learnerships.	**QUARTERLY**	300	0	100	100	100
	Number of non health care professionals trained (CHCW).	**QUARTERLY**	100	0	33	33	34

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HST4: EXPENDITURE ESTIMATES: HEALTH SCIENCES AND TRAINING

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
R' thousand	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
Nurse training colleges	57,167	-36	50,482	53,037	57,280	32,261	55,629	64,413	64,651
EMS training college	-	-	-	11,200	12,012	5,708	23,246	26,635	31,503
Bursaries	9,694	9,689	10,702			8,136			
PHC training	18,243	74,786	32,897	40,514	41,573	51,521	47,169	45,946	51,545
Other training	13,046	14,288	13,681	12,046	12,046	10,434	13,547	14,526	15,291
TOTAL	**98,150**	**98,727**	**107,762**	**116,797**	**122,911**	**108,060**	**139,591**	**151,520**	**162,990**

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

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
R thousand	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
Current payments	**70,768**	**70,649**	**85,042**	**96,568**	**100,273**	**80,220**	**111,263**	**120,711**	**131,167**
Compensation of employees	45,336	44,081	62,855	63,629	67,463	58,347	69,217	72,120	75,724
Goods and services	25,432	26,568	22,187	32,939	32,810	21,873	42,046	48,591	55,443
Transfers and subsidies to	**25,855**	**22,970**	**19,676**	**16,897**	**16,897**	**25,374**	**18,769**	**20,034**	**20,034**
Provinces and municipalities	38								
Households	25,817	22,970	19,676	16,897	16,897	25,374	18,769	20,034	20,034
Payments for capital assets	**1,527**	**5,108**	**3,044**	**3,332**	**5,741**	**2,025**	**9,559**	**10,775**	**11,789**
Buildings and other fixed structures		4,939	696				3,000	3,000	3,000
Machinery and equipment	1,527		2,348	3,332	5,741	2,025	6,559	7,775	8,789
Software and other intangible assets		169							
Total economic classification	**98,150**	**98,727**	**107,762**	**116,797**	**122,911**	**107,619**	**139,591**	**151,520**	**162,990**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE HST5: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR HEALTH SCIENCES AND TRAINING (R'000)

Expenditure	Audited / Actual Outcome			Estimate	MTEF projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices[1]	98,150	98,727	107,762	122,911	139,591	151,520	162,990
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	41.22	38.35	37.71	40.86	43.97	45.60	49.05
Total per uninsured person	48.38	45.01	44.26	47.96	51.60	53.52	57.57
Constant (2008/09) prices[2]	1,177.80	1,095.87	1,077.62	1,167.65	1,256.32	1,303.07	1,401.71
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.41	0.38	0.38	0.41	0.44	0.46	0.49
Total per uninsured person	0.48	0.45	0.44	0.48	0.52	0.54	0.58

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations using CPIX Multiplier

BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (SUP)

PROGRAMME PURPOSE

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

Programme 7 has the following sub-programmes

- Laundries
- Orthotic and prosthetic

Laundries

A laundry service managed by Linen Management Sub-directorate is aiming at comprehensively managing all linen related issues across the province to ensure standardization. Amongst others it ensures that linen purchased by health institutions meet minimum standards to prevent cross infection and promote durability. The major function is to ensure that linen is collected and delivered from various health institutions at agreed intervals.

There is a critical shortage of linen including patient and health professional apparel. Stock counted completed for 2008/09 financial year showed that of the expected R58,2 million required, only R16,5 million was in circulation resulting into R42,2 million shortages. This shortage implies that health institutions reuse items at a very high rate leading to high rate of condemn items due to wear and tear.

PROVINCIAL STRATEGIC OBJECTIVES FOR HEALTH CARE SUPPORT SERVICES

TABLE SUP1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH CARE SUPPORT SERVICES

BUDGET SUB PROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES								
STRATEGIC GOAL 2: IMPROVE THE QUALITY OF HEATLH SERVICES								
GOAL STATEMENT: IMPROVE ACCESSIBILITY TO ORTHOTIC AND PROSTHETIC SERVICES(This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Provide appropriate and accessible Orthotic and Prosthetic Services to the Free State community.	Number of Medical Orthotic and Prosthetic Outreach programs increased.	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.	1 Medical Orthotic and Prosthetic outreach program.	Improve accessibility to Orthotic and Prosthetic Services	Improve accessibility to Orthotic and Prosthetic Services
	Number of users per year.	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								
STRATEGIC GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE								
GOAL STATEMENT: IMPROVE MANAGEMENT OF LAUNDRY SERVICES(This row has been added to direct alignment with the 5 Year Strategic Plan)								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Improve management of laundry services.	Number and type of laundry equipment replaced	No data	No data	1 Jet Finisher	6 washing extractors 3 tumble driers	2 industrial dryers 1 roller iron	3 washing extractors	2 tumble driers
	% of linen replaced	No data	No data	28% of linen replaced	35% of linen replaced	40% of linen replaced	50% of linen replaced	60% of linen replaced

QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES

TABLE SUP2: QUARTERLY TARGETS FOR HEALTH CARE SUPPORT SERVICES FOR 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PROGRAMME PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
				Q1	**Q2**	**Q3**	**Q4**
Provide appropriate and accessible Orthotic and Prosthetic Services to the Free State community.	Number of Medical Orthotic and Prosthetic Outreach programs increased.	**ANNUAL**	1 Medical Orthotic and Prosthetic outreach program	-	-	-	1 Medical Orthotic and Prosthetic outreach program
	Number of users per year.	**QUARTERLY**	An additional 50 patients per year to attend to a total of 10100	2500 patients attended	2515 patients attended	2520 patients attended	2515 patients attended
Improve management of laundry services	Percentage of laundry equipment replaced and upgraded	**ANNUAL**	10% of the equipment replaced and upgraded	-	-	-	10%
	Percentage increase of linen available	**ANNUAL**	Increase available linen from 28% to 45%	-	-	-	45%

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE SUP3: EXPENDITURE ESTIMATES: HEALTH CARE SUPPORT SERVICES

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
	2006/07	2007/08	2008/09	2009/10			2010/11	2011/12	2012/13
R' thousand	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**
Laundries	52,461	54,051	53,291	67,334	69,069	59,314	75,794	80,768	84,539
Orthotic and prosthetic services	8,086	7,950	8,859	11,730	11,905	9,919	12,811	13,661	14,218
Medicines trading account	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
TOTAL	**62,547**	**64,001**	**64,150**	**81,064**	**82,974**	**71,233**	**90,605**	**96,429**	**100,757**

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

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
R' thousand	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
Current payments	**59,125**	**56,844**	**61,290**	**76,533**	**78,443**	**67,068**	**86,944**	**93,723**	**98,276**
Compensation of employees	33,366	38,749	41,673	50,349	51,629	46,547	57,228	58,790	61,729
Goods and services	25,759	18,095	19,617	26,184	26,814	20,521	29,716	34,933	36,547
Transfers and subsidies to	**208**	**2,150**	**2,147**	**2,000**	**2,000**	**2,349**	**2,000**	**2,000**	**2,000**
Provinces and municipalities	28								
Departmental agencies and accounts		2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000
Households	180	150	147			349			
Payments for capital assets	**3,214**	**5,007**	**713**	**2,531**	**2,531**	1,816	1,661	706	481
Machinery and equipment	3,214	5,007	713	2,531	2,531	1,816	1,661	706	481
Total economic classification	**62,547**	**64,001**	**64,150**	**81,064**	**82,974**	**71,233**	**90,605**	**96,429**	**100,757**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE SUP4: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR SUPPORT SERVICES (R'000)

Expenditure	Audited / Actual Outcome			Estimate	MTEF projection		
R' thousand	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Current prices[1]	37,968	43,311	39,328	54,374	58,744	62,657	66,985
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	15.94	16.82	13.76	18.08	18.50	18.86	20.16
Total per uninsured person	18.71	19.75	16.15	21.22	21.72	22.13	23.66
Constant (2008/09) prices[2]	455.62	480.75	393.28	516.55	528.70	538.85	576.07
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.16	0.17	0.14	0.18	0.18	0.19	0.20
Total per uninsured person	0.19	0.20	0.16	0.21	0.22	0.22	0.24

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations using CPIX Multiplier

BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROGRAMME PURPOSE

The purpose of health facility management (infrastructure management) is mainly to support all clusters in:

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

Programme 8 has the following sub-programmes

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

Four (4) hospitals were funded by Infrastructure Grant to Provinces, two (2) hospitals (Boitumelo and Pelonomi) are still under revitalisation, three (4) hospitals (Elizabeth Ross, Tokollo, Diamant and Thebe) are under planning for upgrading (FSPC, Trompsburg, Ladybrand and Mangaung). There is a backlog of maintenance and a challenge to properly determine the cost due to absence of condition assessment. Most of the clinics transferred from municipalities during the process of primary health care services devolution need urgent attention. Lack of adequate budget availability has been a stumbling block to properly implementing major maintenance. Proper infrastructure planning in order to prioritise has been delayed by Service Transformation Plan approval.

PROVINCIAL STRATEGIC OBJECTIVES FOR HFM

TABLE HFM1: PROVINCIAL STRATEGIC OBJECTIVES AND ANNUAL TARGETS FOR HEALTH FACILITIES MANAGEMENT

BUDGET SUB PROGRAMME: INFRASTRUCTURE MANAGEMENT								
STRATEGIC GOAL 4: REVITALISATION OF PHYSICAL INFRASTRUCTURE								
OBJECTIVE STATEMENT (Strategic objective in format)	**PERFORMANCE INDICATOR**	**AUDITED/ACTUAL PERFORMANCE**			**ESTIMATED PERFORMANCE**	**MEDIUM TERM TARGETS**		
		2006/07	**2007/08**	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Improve maintenance and upgrading of health facilities	Number of Health Facilities maintained (minor and major maintenance)	No Data	No Data	No Data	6	9	13	16
Develop and Implement Infrastructure Master Plan (targets are cumulative but some overlap in terms of time frame)	Infrastructure Master Plan	0	0	0	Draft Infrastructure Master Plan (dependent on approved STP)	Approved Infrastructure Master Plan	Implement IMP	Review IMP
	Number of completed project phases of Hospital Revitalisation Projects	4	5	5	4	3	3	2
	Number of new and upgraded clinics	2	2	2	2	1	1	1
	Number of other health institutions and support facilities completed.	Boitumelo hospital accommodation for doctors and nurses	No Data	1 accommodation facility, 1 Medico- legal Mortuary in Bloemfontein	1 EMS college	1 Satellite laundry, MDR unit, 1 accommodation facility	1 Satellite Laundry 1 Clinical Associate Building	1 regional mortuary Welkom for NFS, 1 accommodation facility

QUARTERLY TARGETS FOR HFM

TABLE HFM2: QUARTERLY TARGETS FOR HEALTH FACILITIES MANAGEMENT 2010/11

OBJECTIVE STATEMENT (Added this column i.e. strategic objective in format)	**PERFORMANCE INDICATOR**	**REPORTING PERIOD**	**ANNUAL TARGET 2010/11**	**QUARTERLY TARGETS**			
		ANNUAL		**Q1**	**Q2**	**Q3**	**Q4**
Improve maintenance and upgrading of health facilities	Number of Health Facilities maintained (major maintenance)	**ANNUAL**	9	Project monitoring	Project monitoring	Project monitoring	9
Develop and Implement Infrastructure Master Plan (targets are cumulative but some overlap in terms of time frame)	Infrastructure Master Plan.	**ANNUAL**	Approved Infrastructure Master Plan	-	-	-	Approved Infrastructure Master Plan
	Number of completed Hospital Revitalisation Projects/Sites.	**ANNUAL**	3	Project monitoring	Project monitoring	Project monitoring	3
	Number of new and upgraded clinics.	**ANNUAL**	3	Project monitoring	Project monitoring	Project monitoring	3
	Number of other health institutions and support facilities completed.	**ANNUAL**	1 Satellite laundry, MDR unit, 1 accommodation facility	Project monitoring	Project monitoring	Project monitoring	1 Satellite laundry, MDR unit, 1 accommodation facility

RECONCILING PERFORMANCE TARGETS WITH EXPENDITURE TRENDS

TABLE HFM3: EXPENDITURE ESTIMATES: HEALTH FACILITIES MANAGEMENT

Sub-programme	Audited outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium term expenditure estimates		
R' thousand	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
Community Health facilities	10,549		53,748	101,104	48,593	52,199	55,000	60,000	70,000
District hospitals Services	97,225	134,596	175,002	237,886	272,024	146,832	363,426	406,883	427,744
Provincial hospitals	49,613	76,351	44,246	71,000	71,980	69,010	90,000	106,000	106,000
TOTAL	**157,387**	**210,947**	**372,996**	**409,990**	**392,597**	**261,041**	**508,426**	**572,883**	**603,744**

Summary of Provincial Expenditure Estimates by Economic Classification

	Audited Outcomes			Main appro-priation	Adjusted appropriation	Revised estimate	Medium-term estimate		
R' thousand	**2006/07**	**2007/08**	**2008/09**	**2009/10**			**2010/11**	**2011/12**	**2012/13**
Current payments	**8,329**	**16,055**	**17,213**	**102,604**	**59,393**	**47,659**	**62,426**	**78,022**	**78,500**
Compensation of employees			1,656	3,120	3,120	1,935	2,337	2,466	2,617
Goods and services	8,329	16,055	15,557	99,484	56,273	45,724	60,089	75,556	75,883
Transfers and subsidies to			**107**						
Households			107						
Payments for capital assets	**149,058**	**194,892**	**255,676**	**307,386**	**333,204**	**213,382**	**446,000**	**494,861**	**525,244**
Buildings and other fixed structures	145,720	187,433	227,519	250,586	291,641	188,641	378,000	442,861	471,744
Machinery and equipment	3,338	7,459	28,157	56,800	41,563	24,741	68,000	52,000	53,500
Total economic classification	**157,387**	**210,947**	**272,996**	**409,990**	**392,597**	**261,041**	**508,426**	**572,883**	**603,744**

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

RELATING EXPENDITURE TRENDS TO STRATEGIC GOALS

TABLE HFM4: TRENDS IN PROVINCIAL PUBLIC HEALTH EXPENDITURE FOR HEALTH FACILITIES MANAGEMENT (R'000)

Expenditure[1]	Audited / Actual Outcome			Estimate	MTEF projection		
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Current prices[2]	157,387	210,947	272,996	392,597	508,426	572,883	603,744
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	66.09	81.94	95.54	130.52	160.13	172.42	181.70
Total per uninsured person	77.57	96.18	95.52	112.13	153.19	187.95	202.36
Constant (2008/09) prices[3]	1,888.64	2,341.51	2,729.96	3,729.67	4,575.83	4,926.79	5,192.20
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.66	0.82	0.96	1.30	1.60	1.72	1.82
Total per uninsured person	0.78	0.96	1.12	1.53	1.88	2.02	2.13

Source: Annual Financial Statement, Budget Statement No. 2 and In-Year Monitoring Report & Calculations using CPIX Multiplier

PART C: LINKS TO OTHER PLANS

Links to long-term Infrastructure & Other Capital Plans

PROJECT NAME	PROGRAMME	MUNICIPALITY	PROJECT DESCRIPTION/TYPE OF STRUCTURE	OUTPUTS	ESTIMATED PROJECT COSTS	EXPENDITURE TO DATE (IF ANY)	PROJECT DURATION
Boitumelo	8	Moqhaka	Hospital	1	R546 214 124	R301 823 268.72	5
Pelonomi	8	Mangaung	Hospital	1	R90 972 877	R63 248 008.42	4
Tromspsburg	8	Kopanong	Hospital	1	R329 019 549	R12 910 867.83	4
Free State Psychiatric Complex	8	Mangaung	Hospital	1	R 612,864,000	R15 903 331.67	5
Dihlabeng Hospital (Floors & OPD)	8	Dihlabeng	Hospital	1	R114 000 000	R0	2
Ladybrand Hospital	8	Mantsopa	Hospital	1	R 288 498 640	R 13 247 075.17	3
Mangaung Hospital	8	Mangaung	Hospital	1	R201 383 000	R0	4
EMS Control Room	8	Maluti-A-Phofung	Emergency Medical Service Facility	1	R 2 000 000	R0	3
Mafube Hospital	8	Mafube	Hospital	1	R3 500 000	R0	3
Winburg Hospital	8		Hospital	1	R3 500 000	R0	3
Palliative Care	8	Mangaung	Hospital	1	R3 000 000.00	R0	
Mancofs	8	Mangaung	Hospital	1	R 9 311 022.24	R 16 226 323.61	
Bloemfontein Forensic Mortuary	8	Mangaung	Mortuary	1	R63 481 957.19	R76 694 934.47	4
EMS College Structure	8	Mangaung	College	1	R 24 000 000	R0	Will continue
Elizabeth Ross	8	Maluti	Hospital	1	R67 284 073.89	R57 226 664.86	2
Thebe Hospital	8	Maluti	Hospital	1	R59 745 946.57	R51 524 479.80	3
Tokollo Hospital	8	Mafube	Hospital	1	R45 923 146.45	R55 730 597.50	2
Bultfontein Clinic	8		Hospital	1	R5 810 000	R 8 627 837.2	2

CONDITIONAL GRANTS

TABLE: CONDITIONAL GRANTS

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS	OUTPUTS
HIV and AIDS	Implement the HIV & AIDS and STI National Strategic Plan 2007 – 2011	Increase the number of new patients initiated on Antiretroviral Therapy (ART) including HIV—TB Co infected patients.	Provision of comprehensive care, treatment and support for people and affected by HIV and AIDS
		The number of home visits conducted and number of patients who received care from home based carers	Contribute towards human dignity by provision of adequate treatment, care and support services in facilities and communities
		The number of HTA intervention sites, STIs cases treated and peer educators trained.	Prevention of the transmission of STIs including HIV at High Transmission Areas (HTA)
		The number of sexual assault cases and ARV Prophylaxis to sexual assault cases	To raise awareness, manage and care for victims of sexual assault, and to increase availability and access to PEP services for victims of sexual assault
		Increased integrated Antenatal Care and PMTCT Services, number of pregnant women tested for HIV and number of eligible initiated pregnant women on ART	To reduce MTCT of HIV
		Strengthening programme management capacity and skills	To improve HIV and AIDS prevention, management, treatment and care.
		Numbers of Doctors, Nurses, Community Health Care workers, Palsa Plus Trainers and other categories trained	To provide skill building for service providers and managers in all HAST programme areas
		Number of clients HIV pre- test counselled, tested and Primary Health Care Facilities offering VCT.	Universal access to VCT services

NAME OF CONDITIONAL GRANT	PURPOSE OF THE GRANT	PERFORMANCE INDICATORS	OUTPUTS
Forensic Pathology Services	Transfer the forensic pathology services from the SAPS to Provincial Health and strengthen the service.	Level of utilization of the conditional grant. Compliance with the DORA conditions.	Continuation
National Tertiary Services Grant	The grant is to fund the rendering of tertiary service in the Free State for compensation, goods and services and capital expenses	Achievement of Service delivery outcomes and progress made against set objectives and outcomes, in order to determine how effective the monitoring of the NTSG has been approached, and how the funds are managed by the provinces.	Continuation
Hospital Revitalisation Grant	To provide funding to enable provinces to plan, manage, modernise, rationalise and transform the infrastructure, health technology, monitoring and evaluation of hospitals in line with national policy objective**s**.	• Number of Hospitals completed under Hospital Revitalisation. • Number of hospitals with adequate medical equipment.	• Completed Hospitals under Hospital Revitalisation Programme. • Hospitals with adequate medical equipment.
Infrastructure Grant to Provinces	To improve and address Infrastructure backlog including maintenance and refurbishment	• Number of completed hospitals • Number of clinics completed • Number of other health institutions and support facilities completed.	• Completed Hospitals • Completed Clinics • Completed health institutions and support facilities.
Infrastructure Enhancement Allocation	To fund miscellaneous infrastructure related activities.	Comply with the Public Finance Management Act.	Continuation
Health Professional Training and Development Grant	Cover expenditure related to training of health professionals.	Production of health professionals from various disciplines and strengthening of the Tertiary Health Services.	Continuation

PUBLIC ENTITIES

NAME OF PUBLIC ENTITY	MANDATE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF NEXT EVALUATION
NHLS as established according to the NHLS Act 37 of 2000.	To provide health laboratory services to the Free State Department of Health as contained in the SLA	Provide cost effective laboratory services	Total for all outputs R163 000 000	Quarterly
		Support HIV and AIDS program		
		Support TB Programme		
		Support Cervical Cancer programme		
		Comply with SLA		

PUBLIC-PRIVATE PARTNERSHIPS (PPPs)

NAME OF PPP	PURPOSE	OUTPUTS	CURRENT ANNUAL BUDGET (R'THOUSAND)	DATE OF TERMINATION
1. BOT PPP between FSDH & CHM as private partners on Co-Location of health services at both Pelonomi and Universitas Hospitals	1. Utilisation of excess capacity 2. Affordability of health services on private health services to the community. 3. Transfer of risk from the public sector to the private partners. 4. Refurbishment and upgrading of existing health facilities at the designated hospitals. 5. Transfer of equipment and other resources to the public sector at the end of the Contract.	(Number of clients accessing health care) (Transfer of skills and expertise) Financial gains to the public sector State of the art machinery. Upgraded facilities	No budget.	Ongoing.
CHM and DOH: Free State	Hospital	Improved service delivery	No budget	Ongoing.

CONCLUSION

The Annual Performance Plan describes the implementation over the first 3 years (MTEF) period of the Strategic Plan for the Free State Department of Health.

The plans are the result of extensive consultation within the department and also within the Free State provincial government structures.

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

ANNEXURE 1

QUARTERLY PERFORMANCE REPORT

QUARTERLY PERFORMANCE REPORT: 2010-11

Sector: Health

Programme / Subprogram me / Performance Measures	Estimated Annual Target
QUARTERLY OUTPUTS	**2010-11**
Programme 1: Administration	
● Vacancy rate for professional nurses	30%
● Vacancy rate for doctors	30%
● Vacancy rate for medical specialists	30%
● Vacancy rate for pharmacists	30%
Programme 2: District Health Services	
● Professional Nurse clinical workload (PHC)	35
● Doctor clinical workload (PHC)	30
● PHC Total Headcount	-
● PHC total Headcount under 5 years	-
● Utilisation rate - PHC	3.5
● Utilisation rate under 5 years - PHC	5
● Cost per PHC visit	-
● Percentage of community Health Centres (CHCs) with a resident doctor	-
● Percentage of fixed clinics supported by a doctor at least once a week	-
● Percentage of fixed PHC facility with a monthly supervisory visit	80
District Hospitals	
● Average length of stay in district hospitals	3
● Bed utilisation rate in district hospitals	72
● Total separations in district hospitals	139 924
● Patient day equivalents in district hospitals	66 828
● Total OPD headcounts in district hospitals	299 277
● Caesarean Section rate in district hospitals	11
● Cost per Patient Day Equivalent (PDE)	1200
HIV and AIDS, TB and STI control	
● Newborn Baby NVP uptake	100%
● Newborn Baby AZT uptake	100%
● Antenatal client initiated on AZT during antenatal care rate	75%
● Antenatal client Nevirapine uptake	75%
● Percentage of clients tested for HIV to those counselled (excluding antenatal)	-
● TB sputa turn-around time under 48 hours rate	75%
● TB two month smear conversion rate	75%
● PTB treatment interruption (defaulter) rate	4,4%
● Male condom distribution rate	9
● Total number of registered ART clients (on treatment)	69 348

Programme / Subprogram me / Performance Measures	Estimated Annual Target
QUARTERLY OUTPUTS	**2010-11**
Maternal, child and women health	
● Immunisation coverage under 1 year	90%
● Vitamin A coverage under 1 year	100%
● Vitamin A coverage - new mothers	90%
● Measles coverage under 1 year	96%
● Pneumococcal (PCV) 1st Dose Coverage	60%
● Rota Virus (RV) 1st Dose coverage	60%
● Cervical cancer screening coverage	10%
● Antenatal visits before 20 weeks rate	40%
● Institutional MMR rate	-
Programme 3: Emergency Medical Services	
● Percentage of P1 calls with a response time of <15 minutes in a urban area	65%
● Percentage of P1 calls with a response time of <40 minutes in a rural area	40%
● Percentage of all calls with response time within 60 minutes	65%
Programme 4: Provincial Hospital Services	
General (regional) hospitals	
● Average length of stay in regional hospital	4.6 days
● Bed utilisation rate in regional hospitals	75%
● Total separations in regional hospitals	1400
● Patient day equivalents in regional hospitals	475 000
● Total OPD headcounts in regional hospitals	209 230
● Caesarean Section rate in regional hospitals	45%
● Cost per Patient Day Equivalent (PDE)	R1800
Programme 5: Central Hospital Services	
National Central hospitals	
● Average length of stay in National Central hospitals	7.5 days
● Bed utilisation rate in National Central hospitals	70%
● Total separation in National Central hospitals	7 000
● Patient day equivalents in National Central hospitals	63 000
● Total OPD headcounts in National Central hospitals	63 000
● Caesarean Section rate in National Central hospitals	70%
● Cost per Patient Day Equivalent (PDE) in National Central hospitals	R4200

ANNEXURE 2 - DEFINITIONS OF INDICATORS AND DATA ELEMENTS IN THE APP

SITUATION ANALYSIS

TABLE A1: TRENDS IN KEY PROVINCIAL SERVICE VOLUMES

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total PHC Headcount in PHC facilities	Number of PHC patients seen during the reporting period in PHC facilities, Clinic and CHCs. Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the uptake of PHC services at each PHC facility for the purposes of allocating staff and other resources.	DHIS	PHC total headcount	Accuracy of headcount depends on the reliability of PHC record management at facility level	Output	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
Total PHC Headcount in Hospitals	Number of PHC patients seen during the reporting period in all Hospitals (district, regional, tertiary and central). Each patient is counted once for each day they appear at the facility, regardless of the number of services provided on the day(s) they were seen	Tracks the utilisation of Hospitals by patients to access PHC services , which in fact should be accessed at PHC services. This could also points to the needs for PHC services or gaps in PHC service delivery	DHIS	PHC total headcount at Hospitals	Accuracy of headcount depends on the reliability of district hospital record management at facility level	Output	Cumulative	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Programme Manager
Total Hospital Separations	Recorded completion of treatment and/or the accommodation of a patient in all hospitals (district, regional, tertiary and central) Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	All Hospital Programmes

TABLE A2: MILLENIUM DEVELOPMENT GOALS

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Prevalence of underweight (children under 5)	The percentage of children who were weighed who had an episode of growth faltering or growth failure during the reporting period	Essential for growth monitoring in children	DHIS	Numerator Number of children weighed who had an episode of growth faltering/ growth failure during the reporting period Denominator Number of children weighed during the reporting period	Accuracy dependent on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme Nutrition Programme Maternal, Child and Women's Health Programme
Incidence of severe malnutrition in children (under 5 years of age)	The number of children who weigh below 60% Expected Weight for Age (new cases per month) per 1000 children in the target population	Essential for growth monitoring in children	DHIS	Numerator The number of children who weigh below 60% Expected Weight for Age during the reporting period Denominator Children in the target population x 1000	Accuracy dependent on quality of data from reporting facility	Outcome	Number per 1000	Quarterly	No	Lower levels of prevalence of underweight (children under 5) are desired	Health Information, Epidemiology and Research Programme Nutrition Programme Maternal, Child and Women's Health Programme
Infant mortality rate	Number of children less than one year old who die in one year, per 1000 live births during that year	Monitors trends in infant mortality	South African Demographic And Health Surveys (SADHS)	Numerator Number of children less than one year old who die in one year Denominator Total number of live births during that year x 1000	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Outcome	Number per 1000 (rate)	Empirical data are provided by the SADHS every 5 years	No	Lower Infant Mortality Rates are desired	Maternal, Child and Women's Health Programme

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
HIV and AIDS prevalence among 15-19 year old group (antenatal)	Percentage of women aged 15-19 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDs in younger women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	Data are available from the annual National HIV and Syphilis Prevalence Survey	Reflects prevalence in surveyed women, not entire population.	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
HIV and AIDS prevalence among 19-24 year old group (antenatal)	Percentage of women aged 19-24 years surveyed testing positive for HIV	Tracks prevalence of HIV and AIDs in young adult women of reproductive age, and the success of efforts to combat HIV and AIDS in South Africa	Annual Antenatal and HIV Survey	Data are available from the annual National HIV and Syphilis Prevalence Survey	Reflects prevalence in surveyed women, not entire population	Outcome	Percentage	Annual	No	Lower levels of HIV and AIDS prevalence are desired	Health Information, Epidemiology and Research Programme HIV and AIDS Programme
Contraceptive prevalence rate (any method)	Percentage of women of reproductive age (15-49) who are using (or whose partner is using) a modern contraceptive method. Contraceptive methods include female and male sterilisation , injectable, and oral hormones, intrauterine devices, diaphragms, spemicides and condoms, natural family planning lactational amenorrhoea.	Track the extent of the use of contraception (any method) amongst women of child bearing age	DHIS SADHS	DHIS provides standard formula for calculation	Data are not frequently available. Empirical data are available from the SADHS, which is conducted every 5 years	Output	Percentage	Empirical data are provided by the SADHS every 5 years	No	Higher Contraceptive prevalence levels are desired	Health Information, Epidemiology and Research Programme MCWH&N Programme

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

ADMINISTRATION : TABLE ADMIN3

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

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Vacancy rate for doctors	Percentage of vacant doctors posts on the last day of the reporting period	Tracks the number of filled Doctors posts to monitor availability of Human Resources	Persal	Total Number of vacant Doctors posts on 31 March --- Total population X 100 000	Dependant on accuracy of Persal data	Process	Percentage	Annual	No	Increase in the number of doctors lead to better quality of care	Human Resources Management
Vacancy rate for medical specialists	Percentage of vacant medical specialists posts on the last day of the reporting period	Tracks the number of filled medical specialists posts to monitor availability of Human Resources	Persal	Total Number of vacant medical specialists posts on 31 March --- Total population X 100 000	Dependant on accuracy of Persal data	Process	Percentage	Annual	No	Increase in the number of medical specialists lead to better quality of care	Human Resources Management
Vacancy rate for pharmacists	Percentage of vacant pharmacists posts on the last day of the reporting period	Tracks the number of pharmacists posts to monitor availability of Human Resources	Persal	Total Number of vacant Pharmacists posts on 31 March --- Total population X 100 000	Dependant on accuracy of Persal data	Process	Percentage	Annual	No	Increase in the number of pharmacists lead to better quality of care	Human Resources Management
Attrition rate for professional nurses	Percentage of professional nurses in post at the start of the period who leave the province during the period	Tracks the rate at which Public Health Services lose professional nurses, which has a huge potential impact on service delivery	Persal	Numerator Professional nurses in post who leave the province during the period Denominator Professional nurses in post at the start of the period	Dependant on accuracy of leave management systems and Persal data	Process	Percentage	Annual	No	Reporting of lower figures is desired, as it reflects lower rates of attrition (losses) of professional nurses	Human Resources Management

Absenteeism for professional nurses	Percentage of working days lost through sickness by professional nurses	To monitor the number of working days lost through absenteeism of professional nurses, which impacts on health service delivery	Persal	Numerator Sick days for professional nurses Denominator Total working days for professional nurses	Depends on a well functioning leaver management system	Process	Percentage	Annual	No	Low figures reflect a positive picture	Human Resources Management

DISTRICT HEALTH SERVICES: TABLES DHS3 & DHS 5

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

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Professional Nurse Clinical Workload	Average number of patients a professional nurse has consulted per day	Tracks the number of patients a professional nurse consults per day.	DHIS	Numerator: PHC Total Headcount Denominator: The number of actual work days Professional Nurses, used to perform Primary Health Care services in the facility. One actual work day is normally equivalent to an 8-hour shift (40 hours of work)	Accuracy dependant on facility reporting.	Efficiency	Average	Quarterly	No	Higher workload indicates better use of human recourses.	Human Resources Management
Doctor clinical workload	Average number of patients a doctor (irrespective of rank) has consulted per day	Tracks the number of patients a doctor consults per day.	DHIS	Numerator: PHC Total Headcount Denominator: The number of actual work days Doctors, used to perform Primary Health Care services in the facility. One actual work day is normally equivalent to an 8-hour shift (40 hours of work)	Accuracy dependant on quality of data from reporting facility	Efficiency	Average	Quarterly	No	Higher workload indicates better use of human recourses.	Human Resources Management
Percentage of community Health Centres (CHCs) supported by a resident doctor	Percentage of community Health Centres (CHCs) that are supported by a resident doctor	Tracks the national norms of the PHC package	PERSAL	Numerator: Total number of CHCs that have a resident doctor Denominator: Total number of CHCs in the province	Accuracy dependant on the quality of data from the reporting facility	Input	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to the national norms	Human Resources Management Districts and Development
Percentage of fixed clinics supported by a doctor at least once a week	Percentage of fixed clinics supported by a doctor at least once a week	Tracks the national norms of the PHC package	QA	Numerator: Total number of fixed clinics supported by a doctor once a week Denominator: Total number of fixed clinics in the province	Accuracy dependant on the quality of data from the reporting facility	Input	Percentage	Quarterly	Yes	Higher percentage indicates better compliance to the national norms	Human Resources Management Districts and Development

DISTRICT HOSPITALS: TABLES DHS8 AND DHS10

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Caesarean section rate for district hospitals	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care of the district hospitals	DHIS	Numerator: Number of Caesarean sections performed Denominator: Total number of deliveries in facility	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	MCWH&N Programme Manager
Total separations in District Total	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services
Patient Day Equivalents	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: • Inpatient days • 1/2 Day patients • 1/3 OPD total headcount OPD Headcount = sum of: • OPD specialist headcount + • OPD general headcount + • Emergency headcount	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
OPD Total Headcounts in district hospitals	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: • OPD specialist headcount + • OPD general headcount + Emergency headcount	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	District Health Services
District hospitals with clinical audit meetings every month	Percentage of district hospitals having clinical audit meetings every month (12 per year)	To monitor the quality of hospital services, as reflected in levels of diseases adverse events; and proportion of deaths	Quality Assurance (QA)	Numerator: Number of district hospitals having clinical audit meetings every month Denominator: Total number of district hospitals	Accuracy dependant on quality of data from reporting facility	Quality	Percentage	Annual	No	Higher percentage suggests better clinical governance	Quality Assurance (QA)
Average length of stay in district hospitals	Average number of patient days that an admitted patient in the district hospital before separation.	To monitor the efficiency of the district hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Separations	High levels of efficiency could hide poor quality	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	District Health Services
Bed utilisation rate (based on usable beds) in district hospitals	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds.	Track the over/under utilisation of district hospital beds	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	District Health Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE) in district hospitals	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in district hospitals in the province	BAS / DHIS	Numerator: Total Expenditure in district hospitals Denominator: Patient Day Equivalent (PDE)*		Efficiency	Rate	Annually	No	Lower rate indicating efficient use of financial resources.	District Health Services.

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Total number of registered Antiretroviral Therapy (ART) clients on treatment	Number of patients on an ARV regimen	Track the headcount of patients on ARV Treatment	CCMT	Cumulative total of Number of patients on an ARV regimen		Input	Cumulative total	Annual	No	Higher total indicates a larger population on ART treatment	Programme Manager
Male condom distribution rate from public sector health facilities	Number of male condoms distributed within the province per male population 15 years and over	Track the contraceptive measures	DHIS	Numerator: Male condoms distributed within province Denominator: Male population 15 and over	Indicator reliant on accuracy of population estimates from StatsSA	Process	rate	Annual	No	Higher rate indicates better contraceptive measures which should lead to decrease in HIV/AIDS incidence.	HIV/AIDS Programme manager
Fixed facilities with any ARV drug stock out	Percentage of facilities with stock outs (>0) of any ARV drug any time in the period	Monitor shortages in ARV drugs	DHIS	Numerator: Fixed facilities out of stock of any ARV any time in the period Denominator: Number of fixed facilities		Process	Percentage	Annual	No	Targeting zero stock out. zero stock out indicates no stock outs	HIV/AIDS Programme manager
STI partner treatment rate	Percentage of partners of STI cases that receive treatment	Successful treatment of STIs requires that both the index patient and their partner(s) be treated	DHIS	Numerator: STI Partner treated Denominator: STI treated new episode	Reliant accurate capturing of new episodes.	Output	Percentage	Annual	No	Higher partner treatment rates should contribute towards decreasing levels of STIs, and HIV	HIV/AIDS Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Antenatal Client initiated on AZT during antenatal care	HIV positive antenatal clients (NOT on HAART) initiated on AZT during antenatal care as a proportion of antenatal clients (NOT on HAART) who tested HIV positive during current pregnancy.	Monitor implementation of dual therapy	DHIS	Numerator: Antenatal client INITIATED on AZT Denominator: Antenatal client (NOT on HAART) HIV test positive - total	None	Process	Percentage	Quarterly	Yes	Higher percentage indicate better AZT uptake	PMTCT Programme Manager
Antenatal client Nevirapine uptake	HIV positive antenatal clients (NOT on HAART) who took Nevirapine during labour as a proportion of live births to HIV positive women.	Monitor implementation of dual therapy	DHIS	Numerator: Antenatal client who took Nevirapine during labour Denominator: Live birth to HIV positive woman	None	Process	Percentage	Quarterly	Yes	Higher percentage indicate better Nevirapine uptake	PMTCT Programme Manager
Newborn baby NVP uptake	Babies (including BBAs and known home deliveries) given Nevirapine within 72 hours after birth as a proportion of live births to HIV positive women.	Monitor implementation of dual therapy	DHIS	Numerator: Baby given Nevirapine within 72 hours after birth Denominator: Live birth to HIV positive woman	None	Process	Percentage	Quarterly	Yes	Higher percentage indicate better NVP uptake for babies	PMTCT Programme Manager
Newborn baby AZT uptake	Babies (including BBAs and known home deliveries) initiated on AZT within 72 hours after birth as a proportion of live births to HIV positive women.	Monitor implementation of dual therapy	DHIS	Numerator: Baby given Nevirapine within 72 hours after birth Denominator: Live birth to HIV positive woman	None	Process	Percentage	Quarterly	Yes	Higher percentage indicate better AZT uptake for babies	PMTCT Programme Manager
Percentage of clients tested for HIV to those counselled (excluding antenatal)	The percentage of clients, excluding antenatal clients, receiving pre-test counselling that accepted testing and was tested for HIV.	Monitor HIV Testing rate (excluding antenatal)	DHIS	Numerator: HIV client tested (excluding antenatal) Denominator: HIV pre-test counselled (excluding antenatal)	None	Input	Percentage	Quarterly	No	Higher percentage indicate better testing rate.	HIV/AIDS Programme Manager
TB treatment interruption rate	Percentage of smear positive PTB cases who interrupt (default) treatment		ETR	Numerator: All smear positive defaulted Denominator: All smear positive newly registered		Output	Percentage	Annual	No	Lower levels of interruption reflect improved case holding, which is important for facilitating successful TB treatment	
TB sputa results received	Percentage of TB sputa tests completed	Monitor the turnaround times of	ETR	Numerator: TB sputa specimens with	Accuracy of capturing	Quality	Percentage	Annual	No	Higher percentage indicate faster	TB Programm

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
in less than 48 hours	with turnaround time of less than 48 hours	the sputa samples		turnaround time less than 48 hours Denominator: All TB sputa specimens	the date/time sampled dispatched and/or received					turnaround	e manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
New smear positive PTB cure rate	Percentage of new smear positive PTB cases cured at first attempt	Monitor the TB Cure rate	ETR	Numerator: New smear positive cured Denominator: New smear positive newly registered	Accuracy dependant on quality of data from reporting facility	Outcome	Percentage	Quarterly	No	Higher percentage indicate better cure rate for the province	TB Programme Manager

MATERNAL, CHILD AND WOMAN HEALTH: TABLES MCWH3 & MCHW4

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Immunisation coverage under 1 year	Percentage of all children in the target area under one year who complete their primary course of immunisation during the month (annualised). A Primary Course includes BCG, OPV 1,2 & 3, DTP-Hib 1,2 & 3, HepB 1,2 & 3, and 1st measles at 9 month.	Monitor the implementation of Extended Programme in Immunisation (EPI)	DHIS	Numerator: Immunised fully under 1 year Denominator: Population under 1-year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better immunisation coverage	EPI Programme manager
Vitamin A coverage under 1 year	Percentage of infants 6-11 months receiving vitamin A 100,000 units.	Monitor the Vitamin A coverage of infants	DHIS	Numerator: Vitamin A supplement to 6-12 months infant Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Vitamin A coverage, and better nutritional support to children	Nutrition Programme manager
Vitamin A coverage – new mothers	Percentage of newly delivered mothers receiving a single dose of 200,000 units	Monitor the Vitamin A coverage of new mothers	DHIS	Numerator: Vitamin A supplement to women within 8 weeks after delivery	Reliant on accuracy of total deliveries in facility	Output	Percentage	Quarterly	No	Higher percentage indicate better Vitamin A	Nutrition Programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
	vitamin A prior to 8 weeks after delivery.			Denominator: Deliveries – total = (Delivery in facility + BBA + Delivery outside facility)						coverage, and better nutritional support to children	
Vitamin A coverage under 1-4 years	Percentage of children 12-59 months receiving vitamin A 200,000 units twice a year.(The denominator is therefore the target population 1-4 years multiplied by 2.)	Monitor the Vitamin A coverage of children	DHIS	Numerator: Vitamin A supplement to 12-59 months child Denominator: Population under 5 year x 2	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Annual	No	Higher percentage indicate better Vitamin A coverage, and better nutritional support to children	Nutrition Programme manager
Measles coverage under 1 year	Percentage of children under 1 year who received measles dose	Monitor the measles coverage	DHIS	Numerator: Measles 1st dose before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Measles coverage	EPI Programme manager
Pneumococcal 1st dose coverage under 1 year	Percentage of children under 1 year who received Pneumococcal 1st dose	Monitor the Pneumococcal coverage	DHIS	Numerator: Pneumococcal 1st doses before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Pneumococcal coverage	EPI Programme manager
Rota Virus 1st dose coverage under 1 year	Percentage of children under 1 year who received Rota Virus 1st dose	Monitor the Rota Virus coverage	DHIS	Numerator: Rota Virus 1st doses before 1 year Denominator: Population under 1 year	Reliant on under 1 population estimates from StatsSA	Output	Percentage	Quarterly	No	Higher percentage indicate better Rota Virus coverage	EPI Programme manager
Severe Malnutrition under 5 years incidence	The number of children who weigh below 60% Expected Weight for Age (new cases that month) per 1,000 children in the target population.	Monitor incidence of severe malnutrition	DHIS	Numerator: Severe malnutrition under 5 years - new ambulatory Denominator: Population under 5 years	Reliant on under 5 population estimates from StatsSA	Output	Per 1000	Annual	No	To plan, evaluate and monitor nutrition programmes. Lower incidence indicate a healthy community.	MCWH Programme Manager
Cervical cancer screening coverage	Percentage of women from 30 to 59 years who were screened for cervical cancer	Monitor cervical cancer screening coverage	DHIS	Numerator: Cervical smear in woman 30-59 years screened for cervical cancer Denominator: Female population 30-59 years	Reliant on population estimates from StatsSA for women in age category 20-59 years	Output	Percentage	Quarterly	No	Higher percentage indicate better cervical cancer coverage	MCWH Programme Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Cervical cancer screening adequacy	Percentage of women from 30 to 59 years who were screened for cervical cancer and smear was adequate to provide a result	Monitor cervical cancer screening adequacy	DHIS	Numerator: Total number of adequate smears (smears with results) Denominator: Cervical smear in woman 30-59 years screened for cervical cancer	Reliant on population estimates from StatsSA for women in age category 20-59 years	Output	Percentage	Quarterly	Yes	Higher percentage indicate better adequacy	MCWH Programme Manager
Women Year Protection Rate	The rate at which couples (specifically women) are protected against pregnancy using modern contraceptive methods, EXCLUDING sterilisations.	Women Year Protection Rate is a calculation which aims at estimating how many women in a given community are protected against pregnancy.	DHIS	Numerator: Contraceptive years dispensed = (Oral pill cycle * 0.077) + (IUCD inserted * 4) + (Male condoms distributed * 0.005) + Medroxyprogesterone injection * 0.25) + (Norethisterone enanthate injection * 0.166) Denominator: Female target population 15-44 years	Reliant on population estimates from StatsSA for women in age category 15-44 years	Input	Percentage	Annual	No	Higher percentage indicate better protection rate against pregnancy	HIV/AIDS Programme Manager
Total deliveries in facilities	Number of deliveries in facility	Monitor service volumes	DHIS	Total number of deliveries in facility		Output	Cumulative totals	Quarterly	No	N/A	MCWH Programme manager
Delivery rate for women under 18 years	The number of deliveries where the mother is under 18 years on the day of delivery.	Monitor the percentage of teenage pregnancy	DHIS	Numerator: Total number of Deliveries in province to woman under 18 years Denominator: Total Deliveries in province		Outcome	Percentage	Quarterly	No	Higher percentage indicate increase in the number of teenage pregnancies	MCWH Programme manager
Institutional Maternal Mortality Ratio (MMR)	Number of maternal deaths in facility expressed per 100 000 live births. . A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the	Confidential enquiry into maternal deaths report only released every 3-5 years , so monitoring of maternal deaths on a routine basis is very important to monitor progress towards MDG target. Mortality and causes of death report does not give exact figures for	DHIS	Numerator: Maternal death in facility Denominator: Live births in facility	Reliant on accuracy of classification of inpatient death	Outcome	Ratio per 100 000 live births	Annual	No	Lower institutional rate indicate fewer avoidable deaths.	MCWH programme manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
	pregnancy or its management, but not from accidental or incidental causes (as cited in ICD 10).	maternal deaths.									
Infant mortality rate	The number of children who have died between birth and their first birthday, expressed per thousand live births.	Monitoring of infant deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	Numerator: Number of children who died before one year of age Denominator: Live births in Facility	Reliant on accuracy of in facility live births reporting	Outcome	Per 1000 live births	Annual	No	Lower infant mortality rate	N/A
Child mortality rate	The number of children who have died between birth and their fifth birthday, expressed per thousand live births.	Monitoring of children deaths on a routine basis is very important to monitor progress towards MDG.	DHIS	Numerator: Number of children who died before five years of age Denominator: Live births in Facility	Reliant on accuracy of in facility live births reporting	Outcome	Per 1000 live births	Annual	No	Lower children mortality rate	N/A
Antenatal visits before 20 weeks rate	The percentage of women who have a booking visit (first visit) before they are 20 weeks (about half way) into their pregnancy.	HIV positive mother with advanced HIV should be on HAART for as long as possible before delivery to bring the viral load down and reduce risk of mother to child transmission.	DHIS	Numerator: Antenatal 1st visits before 20 weeks Denominator: Antenatal 1st visits	Reliant on accuracy of number of weeks the client is pregnant	Process	Percentage	Quarterly	No	Higher percentage indicates better access to antenatal care.	PMTCT programme Manager

DISEASE CONTROL AND PREVENTION: TABLES DCP1 AND DCP3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Outbreaks responded to within 24 hours	A percentage of outbreaks responded within 24 hours.	Monitor the Outbreak reponse		Numerator: The average number of hours between the reporting of an outbreak, and the implementation of the agreed response Denominator: All outbreaks reported	Reliant on time calculations of the outbreak response times.	Quality	Percentage	Annual	No	Higher percentage indicate a better outbreak response	Disease surveillance
Malaria fatality rate (annual)	Deaths from malaria as a percentage of the number of cases reported	Monitor the number deaths caused by Malaria		Numerator: Deaths from malaria Denominator: Total number of Malaria cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of malaria	
Cholera fatality rate (annual)	Deaths from cholera as a percentage of the number of cases reported	Monitor the number deaths caused by Cholera		Numerator: Deaths from Cholera Denominator: Total number of cholera cases reported	Accuracy dependant on quality of data from health facilities	Outcome	Rate	Annual	No	Lower percentage indicates a decreasing burden of cholera	
Cataract surgery rate (annual)	Cataract operations completed per 1,000,000 population	Monitor the number of cataract surgery		Numerator: Cataract operations completed Denominator: Total population	Accuracy dependant on quality of data from health facilities	Outcome	Rate per 1mil population	Annual	No	Higher levels reflects a good contribution to sight restoration, especially amongst the elderly population	

EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES: TABLES EMS1 AND EMS3

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Rostered ambulances per 1000 people	Number of all rostered ambulances per 1000 population	Track the proportion of ambulances available per 1000 population	EMS Information Systems	Numerator: Total number of roistered ambulances Denominator: Total population in the province	Reliant on accuracy of population estimates by StatsSA	Input	Rate	Annual	No	Higher number of roistered ambulances may lead to faster response time	
P1 calls with a response of time <15 minutes in an urban area	Percentage of call outs to urban locations with response times within national urban target (15 mins)	Monitor Response times within national urban target	EMS Information Systems	Numerator: No of calls where Response times within national urban target Denominator: All Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Annual	No	Higher percentage indicate better response times in the urban area	EMS Manager
P1 calls with a response time of <40 minutes in a rural area	Percentage of call outs to rural locations with response times within national rural target (40 mins)	Monitor Response times within national rural target	EMS Information Systems	Numerator: No of calls where Response times within national rural target Denominator: All Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Annual	No	Higher percentage indicate better response times in the rural areas	EMS Manager
All calls with response time within 60 minutes	Percentage of call outs with response times within 60min	Monitor Response times	EMS Information Systems	Numerator: No of calls where Response times within 60min Denominator: All Call outs	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Annual	No	Higher percentage indicate better response times	EMS Manager
Percentage of operational rostered ambulances with single person crews	Percentage of operational rostered ambulances with single person crews	Monitor the proportion of ambulances with single per son crews	EMS Information Systems	Numerator: Total number of roistered ambulances with single person crews. Denominator: Total number of roistered ambulances	Accuracy dependant on quality of data from reporting EMS station	Quality	Percentage	Annual	No	Higher levels reflect poor levels of staffing for EMS, and poor quality of service	EMS Manager

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Percentage ambulance trips used for inter-hospital transfers	Percentage of ambulance trips used for transferring patients from one hospital to another	Monitor the appropriate or inappropriate use of ambulances.	EMS Information Systems	Numerator Number of ambulance trips used for transferring patients from one hospital to another during the reporting period Denominator Total Number of ambulance trips used for transferring patients from one hospital to another during the reporting period	Accuracy dependant on quality of data from reporting EMS station	Effiiency	Percentage	Annual	No	Reporting of lower figures suggests that ambulances are being used appropriately, primarily for emergenc y cases	EMS Manager
Green code patients transported by ambulance	Percentage of patients regarded as 'green code' or 'cold cases' or ' walking wounded' who are transported by ambulance	Monitor the appropriate or inappropriate use of ambulances.	EMS Information Systems	Numerator Total number of Green code patients transported by ambulance during the reporting period Denominator Total of patients transported by ambulance during the reporting period	Accuracy dependant on quality of data from reporting EMS station	Efficiency	Percentage	Annual	No	Reporting of lower figures suggests that ambulances are being used appropriately, for emergency cases, not predominantly for patient transport	EMS Manager
EMS emergency cases - total	Number of patients transported by ambulance	Monitor the service volumes	EMS Information Systems	Number of patients transported by ambulance	Accuracy dependant on quality of data from reporting EMS station	Output	Cumulative	Annual	No	N/A	EMS Manager

REGIONAL HOSPITALS: TABLE PHS2

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Caesarean section rate for regional hospitals	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in hospitals.	Track the performance of obstetric care of the regional hospitals	DHIS	Numerator: Number of Caesarean sections performed Denominator: Total number of deliveries in regional hospitals	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Hospital
Total Separations in regional hospitals	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients.	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Patient Day Equivalents in Regional Hospitals	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: • Inpatient days • 1/2 Day patients • 1/3 OPD total headcount OPD Headcount = sum of: • OPD specialist headcount + • OPD general headcount + • Emergency headcount	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
OPD Total Headcounts in Regional Hospitals	A headcount of all outpatients attending an outpatient clinic.	Monitoring the service volumes	DHIS	Sum of: • OPD specialist headcount + • OPD general headcount + Emergency headcount	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Average length of stay in Regional Hospitals	Average number of patient days that an admitted patient in the regional hospital before separation.	To monitor the efficiency of the district hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Seperations	Accuracy dependant on quality of data from reporting facility	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	Hospital Services
Bed utilisation rate (based on usable beds) in Regional Hospitals	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in regional hospitals	Track the over/under utilisation of regional hospital beds	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE) in Regional Hospitals	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in regional hospitals in the province	BAS / DHIS	Numerator: Total Expenditure in district hospitals Denominator: Patient Day Equivalent (PDE)*		Efficiency	Rate	Annualy	No	Lower rate indicating efficient use of financial resources.	Hospital Services.

CENTRAL/TERTIARY HOSPITALS: TABLE CHS2 AND CHS 5

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Caesarean section rate for Central / Tertiary hospitals	Caesarean section deliveries in hospitals expressed as a percentage of all deliveries in central and tertiary hospitals	Track the performance of obstetric care of the central and tertiary hospitals	DHIS	Numerator: Number of Caesarean sections performed in central and tertiary hospitals Denominator: Total number of deliveries in central and tertiary hospitals	Accuracy dependant on quality of data from reporting facility	Output	Percentage	Quarterly	No	Higher percentage of Caesarean section indicates higher burden of disease, and/or poorer quality of antenatal care.	Hospital
Total Separations in Central/Tertiary Hospitals	Recorded completion of treatment and/or the accommodation of a patient in district hospitals. Separations include inpatients who were discharged, transferred out to other hospitals or who died and includes Day Patients. (in central and tertiary hospitals)	Monitoring the service volumes	DHIS	Sum of: • Inpatient deaths • Inpatient discharges • Inpatient transfer out • Day patient (All above in central and tertiary hospitals)	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Patient Day Equivalents in Central/Tertiary Hospitals	Patient day equivalent is weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Monitoring the service volumes	DHIS	Sum of: • Inpatient days • 1/2 Day patients • 1/3 OPD total headcount OPD Headcount = sum of: • OPD specialist headcount + • OPD general headcount + • Emergency headcount	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
OPD Total Headcounts in Central/Tertiary Hospitals	A headcount of all outpatients attending an outpatient clinic in central and tertiary hospitals	Monitoring the service volumes	DHIS	Sum of: • OPD specialist headcount + • OPD general headcount + Emergency headcount (in central and tertiary hospitals)	Accuracy dependant on quality of data from reporting facility	Output	Cumulative totals	Quarterly	No	Higher levels of uptake may indicate an increased burden of disease, or greater reliance on public health system	Hospital Services
Average length of stay in central and tertiary hospitals	Average number of patient days that an admitted patient in this hospital spends in hospital before separation.	To monitor the efficiency of the district hospital	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Seperations (all of the above elements in central and tertiary hospitals)	Accuracy dependant on quality of data from reporting facility	Efficiency	Ratio	Quarterly	No	A low average length of stay reflects high levels of efficiency. But these high efficiency levels might also compromise quality of hospital care	Hospital Services
Bed utilisation rate (based on usable beds) in Central and tertiary hospitals	Patient days during the reporting period, expressed as a percentage of the sum of the daily number of usable beds in central and tertiary hospitals	Track the over/under utilisation of central and tertiary hospital beds	DHIS	Numerator: Inpatient days + 1/2 Day patients Denominator: Number of usable bed days (all of the above elements in central and tertiary hospitals)	Accurate reporting sum of daily usable beds	Efficiency	Percentage	Quarterly	No	Higher bed utilisation indicates efficient use of bed utilisation and/or higher burden of disease and/or better service levels	Hospital Services

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Expenditure per patient day equivalent (PDE) in central and tertiary hospitals	Expenditure per patient day which is a weighted combination of inpatient days, day patient days, and OPD/Emergency total headcount, with inpatient days multiplied by a factor of 1, day patient multiplied by a factor of 0.5 and OPD/Emergency total headcount multiplied by a factor of 0.33. All hospital activity expressed as a equivalent to one inpatient day	Track the expenditure per PDE in regional hospitals in the province	BAS / DHIS	Numerator: Total Expenditure in district hospitals Denominator: Patient Day Equivalent (PDE)*		Efficiency	Rate	Annualy	No	Lower rate indicating efficient use of financial resources.	Hospital Services.

HEALTH SCIENCES AND TRAINING: TABLE HST2

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Average training cost per basic nursing graduate	Average cost of training a basic nursing graduate	Tracks the costs of producing nurses	Human Resources Development	Numerator Cost of providing the basic graduate training course Denominator Total number of basic nursing students graduating	Data quality depends by on the reliability of financial management systems	Output	Expenditure In Rands	Annual	No	Higher average costs could reflect	Human Resources Development
Development component of HPT & D grant spent	Percentage of the development component of HPT & D grant spent	Tracks expenditure on development component of HPT & D grant , to assess absorption capacity	Human Resources Development	Numerator Total expenditure on the development component of HPT and D grant spent Denominator Total allocation for the development component of HPT and D grant spent	Data quality depends by on the reliability of financial management systems	Output	Expenditure In Rands	Annual	No	Higher levels of expenditure on the development component of HPT & D grant reflect enhanced absorption capacity.	Programme

HEALTH FACILITIES MANAGEMENT: TABLE HFM2

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

Indicator Title	Short Definition	Purpose/ Importance	Source	Method of Calculation	Data Limitations	Type of Indicator	Calculation Type	Reporting Cycle	New Indicator	Desired Performance	Indicator Responsibility
Fixed PHC facilities with access to piped water	Percentage of fixed clinics, visiting points and CHC's that have access to piped water	Tracks the provision of basic infrastructural services to PHC facilities	Health Facility Maintenance Programme	Numerator Fixed PHC facilities with access to piped water Denominator Denominator Total number of fixed PHC facilities in the Province	Comprehensive data will be available where an audit of PHC facilities has been conducted. Without an audit, data might be incomplete	Quality	Percentage	Annual	No	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities	Health Facility Maintenance Programme District Health Services
Fixed PHC facilities with access to mains electricity	Percentage of fixed clinics, visiting points and CHC's that have access to mains electricity	Tracks the provision of basic infrastructural services to PHC facilities	Health Facility Maintenance Programme	Numerator Fixed PHC facilities with access to mains electricity Denominator Total number of fixed PHC facilities in the Province	Comprehensive data will be available where an audit of PHC facilities has been conducted. Without an audit, data might be incomplete	Quality	Percentage	Annual	No	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities	Health Facility Maintenance Programme District Health Services
Fixed PHC facilities with access to fixed line telephone	Fixed PHC facilities with access to fixed line telephone	Tracks the provision of basic infrastructural services to PHC facilities	Health Facility Maintenance Programme	Numerator Fixed PHC facilities with access to fixed line telephone Denominator Total number of fixed PHC facilities in the Province	Comprehensive data will be available where an audit of PHC facilities has been conducted. Without an audit, data might be incomplete	Quality	Percentage	Annual	No	Higher percentages reflect adequate provision of basic infrastructural services to PHC facilities	Health Facility Maintenance Programme District Health Services

Average backlog of service platform in fixed PHC facilities	Expenditure required to bring all fixed provincial health clinics and CHCs up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'	Health Facility Maintenance Programme BAS	<u>Numerator</u> Expenditure required for fixed PHC facilities to reach maintenance standard <u>Denominator</u> Replacement cost for all PHC facilities	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities	Quality	Expenditure in Rands	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility	Health Facility Maintenance Programme District Health Services
Average backlog of service platform in District Hospitals	Expenditure required to bring district hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'	Health Facility Maintenance Programme BAS	<u>Numerator</u> Expenditure required for district hospitals to reach maintenance standard <u>Denominator</u> Replacement cost for all district hospitals	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities	Quality	Expenditure in Rands	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility	Health Facility Maintenance Programme
Average backlog of service platform in Regional Hospitals	Expenditure required to bring regional hospitals up to a standard requiring routine maintenance (NHFA condition 4 - that is all systems and components fully operational and fit for purpose) as a percentage of total replacement value of those	Tracks the quality (condition) of health facilities and expenditure required to render them 'fit for purpose'	Health Facility Maintenance Programme BAS	<u>Numerator</u> Expenditure required for specialist hospitals to reach maintenance standard <u>Denominator</u> Replacement cost for all regional hospitals	Data quality is reliant on accuracy of costing and assessment of the condition of health facilities	Quality	Expenditure in Rands	Annual	No	Higher average backlog of service platform reflects poor condition of health facilities. In some instances, it might even be more cost-effective to replace than to repair the facility	Health Facility Maintenance Programme

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