LIMPOPO PROVINCIAL GOVERNMENT

DEPARTMENT OF HEALTH AND WELFARE
VOTE 7: HEALTH

STRATEGIC PLAN

2003/04 & MTEF

Foreword by the Executive Authority (MEC)

In the nine years that the democratic government received the mandate to redress the historical imbalances in the delivery of healthcare services, we have made giant strides from earlier years of formulation of policies and strategies to current years that see us implementing programmes that are having a positive impact on the lives of all citizens in Limpopo Province. Evidence derived from our Annual Reports and interactions with communities portray a picture of hope. We can now confidently pronounce that we are succeeding in offering citizens of our province greater access to and better quality of services.

We have made significant interventions in various areas including school nutrition, revitalisation of hospitals and clinic building and upgrading through working in partnerships with other stakeholders. We have also succeeded in reducing mortality rates and effectively dealing with communicable and occupational diseases. The provincial HIV Prevalence Rate is stabilising giving hope for potential future reduction.

The management of our financial obligations is improving significantly with our Risk Management Plan well in motion. With our Fraud Prevention Plan being implemented, we are confident that our internal control systems are becoming more intact.

Whilst it is true that we are succeeding in breaking the cycle of disempowerment, particularly to the historically disadvantaged, we are ever conscious of the enormous challenges facing us. We are still battling with the outgrowths of a past inefficient and fragmented public health system which left legacies of dilapidated facilities, insufficient and badly managed resources and a generally disintegrated and under developed infrastructure. These challenges call upon us to continuously explore new methods and tools which will enable us to find a matching fit between available resources and the needs of our communities thus realising the universal goal of 'a better life for all.' The new Strategic Planning format for the Health Sector presents itself as one of the tools available at our disposal to assist us in bridging the gap between policy management and budgets for the purpose of realising our shared vision namely:

> 'A caring and developmental health and welfare system which promotes well-being, self-reliance and humane society in which all people in the Limpopo Province have access to affordable and good quality services.'

Given the balance between our achievements and challenges facing us, I hereby declare that my Office will give oversight to the Limpopo Department of Health & Welfare's Health Strategic Plan as presented hereunder.

Mr P.C.S Moloto
HONOURABLE MEC FOR HEALTH & WELFARE

Introduction and Sign Off by the Accounting Officer (HoD)

The predominantly rural nature of the Limpopo Province has a profound effect on the health problems that face the Province and the Department of Health and Welfare in particular. 471 clinics, 22 health centres, and 43 hospitals serve the widespread population. Many are in remote areas with poor road and communication infrastructure. This makes it hard to recruit and retain health professionals of all categories. The new policy of community service by health professionals is assisting significantly in resolving this problem.

While the Province has made significant progress in areas of improving access to services delivery and resource management, great challenges that include the following still face us:

Less than 10% of the population carry any form of health insurance and the rest are dependant on the Provincial health services. Our budget allocation remains 16% of the total provincial budget which is still 3% below the national average. We are currently spending R488.00 per capita excluding conditional grants which has makes the province the lowest funded in the country. A significant proportion of the already thin budget goes to personnel leaving a small portion for healthcare service delivery. These and other pressures covered in Part A present challenges that requires a departmental Strategic Plan that is premised on a shared vision, common purpose, measurable outputs, indicators and targets to be achieved within well thought out time frames.

The new Health Strategic Plan format is a tool to assist us present to our stakeholders, a coherent plan to deal with complex challenges facing us. This high level planning derives in part, from Chapter 2 of the Guidelines for Accounting Officers as espoused by the PFMA and its subordinate Treasury Regulations, Chapter 1 – Part III of Public Service Regulations and National Department of Health's Ten Point Plan. The Plan is a culmination of a series of intensive planning meetings between provincial managers, health districts managers and CEOs for Hospitals which sought to achieve both top-down and bottom – up planning for purposes of ownership and buying – in by all affected managers. The plan is also an attempt to bridge the gap between policy management and budget allocation processes to promote accountability by managers at all levels within the department.

All factors considered, I hereby declare that my Office will provide the necessary management oversight for the implementation of the Limpopo Department of Health & Welfare's Strategic Plan as presented hereunder.

DR H N Manzini

(HEAD OF DEPARTMENT: HEALTH & WELFARE)

EXECUTIVE SUMMARY

This document seeks to set out a structuring of strategic plan for the Limpopo Province Health Department. It attempts to reconcile the reporting requirements of the PFMA and associated treasury regulations, the PSA regulations, and the requirements of the National Treasury and the National Departments of Health.

The critical challenge that faced department was to ensure that strategic planning is developed and synchronised with the entire planning, budgeting, monitoring and reporting framework that the PFMA is seeking to put in place. The process followed by Limpopo had to ensure that the plan should thus link to, and indeed drive, MTEF projections. For this reason, the plan provides measurable objectives that are linked to budget programmes and sub-programmes.

The Plan is premised on and intends to serve as guiding milestones towards realising the departmental Vision while upholding the fundamental principles contained in our Mission Statement as shown below:

> **Vision:** A caring and developmental health and welfare system which promotes well-being, self-reliance and humane society in which all people in the Northern Province have access to affordable and good quality services.
>
> **Mission Statement:** The department is committed to providing comprehensive, integrated and equitable health and welfare services which are sustainable, cost-effective and focus on the development of human potential in partnership with relevant stakeholders.

Part A of the plan gives a comprehensive overview of the demographic and socio-economic situation in the province, overall policy, provincial priorities and strategic objectives of the Department. Part B gives details on situation analysis, programmes and sub-programmes, specific measurable objectives, indicators and corresponding medium and long term targets. Budgets trends are presented for each programme and sub-programmes as required by national guidelines. Priority areas such as HIV/AIDS, Nutrition and EMS are discussed separately together with their generic indicators. Part C provides annexures of details for financials, generic performance indicators and health facility planning.

It is anticipated that Operational Plans and budgets for all Managers at all levels will feed into monthly and quarterly reports, and both of these into the Annual Report. The annual report for the 2003/04 financial year will attempt to report against the measurable objectives and expenditure plans set out in the operational plan, as well as assess progress towards realising the overall departmental objectives set out in this strategic plan.

Table of Contents

PART A: STRATEGIC OVERVIEW

SECTORAL SITUATION ANALYSIS

1.1. Demography

1.1.1. Background

The 1996 population census indicates that the population in Limpopo is approximately 12.1% of the total population of South Africa. The province covers 123 910 km^2, with a population density of 42 people per km^2 which makes Limpopo Province to be the third most densely populated province in SA.

The Limpopo population grew from 4,2 million in 1991 to 5,5 million people in 2000. Limpopo has the highest population growth rate of 4% vs. 2.2 % national. Limpopo has 5 177 669 dependent population (including people with AIDS).

In 1991 the fertility rate was estimated at 5.8% and decreased to 3.9% in 1998. It is estimated that in 2011 the fertility rate will decrease to 3.0 (high estimate) or 2.6 (low estimate).

The average household in Limpopo in 1990 was estimated at 5.2 and decreased to 4.9 in 1996. This is higher than the national average of 4.5 in 1990 and 4.4 in 1996.

Table A-1: Land area distribution by Province in SA

Province	EC	FS	GP	KZN	MP	NC	LP	NW	WC	SA
KM^2	169580	129480	17010	92100	79490	361830	123910	116320	129370	1 219 090
%	13.9	10.6	1.4	7.6	6.5	29.7	10.2	9.5	10.6	100

Source: Pop census 1996

Table A-2: Mid year estimate for Limpopo province and gender, 1991-2000 (thousands)

Mid year pop estimates						**Pop census**	2.10..1.1 Mid year pop estimates			
Millions	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Male	1 892	1958	2023	2091	2161	2233	2253	2307	2384	2880
Female	2345	2404	2465	2528	2592	2658	2676	2725	2795	5914
Total	4237	4368	4489	4619	4753	4891	4929	5033	5179	5514

Source: Stats SA 2000

1.1.2. Racial distribution

Compared to the SA, the majority of the citizens in Limpopo are African (96.7%) followed by whites (2.4%) and the remainders are Coloureds, Indians/Asians and unspecified. (NW=91%,

MP=89%, EC=87%, FS=84%) Most Coloureds, Indians and Whites live in urban areas with better provision of services and infrastructure.
NB. The racial classification is retained here to enable us to monitor changes in the life circumstances of those who were disadvantaged during the apartheid era. *October 1995 household survey-living in the NP.*

Table A-3: Population distribution by racial groups in Limpopo

Racial group	%
Africans	96.7
Whites	2.4
Coloured	0.2
Indians/Asians	0.1
Unspecified/Other	0.6
TOTAL	100

Source: Pop census 1996

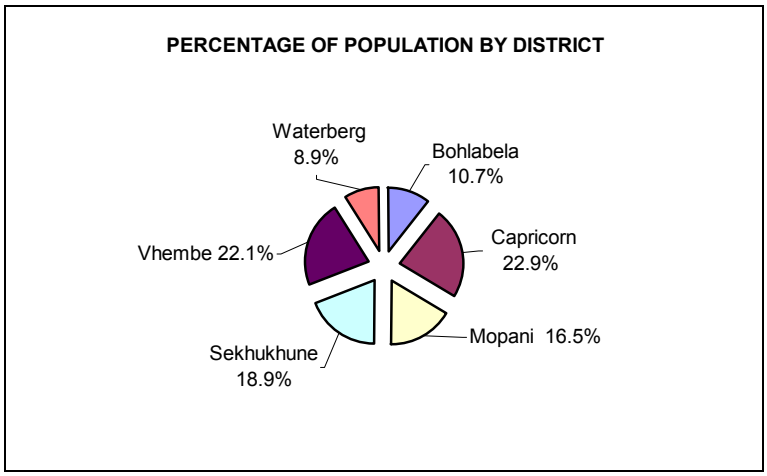
1.1.3. Urban /Rural distribution

Table A-4: % Urban/Non-urban population distribution by province (1996 census)

Province	EC	FS	GP	KZN	MP	NC	LP	NW	WC	SA
Urban	36.6	68.8	97	43.1	39.1	70.1	11	34.9	88.9	53.7
Non-urban	63.4	31.4	3	56.9	60.9	29.9	89	65.1	11.1	46.3

Source: Pop census 1996

There is a great discrepancy between rural and urban population distribution. Five of the nine provinces contain a greater % of rural to urban dwellers. (EC, LP, MP, NW, KZN) (*Dept of health, Final Strat Plan, Jul 01*). 89% of people in Limpopo live in rural areas vs. 11.1% that live in rural areas in Western Cape. The DHIS provides the following graph for 2002 on the district population distribution:



Source: DHIS 2002

1.1.4. Population distribution by age

The age distribution of the population in Limpopo resembles the typical broad base pyramid of developing countries, with a large portion in the younger age groups and a steadily decreasing proportion in the older age groups. This distribution shows that Limpopo population is somewhat younger than the African population in the whole country. Whites in Limpopo exhibits a very different age pattern, typical of industrialized societies – proportionally fewer children and more elderly people. A younger population requires more educational, recreational and health facilities.

Children under 1year:	2.4%,
Children under 5years:	13.1%
Children under 15 years:	34.64%
Female Population: 10-19yrs:	10.38%
Females 15-44years:	23.69%
Person 65yrs and older:	4.29%

Source: DHIS 2002

1.1.5. Distribution of population by Gender

Limpopo has the highest female population in the country (54.3%). Females tend to account for a larger proportion of the population than males in all provinces except for Gauteng. (F=49% vs. M=51%)There is a fast decline in proportion of males between the age groups 15-19 and 25-29 compared to that of females in the same age groups

Table A-5: Distribution population by gender

Gender	Limpopo		SA	
	No.	%	No.	%
Females	2 676 296	54.3%	21 062 685	51.9
Males	2 253 072	45.7%	19520 887	48.1

Source: census 1996

1.1.6. Socio-economic profile

The Limpopo Province has a labour force of approximately 1,1 million people, which accounts for 7,7 % of the total South African labour force.

The unemployment rate (expanded def) for the province in 1999 was 50.2 % compared to 36.2% for the rest of South Africa. *(SAHR 2001).* The unemployment rate is higher amongst African as compared to Whites in Limpopo, and highest in African women vs. African males. In Limpopo unemployment rate is higher in rural areas (45%) than in urban areas (24%). The urban rural unemployment rate pattern is the same in the SA. 41% of the unemployed males are aged between 25 to 34 years of age, whilst 29% are younger than 25% of the unemployed males are aged between 25 to 34 years of age, whilst 29% are younger than 25yrs of age. *(OHS1995).*

Unemployment rate is highest among those who had no education at all (51%). Those who have some education including standard 10 experience slightly lower levels of unemployment (40-47%). A much lower unemployment rate (12%) is experienced by those with post school qualification.

The type of work done by the employed people in Limpopo varies by race and gender. 28% of African males and 48% of African females work in elementary occupations such as cleaning, garbage collecting and agricultural labour. Operator and assembler type of work occupies 14% of African males, whilst 15% are involved in crafts and related trades. 1 in 5 African females are in semi-professional occupations such as nursing assistants. 5% of African males and 2% of African females are in managerial posts. This pattern is seen throughout the country. *(OHS 1995).*

A different picture is seen when looking at occupations by whites in Limpopo. They tend to be in occupations requiring higher levels of competence. A third of them (36%) work as artisans and craft workers, 14% are technicians and associate semi-professionals. White males are slightly more likely to be in managerial positions (12%) that the white females (8%). Nationally, a larger proportion of white males are in management positions.

Both nationally and in the province, 33% and 31% respectively are earning on average R999 or less per month. Among females, however a large proportion (41%) are earning on average R999 or les per month compared to the national figure (31%). *(OHS1995).*

The province has the highest age-dependency ratio of 91.7% vs.64.6% nationally. Medical Aid covers 7.6% of Limpopo population vs. 16.4% nationally.

Amongst the primary environmental health concerns occurring in the province are lack of access to sufficient quantities of safe water supply, good sanitation facilities, waste services, unsafe food preparation facilities and the prevalence of diseases vectors such as rodents and insects. (SARH 2000)

Table A-6: Housing quality and access to basic environmental health services in Limpopo

% Informal, traditional /backyard dwelling	41
%Household using wood/coal/animal dung for cooking	65.9
% Household without toilet facilities	21.2
%Household using electricity for cooking	36.6
%Household without access to indoor tap	82.2
%Household with telephone	7.5

Source StatsSA, census in brief (1996) 1998

1.2. Epidemiological profile

1.2.1. Health Status and determinants

The health status of the South African population is poor due to the multiple burden of diseases from a combination of poverty related diseases, emerging and re-emerging diseases and injuries. The HIV/AIDS epidemic has exacerbated this in recent years resulting in increased mortality rates and reduced life expectancy (SAHR 2000)

Table A-7: Selected mortality rates

Mortality Rates	Limpopo	Eastern Cape	SA
Infant Mortality Rate/1000 live births	37.2	61.2	45.5
U5 mortality Rate/1000 live births	52.3	80.5	59.4

Source: SAHR 2000

The disparity between population groups is narrowing. Based on child mortality rates, the risk of dying for Africans was twice high as for Whites in 1995 (African=2.0 vs. Whites 1.0) compared with 4 times higher in 1990(Africans=3.9 vs. 1.0)

There is a similarity between Limpopo and Western Cape in terms of the Infant Mortality rate and the HIV prevalence rate amongst pregnant women. Western Cape has the lowest HIV prevalence rate (8.6%) and lowest infant mortality rate (30/1000 live births) whilst Limpopo is the second lowest province for both HIV prevalence (14.5%) and the Infant mortality rate (37.2/1000 live births). Compared Eastern Cape with an Infant mortality rate of 61.2/1000 live births and the HIV prevalence of 21.7%.

In terms of the under five mortality, rate Limpopo province is the third lowest in the country (52.3/1000live births) Eastern Cape that has the highest mortality rate (80.5%)

The correlation of HIV prevalence and Child mortality rates as observed in various provinces is due to Mother Child Vertical transmission of HIV.

The crude deaths rates in Limpopo increased from 2.6% in 1994 to 12.8% in 2001. This pattern is observed in all the provinces and correlates to the HIV epidemic.

Understanding the causes of death is important in order to reduce the child mortality. Age-specific variations in the causes of death illustrate the following pattern:

- Under 5's die from diarrhoeal diseases, nutritional deficiencies and respiratory infections
- 5-14 yrs of age die from trauma (both road traffic as well as domestic)
- Young adults die from trauma, Tuberculosis, lower respiratory infections
- Over 45 yrs of age die from Tuberculosis, trauma, stroke

Table A-8*: **MAJOR CAUSES OF DEATH***

CAUSES OF DEATH	FREQUENCY %	CAUSES OF DEATH	FREQUENCY %
Ill-defined (All natural)	23.5	Lower Respiratory Infections	4.8
Undetermined injuries	9.1	Diarrhoeal Disease	3.9
Cardiovascular disease	7.4	Diabetic Mellitus	3.1
Stroke	5.9	Ischaemic Heart Disease	3
Tuberculosis	5.6	Road accidents	1.8

(Source= MRC 2001)

Table A-9: HEALTH INDICATORS: Women's Health

Service	Indicator	2000	2001	2002
Women's health	Antenatal visits per antenatal client	3.5	3.9	3.9
	Tetanus toxoid Toxoid protection rate	63%	66%	65%
	Delivery coverage in PHC facilities	16%	13%	27%
	Delivery coverage in Hospitals	51%	58%	50%
	No. of Termination of Pregnancy (CTOP)	2133	4429	4493
	% less than 18 years old	50.6%	10%	12%
	% less than 12weeks of gestation	42%	20%	15%

(Source: DHIS)

Prior to 2000, CTOP services was utilized by women younger than 18years of age, and now the trend change where older than 18years women utilize the service more frequently. The trend has also changed with gestational age more terminations are now done before 12 weeks of gestation with in line with the Act.

Table A-10: HEALTH INDICATORS: Children's Health

Service	**Indicator**	**2000**	**2001**	**2002**
Children's Health	Still birth rate	2.3%	2.3%	2.5%
	% Fully immunized under 1year	64%	66%	68.5%
	% OPV 3 Coverage	65%	72%	71%
	DPT-Hib 3 coverage	70%	72%	71%
	Diarrhoeal Incidences per 1000	15	16	14
	Lower Respiratory Tract Infections per 1000	31	25	24

(Source: DHIS)

Table A-11: HEALTH INDICATORS: TB

Service	**Indicator**	**2000**	**2001**
TB	Bacteriological coverage	90.7%	90.7%
	Cure rate – Overall	52.8%	53.4%
	Cure rate – new smear positive	60.3%	61.7%
	Interruption rate – overall	15.5%	10.3%
	TB death rate – overall	8.7%	10.4%

(Source: Provincial TB system)

1.2.2. NOTIFIABLE MEDICAL CONDITIONS

The highest Notifiable medical condition in Limpopo and across all provinces is TB. 100.6/100 000 population were notified in 2002. The new smear positive cure rate improved from 60.3% in 2000 to 61.7% in 2001. Viral Hepatitis accounted for 1.1/100 000 population in 2002 whilst typhoid accounted for 1.65/100 000 population. Syphilis prevalence was 4.8% in 2002.

Despite the low coverage provincially, the incidence of measles has declined dramatically, the 3.5/100 000 cases that were reported in 2001and 1.9/100 000 in 2002, with no death were later found to be rubella cases after blood investigation were done. The last significant measles outbreak occurred in 1999 in Sekhukhune district. The immunization campaigns have interrupted the transmission rate of measles and other vaccine preventable diseases.

Table A-12: Reported cases of selected Notifiable conditions

Reported cases per 100 000	TB	Measles	Viral Hepatitis	Typhoid per	Syphilis % (Antenatal)
2000	86.2	5.6	2.7	1.7	4.2%
2001	90.7	3.5	1.6	3.8	4.8%
2002	100.6	1.9 (Rubella)	1.1	1.65	

(Source: Notification system)

In 2001 three districts - Capricorn, Vhembe and Waterberg, were affected by cholera. A total of 793 cases were confirmed with a case fatality rate of 0.25%. The cholera was controlled in 7weeks. In 2002 two districts Capricorn and Waterberg were affected by another outbreak, a total of 464 cases were confirmed with a fatality rate of 0.4%. The outbreak was control within 4 weeks.

1.2.2. HIV/AIDS/STI/TB

The 1998 to 2001 HIV seroprevalence surveys suggest some stabilization (i.e.the rate of increase is decreasing) of the HIV prevalence (11.5% to 13.2% to 14.5% respectively). The increase between these years is not statistically significant. This pattern has been observed nationally. The antenatal sero-prevalence survey conducted in public sector clinics has been the major surveillance system for the province and the 2001 estimate of HIV prevalence is 14.5%. Limpopo Province has been the third lowest province in terms of the HIV prevalence and is now the second lowest affected by the epidemic.

Table A-13: HIV prevalence by province for 2000/2001 (%)

	YEAR	
Provinces	**2000**	**2001**
WC	8.7	8.6
NC	11.2	15.9
LP	13.2	14.5
EC	20.2	21.7
NW	22.9	25.2
FS	27.9	30.1
GP	29.4	29.8
MP	29.7	29.2
KZN	36.2	33.5

1.3. Broad structure of public health service

1.3.1. General

Table A-14: FIXED PHC FACILITIES(clinics plus community health centres)

PHC facilities	Number	Population per facility
Province wide	486	12002
Least served health district	3(Bohlabela, Sekhukhune & Capricorn)	17043
Best served health district	1 (Waterberg)	8134

Table A-15: POPULATION BY SUBDISTRICT AND PHC ACCESS AND UTILISATION

District	Municipality	Population				OPD/ day	OPD /head of population	PHC Facilities		
		Municipality population	Local Coverage	Unserved population	Local Estimate			Total PHC Facilities	Population per PHC facility	PHC facility surplus / deficit
Capricorn	Aganang Municipality	184366	35455	148911	196167	340	0.7	6	30728	-12
Capricorn	Blouberg Municipality	154433	54544	99889	151755	523	1.2	22	7020	7
Capricorn	Lepelle-Nkumpi Municipality	312153	136863	175290	293049	1312	1.5	23	13572	-8
Capricorn	Molemole Municipality	104639	36145	68494	108602	347	1.2	9	11627	-1
Capricorn	Polokwane Municipality	583136	234551	348585	575316	2249	1.4	35	16661	-23
Capricorn District		**1338727**	**497558**	**841169**	**1324889**	**4771**	**1.3**	**95**	**14092**	**-39**
Bohlabela	Bushbuckridge Municipality	543370	206896	336474	529801	4349	2.9	37	14686	-17
Bohlabela	Maruleng Municipality	77067	54739	22328	73819	525	2.5	11	7006	3
Bohlabela District		**620437**	**261636**	**358801**	**603620**	**4874**	**2.9**	**48**	**21692**	**-14**
Mopani	Ba-Phalaborwa Municipality	91625	99161	-7536	90158	951	3.8	11	8330	2
Mopani	Greater Giyani Municipality	259109	242114	16995	250726	2322	3.3	22	11778	-4
Mopani	Greater Letaba Municipality	228024	183297	44727	224775	1758	2.8	23	9914	0
Mopani	Greater Tzaneen Municipality	383078	299777	83301	387500	2875	2.7	38	10081	0
Subtotal Mopani District		**961836**	**824349**	**137487**	**953159**	**7905**	**3.0**	**94**	**10232**	**-2**
Sekhukhune	Fetakgomo Municipality	115419	38673	76746	134556	371	1.2	12	9618	0
Sekhukhune	Groblersdal Municipality	204819	45302	159517	182490	434	0.8	9	22758	-11
Sekhukhune	Makhudutamaga Municipality	358152	149601	208551	370248	1435	1.5	22	16280	-14
Sekhukhune	Marble Hall Municipality	111927	24896	87031	92427	239	0.8	6	18655	-5
Sekhukhune	Tubatse Municipality	314539	90913	223626	314176	872	1.0	23	13676	-8
Subtotal Sekhukhune District		**1104856**	**349385**	**755471**	**1093897**	**3350**	**1.1**	**72**	**15345**	**-38**
Vhembe	Makhado Municipality	532168	354520	177648	553166	3400	2.3	52	10234	-1
Vhembe	Musina Municipality	37213	25934	11279	36984	249	2.4	4	9303	0
Vhembe	Mutale Municipality	91579	75884	15695	97080	728	2.9	16	5724	7
Vhembe	Thohoyandou/Malamulele M	625514	450822	174692	592002	4323	2.5	51	12265	-12
Subtotal Vhembe District		**1286474**	**907160**	**379314**	**1279232**	**8699**	**2.5**	**123**	**10459**	**-6**

Waterberg	Bela-Bela Municipality	45558	35229	10329	45558	338	2.7	5	9112	0
Waterberg	Lephalale Municipality	65319	37343	27976	65242	358	2.0	7	9331	0
Waterberg	Modimole Municipality	23530	44486	-20956	23530	427	6.6	4	5883	2
Waterberg	Mogalakwena Municipality	354396	157835	196561	368612	1513	1.6	28	12657	-7
Waterberg	Mookgopong Municipality	12995	16347	-3352	12995	157	4.4	3	4332	2
Waterberg	Thabazimbi Municipality	18784	26514	-7730	18784	254	4.9	7	2683	5
Subtotal Waterberg District		**520582**	**317754**	**202828**	**534721**	**3047**	**2.1**	**54**	**8134**	**2**
Total Limpopo Province		**5832912**	**3157842**	**2675070**	**5789518**	**32645**	**2.0**	**486**	**12002**	**-83**

Source: SPS Nov 2001

Table A-16: Public hospitals

Hospital type	Number	Number of beds	Beds per 1000 people	Beds per 1000 uninsured people
District	32	5430	0.931	1.007
General (regional)	6	1752	0.300	0.325
Central	1	906	0.155	0.168
Sub-total acute hospitals	**39**	**8088**	1.387	1.501
Tuberculosis			0.000	0.000
Psychiatric	3	2052	0.352	0.381
Chronic medical and other specialised		769	0.132	0.143
Chronic medical and		769	0.132	0.143
other specialised			0.000	0.000
Total	**42**	**10909**	1.870	2.024

Included in the above figures are 2 hospitals run by Lifecare for the Department. They have a total of 168 acute beds, 10 chronic beds and 459 Psychiatric beds. The chronic beds are distributed among the district and regional hospitals. Numbers of public health personnel and vacancy rates by main category

1.3.2. Extent of private health care activity

The Limpopo province has nine private facilities that are licensed for health care. These facilities provide a total of 458 hospital beds. The facilities are located in Thabazimbi, Bela Bela, Lephalala, Phalaborwa and Polokwane. These facilities serve about 7.6% (1999 figures) of the population(those that have medical aids.)

1.4. HUMAN RESOURCES

On the next page are some human resource statistics. Overall there are significant vacancies in the Department. Following are some of the Department's strategies to attract & keep staff:

- Providing accommodation for scarce skills, especially in the remote rural area: -The Department intends going into a public private partnership to have accommodation built and operated by a partner. After an agreed upon time the property will be transferred to the government. The accommodation will be subsidised for the scarce skills.
- A rural allowance will be used as an incentive for all scarce health professionals in rural areas, not only for doctors as is presently the case.
- A rural bias will be applied when implementing human resource development.
- Scarce critical skills may be offered higher salary notches.
- Bursaries will have a bias towards rural candidates.

Obviously due to budgetary constraints only a small portion of the vacant posts can be filled. It is projected that about R40m will be available in 2003/04 for critical staff. This translates into 400-450 additional staff , depending on the salary level.

Table A-17: Selected Human Resource statistics

Categories	Number employed	% of total number employed	Number per 1000 people	Number per 1000 uninsured people	Vacancy rate	% of total personnel budget	Average annual cost per staff member
Medical officers	431	1.85%	0.074	0.080	0.254	5.12%	221,432
Medical specialists	37	0.16%	0.006	0.007	0.825	0.50%	250,426
Dentists	29	0.12%	0.005	0.005	0.701	0.25%	157,924
Dental specialists		0.00%	0.000	0.000		0.00%	
Professional nurses	5093	21.84%	0.873	0.945	0.248	35.97%	131,625
Staff nurses	3053	13.09%	0.523	0.566	0.136	10.77%	65,745
Nursing assistants	2695	11.56%	0.462	0.500	0.455	6.91%	47,773
Pharmacists	101	0.43%	0.017	0.019	0.348	0.86%	157,924
Allied health professionals and technical staff[3]	1389	5.96%	0.238	0.258	0.572	6.23%	83,540
Managers, administrators and logistical support staff	10491	44.99%	1.799	1.946	0.429	33.41%	59,362
Total	23,319	100.00%	3.998	4.327	0.385	100.00%	79,929

These figures are as at 1 November 2001 and use the 2001/02 costs. The medical officers and medical specialists may be reported as somewhat high due to the fact that they include session doctors and not full time equivalents. This will impact on the vacancy rate , % of total employed, number per 1000 population, and average annual cost per staff member.

1.4.1. Summary of human resource development plan

1.4.1.1. Objective 1: To ensure the availability of skills for effective service delivery

1.4.1.1.1. Identifying training and development needs
- Personnel Audit
- Skills Audit
  - At individual level
  - At organizational level
- Performance Appraisal by line managers
- Recognition of prior learning
- Competency designing and work profiling

1.4.1.1.2. Compiling the workplace skills plan
1.4.1.1.3. Attendance of courses, seminars, conferences etc
1.4.1.1.4. Full time and part-time studies
1.4.1.1.5. Implementation of training and development programs
1.4.1.1.6. Impact Assessment

1.4.1.2. Objective 2: To improve literacy, numeracy and skill training

In order to be in line with the National Skills Development Strategy and the National HRD Strategy, the following programs will be introduced:

- ⇨ Adult Basic Education and Training (ABET) including Life Skills
  - General Education and Training
  - Further Education and training
- ⇨ Skills training for non skilled employees
- ⇨ Ensure all employees have skills required to do a job
- ⇨ Retraining of supernumerary employees to fill the skills gap

1.4.1.3. Objective 3: To address Employment Equity – the HRD strategy

The following programs will be implemented:

- ⇨ Identify/compile list of disabled employees that can be prepared for management position and provide management training.
- ⇨ Identify/compile pool of disabled employees and identify and implement relevant skills training programmes.
- ⇨ Compile a pool of female employees at level 8 – 12 and identify and implement training programmes to prepare them for management positions.
- ⇨ Give priority to previously disadvantaged individuals especially from the rural areas for bursaries.
- ⇨ Give priority and fast track training and development of the above-mentioned groups especially at districts i.e. clinics, health centres and institutions at the sub district level.

- A group of employees from designated groups at level 8 – 12 will be identified each year to undergo intensive management training overseas or in other African countries
- An ABET Programme will be proposed to develop skills at level 1 – 7

- Employees at level 8 – 11 will be identified and sent for fellowships or twinning programmes in other countries. This will be in areas of Human Resources, Public Management and Hospital Management.
- Each EE Committee in its plan will identify employees from designated groups for development.

Table A-18: HRD HEALTH VOTE PRIORITIES

Priority Area	Target Group	Level
1. ABET	Employees without matric	1-5
2. HIV/AIDS Training	All employees	All levels
3. Managing workplace discipline	All unit supervisors at clinics and institutions and welfare units at districts	5-8
4. Supervision Principles	All unit supervisors at clinics and institutions and welfare units at districts	5-8
5. Financial Management	All unit supervisors at clinics and institutions and welfare units at districts	5-8
6. Management	All unit supervisors at clinics and institutions and hospital managers	7-9
7. Advanced Midwifery	All clinic midwives	6-8
8. Medical Specialists Training	Medical doctors	-
9. Batho Pele	Clinic and hospital employees	1-8
10. Team Building	All nurse supervisors at clinics and hospitals	6-9
11. Work improvement teams	Unit supervisors at the districts	5-9
12. Legislative framework	Unit supervisors at the districts	5-9

1.4.1.4. To ensure management commitment towards career-pathing

To provide career-pathing opportunities for all employees and improve service delivery, the following will be implemented:

- ⇨ All supervisors / line managers to identify skills gaps during performance appraisal and provide information to HRD on a quarterly basis for training and development.
- ⇨ Part-time bursaries provided to employees – preference should be given to bursaries that are relevant to the work of the employees.
- ⇨ Part-time bursaries for multi-skilling or non-work related studies will get last preference if funds are available – This clause does not mean that employees will not be given an opportunity for multi-skilling where funds are available especially where such skills are required by the Department.
- ⇨ Full time bursaries and training and development for skills necessary for service delivery e.g. nurses, doctors, specialist, etc.
- ⇨ The performance management tool used by senior managers should have a key performance area that binds them to ensure career pathing and development of their employees.
- ⇨ The job description of each employee should show the inherent requirement of the job with regard the qualifications, competencies and other courses to be

attended, versus those that the incumbent of the posts possess and the gap and when the manager/supervisor will ensure that the employee receives such training or development.

⇨ Managers/supervisors should advice and encourage their subordinates on possible career paths they can follow.

1.5. Additional information

- **Public consultation arrangements**: The Department has the following formal structures to ensure adequate consultation:
  - Provincial Health and Welfare Authority(chaired by the MEC).
  - District Health Authorities
  - Hospital Boards
  - Clinic committees

- **Information systems**:
  - The Unicare system is installed in all the hospitals that have a wide area network connection. This system tracks individual patients.
  - The District Health information system is implemented at the clinics. This system aggregates patients.
  - The transversal systems include BAS, FINEST and PERSAL.

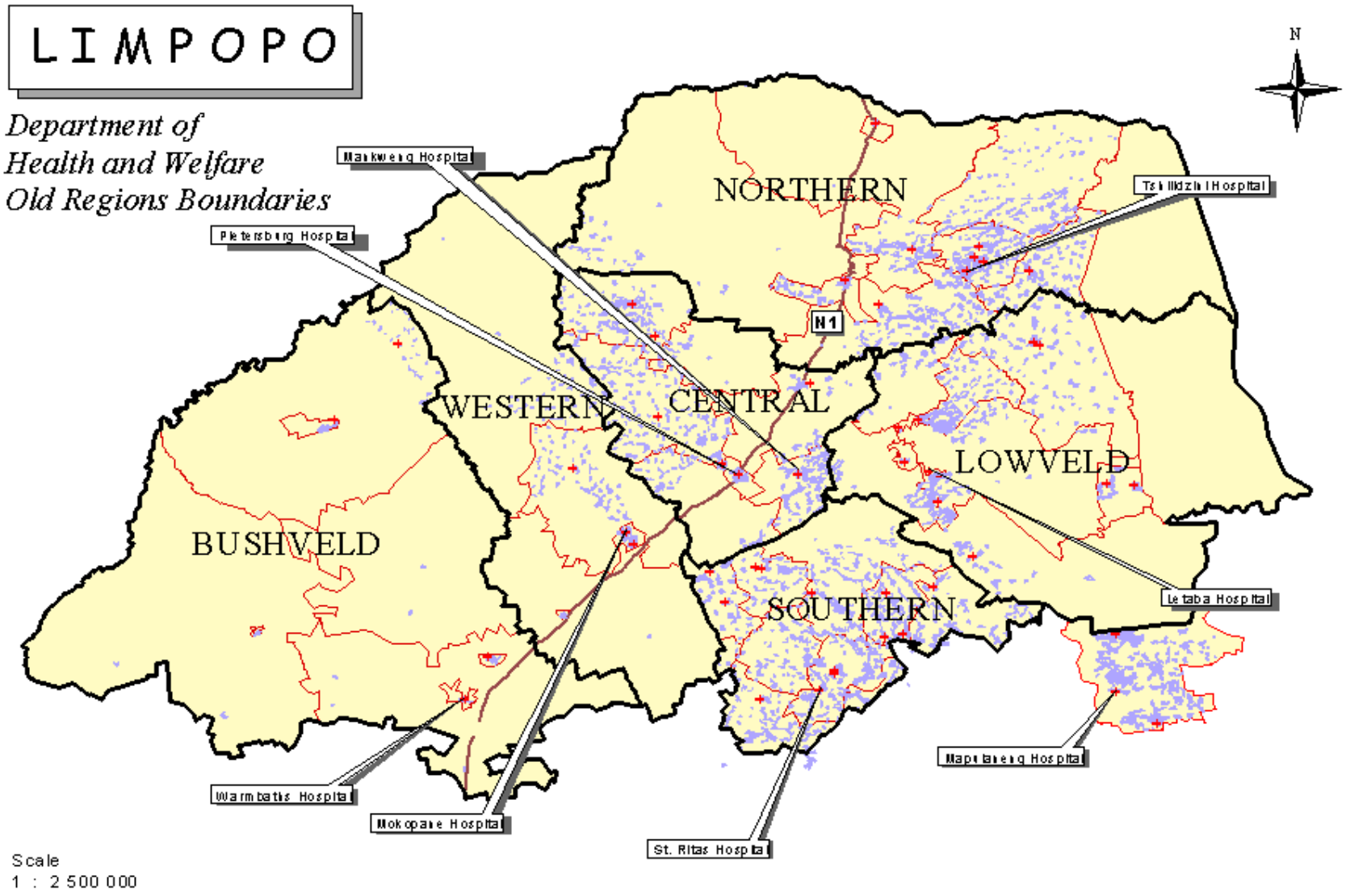
- **Tying strategic plans, implementation and performance:** In addition to this strategic plan the Province has implemented a process whereby the budget is related to objectives. Two documents are produced annually as business/operational plans to achieve this. They are the *GFS* and the *Management Plan*

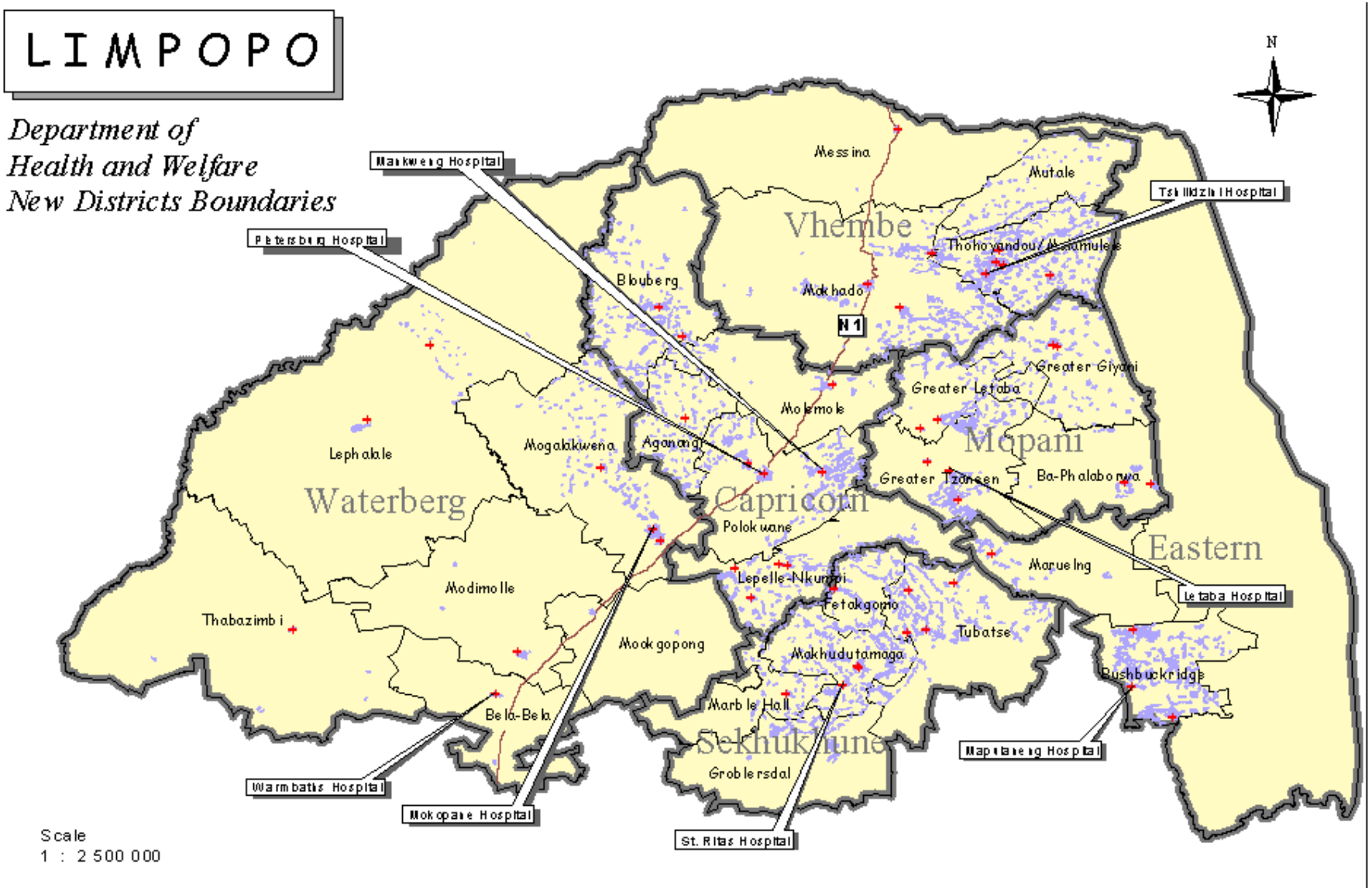
1.6. Map of health districts and sub-districts

Geographically the Limpopo Province is sharing three international borders with Zimbabwe, Botswana and Mozambique. Inter-provincially it also neighbours North West- Gauteng-, and Mpumalanga Province. Although cross border immigration is a reality, it is difficult to quantify it at the moment. It is however a well known fact that the cross boundary flow of people impacts on service delivery.

Table A-19: Old regions/districts vs new districts/municipalities

OLD REGION	OLD DISTRICTS	New District	New Municipality
Central	Moletji/Matlala	Capricorn	Aganang Municipality
Central	Bochum/Dendron	Capricorn	Blouberg Municipality
SOUTHERN	Zebediela/Lebowakgomo	Capricorn	Lepelle-Nkumpi Municipality
Central	Dikgale/Soekmekaar	Capricorn	Molemole Municipality
Central	Maraba/Mashashane	Capricorn	Polokwane Municipality
Bushbuckridge	Bushbuckridge South	Eastern	Bushbuckridge Municipality
	Bushbuckridge North	Eastern	Maruleng Municipality
Lowveld	Greater Phalaborwa	Mopani	Ba-Phalaborwa Municipality
	Greater Giyani	Mopani	Greater Giyani Municipality
	Mooketsi/Bolobedu	Mopani	Greater Letaba Municipality
	Haenesburg/Letsitele/Tzaneen	Mopani	Greater Tzaneen Municipality
Southern	Fokotlou/Fetakgomo	Sekhukhune	Fetakgomo Municipality
	Hlogotlou/Lepelle/NeboNorth	Sekhukhune	Groblersdal Municipality
	Ngwaritsi/MakhuduThamaga/Tubatse/Steelpoort	Sekhukhune	Makhudutamaga Municipality
	Hlogotlou/Lepelle/NeboNorth	Sekhukhune	Marble Hall Municipality
	Dilokong/Eastern Tubatse	Sekhukhune	Tubatse Municipality
Northern	Louis Trichardt/Alldays/Elim/Hlanganani	Vhembe	Makhado Municipality
	Nzhele/Tshipise	Vhembe	Musina Municipality
	Mutale/Masisi	Vhembe	Mutale Municipality
	Greater Thohoyandou	Vhembe	Thohoyandou/Malamulele Municipality
Bushveld	Warmbarths/Nylstroom	Waterberg	Bela-Bela Municipality
	Ellisras	Waterberg	Lephalale Municipality
	Warmbarths/Nylstroom	Waterberg	Modimole Municipality
Western	Naboomspruit/Potgietersrus/Koedoesrand/Rebone/Bakenberg	Waterberg	Mogalakwena Municipality
	Warmbarths/Nylstroom	Waterberg	Mookgopong Municipality
	Warmbarths/Nylstroom	Waterberg	Thabazimbi Municipality


LIMPOPO
Department of
Health and Welfare
Old Regions Boundaries
N
Mankweng Hospital
Pietersburg Hospital
Tshilidzini Hospital
NORTHERN
N1
WESTERN
CENTRAL
LOWVELD
BUSHVELD
SOUTHERN
Letaba Hospital
Mapulaneng Hospital
Warmbaths Hospital
Mokopane Hospital
St. Ritas Hospital
Scale
1 : 2 500 000


LIMPOPO
Department of
Health and Welfare
New Districts Boundaries
N
Mankweng Hospital
Petersburg Hospital
Tshilidzini Hospital
Letaba Hospital
Mapulaneng Hospital
Warmbaths Hospital
Mokopane Hospital
St. Ritas Hospital
Messina
Mutale
Vhembe
Thohoyandou
Blouberg
Makhado
N1
Greater Giyani
Greater Letaba
Molemole
Mopani
Lephalale
Mogalakwena
Aganang
Greater Tzaneen
Ba-Phalaborwa
Waterberg
Capricorn
Polokwane
Eastern
Maruleng
Lepelle-Nkumpi
Modimolle
Tetakgomo
Thabazimbi
Tubatse
Mookgopong
Makhudutamaga
Bushbuckridge
Marble Hall
Bela-Bela
Sekhukhune
Groblersdal
Scale
1 : 2 500 000

1.7. Major health service challenges

- **Imbalances in service structure**: Developing the tertiary services is in process. A lot has been achieved but significantly more is required before the Province is self sufficient. In juxta position to this is the need to shift more resources to primary health care. In addition devolution of municipal health services to local government will be a challenge for the next few years.
- **Staff mix and provision of care**: Under funding impacts on the ability to appoint needed staff, never mind scarce resources which are always more difficult to acquire in a rural area. Lack of security at clinics remains a significant problem impacting on the ability to provide full 24 hour services. The single biggest challenge of all remains the management of HIV/AIDS/TB/STI.
- **Problems in referral chain**: Due to under funding the emergency medical services and other patient transport are not adequate. This impinges on the referral chain. Additionally due the phased development of regional hospitals all the necessary services can not be provided at the nearest point, requiring additional transport. Some services are not yet provided in the province and not adequately in Gauteng either. The main area in this category is radiotherapy. Gauteng is not willing to provide hotel facilities in there hospitals for these patients.
- **Hospital revitalisation**: The major problem is that due to under funding there is not enough finances to deal with the backlog of R1,8 billion rand needed for facility development. The under funding also affects the ability to wipe out maintenance backlogs. Appropriate health technology is affected by this as well. In addition the wide area network infrastructure leaves much to be desired. The level of capacity in administrative areas is also a problem. With the implementation of the PFMA it has become apparent that a lot of capacity development in terms of financing and human resource management and planning needs to take place.
- **Quality of care improvements**: The Batho Pele initiatives have improved the quality of care. However, there is still room for improvement in this area. Another problem is that the private sector vilifies the public sector health to increase their market share. These negative perceptions are often not true as the government hospitals sometimes have better equipment and facilities than the private hospitals.
- **Public Private interactions**: A lot of of NGO's work with government in delivering services to the public, especially in the areas of primary school nutrition and HIV/AIDS. Some of these need to be developed in producing business plans and in financial management.
- Implementing the Department's **fraud prevention plan** is another challenge that is being given a lot of attention in order to comply with the PFMA.

1.8. General issues impacting on services

There are key issues which impact on the capacity of the Department of Health to deliver quality services and improve health outcomes of the population of this province. These are:

- The first and most important issue is that the Limpopo Province is one of the poorest in terms of funding for health. The per capital funding of the LP is 25% less than the equitable share of the national budget, without taking the tertiary service conditional grant into account which favours the better resourced provinces. This has the most fundamental impact on the capacity of the DoHW to deliver on its priorities and meet health needs.
- Due to budget constraint and a lack of development of services historically, the population of the province is under serviced with one of the lowest admission rates in the country (65/1000 for non-Aids acute admissions). It is unethical to allow such a situation to continue when many of the conditions from which people die are either preventable or curable with adequate access to services.
- The historical service configuration is not the most optimal for the population and the new demarcation of boundaries. Future service planning would ensure a configuration which enables access, and ensures efficiency (by avoiding duplication and low occupancy).
- Inadequate access to health facilities affects utilisation of health services. Unsuitable facilities in poor condition impacts negatively on the quality of care. Significant capital investment is required to improve both the access to and quality of health services.

1.9. Conclusions drawn from provincial strategic position statement(SPS)

The four options developed by the DoHW of the Limpopo Province were as follows:

Scenario 1: The Status Quo

In scenario 1 the current funding envelope was used as a funding baseline to deliver services along similar lines to what is offered presently. The implications of this scenario for the Province are:

- admission rates would be lower than present for an already under-served population
- no significant service development would take place in the next 10 years
- the current PHC delivery model and level of service would remain the same
- there would be minimal tertiary service development
- hospital beds would reduced significantly (by 16%) with consequent reduction in access to hospital services
- capital development of health facilities would be moderate
- there would be a negative impact on the health status of the population as a whole
- health services would have very limited capacity to manage the anticipated service load of preventive services and acute presentations relating to the HIV/Aids epidemic.

Scenario 2: Full PHC Funding

In scenario 2 the current funding envelope was used as a funding baseline to deliver services but PHC would be fully funded according to the national PHC package at the expense of hospital services. The implications of this scenario are:

- PHC services would be fully developed in line with national policy and costing framework
- a substantial reduction in hospital admission rates (by 40% for non AIDS related conditions) and beds (by 46%) with consequent reduction in access to hospital services
- capital development of hospital facilities would be low
- improved health status of the population as a whole due to improved PHC services, but poorer health outcome for individuals requiring hospital services
- capacity to manage the anticipated service load relating to the HIV/Aids epidemic would improve at PHC level but diminish at hospital level.

Scenario 3: The National Efficiency Model

In Scenario 3 health services would be developed in line with national recommendations derived from the sustainability model which would result in a deficit of just over R1bn. The implications of this scenario would be:

- PHC services would be fully developed in line with national policy and costing framework
- significant increase in hospital admissions (by 16%) accompanied by a substantial reduction in beds (by 32%) due to stringent national hospital efficiency levels
- reduced access to hospital services due to massive bed reductions imposed by inappropriate ALOS in an underdeveloped rural environment
- moderate capital development of health facilities
- overall health status may improve
- capacity to manage the anticipated service load relating to the HIV/Aids epidemic would improve at both PHC and at hospital level.

Scenario 4: The Optimal Needs Driven Scenario (Equity Budget)

In scenario 4 an equitable budget baseline is used which assumes the Limpopo Province is allocated equitable share of the national health budget (based on national average per capita expenditure excluding tertiary services. The deficit with the current budget projection is R1,4bn. The implications of the scenario are:

- PHC services would be fully developed in line with national policy and costing framework
- A sustainable hospital delivery system which provides quality care that is more efficient but also more equitable (in terms of access)
- Significant increase in hospital admissions due to improved access to services and quality of care
- Significant investment in education and training
- major expansion of emergency medical services and patient transport services
- optimal capital development and maintenance of facilities

- improvement in health status of the population
- capacity to manage the anticipated service load relating to the HIV/Aids epidemic would improve at both PHC and at hospital level.

The preferred scenario for the DoHW Limpopo Province is Scenario 4: the Optimal Needs Driven Scenario. This is the only scenario that addresses all the Departmental priorities adequately. The budgetary constraints(see 1.8 supra) make this option unaffordable at this stage. The Department will continue to pursue additional funding from national and provincial treasuries. Table A-17 below summarises the quantitative implications of the different scenarios.

Table A-20 : Quantitative Results of Scenario Model Options

	Scenario 1 Status Quo (R'000)	**Scenario 2 Full PHC Funding (R'000)**	**Scenario 3 National Efficiency Model (R'000)**	**Scenario 4 Optimal Needs Driven (R'000)**
Funding Envelope: R 2 650 554 + Tert. R91 040 = R2 741 594	R 2 ,741, 040	R2,741,040	R2,741,040	R4,182,654
Expected Deficit from Given Funding	-R.0	-R15,485	-R1,004,912	-R1,450,227
Beds Current	10 844	10 844	10 844	10 844
Bed 2010	9092	5803	7321	10 159
Beds 2010 **Level 1*** **Level 2** **Level 3** **Psych** **TB** **Spec**	 4471 2217 88 1617 336 364	 2830 1258 59 1078 336 243	 3391 1626 120 1509 336 340	 4587 2516 411 1886 336 424
Hospital Running Costs: Level 1 & Level 2	R2,036,390	R1,452,202	R1,954,141	R2,862,497
Tertiary Care: Expected Budget **Expected Cost**	R91,040 R62,472	R91,040 R63,018	R91,040 R85,263	R300,000 R335,671
PHC Budget	R571,651	R1,17 bn	R1,19bn	R1,2bn
EMS Budget	R103,577	R99,503	R248 758	R248,578
Capital Transformation Cost	R34,684	R59,499	R62,383	R36,036
Model Maintenance Costs	R189,369	R57,238	R178,576	R281,718
Model Replacement Costs	R157,198	R52,812	R127,547	R229,687
Net Annual Capital Saving	R95,855	R128,702	R138,210	R19,889

*Level 1 = District plus Stepdown

1.10. SERVICE IMPLICATIONS 2003/04

- The increase in the Vote 7: Health budget for 2003/04 from the adjusted 2002/03 budget is 10%.
- This is equal to general inflation and therefore there is no growth in Health's budget (Health inflation is always more than general inflation).
- The per capita expenditure on Health in this Province is the lowest in the country. With a no growth budget this situation is unlikely to change. The implications of this are that the people of this Province will not be able to have the standard of Health care that they should have.
- A few problem areas(budget pressures) will be highlighted
- Health is a human resource intensive service. There will be inadequate money for filling most of the vacant critical posts. In addition to be able to retain scarce resources with inadequate incentives will be difficult.
- It will be difficult to improve delivery at the clinics - the best scenario will be the maintenance of existing services.
- Pharmaceuticals expenditure will not be able to increase more than R5 per capita leading to little increase in availability of drugs especially at clinic level;
- Security at the clinics can not be improved everywhere resulting in no additional clinics with 24 hour services and a detrimental effect on retention and recruitment of staff;
- Emergency Medical Services can not be expanded effecting the response time to very rural areas. This will most likely result in some unnecessary deaths due to the fact that there is a golden hour in which to get emergency patients to a hospital for them to have a good prognosis;
- Infrastructure development cannot be fast tracked.
    - As you are aware there are a large number of clinics with no water, no electricity, insufficient equipment and inadequate facilities.
    - The development of the tertiary facilities will also be delayed.
    - Maintenance of medical equipment will still be inadequate though better than 02/03.

1.10. REVENUE

Table A-21: SUMMARY OF REVENUE

R'000	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Voted	2003/04 MTEF	2004/05 MTEF	2005/06 MTEF
Equitable Share	1,997,683	2,255,678	2,430,365	2,849,420	3,035,002	3,336,814	3,597,876
Conditional Grant	222,855	294,386	288,536	296,354	430,570	507,850	569,482
Other							
Total Revenue	**2,220,538**	**2,550,064**	**2,718,901**	**3,145,774**	**3,465,572**	**3,844,664**	**4,167,358**

Table A-22: DEPARTMENTAL REVENUE COLLECTION

R'000	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Voted	2003/04 MTEF	2004/05 MTEF	2005/06 MTEF
CurrentRevenue							
Tax Revenue							
Non-Tax Revenue	35,357	54,423	56,969	56,990	60,409	64,034	67,876
Capital Revenue (Specify)							
Total Revenue	**35,357**	**54,423**	**56,969**	**56,990**	**60,409**	**64,034**	**67,876**

1.11. EXPENDITURE

Table A-23: SUMMARY OF EXPENDITURE AND ESTIMATES

Programme	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
1. Health Administration	127,810	164,473	152,149	187,098	215,181	223,528	241,700
2. District Health services	1,220,434	1,348,946	1,412,655	1,643,634	1,826,524	2,038,227	2,210,002
3. Emergency Medical Services	29,029	36,568	47,833	36,787	91,631	103,507	111,818
4. Provincial Hospital Services	309,021	351,214	365,022	435,492	442,526	476,198	506,654
5. Central Hospital Services	205,131	248,995	239,890	270,188	308,242	314,844	340,393
6.Health Sciences and Training	58,896	73,617	77,063	126,606	126,383	143,945	173,076
7. Health Care Support Services	141,273	158,925	176,237	220,376	254,585	309,459	328,878
8.Health Facilities Management	-	141,240	192,681	225,593	200,500	234,956	254,837
TOTAL	**2,091,594**	**2,523,978**	**2,663,530**	**3,145,774**	**3,465,572**	**3,844,664**	**4,167,358**

Table A-24: SUMMARY OF ECONOMIC CLASSIFICATION

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	1,505,003	1,626,285	1,737,624	1,845,779	2,086,508	2,270,434	2,442,696
Transfers	54,294	91,549	92,578	134,232	148,433	172,102	188,604
Other Current Expenditure	521,607	580,049	608,454	874,395	951,404	1,099,976	1,206,995
Sub-total: Current	**2,080,904**	**2,297,883**	**2,438,656**	**2,854,406**	**3,186,345**	**3,542,512**	**3,838,295**
Capital	-						
Acquisition of capital assets	138,426	226,095	224,874	291,368	279,227	302,152	329,063
Transfers Payments	1,208	-	-	-	-	-	-
Other Capital	-	-	-	-	-	-	-
Sub-total: Capital	**139,634**	**226,095**	**224,874**	**291,368**	**279,227**	**302,152**	**329,063**
	-						
Total : Economic Classific	**2,091,594**	**2,523,978**	**2,663,530**	**3,145,774**	**3,465,572**	**3,844,664**	**4,167,358**

Table A-25: Trends in provincial public health expenditure in current prices (R million)

Expenditure	1995/96 (actual)	1996/97 (actual)	1997/98 (actual)	1998/99 (actual)	1999/00 (actual)	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	2003/04 (budget)	2004/05 (MTEF projection)	2005/06 (MTEF projection)
Total			1954	2081	2,092	2,550	2,719	3,146	3,466	3,845	4,167
% of total spent on:											
DHS					58	53	52	52	53	53	53
PHS					15	14	13	14	13	12	12
CHS					10	10	9	9	9	8	8
- all personnel					72	64	64	59	60	59	59
Total capital					7	9	8	9	8	8	8

Table A-26: Evolution of expenditure of budget in constant 2002/03 prices (R million)

Expenditure	1995/96 (actual)	1996/97 (actual)	1997/98 (actual)	1998/99 (actual)	1999/00 (actual)	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget estimate)
Total			2,841	2,827	2,578	2,939	2,931	3,145	61	3,251
% growth				-0.49%	-8.80%	13.98%	-0.25%	7.29%	2.05%	3.38%
Total per person	**in rands**		564.14	544.90	482.42	533.80	516.85	538.29	-5.17	540.19
Total per uninsured person	**in rands**		610.54	589.72	528.39	584.67	566.11	589.59	-4.19	591.67

As can be seen from the table there has been a slight real growth of 2% over the years. This has been due to the above inflation increase of personnel expenditure. This is less than the population growth. As a result the provincial per capita health expenditure has decreased annually by about R5. This again is an indicator that despite the province being the lowest funded per capita in the country the situation is unlikely to improve unless the funding situation improves.

Table A-27: Population statistics and modelling

Population in millions:	96 census	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03		2003/04
Total	4.929	5.036	5.188	5.344	5.505	5.671	5.842		6.018
Uninsured persons	4.554	4.653	4.794	4.879	5.026	5.178	5.334		5.494
Note: Population modelling done by Calle Hedberg, HISP from StatsSA Census 96 raw data, using the slightly revised population growth model from Statistical Release P0302 of 2/7-2001 (StatsSA).									
Note: medical aid cover in 1995 was 7.6% and in 1999 was 8.7% according to the Intergovernmental Fiscal Review (IGFR) 2001									

Table 28: CPIX data

	1995/96 (actual)	1996/97 (actual)	1997/98 (actual)	1998/99 (actual)	1999/00 (actual)	2000/01 (actual)	2001/02 (actual)	2002/03 (actual)	Average annual (97-02) change (%)	2003/04 (budget estimate)
	1995	1996	1997	1998	1999	2000	2001	2002		
CPIX metro and other (97-present)			0.811	0.868	0.928	1.000	1.066	1.173	0	1.243
CPIX metro (94-97)	0.688	0.736								
Change per yr	0.075	0.070	0.102	0.070	0.069	0.078	0.066	0.100	0.081	0.060
Constant 2002 prices		**0.640**	**0.688**	**0.736**	**0.811**	**0.868**	**0.928**	**1.000**	**8.1%**	**1.066**

BROAD POLICIES, PRIORITIES AND STRATEGIC GOALS

2.1. VISION OF THE DEPARTMENT

"***A caring and developmental Health and Welfare system which promotes well-being, self-reliance and a humane society in which all people in the Northern Province have access to affordable and good quality services!"***

The above vision statement emphasises the ultimate goal of the Department, i.e. a society consisting of contented individuals, who take charge of their own destinies. The dignity of society and their quality of life is promoted by their employment of good quality services.

2.2. MISSION STATEMENT OF THE DEPARTMENT

"The Department is committed to providing comprehensive, integrated and equitable Health and Welfare services which are sustainable, cost effective and focus on the development of human potential in partnership with relevant stakeholders."

2.3. DEPARTMENTAL PRIORITIES

- HIV/AIDS/TB/STI & other communicable diseases
- Districts Health services and Primary Health Care services
- Emergency Medical services
- Logistical support services (including pharmaceuticals)
- Infrastructure development (including hospital revitalization, clinic upgrading and maintenance)
- Human Resources management issues
- Human Resource development
- Communication, collaboration and participation
- Tertiary service development
- Revenue generation

2.4. THE LEGAL FRAMEWORK

The Constitution guarantees everyone the right to health care services and security. Those who are unable to support themselves and their dependants are guaranteed appropriate social assistance. Furthermore, no one may be refused emergency medical treatment.

Special mention is made of the rights of children. They must be provided with appropriate medical care when removed from their families. All members of the public have right to participation and empowerment, inter-sectoral collaboration, cost-effective care and the integration of preventative, promotive, curative and rehabilitation services. Thus the core function of the department is to render health and related services, which have been assigned to the Province in terms of the Constitution.

Other relevant legislation that must be taken into account by the Department is listed below:

1 Health Act, Act 51 of 1977
2. Human Tissue Act, Act 65 of 1983
3. National Health Laboratory Services Act, Act 37 of 2000
4. Foodstuffs, Cosmetics and Disinfectants Act, Act 54 of 1972

5. Pharmacy Act, Act 53 of 1974 as amended by no 1 of 2000
6. Hazardous Substances Act, Act 15 of 1973
7. Medicines and Related Substances Control Act, Act 90 of 1997 amended
8. SA Medicines & Medical Devices Act, Act 101 of 1965
9. Compensation for Occupational Injuries and Diseases Act, Act 130 of 1993.
10. Tobacco Products control Act, Act 12 of 1999
11. Academic Health Centres Act, Act 86 of 1993
12. Allied Health Professions Act, Act 63 of 1982
13. Dental Technicians Act, Act 43 of 1997
14. Health Professionals Act, Act 25 of 2002
15. Nursing Act, Act 5 of 1995
16. S.A. Medical Research Council Act, Act 58 of 1991
17. Sterilization Act, Act 44 of 1998
18. Choice on Termination of Pregnancy Act, Act 92 of 1996
19. Mental Health Act, Act 17 of 2002
20. Northern Province Health Services Act, Act 6 of 1998
21. Northern Province College of Nursing Act, Act 3 of 1996
22. The Constitution of RSA, Act 108 of 1996
23. P.F.M.A., Act 1 of 1999 as amended by act 29 of 1999
24. Treasury regulations 2002
25. Public Service Act Proclamation 103 of 1994
26. Public Service Regulations, 2001
27. Labour Relation Act, Act 12 of 2002
28. Skills Levy Act, Act 9 of 1999
29. Employment Equity Act, Act 55 of 1998
30. Skills Development Act, Act 97 of 1998
31. Basic Conditions of Employment Act, Act 75 of 1997
32. National Health Bill, 2001
33. SAQA' Act 4 October 1995
34. Human Sciences Research Act, Act 23 of 1968
35. White paper on Transformation of the Public Service

2.5. Key strategic objectives and outputs

2.5.1. Strategic Objectives

2.5.1.1. Service Delivery

- To improve access and quality of health care services

2.5.1.2. Management and Organisation

- To optimise Management Systems (Facility management, HR, Communication & IT, Finance, Records; etc.)
- To improve the management of Risks
- To improve the status of health infrastructure

2.5.1.3. Financial management

- To improve the financial management

2.5.1.4. Training and Learning

- To develop efficient and effective human resources

2.5.2. Outputs:

- To have sound management (Human Resource, Finance, Logistics, Strategic management) policies, systems and controls in place to provide support to service delivery.
- All hospitals to have CEO's appointed within the next 2 years.
- To spend significantly more on HIV/AIDS in order to reduce the impact of the pandemic.
- The Province to develop self-sufficiency in most tertiary services so as to be less dependent on Gauteng.
- To produce and retain appropriately trained professional health care staff.
- To increase access to pharmaceuticals at the Primary Health Care level.
- To upgrade and maintain health facilities so as to be able to provide optimum health care.

2.6. DEPARTMENT'S CORE FUNCTION

- To provide Regional and specialized Hospital services as well as academic Health services, where relevant;
- To render and co-ordinate Medical Emergency services (including ambulance services);
- To render Medico-legal services;
- To render health services to those detained, arrested or charged;
- To screen applications for licensing and inspection of Private Hospital facilities.
- Quality control of all health services and facilities.
- Formulate and implement Provincial Health policies, norms, standards and Legislation.
- Inter-Provincial and Inter-Sectoral co-ordination and collaboration.
- Co-ordinate the funding and financial management (budgetary process) of the District Health services.
- Provide technical and logistical support to Health Districts.
- Render specific Provincial services programmes, e.g., TB programme.
- Provide non-personal Health services.
- Provide and maintain equipment, vehicles and health care services.
- Effective consultation on health matters at the local level.
- Provide occupational health services.
- Research on, and planning, co-ordination, monitoring and evaluation of health services rendered in the Province.
- Ensure that functions delegated by the National level are carried out, including providing primary health care services (until they are devolved) and district hospital services.

2.7. Main service/focus areas

1) Prevent and control the spread of HIV/AID/STI & TB
2) Integrated Mother, Child, Women Health services
3) To improve nutritional status of vulnerable groups
4) Primary Health Care
5) EMS across the province
6) Equitable accesses to health care services
7) Quality patient care
8) Tertiary services
9) To train health professionals
10) To develop & implement capital upgrade and building programmes for health facilities.
11) To provide good financial, administrative, Human resource(management, planning, development, labour relations), and operational support
12) Environmental Health Services
13) Occupational Health-related conditions
14) Prevention and Control of Communicable Diseases
15) Oral health services
16) Services to the Aged and people with chronic diseases

PART B: Programmes and Sub-programmes

1. Programme 1: Health Administration

1.1. Programme 1: Specific Objectives, measurable indicators and targets

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
1. To formulate and manage departmental policies	Number of enabling Policies developed and approved	Using previous policies	16 new policies finalised	10 new	12 new & review existing	12 new
2. Develop norms and standards	Plan to review norms and stds developed	Service stds available	Service stds available	Review plan available	Reviewed norms and stds available	Reviewed norms and stds available
3. To optimise Management Systems	Number of Institutions with functioning Hosp. Information System	23	38	43	43	43
	% Directorates, Districts and Institutions with Business, Operational and Work Plans aligned to Depart. Strategic Plan	Plans available but not linked to strategic plans	Plans available but not linked to strategic plans	100%	100%	100%
4. To Improve the management of Risks	% of institutions implementing the 6 criteria for security (Access Control; Security Awareness & reporting channels; office security; contingency plans; IT security measures)	Not measured	Establish Baseline	50% for Hospitals 25% for Clinics 100% for offices	75% for Hospitals 50% for Clinics	100% for Hospitals 75% of Clinics
	Number of Institutions with implementable Fraud and Corruption Plans	Departmental draft available	Departmental plan available	all	all	All
3 To provide an effective revenue management system for the department	Full UPFS implementation.	40 Institutions	40 Institutions	40 Instituts.	40 Intituts.	40 Instituts.
	Maximise revenue	90% target	90%	100%	100%	100%

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
4 To pay creditors within an acceptable period.	Number of days to pay after invoice has been recieved	70	40	Within 30d	Within 30d	Within 30d
5 To develop efficient and effective human resources	A Provincial HR Plan developed	No baseline	Draft	Approved	First Review	Second Review
	% of workplace skills plan developed	80% of workplace skills plan completed	100%	100%	100%	Review all Plans
6 To manage Performance Management and Development System	Percentage of work plans, standard framework and performance agreements signed by managers/supervisors and subordinates	No work plans and standard framework agreement signed	10 %	100%	100%	100%
7 To provide communication services, and promote community participation and partnership	Communication strategy developed	Preliminary strategy/plan available	Draft of new strategy/plan available	New strategy/plan finalised and implemented	Strategy/plan reviewed and implemented	Strategy/plan reviewed and implemented
	Governance structures established	Provincial Health & Welfare Council established;	Provincial Health & Welfare Council established ; Hospital boards and clinic committees established	1 council per district to be established ; Official appointment of board members	Strengthening the councils, hospital boards & clinic committees	Review the functioning of the governance structures
8. To improve internal control systems	Reduction in audit queries about non-compliance with statutory procedures		20% reduction of audit queries	50% reduction of audit queries	75% reduction of audit queries	90% reduction of audit queries

1.2. Financials

Table B1-29: Summary of expenditure and estimates in current prices - Programme 1: Health Administration

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Office of the MEC	363	571	477	511	511	511	511
Management	127,447	163,902	151,672	186,587	214,670	223,017	241,189
TOTAL: HEALTH ADMIN	**127,810**	**164,473**	**152,149**	**187,098**	**215,181**	**223,528**	**241,700**

Table B1-30: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 1: Health Administration

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change (%) change	2003/04 (budget)
Total	164	152	187	11	198
% growth		-7.49%	22.97%	6.66%	6.00%
Total per person (in rands)	29.88	26.83	32.03	1.07	32.96
Total per uninsured person (in rands)	32.72	29.39	35.08	1.18	36.10

The table indicates that there has been a real increase in Health Administration over the period. The Hospital Management and Quality Improvement grant will be transferred to programmes 5,4 and 2. The other increase is due to salary increases.

Table B1-31: Summary of economic classification – Programme 1: Health Administration

	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	2003/04 Voted	2004/05 Forward Estimates	2005/06 Forward Estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel	65,128	76,633	80,948	84,916	94,322	94,781	100,468
Transfers	-	-					
Other Current Expenditure	58,438	70,389	66,042	79,359	110,564	117,853	127,435
Sub-total: Current	**123,566**	**147,022**	**146,990**	**164,275**	**204,886**	**212,634**	**227,903**
Capital							
Acquisition of capital assets	4,244	17,451	5,159	22,823	10,295	10,894	13,797
Transfers Payments							
Other Capital							
Sub-total: Capital	**4,244**	**17,451**	**5,159**	**22,823**	**10,295**	**10,894**	**13,797**
Total : Economic Classification	**127,810**	**164,473**	**152,149**	**187,098**	**215,181**	**223,528**	**241,700**

2. PROGRAMME 2: DISTRICT HEALTH SERVICES

2.1. Situation analysis

2.1.1. District Health services facilities by health district

District	Municipality	Population				PHC head/ population	PHC Facilities		
		Municipality population	Local Coverage	Unserved population	Local Estimate		Total PHC Facilities	Population per PHC facility	PHC facility surplus / deficit
Capricorn	Aganang	184366	35455	148911	196167	0.7	6	30728	-12
Capricorn	Blouberg	154433	54544	99889	151755	1.2	22	7020	7
Capricorn	Lepelle-Nkumpi	312153	136863	175290	293049	1.5	23	13572	-8
Capricorn	Molemole	104639	36145	68494	108602	1.2	9	11627	-1
Capricorn	Polokwane	583136	234551	348585	575316	1.4	35	16661	-23
Subtotal Capricorn District		**1338727**	**497558**	**841169**	**1324889**	**1.3**	**95**	**14092**	**-39**
Bohlabela	Bushbuckridge	543370	206896	336474	529801	2.9	37	14686	-17
Bohlabela	Maruleng	77067	54739	22328	73819	2.5	11	7006	3
Subtotal Bohlabela District		**620437**	**261636**	**358801**	**603620**	**2.9**	**48**	**21692**	**-14**
Mopani	Ba-Phalaborwa	91625	99161	-7536	90158	3.8	11	8330	2
Mopani	Greater Giyani	259109	242114	16995	250726	3.3	22	11778	-4
Mopani	Greater Letaba	228024	183297	44727	224775	2.8	23	9914	0
Mopani	Greater Tzaneen	383078	299777	83301	387500	2.7	38	10081	0
Subtotal Mopani District		**961836**	**824349**	**137487**	**953159**	**3.0**	**94**	**10232**	**-2**
Sekhukhune	Fetakgomo	115419	38673	76746	134556	1.2	12	9618	0
Sekhukhune	Groblersdal	204819	45302	159517	182490	0.8	9	22758	-11
Sekhukhune	Makhudutamaga	358152	149601	208551	370248	1.5	22	16280	-14
Sekhukhune	Marble Hall	111927	24896	87031	92427	0.8	6	18655	-5
Sekhukhune	Tubatse	314539	90913	223626	314176	1.0	23	13676	-8
Subtotal Sekhukhune District		**1104856**	**349385**	**755471**	**1093897**	**1.1**	**72**	**15345**	**-38**
Vhembe	Makhado	532168	354520	177648	553166	2.3	52	10234	-1
Vhembe	Musina	37213	25934	11279	36984	2.4	4	9303	0

District	Municipality	Population				PHC head/ population	PHC Facilities		
		Municipality population	Local Coverage	Unserved population	Local Estimate		Total PHC Facilities	Population per PHC facility	PHC facility surplus / deficit
Vhembe	Mutale	91579	75884	15695	97080	2.9	16	5724	7
Vhembe	Thohoyandou	625514	450822	174692	592002	2.5	51	12265	-12
Subtotal Vhembe District		**1286474**	**907160**	**379314**	**1279232**	**2.5**	**123**	**10459**	**-6**
Waterberg	Bela-Bela	45558	35229	10329	45558	2.7	5	9112	0
Waterberg	Lephalale	65319	37343	27976	65242	2.0	7	9331	0
Waterberg	Modimole	23530	44486	-20956	23530	6.6	4	5883	2
Waterberg	Mogalakwena	354396	157835	196561	368612	1.6	28	12657	-7
Waterberg	Mookgopong	12995	16347	-3352	12995	4.4	3	4332	2
Waterberg	Thabazimbi	18784	26514	-7730	18784	4.9	7	2683	5
Subtotal Waterberg District		**520582**	**317754**	**202828**	**534721**	**2.1**	**54**	**8134**	**2**
Total Limpopo Province		**5832912**	**3157842**	**2675070**	**5789518**	**2.0**	**486**	**12002**	**-83**

2.1.2. Personnel in district health services by health district

Health district	Personnel category	Number employed	Number per 1000 people
Waterberg District	Medical officers	61	0.013
	Professional nurses	546	0.118
	Pharmacists	20	0.004
	Allied Health Professionals	672	0.14
Sekhukhune District	Medical officers	32	0.02
	Professional nurses	492	0.34
	Staff Nurses	297	0.20
	Assistant Nurses	161	0.11
	Pharmacists	6	0.00
	Allied Health Professionals	66	0.04
Capricorn District	Medical Officers	56	0.10
	Professional Nurses	941	0.80
	Pharmacists	15	0.01
	Allied Health Professionals	49	0.04
Mopani District	Medical Officers	30	0.03
	Professional nurses	799	0.80
	Staff Nurses	370	0.37
	Assistant Nurses	328	0.33
	Pharmacists	8	0.01
	Allied Health Professionals	66	0.01
Vhembe District	Medical Oficers	60	0.05
	Professional Nurses	1 184	0.92
	Pharmacists	11	0.01
	Allied Health Professioinals	55	0.04
Bohlabela District	Medical Officers	41	0.06
	Professional Nurses	457	0.62
	Enrolled nurses	383	0.50
	Enrolled nurses Auxiliary	239	0.30
	Pharmacists	3	0.004
	Allied Health Professionals	21	0.03

2.2. District Health Services

2.2.1. INTRODUCTION

The province is implementing the comprehensive PHC package for South Africa. Health care services are being offered free of charge at the clinics. All PHC facilities in the Limpopo Province provide a comprehensive approach to patient care (also known as Supermarket approach).

The services offered are:

- Preventive and promotive
- curative, and
- rehabilitative

PHC services are provided in line with the national norms and standards for PHC.

2.2.2. Internal Re-alignment of Health and Welfare Districts

Between 2000 and 2001, each Health and Welfare District had to align its facilities and services to the newly demarcated district boundaries in compliance with Exco Decision number 56/2001 and the following have been finalised:

- 17 Clinics, 3 Hospitals, Welfare Facilities and staff have been relocated from Sekhukhune District to Capricorn District. This process involved moving the entire Lepelle/Nkumpi Sub-district to Capricorn.
- 1 Clinic and staff have been relocated from Waterberg to Sekhukhune District.
- 9 Clinics and staff have been relocated from Mopani District to Bohlabela District.
- 1 Health Centre, 1 Clinic and staff have been relocated from Mopani District to Vhembe District.
- 7 Clinics, 1 Health Centre and staff have been relocated from Vhembe District to Capricorn District
- Former Bushveld and Western Health Regions have been consolidated into one Waterberg District

Re-alignment entailed re-zoning of service areas in line with the new boundaries. Staff and facilities were not 'physically moved' and this has ensured that they continue to service the catchment populations that they were originally intended to serve.

2.3. Policies, priorities and broad strategic objectives

2.3.1. Rehabilitation, rationalisation and (as appropriate) expansion of the district facility network

- The Limpopo Strategic Position Statement proposes province needs about 97 new clinics (Capricorn needs 39; Bohlabela = 14; Mopani = 2; Sekhukhune = 38; Vhembe = 6 and Waterberg needs 2 clinics). Some clinics are in need of general upgrading, water and electricity supply while some need communication systems such as radio and telephones (see Programme 8 at the back pages for details).

2.3.2. Provincial decentralisation strategy for district health system development

Draft 1 Devolution Strategy has been completed and is based on principles underpinning DHS as enlisted in the national DHS Policy and Chapter 5 of the National Health Bill namely:

• Overcoming fragmentation	- Quality
• Equity	- Access to services
• Comprehensive services	- Local Accountability
• Effectiveness	- Community Participation
• Efficiency	- Development & Intersectoral Approach
• Sustainability	

a) **Plan A:** which deal with mechanisms for transferring Environmental Health Services to District Municipalities
b) **Plan B:** which proposes strategies for managing delegation of PHC services to District Municipalities.

The plans include the following aspects:

- Development of district based planning, functional integration and mechanisms for community participation
- Service level agreements with municipalities and non-government organisations
- Implementation of national health programmes and provision of the comprehensive primary health care package.

2.3.3. Analysis of constraints and plans to overcome them;

- Accessibility (97 Clinics needed); 24 Hour Service low in some areas; shortage & appropriate Vehicles are needed.
- Staff : Client Ratios still inadequate
- Staff Skill Mix: need more PHC Nurses
- Service Coverage for Key indicators (different & inconsistent denominators used, vehicles thefts; safety to staff, high risk areas)
- Knowledge & Attitudes (Clients & Staff) – Awareness to Patient Right Charter & empower Communities to utilise more of Clinic Committees
- Challenge: Change Mindset e.g. from Curative to Preventive Care
- Management of Drugs – shortages at some clinics
- Collaboration with Traditional and Faith Healers need to improve
- Referral System: Patient Transport, feedback (mostly one – way); rural areas mostly affected
- Staff Attrition & Turnover Rates
- Cross Border Service Delivery Issues in Bohlabela and Sekhukhune Districts: problems of service integration and cross border patients flows.
- Achievables
    - At present 233 clinics are offering 24hr services. In 2003/04 R32m has been set aside for additional security. This will provide security for 100 additional clinics to be able to provide 24 hour services
    - 40 capilano vehicles(special mobile services vehicles) have been ordered to improve the mobile clinic health services.
    - An additional R41m for pharmaceuticals has been provided for 2003/04. This will improve the availability of medicines at the clinics and CHC's.

2.3.4. Partnerships

2.3.4.1. Limpopo and Mpumalanga

- A Task Team has been formed to draft a Memorandum of Understanding (MoU) between Limpopo and Mpumalanga Provinces.

2.3.4.2. EU – SA Partnership for PHC Services including HIV/AIDS:

- The Province has decided to support NPO partnership development in 3 districts of Bohlabela, Sekukhune and Waterberg.

- **Result 1.** Strong base to be established to operate the partnership process between Province, local government and non-profit organisations (NPOs)
- **Result 2**. An initial range of key interventions to be implemented for capacitating an increased number of non-profit organisations (NPOs)
- **Result 3.** Achieve first phase actions that enable government to identify and support the role of non-profit organisations (NPOs)

- **A Dedicated Project Management Team** to manage this project with a projected Budget of about R10m in the first 17 months.

- The EU – HST Rural Health Development Projects is strategically placed to develop the health of rural communities in Sekhukhune and Bohlabela nodal districts in conjunction with municipal IDP processes.

2.4. Description of planned quality improvement measures

As quality improvements can be difficult to measure adequately in quantitative terms, this section provides for a narrative account of planned interventions to improve the quality of care.

- **Quality Care:** DHS should deliver services that meet acceptable standards as well as the needs and expectations of users and communities (Centre for Health Policy).

- **Strategic goal** for Quality Improvement is achieve the following result areas:

1. Functional Health Status
2. Patient, Family and Communities Satisfaction
3. Efficiency in Service Utilisation
4. Reduction in Morbidity & Mortality
5. Acceptable Levels of Quality of Life for Communities

  - Performance Measurement in Quality Improvement should be integrated with processes of Monitoring and Evaluation.
- Policy: districts have adopted Batho Pele Principles.
- Facility Batho Pele Committees, Infection Control Committees are functioning
- Annual Excellence Service Awards are held
- Challenges:
  - Marketing of Services available and performance standards
  - Implementation of Norms & Standards and Clinical Protocols/Guidelines
  - Ongoing Monitoring & Evaluation, measuring Community Perceptions
  - Communities to utilise more of Clinic Committees

2.5. Objectives and performance indicators: District Management

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To Develop DHS Strategy	Approved DHS Strategy	0	Draft	Approved	First Review	Second Review
	Devolution plan developed	N/a	N/a	Draft available	Final plan available	Plan implemented
To co-ordinate transfer and devolution of EHS services to Municipalities	No. of municipalities that received seconded EHS Staff	0	0	26 municipalities		
	No. of EHS Transfer Agreements signed with municipalities	0	0	20 municipalities	6	
	No. of Service Level Agreements signed with Municipalities on PHC Services	0	0	0 municipalities	26 municipalities	First SLA Review
Programme objective: Community Health Centres & Clinics						
To Improve access to clinics	No. of clinics/CHC's providing 24-hour services. Total clinics/CHC's are 471	183 of 471	233 of 471	340 of 439	393 of 471	471 of 471
	% of PHC Facilities offering Full PHC Package	80	80	95	100	100
	Number of professional Nurses in Fixed PHC Facility per 1000 (on average)	2	2	4	4	4
	PHC Utilisation Rate	2	2	2.5	2.5	3.0
Integrated PHC Services: Improve access to PHC Services	% Fully immunised under 1 year	66.5	66.5	70	80	90
	No. of Pap Smears done	4101	4101	6 000	10 000	15 000
	No. of women with access to CTOP services.	4900	4900	6 000	6 500	7 000

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
	No. of communicable disease out-break response teams established	Districts response teams available	Districts response teams available	All 26 municipalities	All 26 municipalities	All 26 municipalities
	% of institutions implementing minimum waste management protocol	Not applicable	Audit done	5%	30%	60%
	% of reporting units submitting accurate reliable data[1]	70%	75%	80%	85%	90%

Note 1: Reporting facilities for a particular data set: TB-47 reporting units; AFP surveillance-40 reporting units; PHC-612 units

2.6. Malaria Programme

2.6.1. Situation Analysis:

Despite having a successful malaria control programme, malaria still affects communities in the low altitude areas of Vhembe, Mopani, Bohlabela and Waterberg districts. More than 2 million people live in malaria risk areas in the Limpopo province.

Malaria is epidemic prone in the province and is influenced by climatic conditions like rainfall and temperature. The mainstay of the malaria control programme is indoor residual spraying with more than 800,000 structures being sprayed per year.

Since the mid-1990's, malaria has increased in the province. Favourable climatic conditions, including severe flooding, conductive to mosquito breeding and parasite development, increase in malaria drug resistance, movement of people between risk areas and modified mosquito vector feeding and resting behaviour towards greater outdoor activity have ensured greater numbers of mosquito and parasite carriers. The incidence of malaria is higher along our borders with Zimbabwe and Mozambique, which can be attributed to inadequate malaria control in these countries. HIV/Aids is also resulting in an increase in malaria related deaths in the province.

The following number of cases and malaria related deaths were notified for the past three seasons.

Season	Cases	Deaths
1999/2000	8480	75
2000/01	9943	86
2001/02	6076	51

2.6.2. Objectives and performance indicators: Malaria Control Programme

Objective	Indicator	2001/02 (Actual)	2002/03 (Estimate)	2003/04 (Target)	2004/05 (Target)	2005/06 (Target)
To control malaria	Total number of structures sprayed	750,000	750,000	875,000	875,000	875,000
To reduce malaria case fatality rate;	Case fatality rate(%) (Nat'l std is 0,5)	0,82	1.5	0,4	0,3	0,2

2.7. HIV/AIDS, sexually transmitted infections and Tuberculosis control

2.7.1. Situation analysis

2.7.1.1. Baseline data on HIV/AIDS/STI/TB control programme

Condition	**1997**		**1998**		**1999**		**2000**		**2001**		**2002**	
	No.	No. per 100 000 people (or %)	No.	No. per 100 000 people (or %)	No.	No. per 100 000 people(or %)	No.	No. per 100 000 people (or %)	No.	No.per 100 000 people (or %)	**No.**	No. per 100 000 people (or %)
HIV antenatal seroprevalence		8.2%		11.4%		11.43%		13.2%		14.5%		Not available yet
VCT uptake %					---		---		6659			
PMCT - HIV positive% - HIV negative% - counselled/tested% - on nevirapine%					--- --- --- --- ---		--- --- --- --- ---		 35 156 432 24		--- --- --- --- ---	
STIs (total cases)							236841		263274		266862	
Incidence of STIs								6.2 per 1K		6.8 per 1K		6.6 per 1K
Syphilis cases (Annual Antenatal)	74	4.7%	51	3%	153	8.6%	76	4.2%	88	4.8%		Not yet released
New smear positive TB cases	3135	75.6	3143	74.2	3355	76.1	3110	84.1	3513	80.5	2880	80.1 (3 quarters only)
All TB cases reported on	5853		6428		6778		6464		7793		6565	
PTB cases reported	4738	90.7	4833	87.9	4957	85.1	4488	82.8	4933	78.5	4133	76.5
Incidence of Male Urethral Discharge								4.2		4.1		3.9
STI contact tracing rate								40.6		41.8		44.3

Source: Annual antenatal survey and TB system

2.7.2. Policies, priorities and broad strategic objectives

2.7.2.1. Home based Care:

- **Policy**: province has Integrated health & welfare policy; National Curriculum for training HBC Carers is avaialbale ; have Protocols for HBC Services
- **Priority Areas**:
  - Social Mobilisation
  - Communication
  - Expansion to All Health Facilities
  - Capacity Building
  - Monitoring & Evaluation
- **Strategic Objective:**
  - Ensure Integrated and well co-ordinated accessible HBC Services

2.7.2.2. Step Down Care (SDC):

- **Policy:** province has both National and Provincial policies
- **Priorities:**
  - To activate the two approved sites of Kgapane and St. Ritas Hospitals
  - To roll out the remaining Institution – one per district initially
  - Re-activation of existing Accreditation Committee
  - Capacity Building and Stakeholder Involvement
- **Strategic Objective**:
  - To integrate SDC within the entire continuum of care for purposes of achieving a coherent referral system and efficient service delivery. .

2.7.2.3. VCT services:

- **Policy:** Have National Training Curriculum
- **Priorities:**
  - ✓ Quality Assurance (Lab & total management of resources)
  - ✓ Space and Conducive Counselling Environment
  - ✓ Roll out to other public and private sites in the province
  - ✓ Moving beyond employment of Lay Counsellors (NGOs)
- **Strategic Objective**: To improve access of VCT through integrated, co-ordinated and user – friendly approach.

2.7.2.4. PMCT services:

- **Policy:** provincial policy is guided by national policy
- **Priorities:** roll out projects to other public and private facilities.

2.7.2.5. Condom distribution :

- Review policy: need to include private sector, maintain QA Management (logistics),
- Explore PPP initiatives in high risk areas

2.7.2.6. Tuberculosis

2.7.2.6.1. Tuberculosis treatment services including application of revised DOTS strategy, DOTS coverage, and patient recording and reporting system;

- **Policy:** Have National and Provincial 5 year Strategic Plans
- **Priorities**:
  - Management of MDR through DOTS
  - Community Mobilisation
  - Better Record Management and the Referral System
- **Strategic Objectives**:
  - Prevention of new infections and re-infections
  - Improve the Cure Rates

2.7.2.6.2. Availability of quality assured tuberculosis sputum microscopy and specimen-laboratory-results turn around time:

- Province has policy guidelines
- Investigate best mechanisms for transporting sputum specimens (subsidised vehicles for nurses, outsourcing, Lab SASOs,mobile services etc.)

2.7.2.6.3. Uninterrupted availability of anti-tuberculosis drugs:

- Same as DOTS section above and
- Issues of procurement and availability of supplies & drugs;
- Capacity Building is challenge.;

2.7.2.7. NGO/CBO involvements and service level agreements:

- Have National & Provincial Policy Guidelines: need review to enable Districts to approve funding of NGOs/CBOs
- **Priorities:**
  - Capacity building
  - Decentralisation of approving funding authority
  - Monitoring & Evaluation of NOGs/CBOs (involvement of DACs)
- **Strategic Objective**: strengthen the capacity of NGOs/CBOs to deliver quality services that they are contracted for.

2.7.3. Key Constraints & challenges over the strategic plan period

- Reduction of the HIV infection rate
- PMTCT and VCT roll-out
  - Need to capacitate health care professionals and other stakeholders regarding the full implementation of both PMTCT and VCT programmes
  - Insufficient human resources in institutions and facilities to implement the programme
  - Lack of communication strategy re-client awareness and clients expectations vs. the government strategy
  - VCT kits have short life span
  - Formula feeding vs. breastfeeding
  - Poor procurement systems – for the purchase of Home-Based Kits
  - Insufficient support groups
- Disposal of Home-Based Kits
- Establishment of Step-down facilities

- Intergovernmental co-ordination
- Public Private Partnership
- Condom distribution policy to Private partners
- Monitoring and Evaluation
- NGO/CBO capacity building
- Reduction of the TB incidence rate
- Management and Control of MDR
- Full implementation of the DOTS Strategy
- Information Management is a problem
- to improve sputum results turn around time to closer to national target of 48 hours for clinics and CHCs
- co-ordination between sectors to be strengthened; coverage to improve
- Test Kits have Short Shelf Life Span; issues of procurement and availability of supplies;
- Capacity Building;

2.7.4. Objectives and performance indicators for HIV/AIDS/STI/TB

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To prevent and control HIV/AIDS/STI	No. of newly established HBC sites	18	23	5	5	5
	% increase in no. of facilities providing VCT (including mobile units & non medical sites)	210 sites	233 sites	10%	10%	10%
	% increase in no of individuals accessing VCT	5516	7986	12%	12%	12%
	% increase in no of individuals accessing the PMTCT sites.	755 mothers and children	4713 mothers and children	15%	15%	15%
2.Prevention and cure of TB	Reduction in interruption rate of PTB	10.3% actual	3%	3%	3%	3%

2.8. Nutrition

2.8.1. Situation analysis

Nutrition activities are be planned and implemented under the national integrated nutrition programme.

2.8.1.1. Appraisal of existing services and performance during the past year (included as baseline percentage of children 12-23 months with a road to health chart according to 1998 South Africa Demographic and Health Survey)

a) Disease specific nutrition support; treatment and counselling for prevention and rehabilitation of nutrition related conditions
b) Growth monitoring and promotion
c) Nutrition promotion, education and advocacy
d) Micronutrient malnutrition control through direct supplementation for vulnerable groups, dietary diversification and fortification of commonly consumed foods
e) Food service management for provision of balanced nutrition to groups in the community and in public institutions
f) Promotion, protection and support for breast feeding
g) Contribution to household food security including school feeding and community poverty relief projects.
h) The Number of Schools providing PSNP increased from 2 208 in 1994/95 to 2 704 in 2002/03
i) Number of primary school children benefiting from PSNP grew from 907 122 in 1994/95 to 1 131 278 in 2002/03
j) Growth Monitoring: 90 Facilitators have been trained (15 per district)
k) Contribution to Household Food Security: the Department is collaborating with the Department of Agriculture Heifer International and the Department of Labour regarding food producing projects.
l) Integration between Nutrition and Welfare's Poverty Alleviation Projects: Mangers at both provincial office and districts have began to collaborative planning.
m) Preparations towards transfer of PSNP to DoE: Workshops for the district co-ordinator are being planned. Three meetings were held with Education Area Co-ordinators to discuss problems experienced e.g inflation of school enrolment by schools etc. The capacity building for the programme is planned for 2003/2004 financial year.

2.8.1.2. Key challenges over the strategic plan period

- Filling of Vacant Post
- Community Involvement
- Integration with other sectors (Agriculture, Social Development, DoE,) etc.
- Strengthening of the sustainability of PSNP

2.8.1.3. Analysis of constraints and measures planned to overcome them

2.8.1.3.1. Human resources

- **Vacant posts:** Community Outreach staff, supervisory posts, food service Mnx highly affected (hampering programme monitoring).
- **Measures planned**: Contract staff employment using the conditional grant. **Finance:** Inadequate conditional grant budget for school feeding. (the province is 95% rural therefore targeting of schools not possible

2.8.1.3.2. Logistics

- **Transport .** Appropriate vehicles for the remote inaccessible areas.
- **Measure planned:** Order of vehicles(bakkies) for the six districts using conditional grant (12 bakkies ordered)

7.10..1.1

2.8.1.3.3. Technical areas.

- Project Mnx (outreach staff)
- Financial Mnx (rotating feeding committees)
- Nutrition surveillance(care groups, community outreach staff)
- Project Mnx courses, National tender to be advertised in this regard.
- Financial Mnx: workshops every January/February

- Month(Role clarification)
- Nutrition surveillance:Liaison with academic institutions.

2.8.1.4. Baseline nutrition indicators*

Indicator	Provincial status	Data source
Child stunting	(1 – 9yrs) 23.1%	National Food Consumption Survey 1999
Child wasting	(1- 9yrs) 7.5 %	National Food Consumption Survey 1999
Child underweight	(1 – 9 yrs) 15.0 %	National Food Consumption Survey 1999
Child severe underweight	(1 – 9yrs) 1.6 %	National Food Consumption Survey 1999
Adult overweight	F = 24.0% M = 16.0 %	South African Demographic and Health Survey 1998
Adult obesity	F = 20.1 % M= 6.2 %	South African Demographic and Health Survey 1998
Child vitamin A deficiency	43.5%	South African Vitamin A Consultative Group Survey 1995
Child iron deficiency	34.2 %	South African Vitamin A Consultative Group Survey 1995
Iodine deficiency disorders	25.0 %	National Iodine Deficiency Disorder Survey 1998
Exclusive breast feeding	0,5%	South African Demographic and Health Survey 1998

***Definitions of the indicators are given in the appendix to this annex.**

2.8.2. Policies, priorities and broad strategic objectives

2.8.2.1. Disease specific nutrition support; treatment and counselling for prevention and rehabilitation of nutrition related conditions:

- Have national and provincial policy guidelines & protocols
- **Priorities:**
  - A coherent two way referral system
  - Integration with other sectors/management teams and multi-disciplinary teams within the department
  - Capacity Building for staff and other stakeholders
- **Strategic Objective**: To improve the management of nutrition and related Conditions

2.8.2.2. Growth monitoring and promotion

2.8.2.3. Nutrition promotion, education and advocacy

- **Priorities:**
  - Capacity Building (research initiatives)
  - Integrate GM with School Health
  - Challenge: Need more vehicles for Community Outreach Programmes
  - Community Mobilisation
  - Monitoring and Evaluation
  - Liaison with Academic & Research Institutions
- **Strategic Objective**: To enhance a positive child growth, survival and development.

2.8.2.4. Micronutrient malnutrition control through direct supplementation for vulnerable groups, dietary diversification and fortification of commonly consumed foods

- Policy is in line with Foodstuffs, Cosmetics and Disinfectants Act of 1972
- Iodized Salts Act
- Have national and provincial policy guidelines & protocols
- **Priorities**:

- Establish PPP
- Quality Assurance
- Capacity Building (all five micronutrients)
- Monitoring and Evaluation

2.8.2.5. Food service management for provision of balanced nutrition to groups in the community and in public institutions

- **Priorities:**
  - All the above
  - Improve Financial Management
  - Challenge: HR, Filling of Posts
- **Strategic Objective**: to provide quality wholesome and nutritious food.
-

2.8.2.6. Promotion, protection and support for breast feeding and child feeding practices.

- **Policy:** Bill of Rights, Conventions; Child Care Act, Code of Marketing and all the above; Breast feeding policy
- **Priorities:**
  - Integration with PMTCT, IMCI, Private Facilities, etc.
  - Complementary feeding
  - Monitoring & Evaluation
- **Challenge:** Mixed Feeding by HIV positive mothers; capacity building (awareness**)**
- **Strategic Objective**: To improve protection, support and promotion in good infant and child feeding practices

2.8.2.7. Contribution to household food security including school feeding and community poverty relief projects.

- **Policy:** INP, Food & Agricultural; PSNP Guidelines
- **Priorities:**
  - Integration with Agriculture, DWAF, DoE, Labour, NGOs/CBOs
  - Community Mobilisation
  - Preparation of a Transfer of PSNP to DoE
  - Capacity Building
  - Monitoring and Evaluation
- **Strategic Objectives:**
  - To ensure ongoing monitoring and evaluation of the provision of household food security projects.
  - To facilitate the transfer of PSNP to the DoE

2.8.3. Objectives and performance indicators of Nutrition

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
1. To improve nutritional status of the population through the Integrated Nutrition Programme	No. of children benefiting from the feeding scheme.	1.17m children	1.18m	1.20m	1.25	1.30m
	Number of sustainable poverty alleviation programs	68	68	80	92	104
	Reduction in rates of Stunting; Wasting Underweight	34.2 % 3.8% 12.6%	23.3% 7.3% 15.2%	15.0% 5.0% 10.0%	10.2% 3.0% 8.0%	5.0% 2.0% 5.0%
	No. of institutions declared mother & baby friendly	14	21	26	31	36

2.9. District Hospitals

2.9.1. Situational analysis

2.9.2. Objectives and Performance Indicators

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To provide efficient, effective and quality Hospital Services.	ALOS	5.1 days	5.5 days	5.5 days	5.5 days	5.5 days
	USBUR	61.8%	70%	75%	80%	85%
	No. of hospitals with sub acute beds.	Not identified during this period	2 hospitals identified	17	26	34
	% of hospitals with operational Hospital Board.	No evidence	80%	100%	100%	100%
To improve management capacity	Appointment of CEO's at Hospitals (no.)	Nil	6 out of 34	34 of 34	34 of 34	34 of 34
	% appointment of CEO support staff.	Not applicable	45%	70%	80%	95%
To improve quality of service in Hospitals.	No. of hospitals with help desk.(total of 34 district hospitals)	No documented evidence	7	17	24	27
	No. of hospitals with functional Quality Management Committees.(total of 34 district hospitals)	No documented evidence.	7	17	26	34
	No. of hospitals conducting patient satisfaction survey. (total of 34 district hospitals)	No documented evidence	17	20	27	34
	No. of hospitals with peer review programs.(total of 34 district hospitals)	No documented evidence	17	34	27	31

Note: The actual averages are unweighted averages across all hospitals in this category

2.10 Financials

Table B2-32: Expenditure in current prices (R million) - Programme 2: District Health Services

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
District management	4,258	7,161	3,364	3,902	4,364	4,865	5,276
Community Health Clinics	197,653	199,967	203,006	212,054	234,327	264,603	279,167
Community Health Centres	66,363	60,300	68,025	69,097	81,238	90,530	91,198
Community Based Services	65,534	70,413	70,189	81,417	96,580	101,513	110,092
Other Community Services		-		-	-	-	-
HIV/AIDS	1,841	4,299	3,329	34,843	37,783	43,095	55,679
Nutrition	51,194	91,890	106,486	123,521	138,127	154,008	167,025
Coroner Services	-	-		-	-	-	-
District Hospitals	833,591	914,916	958,256	1,118,800	1,234,105	1,379,613	1,501,565
TOTAL:DISTRICT HEALTH	**1,220,434**	**1,348,946**	**1,412,655**	**1,643,634**	**1,826,524**	**2,038,227**	**2,210,002**

The increase in District management of 2000/01 was due to the fact of restructuring (CEO's were appointed for all subdistricts and never fully implemented) and funds for some clinics waiting to be activated were centralised in this sub programme.

Table B2-33: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 2: District Health Services

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	1,349	1,413	1,644	147	1,827
% growth		4.72%	16.35%	10.38%	11.13%
Total per person (in rand)	245.04	249.10	281.35	18.15	303.51
Total per uninsured person (in rand)	268.39	272.84	308.16	19.88	332.43

The real growth of over 10% per annum is in line with the Department's priority of strengthening the District System.

Table B2-34: Summary of economic classification – Programme 2: District Health Services

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	983,500	1,048,052	1,125,844	1,181,591	1,350,676	1,479,045	1,595,626
Transfers	54,294	91,549	92,578	134,232	148,433	172,102	188,604
Other Current Expenditure	179,868	190,967	187,689	299,098	298,167	356,311	393,157
Sub-total: Current	**1,217,662**	**1,330,568**	**1,406,111**	**1,614,921**	**1,797,276**	**2,007,458**	**2,177,387**
Capital							
Acquisition of capital assets	2,772	18,378	6,544	28,713	29,248	30,769	32,615
Transfers Payments							
Other Capital							
Sub-total: Capital	**2,772**	**18,378**	**6,544**	**28,713**	**29,248**	**30,769**	**32,615**
Total : Economic Classificatio	**1,220,434**	**1,348,946**	**1,412,655**	**1,643,634**	**1,826,524**	**2,038,227**	**2,210,002**

The big jump in expenditure for other current expenditure in 2002/03 is due to several hospitals being activated as well as inflationary increases.

Table: Transfers to municipalities (R '000)

		1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est.Actual	2003/04 Voted	2004/05 Forward	2005/06 Estimates
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
Category A	**Municipality 1**							
Category B	**Municipality**							
1	Ellisras			420	654	911	977	1,036
2	Louis Trichardt			88	82	119	128	135
3	Messina			62	143	200	215	228
4	Naboomspruit			11	89	129	139	147
5	Nylstroom			151	215	312	335	355
6	Phalaraborwa			263	352	546	586	621
7	Pietersburg		865		205	-	-	-
8	Potgietersrus			109	322	379	407	431
9	Roetan					-	-	-
10	Settlers					-	-	-
11	Thabazimbi			202	211	306	329	349
12	Tzaneen		1055	34	844	-	-	-
13	Warmbad			0	6	4	5	5
14	Provincial Health Authority	2558						
15	Additional: Allocation							
Category C	**Municipality**							
Total: Transfers to Local Governnent		**2,558**	**1,920**	**1,340**	**3,123**	**2,908**	**3,120**	**3,307**

2. Programme 3 – Emergency Medical Services

3.1. Situation Analysis

3.1.1. General

- Emergency Medical Services in the province has once again showed an increase in the number of emergency cases that required the services of the programme by an estimated 10% as compared to the previous years.
- The increase in demand for EMS services has also been noticed with the number of events taking place in the province that require our services.
- Identification of new EMS services has also taken place, so that we are able to improve our response time/ access to all emergency calls in the province.
- The need to render Rescue Services as a specialized service with the aim of improving our "Early Access" after our arrival on scenes was identified.
- Provision was made to acquire 11 Rescue vehicles with an estimated value of about R 700 000.00/ vehicle, which is fully equipped.
- More emphasis was put on the training of Advanced Life Support personnel with the aim of improving patient care in the pre hospital setting.
- Through a ppp a helicopter was made available to the province with the aim of improving our response times and care to the community in an emergency situation.

3.1.2. Analysis of constrains and measures planned to overcome them

- Due to funding problems in general, the programme was unable to achieve any of the identified priorities in the past FYs.
- Based on the current funding including the MTEF projections the programme has a long way before it sees its planning to come to reality. The basic plan is to close EMS stations in overprovided areas(N1 corridor) and open stations in rural areas.

3.2. Policies, priorities, and broad strategic objectives

- One of the priorities that were identified by EMS management was the need to train all frontline managers of stations and regions in various management skills with the aim of improving the running of their areas of responsibilities.
- A number of personnel from previously disadvantaged background were promoted to the level of Senior Divisional Officers as part of the transformation.
- The province participated in the study my NEMS committee to develop norms and standard for the country with the aim of having foundation and backing to request appropriate funding and resource allocation for the programme nationally by Treasurery.
- The department also identified the need to setup a new call center since the current one is unable to cope with the work load due to old technology and setting facilities for more call takers.

3.3. Description of planned quality improvement measures

- Regular response time checks are underway for all high priority call in the province, which will include the number of calls within a specific area/ community.
- Regular assessment of patient report forms will be done, which will include pear review for the Advanced Life Support component will be conducted at least once a month.
- Annual refresher courses will be conducted to make sure that all practitioners are current.
- Management of EMS will be going out to accident scenes unannounced to check on the care being rendered by emergency practitioners.

3.4. Objectives & Performance indicators

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To provide efficient and effective emergency medical services in the province	Improved response time to emergency call out. *	25 min urban & 90 min rural	25 min urban & 80 min rural	20 min urban & 60 min rural	15 min urban & 45 min rural	15 min urban & 45 min rural
Provide adequate capacitated staff to render Emergency Care	• % of staff trained in Basic Life Support • % of staff trained in Intermediate Life Support • % of staff trained in Advanced life support	66% 23% 11%	69% 22% 9%	75% 18% 3%	67% 22% 4%	60% 33% 7%
Establish a coordinated & planned Patient callout system	% of callouts answered by single ambulance crews	No coordination	No coordination	100% coordinated	100% coordinated	100% coordinated
Render Emergency Medical Services	Number of Patients transported per 1000 people per year Total kilometers traveled per year	9 5.1 million	11 5.6 million	13 6.2 million	15 6.7 million	19 7.4 million

- - as per national guidelines which is < 15 min in urban and < 45 min in rural areas.

3.5. Financials

Table B3-35: Summary of expenditure and estimates in current prices - Programme 3: Emergency Medical Services

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Emergency Transport/Se	29,029	35,974	47,833	36,787	83,126	97,654	103,011
Planned Patient Transpo	-	594	-	-	8,505	5,853	8,807
Total	**29,029**	**36,568**	**47,833**	**36,787**	**91,631**	**103,507**	**111,818**

The big jump in expenditure for 2003/04 is due to the fact that ambulances will be provided through a full maintenance lease and not through the Department of Transport.

Table B3-36: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 3: Emergency Medical Services

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	37	48	37	0	92
% growth		30.81%	-23.09%	0.30%	149.08%
Total per person	6.64	8.43	6.30	-0.17	15.23
Total per uninsured person	7.28	9.24	6.90	-0.19	16.68

Table B3-37: Summary of economic classification – Programme 3: Emergency Medical Services

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	20,384	23,108	29,681	28,231	42,973	44,636	47,314
Transfers							
Other Current Expenditure	8,645	9,341	10,396	8,256	44,238	54,426	60,028
Sub-total: Current	**29,029**	**32,449**	**40,077**	**36,487**	**87,211**	**99,062**	**107,342**
Capital							
Acquisition of capital assets	-	4,119	7,756	300	4,420	4,445	4,476
Transfers Payments							
Other Capital							
Sub-total: Capital	**-**	**4,119**	**7,756**	**300**	**4,420**	**4,445**	**4,476**
Total : Economic Classification	**29,029**	**36,568**	**47,833**	**36,787**	**91,631**	**103,507**	**111,818**

The big increase in 2003/04 for other current expenditure is due to the full maintenance lease cover for ambulances being implemented.

4. Programme 4 : Provincial Hospitals

4.1. Situation analysis

4.1.1. Regional Hospital Performance

There is a wide diversity in regional hospital performance. Warmbaths Hospital appears to be the most efficient of regional hospitals with an admission rate of 200 per 1000 populate, 93 % bed occupancy and ALOS of 5 days. In contrast Mapulaneng Hospital has an admission rate of 55 per 1000, 86 % bed occupancy but ALOS of 8,3 days.

In 1996 the National Hospital Strategy Project recommended that 3.7 beds per 1000 population was required to deliver hospital services in the Public Sector. This was subsequently reviewed by a task team of the PHRC and revised to 2.3 beds (1.3 level 1 , 0.5 level 2, 0.1 level 3, and 0.4 chronic)

An assessment of current hospital utilisation and efficiency in the Limpopo Province suggests (SPS 2001):

.Overall bed provision of between 1.86 and 2.2 beds per 1000 population is lower than the recommended level of 2.3 beds per 1000 population.

.Bed provision levels are currently lower for all acute levels of care than recommended

- ⇨ L 1 beds at 1.22 bed per 1000 population are 6% less than the recommended norm of 1.3 beds per 1000 population.
- ⇨ L2 beds at 0.35 are 30% less than the recommended norm of 0.5 beds per 1000 population.
- ⇨ L3 beds (tertiary) at 0.05 is 50% less than the recommended norm of 0.1 beds per 1000 population
- ⇨ Chronic (Psychiatric and TB) bed provision of 0.57 is 42.5% higher than the recommended norm of 0.4 beds per 1000 population.

Most of the beds used for TB are in acute hospitals and if considered L 1 and L2 beds then the overall bed occupancy for acute beds is 62%, which is 18% lower than the recommended level of 80%.

If the current population served by facilities (5,832,913) as indicated in the province is considered then the overall public bed provision is 1.86 bed per 1000 population.

ALOS (5.2 days) for all acute services is in line with recommendations by the HSP (between 5 and 8 days)

Overall acute admission rate of 62 is considerably less than 85/1000 recommended by the Hospital Strategy Project (HSP). This suggests a gross under-utilisation and / or non- availability of services resulting in patients being treated elsewhere.

4.1.2. Referral Patterns

The 6 regional hospitals in the province that are also illustrated visually on the attached GIS maps of health facilities per district, are distributed as follows:

- **Waterberg District –**Mokopane Hospital and Warmbath Hospital
- **Vhembe District -**Tshilidzini Hospital
- **Mopani District -**Letaba Hospital
- **Eastern District** -Mapulaneng Hospital
- **Sekhukhune District** -St Ritas' Hospital. If the demarcation of the boundary between Sekhukhune District and Mpumalanga Province is considered, then there will be two regional Hospitals in Sekhukhune District as Philadelphia Hospital is also a regional hospital.
- **The Capricorn District** has no dedicated regional hospital but has two secondary/tertiary hospitals, Polokwane/Mankweng Hospital Complex.

Movement of patients should be dictated by the referral criteria. Patients should only be transferred to a hospital with higher capability in terms of skills and technology appropriate for the management of their problems. If the next level does not justify transfer due to the above, the referring doctor should select another hospital with a higher level of care for the patient. In such circumstances, bypassing of the next **designated** level is justified. It is the responsibility of the superintendent of hospital to acquaint all new staff with this provincial referral policy,

Districts have to refer patients for level II care to the regional hospitals in their respective districts. This is not possible in Capricorn District, which has no regional hospital. For this reason district hospitals in Capricorn refer their patients to Polokwane/ Mankweng Hospitals. Level I patients are also directly referred to Polokwane and Mankweng Hospitals as there is no district hospital in the Polokwane urban area. Some district hospitals refer patients directly to Ga-Rankuwa Hospital in Gauteng Province.

Regional hospitals are supposed to refer patients for tertiary care to Polokwane and Mankweng Hospitals. In practice some patients from regional hospitals such as Tshilidzini Hospital are referred passed Polokwane/Mankweng Hospitals to Ga-Rankuwa Hospital. Polokwane/ Mankweng Hospital Complex refers a number of patients to Ga-Rankuwa Hospital because they do not have the capacity to render the highly specialised services.

4.1.3. Services Offered

District hospitals provide mainly level 1 care (which is care provided by general medical practitioners). Medico-legal services are rendered at the majority of district hospitals and (TB) patients are treated in a number of district hospitals. Some districts hospitals provides specialised services as well:

- Ophthalmology at Elim Hospital.
- MDR Care at FH Odendaal Hospital
- Acute psychiatric care at:
  - ⇨ Tintswalo Hospital
  - ⇨ Siloam Hospital
  - ⇨ Donald Fraser Hospital
  - ⇨ Groothoek Hospital, and
  - ⇨ Nkhensani Hospital.

Regional hospitals provide level 1 **and level** 2 **care which includes the following clinical disciplines:**

- Internal medicine
- General surgery
- Orthopaedics
- Paediatrics
- Obstetrics and Gynaecology
- Anaesthetics
- **Intensive** care,

Chronic psychiatric inpatients are treated at Evuxakeni Hospital (Lifecare), Thabamoopo Hospital and Hayani Hospital which also has a forensic unit.

Table B-38: **Number of level 1 & 2 beds regional hospitals**

Hospitals	No. of level 2 beds	No. of levels 1 beds	Total no. of beds
District Hospitals		6020	6020
Regional Hospital	751	1128	1879
Total	751	7148	7899

Table B-39: Summary of hospital bed distribution and efficiency by level of care

Level of Care	Current beds	Bed / 1000 population	Admission / year	Admission rates	Inpatient Days	ALOS	% Occ
Level I	6,020	1.22	274,480	44	1,317,285	4,8	60
Level II	1,734	0.35	66,430		421,210	6,3	67
Level III	269	0.005	8,395	17	73,365	8,9	75
Psychiatry (acute)	2,052	0.42	1,825		703,720	N/A	N/A
Chronic TB	769	0.16	10,585	2	183,230	17,3	65
TOTAL	10,844	2.155	361,715		2,698,810		

Table B-40: Step down facilities planning (from SPS):.

Institution	Population / Facility	Existing Beds	Step Down (SPS)	DistRICT (SPS)	Regional (SPS)	Central (SPS)	Difference
Blouberg Hospital	21,336	30	11	13			6
Botlokwa Hospital	104,639	72	52	65			(45)
Dr Machupe Mphahlele, Lebowakgomo & Zebediela	312,153	551	154	195			202
Helene Franz Hospital	133,097	200	66	83			51
Seshego Hospital	40,364	75	20	25			30
WF Knobel Hospital	184,366	194	91	115			(12)
Total Capricorn	**795,955**	**1122**	**393**	**497**	**488**		**232**
Matikwana Hospital	110,173	178	54	69			55
Sekororo Hospital	77,067	139	38	48			53
Tintswalo Hospital	235,335	424	116	147			161
Total Eastern	**422,575**	**741**	**209**	**264**	**259**		**268**
Dr CN Phatudi Hospital	143,112	200	71	89			40
Duiwelskloof Hospital	23,473	17	12	15			(9)
Kgapane Hospital	204,551	220	101	128			(9)
Maphutha L Malatji Hospital	69,277	182	34	43			105
Nkhensani Hospital	259,109	313	128	162			23
Phalaborwa Hospital	22,348	30	11	14			5
TzaneenVan Velden Memorial Hospital	49,150	86	24	31			31
Total Mopani	**771,020**	**1048**	**381**	**481**	**473**		**186**
H C Boshoff Hospital	270,519	258	134	169			(45)
Jane Furse Hospital	200,356	322	99	125			98
Matlala Hospital	224,577	160	111	140			(91)
Mecklenburg Hospital	84,417	142	42	53			48
Total Sekhukhune	**779,869**	**882**	**386**	**487**	**479**		**9**
Donald Fraser Hospital	257,158	365	127	160			77
Elim Hospital	267,048	435	132	167			136
Louis Trichardt Hospital	90,236	40	45	56			(61)
Malamulele Hospital	161,300	257	80	101			77
Messina Hospital	37,213	76	18	23			34
Siloam Hospital	232,341	395	115	145			135
Thohoyandou Hospital	0	0	0	0			0

Total Vhembe	**1,045,297**	**1568**	**517**	**652**	**641**		**399**
Ellisras Hospital	58,736	82	29	37			16
FH Odendaal Hospital	23,530	130	12	15			104
George Masebe Hospital	98,443	241	49	61			131
Thabazimbi Hospital	18,784	56	9	12			35
Voortrekker Hospital, Potgietersrus	66,449	91	33	41			17
Witpoort Hospital	19,579	70	10	12			48
Total Waterberg	**285,522**	**670**	**141**	**178**	**175**		**351**
Subtotal District Hospitals	**4,100,238**	**6031**	**2027**	**2559**	**2515**	**0**	
Regional and Central Hospitals							
Mankweng Hospital		438				211	
Pietersburg Hospital		403				200	
Total Central (Excl Ptb/Mnk)	795,955	1122			488		634
Letaba Hospital	771,020	271			415		(144)
Mokopane & Warmbaths Hospitals	285,522	406			175		231
Mapulaneng Hospital	422,575	326			259		67
St Ritas Hospital	779,869	436			479		(43)
Tshilidzini Hospital	1,045,297	538			641		(103)
Subtotal Regional	**4,100,238**	**2818**			**2516**	**411**	**642**

4.1.4. Organisational Development

- ⇨ Personnel Audit
- ⇨ Skills Audit
- ⇨ At individual level
- ⇨ At Organizational level
- ⇨ Review of staff establishment
- ⇨ Full time and part-time studies
- ⇨ Identifying training and development needs
- ⇨ Performance Management system
- ⇨ Recognition of prior learning
- ⇨ Compiling the workplace skills plan
- ⇨ Competency designing and work profiling
- ⇨ Attendance of courses, seminars, conferences etc
- ⇨ Implementation of training and development programs
- ⇨ Impact Assessment

4.1.5. Delegations of financial, procurement and personnel functions:

The following delegations have been implemented:

- i) Financial delegations
- ii) Human resources delegations (can appoint at entry level below level 8)
- iii) Tender Board delegations
- iv) Procurement delegations (up to R100 000)

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

- i) The quality improvement programme is driven centrally
- ii) All hospitals have implemented service standards
- iii) All hospitals have Batho Pele Committees

iv) A quality improvement policy from National DOH has been circulated for customisation and adaptation and implementation
v) Hospitals have had workshops on the District Hospital Service package. The Secondary Hospital Service has been circulated.
vi) Eighty percent of the Hospitals have conduced a patient satisfaction survey this year
vii) All hospitals have suggestion boxes put at strategic places for the clients to submit feedback on quality of services

4.1.7. Health Technology

i) Eleven hospitals including the PMHC were audited and the final reports have been submitted for perusal.
ii) The rest of the hospitals will be implemented during the next financial year
iii) The Provincial Treasury is implementing an Asset Management System in the PMHC

These audits will assist us in determining a replacement programme for equipment and to assist in determining our long term budgetary requirements.

4.2. Objectives and Performance Indicators

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To provide efficient, effective and quality Hospital Services.	ALOS	6.1 days	6.5 days	6.5 days	6.5 days	6 days
	USBUR	67.4%	70%	75%	80%	85%
	No. of hospitals with step-down beds.	0 hospitals	10% of estimated step down beds per district hospitals	20% of estimated step down beds per district hospitals	30% of estimated step down beds per district hospitals	40% of estimated step down beds per district hospitals
	% of hospitals with operational Hospital Board	No evidence	80%	100%	100%	100%
To improve management capacity	Appointment of CEO's at Hospitals.	Nil	16%	100%	100%	100%
	Appointment of line managers and logistical support staff.	45%	50%	70%	80%	95%
Establish 5 fully equipped Clinical Engineering workshops in the province	Number of workshops established	Clinical Engineering workshop	Clinical Engineering workshop	Recruit 6 Student Technicians	Establish 2 Clinical Engineering workshops	Establish 2 Clinical Engineering workshops
To improve quality of service in Hospitals.	No. of hospitals with help desk	No documented evidence	20%	50%	70%	80%
	No. of hospitals with functional Quality Management Committees	No documented evidence.	20%	50%	75%	100%
	No. of hospitals conducting patient satisfaction survey.	No documented evidence	50%	60%	80%	100%
	No. of hospitals with peer review programs	No documented evidence	50%	70%	80%	90%

Note: The actual averages are unweighted averages across all hospitals in this category

4.3. DELIVERY IMPROVEMENT PLAN (over MTEF)

The following vital areas for improvement had been identified:

MAIN STANDARD	CURRENT SITUATION	ACTIVITIES	INDICATOR OF SUCCESS
1. Standardised calculation & interpretation of hospital indicators.	• Proper audits are not done and this compromises the quality of health and poor quality is in turn costly.	• Workshops on hospital performance indicators. • Frequent audits e.g monthly nursing audits, morbidity, mortality meetings, peer reviews. • Standardisation of treatment protocols based on Evidence Based Medicine.	• Standardised hospital performance indicators • Audit reports • Standardised treatment protocols
2. The Patients' Rights Charter, Rights of the elderly and Children's Rights.	The attitude of some of the healthcare providers are negative, they do not treat clients with compassion, respect & expected responsiveness.	• Workshops on the clients' rights • Posters on clients' Rights are placed on strategic areas to inform them. • The charter to be translated into local languages.	. Number of workshops held . Documents translated into local languages . Posters displayed
3. Presence of professional caregiver for prescribed hours of operation per campus	Due to staff shortages some specialist services are not covered throughout the hours of operation service units(theatre).	• Filling of critical posts. • Reviewing of staff establishment.	. Number of critical posts filled . Reviewed staff establishments
4. Client to be regarded as having individual needs and must be treated with courtesy, empathy, dignity and respect for personal privacy.	In some cases respect, empathy, courtesy and dignity are lacking from health-providers.	• Workshops on Batho-Pele Principles should be the order of the day. • Incentive for those who behave professionally and sanctions for wrong doers.	• Number of workshops held. • Rewards for meritorious work • Number of disciplinary cases

5. Equal access to health services.	Lack of staff, facilities & equipment	• Recruitment and retention using incentives (monetary & non monetary) • Effective referral system • Strengthen other levels of care. • Training programmes and CPD for staff. • Maintenance of facilities and equipment. • Expediting procurement procedures.	. Well staffed hospitals Reduced self & inappropriate referrals to tertiary and secondary institutions leading to prompt services and reduced waiting times. . Appropriately skilled staff . Physical facilities in maintain condition
6. Clients will be adequately informed and shall have ample access to complaints and appeals procedures.	Uninformed clients who direct letters of complaint to Minister , /MEC & Premier.	Introduction of suggestion boxes, questionnaires, toll-free number.	Decrease in number of complaint letters to Minister, MEC . Improved channels of communication.
7. Service level agreements.	No clear indication of agreed levels of service to be provided and hours of operation.	PMA's between hospitals and the Provincial Office. Service level agreement (conditional grant)	Available PMA's Service level agreement signed
8. Community Participation.	Lack of communication with communities' results in ignorance and lack of confidence in the service	Establishment of Tertiary Hospital Board Workshop on roles & responsibilitie to empower board members	Functional hospital boards as indicated by adherence to statutory functions.
9. Safe & Healthy Environment	Presently, patients, clients, staff and visitors are sometimes exposed to hazards with medico-legal implications.	Encourage formation of Health & safety committees for • Policy formulation • Risk assessment & preventive measures e.g security, personal protective clothing, proper management of medical waste.	Health & Safety Committee . Health and Safety Policy . Risk Management Policy

4.4. Financials

Table B4-41: Summary of expenditure and estimates in current prices - Programme 4: Provincial Hospital Services

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
General Hospitals	265,321	299,101	308,119	370,681	369,054	397,068	422,441
Psychiatric/mental hospita	43,700	52,113	56,903	64,811	73,472	79,130	84,213
Total	**309,021**	**351,214**	**365,022**	**435,492**	**442,526**	**476,198**	**506,654**

The big increase in 2002/03 is due to inflationary increases and a concerted effort to appoint critical staff as well as leg and rank back pay.

Table B4-42: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 4: Provincial Hospital Services

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	351	365	435	42	443
% growth		3.93%	19.31%	11.35%	1.62%
Total per person	63.80	64.37	74.55	5.37	73.53
Total per uninsured person	69.88	70.50	81.65	5.88	80.54

The average real growth of 11% is due primarily to a leap in 2002/03 caused by inflation, appointment of critical staff and arrears for leg and rank promotion and dr's overtime.

Table B4-43: Summary of economic classification – Programme 4: Provincial Hospital Services

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	243,552	278,940	290,658	329,858	349,384	372,537	395,053
Transfers							
Other Current Expenditure	61,896	68,532	68,829	93,931	86,428	93,048	99,351
Sub-total: Current	**305,448**	**347,472**	**359,487**	**423,789**	**435,812**	**465,585**	**494,404**
Capital							
Acquisition of capital assets	3,573	3,742	5,535	11,703	6,714	10,613	12,250
Transfers Payments							
Other Capital							
Sub-total: Capital	**3,573**	**3,742**	**5,535**	**11,703**	**6,714**	**10,613**	**12,250**
Total : Economic Classification	**309,021**	**351,214**	**365,022**	**435,492**	**442,526**	**476,198**	**506,654**

5. PROGRAMME 5: CENTRAL HOSPITALS – PROVINCIAL TERTIARY SERVICES

5.1. Situational Analysis

5.1.1. Central Hospital Performance

Polokwane/ Mankweng Hospital Complex which renders level 2 and 3 services have ALOS of 9,5 an 8, 7 respectively, which is higher than the recommended norm. The admission rates at these two hospitals are 45 and 49 per 1000 population. Factors such as staffing, services offered, transport and drug availability may affect admission rates.

Polokwane and Mankweng Hospitals provide secondary and tertiary level of care. As there are no district hospitals in Polokwane, level 1 patients are also admitted to these hospitals. In addition to regional hospital services the following tertiary services are provided:

- Cardiology
- Urology
- Paediatric surgery
- Cardiothoracic surgery
- Ophthalmology
- ENT
- Neonatology
- Oncology
- Radiology

A limited number of highly specialised services are provided at Polokwane and Mankweng Hospitals. This amounts to 6145 admissions and 26924 outpatient visits per year, which represents 1% and 2% respectively of the national figures.
These services include:

- Clinical haematology
- Endocrinology
- Respiratory medicine
- Nuclear medicine
- Vascular surgery
- Neurosurgery
- Gastroenterology
- MRI and CT scan
- Burns and ICU
- Dialysis

Table B5-44 Table: Numbers of beds in central hospitals by level of care

Central hospital (or complex)	No. of level 3 / 4 beds	No. of levels 1 and 2 beds	Total no. of beds
Polokwane	317	105	422
Mankweng	240	240	480
Total	**557(269: old SPS figures)**	**345**	**902**

5.1.2. Uses of Conditional Grants

i) The Redistribution of Highly Specialised services Grant and later the National Tertiary Services Grant has been utilised to erect facilities for secondary and tertiary services in the PMHC as well as to equip both the regional and the PMHC.
It has also been used to pay salaries for specialists

ii) The Health Professional Training Development Grant is used for training of health science students as well as to develop the secondary hospital services

iii) The Management and Quality Improvement Grant is used to capacitate hospital management in terms of skill development and filling of management posts.
It is also used for systems development e.g. Cost centre accounting system, M.I.S

5.1.3 Donor Funds

⇨ The European Union Funds are used for systems development, capacity building, and procurement of office equipment.

5.2. Objectives and Performance Indicators

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To provide efficient, effective and quality Hospital Services.	ALOS	7.9 days	7.5 days	7 days	7 days	7 days
	USBUR	68.3%	70%	75%	80%	85%
	No. of step-down beds.	0	0	50	50	50
	Presence of operational Hospital Board	No evidence	No evidence	yes	yes	yes
To improve management capacity	Appointment of CEO's at Hospitals.	no	yes	yes	yes	yes
	Appointment of line managers and logistical support staff.	45%	50%	70%	80%	95%
To improve quality of service in Hospitals.	Help desk functioning	No documented evidence	yes	yes	yes	yes
	Functioning Quality Management Committee	No documented evidence.	yes	yes	yes	yes
	Patient satisfaction surveys conducted.	yes	yes	yes	yes	yes
	Functioning peer review programs	yes	yes	yes	yes	yes

Note: The actual averages are unweighted averages across all hospitals in this category

5.3. Financials

Table B5-45: Summary of expenditure and estimates in current prices - Programme 5: Provincial Tertiary Services

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Central Hospitals Provincial Tertiary Service	205,131	248,995	239,890	270,188	308,242	314,844	340,393
Total	**205,131**	**248,995**	**239,890**	**270,188**	**308,242**	**314,844**	**340,393**

Table B5-46: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 5: Provincial Tertiary Services

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	249	240	270	11	308
% growth		-3.66%	12.63%	4.17%	14.08%
Total per person	45.23	42.30	46.25	0.51	51.22
Total per uninsured person	49.54	46.33	50.66	0.56	56.10

The real growth here is primarily due to conditional grants as well as leg and rank promotion arrears.

Table B5-47: Summary of economic classification – Programme 5: Provincial Tertiary Services

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	150,254	156,084	163,574	174,124	185,481	212,452	233,233
Transfers							
Other Current Expenditure	54,876	51,730	68,992	87,550	85,295	82,603	86,184
Sub-total: Current	**205,130**	**207,814**	**232,566**	**261,674**	**270,776**	**295,055**	**319,417**
Capital							
Acquisition of capital assets	1	41,181	7,324	8,514	37,466	19,789	20,976
Transfers Payments							
Other Capital							
Sub-total: Capital	**1**	**41,181**	**7,324**	**8,514**	**37,466**	**19,789**	**20,976**
Total : Economic Classification	**205,131**	**248,995**	**239,890**	**270,188**	**308,242**	**314,844**	**340,393**

The big jumps in some years for capital assets is due different priorities on business plans for the conditional grants.

6. Programme 6: Health Sciences and Training

6.1. Situation Analysis – Health Sciences and Training

6.1.1. MANDATES

- The legal framework as given in Part A
- Bursary Policy
- Human Resource Development and Training Policy
- Management Plan for the Department of Health and Welfare
- Codes of remuneration
- Collective bargaining agreements
- Transformation of Public service delivery

6.1.2. STRATEGIES/GUIDELINES

- HRD Strategy
- Students contracts
- Skills Development strategy
- Rules and regulations for training
- Implementations guidelines

6.1.3. TRAINING NEEDS ASSEMENT AND GAP ANALYSIS

Needs assessment done through consultation with HRP, Service providers and participants. Training also done through skills audit.

Table B-48: NUMBERS AND TYPE OF INSTITUTIONS FOR HEALTH PROFESSIONAL EDUCATION IN THE PROVINCE

TYPE	NUMBER	HEALTH PROFESSINAL	BASIC	POST-BASIC	FULL-TIME	PART-TIME	AVAILABILITY OF FACULTY STAFF
College	1	Diploma in Nursing and Midwifery	Y	Y	Y	N	15 out of 26 vacant
Campuses	3	Diploma Nursing and Midwifery	Y	N	Y	N	447 out of 1164 vacant
Higher Learning Nursing schools	1	Diploma in Ophthalmic Nursing	N	Y	Full-time	N	No establish-ment

TYPE	NUMBER	HEALTH PROFESSINAL	BASIC	POST-BASIC	FULL-TIME	PART-TIME	AVAILABILITY OF FACULTY STAFF
		Diploma in Clinical Nursing Science (PHC)	N	Y	1 decentralised	N	Adequate-ly staffed
		Diploma in Clinical Nursing Science (PHC)	N	Y	1 Full-time	N	1 out of 2 not appointed
	8	Midwifery	N	Y	Y	N	Well staffed
	1	Psychiatry	N	Y	Y	N	Well staffed
Nursing schools	3	EN/A	Sub-categories	N	Y	N	Well staffed
	8	Bridging	Subcategories	N	Y	N	Well staffed
	11	Enrolled	Subcategories	N	Y	N	Well staffed
	1	PHC Preceptors	Sub category	Y	Y	N	Adequatel y staffed
EMS College	1	Basic Intermediate and Advanced ECP	Y	Y	Y	N	3 out of 6 staff not appointed
		Rescue courses (Basic intermediate)	Y	Y	Y	N	1 out of 2 staff not appointed
		Auxiliary courses	Y	Y	Y	N	No estab-lishment
		ACLS,APLS,ATLS	N	Y	Y	N	Out-sourced

6.1.4. APPRAISALS OF TRAINING PROGRAMS

SANC, SAQA and the college do appraisals of colleges and nursing schools.
The Health Professional council does appraisals of EMS.

Table B-49: NUMBERS TRAINED

School	Course	Number	Attrition rate
College of Emergency care	ECP/B	42	3
	ECP/I	22	2
	ECP/A	8	3
	BMR	35	0
	Advanced driving	11	
	CPR	50	0
Nursing Schools	Primary Health Care Nurses	77	0
	Psychiatry		
	Ophthalmology	13	0
	Midwifery		
	EN/A		
	Bridging		
	Enrolled		
	PHC Preceptors	24	0
College	Diploma in Nursing and midwifery	111	
Universities	MBCHB	481	0
	B-Pham	12	0
	Physiotherapy	10	0
	B-Radiography	10	0
	BDS	10	0
	Dental therapy	10	0
	B-Occupational therapy	10	0
	Nutrition	10	0
	B-Social work	10	0
	B.Optometry	10	0

6.1.5. MAIN AREAS OF HEALTH RESEARCH INCLUDING HEALTH SYSTEMS RESEARCH

1. Termination of pregnancy
2. Evaluation of amalgamation process by the nursing colleges in Limpopo province
3. Evaluation of the Primary Health Care training program in the Limpopo province
4. Shortage of drugs in the health sector
5. Mental health
6. Airo-medical air services
7. Family planning

6.1.6. KEY CHALLENGES OVER THE STRATEGIC PLAN PERIOD

- Lack of capacity.
- Insufficient budget.
- No effective binding contract.
- Inability to get student refund back bursary fees after breaching of contract
- Inability to reach the most rural areas when conducting career exhibitions.
- The manual running of bursary administration.
- Inadequate incentives to attract and retain personnel with scare skills.
- Insufficient infrastructure.

6.1.7. ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME
Inadequate finance/ budget	Prioritise and use available resource. To access conditional grant.
Inadequate personnel	To motivate for additional posts. Utilise the restructuring system to acquire personnel in excess.
Organisation and management (Personnel in acting position for a long time)	Consultation with HRM to ensure that all posts are filled.
Poor and inadequate physical infrastructure i.e. accommodation, classes, laboratory etc.	Motivate for renovations or reallocation.
The manual running of bursary administration	Motivation for the purchasing of the soft ware package.
Lack of professionally trained personnel in the most rural areas.	Application of a quota system during selection.

6.2. POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

- To train primary health care nurses for the province
- To train mid-workers for the province.
- To develop the skills of employees in the Department
- To render an effective continuing professional programs.
- To implement the curriculum that addresses the health needs of the community in line with SAQA requirements.
- To identify learning/ training needs which qualify for access of conditional grants areas for health professional training and development.
- To conduct health research according to the needs of the province.
- To target the most rural areas and previously disadvantaged communities.

6.3. Specific Objectives, indicators and Targets.

OBJECTIVE	INDICATOR	2001/02 (Actual)	2002/3 (Actual)	2003/4 (Estimates)	2004/5 (Estimates)	2005/6 (Estimates)
To train adequate health professional	No. of Primary Health Nurses trained each year.	74	80	90	150	180

including Allied Health Workers according to the needs of the province.	No. of Midwives trained.		169	209	230	245
	No. of students trained in Diploma in Nursing and Midwifery		254	280	280	280
	No. of nursing trained in Ophthalmology		100	140	147	152
	Enrolled Nursing Assistants					
	Bridging		200	200	200	200
	Enrolled Nursing		8	28	28	28
	Emergency Care Practitioners/B		16	16	-	-
	ECP/I		42	42	42	42
	ECP/A		14	14	14	14
	BMR		144	144	144	144
	Advanced driver Training		144	144	144	144
	CPR		200	200	200	200
	IMR		72	72	72	72
	AMR		5	5	5	5
	MBCHB		62	68	75	83
	B.Pham		12	13	15	16
	B.Physiother		10	11	12	13
	B.RAD		10	11	12	13
	BDS		10	11	12	13
	B.Dent.Ther		10	11	12	13
	B.Occ.Ther		10	11	12	13
	B.Nutrition		10	11	12	13
	B.Social Work		10	11	12	13
	B.Optom		10	11	12	13
	Health Technology		5	8	10	12
	Clinical Psychology		5	8	10	12

6.4. Financials

Table B6-50: Summary of expenditure and estimates in current prices - Programme 6: Health Sciences and Training

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Nurse tarining Colleges	43,687	60,773	43,867	44,119	45,028	54,728	61,471
EMS Training Colleges	1,819	348	1,787	3,962	2,771	3,361	4,083
Bursaries	13,390	11,995	5,075	29,105	29,105	29,105	29,105
Primary Health Care Training			2,630	4,319	4,378	4,946	6,006
Training Other		501	23,704	45,101	45,101	51,805	72,411
Total	**58,896**	**73,617**	**77,063**	**126,606**	**126,383**	**143,945**	**173,076**

The jump in bursary spending for 02/03 is due to reprioritisation of the budget to increase this very important item in an attempt to provide the necessary skills for the Province. The low expenditure in bursaries in 2001/02 was due to the late submission of results by students. The sharp increase in training other for 2002/03 is due to the increase in Professional Training and Development conditional grant.

Table B6-51: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 6: Health Sciences and Training

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	74	77	127	26	126
% growth		4.68%	64.29%	31.14%	-0.18%
Total per person	13.37	13.59	21.67	4.15	21.00
Total per uninsured person	14.65	14.88	23.74	4.54	23.00

The large real growth in this programme is due increases in bursaries and conditional grants.

Table B6-52: Summary of economic classification – Programme 6: Health Sciences and Training

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	40,062	41,071	44,351	44,763	59,736	62,842	66,613
Transfers							
Other Current Expenditure	18,734	32,213	32,478	80,502	66,101	80,529	105,854
Sub-total: Current	**58,796**	**73,284**	**76,829**	**125,265**	**125,837**	**143,371**	**172,467**
Capital							
Acquisition of capital assets	100	333	234	1,341	546	574	609
Transfers Payments							
Other Capital							
Sub-total: Capital	**100**	**333**	**234**	**1,341**	**546**	**574**	**609**
Total : Economic Classification	**58,896**	**73,617**	**77,063**	**126,606**	**126,383**	**143,945**	**173,076**

7. PROGRAMME 7: Health Care Support Services

7.1. SITUATION ANALYSIS: PHARMACEUTICAL SERVICES.

1. The number of pharmacists employed in the province is 60 and the number of posts is 167.
2. Number of pharmacists per population should be 1: 15 000 and is currently 1: 93 000 . (The Department will train additional pharmacy assistants to assist in delivering a service)
3. Pharmacists are leaving the province for higher remuneration packages in private sector and other provinces.
4. 9 hospital pharmacies are without pharmacists and community service pharmacists leaving in December 2002 manage a further 11.
5. Hospital pharmacies are experiencing problems in obtaining transport to deliver medicines to clinics.
6. Medicine availability at clinics serviced by hospitals without pharmacists is lower than those with pharmacists.
7. Medicine availability at periphery is lower than at Depot and hospitals.
8. Pharmacy support personnel are not trained in pharmacy practice.

7.2. Objectives and performance indicators: Pharmaceutical Services

Objective	Indicator	2001/02 (actual)	2002/03 (estimate)	2003/04 (target)	2004/05 (target)	2005/06 (target)
To increase the drug availability at the Depot to 95% and at hospitals and clinics to 90% by 2004	95 drug availability at all levels	Depot 86% Hospital 81% Clinics 65%	91% 86% 72%	95% 87% 80%	95% 90% 85%	95% 90% 90%

7.3. Financials

Table B7-53: Summary of expenditure and estimates in current prices – Programme 7: Health Care Support Services

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Pharmaceutical services	141,273	158,925	176,237	220,376	254,585	309,459	328,878
Total	**141,273**	**158,925**	**176,237**	**220,376**	**254,585**	**309,459**	**328,878**

Table B7-54: Evolution of expenditure in constant 2002/03 prices (R million) – Programme 7: Health Care Support Services

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	159	176	220	31	255
% growth		10.89%	25.05%	17.76%	15.52%
Total per person	28.87	31.08	37.72	4.43	42.30
Total per uninsured person	31.62	34.04	41.32	4.85	46.34

There has been significant real growth in pharmaceuticals due to it coming off a low base, rand/dollar devaluation, and the effort to achieve better equity as compared to other provinces.

Table B7-55: Summary of economic classification – Programme 7: Health Care Support Services

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel	2,123	2,397	2,568	2,296	3,936	4,141	4,389
Transfers							
Other Current Expenditure	139,150	156,528	165,950	217,680	250,321	304,918	323,972
Sub-total: Current	**141,273**	**158,925**	**168,518**	**219,976**	**254,257**	**309,059**	**328,361**
Capital							
Acquisition of capital assets			7,719	400	328	400	517
Transfers Payments							
Other Capital							
Sub-total: Capital			7,719	400	328	400	517
Total : Economic Classification	**141,273**	**158,925**	**176,237**	**220,376**	**254,585**	**309,459**	**328,878**

8. Programme 8: Health Facilities Management

8.1 Situation Analysis

8.1.1. GENERAL

The Department conducted a Facility Condition and Suitability Audit in 1995 and followed in up with a similar audit in1997. The 1995 audit, together with other factors like, population, facility placement towards population, beds per population, referral system, staffing and other, formed the base line information to upgrade and rebuild the health facilities in the province.

This resulted in the decision to replace 4 dilapidated hospitals on more appropriate sites and to build one new hospital to provide level 2 services. A ten- year plan was also developed to rebuild all hospitals.

The Department funded this development program from its Equity budget and this budget was gradually replaced by Conditional Grants. Projects were implemented via Department of Public Works, who acted as the implementing Department.

Rehabilitation, rationalisation and development of the hospital facility network in relation to the provincial strategic position statement and the hospital revitalisation strategy- *(see Annexure 3).*

8.1.2. Capital Works Projects funding from 1995 to date

TOTAL NO OF CONTRACTS COMPLETE	760
VALUE OF PROJECTS IN DOC AND TENDER STAGE	R501,917,403
VALUE OF ALL APPROVED PROJECTS	R1,874,549,521
EXPENDITURE FOR 2001/2002 YEAR	R149,445,595
TOTAL OF COMPLETED PROJECTS	R1,070,413,631

8.1.3. STRATEGIC POSITION STATEMENT:

The Department conducted a study called The Strategic Position Statement in 2001. This document is the first phase of the implementation plan.

The Equity Model scenario that the Department selected indicates that the existing 10 844 beds should be reduced by 685 beds by 2010. The principle of designating existing beds as step-down beds has been accepted and form part of the implementation plan.

8.1.4. REVITALIZATION CONDITIONAL GRANT:

The Department selected 5 hospitals to form part of the Revitalization Project. Four of the hospitals, that replace old dilapidated Mission hospitals in more appropriate positions, have been agreed to by the National Department of Health to be included in this conditional grant. The fifth project, a new hospital that is being constructed to provide level 2 services, has had to be funded out of equitable share funds.

Dilokong, Jane Furse, Lebowakgomo and Nkhensani are the revitalisation projects. Thohoyandou hospital has to be funded out of Departmental equitable share funds.

All 5 hospitals are in line with the contents of the S.P.S. The first phase of these hospitals started in 1998, and the expected completion is in 04/05 Financial Year.

The table in the annexure 3 clearly indicates the work completed by the Department.

8.1.5. MAINTENANCE OF FACILITIES: (see annexure part C for details)

The Department developed a policy to maintain its assets in 1996. Funds have been set aside in the various Districts, specifically for maintenance. This has increased steadily over the last few years.

Each facility does have maintenance staff employed by Health and Welfare that does first line maintenance.

Public Works assist on request with their own staff and or contractors. All funds for maintenance are within Health and Welfare budget.

Table B8-56: PHYSICAL CONDITION OF DISTRICT FACILITY NETWORK

CLINICS	No.	Average 1996 NHFA condition grading	Any later condition audit grading (with date)	Outline of major rehabilitation projects since last audit.
Mopani district	94	DPW AUDIT 95	IDT AUDIT 1997	Upgraded 58 clinics @ R68, 680,000
Bohlabela district	52	DPW AUDIT 95	IDT AUDIT 1997	Upgraded 17 clinics @ R20, 140,000
Sekhukhune district	67	DPW AUDIT 95	IDT AUDIT 1997	Upgraded 27 clinics @R31, 970,000
Vhembe district	120	DPW AUDIT 95	IDT AUDIT 1997	Upgraded 31 clinics @ R36, 720, 000
Capricon district	85	DPW AUDIT 95	IDT AUDIT 1997	Upgraded 28 clinics @ R33, 160,000
Waterberg district	53	DPW AUDIT 95	IDT AUDIT 1997	Upgraded 18 clinics @ R21, 330,000
	TOTAL			**R212, 000, 000**

Table B8-57: FACILITY MAINTENANCE (R'000)-includes hospitals and clinics/CHC

Maintenance	2000/1 (actual)	2001/2 (actual)	2002/3 (estimate)	2003/4 (budget)	2004/5 (MTEF projection)	2005/6 (MTEF projection)
Mopani district	4, 773, 600	R5, 657, 000	R6, 011,000	R6, 011,000	R6, 372, 000	R6, 754, 000
Bohlabela district	1, 714, 500	R2, 320, 000	R2, 158,000	R2, 158,000	R2, 287, 000	R2, 424, 000
Sekhukhune district	5, 610, 600	R6, 649, 600	R6, 794,000	R6, 794,000	R7, 202, 000	R7, 634, 000
Vhembe district	6, 021, 000	R7, 136, 000	R7, 583,000	R7, 583,000	R8, 038, 000	R8, 520, 000
Capricon district	5,027,400	R5,958,400	R6,332,000	R6,332,000	R6,712,000	R7,115,000
Waterberg district	3, 852, 900	R4, 566, 400	R4, 852,000	R4, 852,000	R5, 143, 000	R5, 452, 000
TOTALS	**R27, 000, 000**	**R32, 000, 000**	**R34, 000, 000**	**R34, 000, 000**	**R35, 754, 000**	**R37, 899, 000**

Table B8-58: BASIC INFRASTRUCTURALSERVICES IN DISTRICT FACILITY NETWORK BY HEALTH DISTRICT.

Health district	Facility type	No.	No. (%) with electricity supply from grid	No (%) with piped water supply	No (%) with fixed line telephone
Mopani district	Clinics/CHC's	94	100%	90.85	
Bohlabela district	Clinics/CHC's	52	87%	69.5%	
Sekhuhkune district	Clinics/CHC's	67	86.7%	68%	
Vhembe district	Clinics/CHC's	120	86.5%	93%	
Capricon district	Clinics/CHC's	85	85.7%	74.7%	
Waterberg district	Clinics/CHC's	53	100%	96%	
TOTALS		**471**	**90.98%**	**82%**	

Table B8-59: PROJECTS COMPLETED (see annexure 3 for details)

District Hospitals Projects Completed		
LIMPOPO PROVINCE	503,161,339	
BUSHVELD		22,623,611
WESTERN		24,257,009
CENTRAL		75,886,645
NORTHERN		124,720,070
LOWVELD		98,518,263
SOUTHERN		157,155,741

8.1.6. Facility Construction, Upgrades and Rehabilitation (R '000) over MTEF

New Construction, Upgrading & Rehabilitation	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	2003/04 (budget)	2004/05 (MTEF Projection)	2005/06 (MTEF Projection)	Total Project Eatimate
Programme 1: Health Administration			8,214	12,000	6,886	0	27,100
Programme 2: District Health Serv.	122,876	96,334	144,587	149,007	203,564	224,877	941,245
Programme 2 - Dist Hosp	115,765	86,304	105,487	137,020	201,564	222,877	869,017
Programme 2 - Clin & Health Cen	7,111	10,030	39,100	11,987	2,000	2,000	72,228
Programme 3: EMS	4,767	1,803	515	5,420	0	0	12,505
Programme 4: Provincial Hospitals	18,934	19,829	30,684	43,876	30,000	30,000	173,323
Programme 5: Central Hospitals	6,455	31,480	30,000	16,537			84,472
Programme 6: Health Sciences							0
Programme 7: Pharmaceutical Serv.							0
Programme 8 total	**153,032**	**149,446**	**214,000**	**226,840**	**240,450**	**254,877**	**1,238,645**

8.1.7. Project list 2002 through 2006

See annexure 3.

8.1.8. Additional projects that are documented

These are projects that have been planned and are awaiting additional funds. See annexure 3.

8.2. OBJECTIVES AND PERFORMANCE INDICATORS: PROGRAM 8: HEALTH FACILITIES MANAGEMENT.

Objective	Indicator	2001/02 (Actual)	2002/03 (Estimate)	2003/04 Target	2004/05 Target	2005/06 Target
1. To render capital planning and development of infrastructure to acceptable health facilities. (Five phase plan-see annexure 4)	• New provincial office completed	0	10%	100%	completed	completed
	• % Of progress in upgrading Pietersburg/Mankweng complex to a provincial tertiary institution. ***(Phase 2 development)***	87	90.2	93	100% of phase 2	Begin phase 3
	• % Of progress on referral and specialized hospital upgrade.	70	77	Suspended due to budget constraints	Suspended due to budget constraints	Suspended due to budget constraints
	• % of district hospitals and health centers upgraded to a National health requirements and Provincial standards.*(NFHA, NBR & R158*	Phase 2 – 26,8%	Phase 2 – 36,6%	Suspended due to budget constraints	Suspended due to budget constraints	Suspended due to budget constraints
	• % Of progress in the erection of revitalization hospitals. (3 hospitals)	39.2	41.8	57.1	76.1	100

	• Number of clinics upgraded to provincial standards. ***(Total: 471. Previously upgraded=179)***	0	21	15	20	20
	• % Of clinics with electricity	89.2	89.2	92	100	100
	• % of clinics with dedicated and regular water supply.	83.5	90.1	100	100	100
2. To upgrade facilities to maintainable status	• Improve hospital facilities to reach maintainable condition	23.2 % of hospital buildings	54.1% of hospital buildings	60 % of hospital buildings	65% of hospital buildings	70% of hospital buildings
	• Improve clinics/CHS to reach maintainable condition	33%	38%	40%	45%	50%
3. To maintain all health facilities and equipment	• 100% maintenance of facilities	70%	70%	100%	100%	100%
	• 100% maintenance of medical equipment	No data available	No data available	Establish baseline	50% improvement of gap between baseline and 100%	100%

8.3. Financials

Table B8-60: Summary of expenditure and estimates in current prices - Programme 8: Health Facilities Management

Sub-programmes	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Provincial Management					1,290	1,286	1,314
Community Health Facilities		3,168	4,322	34,371	31,198	36,559	39,653
District Hospitals		122,664	162,125	167,089	140,119	165,969	180,156
Provincial Hospitals		12,921	15,225	17,454	15,843	18,566	20,137
Tertiary Hospitals		2,487	2,931	3,360	3,050	3,574	3,877
Other Facilities		-	8,078	3,319	9,000	9,002	9,700
Total	**-**	**141,240**	**192,681**	**225,593**	**200,500**	**234,956**	**254,837**

The large jump in community health facility expenditure in 2002/03 was due to reprioritisation of the capital budget. In addition an extra R27m was provided by National Treasury as a once off amount, which enabled the other programmes to continue with capital expenditure at a normal pace.

Table B8-61: Evolution of expenditure in constant 2002/03 prices (R million) - Programme 8: Health Facilities Management

Expenditure	2000/01 (actual)	2001/02 (actual)	2002/03 (estimate)	Average annual change	2003/04 (budget)
Total	141	193	226	42	201
% growth		36.42%	17.08%	26.38%	-11.12%
Total per person	25.66	33.98	38.62	6.48	33.32
Total per uninsured person	28.10	37.21	42.30	7.10	36.49

The real growth is due to the increase in the conditional grants. The backlog is so great that much more is needed than funds are available for.

Table B8-62: Summary of economic classification – Programme 8: Health Facilities Management

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est. Actual R'000	2003/04 Voted R'000	2004/05 Forward Estimates R'000	2005/06 Forward Estimates R'000
Current							
Personnel							
Transfers							
Other Current Expenditure		349	8,078	8,019	10,290	10,288	11,014
Sub-total: Current	-	349	8,078	8,019	10,290	10,288	11,014
Capital							
Acquisition of capital assets	127,736	140,891	184,603	217,574	190,210	224,668	243,823
Transfers Payments	1,208						
Other Capital							
Sub-total: Capital	128,944	140,891	184,603	217,574	190,210	224,668	243,823
Total : Economic Classification	**-**	**141,240**	**192,681**	**225,593**	**200,500**	**234,956**	**254,837**

PART C: ANNEXURES –

ANNEXURE 1: DETAIL FINANCIAL DATA

Table C-63: PROVINCIAL OWN REVENUE

	Actual 1999/00 R'000	Actual 2000/01 R'000	Actual 2001/02 R'000	Est. actual 2002/03 R'000	MTEF 2003/04 R'000	MTEF 2004/05 R'000	MTEF 2005/06 R'000
B. NON-TAX REVENUE	**-**	**-**	**2**	**3**	**3**	**3**	**4**
B.1 INTEREST	**-**	**-**	**2**	**3**	**3**	**3**	**4**
1.1 Interest and dividends			2	3	3	3	4
B.2 HEALTH PATIENT FEES	**22,393**	**19,572**	**40,991**	**45,334**	**48,054**	**50,937**	**53,994**
2.1 Patients fees				-	-	-	-
2.2 Hospitals fees	22,393	19,572	40,943	45,234	47,948	50,825	53,874
2.3 Ambulance fees			48	100	106	112	119
B.3 REIMBURSEMENT	**3,327**	**1,856**	**2,063**	**2,015**	**2,136**	**2,264**	**2,400**
3.1 Subsidy	3,327	1,856	2,063	2,000	2,120	2,247	2,382
3.2 Loan redemption			-	15	16	17	18
3.3 Sale of empty containers*							
3.4 Auctions							
3.6 Sale of obsolete stock*							
B6.2. COMMISSION ON INSURANCE	**2,768**	**2,423**	**3,106**	**2,900**	**3,074**	**3,258**	**3,454**
6.2.1 Commission on insurance	2,768	2,423	3,106	2,900	3,074	3,258	3,454
B.6.3 BOARDING AND LODGING	**969**	**705**	**3,076**	**2,750**	**2,915**	**3,090**	**3,275**
6.3.1 Boarding fees	969	705	2,086	1,800	1,908	2,022	2,144
6.3.2 Water and Electricity			990	950	1,007	1,067	1,131
6.3.3 Garbage removal*							
6.3.4 Sanitation*							
6.3.5 Swill*							
B.6.5 THIRD PARTY PAYMENT	**2,365**	**27,407**	**2,441**	**2,535**	**2,581**	**2,736**	**2,900**
6.5.2 Photocopying	179	205	199	150	159	169	179
6.5.3 Donations			-				
6.5.4 Departmental liabilities			-				
6.5.5 Building plans*							
6.5.6 Previous year expenditure			1,305	785	832	882	935
6.5.7 Surplus							
6.5.10 Miscellaneous and others	2,186	27,202	890	1,500	1,590	1,685	1,787
6.5.11 Private telephone calls			47	100	106	112	119
B6.6 STALE CHEQUES	**1,537**	**1,476**	**3,917**	**300**	**318**	**337**	**357**
6.6.1 Stale cheques	1,537	1,476	3,917	300	318	337	357
C. CAPITAL REVENUE	**1,998**	**984**	**1,373**	**1,153**	**1,328**	**1,408**	**1,492**
C.3 Other capital revenue							
C.3.1. Sales of Equipment							
C.3.2 House rent	**1,998**	**984**	**1,373**	**1,153**	**1,328**	**1,408**	**1,492**
3.2.1 House rent	1,998	984	1,262	1,000	1,166	1,236	1,310
3.2.2 Rental of government equipment			1	3	3	3	4
3.2.3 Rent on tuckshop			110	150	159	169	179
TOTAL	**35,357**	**54,423**	**56,969**	**56,990**	**60,409**	**64,034**	**67,876**

* Miscellaneous income

Summary current expenditure

Province of the Limpopo — **Department of Health: Vote 7**

Economic Classification — Current Expenditure

Programm/Subprogramme		Compensation for employees					Other	Other	Use of goods and services										Transfer payments			Total Current Expenditure
		Personnel(Doctors)		Other Personnel		Total			Stationary	Transport	Telecom	Equipments		Buildings		Municipal	Hostels	Other	Total	Other	Other	Total	
		Salaries and wages	Other remuniration	Salaries and wages	Other remuniration		(Specify)	(Specify)				Acquisition (non-capital)	Rental	Current maintenace	Rental	Services				(Specify)			
Programme 1: Administration	Office of the MEC	0	0	373	138	511																	511
	Management	0	0	68 475	25 336	93 811			2 162	57 152	8 778	6 024	6 122		8640			21 687	110 564				204 375
Sub- Total		**-**	**-**	**68 848**	**25 474**	**94 322**			**2 162**	**57 152**	**8 778**	**6 024**	**6 122**		**8 640**			**21 687**	**110 564**	**-**	**-**	**-**	**204 886**
Programme 2: District Health Services	District management	0	0	0	0	3 110			20	151	28	23	28					8 589	8 839	0		0	11 949
	Community Health Clinics	0	0	0	0	109 409			1 179	9 119	1 709	1 358	1 718					2 826	17 910	0		0	127 319
	Community Health Centres	0	0	0	0	87 896			395	3 056	573	455	576					9 910	14 964	0		0	102 860
	Community Based Services	0	0	0	0	64 897			408	3 153	591	470	594					14 289	19 504	0		0	84 401
	Other Community Services	0	0	0	0	0			0	0	0	0	0					0	0	0		0	0
	HIV/AIDS	0	0	0	0	3 079			19	150	28	22	28					583	830	0		0	3 909
	Nutrition	0	0	0	0	98 458			619	4 783	897	712	901					8 645	16 557	148433		148433	263 448
	Coroner Services	0	0	0	0	0			0	0	0	0	0					0	0	0		0	0
	District Hospitals	46 018	17 024	665 536	246 249	974 827			5 572	43 170	8 093	6 418	8 118					183 191	254 562	0		0	1 229 389
Sub- Total		**46 018**	**17 024**	**665 536**	**246 249**	**1 350 676**			**8 212**	**63 582**	**11 919**	**9 458**	**11 964**					**228 033**	**333 168**	**148433**		**148433**	**1 823 277**
Programme 3: Emergency Medical Services	Emergency Transport	0	0	31 367	11 606	42 973			70	937	262	87	35					42 847	44 238				87 211
	Planned Patient Transport																						
Sub- Total		**-**	**-**	**31 367**	**11 606**	**42 973**			**70**	**937**	**262**	**87**	**35**					**42 847**	**44 238**				**87 211**
Programme 4: Provincial Hospital Services	General Hospitals	15 916	5 888	196 768	72 804	291 376			696	1 444	569	219	481					57 703	61 111				352 487
	Tubercolosis Hospitals	0	0	0	0	0												0	0				
	Psychiatric/mental hospitals	692	256	41 649	15 410	58 008			95	295	215	95	83					24 534	25 317				83 324
	Chronic Medical Hospitals	0	0	0	0	0																	
	Dental Training Hospitals	0	0	0	0	0																	
Sub- Total		**16 608**	**6 144**	**238 418**	**88 214**	**349 384**			**790**	**1 739**	**784**	**313**	**564**					**82 237**	**86 428**				**435 812**
Programme 5: Central Hospital Services	Central Hospital Services																						
	Hospital 1 (Name)																						
	Prov Ter Hos Services																						
	Hospital Name: Pietersburg Mankweng Complex	16 262	6 016	115 390	46 613	184 281			717	978	609	244	326					83 622	86 495				270 776
Sub- Total		**16 262**	**6 016**	**115 390**	**46 613**	**185 481**			**717**	**978**	**609**	**244**	**326**					**83 622**	**85 295**				**270 776**
Programme 6: Health Sciences and Training	Nurse tarining Colleges	0	0	33 715	12 475	51 192			250	907	265	0	657					17 982	20 061				71 253
	EMS Training Colleges	0	0	2 556	946	3 502			62	210	53	260	300					9 421	10 306				13 808
	Bursaries	0	0			0												0	0				
	Primary Health Care Training	0	0	848	314	1 162			26	162	56	20	474					7 845	8 583				9 745
	Training Other	0	0	2 832	1 048	3 880			10	970	40	702	374					18 182	20 278				24 158
Sub- Total		**-**	**-**	**39 952**	**14 782**	**59 736**			**348**	**2 249**	**414**	**982**	**1 805**					**53 430**	**66 101**				**118 964**
Programme 7 Health Support Services	Laundaries																						
	Engineering																						
	Forensic Services																						
	Orthotic and Prosthetic Services																						
	Medicine Trading Account	0	0	2 873	1 063	3 936			30	17	10	50	300					**249 914**	**250 321**				254 257
Sub- Total		**-**	**-**	**2 873**	**1 063**	**3 936**			**30**	**17**	**10**	**50**	**300**					**249 914**	**250 321**				**254 257**
Programme8: Health Facilities Management	Community Health Facilities	0	0	0	0	0																	
	Coroner Services	0	0	0	0	0																	
	Emergency Medical Services	0	0	0	0	0																	
	District Hospitals	0	0	0	0	0																	
	Provincial Hospitals	0	0	0	0	0																	
	Tertiary /Central Hospitals	0	0	0	0	0																	
	Other Facilities	0	0	0	0	0												10 290	10 290				10 290
Sub- Total		**-**	**-**	**-**	**-**	**-**			**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**10 290**	**10 290**	**-**	**-**	**-**	**10 290**
Total		**78 888**	**29 184**	**1 162 385**	**434 001**	**2 086 508**	**-**	**-**	**12 328**	**126 653**	**22 776**	**17 158**	**21 115**	**-**	**8 640**	**-**	**-**	**772 060**	**986 405**	**148 433**	**-**	**148 433**	**3 205 472**

Summary capital expenditure

Province of the Limpopo — **Department of Health: Vote 7**
Economic Classification

Programm/Subprogramme		Capital Expenditure: Non- financial Assets: Building and structure	Non- financial Assets: Machinery and equipments	Non- financial Assets: Non-produced goods	Total	Other Assets: (Specify)	Other Assets: (Specify)	Capital Transfers: Other (Specify)	Capital Transfers: Other	Capital Transfers: Total	Total Capital Expenditure
Programme 1: Administration	Office of the MEC										
	Management		10 295		10 295						10 295
Sub- Total			**10 295**		**10 295**						**10 295**
Programme 2: District Health Services	District management		192		192						192
	Community Health Clinics		2 042		2 042						2 042
	Community Health Centres		1 650		1 650						1 650
	Community Based Services		1 354		1 354						1 354
	Other Community Services		0		0						0
	HIV/AIDS		63		63						63
	Nutrition		4 226		4 226						4 226
	Coroner Services		0		0						0
	District Hospitals		19 721		19 721						19 721
Sub- Total			**29 248**		**29 248**						**29 248**
Programme 3: Emergency Medical Services	Emergency Transport		4 420		4 420						4 420
	Planned Patient Transport										
Sub- Total			**4 420**		**4 420**						**4 420**
Programme 4: Provincial Hospital Services	General Hospitals		4 972		4 972						4 972
	Tubercolosis Hospitals										
	Psychiatric/mental hospitals		1 125		1 125						1 125
	Chronic Medical Hospitals										
	Dental Training Hospitals										
Sub- Total			**6 714**		**6 097**						**6 097**
Programme 5: Central Hospital Services	Central Hospital Services										
	Hospital 1 (Name)										
	Prov Ter Hos Services										
	Hospital Name: Pietersburg Mankweng Complex		37 466		37 466						37 466
Sub- Total			**37 466**		**37 466**						**37 466**
Programme 6: Health Sciences and Training	NurseTraining Colleges		327		327						327
	EMS Training Colleges		63		63						63
	Bursaries				0						0
	Primary Health Care Training		45		45						45
	Training Other		111		111						111
Sub- Total			**546**		**546**						**546**
Programme 7 Health Support Services	Laundaries										
	Engineering										
	Forensic Services										
	Orthotic and Prosthetic Services										
	Medicine Trading Account		328		328						328
Sub- Total			**328**		**328**						**328**
Programme8: Health Facilities Management	Community Health Facilities	31 198			31 198						31 198
	Coroner Services										
	Emergency Medical Services										
	District Hospitals	140 119			140 119						140 119
	Provincial Hospitals	15 843			15 843						15 843
	Tertiary /Central Hospitals	3 050			3 050						3 050
	Other Facilities										
Sub- Total		**190 210**			**190 210**						**190 210**
Total		**190 210**	**89 017**		**278 610**						**278 610**

Table C-64: Summary of expenditure and estimates (Standard Item Classification)

	1999/00 Actual R'000	2000/01 Actual R'000	2001/02 Actual R'000	2002/03 Est.Actual R'000	2003/04 MTEF R'000	2004/05 MTEF R'000	2005/06 MTEF R'000
Personnel	1,505,003	1594931	1737624	1945218	2086508	2270434	2442695
Administrative Expenditure	55,797	80944	95704	144907	167161	205482	237938
Stores and Livestock	251,488	285972	273607	354232	415603	484573	526088
Equipments: Current	31,435	27132	17927	26420	48879	60478	67157
Equipments:Capital	10,690	85204	40271	73794	89017	77484	85240
Land and Buildings:Capital	-	0	4466	9991	8640	8975	9705
Current	-	0	0	0	0	0	0
Prof. and Spec. Services: Current	159,612	198116	215834	237928	309648	338938	364454
Capital	127,736	140891	184603	217574	190210	224668	243823
Transfer Payments:Current	54,294	99994	92578	134232	148433	172102	188603
Transfer Payments:Capital	1,208	0	0	0	0	0	0
Miscellaneous	20,632	10794	916	1478	1473	1531	1655
	-				0	0	0
Total: Current	2,080,904	2297883	2438656	2854406	3186345	3542513	3838295
Total: Capital	139,634	226095	224874	291368	279227	302152	329063
	-				0	0	0
Total Standard Item Classification	**2,220,538**	2523978	2663530	3145774	3465572	3844665	4167358

ANNEXURE 3: FACILITIES INFORMATION

Table: Physical Conditions of District / Regional & Specialized / Pietersburg-Mankweng Complex Facilities Network
Limpopo Province

Facility Type (Limpopo Province)	No	Average 1996 NHFA Condition grading	Average 1997NHFA Condition grading	Increase / Decrease	Outline of Major Rehabilitation Projects Since Last Audit (Project Costs)
Programme 2: (District Facilities Network)					
Blouberg Hospital					R 3 000 000
1		0.00%	12.50%	12.50%	
2		9.09%	6.25%	-2.84%	
3		18.18%	37.50%	19.32%	
4		45.45%	31.25%	-14.20%	
5		27.27%	12.50%	-14.77%	
Botlokwa Hospital					R 692 091
1		18.75%	50.00%	31.25%	
2		71.88%	42.50%	-29.38%	
3		0.00%	0.00%	0.00%	
4		9.38%	7.50%	-1.88%	
5		0.00%	0.00%	0.00%	
Dilokong Hospital (Old & New HC Bosfoff)					R 19 768 897
1		0.00%	1.45%	1.45%	
2		20.00%	5.07%	-14.93%	
3		30.00%	17.39%	-12.61%	
4		30.00%	64.49%	34.49%	
5		20.00%	11.59%	-8.41%	
Donald Fraser Hospital					R 52 513 987
1		42.64%	44.00%	1.36%	
2		39.53%	29.33%	-10.20%	
3		13.57%	10.00%	-3.57%	
4		4.26%	14.00%	9.74%	
5		0.00%	2.67%	2.67%	
Dr CN Phatudi Hospital					R 5 350 753
1		2.08%	8.16%	6.08%	
2		77.08%	81.63%	4.55%	
3		12.50%	6.12%	-6.38%	
4		8.33%	4.08%	-4.25%	
5		0.00%	0.00%	0.00%	
Dr Machupe Mphahlele Hospital					R 6 939 341
1		0.00%	7.48%	7.48%	
2		3.41%	7.94%	4.53%	
3		26.14%	41.12%	14.99%	
4		54.55%	39.72%	-14.83%	
5		15.91%	3.74%	-12.17%	
Elim Hospital					R 29 302 315
1		3.19%	10.91%	7.72%	
2		25.53%	22.73%	-2.80%	
3		21.28%	20.91%	-0.37%	
4		39.36%	35.45%	-3.91%	
5		10.64%	10.00%	-0.64%	
Ellisras Hospital					R 1 111 902
1		11.63%	14.29%	2.66%	
2		72.09%	66.96%	-5.13%	
3		9.30%	12.50%	3.20%	
4		4.65%	1.79%	-2.87%	
5		2.33%	4.46%	2.14%	

Table: Physical Conditions of District / Regional & Specialized / Pietersburg-Mankweng Complex Facilities Network
Limpopo Province

Facility Type (Limpopo Province)	No	Average 1996 NHFA Condition grading	Average 1997NHFA Condition grading	Increase / Decrease	Outline of Major Rehabilitation Projects Since Last Audit (Project Costs)
FH Odendaal North Hospital					R 9 208 415
1		1.14%	1.28%	0.15%	
2		65.91%	74.36%	8.45%	
3		9.09%	7.69%	-1.40%	
4		18.18%	15.38%	-2.80%	
5		5.68%	1.28%	-4.40%	
George Masebe Hospital					R 12 870 314
1		0.00%	12.41%	12.41%	
2		17.12%	29.66%	12.54%	
3		36.94%	22.07%	-14.87%	
4		30.63%	30.34%	-0.29%	
5		15.32%	5.52%	-9.80%	
Helena Franz Hospital					R 25 940 269
1		0.00%	19.80%	19.80%	
2		55.56%	57.87%	2.31%	
3		25.00%	18.27%	-6.73%	
4		10.19%	1.02%	-9.17%	
5		9.26%	3.05%	-6.21%	
Jane Furse Hospital (Old & New)					R 15 572 604
1		1.19%	3.49%	2.30%	
2		21.43%	20.93%	-0.50%	
3		20.24%	23.26%	3.02%	
4		35.71%	33.72%	-1.99%	
5		21.43%	18.60%	-2.82%	
Kgapane Hospital					R 17 870 235
1		0.00%	10.77%	10.77%	
2		15.69%	26.15%	10.47%	
3		41.18%	36.92%	-4.25%	
4		31.37%	24.62%	-6.76%	
5		11.76%	1.54%	-10.23%	
Lebowakgomo Hospital					R 41 659 280
1					
2					
3					
4					
5					
Louis Trichardt Hospital					R 5 290 490
1		0.00%	44.44%	44.44%	
2		57.69%	44.44%	-13.25%	
3		34.62%	11.11%	-23.50%	
4		7.69%	0.00%	-7.69%	
5		0.00%	0.00%	0.00%	
Malamulele Hospital					R 24 258 017
1		11.63%	29.82%	18.20%	
2		41.86%	52.63%	10.77%	
3		20.93%	7.02%	-13.91%	
4		11.63%	4.39%	-7.24%	
5		13.95%	6.14%	-7.81%	

Table: Physical Conditions of District / Regional & Specialized / Pietersburg-Mankweng Complex Facilities Network
Limpopo Province

Facility Type (Limpopo Province)	No	Average 1996 NHFA Condition grading	Average 1997NHFA Condition grading	Increase / Decrease	Outline of Major Rehabilitation Projects Since Last Audit (Project Costs)
Maphuta Malajie Hospital					R 12 328 233
1		1.39%	16.30%	14.92%	
2		36.11%	27.17%	-8.94%	
3		25.00%	26.09%	1.09%	
4		30.56%	29.35%	-1.21%	
5		6.94%	1.09%	-5.86%	
Matlala Hospital					R 18 280 711
1		0.00%	15.19%	15.19%	
2		13.64%	15.19%	1.55%	
3		52.27%	35.44%	-16.83%	
4		34.09%	31.65%	-2.45%	
5		0.00%	2.53%	2.53%	
Mecklenberg Hospital					R 14 520 689
1		17.65%	11.90%	-5.74%	
2		47.06%	52.38%	5.32%	
3		23.53%	23.81%	0.28%	
4		11.76%	11.90%	0.14%	
5		0.00%	0.00%	0.00%	
Messina Hospital					R 4 730 910
1		8.33%	30.00%	21.67%	
2		66.67%	55.00%	-11.67%	
3		12.50%	7.50%	-5.00%	
4		12.50%	7.50%	-5.00%	
5		0.00%	0.00%	0.00%	
Nkhensani Hospital					R 16 346 678
1		5.13%	4.76%	-0.37%	
2		20.51%	27.38%	6.87%	
3		17.31%	25.00%	7.69%	
4		38.46%	29.76%	-8.70%	
5		18.59%	13.10%	-5.49%	
Phalaborwa Hospital					R 4 117 394
1		4.55%	3.95%	-0.60%	
2		63.64%	77.63%	14.00%	
3		18.18%	10.53%	-7.66%	
4		13.64%	7.89%	-5.74%	
5		0.00%	0.00%	0.00%	
Penge Hospital					R 18 728 687
1		0.00%	0.00%	0.00%	
2		15.38%	16.67%	1.28%	
3		30.77%	40.48%	9.71%	
4		53.85%	42.86%	-10.99%	
5		0.00%	0.00%	0.00%	
Sekororo Hospital					R 13 574 429
1		0.00%	2.33%	2.33%	
2		17.78%	20.93%	3.15%	
3		46.67%	27.91%	-18.76%	
4		35.56%	32.56%	-3.00%	
5		0.00%	16.28%	16.28%	

Table: Physical Conditions of District / Regional & Specialized / Pietersburg-Mankweng Complex Facilities Network
Limpopo Province

Facility Type (Limpopo Province)	No	Average 1996 NHFA Condition grading	Average 1997NHFA Condition grading	Increase / Decrease	Outline of Major Rehabilitation Projects Since Last Audit (Project Costs)
Seshego Hospital					R 31 200 738
1		5.08%	23.15%	18.06%	
2		81.36%	71.30%	-10.06%	
3		11.86%	3.70%	-8.16%	
4		1.69%	1.85%	0.16%	
5		0.00%	0.00%	0.00%	
Siloam Hospital					R 8 624 351
1		6.99%	29.03%	22.04%	
2		46.77%	36.13%	-10.65%	
3		38.71%	15.48%	-23.23%	
4		6.45%	19.35%	12.90%	
5		1.08%	0.00%	-1.08%	
Thabazimbi					
1					
2					
3					
4					
5					
Thohoyandou Hospital					
1					
2					
3					
4					
5					
Tintswalo Hospital					R 13 778 651
1		19.05%	18.70%	-0.35%	
2		34.29%	36.09%	1.80%	
3		18.10%	13.91%	-4.18%	
4		25.71%	20.87%	-4.84%	
5		2.86%	10.43%	7.58%	
Van Velden Hospital					R 15 151 890
1		0.00%	3.45%	3.45%	
2		62.07%	72.41%	10.34%	
3		20.69%	12.07%	-8.62%	
4		10.34%	8.62%	-1.72%	
5		6.90%	3.45%	-3.45%	
WF Knobel Hospital					R 15 053 547
1		3.41%	10.20%	6.79%	
2		27.27%	15.31%	-11.97%	
3		18.18%	53.06%	34.88%	
4		32.95%	18.37%	-14.59%	
5		18.18%	3.06%	-15.12%	
Witpoort Hospital					R 12 303 294
1		0.00%	0.00%	0.00%	
2		90.48%	77.78%	-12.70%	
3		4.76%	7.41%	2.65%	
4		4.76%	14.81%	10.05%	
5		0.00%	0.00%	0.00%	
Zebediela Hospital					R 21 685 532
1					
2					
3					
4					
5					
Voortrekker Hospital					R 11 386 695
1		2.94%	15.69%	12.75%	
2		70.59%	62.75%	-7.84%	
3		17.65%	13.73%	-3.92%	
4		8.82%	7.84%	-0.98%	
5		0.00%	0.00%	0.00%	

Table: Physical Conditions of District / Regional & Specialized / Pietersburg-Mankweng Complex Facilities Network Limpopo Province

Facility Type (Limpopo Province)	No	Average 1996 NHFA Condition grading	Average 1997NHFA Condition grading	Increase / Decrease	Outline of Major Rehabilitation Projects Since Last Audit (Project Costs)
Programme 3: (EMS)					
Dilokong Hospital					See Programme 2
1					
2					
3					
4					
5					
Maphuta Malajie Hospital					See Programme 2
1					
2					
3					
4					
5					
Van Velden Hospital					See Programme 2
1					
2					
3					
4					
5					
Programme 4: (Regional & Specialized Facilities Network)					
Letaba Hospital					R 36 554 976
1		10.81%	17.78%	6.97%	
2		10.81%	17.78%	6.97%	
3		13.51%	17.78%	4.26%	
4		35.14%	27.78%	-7.36%	
5		29.73%	18.89%	-10.84%	
Mapulaneng Hospital					R 17 612 926
1			1.82%		
2			17.27%		
3			38.18%		
4			33.64%		
5			9.09%		
Mokopane Hospital					R 24 898 966
1		0.00%	21.05%	21.05%	
2		36.92%	23.68%	-13.24%	
3		18.46%	21.05%	2.59%	
4		18.46%	28.95%	10.49%	
5		26.15%	5.26%	-20.89%	
St. Ritas Hospital					R 30 636 948
1		28.77%	19.59%	-9.18%	
2		20.55%	41.24%	20.69%	
3		19.18%	22.68%	3.50%	
4		23.29%	8.25%	-15.04%	
5		8.22%	8.25%	0.03%	
Tshilidzini Hospital					R 44 172 091
1		35.56%	35.81%	0.26%	
2		28.15%	29.05%	0.91%	
3		12.59%	15.54%	2.95%	
4		13.33%	9.46%	-3.87%	
5		10.37%	10.14%	-0.24%	
Warmbaths Hospital					R 17 176 721
1		55.26%	70.37%	15.11%	
2		36.84%	20.37%	-16.47%	
3		2.63%	7.41%	4.78%	
4		3.95%	1.85%	-2.10%	
5		1.32%	0.00%	-1.32%	
Hayani Hospital					R 15 954 439
1		4.88%	30.61%	25.73%	
2		39.02%	22.45%	-16.58%	
3		7.32%	14.29%	6.97%	
4		19.51%	26.53%	7.02%	
5		29.27%	6.12%	-23.15%	

Table: Physical Conditions of District / Regional & Specialized / Pietersburg-Mankweng Complex Facilities Network
Limpopo Province

Facility Type (Limpopo Province)	No	Average 1996 NHFA Condition grading	Average 1997NHFA Condition grading	Increase / Decrease	Outline of Major Rehabilitation Projects Since Last Audit (Project Costs)
Matikwana Hospital					R 1 137 302
1		48.72%	47.37%	-1.35%	
2		41.03%	47.37%	6.34%	
3		7.69%	2.63%	-5.06%	
4		2.56%	2.63%	0.07%	
5		0.00%	0.00%	0.00%	
Thabamoopo Hospital					R 18 485 767
1		0.00%	0.00%	0.00%	
2		3.57%	7.69%	4.12%	
3		14.29%	34.62%	20.33%	
4		41.07%	44.23%	3.16%	
5		41.07%	13.46%	-27.61%	

Programme 5: (Pietersburg / Mankweng Complex Facilities Network)

Pietersburg Hospital					R 52 433 648
1		0.26%	9.58%	9.32%	
2		53.61%	58.41%	4.80%	
3		33.51%	24.30%	-9.21%	
4		11.34%	7.01%	-4.33%	
5		1.29%	0.70%	-0.59%	
Mankweng Hospital					R 35 235 074
1		1.33%	10.97%	9.64%	
2		68.58%	54.43%	-14.15%	
3		23.89%	24.05%	0.16%	
4		6.19%	10.13%	3.93%	
5		0.00%	0.42%	0.42%	

District Hospitals Projects Completed

Annexure "A"

LIMPOPO PROVINCE	503 161 339	
BUSHVELD	Annexuture B	22 623 611
WESTERN	Annexuture C	24 257 009
CENTRAL	Annexuture D	75 886 645
NORTHERN	Annexuture E	124 720 070
LOWVELD	Annexuture F	98 518 263
SOUTHERN	Annexuture G	157 155 741

District Hospitals Projects Completed

Annexure "B"

BUSHVELD	22 623 611
Ellisras Hospital	1 111 902
One Ward Upgrading	1 111 902
General Upgrade	
FH Odendaal North Hospital	9 208 415
Water Reticulation	252 381
Sewerage	751 011
Palisade Fence	484 528
Male Ward, Dispensary & Kiosk	4 088 716
Security Lights	137 562
Female & Paed. Ward	3 494 217
Witpoort Hospital	12 303 294
General Store	117 545
Mosquito Gauze	104 862
4 Doctors Houses	1 380 069
Roads & Parking	287 376
New Ward	5 807 363
Nurses Residence	4 606 079

District Hospitals Projects Completed

Annexure "C"

WESTERN	24 257 009
George Masebe Hospital	12 870 314
4 X 3 Bedroom Flats	841 317
3 X 2 & 6 X 1 Bedroom Flats	1 319 133
New OPD	3 447 710
Dispensary	1 489 350
New Health Support	2 625 632
New Gate House	735 434
Dental Chairs	267 879
Palisade Fence	763 275
Reception Lounge	273372
Calorifiers & Steam Reticulation	274 837
Roads & Parking	832 375
Voortrekker Hospital	11 386 695
5 X 2 Bedroom Houses	1 231 126
Airconditioning	620 708
New Female Ward	4 493 164
Kitchen	325 800
Maternity	2 950 313
Electrical Infrastructure	892 932
Nurse Call (Maternity)	26 889
Nurse Call (Female Ward)	24 136
Calorifiers Upgrading	164 533
High Mast Lighting	100 983
Upgrading (Extentions & Alterations)	556 111

District Hospitals Projects Completed

Annexure "D"

CENTRAL	75 886 645
Blouberg Hospital	3 000 000
Maternaty facility	3 000 000
Botlokwa Hospital	692 091
General Upgrading (Buildings & Services)	692 091
Staff Houses	
Helena Franz Hospital	25 940 269
Maternity	7 033 466
High Mast Lighting	155 171
Electrical Upgrading	574 973
Standby Generator	363 721
Upgrading Dispensary & Flats	1 855 846
Theatre	5 824 967
Surgical Ward	4 231 533
Nurses Quarters	5 544 940
Water Softering Plant	355 652
Seshego Hospital	31 200 738
Fencing	692 008
High Mast Lighting	85 417
General Upgrading	2 230 889
4 Doctors Flats	1 570 123
Kitchen/Dining	9 818 265
Upgrading Maternity	1 670 000
New Wards	15 134 036
WF Knobel Hospital	15 053 547
Palisade Fence	779 106
Electrical Upgrading	320 633
Electrical Reticulation	1 270 104
Six Staff Houses	1 803 328
Medical Gas	521 198
Steam Installation	173 850
High Mast Lighting	228 492
Standby Generator	328 582
Water, Sewer & Stormwater Upgrading	344 777
Aircon Theatre	30 871
OPD, Casualty, Dispensary	9 252 606

District Hospitals Projects Completed

Annexure "E"

NORTHERN	124 720 070
Donald Fraser Hospital	52 513 987
Two Wards (Matern/Surg & Psychiat)	31 779 945
Kitchen/Dining	
Incinerator	
Mortuary	
Parking	
Water & Sewerage Reticulation	
Roads	
Workshop	
Gate House	
Primeter Fence	771 192
Alterations to Nurses Residence	820 957
Six Doctors Houses	1 771 830
Conservation of Existing Buildings	4 402 539
New Wards	4 241 019
Administration	4 516 767
Laundry Repairs & Water Storage	2 949 339
Complet. Renov Staff Houses & Nurs Res	1 260 399
Elim Hospital	29 302 315
Swimming Pool & Tennis Court	114 611
4 Doctors Houses	958 814
One Ward Upgrading	204 647
Ward Upgrading (2 X 50 Bed)	2 738 282
New Mortuary	893 329
Palisade Fencing	861 003
Reservoir & Overhead Tank	1 383 685
Gate House & Pump House	170 227
OPD & Casualty	18 539 879
Surgical Ward	3 437 838
Louis Trichardt Hospital	5 290 490
Paediatric Ward Upgrading	349 014
Air Con - Casualty	55 745
Air Con - Extisting Building	171 590
New Incinerator Installation	62 035
Hot Water Installation	57 758
Ward Upgrading	150 526
Medical Gas Installation	292 586
Air Con - Paediatric	32 539
Casualty & X-ray	723 987
Staff Accommodation	3 394 710

Malamulele Hospital	24 258 017
4 Doctors Houses	1 324 645
Nurses Accommodation	883 790
Admin, Lab, Paediatric Ward & OPD	8 301 331
Maternity Ward	9 884 528
Mortuary & Gate House	643 210
Perimeter Fence	643 210
Generator	849 159
High Mast Lights	216 014
Electrical Installation	1 512 130
Messina Hospital	4 730 910
Security & External	655 773
Incinerator & Plant Room	194 056
New Paediatric Ward	678 584
Upgrading Wards B & D	959 196
Nurses Residence (NTP5666)	2 243 301
Siloam Hospital	8 624 351
Long Term Ward Upgrading	2 033 665
Pharmacy	104 011
OPD Upgrading	243 145
New Wards (Observation)	447 198
Kitchen Upgrading	1 473 864
Lighting Upgrading	1 025 326
Water Upgrading	521 118
Steam & Hot Water Upgrading	612 120
Ward Upgrading	921 909
Surgical Ward Air Con	198 745
Palisade Fence (Exp. Compl - Jun'02)	1 043 250

District Hospitals Projects Completed

Annexure "F"

LOWVELD (Incl BBR)	98 518 263
Dr CN Phatudi Hospital	5 350 753
Lining for Oxidation Dams	640 148
5 X 2 Bedroom Flats	1 462 110
Theatre Upgrading	390 092
Standby Generator	798 783
Reservoir	1 196 037
Palisade Fence	863 583
Kgapane Hospital	17 870 235
OPD Upgrading	737 950
4 Houses	1 047 439
New Maternity	6 064 347
Transport Section	975 930
Steam Reticulation	176 367
Palisade Fence	849 290
Administration	479 627
Dispensary	974 895
Roads	365 566
Civil Services	372 719
Upgrading Two Wards	5 826 105
Maphuta (ML) Malatjie	12 328 233
Palisade Fence	658 092
OPD & Theatre Upgrading	4 207 435
Four Staff Houses	1 175 700
Roads & Stormwater	498 000
Electrical Infrastructure & Site Lighting	923 000
New Male Ward	513 666
New EMS	3 429 340
Water & Sewer Reticulation	923 000
New Nkhensani Hospital	10 997 979
Paediatrical Ward	8 484 691
Mother Lodgers	
Subst. Building	
Gate House	
Site Works	
Road	
Aircon	447 136
Medical Gas Installation	250 320
Electrical Installation	1 568 779
Calorifer	247 053
Nkhensani Hospital (Old)	5 348 699
Upgrading Main Building (Theatre, Admin,	3 273 673
CSSD)	
Upgrading Kitchen/Dining	
Upgrading Medical Ward	1 213 983
Steam Reticulation	380 906
Area Lighting	169 901
Emergency Generator	310 236
Phalaborwa Hospital	4 117 394
Alterations & Additions (Upgrading)	3 027 365
Site Infrastructure	404 105
Medical Gas Installation	137 107
Aircon & Ventilation	548 817

Van Velden Hospital	15 151 890
Dispensary & Consulting Room	2 818 735
4 X 2 BedroomHouses	1 984 314
Upgrading Nurses Quarters	900 311
Upgrading Mortuary,Incinerator & Pool	100 572
New Theatres & CSSD	3 406 426
Stores	558 125
Paediatriac Wards	5 383 407

Sekororo Hospital	13 574 429
Walkway Lighting	145 621
Civil Works	616 772
Administration	1 565 155
Kitchen/Dining Upgrading	4 230 850
Palisade Fence	285 122
Calorifer & Hot Water	376 946
Electrical Infrastucture	376 946
Upgrading of Existing Wards	4 464 585
Single Quarters	1 412 432
Electrical Infrastructure	100 000
Tintswalo Hospital	13 778 651
Bulk Earthworks	438 891
Kitchen/Dining	3 540 607
Steam Reticulation	148 034
Transformer Room	292 844
Generator Set	193 736
Steam Upgrading	95 172
Relocate Electrical Supply	671 133
Bulk Earthworks	4 098 747
Palisade Fence	596 932
Bulk Water Supply	2 993 913
New Gate House & Kiosk	708 642

District Hospitals Projects Completed

Annexure "G"

SOUTHERN	157 155 741
Dilokong Hospital	16 741 490
Emergency Generator	233 593
OPD & Dispensary	12 500 569
Water Supply	1 734 472
Sewerage Works	2 236 348
Nurse Call	36 508
Maternity	
HC Boshoff Hospital (Old)	3 027 407
General Upgrading	3 027 407
Ga-Nchabaleng Hospital	13 710 364
Maternity	
OPD	
2 Staff Houses	
Gate House	
Electrical Plant	
Jane Furse Hospital (Old) and New	15 572 604
5 Doctors Flats	718 614
Water Reservoir	511 539
Hot Water Upgrading	273 642
New Jane Furse Hospital	
Civil Works General	1 699 507
OPD & Maternity	12 369 302
Matlala Hospital	18 280 711
Laboratory	201 675
Maternity	1 147 315
Central Stores	625 120
Isolation Unit	769 895
Fencing	1 009 208
Water Supply	1 266 317
Sewerage Ponds	426 142
Roads	619 654
Upgrading 4 Houses	2 600 000
New Theatre & CSSD	5 074 283
Surgical Ward	3 687 292
Dispensary	853 810
Mecklenburg Hospital	14 520 689
Dispensary	42 380
New Maternity Ward	8 518 968
General Ward & Maternity Upgrading	201 743
Aircon Maternity Ward	451 322
Water Reservoir	210 991
Accommodation	5 095 285
Bore hole	

Dr M Mphahlele Hospital	6 939 341
Electrical Infrastructure	1 160 605
Electrical Installation to Small Buildings	255 836
Ablutions, Gate House & Generator Build	1 608 441
Standby Generator Electrical	343 613
Upgrading Water & Sewer Reticulation	737 010
Palisade Fence	1 530 000
Steam & Aircon	299 081
Medical Gas	76 799
High Mast Lighting	612 284
Upgrading Electrical Installation	315 672
Lebowakgomo Hospital	41 659 280
Palisade Fence	467 143
OPD	11 147 324
Casualty	
Pharmacy	
Bulk Earthworks	6 117 326
New General Ward	7 089 697
Dental Equipment	836 288
X-ray	798 967
High Mast Reticulation	1 059 691
Maternity & Post-Natal Wards	5 045 813
Kitchen/Dining	7 773 543
Administration & 2 Houses	1 323 488
Zebediela Hospital	21 685 532
OPD	12 563 909
X-ray	
Public Ablution	
Gate House	
Generator	
Fencing	
Sewer Ponds	
Roads	
2 Houses	
Administration & Staff Accom (10 Rooms)	2 422 644
Casualty, Kitchen/Dining, Stores	6 698 979
Penge Hospital	18 728 687
Kitchen/Dining	10 950 589
Incinerator	
Maternity	
Laundry	
OPD	
4 Houses and Staff accomodation	
Upgrading Theatre	
X-ray	
Two Wards	
Maternaty ward	
Occup. Therapy	
Dental	
Workshop	
Store	7 778 098
Surage line	
Own water Borehole	

Regional and Specialized Hospitals Projects Completed

Annexure "H"

TOTAL REGIONAL & SPECIALIZED	206 630 136

Mokopane Hospital	24 898 966
Internal Roads	908 610
Boiler House	972 256
Steam & Piping	2 435 839
New OPD	4 536 445
New Health Support	3 433 906
New Gate House	614 222
Water Reticulation	787 997
Maternity	5 259 847
6 Doctors Flats	1 353 541
High Mast Lighting	167 054
Palisade Fence	642 219
Emergency Generator	312 014
Electrical Reticulation	217 766
Dispensary	1 369 835
Steam Generating Plant	1 887 415
Warmbaths Hospital	17 176 721
New Hostels	2 409 993
New ICU	1 196 286
Doctors Houses (Two)	558 229
Two Wards Upgrading	4 087 815
Maternity	8 924 398
Pharmacy	
Tshilidzini Hospital	44 172 091
Kitchen/Dining & Laundry Upgrading	17 792 177
Laboratory Upgrading	
Maternity Upgrading	
Three Wards Upgrading	
New Gas Bank & Boiler	
New Pharmacy	
New Two Wards	
5 Bed ICU	
Ablution Blocks & Mother Lodgers	342 837
Blocks K & L (Two Wards)	5 312 277
Palisade Fence	
OPD & Casualty	7 389 658
Industrial Complex	5 435 567
Nurses Quarters & House Upgradimg	7 899 575

Letaba Hospital	36 554 976
Condensate Line	82 928
Security Lights	470 808
2 Flats	393 061
2 Flats	398 665
Palisade Fence	798 377
Two Wards Upgrading	5 145 689
Standby Generator	1 156 366
New Female Surgical Ward	1 469 820
Theatre, CSSD & X-ray, ICU	14 750 059
Phsyciatric Ward	5 575 082
Kitchen	5 743 163
Steam Line Upgrading	570 958
St Ritas Hospital	30 636 948
Boilers	6 898 150
7 Doctors Flats	1 577 825
Maternity	7 441 350
Paediatric Ward Upgrading	909 670
3 Flats	743 191
Workshop	934 380
Aircon, Pharmacy Store	158 400
New Laundry	1 389 172
Shelters for Patients Visitors (Rest Rooms)	645 030
Nurses Homes, Substation & Roads	9 939 780
Mapulaneng Hospital	17 612 926
1 X 2 Bedroom Flat	301 679
Upgrading 4 Existing Houses	818 884
Upgrading 4 Existing Houses	693 261
New Boreholes	25 450
Water Storage Tank	229 922
Upgrading 4 Wards	6 104 657
Steam & Hot Water	590 638
Dental Chair	272 842
OPD Upgrading	1 777 016
Security Lights	836 070
Palisade Fence	400 330
Upgrading 4 Wards	5 562 177
Hayani Hospital	15 954 439
New Ward (Paediatric)	988 540
Two Flats	462 630
Offices	505 650
Boiler	467 365
Water & Sewer Retic & Stormwater	879 018
Palisade Fencing	751 036
Handicapped Ward	937 580
Steam Installation	1 253 888
Two General Wards	7 004 152
Boiler & Electrical Rooms, Calorifier	
Electrical Installation & High Mast	2 704 580
Thabamoopo Hospital	18 485 767
Upgrading Generator	152 796
Upgrading Boilers	537 767
Multi-purpose Hall Wards, Boiler House	14 081 972
Steam Reticulation	2 803 911
Electrical	909 321
Matikwana Hospital	1 137 302
Staff Accommodation	1 137 302

Pietersburg / Mankweng Complex

Annexure "I"

TOTAL PTB/MNK COMPLEX	52 433 648

Mankweng Hospital	35 235 074
Creche	2 387 940
ICU (8 Beds)	3 230 482
Psychiatric Ward	7 213 597
Staff Accom (20 Personnel Flats)	3 864 858
Brick Security Wall	1 191 117
General Upgrading	938 444
Heating - Administration	88 908
Resurfacing Roads	186 881
24 Carports	277 388
Palisade Fence	898 897
Aircon Medical Block	1 377 530
Aircon Theatre	623 041
Steel Security Fence	536 151
Medical Gas to Surgical Ward	298 008
Central Heating	764 399
Alterations to Administration	580 770
Upgrade Admin Electricity Supply	243 553
Neo-Natal	5 217 255
Bachelor Flats (10)	2 086 730
Stores & Theatre Extention	2 752 972
Admin Electricity Supplay Upgrading	476 153
Pietersburg Hospital	52 433 648
OPD	9 618 897
Mourtary Extention	658 349
Ward L Upgrading	685 736
X-ray Urological	589 473
Casualty	4 971 531
Staff Accom (Doctors Quarters)	3 206 350
Upgrading Electrical Reticulation	2 128 810
Three Wards	8 434 757
Pharmacy	1 839 925
Three General Wards and Studios	13 362 512
New Stores & Health Support	6 937 308

Project List 2002 to 2006

Project name	Project details	Project Cost	2002/03 Budget	2003/04	2004/05	2005/06
Arthurstone clinic	NTP 8446	2 327 000	2 100 000	67 000		
Blouberg Hospital	NTP 7900 One Ward, Accommodation, Kitchen, OPD, Health Support, Laundry, Ext. Works	12 280 000	7 051 259	2 788 000		
Botlokwa Hospital	NTP 7710 Maternity & General Ward	11 612 000	5 600 000	437 000		
Chuene clinic	NTP 8457	2 396 000	2 100 000	256 000		
De Hoop clinic	NTP 8449	2 484 000	2 100 000	332 000		
Dikgale clinic	NTP 8456	2 845 000	2 100 000	700 000		
Dilokong Hospital	**Kitchen/Dining, EMS, Med Gas, Casualty, X-ray, One Ward & Laboratory, Health Centre, Staff Accom, Single Quarters, Elec Infra, Dental Chair - Equipment Included (Revitalisation Project)**	**22 940 000**	**800 000**	**20 579 773**		
Dilokong Hospital	**Two Wards, New Theatre & CSSD - Equipment Included (Revitalisation Project)**	**18 750 000**	**-**	**18 750 000**		
Dilokong Hospital	**Three Wards, Administration, Stores, Incinerator, Shelter for Patients visitors, Mortuary & Workshops, Water Storage & Reticul, Site Works - Equipment Included (Revitalisation Project)**	**32 312 000**			**32 312 500**	
Dr CN Phatudi Hospital	NTP 7851Palisade Fence	1 085 000	93 249	197 000		
Eisieben clinic	NTP 8458	2 477 000	2 100 000	338 000		
Elim Hospital	NTP 7913 Health Support	4 330 000	3 200 000	338 000		
Ellisras Hospital	NTP 7822 Health Support	4 330 000	2 811 934	724 000		
Clinics Upgrade	Clinics Upgrade	120 000 000		60 000 000	60 000 000	60 000 000
Helena Franz Hospital	NTP 5165 Surgical Ward	4 047 000	359 482	47 000		
Helena Franz Hospital	NTP 5166 Nurses Quarters	4 709 000	434 442	25 000		
Jane Furse Hospital	**NTP 8539 Gate House, Staff Quarters and Porte Cochere (Revitalisation Project)**	**1 652 000**	**1 336 140**	**200 000**		
Jane Furse Hospital	**NTP 7810 Bulk Earthworks (Revitalisation Project)**	**8 094 000**	**4 310 286**	**3 215 891**		
Jane Furse Hospital	**NTP 8537 Casualty, X-ray, Pharmacy, Laboratory (Revitalisation Project)**	**4 130 000**	**1 300 000**	**2 540 349**		
Jane Furse Hospital	**NTP 8538 General Ward & Walkways (Revitalisation Project)**	**5 310 000**	**1 900 000**	**3 037 591**		
Jane Furse Hospital	**Two Wards, New Theatre & CSSD, Kitchen/Dining - Equipment Included (Revitalisation Project)**	**27 231 000**		**12 387 282**	**14 843 968**	
Jane Furse Hospital	**One Ward, Administration, Stores, Incinerator, HS, Shelter for Patients Visitors, Mortuary & Workshops, Water Storage & Reticul, Site Works - Equipment Included (Revitalisation Project)**	**34 056 000**			**34 056 250**	
Khujwana clinic	NTP 8443	2 548 000	2 100 000	293 000		
Kibi clinic	NTP 8451	2 947 000	2 100 000	813 000		
Kildare clinic	NTP 8448	2 676 000	2 100 000	435 000		
Lebowakgomo Hospital	**NTP 7691 Theatre & CSSD (Revitalisation Project)**	**9 092 000**	**4 198 124**	**3 053 202**		
Lebowakgomo Hospital	**NTP 7692 Two Surgical Wards (Revitalisation Project)**	**6 026 000**	**4 200 000**	**575 000**		
Lebowakgomo Hospital	**NTP 8423 Site Works (Bulk Services) (Revitalisation Project)**	**2 459 000**	**1 500 000**	**836 000**		
Lebowakgomo Hospital	**Two Wards, Incinerator, Shelter for Patients visitors, Mortuary & Workshops, Water Storage & Reticul, HS - Equipment Included (Revitalisation Project)**	**17 625 000**		**17 625 000**		
Lebowakgomo Hospital	**Laboratory, Transport Control Offices, Creche, Recreation Facilities, - Equipment Included (Revitalisation Project)**	**12 250 000**			**12 250 000**	
Magalies clinic	NTP 8452	2 582 000	2 100 000	443 000		
Malamulele Hospital	NTP 7756 Kitchen/Dining	7 306 000	3 655 908	3 030 000		
Mamasela clinic	NTP 8460	2 577 000	2 100 000	436 000		
Mankweng Hospital	NTP 8008 Ophthalmology (RG fund)	15 310 000	6 250 000	7 533 000		
Maphuta Malajie Hospital	NTP 6986 Maternity & Post Natal	4 487 000	4 028 398	152 000		

Project name	Project details	Project Cost	2002/03 Budget	2003/04	2004/05	2005/06
Mapulaneng Hospital	NTP 7738 Upgrade Wards, Delivery, X-ray, Dispensary & Health support	16 578 000	6 896 186	7 708 000		
Mattanau clinic	NTP 8459	2 301 000	2 100 000	162 000		
Maviljan clinic	NTP 8447	2 677 000	2 100 000	436 000		
Mogoboya clinic	NTP 8442	2 581 000	2 100 000	356 000		
Mokopane Hospital	NTP 7804 Four General Wards	9 469 000	5 700 000	395 000		
Nkhensani Hospital	**OPD & Casualty, Pharmacy, Two Wards, X-ray, Administration, Health Support, Laboratory - Equipment Included (Revitalisation Project)**	**40 239 000**	**800 000**	**18 000 000**	**19 296**	
Nkhensani Hospital	**One Ward, Kitchen/Dining - Equipment Included (Revitalisation Project)**	**12 857 000**		**12 857 313**		
Nkhensani Hospital	**Four Wards, New Theatre & CSSD, Stores, Incinerator, Shelter for Patients Visitors, Workshops, Water Storage & Reticul, Site Works - Equipment Included (Revitalisation Project)**	**45 231 000**			**45 231 250**	
Ooghoek clinic	NTP 8441	2 546 000	2 100 000	316 000		
Pietersburg Hospital	NTP 8048 Oncology Unit (Incl Equipment) (RG fund)	31 047 000	28 500 000	358 000		
Provincial Office	Building of New Provincial Office	27 100 000	8 214 000	12 000 000	6 786 000	
Ramapudu clinic	NTP 8453	2 686 000	2 100 000	548 000		
Regional Offices	Maintenance of Health Facilities in District		34 000 000	34 000 000	35 754 000	37 899 000
Rotterdam Clinic	NTP 8444	875 000	800 000	26 000		
Sekororo Hospital	NTP 5155 OPD & Casualty	11 600 000	5 086 477	288 000		
Thabamoopo Hospital	NTP 7757 Gate House & Civil Works (RG fund)	2 456 000	614 326	298 000		
Thabamoopo Hospital	NTP 7759 Highly Acute & Acute Wards & Conference Centre (RG fund)	12 476 000	3 000 000	8 475 000		
Thohoyandou Hospital	**One Ward, Staff Accommodation, Kitchen/Dining, Incinerator - Equipment Included (Revitalisation Project)**	**12 916 000**	**800 000**	**11 271 599**		
Thohoyandou Hospital	**Theatre & CSSD, Two Wards, Maternity Complex, Admin, Pharmacy Ph 2, Boiler - Equipment Included (Revitalisation Project)**	**33 875 000**		**33 875 000**		
Thohoyandou Hospital	**ICU, HS & Laboratory, Seven Wards, Stores & Workshop, Water Storage & Reticul, Site Works - Equipment Included (Revitalisation Project)**	**57 706 000**			**41 431 736**	**16 274 264**
Tintswalo Hospital	NTP 5521 Paediatric Ward	4 791 000	3 363 595	390 000		
Tshixwadza clinic	NTP 8450	2 370 000	2 100 000	216 000		
Van Der Merwe Kraal Clinic	NTP 8454	2 390 000	2 100 000	258 000		
Sekororo	Documented					25 228 689
Sekororo	Wish List					20 000 000
Matlala	Documented					12 700 173
Matlala	Wish List					15 000 000
Siloam	Documented					4 092 869
Siloam	Wish List					10 000 000
Tintswalo Hospital	Documented					4 221 925
Tintswalo Hospital	Wish List					10 000 000
Mecklenberg	Documented					13 651 268
Mecklenberg	Wish List					14 949 606
Malamulele Hospital	Documented					859 206
Malamulele Hospital	Wish List					10 000 000
TOTALS				**304 418 000**	**282 685 000**	**254 877 000**
Budget New Format Table				**226 840 000**	**240 450 000**	**254 877 000**

Hospitals with Projects Documented and Evaluated Wish List for 2004/05 and 2005/06 Financial Years Budgeting

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING:	Evaluation 2004/05 and 2005/06	Costs 2002/03
Sekororo Hospital	25 228 689	FUTURE PHASED PLANNING:	32 396 000	24 920 000
Matlala Hospital	12 700 173	FUTURE PHASED PLANNING:	36 517 000	28 090 000
Siloam Hospital	4 092 869	FUTURE PHASED PLANNING:	27 378 000	21 060 000
Tintswalo Hospital	4 221 925	FUTURE PHASED PLANNING:	13 000 000	10 000 000
Mecklenberg Hospital	13 651 268	FUTURE PHASED PLANNING:	31 603 000	24 310 000
Malamulele Hospital	859 206	FUTURE PHASED PLANNING:	36 140 000	27 800 000
TOTALS	60 754 130		177 034 000	136 180 000

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING	Evaluation 2004/05 and 2005/06	Costs 2002/03
Sekororo Hospital				
New General Ward		New Psychiatric (20 Beds) Ward		4 200 000
Health Support Centre		Ward Upgrading (outstanding)		8 000 000
Steam Reticulation		Mortuary Upgrading		1 800 000
Medical Gas		Staff Accom (Single Rooms Upgr)		6 000 000
Maternity Ward		Creche		2 500 000
Theatre		Soccer Field & Netball Court		120 000
Surgical Ward		Tennis Court		100 000
Paediatriac Ward		Swimming Pool		400 000
TOTAL COST	28 683 611	Stores		1 000 000
TOTAL EXPENDITURE	2 341 209	Shelters for Patients Visitors		800 000
TOTAL OUTSTANDING	25 228 689	TOTAL COST	32 396 000	24 920 000

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING	Evaluation 2004/05 and 2005/06	Costs 2002/03
Matlala Hospital				
Casualty		New Psychiatric Female Ward		4 200 000
OPD		Tennis Court		100 000
Kitchen/Dining		Health Support		4 300 000
Staff Accommodation		Shelters for Patients Visitors		800 000
General Site Works		Recreation Hall Upgrading		1 000 000
Walkway		Soccer Field Upgrading		40 000
Electrical Infrastructure		Swimming Pool Upgrading		100 000
		Workshop		1 800 000
		Transport Control Offises		2 500 000
		Creche		2 500 000
		Mortuary Upgrading		1 200 000
		Administration Upgrading		1 000 000
		Laundry Upgrading		2 000 000
TOTAL COST	13 966 330	Ward Upgrading		5 750 000
TOTAL EXPENDITURE	1 266 157	X-ray Upgrading		800 000
TOTAL OUTSTANDING	12 700 173	TOTAL COST	36 517 000	28 090 000

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING	Evaluation 2004/05 and 2005/06	Costs 2002/03
Siloam Hospital				
Gate House, Store, Int Road		5 X 2 Bedroom Houses		1 500 000
Maternity Upgrading		Laboratory Upgrading		500 000
		Health Support		4 300 000
		Creche		2 500 000
		Recreation Hall		3 000 000
		Soccer Field		60 000
		Tennis Court		100 000
		Swimming Pool		400 000
		Administration Upgrading		2 000 000
		Dining Room Upgrading		800 000
		Workshop		1 800 000
		Laundry Upgrading		2 500 000
TOTAL COST	4 519 846	Shelters for Patients Visitors		800 000
TOTAL EXPENDITURE	426 977	X-ray Upgrading		800 000
TOTAL OUTSTANDING	4 092 869	TOTAL COST	27 378 000	21 060 000

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING	Evaluation 2004/05 and 2005/06	Costs 2002/03
Tintswalo Hospital				
Health Support		Upgrade of outstanding wards		10 000 000
TOTAL COST	4 709 100			
TOTAL EXPENDITURE	487 175			
TOTAL OUTSTANDING	4 221 925	TOTAL COST	13 000 000	10 000 000

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING	Evaluation 2004/05 and 2005/06	Costs 2002/03
Mecklenberg Hospital				
Aircon Living Quarters		Laundry		3 450 000
Operating Table		Health Support		4 300 000
Autoclave		Administration		2 000 000
OPD		Mortuary Upgrading		1 000 000
Casualty		X-ray Upgrading		800 000
Pharmacy		Workshop		1 800 000
Kitchen/Dining		Transport Control Offises		2 500 000
Gate House		Stores		1 000 000
Incinerator		Shelters for Patients Visitors		800 000
		Laboratory Upgrading		600 000
		Creche		2 500 000
		Recreation Hall		3 000 000
		Soccer Field		60 000
TOTAL COST	14 446 251	Tennis Court		100 000
TOTAL EXPENDITURE	794 983	Swimming Pool		400 000
TOTAL OUTSTANDING	13 651 268	TOTAL COST	31 603 000	24 310 000

PROJECTS IN PLANNING (DOCUMENTED)		FUTURE PHASED PLANNING	Evaluation 2004/05 and 2005/06	Costs 2002/03
Malamulele Hospital				
Laundry		Boilers		5 000 000
		Ward Upgrading(All Old)		5 000 000
		New Male & Female Wards		8 400 000
		Health Support		4 300 000
		Workshop		1 800 000
		Transport Control Offises		2 500 000
		X-ray		800 000
TOTAL COST	1 023 366			
TOTAL EXPENDITURE	164 160			
TOTAL OUTSTANDING	859 206	TOTAL COST	36 140 000	27 800 000