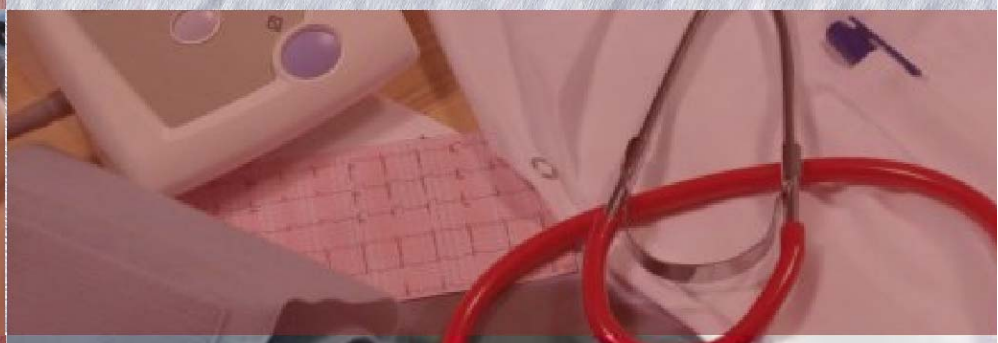
Province of the

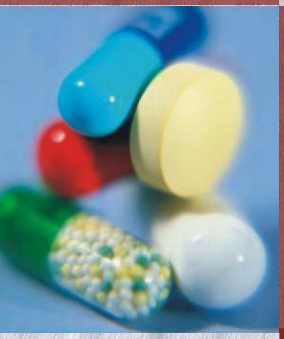
EASTERN CAPE

DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN

2007/08 - 2009/10





PROVINCIAL GROWTH AND DEVELOPMENT PLAN
PGDP
EASTERN CAPE
2004 - 2014

Ikamva eliqaqambileyo!

VISION

A health service to the people of the Eastern Cape Province, promoting a better quality of life for all.

MISSION

To provide and ensure accessible comprehensive integrated services in the Eastern Cape, emphasizing the primary health care approach, utilizing and developing all resources to enable all its present and future generations to enjoy health and quality of life.

VALUES

The Eastern Cape Department of Health subscribes to the following values:

- Equity of both distribution and quality of services
- Service excellence including customer satisfaction
- Fair labour practices
- Good work ethic and a high degree of accountability
- Transparency demonstrated through consultations with all stakeholders in the Health sector.

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ACRONYMS

ABB	Activity based budget
AEA	Advanced emergency assistant
AG	Auditor General
AFS	Annual financial statement
AFP	Acute flaccid paralysis
ALOS	Average length of stay
ANC	Anti-natal Care
APP	Annual Performance Plan
ARV	Antiretroviral
BAA	Basic Ambulance Assistant
BAS	Basic Accounting Systems
BEE	Black Economic Empowerment
BPR	Business Process Re-engineering
BFHI	Baby Friendly Health Institutions
BLS	Basic Life Support
BUR	Bed Utilisation Rate
CCOD	Compensation Commissioner for Occupational Diseases
CDL	Communicable Diseases List
CEO	Chief Executive Officer
CHC	Community Health Clinic
CBO	Community Based Organisation
COHSASA	Council for Health Service Accreditation of Southern Africa
CHWS	Community Health Workers
CLO's	Community Liasing Officer
CSCs	Corporate Service Centres
CSSD	Central Sterilising Supply department
CPD	Continued professional department
CPN	Chief professional nurse
CRL	Commission for the protection of Culture, Religions and Linguistics
DDG	Deputy Director General
DFID	Department for International Development
DHAC	District Health Advisory Committee
DHER's	District Health Expenditure Reviews
DHIS	District Health Information System
DHS	District Health Services
DHPs	District Health Plans
DPSA	Department of Public Service and Administration
DORA	Division of Revenue Act
DOT	Directly Observed Treatment
DPW	Department of Public Works
EAP	Employee Assistance Programme
ECAC	Eastern Cape Advisory Council
ECPHC	Eastern Cape Provincial Health Council
EDMS	Electronic document management system
EEP	Employment Equity Plan
EHS	Environmental Health Services
ELHC	East London Hospital Complex
EMC	Executive Management Committee

EMS	Emergency Medical Services
EPI	Extended Programme of Immunisation
EU	European Union
EXCO	Executive Council
GCIS	Government Communication Information Systems
GIS	Geographic Information System
GMP	Growth & Monitoring Policy
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HO	Head Office
HPCSA	Health Professions Council of South Africa
HPSP	Health Promoting Schools Programme
HR	Human Resources
HRD	Human Resource Development
HTA	High Transmission Area
HWSETA	Health & Welfare Sector Education and Training Authority
ICN's	Item Control Numbers
IEC	Information, Education and Communication
IDP's	Integrated development plans
IHRM	Integrated Human Resource Management
IL	Ivili Lenguqu
IMCI	Integrated Management of Childhood Illnesses
INP	Integrated Nutrition Programme
ISRDP	Integrated Sustainable Rural Development Plan
IT	Information Technology
K.S.D	King Sabata Dalindyebo
KZN	Kwa-Zulu Natal
LG	Local Government
LSA	Local Service Area
MBOD	Medical Bureau for Occupational Diseases
MCWH	Maternal Child and Women's Health
MDG	Millenium Developmental Goals
MDR	Multi- Drug Resistance
M&E	Monitoring and Evaluation
MEC	Member of the Executive Council
MHS	Mental Health Services
MHS	Municipality Health Services
MIS	Management Information System
NDOH	National Department of Health
NGO	Non-Governmental Organisation
NHLS	National Health Laboratory Services
NMIR	National Minimum Information Requirements
NMMM	Nelson Mandela Municipal Metropole
NPO	Non Profit Organisation
OHS	Occupational Health & Safety
OI	Opportunistic Infections
O&P	Orthotic and Prosthetic
OPD	Out-Patient Department
OSSC	One Stop Service Centre
PAHs	Provincially Aided Hospitals
PABX	Private Automatic Branch Exchange

PDPHCP	Partnership for the Delivery of Provincial Health Care Programme
PEHC	Port Elizabeth Hospital Complex
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and salaries
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Provincial Health Council
PIP	Project Implementation Plan
PIT	Project Implementation Team
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
PMU	Project Management Unit
PPE	Personal Protective Equipment
PPPFA	Preferential Procurement Policy Framework Act
PPPs	Public Private Partnerships
PPT	Planned Patient Transport
PSC	Public Service Commission
PTB	Provincial Tender Board
PWD	Public Works Department
QA	Quality Assurance
QHCAS	Quality Health Care Assurance Systems
RAMS	Risk Assurance Management Services
RFP	Request for Proposal
SABS	South African Bureau of Standards
SADEC	Southern African Development Community
SAHRC	South African Human Rights Commission
SANCA	South African National Cancer Association
SANTAs	South African Tuberculosis Associations
SAP	South African Police
SAPC	South African Pharmaceutical Council
SCM	Supply Chain Management
SG	Superintendent General
SHE	Safety, Health and Environmental Structures
SMMEs	Small, Medium and Micro Enterprises
SOP's	Standard Operation Procedures
SPU	Special Programmes Unit
SASO	Specialised Auxiliary Services Officer
STI	Sexually Transmitted Infections
STP	Service Transformation Plan
TOP	Termination of Pregnancy
UNITRA	University of Transkei
UPFS	Uniform Patient Fee Schedule
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
XDR	Extreme drug resistant
YC	Youth Commission

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PART A

PART A: OVERVIEW BY THE HON. MEC FOR HEALTH

1. OVERVIEW OF THE MAIN SERVICES

The Eastern Cape Department of Health operates through 07 Programmes, whose activities are spread out within three (03) main branches, i.e. Health, Corporate Services and Financial Services Branches. The core business of the Department is driven through Programme 2 (District Health Services) and Programme 4 (Provincial Hospital Services) with the remainder of the programmes offering the necessary support.

The Eastern Cape Department of Health has in compliance with the constitutional obligations and the need to urgently improve health services in the province adopted a multi-pronged strategy with particular emphasis on Primary Health Care and transformation of institutions to meet these obligations. Already, progress has been made over the past decade in improving access. Increasingly, marginalized communities have access to health services. Since 1994, 250 clinics have been built, some were renovated and new equipment installed.

The state of art Nelson Mandela Academic Hospital in Mthatha is a show piece for the Province. The hospital which has 1168 beds, 27 clinical domains as well as special units such as Paediatric Surgery, Obstetrics as well as Gynaecology is a centre of attraction and indeed an economic boost for the O. R. Tambo Region. The transformation of our health services administration to meet the demands of a democratic society is progressing well.

The introduction of the Comprehensive Plan for the management, prevention and treatment of HIV and Aids in 2001, and the rollout of anti-retroviral treatment since 2004, has also increased the public sector response to the devastating effects of HIV and Aids. To this effect, prevention programmes have been introduced, such as Prevention of Mother to Child Transmission (PMTCT), Voluntary Counselling and Testing (VCT), Post Exposure Prophylaxis (PEP) programmes.

Our revised 2005/10 Strategic Plan, guided by the experiences of the past ten years and the need to accelerate service delivery, seeks to give concrete expression to the Provincial Growth and Development Plan. The goals and objectives for the next three years are also being reviewed with the view to ensuring achievable outcomes linked to turning the department towards sustainable improvement and the provision of quality services.

Therefore, in the next three years, the Provincial Department of Health will focus on -:

- The restructuring of the shape and size of the health system, informed by the development and implementation of the Service Transformation Plan and Vision 2020 and 2014 Health Plan which are currently under development.
- Building the service delivery platform by creating the right infrastructure, recruitment and retention of human resources, creating a conducive environment for all staff, patients and visitors and accelerated access and the quest towards quality of care.

The plans we have are a genuine confirmation of our commitment to meeting our constitutional mandate and an honour to heroes and heroines who paid supreme sacrifices so that all our people live in a society where basic human rights are respected. They reflect our purpose of existence and the basis for future generations to sustain.

Hon. N. JAJULA, MPL
MEC for Health
13 - 03 - 2007

2. STRATEGIC PLAN UPDATE ANALYSIS

I, Lawrence M Boya in my capacity as Accounting Officer of the Eastern Cape Department of Health, herein submit this Annual Performance plan for the years 2007/08 to 2009/10 to the Honourable Member of the Executive Committee for Health, Mrs L.N. Jajula, MPL.

The Annual Performance Plan of the Eastern Cape Department of Health is informed by legislative & constitutional mandates and aligned to the priorities identified by the National Department of Health. It also addresses Batho Pele Principles as well as mainstreaming the special needs of the designated groups, including children and the youth. The plan further subscribes and is aligned to the specific deliverables outlined in the PGDP namely:-

- To halt, manage and improve health outcomes for HIV/AIDS by 2014
- To reduce by 2/3 the under five infant and child mortality rate by 2014
- To reduce by ¾ maternal mortality rate in 2014
- To halt and begin to reverse the spread of Tuberculosis
- To increase infrastructure and human resources development

Furthermore, the Eastern Cape Department of Health is currently involved in a process of restructuring the provision of Health Services in terms of the following objectives:

- Ensuring full access by all the citizens to health care services
- Ensuring quality of care and efficiency in all facets of the health care service and optimally using the resources available for health care services
- Entrenching Primary Health Care as the preferred delivery system
- Ensuring a highly motivated staff who render health care service
- Utilising the best of equipment and facilities in ensuring satisfactory health care from the point of view of practitioners and patients.
- Utilising technology (e.g. telemedicine) to the fullest to ensure that location is not a barrier to getting the best in medical care and ensuring healthy-friendly environment

The next three years seek to restructure the shape and size of the Provincial Health System and build the service platform in order to:-

- Improve and address infrastructure and human resource needs.
- Address and improve working conditions,
- Improve and enhance quality of health care.
- Improve health outcomes and create conditions for a better life.

3. GENERAL INFORMATION

This section details the vision, mission and values, including various legislative instruments and policies that the Department derives its mandate from. Four strategic goals and various strategic objectives have been identified in order to inform the development and planning by different programmes of the department. A situation analysis is also provided with the major demographic characteristics and epidemiological profile of the Eastern Cape Province detailed for a better understanding of challenges that the Department will be facing over the next three years.

Resource trends with regard to funding and sustainability of health services are tabulated and indicate an increase in the number of people who are using hospitals as a point of entry to health services, contrary to the policy and intentions of the Department of Health that people should utilise primary health facilities

like, clinics and community health centres. A summary of health allocation per programme for the next three years is also tabulated and provided for ease of reference.

3.1 VISION

A health service to the people of the Eastern Cape Province, promoting a better quality of life for all.

3.2 MISSION

To provide and ensure accessible comprehensive integrated services in the Eastern Cape, emphasizing the primary health care approach, utilizing and developing all resources to enable all its present and future generations to enjoy health and quality of life.

3.3 VALUES

The Department encapsulated the following values:

- Equity of both distribution and quality of services
- Service excellence including customer satisfaction
- Fair labour practices
- Good work ethic and a high degree of accountability
- Transparency demonstrated through consultations with all stakeholders in the health sector.

3.4 MANDATE OF THE EASTERN CAPE PROVINCIAL DEPARTMENT OF HEALTH

The following legislative framework governs the operations of the Department and also guides the accountability arrangements and responsibilities of the executive authority and the Accounting Officer in their capacity as political and administrative heads respectively.

- The Constitution of the Republic of South Africa (Act No. 108 of 1996);
- National Health Act (Act No. 61 of 2003) (*Provides a framework for a structured uniform health system within the country, taking into account the obligation imposed by the Constitution and other laws on the national, provincial and local governments with regard to health)*
- Public Finance Management Act No. 29 of 1999;
- Policy and budget speech 2005/06 MEC for the Department of Health;
- Basic conditions of employment Act (Act No. 75 of 1997);
- Skills development Act (Act No.97 of 1998);
- Skills levy Act of 1999 (Act 9 of 1999);
- The Public Service Amendment Act (Act No. 5 of 1999);
- Public Service Regulations 2001;
- Mental Health Care Act 17 of 2002;
- Labour Relations Act (Act No. 66 of 1995);
- Promotions of Access to information Act (Act No.2 of 2000);
- Promotions of Access to Justice Administration Act (Act 3 of 2000)
- Employment Equity Act (Act No. 55 of 1998);
- Provincial Growth and Development Plan and National Health Priorities

3.5 STRATEGIC GOALS OF THE DEPARTMENT

In addressing the challenges and priorities for the next 3 years and to achieve its vision, the Department has identified four strategic goals, which will inform the strategic planning of all programmes of the Department. They are:-

Strategic Goal: 01 **A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.**

Strategic Objectives:

1. To develop systems and build capacity throughout the department for effective and efficient health service human, financial resource planning and management.
2. To recruit, train and retain human resources into a client (customer) centred service so as to become an employer of choice.
3. To strengthen departmental information systems to enable managers' capacity to use information for decision-making
4. To institutionalize a monitoring and evaluation framework that provides accountability to the people of the Eastern Cape Province
5. To build an effective IT and telecommunications platform to support the department's service delivery as well as strengthen internal and external communication.
6. To strengthen planning, forecasting, budgeting and accounting systems to ensure an equitable resource allocation across the province including financial and expenditure controls.
7. To facilitate technical assistance, international Donor funding, and PPP's to leverage / compliment the Department's finances.
8. To improve Supply Chain management into an efficient, effective and a client focussed service.
9. To facilitate the mainstreaming of designated groups/special programmes within the line functions programmes of the department including districts, regions and facilities.
10. To facilitate the implementation of the occupational health and safety systems within the department including health facilities.

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objectives:

1. To strengthen the district health system service.
2. To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles.
3. To consolidate, rationalise, revitalise and modernise all hospital services, including specialised hospitals so as to treat patients at the appropriate level of care.
4. To develop and implement Emergency Medical Services into world class, customer focused services, including appropriate Patient Transport Services.
5. To develop and implement a regulatory and coordination framework for service delivery providers
6. To strengthen the implementation of health care support services such as pharmaceuticals, orthortic and prosthetic services, laboratory, radiography, rehabilitation and social work services.

Strategic Goal: 03: Improve access to and quality of services.

Strategic Objectives:

1. To implement the WHO norms (1 clinic per 100 000 population) in ensuring access and quality health care service.
2. To facilitate access to and quality services for the disabled and other designated groups.
3. To facilitate access to and quality of services to hospital service through a planned referral system.
4. To implement quality assurance systems.

5. To implement patients and community complaints systems and redress mechanism.
6. To implement effective and efficient security systems to ensure the safety of patients and employees of the Department
7. To monitor the quality and the improvement of heath services and report thereafter for management decisions
8. To improve access to health care services by providing new health facilities, upgrading and maintaining existing facilities

Strategic Goal: 04 Effective governance and accountability

Strategic Objectives:

1. To involve communities in health service delivery and health promotion activities.
2. To strengthen partnership in governance of service delivery structures allowing for effective participation of civil society.
3. To implement effective and efficient corporate legal services to address litigation against the department.
4. To build a responsive organization within legal and political frameworks guided by the Constitution and various pieces of legislation
5. To implement risk assurance management systems including implementation of audit systems.
6. To facilitate Intersectoral collaboration and effective intergovernmental co-ordination
7. To facilitate an enabling investment and management of health care through Public-Private Partnership.

3.6 SITUATION ANALYSIS

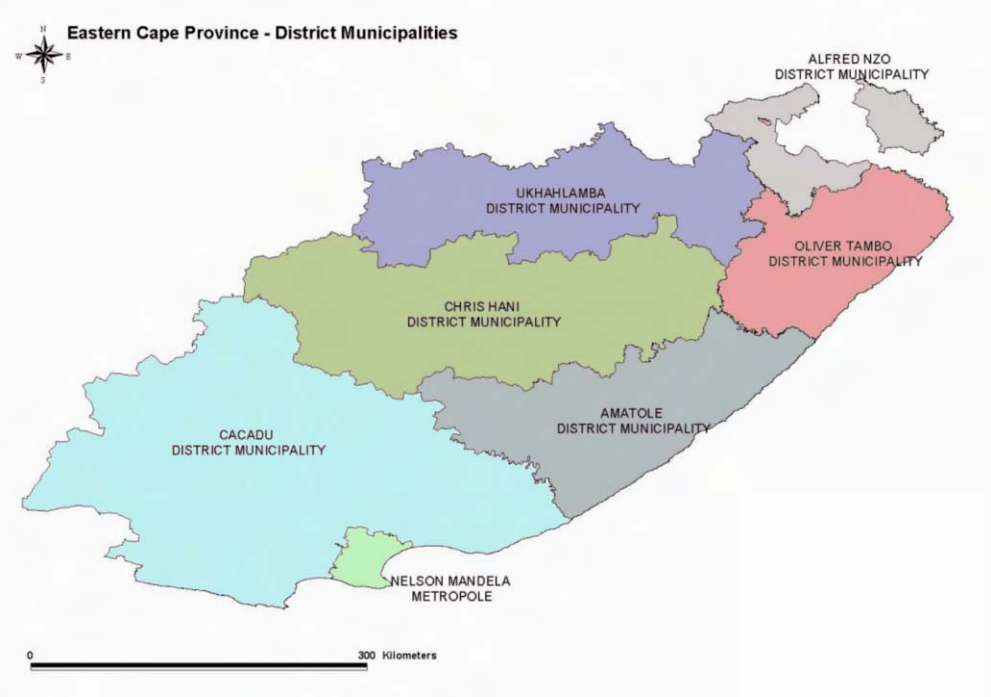
3.6.1 MAJOR DEMOGRAPHIC CHARACTERISTICS

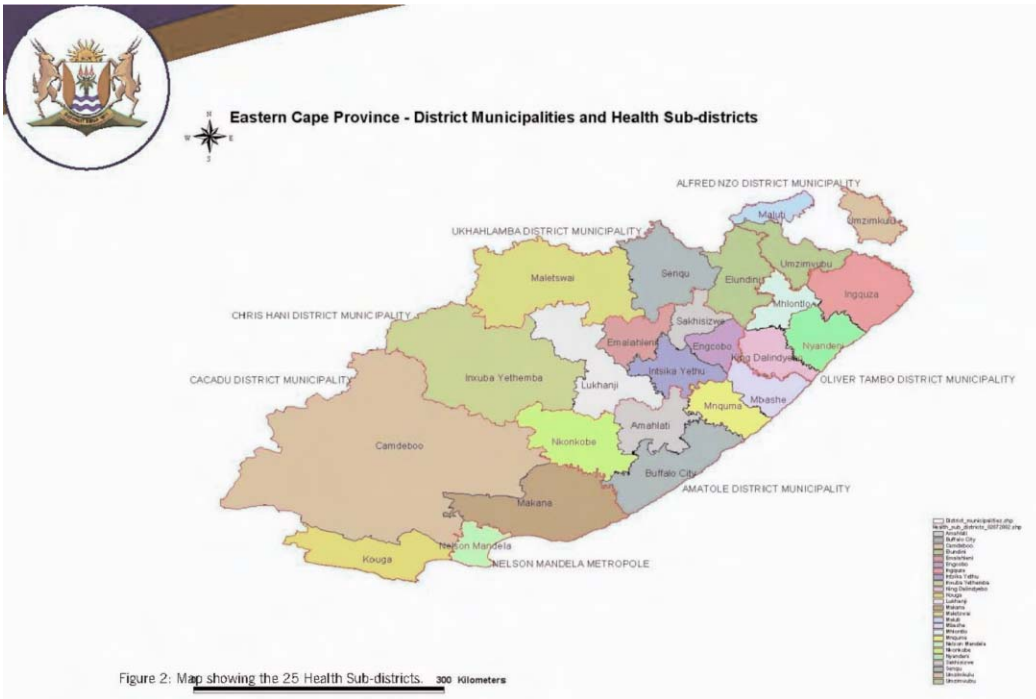
3.6.1 1. Size of the Province

The Province of the Eastern Cape is an area of land that stretches from Umzimkhulu to Storms River, measuring about 169,580 square kms. It constitutes 13.9% of the land surface of the country and is the 2nd largest province. It is divided into 6 municipal districts and one Metropole, which are further divided into 25 Health Sub-districts or Local Service areas (LSAs). The maps below depict the

situation.

Figure 1:





3.6.1.2 Population Distribution

The EC has a population of approximately 6,436,763 million with 2,975,512 (46.2%) males and 3,461,251 (53.8%) females based on the 2001 census and it is the third most populated province. The population has increased by 134,238 compared to the population figure of 6,302,525 (Census 1996). The provincial growth is 2.65% as compared to the 10.4% National growth. A follow up by the province to establish the reason for the low growth needs to be done. The population is black dominant, (see table 1 below).

Table 1: Population by racial distribution

Population Group	Male	Female	Total	%
Black African	2 589 197	3 045 882	5 635 079	87.5
Coloured	229 890	248 917	478 807	7.4
Indian/Asian	9 310	9 062	18 372	0.3
White	147 109	157 396	304 505	4.8
Total	2 975 506	3 461 257	6 436 763	100.0

Source: Population census 2001 Stats SA

Population distribution: Urban: 36.6% in EC whilst the National average is 54%. Rural: 63.4%. The majority of the province's people of which 87.54% are black, reside in the former homelands where poor infrastructure is reflected in poor health indicators.

Table 2: Population by health district

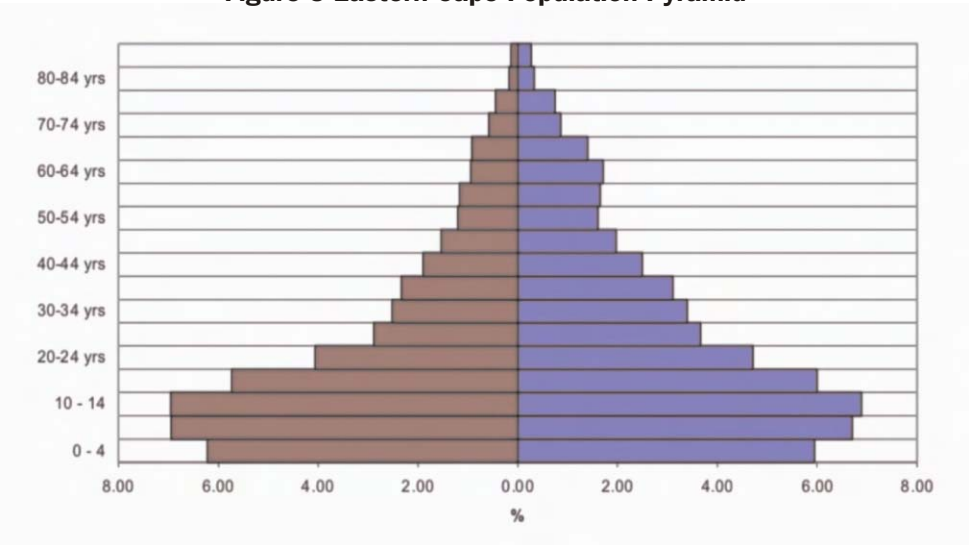
DISTRICT	% of Total	Population	% Urban	% Rural	Area (sq km)	Density /sq km
Nelson Mandela	16	1 005 776	97.9	2.1	1 969	510.0
Cacadu	5	388 224	27.2	72.8	58 166	6.7
Amathole	26	1 664 258	39.0	61.0	23 545	70.7
Ukhahlamba	5	341 339	37.9	62.1	25 276	13.5
O R Tambo	26	1 676 477	8.9	91.1	15 753	106.4
Alfred Nzo	9	550 389	2.0	98.0	7 976	69.0
Chris Hani	13	810 300	39.0	61.0	36 895	22.0
Total	100	6 436 763	30	70	169 580	37.9

Source: Census 2001

Note: Census 2001 does not provide data on urban-rural distributions of population. The percentage distributions indicated above are based on information contained in the Provincial Spatial Development Plan: 2000 and estimated for the province as a whole. That is why the % in the census is different.

Using the census 2001, EC has an average population density of 37.96 per square km, with more than 50% of the population residing in less than 1/3 of the province's total area, that is, in the Eastern side of the province at OR Tambo and Alfred Nzo and part of the Amathole district municipalities following the old homeland distribution. This information has significance in future planning of service delivery, as bringing services to the people is paramount. 3.6.1.3 Population by Age Distribution

Figure 3 Eastern Cape Population Pyramid



An Analysis of the EC population reveals that:

- 45% of the population are children under the age of 15 years with an even composition of males and females.
- In the 20-24 age brackets there are more females than males. This pattern becomes significant until in the 60-64 years category.

The eastern region which is more affected by migrant labour becomes home for the young, sick and elderly. The skewness towards females and the high percentage of the population below 15 years of age has implications for the provision of maternal, child and women's health services. The overall focus of priority health interventions in the ECP is directed at improving the health of women, children, youth and the poor in rural areas. It is also worth mentioning that 10% of the population in the Eastern Cape is disabled compared to the National figure of 5%. This has a significant impact on the budget as there is a national policy that services to people with disabilities be free.

3.6.1.4 Socio Economic Status

According to the 2001 Census more than half (54.6%) of the economically active population in the Eastern Cape was unemployed, compared to the national average of around 41% unemployed. The situation is not the same among the population groups, with Black Africans being more affected by the situation. Unemployment rate among the other population groups in the Province was relatively lower, but this does not detract from the overall severity of the challenge for sustainable job creation in the Province.
The percentage distribution of monthly income by population group further emphasizes the disadvantaged position of the Black Africans in the Province, with more blacks in the under R1000. Poverty affects rural communities hardest.

Table 3: Population characteristics

%Population living in formal housing	46.9
%Unemployment rate (Highest In The Country)	54.6
%GDP per capita	2.856
% of over 20 years not having received any schooling	22.8
%Access to electricity	52.3
% Having tap water	62.4
% with medical aid scheme cover	10.2

Source: Census 2001

Without gainful employment, it is very difficult for any household to secure an improved quality of life in terms of basic services. The high unemployment rate, lack of sanitation and piped water put a high demand and dependency on public facilities and contributes to the ill-health in the province.

3.7 EPIDEMIOLOGICAL PROFILE

Findings of a study on mortality profile of the province that was conducted by Walter Sisulu University on behalf of the Eastern Cape Department of Health in December 2005 revealed that:

- 1 in 3 deaths is due to non-communicable diseases. These are primarily stroke, hypertensive heart diseases, ischaemic heart diseases and other cardio-vascular conditions
- Diabetes mellitus features as a leading cause of death for older people
- HIV/AIDS and related conditions of tuberculosis, lower respiratory tract infections and meningitis emerge as leading causes of death among young adults
- Communicable diseases including maternal, perinatal and nutritional diseases account for 27% of deaths in the sample

Despite implementation of various strategies to prevent the occurrence and spread of communicable diseases, the province is still challenged by these conditions some of which are notifiable. In the year 2005, out of 1208 suspected cases of measles reported, 561 were confirmed. The measles outbreak resulted in 25 deaths, mostly in the eastern part of the province.

Waterborne diseases like cholera and typhoid fever are common in some parts of the Eastern Cape especially in Alfred Nzo and OR Tambo District Municipality. These may be attributed to poor water supplies and improper sanitation services in those areas.

In 2005, fourteen suspected rabies cases and 4 deaths were reported in the province. The Eastern Cape is one of the malaria free zones but consistently detects several malaria cases per year which are attributed to importation from other provinces and countries. There is however an element of under-reporting of malaria cases in the province.

The table below reflects some of the notifiable conditions which tend to have increased since 2002:

Table 4: Notifiable medical conditions in the Eastern Cape - 2002 to 2005

Year	Rabies	Typhoid	Measles	Viral Hepatitis A	Tetanus
2002	1	23	3	8	3
2003	4	2	5	13	12
2004	11	0	7	6	2
2005	14	66	561	25	49

The greatest challenge therefore, is to strengthen the health promotion and disease prevention activities in the province in order to reduce mortality and morbidity resulting from the above conditions.

Table A1: Trends in key provincial mortality indicators

Indicator	SADHS 1998	SADHS	TARGET 2003
Infant Mortality (under 1)	61.2 per1000 live births	72 per1000 live births	45 per 1000 live births by 2005
Child Mortality (under 5)	80.5 per 1000 live births	112 per 1000 live births	59 per 1000 live births by 2005
Maternal Mortality	56 (number)	129 (number)	100 per 100 000 Live births by 2005

Source: 1998, 2003 SADHS*; Health Systems Trust. The number of maternal mortality is from the routine surveillance system in the Department of Health. Note that the target for maternal mortality rate is 100 per 100 000 live births.

3.8 PROGRESS TOWARDS EQUITY

Equity in access to health care services is still one of the challenges facing our Province. The Department has made a conscious effort to address the inequities identified in service delivery with focus to the eastern part of the Province and vulnerable groups such as women, youth, children and the disabled. This commitment is reflected in the programmes and services stated below:-

- Clinic building and upgrading programme where more than 60% of projects are in the Alfred Nzo and O.R. Tambo districts;
- HIV/AIDS programme with more VCT sites established in previously disadvantaged areas to ensure coverage;
- Mobile services being deployed in remote areas;
- Helicopter service assisting in rescuing patients in areas that are not accessible by road;
- Tele-medicine in giving support to health professionals working in rural hospitals and clinics. Currently there are four tele-radiology sites in the province at St Barnabas, Nessie Knight, S S Gida and Humansdorp hospitals;
- Rationalisation of psychiatric services by moving psychiatric beds to the eastern part of the Province;

3.9 ENDORSEMENT OF THE ANNUAL PERFORMANCE PLAN

This Annual Performance Plan has been prepared based on the broad direction of the Health Service Plan. The implementation of the Health Service Plan will kick off in earnest during 2007/08 - 2009/10 MTEF period, and will be aligned with 2020 vision which is a vision for a quality health care system. For the next three years the department is therefore going to implement the following projects:-

Building the District Health System and Primary Health Care Approach

One of the Strategic Goals that the department is to implement is an effective service delivery platform through the District Health System based on the Primary Health Care approach and seamless referral system.

In realizing this goal, the Department is currently focusing on strengthening the capacity of the District Health System in order to ensure the effective implementation of the priority health programmes, and to strengthen Primary Health Care.

This financial year the Department will continue to implement the Project of Clinics as Centres of Excellence to improve the functionality of Primary Health Care. The target has been increased from 25 clinics to 50, reaching 200 clinics by 2010.

In terms of the Community Health Centres that are supposed to be operating on a 24hour basis, the Department has identified 30 Community Health Centres throughout the province, to assist and monitor them to operate at a functional and effective optimum. Similarly, they will operate as Centres of Excellence in the provision of 24hr services. This number will eventually rise to include all our Community Health Centres by the year 2010.

With regards District Hospitals, which are also part of the Primary Health Care approach, the Department has identified 25 District Hospitals to be assisted to perform at a higher level of functionality and effectiveness.

Similarly, our Regional Hospitals, as well as Specialised and Tertiary Hospitals will undergo a turnaround so that we can intensify our efforts towards improving access, and the quest for quality health care.

The Goals of the Health System

The Millennium Development Goals, our country's vision 2014 and the PGDP continue to be the guide and the basis of the health goals. With respect to the Millennium Development Goals and the PGPD, we are committed to:

- Reduce child mortality by two thirds as well as the under-five mortality rate by 2014.
- Improve maternal health by reducing it by three quarters of the maternal mortality ration by 2014.
- Combat HIV and AIDS and begin to reverse the spread of HIV and AIDS by 2014.

Improving maternal health and reduce child mortality:-

We remain concerned about the high levels of maternal deaths and infant mortality. We introduced an intervention in the last financial year in the form of the Saving Mothers, Saving Babies Project in an attempt to reduce maternal and infant mortality. Twenty district hospitals are implementing this programme. More still needs to be done to reduce these mortalities and ensure that all new mothers and their babies enjoy an environment that is comfortable, safe and friendly.

HIV and AIDS

Our commitment to halt the spread of HIV and AIDS remains. The Department is going to be working very hard with our partners and within the context of the National Strategic Plan on HIV and AIDS, to stop new infections especially among the young people. The management of the Aids pandemic through the comprehensive plan remains our priority. In improving health outcomesand better quality of life, particularly, addressing the HIV and Aids pandemic.

For this financial year, the Department has budgeted an amount of **R299,420m** with the following **targets:-**

a. Decreasing the number of new infections by 5% and reach 20% prevalence by 2010.
b. Upscalling treatment of patients on ARV to 40 000 next year and rising to between 80 000 and 100 000 by 2010
c. Number of Facilities providing VCT will be increased from 803 to 834 and to cover all our facilities by 2010.
d. Number of patients accessing Home Based Care will be increased from 121 482 to 150 000.
e. Number of Home Based Care givers to be increased to 1000 by 2010. This number is to integrate TB DOTS and other similar categories including Health promoters.

Tuberculosis (TB) Management:-

TB has reached crisis proportions in the country and in the Province. Our crisis plan is focussing on three districts, i.e. Nelson Mandela, Amathole and O.R Tambo Districts because of their high number of cases. Our minimum cure rate must reach 50% by the end of the financial year. All efforts will be made to mobilise all sectors of our communities to increase awareness about TB, and the dangers of TB, especially the multidrug-resistant strain known as MDR or the extreme frug resistant strain or XDR. It is also important to emphasise that TB is curable.
For this financial year the Department has set the following **targets:-**

a) Increase awareness and advocacy campaigns about TB and Multi and Extreme Drug resistant TB to all the communities of the Province.
b) Improve and strengthen management of specimen transportation to improve sputum turn around time by ensuring that results of patient's sputum be made available within 48hours instead of 72 hours.
c) Implement rapid assessment of MDR & XDR -TB case finding (test all MDR-TB cases for second line drug resistance)
d) Increase the number of TB patients counselled & tested for HIV from **16 000** to **17 000.**
e) Increase the percentage of new smear positive PTB cases cured at first attempt from 50% to **60%.**

It must also be recognized that the Department also runs TB Hospitals, and has TB wards in general hospitals which allow for the treatment of TB. The Budget for these is R147 million. There is also donor funding for TB to the amount of R2 million. Furthermore, because of co-infection, TB is included in the funding for treatment of HIV and AIDS. The budget from HIV and AIDS because of co-infection is R 8m, from the expanded public works programme. The department is providing stipends to 1422 DOTS, supporters for an amount of 17,64 million and the overall budget to address the crisis is R180,64 million

Building efficient and effective Emergency Medical Services:-

The department will continue implementing the EMS Turnaround Strategy to improve emergency medical services and patient transport. During this financial year, the Department will:-

- concentrate on the effective functioning of emergency medical services and patient transport system.
- increase staffing levels to ensure that we reduce the single crew ambulances.
- ensure that our Emergency Medical Services will be ready for the 2010 Fifa Soccer World Cup.

- increase the number of metro sub-bases (from 33 to 68) to ensure that Emergency Medical Services are accessible to all communities.
- Move with speed to build a provincial control centre.

Building Good Public Facilities:-

During the last financial year, we opened the Madzikane KwaZulu Memorial Hospital at Alfred Nzo District as well as 32 Clinics within the Province.

Similarly this financial year, we will continue to intensify our efforts towards building better public health facilities. Over the next 3 years the Department will focus on the following priority infrastructure projects, funded from the Provincial Infrastructure Grant:-

- Build a new modern Cecilia Makiwane Hospital with 300 Level 1 beds, including 50 step down beds and 100 acute psychiatric beds, supported by two new Community Health Centres, one already completed and an additional one to be built on the western side of Mdantsane at a cost of R465m.
- Refurbish and re-arrange the Frere Hospital to a modern tertiary hospital with a fully fledged trauma unit, including 614 Level 2 beds and 271 Level 3 beds, at a cost of R175m
- Upgrade Dora Nginza Hospital to a modern Level 1 hospital with 200 acute and 25 step down beds. This process will also include relocating psychiatric services from Elizabeth Donkin Hospital to Dora Nginza with 196 beds as well as relocating Empilweni TB beds to Dora Nginza. All these will cost R300m
- Refurbish and re-arrange the PE Provincial Hospital to a modern Level 1 hospital with 200 acute beds and 25 step down beds.
- Re-furbish and re-arrange the Livingstone Hospital to a modern tertiary hospital with a fully fledged trauma unit and 405 Level 2 beds and 135 Level 3 beds.
- Refurbish and arrange Mthatha General Hospital to a modern Level 1 hospital with 200 acute beds and 25 step down beds. This process will also include Bedford Orthortic and Prosthetic Centre as well as creating 300 MDR beds, and 200 ordinary beds at Mthatha TB Hospital. Costs to be incurred will be R90m
- With the re-arrangement of Provincial boundaries, the Umzimkhulu Psychiatric Hospital will be under Kwa-Zulu Natal. This will pose challenges for access to care, and may need the department to plan for an alternative or a replacement facility.

Human Resources for Health

The Department is also charged with a responsibility of recruiting, training and retaining human resources to fulfil its mandate of providing quality health care. We are all aware that the country is challenged with the availability of health professionals and as the Department we have to intensify our efforts to recruit and retain this most critical resource.

To this effect, the department has budgeted R100 million for critical vacancies.

In addition, the Health Department has targeted the improvement of remuneration for health professionals. For the 2007/8 financial year, the priority will be on nurses with an allocation of R150m.

Over and above the normal recruitment and retention of health professionals, the Department has made available an amount of R 45m for bursaries targeting specialised scarce skills. Critical areas include the following:-

- Pharmaceutical Services
- Radiography
- Occupational Therapists
- Physiotherapist
- Laboratory Technicians and
- Doctors

As part of contributing to the skills development and giving young people work experience through internship and leadership, the Department has budgeted R18m for the 2007/08 financial year and will be recruiting:-

a. 550 young people for the learnership programme in the following areas:
   - Pharmacists Assistance
   - Enrolled Nursing
   - Hospital Maintenance
   - Customer Care and
   - Human Resources Functions

b. 200 unemployed graduates for the internship programme will be deployed in the financial management and auditing; public health administration, health economics, human resources function, information technology and communication of the Department including our service delivery health institutions.

Financial Management and accountability

The Department of Health received a Disclaimer of Opinion from the Auditor General for the year ended 31 March 2006. It should be noted that the department has received Disclaimers of opinion for nine years of the past ten years. The audit report highlighted serious weaknesses in the financial management of the department, these include:-

- lack of financial capacity and management in our health facilities across the Province.
- lack of proper and adequate financial controls in our health facilities including Head Office.
- in-adequate systems related to supply chain management, including management of contracts.

In addressing the above matters, the Department is establishing a Financial Management Improvement Programme that will review and improve the financial policies, controls and procedures of the Department in line with the Public Financial Management Act and Treasury Regulations as well as other applicable pieces of legislation. This will include recruiting financial skills to be placed in various critical centres including corporate service centres.

Furthermore, we have started the implementation of an audit improvement plan, aimed at improving our audit outcomes. This plan is funded to the tune of R30m within the 2006/07 financial year, and will do the following:

- address the 2005/06 audit queries raised by the Auditor General.
- ensure continuous improvement in our audit outcomes beyond 2005/06 financial year.
- initiate and implement financial and administrative interventions at the Head Offices, Districts and Health Facilities.
- intensify recruitment and absorption of employees with appropriate financial, human resources, supply chain management background and skills.

Long Term Health Plan

Our quest to ensure equitable access and quality of care, requires a long term perspective and planning horizon. At the national level, the Department of Health has introduced an Integrated Health Planning Framework on the basis of which a Service Transformation Plan must be developed.

The purpose of the STP is to:
- define and develop an ideal health system that requires appropriate human resources in terms of numbers and quality,
- define and map out the required numbers of health facilities and equipment,
- model adequate funding, information, supply chain management, patient referral, emergency and

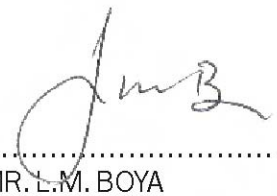
patient transport, efficient communications, tele health, drug distribution, and laboratory systems, and finally

- define a service platform to be rendered by the Public Health System.

Again an ideal health system must recognize the dignity of all persons and treat them as such. The Eastern Cape Department of Health is therefore involved in such a process that is intended to transform health care beginning 2007/08 financial year to 2020. As part of our visioning process in terms of Vision 2020, we are aligning our long term planning to this vision, by developing a Health Service Plan 2020 as the basis for our service delivering improvement interventions.

Intensive consultation programme has already started and will be enhanced so as to ensure that the people of the Eastern Cape Province also participate in the process of defining and developing their Provincial Health System.

As the Head and Accounting Officer of Provincial Department of Health, I wish to personally endorse this plan and further express my sincere gratitude to the Honorable Member of the Executive Council for her continued guidance, support and commitment to improve the life of the citizens of the Eastern Cape Province.



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MR. L.M. BOYA

SUPERINTENDENT GENERAL

4. Resource Trends: Funding and Sustainability of Health Services

Table A2: Trends in key provincial service volumes

Indicator	1999/00 (actual)	2000/01 (actual)	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (Actual)	2005/06 (actual)	2006/07 (Estimates)
PHC Headcount in PHC Facilities	15,145,552	14,441,029	14,078,127	13,888,065	13,934,465	15,230,905	16,290,236	16,435,688
PHC Headcount in Hospitals	N/A	14,575	88,317	148,702	119,617	169,410	6,325,761	5,494,192
Hospital separations	38,404	225,819	334,590	564,998	443,000	397,905	467,542	304,875

The above table indicates an increase in the number of people who are using hospitals as a point of entry to health services in 2005/06, contrary to the policy and intentions for people to utilise primary health facilities like, clinics and community health centres.

Table A3: Trends in provincial public health expenditure ® million)

Expenditure	2004/05 (Actual)	2005/06 Projected	2006/07 (MTEF)	2007/08 (MTEF)	2008/09 (MTEF)	2009/10
CPIX	1,042	1.036				
POP	7088.547	7039.3	7039.3	7039.3		6,436.7
Current prices						
Total	5,180,217	6,120,184	67,003,372	8,142,744	8,645,657	8,980,581
Total per person	730.79	882.60	979.17	1.087.91	1.195.05	1,295.41
Total person uninsured person	657.71	794.34	881.26	979.12	1.075.54	1,165.88
Constant (2004/05) prices						
Total	4,971,417	5,996,995				
Total per person	701.33	851.93				
Total person uninsured person	631.20	766.74				
% of Total spent on:						
DHS	49%	45%	44%	43%	43%	43%
PHS	33%	32%	31%	32%	32%	32
CHS						
All personnel	62%	56%	54%	52%	49%	50
Capital	7%	8%	7%	8%	8%	8
Health as % of total public expenditure	24%	26%	26%	28%	26%	26

Table A.4 Budget allocations per programme

Programme	2005/06	2006/07	2007/08	2008/09	2009/10
Programme 1	248,398	271,751	369,065	513,897	512,476
Programme 2	2,812.011	3,192,905	3,555,513	3,738,117	3,886,982
Programme 3	219.052	352,589	380,734	419,492	439,563
Programme 4	2,043,109	2,188,539	2,759,089	2,788.787	2,901,828
Programme 6	327.406	377,797	417.915	457,705	479,275
Programme 7	36,049	30,848	30,701	33.826	35,401
Programme 8	434,159	588,943	629,727	693,833	725,056
Total	6,120,184	7,003,372	8,142,424	8,645,657	8,980,581

PART B

PART B:
BUDGET PROGRAMMES AND SUB PROGRAMME PLANS

5. PROGRAMME 1: HEALTH ADMINISTRATION

This programme comprises one of the two sub programmes namely, the Office of the MEC and Management

5.1.1 SUB-PROGRAMME: OFFICE OF THE MEC

PURPOSE: To provide political and strategic direction of the Department by focusing on transformation and change management

This sub-programme is responsible for assisting the MEC to:-

- give political and strategic direction to the Department through an efficiently and effectively managed office;
- liaise between the offices of the Political Head and Head of Department in particular and branches in general on major policy and administration matters;
- circulate cabinet resolution to the HOD for implementation by the department ensuring that the MEC attends departmental strategic sessions and other functions of the department;
- Respond to parliamentary questions and ensure that resolutions of the legislature are implemented.

5.1.2 SUB-PROGRAMME: MANAGEMENT

PURPOSE: The aim of this sub-programme is to ensure the management of human, financial, information and infrastructure resources.

BRIEF DESCRIPTION

The Department is divided into four Clusters, i.e. Strategic Management, Corporate, Financial and Health Services Cluster and in terms of programmes, it consists of 8 chief directorates namely, Integrated Human Resource Management, Financial Management, Supply Chain Management, Corporate Services and Information Management, Infrastructure Management, Risk Assurance Management, Strategic and Budget Planning as well as Quality Health Care Assurance Systems. Other Units that are housed in the management sub-programmes include Monitoring and Evaluation, Special Programmes Unit, Strategic Support and Communication Services.

COMPONENTS OF THE STRATEGIC MANAGEMENT CLUSTER

This cluster is made up of the following line function Chief Directorates

- Chief Directorate: Risk Assurance Management Services (RAMS)
- Chief Directorate: Quality Health Care Assurance Systems
- Directorate: Monitoring and Evaluation
- Directorate: Special Programmes Unit
- Directorate: Special Projects including Business Process Re-engineering / Ivili Lenguqu
- Directorate: Communications Services

COMPONENTS OF THE CORPORATE SERVICE CLUSTER

This cluster is also made up of different Chief Directorates, namely:-

Chief Directorate: Integrated Human Resource Management with the following Directorates and Units

- Human Resource Management
- Persal System and Management
- Human Resources and Organisational Development
- Labour Relations
- Employee Assistance Programme

Chief Directorate: Corporate Services & Information Management with the following Directorate and Units:

- Corporate Service Centres
- Information Technology
- International Health Liaison & Donor funding co-ordination
- Corporate and Legal Services
- Security Services

Chief Directorate: Human Resource Development with the following Directorates and Units

- Nursing Services
- Lilitha College
- EMS Training College
- Bursaries

COMPONENTS OF THE FINANCIAL MANAGEMENT SERVICES CLUSTER

Similarly, this cluster is composed of the following Chief Directorates

Chief Directorate: Financial Management with the following Directorates and Units:-

- Financial Accounting Services
- Expenditure Management
- Internal Financial Control
- Transfer and Salary Payment Management Services

Chief Directorate: Integrated Budgeting and Strategic Planning with the following Directorates :

- Integrated Strategic and Policy Planning
- Budget Office

Chief Directorate: Supply Chain Management with the following Directorate and Units

- Supply Chain Performance Contracts Administration
- Public Private Partnership Services
- Acquisition, Disposal and Risk Management Service
- Logistic and Asset Management

Below here are individual Chief Directorates and or Units with detailed information on their purpose, strategic goals that inform their performance, priorities that they are planning to address in the next three years and progress made in the previous financial years. In addition to this, progress analysis including constraints and measures to overcome them are provided.

Programmes and or units have also provided information on planned measures to improve the services that they are rendering, strategies to address the Auditor General's audit quiry as well as strategies to progressively implement and or comply with the Public Finance Management Act.

Each Programme then ends with a Table that provides measurable objectives, performance indicators, base line information, the actual information as well as planned targets for the three year MTEF period.

5.1.2.1 INTEGRATED HUMAN RESOURCE MANAGEMENT (IHRM)

PURPOSE: Management of human resource services, employment relations, Persal system, Employee Wellness programme and human resource planning including organisational development.

PROGRAMME OBJECTIVES

The programme objectives highlighted below, are based on and seek to address one of the department's strategic goals and objectives

- To render human resource planning and organisational development
- To manage human resources information systems
- To administer human resource services
- To manage employee wellness programmes
- To ensure sound employee relations

PROGRESS ANALYSIS

- Organisational structures are aligned to current service delivery model
- Rural and scarce skills have been implemented
- New components were created, such as Chief Information Office, Risk Management Component, Employee Wellness Directorate, Recruitment Centre, Events Management component, Corporate Service Centres for districts and Head Office
- Draft human resources plan is in place
- Employment Equity Plan is in place
- Seventeen human resources policies are in place

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- To review and re-organise the human resource function and processes in the department to maximize service impact
- Bolster human resources capacity across the Department of Health especially in the new Corporate Service Centres
- Correct all employee records, that is, both manual and electronic and maintain accuracy consistently in line with National Minimum Information Requirements
- Optimize functioning of health institutions through effective organizational structures and other organisational development interventions
- Optimise the utilization of human resources to help improve planning, budgeting and management of compensation of employees
- Render a human resource service that is responsive to all its clients
- Step-up effective internal controls to manage human resources related risks and achieve compliance
- Embark on an extensive change management program as part of transformation
- Re-engineer systems to efficiently manage paper-based documents
- Conduct employee satisfaction surveys

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Inadequate budget has militated against the filling of critical vacancies in the department	Project 5000 which is aimed at prioritizing critical posts, will assist in addressing the inadequacies of budget
Program management capacity lacking	• The Human Resources Turnaround strategy • The implementation of the Corporate Service Centre will assist in overcoming the problem • The next phase is to embark upon a process of training and development of requisite skills in close liaison with Human Resources Development Chief Directorate • Roll out of HR policies with procedure manuals developed for all CSC's • Development of procedure manuals to guide managers and HR Practitioners regarding best HR practices
Office accommodation	• Head office Corporate Service Centre assisting in the management of this problem • Studying a new Government system commonly known as Great Planes
Electronic Human Resource Information System besides Persal	• Clean-up project for PERSAL

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

The Department of Health is a labour intensive organisation with employees in excess of 32000. What that means is that the department is overburdened with having to adequately respond to high levels of demand for skilled personnel in a highly competitive environment. The exodus of skilled personnel out of the province and the country in general is well known. As a result thereof and also owing to the gross system and deficiencies in the management of human resources in the Eastern Cape Department of Health, issues especially relating to payment of service benefits, the Department of Health is the hardest hit by staff shortages.

The department has established in its organogram a recruitment centre that will look at and coordinate recruitment in the department to ensure effective and speedy recruitment aligned with HR Plan and Employment Equity Plans. Looking at the Service delivery Model, Integrated HRM will review the current model to focus on regionalization . In the process departmental structures will be realigned to the service transformation plan of the department with emphasis on clinics that have been identified as centres of excellence, increasing the number of Community Health Centres and improving staffing of the 25 District Hospitals to enable them to perform at a higher level. In the process the department will decluster and decomplex and align the process to regionalisation.

The IHRM will in the short term respond to the immediate issues such as payment of outstanding benefits, introduction of service standards, and the dissemination and work-shopping of policies and procedure manuals in the various districts and Corporate Service Centres. In the medium term the IHRM will tackle the capacitation (staffing levels, training, retraining and re-orientation) of human resources practitioners in the various human resources processes.

In the long-term, the IHRM will institute proper contracting procedures with clients, capacity building, and

re-alignment of human resources practices to organisational needs. The short and medium terms are linked to operationalising the five year departmental strategic plan and long-term interventions will be seeking to respond to long range plans and broader departmental goals through the human resources plan.

The final output (strategy) will provide a comprehensive plan in response to challenges and aims relating to integrated Human Resources Development and Integrated Human Resources Management. In the final analysis it will provide a platform for a permanent human resources solution in the quest for improved health care and social upliftment in the province.

Leave management

- Training and re-training of staff and management has been proposed and agreed upon in order to indicate exactly where leave processes are not properly managed
- Pre-carbonated leave forms have been ordered and are being circulated
- Human Resources forum has been established in order to assist those human resources practitioners who have difficulty in managing leave and other HR related activities
- Continuous on the job training in managing capped leave and calculation of leave for leave gratuity has been proposed and agreed upon
- Help desk for all Human Resources queries has also been mooted

State guarantee redemption

- Meeting with all banks that offer home loans to our officials has been proposed in order to eliminate any misunderstanding on the state guarantee processes.
- Banks have been requested to redeem all State Guarantees for officials who have left service
- HR practitioners are constantly reminded about their role in managing State Guarantees
- Dedicated officials are being identified to manage leave only in our institutions

Non-responses to queries of the Auditor General

- The Chief Directorate has recently appointed an office manager to manage also issues being brought-in by the office of the Auditor General
- Schedules of audit queries will be made and time frames listed for each individual manager to respond
- Disciplinary processes will be followed against any person who does not respond to audit query in time

IMPLEMENTATION OF THE PFMA

Section 38 40 indicate the financial conduct of the Accounting Officer and as such IHRM strives to steer clear of issues that may be detrimental to departmental performance or interests

At all times IHRM endeavour to ensure that transaction approvals are not by the same persons who authorised so as not to create a conflict of interest

The Chief Directorate will in the near future request the Financial Management component to conduct workshops on PFMA

Table 5: ADMIN 1: Provincial objectives and performance indicators for Integrated Human Resource Management

Strategic goal 01: A modern professional and effective health care organisation with appropriately managed human resources, adequate financial resource and technology within a conducive work environment

Strategic objective 02: To recruit, train and retain human resources into a client (customer) centred service so as to become an employer of choice

Measurable Objectives	Performance Measure Indicator	2005/06 (Estimate)	2006/07 (baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Sourcing and recruiting staff	Number of employees recruited in line with the departmental plan (Project 5000) Existence of a recruitment centre in the department	1250 new employees (across all categories)	1751 posts to be filled Facilitate creation of recruitment centre on the structure	1751 critical posts Recruitment Centre established, co-sourced and fully functional	1751 critical posts Recruitment centre fully operational by departmental staff	 Recruitment Centre fully operational
Facilitate financial and non financial benefits for all employees	Timeous payment of benefits (within one month after submission for payment)	1 month After submission for payment	1 month after submission for payment	1 month after submission for payment	1 month after submission for payment	1 month after submission for payment
Provision of sound HR policies	New and revised HR policies available	5%	15%	30%	60%	100%
Development and implementing wellness programmes.	An Employee Wellness Centre established & operational Functional EAP referral system and structure in place	- Referral System in place Strategy 100% completed	EAP and HIV & AIDS Workplace policy in place. Facilitate creation of a proper wellness centre Establishment of data base of service providers	Implementation Plan for Wellness Centre Implementation at Head Office Employee Wellness structure Implementation Conduct awareness workshops Implementation,	Roll out to Regions Review and improve strategy Implementation, support and Monitoring	Roll out to Regions Review and improve strategy Implementation, support and Monitoring

Measurable Objectives	Performance Measure Indicator	2005/06 (Estimate)	2006/07 (baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Number of EWP campaigns conducted and training of functionaries.		Conduct awareness workshops Implementation and Monitoring	support and Monitoring		
Develop HR Plan for the Department	HR Plan in place and implemented Employment Equity Plan with targets in place and implemented	Draft HR Plan Draft EE Plan	Review and align HR Plan to National Health Plan Finalise EE Plan in line with provincial targets	Review & finalise HR Plan and align to HSP Guide and support districts on implementation of EE Plan	Review & finalise HR Plan and align to HSP Guide and support districts on implementation of EE Plan	Monitor implementation and evaluate implementation of EE & HR Plans Monitor and evaluate progress
Ensure the retention of health professionals and other categories for at least 5 years	Number of employees leaving the department reduced	Draft integrated recruitment and retention framework in place	Draft Framework in place	Integrated Strategy in place, publicised and implemented	Turnover rate reduced	Turnover rate reduced
Develop and align organisational establishments	Aligned organisational structures ie Head Office Regions Districts Provincial ,specialised and regional hospitals EMS Metros and College Nursing College & its campuses	Needs analysis, development of aligned structures	Developed structures	Align structures with STP and revised model - Regionalisation	Implementation and monitoring in 40% of institutions	Implement, Monitor & evaluate 80% of institutions
Ensure accuracy of HR information and reporting	All records on PERSAL comply to NMIR Capture correct and approved organograms	40% of documents correct on Persal	Capture correct CVs on Persal Correct organograms on	Update CVs Update organograms on Persal	Update CVs Update organogram on Persal	Update CVs Update organograms on Persal

Measurable Objectives	**Performance Measure Indicator**	**2005/06 (Estimate)**	**2006/07 (baseline)**	**2007/08 (Target)**	**2008/09 (Target)**	**2009/10 (Target)**
	Monitor accuracy of Biographical data in the Persal system		Persal			
	Ensure training of PERSAl users and departmental users on PERSAL	130 Persal users	60 Persal users	100Persal users 20 Managers	100Persal users 20 managers	100Persal users 20 Managers
Improve management of employee relations by managers	Number of managers and emloyees trained on labour related issues	200 managers trained on labour related issues	300 managers and employees trained on labour related issues	300 managers and employees trained on labour related issues	300 managers and employees trained on labour related issues	300 managers and employees trained on labour related issues
Ensure sound, fair and transparent employment relations in the department	Timeous finalisation of cases within stipulated time-frames	Eradicate all backlog cases	Finalise cases within time-frame	Finalise cases within time-frame	Finalise cases within time-frame	Finalise cases within time-frame

5.1.2.2. FINANCIAL MANAGEMENT SERVICES

PURPOSE: Manage financial resources and planning for the Department

PROGRAMME OBJECTIVES

The objectives that this programme seeks to address, are linked to the department's strategic goals and objectives. These are:

- To strengthen accounting systems and maximise revenue collection
- To monitor compliance and improve internal controls
- To provide efficient and timeous payment of all staff and suppliers
- To improve and document financial procedures and improve financial management

PROGRESS ANALYSIS

- Recruitment of suitably skilled financial staff
- Staff mentoring and development of finance staff at Head Office
- Implementation of billing systems at institutions
- Establish fully functional Compliance Monitoring and Internal Control Units in all CSC's
- Conduct routing ad-hoc investigations to ensure compliance with legislative and regulatory framework on misconduct and non compliance
- Review and improvement of financial procedures

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Revenue collection needs to be improved. UPFS billing will be maintained or implemented in all institutions
- Develop a system of recording financial misconduct cases, investigation and disciplinary actions
- Establish fully functional compliance monitoring and inter control units in all CSCs and complexes
- Conduct a study of financial management systems of internal control in complexes

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	**Measures planned to overcome them**
Finance and financial Management Work backlogs suspense accounts & old balances	Work procedures will be reviewed and staff appropriately trained. Performance agreements will also be put in place and performance monitored.
Human Resources Inadequate staff and level of staff Underemployment of staff (skill levels)	Confirmed mentoring and staff development Recruitment of staff will be done
Support systems Inadequate prescripts and operational policies Office Space Shortage	New operating procedure will be developed and implemented in line with the PFMA and other policies Effective utilization of the Department's finance and assets to achieve effective service delivery by ensuring effective cash flow forecasting, efficient financial and Asset managements as well as financial controls

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- Recruitment of suitable staff for the newly established financial management unit. The unit will be dedicated to review, improvement and documentation of systems
- Improve capacity in the CSCs and complexes through monitoring and training

IMPLEMENTATION OF PFMA

The following interventions will ensure that the department takes a significant step towards full compliance with the requirements of the PFMA;

- Staffing of the newly established Financial Management Improvement Directorate who will review and improve the financial policies and procedures of the department in line with the PFMA and National Treasury Regulations.
- Implementation of the strategies to address the items raised in the audit report and management letter

Table 6: Provincial objective and performance indicators for Financial Management

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objective: 06 To strengthen, planning, forecasting, budgeting and accounting systems to ensure an equitable resource allocation across the province including financial and expenditure controls.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provide financial accounting services	Accounting services rendered	Expenditure and revenue accounted for fully. 100% clearance of exceptions	Expenditure and revenue accounted for fully	Expenditure and revenue accounted for fully	Expenditure and revenue accounted for fully	Expenditure and revenue accounted for fully
	Accurate & Timeous financial reports provided	AFS submitted correctly and timeously	AFS submitted correctly & timeously	AFS submitted correctly & timeously	AFS submitted correctly & timeously	AFS submitted correctly & timeously
Maximize revenue collection	Amount collected	Collected R62,5m against budget of R56,5m	Monitor, evaluate and review revenue policies and collections Budget R59,8m	Monitor, evaluate and review revenue policies and collections Budget R63,4m	Monitor, evaluate and review revenue, policies and collections Budget R67,2 m	Monitor, evaluate and review revenue, policies and collections Budget R71,2m
Develop a system of recording financial misconduct cases, investigations and disciplinary actions	A system recording financial misconduct cases, status of investigations and disciplinary cases to be in place.	Manual register and computerized data-base maintained. Reporting as directed by the PFMA	Target and sustain 100% compliance with the legislative and regulatory framework	Target and sustain 100% compliance with the legislative and regulatory framework	Target and sustain 100% compliance with the legislative and regulatory framework	Target and sustain 100% compliance with the legislative and regulatory framework
Establish fully functional internal units in all CSCs and Complexes	CMICU (Pre-audits) established and functional	Compliance units established and in place in complexes and CSCs	CSCs and Complex structures approved and fully staffed	Units viable and adequately supported by head office to maintain	Units viable and adequately supported by head office to maintain	Units viable and adequately supported by head office to maintain

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
				capacity and updates on policy	capacity and updates on policy	capacity and updates on policy
Conduct a study of financial management systems of internal controls in Complexes	Documented findings and recommendations All creditors and salary claims paid within 30 days	Questionnaire is at the development stage and developed procedures and checklist	Recruit staff for financial management improvement unit and review systems	On-going monitoring and evaluation	On-going monitoring and evaluation	On-going monitoring and evaluation
Provision of an efficient and effective supplier and salary payment management service		75% compliance	90% compliance	100% compliance	100% compliance	100% compliance

5.1.2.3. CORPORATE SERVICES MANAGEMENT (CSM)

PURPOSE: To manage, direct, plan and monitor all corporate service organisations including Corporate Service Centres.

PROGRAMME OBJECTIVES

- To render corporate service co-ordination and secretariat services
- To support district and complex Corporate Service Centres
- To manage the Head Office Corporate Services Centre
- To provide communications services
- To manage departmental events
- To render provisional legal services to the department

PROGRESS ANALYSIS

- All Provincial hospitals have been cabled for Networking
- Seven District hospitals are still awaiting the installation of data lines by Telkom

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS:

- Fill critical posts
- Fast-track the capacitation and deployment of CSCs
- Realign district CSC to the new Regionalisation Model and Imperatives
- Develop and implement a Service Delivery Framework for CSC's
- Establish and manage a Corporate Services Stakeholder Management Forum
- Improve Fleet Management processes and systems to close current gaps
- Conduct a client satisfaction survey of Corporate Services
- Ensure implementable and effective Office Accommodation Strategy, administration and management
- Develop, design and implement the Business Intelligence capability and structure
- Implement effective document management processes and systems
- Develop relevant policies and procedures
- Design and implement a communication strategy, change management and branding of the support services in line with the departmental strategy
- Define, package and promote Corporate Services Management as a Service Provider of Choice
- Ensure that the Department is ICT-enabled
- Obtain an unqualified audit opinion with regards to Corporate Services Management
- Full participation and involvement in the Audit Intervention Plan including addressing backlogs, internal controls and Pre Audit
- Render the necessary support necessary to achieve efficiencies and improve service delivery within the department

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measures planned to overcome them
Financial Budget Constraints	To motivate for funds
Human Resources Structure not fully resourced for critical posts Inadequate capacity in Corporate Service Centres for effective business support High staff turnover within IT	Rapid take-on of new employees for critical posts, especially for CSCs. On-going training and development for new employees
Support Systems Lack of office accommodation, especially at Head Office Lack of infrastructure for CSC's Difficulty in putting up the systems in some areas as there are no Telkom lines	Explore accommodation options Secure funds

Description of planned quality improvement measures:

Conduct a customer satisfaction survey on corporate services, with particular focus on office accommodation
Develop service standards and a service charter which will form the basis of Service Level Agreements that will be entered into between CSCs & their clients as well as between Corporate Service Chief Directorate and other sections of the department

Table 6: Provincial objectives and performance Indicators for Corporate Service Centres

Strategic Goal: 01 A modern professional and effective health care organisation with appropriately managed human resources and adequate financial resources and technology within a conducive work environment.

Strategic Objective: 01 To develop systems and build capacity for effective and efficient planning, administration and management of client-oriented support services.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual))	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Strengthen capability & capacity of Corporate Service Centres (CSCs) to deliver to their customers	Number of CSCs with full staff complement	30% vacancy rate	10% vacancy rate	0% vacancy rate	0% vacancy rate	0% vacancy rate 100% fully functional CSC's
	Number of CSCs fully functional	3 fully functional CSC's	4 fully functional CSC's	10 fully functional CSC's	10 fully functional CSC's	10 fully functional CSC's
	Number of CSCs re-aligned to the Regionalisation Model.	Communication on Regionalisation Model and implications for CSCs conducted	SA Best Practice Site Visits conducted & recommendations approved	1 Region re-aligned to Regionalisation Model	2 Regions re-aligned to Regionalisation Model	Continuous Improvement
Ensure coordination of training of Corporate Services staff in transversal systems, financial management,	All CSC staff trained and capacitated	25% training on Transversal systems, financial management, HR and Supply Chain Management	50% Training on Transversal systems, Financial management, HR and Supply Chain Management	75% Training on Transversal systems, Financial management, HR and supply Chain Management	85% Training on Transversal systems, Financial management, HR and Supply Chain Management	100% Training on Transversal systems, Financial management, HR and Supply Chain Management
HR and administration	All other Corporate Services staff trained and capacitated	25% training on Transversal systems, financial management, HR and Supply Chain Management	25% training on Transversal systems, financial management, HR and Supply Chain Management	25% training on Transversal systems, financial management, HR and Supply Chain Management	25% training on Transversal systems, financial management, HR and Supply Chain Management	25% training on Transversal systems, financial management, HR and Supply Chain Management

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Obtain an unqualified audit opinion with regards to Corporate Services Management	Compliance to PFMA regulations and prescripts.	Poor adherence to and general disregard of PFMA regulations and guidelines	Adherence to PFMA regulations and guidelines	Adherence to PFMA regulations and guidelines	Adherence to PFMA regulations and guidelines	Adherence to PFMA regulations and guidelines
	Unqualified Audit Opinion	Disclaimer	Unqualified Audit report	Unqualified Audit report	Unqualified Audit report	Unqualified Audit report
Develop and implement a Service Delivery Framework for CSC's & Corporate Services	Customer Satisfaction Survey conducted. T	No formal customer feedback mechanisms		Conduct survey and present findings		
	Established Service Standards and Service Charter	No service standards in place	Developed service delivery framework	Approved service standards and service charter in place	70% compliance to service charter	100% compliance to service charter
Develop and implement anti-fraud and anti corruption strategy. The two has been developed.	Zero tolerance in fraud and corruption cases.	20% reduction in fraud and corruption cases	40% reduction in fraud and corruption cases	60% reduction in fraud and corruption cases	80% reduction in fraud and corruption cases	100% reduction in fraud and corruption cases
Provide efficient, effective & economical Fleet management	Fleet Management managed through a FAEC contract	Implementation of contract	Monitoring of contract	Negotiations to start for replacement of contract	Contract replaced	Implement new contract
	Transport information management system implemented	Use and evaluated electronic system	Replacement of contract / system	Use and evaluate system	Renew contract	Use system
Provide efficient & effective office support services	Efficient document management system implemented	90% of records filed correctly	Implement electronic records system	95% of records (manual) available and 100% electronic records available	98% of manual records available, 100% of electronic records available	98% of manual records available, 100% of electronic records available

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Business Intelligence Centre established	No integrated management and business information and reporting capability in place	Scoping and conceptual design signed off	Detailed design and extensive stakeholder management evident	Implementation, staffing and commissioning of Business Intelligence Centre	Maintenance and continuous implement
	Efficient office allocation	1100m2 available	1100m2 available	1100m2 available	Health has a dedicated building to house all of Head Office. What informs this strategy?	Health has a dedicated building to house all of Head Office
To develop and maintain the Departmental IT infrastructure for existing and planned new structure	Number of hospitals, LSA and CSC's with functional IT infrastructure	Establish a basic IT infrastructure at all established CSC's, LSA's EMS's and remaining 25% of hospitals	Expand the basic IT infrastructure to all CHC's under the control of the department.	Maintain and upgrade the departmental IT	Maintain and upgrade the departmental IT	Maintain and upgrade the departmental IT infrastructure
To support the development, maintenance and utilization of application software in the Department	% of facilities utilising transversal systems, e.g. BAS and PERSAL	To provide and maintain access to Transversal Systems (PERSAL, BAS, e-mai and Internet) to all established CSC's, LSA's, EMS's and remaining 25% of hospitals	To provide and maintain access to Transversal Systems (PERSAL, BAS, e-mail and Internet) to all CSC's under the control of the department.	To maintain upgrade the transversal systems	To maintain and upgrade the transversal systems	To maintain and upgrade the transversal systems

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Enhance the telecommunication infrastructure of the Department to improve it's cost effectiveness	Number of facilities with a cost effective telecommunication infrastructure	To establish six functional video conferencing centres, ensure telecommunication links to all health institutions, including the upgrade of problematiPABX'S	Implement leased call cost routing for all three complexes and EMS's. Maintain and upgrade all problematic PABX's	Extend leased call-cost routing to all CSC's, LSA's and 30% of district hospitals. Maintain and upgrade all problematic PABX's	Extend leased call-cost routing to 60% of district hospitals. Maintain and upgrade all problematic PABX's	Extend leased call-cost routing to 100% of district hospitals Maintain and upgrade all problematic PABX's
Provision of overall project coordination & support for Ivili Lenguqu (Programme of Action projects)	Monthly Progress Reports on the implementation and challenges of Programme of Action Projects	Project conceptualisation finalised and started to be initiated	Project setup with reporting lines and templates	Continuation of project	Continuation of project	Project to come to an end
To design and pilot improved and/or new business processes in the ECDOH	Designed and costed ideal health system		Health system designed and costed			
	Do baseline assessment of the ECDOH system		Baseline assessment done	Annual assessment done to see progress	Annual assessment done to see progress	Annual assessment done to see progress
	Develop an optimal health model for the ECDOH		Optimal Health model developed	Quality improvements to model	Quality improvements to model	Quality improvements to model
	Develop a plan with a toolkit/template to achieve the optimal model for the ECDOH		Toolkit/template developed	Quality improvements to toolkit/template	Quality improvements to toolkit/template	Quality improvements to toolkit/template

Measurable Objectives	Performance Measure Indicator	2005/06 (Baseline)	2006/07 (Estimate)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Piloting the new health model with its new/improved business processes		Piloted in Lukhanji, central region(Amatole, Chris Hani,) ELHC & PEHC	Piloting consolidated and rollout started to rest of Department	Rollout consolidated in rest of Department	Continued implementation of the new model using a CQI approach

5.1.2.4. RISK ASSURANCE MANAGEMENT SERVICES (RAMS)

PURPOSE: To provide a systematic, disciplined approach to improve effectiveness of risk management, control and government processes

PROGRESS ANALYSIS OF RAMS

- Posts are filled
- There is ongoing training of staff
- There is regular reporting on the adequacy and effectiveness of systems of internal control, risk management and governance processes.
- Managing the transfer of the outsourced function.
- Audit Committee meetings take place as scheduled.

PRIORITIES FOR THE NEXT THREE YEARS

- Recruit and Retain staff
- Market Internal Audit Services within the department to ensure we obtain buy in and cooperation
- Provide assurance on adequacy and effectiveness of systems of internal control, risk management and corporate governance processes
- Facilitate implementation of the fraud prevention plan
- Training of staff
- Purchase audit software
  Develop an audit manual and audit methodology

ANALYSIS OF CONSTRAINTS AND MEASURES TO OVERCOME THEM

Constraints	Measures planned to overcome them
No qualified and experienced staff	Appoint staff with the appropriate skills mix. Develop a formalized training programme on an individual basis to achieve competencies.
Employees may be tempted to apply for positions within RAMS directorates Huge learning curve for RAMS employees. Change in behaviour and working habits of migrating staff Provision required for an adjustment period. Diversity Integration could be difficult.	Develop a guideline for transfers and promotions between RAMS units. Develop a mentorship programme with the help of change management. Develop and implement an employment equity plan across the board for RAMS.
Final evaluation of migrating staff took place at the end of November 2006. Appointment of Senior Managers and Client Managers not yet finalised resulting in existing management working long hours. Time lag to transfer knowledge from Consultants to Internal Audit staff.	Develop a formalized evaluation programme to assist in the assessment of migrating staff. Develop a head hunting action plan pending the outcome of the interview process. Develop a secondment programme until all management have been formally graded and appointed.
Specialist functions (IT, forensic) out of scope with Work Stream Operating model still to be established.	To obtain the necessary resources through the consortium to assist with its establishment.

Government protocols and inflexibility inhibits fast service delivery.	To continue inculcating the culture of operating DoH directorates as business units, as prescribed by the PFMA and Treasury regulations.
Lack of co-operation from line managers.	Develop appropriate marketing strategies to sell RAMS to management.
Line managers may use external service providers rather than RAMS.	Develop a strategy for quality service delivery.
Uncertainty about the inclusion of PFMA requirements in the departments' management performance contracts.	Develop an understanding between RAMS management and DoH management.

Table 8: Provincial objectives and performance indicators for Risk Assurance Management Services

Strategic Goal: 04 Effective governance and accountability

Strategic Objectives: 05 To implement risk assurance management systems including implementation of audit systems.

Measurable Objectives	Performance Indicator	2005/6 Actual	2006/7 Baseline	2007/8 (Target)	2008/9 (Target)	2009/10 (Target)
Systems of internal control are functioning as intended	A documented risk database is in place Three Audit Reports	Risk assessment conducted in procurement, Human Resources, Financial Management and Asset Management -	Risk assessment conducted in procurement, Human Resources, Financial Management and Asset Management and Clinical Services Six Audit Reports Ten Audit Reports	One Enterprise Wide Risk Assessment is conducted Ten Audit Reports	One Enterprise Wide Risk Assessment is conducted Eleven Audit Reports	One Enterprise Wide Risk Assessment is conducted Twelve Audit Reports
	The risk management strategy approved and is implemented	There is no documented risk management strategy	Risk management strategy is prepared and adopted by the Good Governance Committee	Facilitate roll out of the risk management strategy to 7 health districts offices and 3 complexes	Monitor implementation of the risk management strategy	Monitor implementation of the risk management strategy
Corporate governance structures are functioning as intended	Audit Report on reviews of governance processes A Fraud prevention plan is in place and is being implemented	One audit report issued	Facilitate roll out of the risk management strategy to 7 health districts and 3 complexes	Facilitate proper functioning of the risk management committees	4 Quarterly reports on reviews of risk management processes	4 Quarterly reports on reviews of risk management processes

Measurable Objective	Performance Indicator	2005/6 Actual	2006/7 Baseline	2007/8 (Target)	2008/9 (Target)	2009/10 (Target)
Coordination of fraud prevention, detection and investigation strategies		An approved fraud prevention plan is in place	An approved fraud prevention plan is in place Fraud and Risk Management Committees are inception stages in 7 Districts and 3 complexes.	An approved fraud prevention plan is in place Facilitate Creation of Fraud risk awareness campaigns	An approved fraud prevention plan is in place Facilitate Creation of awareness campaigns	An approved fraud prevention plan is in place Facilitate creation of awareness campaigns
	Provide assurance on rollout processes of the fraud prevention plan.	Fraud prevention plan launched in three regions		Facilitate Training of staff on fraud awareness	Facilitate Training of staff on fraud awareness	Facilitate Training of staff on fraud awareness
	Facilitate establishment of minimum anti corruption capacity in the department Ad Hoc Audit reports on forensic investigations undertaken	No documented strategy to create minimum anti corruption capacity No reports issued	Documented strategy to establish minimum anti corruption capacity is in place Two reports issued	Facilitate establishment of minimum anti corruption capacity in line with DPSA requirements Ad hoc reports issued	Monitor implementation of the fraud prevention plan Ad hoc reports issued	Monitor implementation of the fraud prevention plan Ad hoc reports issued

5.1.2.5. QUALITY HEALTH CARE ASSURANCE SYSTEMS

PURPOSE: This chief directorate coordinates and capacitates institutions in the implementation of norms and standards that ensure the delivery of quality services for the citizens of the Eastern Cape

PROGRESS ANALYSIS OF THE QHCAS

- District Hospital Package and Primary Health Care Package distributed to all institutions
- 35 Hospitals on the COHSASA program and baseline and progress reports available. Some hospitals are not doing well and lack of support by institution managers to the programme was identified as the main cause and this is being addressed and in some of them progress is being noted already.
- Policy on Infection control has been finalised and will be available in all institutions. This will improve infection control and prevention as manuals are being developed.
- Clinical Audit Policy will also be available before the end of the year and will be implemented in the next financial year.
- QHCAS has implemented the Patient Satisfaction Survey. In year 2004/05, 18 hospitals were done and in year 2005/06, 79 hospitals, 95clinics and 3 Community Health Centres conducted patient satisfaction surveys. The results were fed back to the institutions.
- The Provincial Complaint System is in place and functional. This is supported by a customer care line which is available 24hrs per day
- The Chief Directorate is supported by academic institutions. The Walter Sisulu University is assisting the department with scientific and ethical approvals of research protocols
- The Chief Directorate holds annual research conferences to encourage people to conduct research and share information to improve quality of care. It also co-ordinates the implementation of National Minimum Datasets through the District Health Information System (DHIS) in the 25 local service areas
- A follow up audit on the Medical Waste Audit Report issued by the Office of the Auditor General

PRIORITIES:

- Customer satisfaction surveys for all health service related customers is to be conducted
- Strengthening complaint system by providing a fully fledged functional Call Centre for ECDOH
- Improving service delivery unit by ensuring implementation of Batho Pele initiatives
- Facilitating the development of clinical audit teams in institutions and development of protocols based research
- Facilitating the reporting on outcomes of mortality and morbidity meetings
- Monitoring of infection control in all health facilities
- Building of information use capacity to all manager at all levels
- Focusing on diseases surveillance and notification systems
- Conducting and coordinating all research activities
- Establishing the disease burden of the province
- Prioritise the identified hospitals and clinics in all quality interventions
- Finalise policy document for Quality Assurance
- Clinical risk management

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measures planned to overcome them
Finance and financial management • No specific budget for QHCAS. • Limited funding for conducting research • No budget allocated specifically for Batho Pele drive and initiatives • Insufficient budget allocated for activities of the branch such that it compromises the development of a fully fledged call centre	To be afforded dedicated funding from the equitable share and that will allow for a relatively equal allocation within the branch. The allocation of budget is beyond the control of the branch as the priorities cannot be met within the allocated sum. Every year a costed budget plan is submitted.
Human resources • Shortage of staff; • Poor support from institutional and programme managers in addressing the issues of quality in the institutions and utilization of information • No administrative support • Shortage of experienced personnel in all categories of health professionals • Brain drain resulting in experienced personnel leaving the province and country. • Shortage of personnel to drive quality programmes within Head Office and in institutions	• Organogram needs to be reviewed to incorporate administrative support staff for all directorates • Partnerships with local academic institutions and Medical Research Council • Review information staff complement in complexes, cluster and LSA's • Each district office must have an information manager and QHCAS to be involved in the development of the job description and the level of the post and assist the interviewing process; • The department should implement a mentoring / outreach / exchange twining program to close the gap created by brain drain and lack of experienced staff • A forum should be formed to enhance integrated planning using the Strategic Position Statement, Modernisation of Tertiary Services, Service Delivery Plan, Provincial Strategic Plan Provincial Growth and Development Plan, and Infrastructure planning; • Organogram needs to be reviewed to incorporate administrative support staff for all directorates; • Partnership with local academic institututions and Medical Research Council; • Review information staff complement in complexes, clusters and LSA's; • Each district office must have an information manager and QHCAS to be involved in the development of the job description and the level of the post and assist in interviewing process; • The department should implement a mentoring / outreach / exchange / twinning programmes to close the gap created by brain drain and lack of experienced staff;
Support Systems • Low awareness in the community about their health rights. • Complaint system not functional in some institutions. • Some of the institutions do not have representative hospital boards	• Batho Pele road show and radio slots will continue; • DHIS winter school training to be implemented with local academic institutions using the skills development fund; • Workshop on hospital boards and support institutions in the formation of boards

IT Infrastructure • Lack of equipment e.g. computer, cabling etc	• Make a follow up with the relevant Directorate on IT infrastructure namely computer cabling, email access and dedicated DHIS computers for hospitals;

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- Review service standards yearly and monitor implementation thereof
- Support the accreditation programme through monitoring and support implementation of programmes as suggested by COHSASA
- Monitor adherence to norms and standards
- Conduct customer satisfaction surveys and present to institutions and assist in implementation of recommendations
- Focusing on disease surveillance and notification systems
- Conducting and coordinating all research activities
- Facilitating the development of clinical audit teams in institutions and development of protocols based research
- Facilitating the reporting on outcomes of mortality and morbidity meetings
- Monitoring of infection control in all health facilities.

STRATEGIES TO ADDRESS AUDIT QUERIES

Every directorate keeps an expenditure sheet
Every directorate has an asset register

IMPLEMENTATION OF PFMA

- Financial management training will check if commitments are still needed, if not decommit
- Vigorous budget section support is necessary
- Close monitoring of expenditure weekly & monthly
- Correct objective \responsibility codes to be used by hospitals to avoid misallocations.
- Virement approval be approved by directors in all directorates and not delegated to deputy directors except when the directorate is headed by a deputy director to limit traffic on virement

Table 9 : Provincial objectives and Performance Indicators for QHCAS

QUALITY ASSURANCE MANAGEMENT

Strategic Goal: 03 Improve access to and quality of services.

Strategic Objectives: 04 To implement quality assurance systems.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provincial norms & standards in place, systems developed hospitals & CHC's capacitated.	Provincial specific norms and standards in place	None	Draft Provincial Specific norms and standards document available	Provincial Specific norms and standards are implemented at all institutions.	The implementation of the norms and standards is evaluated.	Revision of the Provincial Specific norms and standards
	Availability of Service Charter and Service Standards	Not in place.	Approved Service Standards Draft Service Charter	Service Standards and Service Charter are implemented all institutions	Evaluate implementation of Service Standards and Charter.	Revision of the Service Charter and Service Standards
	Approved QA policy	Not in Place	Final Draft QA policy available	Implementation of approved QA policy in all districts.	Evaluate the implementation of the QA policy.	Revision of the QA policy
	Number of institutions on the accreditation programme	24	35 accumulative	40 accumulative	45 accumulative	50 accumulative
Excellence Award system in place	Excellence award systems in place at Provincial & District level	Excellence awards system in place for the whole province	Excellence awards system in place for the whole province	Consolidation of concept document for all levels of excellence, (Personnel, Institutions and Community	Decentralization of the Excellence awards system to the Districts and conduct Provincial awards	Evaluate the Excellence awards process and conduct Provincial awards.

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
				members) and presentation of Provincial Excellence awards		
QA CUSTOMER CARE **Strategic Goal: 03:** Improve access to and quality of services. **Strategic objective: 07** To monitor the quality and the improvement of Heath Services and report thereafter for management decisions						
To measure client perception of service delivery	Number of institutions with a baseline patient satisfaction surveys	87 hospitals & 100 clinics	335 clinics, 28 CHCs	275 clinics Support& Monitor Compliance in 50 clinics identified as centres of excellence,25 hospitals and 30 CHC,S.	92 hospitals have repeat patient satisfaction survey	710 CLINICS
Strategic Goal: 03: Improve access to and quality of services. **Strategic objective 05** To implement patients and community complaints systems and redress mechanism						
	% of complaints resolved according to Complaints management Policy Guidelines.(60 days)	60%	70 %	80%	90%	95%
	Number of institutions moderated on complaints management and redress	-	25 Hospitals and 25 Clinics identified as centres of excellence moderated on complaints management.,1	25 Clinics identified as centres of excellence moderated on complaints management, 2Complexes and 1	Monitor Moderation Processes at Health Districts.	Monitor Moderation Processes at Health Districts.

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
		.	Complex,1Regional ,15 CHC,S	regional 15 CHC,S		
Development of Provincial Policy on handling complaints in place	Approved Policy on handling complaints in place		Approved Policy on handling complaints and rolled out to the institutions	Monitor compliance	Monitor compliance	Review Policy
	Policies and procedures for the call centre functioning in place	-		Approved policy for call centre functioning.	Monitor compliance	Monitor compliance
To set up structure that will monitor management of complaints	Provincial Complaints Management Committee in place			Rolled out to 50 clinics identified as centres of excellence And 25 District Hospitals, 30 CHC, S 2 Regional AND 3Complexes.	Monitor functioning of complaint management committees in all institutions	Monitor functioning of complaint management committees in all institutions
	Fully fledged call centre in place	Phase 1 Central Call Centre available	Phase 2 Central Call centre -	-	Integrated Call Centre in place(With EMRS)	Integrated Call Centre in place(with EMRS)
To integrate Batho Pele Principles in all operations of Health Districts.	Strategy for Integration of Batho Pele Principles and its implementation in place				Strategy Developed	Monitor Implementation

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
CLINICAL AUDITS **Strategic Goal: 03:** Improve access to and quality of services. **Strategic objective: 07** To monitor the quality and the improvement of Heath Services and report thereafter for management decisions						
Formulation of structures that support implementation of clinical audit	Policy formulated and its implentation monitored	Policy available	Policy in place 92 in hospitals and 25 LSAs supported and compliance monitored	50 Institutions and 10 LSA monitored on implementation of the Policy	45 Institutions and 15 LSAs hospitals monitored on implemtation of the policy	Review policy
	Number of Hospitals and LSAs supported on · Formation of clinical audit committees	Number of institutions supported on formulation of clinical audit committees	54 institutitions have formulated clinical audit commiittes	50 Institutions and 9 LSA monitored on functionality of the committees	30 Institutions and 8 LSAs monitored on functionality of the committees	22 Institutions and 8 LSAs monitored on functionality of the committees
	Clinical Audit Database developed to monitor trends	Number of institutions reporting and holding clinical audit meetings	20 institutition consistently hold clinical audit meetings	92 institutition and 25 LSA audit meetings	50 Institutions and 9 LSA monitored on functionality of the clinical audit meetings	30 Institutions and 8 LSAs monitored on functionality of the clinical audit meetings
			Database in place and communicated to all health care Facilities	Database managed and updated	Database managed and Updated	Database managed and updated and reviewed
			Clinical risk management program developed in 92 hospitals and 25 LSA	Adverse events reported in 92 hospitals and 25 LSA	Reduction of averse events by 50 %	Reduction of adverse events by

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Clinic specific Specialists' forums in place to support clinical audit processes.	Specific specialist forums in place and functional	Specific specialist forums in place to support clinical audit process. Clinical guidelines formulated in the province	Clinical guidelines monitored in 30 institutions and 8 LSA I Clinical research done	Clinical guidelines implementation monitored in 32 institutions and 8 I Clinical research done	Clinical guidelines implementation monitored in 30 institutions and 9 LSA,s
	Provincial Clinical Risk Management Guidelines developed	Provincial Clinical Risk Management Policy Guidelines developed	Document in draft to be finalized	Guidelines rolled out and implemented	Guidelines implementation supported in 30 institutions and 8 LSA	Policy implementation supported 32 institutions and 8
	Adverse events management guidelines developed and committee formulated	Document in draft to be finalized	Adverse management committee formulated	Guidelines implementation supported in 30 institutions and 8 LSA	Guidelines implementation monitored 32 institutions and 8	
	Number of Institution and LSA implementing Infection Control Policy.	Infection Control Policy is in place	92 hospitals and 25 LSA reporting on infection control programmes 92 Hospitals reporting drop in nosocomial infections		30 Hospital and 80 Clinics Monitored on compliance to infection control programme Policy revision	20 Hospitals and clinics Monitored on compliance to infection control programme

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
EPIDEMIOLOGICAL RESEARCH AND SURVEILLANCE **Strategic Goal: 03:** Improve access to and quality of services. **Strategic objective: 07** To monitor the quality and the improvement of Heath Services and report thereafter for management decisions						
Systems for Disease Surveillance in place.	A system to monitor Notifiable Medical Conditions and Epidemic Prone Diseases developed	Epi Info Data-base functional in 5 regions but not properly	Develop and implement DHIS based NMC system to monitor NMC & epidemic prone diseases	Monitoring the implementation	Monitoring the implementation	Monitoring the implementation
	Number of LSA's trained on disease surveillance and outbreak investigation, response & containment	25 LSAs Trained	25 LSAs trained	25 LSAs trained and supported	25 LSAs trained and supported	25 LSAs trained and supported
Strengthen managers capacity to use information for decision making	Number of Epi Notes published	4	4	4	4	4
Availability of Research database in departmental website.	Number of surveys or research conducted annually	2 (1 survey & disease burden)	2 surveys or research conducted	2 surveys or research conducted	2 surveys or research conducted	2 surveys or research conducted
	Number of studies conducted in the province monitored	All submitted Research protocols	All submitted Research protocols	All submitted Research protocols	All submitted Research protocols	All submitted Research protocols

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
INFORMATION MANAGEMENT **Strategic Goal: 01** A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment. Strategic objective:03 To strengthen departmental information systems to enable managers' capacity to use information for decision-making						
Availability of information for planning and monitoring of programmes	No. of people per District trained on DHIS 1.4 version	30 information personnel	7 Newly appointed District information managers	All 92 hospital information officers trained on DHIS 1.4	All 25 LSAs information officers trained on DHIS 1.4	
	No of managers trained on using information for management at all levels	30	70	100	60 managers trained on information use	All new managers
	No of Information personnel trained on DHIS intermediate and advanced through UWC	-	70	60	30	20
	Availability of DHIS Handbook and Data flow policy	Handbook available		Distribution of handbook to the health institutions	Review information handbook	
	Provincial Health Information Committee formed	Provincial Health Information Committee established		4 Provincial Health Information Committee meetings	4 Provincial Health Information Committee meetings	4 Provincial Health Information Committee meetings

5.1.2.6. INTEGRATED BUDGETING AND PLANNING

PURPOSE : To manage integrated strategic planning, budget and policies of the department

PROGRAMME DESCRIPTION

This programme comprises of the Policy, Strategic and Budget planning Units.

PROGRESS ANALYSIS

- Integrated Co-ordination, drafting and submission of Strategic, Operational, policy and Budget planning documents to the relevant offices as legally required
- Provision of strategic guidance in the budget allocation process and alignment of the budget to strategic and operational planning.

PRIORITIES

- Reviewing of the current provincial Health Act No 10 OF 1999.
- Development of reporting and referral policies.
- Strengthening of relations between the office of the Superintendent General and Labour Organizations.
- Provision of planning support to all designated facilities.
- Ensuring that all designated hospitals implement appropriate policies in terms of the service transformation plan.
- Development of the 2020 Health Plan and Service Transformation Plan

ANALYSIS OF CONSTRAINTS AND MEASURABLE PLANNED TO OVERCOME THEM

Constraints	Measures planned to overcome them
Office accommodation	Temporal measure to rent office accommodation

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- Alignment of Strategic, Operational and Budget planning processes to the electoral term of government
- Implementation of the next phase of benchmarks for the allocation of budgets among institutions
- Establishment of full linkage between Strategic, Operational, Policy and Budgeting process
- Training cost centre managers especially managers of clinics on all budget issues such as compiling budget data, the use of the budget tool, expenditure management and projections
- Well laid out plan for the preparation of the Adjustments Estimate

Table 10: Provincial objectives and performance indicators: Integrated Budgeting and Strategic Planning

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objectives: 06 To strengthen planning, forecasting, budgeting and accounting systems to ensure an equitable resource allocation across the province including financial and expenditure controls.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provision of a road map of provincial objectives and targets in the form of a five year Strategic Plan	Availability of the departments strategic plan	ECDOH 5 year strategic plan and APP	ECDOH 5 year strategic plan and APP	ECDOH 5 year strategic plan, APP	Three Year Annual Performance Plan	Three Year Annual Performance Plan.
Develop a plan that reflects the activities of the Eastern Cape Department of Health	Availability of the Operational Plan	Operational Plan	Operational Plan	Operational Plan	Operational Plan	Operational Plan
Develop a 2020 Provincial Health Plan and a Service Transformation Plan	2020 Health Plan inclusive of Service Transformation Plan and the 2020 EC Health Vision.	Extensive Consultation regarding the development of the 2020 Health Plan	Consolidated report based on consultation and submission of the Plan to the Provincial Exco	Launching of the 2020 Health Plan	Implementation of the Outcomes of the 2020 Health Plan and the Service Transformation Plan	Implementation of the Outcomes of the 2014 Health Plan and the Service Transformation Plan
Provide a monitoring and accountability tool to the provincial populations and legislature	Availability of the Annual Report	Submission of the Annual report for 2004/05 financial year	Submission of the Annual report for 2005/06 financial year	Submission of the Annual report for the 2006/07 financial year	Submission of the Annual report for 2007/08 financial year	Submission of the Annual report for 2008/09 financial year

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provide budgetary services	MTEF prepared 100% compliance with PT guidelines	100% compliance with PT guidelines	100% compliance with PT guidelines	100% compliance with PT guidelines	100% compliance with PT guidelines	100% compliance with PT guidelines
Provide financial control services	Pre-Audit services provided	10 Full Pre-audit units at CSC'S	11 Full Pre-audit units at CSC's	11 Full Pre-audit units at CSC's	11 Full Pre-audit units at CSC's	11 Full Pre-audit units at CSC's
	Provide Financial Inspectorate services	Inspections done in 16 institutions	Inspections done in 32 institutions	Inspections done in 48 institutions	Inspections done 64 institutions	-
	Financial regularity measures in place	100% financial misconduct cases reported, actioned and finalized	100% financial misconduct cases reported, actioned and finalized	100% financial misconduct cases reported, actioned and finalized	100% financial misconduct cases reported, actioned and finalized	-

Strategic Objectives: 01 To develop systems and build capacity throughout the department for effective and efficient health service human and financial resource planning and management

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Development and updating/reviewal of health policies.	Availability of new and updated policies.	Establishment of Health Policy Analysis Unit.	Development of database for health policies. Development and approval of three policies (Hospital Board, Clinical Audit and Infection Control Policy)	Development and approval of 2 new policies(i.e. Reporting and Referral Policy Consultations with stakeholders to review the Provincial Health Act Strategic support to designated health institutions on policy issues	Continuous development, analysis and updating of health policies. Submission and approval of the reviewed Provincial Health Act	Mini study on the impact of two identified policies.
Strengthening of relations between the office of the Superintendent General and Labour organizations	No. of strategic meetings between the SG's office and labour organizations	Nil	1	4	4	4

5.1.2. 7 SUPPLY CHAIN MANAGEMENT

PURPOSE: To provide a world class integrated supply chain management utilising professional best practice methods of procurement, contract management and inventory/asset control for effective delivery of healthcare services.

PROGRESS ANALYSIS OF THE SUPPLY CHAIN MANAGEMENT

- Establishment of Asset Management Structures
- Disposal Committees have been established at institutional level and the Board of Survey at Head oOfice constituted by the DDGs and the Chief Directors.
- Establishment and implementation of Bid Specification and Evaluation Committees Bid Specification and Bid Evaluation Committees have been established and fully implemented in all streams
- Asset registers for all non-audited institutions during 2003/04 not fully established
- Logis Consultants have been appointed to implement Rogis and establish the asset registers.
- Implementation of integrated procurement application software
- The application software is being rolled out
- Service level or goods agreements signed for all bid awards
  All bids supported by signed agreements
- Establishment of a Provincial Contracts Register and Contracts Library
  Provincial Contracts register drawn and contracts library established
- Implementation of integrated contract management application software
  Established link to procure application software
- Transformation of procurement activities throughout the province into an integrated Supply Chain Management Function
  Departmental SCM Policies, Procedures and Delegations available.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Provision of Integrated Acquisition Management Services
- Development and implementation of procurement strategy for economic development of women, youth, disabled and SMMEs
- Orchestrate Provincial Treasury accreditation for increased delegation of powers
- Provision of Integrated Logistics / Warehouse Management Services
- Provision of Integrated Contract Administration Services
- Provision of Integrated Public Private Partnerships
- Provision of Integrated Asset Management Services

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measures planned to overcome them
Finance Management Insufficient budget allocation.	Obtain additional funding
Human Resources Underdevelopment of staff Computer literacy Underdevelopment of staff Project Management Scarce skills availability Staff vacancies	Appropriate training of staff i.t.o. Work Plan Aligned Skills Development Strategy Structured training programme to build required expertise. Revised organogram providing for required level of staff Appoint skilled personnel to fill the vacant posts
Support Systems No integrated property, plan and equipment application software No integrated Bid Advice centres No clear outsourcing / non core services policy No factoring of BBBEE scorecards into bid evaluations	Purchase with reference to Treasury sanction Establish Bid Advice Centres at HO & CSCs provided on the new organogram SMT to give direction Still awaiting instructions from National Treasury Provision of office space by office services Procure pending availability of finance

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

- Coordinating structured training of SCM practitioners with HRD for SCM and transversal systems training to improve HR skills.
- Improve Logis utilisation improvement plan that specifically address the stock and asset management issues.
- Conduct refresher courses to ensure that users are fully equipped with Logis functionalities
- Establish Logis team for assessment, training and realignment of asset register
- Logis team implements the warehouse management by applying best practices such as standardisation of Bin numbering, types of stores in the hospitals, etc.
- Rationalisation of clinical engineering and engineering stores
- Standardisation of Item Control Numbers (ICN'S) to ensure better management and reporting of stock
- Rollout of proquote to all CSCs.
- Conduct visits to other departments and provinces to establish best practices to implement in the department
- Requested Provincial Treasury assessment for increased delegations and advise on areas on improvement
- Changing of procurement process flows by putting pre-audit function as the first receipt point in the whole procure to pay cycle. (All VA2's will first be submitted at Pre-Audit before SCM).
- Housing Procurement, Logistics, Pre-Audit and Payments into one building as service centre to expedite the process.

- Allocate procurement officials according to programmes to ensure accountability and acceptable response time.
- Define eHad Office functions as against Head Office CSC.

STRATEGIES TO ADDRESS AUDIT QUERIES

- Audit intervention plan with teams dealing with issues raised in the previous audits.
- For audit qualifications related to infrastructure projects implemented by DPW, a team comprising of DPW, Infrastructure, SCM and Auditor-General has been established to deal with the issues. Follow-up on issues raised and corrective measures are being implemented to the satisfaction of Auditor-General.
- SCM Audit Intervention issues have been subdivided into activities and a specific manager is allocated to deal with the issues and report on progress on the corrective measures bi-weekly in terms of the Audit Intervention template.

IMPLEMENTATION OF PFMA

- SCM Skills profiling conducted at the summit which showed a dire lack of skills to practitioners. SCM Skills Development Plan was subsequently developed to prepare for structured training of SCM practitioners through HRD.
- The SCM Practitioners Summit was held to provide training in SCM legislation and policies to ensure awareness and compliance to legislation, policies and procedures.
- Follow-up meetings have been held to deal with operational issues which are bottlenecks and impede the practitioners from rendering effective service to the clients.
- Database of practitioners has been established for constant communication and ensure that the communication designated for the institutions in the form of circulars and correspondence from head office reaches the right people for actioning
- Stream SCM Forums are to be established to discuss SCM issues to ensure uniformity in processes. These forums will convene monthly per stream.
- Policy and Procedure manuals have been issued for reference regarding the right processes to be followed.

Table 11: Provincial objectives and performance indicators for Supply Chain Management

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objectives: 08 To improve Supply Chain management into an efficient, effective and a client focussed service.

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provision of Integrated Acquisition Management Services	No. of orders below R2000 000 processed	Max of 50% of expenditure on Goods & Services	Max of 35% of expenditure on Goods & Services	Max of 20% of expenditure on Goods & Services	Max of 20% of expenditure on Goods & Services	Max of 20% of expenditure on Goods & Services
	No. of Bids processed in excess of R200 000	Min of 50% of expenditure on Goods & Services	Min of 65% of expenditure on Goods & Services	Min of 80% of expenditure on Goods & Services	Min of 80% of expenditure on Goods & Services	Min of 80% of expenditure on Goods & Services
	No. of provincial transversal bids	At least 8	At least 8	At least 12	At least 12	At least 15
Development and implementation of a Integrated Procurement Strategy for economic development of women, youth, disabled and SMME enterprises.	Integrated Procurement Strategy	Terms of Reference for Integrated Procurement Strategy	Terms of Reference for Integrated Procurement Strategy	Broad Based BEE Policy and Integrated Procurement Strategy. Max of 10% of total contracts awarded to women and 10% to youth.	Maximum of 30% of total value of contracts awarded to women; 20% to Youth and 5% to disabled	Maximum of 30% of total value of contracts awarded to women; 20% to Youth and 5% to disabled

Measurable Objective	**Performance Measure Indicator**	**2005/06 (Actual)**	**2006/07 (Baseline)**	**2007/08 (Target)**	**2008/09 (Target)**	**2009/10 (Target)**
Orchestrate Provincial Treasury accreditation for increased delegation of powers	Unlimited Supply Chain delegated powers to department	SCM delegated powers of R5m	Strengthen the functioning of Bid Committees through training and cross-functional teams SCM Skills assessment and SDP for structured training of SCM practitioners	At least R3m delegated powers granted to Bid Award/ Adjudication Committee. - At least 80% of SCM Practitioners trained in SCM training. - 60% of SCM vacancies filled	At least R5m delegated powers granted to Bid Award/Adjudication Committee - 100% of SCM Practitioners trained in SCM functional areas. - 80% of SCM vacancies filled.	Max of R10m delegated powers granted to Bid Award Committee. - 100% of SCM Practitioners training in SCM functional areas - 90% of vacancies filled
Provision of Integrated Logistics / Warehouse Management Services	No of surgical and other stock items in stock to meet end-user requirements	The 19 institutions currently on LOGIS are not using the system optimally hence the number of stock on hand cannot be easily determined accurately. - Further 22 new sites have been identified for LOGIS implementation.	Optimize utilization of LOGIS to improve management of stock. - 40% of institutions will be fully automated on LOGIS.	60% of institutions will be fully automated on LOGIS.	80% of institutions will be fully automated on LOGIS.	100% of institutions will be fully automated on LOGIS.

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provision of Integrated Contract Administration Services	No. of integrated Service Level & Goods Agreements	100% implemented at Head Office	100% implemented at Head Office	100% implemented at Head Office	100% implemented at Head Office	100% implemented at Head Office
	No. of contract performance reviews undertaken	Roll out to 5 Corporate Services Centre	Roll out to 8 Corporate Services Centre	Roll out to 11 Corporate Services Centre	Roll out to 11 Corporate Services Centre	Roll out to 11 Corporate Services Centre
Provision of Integrated Public Private Partnership	No. of Partnerships with the Private Sector	100% Coordinated centrally from Head Office	100% Coordinated centrally from Head Office	100% Coordinated centrally from Head Office	100% Coordinated centrally from Head Office	100% Coordinated centrally from Head Office
Provision of Integrated Property, Plant & Equipment Management Services	Maintained Complete, Valid, Accurate & Authorised Asset Registers	All registers available, Bar-coding process started	- 60% of all physical assets bar-coded. - 100% complete asset register for all auditee institutions.	- 70% of all physical assets bar-coded. - 100% complete asset register for all institutions.	- 80% of all physical assets bar-coded. - Maintenance and updating of asset register.	- 100% of all physical assets bar-coded. - Maintenance and updating of asset register.
	Maintained Complete, Valid, Accurate & Authorised Asset Registers	Roll out to all Corporate Services Centres	Roll out to all Corporate Services Centres	Roll out to all Corporate Services Centres	Roll out to all Corporate Services Centres	Roll out to all Corporate Services Centres
Provide efficient & effective Asset Management In The Department	Number of Asset Management policies and guidelines	All reviewed policies implemented and compliance monitored	Review and update policies where necessary	Monitor compliance	Monitor compliance	Monitor compliance

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provide efficient & effective asset Management In The Department.	Policy development in line with PFMS, treasury regulations / guidelines and SCM	All reviewed policies implemented and compliance monitored	Review and updated policies	Updated policies implemented compliance monitored	Policies reviewed	Reviewed policies implemented and compliance monitored
	Updated asset registers available.	All registers available, Bar-coding process started	Registers updated and bar-coding finalised.	Registers updated	Update registers	Update registers

5.1.2.8: INFORMATION MANAGEMENT (IT)

PURPOSE: To integrate and coordinate information in the department

PROGRESS ANALYSIS

- All provincial hospitals have been cabled for Networking
- Six district hospitals are still awaiting the installation of data lines by Telkom,
- All community health centres and former SAP state mortuaries are currently not linked but in the process of being linked / connected

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- To develop and maintain the Departmental IT infrastructure for existing and planned new structures
- To support the development, maintenance and utilization of application software in the Department
- Enhance the telecommunication infrastructure of the Department to improve it's cost effectiveness

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measures planned to overcome them
Financial Budget constraints	A budget should be apportioned to the IT Services Directorate
Human Resources Shortage of IT staff due to competition with the open labour market. The high turn over in staff and constant change in software and technology	On-going training and development for existing and new employees To continue with the IT internship programme Continue with the funding of technical IT support staff from SITA
Support Systems Difficulty in putting up the systems in some areas as there are no Telkom lines - Lack of infrastructure	Currently a proof of concept with MTN is being performed utilising the cellular technology to provide connectivity and establish communication to facilities who are deemed by Telkom to be not viable to provide infrastructure. With regards to the provision of telecommunications in the clinics, currently cellular technology is made use of.

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

- Quality support to all users of the ICT resources of the Department
- The management system to better control and monitor support
- To implement a three-year replacement cycle on all ICT equipment
- To avail training facilities throughout the province in order to improve end-user computer literacy skills
- To enhance service delivery through the development of systems that will ensure adherence to policies and compliance.

STRATEGIES TO ADDRESS AUDIT QUERIES

- To improve IT support that will lead to the uptime / availability of all mission-critical systems.
- To automate critical areas through system development that could minimize human error

IMPLEMENTATION OF PFMA

- To ensure that all policies and procedures are aligned with the provisions of the PFMA and other regulations governing ICT.

Table 12: Provincial objectives and performance indicators for Information Technology

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objective: 05 To build an effective IT and telecommunications platform to support the department's service delivery as well as strengthen internal and external communication.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To develop and maintain the Departmental IT infrastructure for existing and planned new structure	Number of hospitals, LSA and CSC's with functional IT infrastructure	To establish a basic IT infrastructure at all established CSC's, LSA's EMS's and remaining 25% of hospitals	To expand the basic IT infrastructure to all CHC's under the control of the department. Provisioning of IT infrastructure for facilities belonging to district or local municipalities is not the responsibility of the Department Health	To maintain and upgrade the departmental IT	To maintain and upgrade the departmental IT	To maintain and upgrade the departmental IT infrastructure

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To support the development, maintenance and utilization of application software in the Department	% of facilities utilising transversal systems, e.g. BAS and PERSAL	To provide and maintain access to Transversal Systems (PERSAL, BAS, e-mail and Internet) to all established CSC's, LSA's, EMS's and remaining 25% of hospitals	To provide and maintain access to Transversal Systems (PERSAL, BAS, e-mail and Internet) to all CSC's under the control of the department. Facilities belonging to district or local municipalities do not use departmental transversal systems	To maintain upgrade the transversal systems	To maintain and upgrade the transversal systems	To maintain and upgrade the transversal systems
Enhance the telecommunication infrastructure of the Department to improve it's cost effectiveness	Number of facilities with a cost effective telecommunication infrastructure	To ensure telecommunicati on links to all health institutions, including the upgrade of problematic PABX'S	Implement leased call cost routing for all three complexes and EMS's. Maintain and upgrade all problematic PABX's	Extend leased call- cost routing to all CSC's, LSA's and 30% of district hospitals. Maintain and upgrade all problematic PABX's	Extend leased call-cost routing to 60% of district hospitals. Maintain and upgrade all problematic PABX's	Extend leased call-cost routing to 100% of district hospitals Maintain and upgrade all problematic PABX's

5.1.2.9. DIRECTORATE: DOCUMENT MANAGEMENT

PURPOSE: To manage documents and facilitate access to departmental knowledge.

PROGRAMME DESCRIPTION:

The aim of the programme is to:

- Identify and protect vital records
- Start with mission-critical units
- Upgrade active paper filing systems
- Improve management of inactive records
- Create Records Management Manuals
- Manage records retention
- Plan for ongoing continuing education of records management practitioners
- Strive for certification of our Records Managers
- Strive towards the implementation of Electronic Document Management Systems in an orderly and controlled manner

PROGRESS ANALYSIS

- Checking and correction of manual records (particularly HR Records) in progress and should be complete by the end of February 2007. Our teams are currently dealing with the Audi tees for the 2006/7 financial year.
- Training of existing Registry personnel in progress and is on target to be completed by the end of December 2007
- New File Plans for the Department approved by Provincial Archives and signed by the MEC as official documents of the Department
- Records Management Policy Manuals and Registry Procedures Manuals compiled, signed by the SG and awaiting the final approval and signature of the MEC.
- Directorate staff trained by National Archives and received the necessary accreditation as Records Managers in terms of legislation
- Hand over of Umzimkhulu records in accordance with the laid down National Archives requirements completed and the necessary documentation passed on to National Archives.
- Records Management Task Team (Implementation team) formed and approved by the SG , now deliberating on the launch of the File Plans and the Records Policies and Registry Procedures Manuals

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Analysis of Constraints	Measures Planned to Overcome
Finance and financial management • Inadequate funding cripples the functioning of this project • Slow and poor procurement processes. • No budgets allocated to institutions for the provision of basic Registry requirements, leading to the Directorate having to provide funding for such resources. • No dedicated financially skilled person to deal with Financial Management issues .	• To motivate for more funding • CSC manager to deal with this problem. • Budgets for institutions to be compiled by institutions. • Identified equipment needs in institutions to be financed by H.O. from a dedicated budget. • The one post of Assistant Director in the Directorate is to be filled by a financially trained person.
Human Resources • Institutional Registries either not adequately staffed or not staffed at all. • Registry staff in institutions not trained in Registry work. • The Document Management Directorate Organogram in H.O. not fully populated.	• Registry staff positions are created in institutions by H.O. work study. • Properly qualified registry personnel appointed. • Relocation of Registry staff to their rightful positions and proper appointments made. • All existing registry staff to receive proper registry training. • Fill all vacant positions in the Document Management Directorate.
Support systems • No Champion for the Document Management process from the Executive Management level. To take decisive action on issues affecting document management.	• An appropriate Executive Manager to act as a Champion of Document Management processes in all forums and ensure that decisions are made and funding available

PLANNED QUALITY IMPROVEMENT MEASURES:

- Appropriate Records Management structures created at all institutions , LSA's, and District Offices
- Sub Records Managers appointed/designated
- Vacant Records Management positions are to be filled
- Ensure proper execution of all registry related functions throughout the Department (recordkeeping, mail management, and messenger services)
- Allocation of storage space for the storage of inactive records
- Provision of material resources to institutions or out of a central fund centralized at H.O. (Uniform steel filing racks, file boxes, file covers, etc)
- Continuing training for Records Management Practitioners
- Records Management awareness workshops to be run for all Departmental staff at least once a year
- Run workshops on the new Records Management Policy and Registry Procedures Manuals.
- Run workshops on the new file plan
- Continuous monitoring of registries by Directorate personnel.
- Turn paper records into a digital form (particularly HR records) Scanning (EDMS)
- Introduction of a computerized file tracking system
- Installation of proper security systems at all registries

STRATEGIES FOR ADRESSING AUDIT QUERRIES:

The Directorate is currently involved in a process of assisting all Auditees for the 2006/7 financial year in the correction of all their records and ensuring that they comply with the requirements of the National Archives and Records Service of South Africa Act (Act No.43 of 1996).

This will limit the possibility of the Department getting another disclaimer from the AG arising from the non-availability of documents.

IMPLEMENTATION OF PFMA:

The Document Management Directorate generally makes sure that it complies with the provisions of the PFMA, Treasury Regulations, and all other applicable legislation and Government prescripts.

This will further be strengthened by the filling of the vacant Assistant Directors posts, one with a financially trained person and the other with a para-legal background.

Table 12: Performance Indicators for the Document Management Directorate

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objectives: 05 To strengthen the departmental information systems to enable manager's capacity to use information for decision making

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To maintain an accurate manual doncument management system	Manual records corrected in all institutions, Head Office and CSC's	Records in institutions, Head Office, LSA's in a chaotic state. CSC's not yet functional (records kept in individual institutions)	Records in 75 institutions , LSA's and Head Office corrected by 31/03/2006	All Departmental Manual Records (Excluding patient records) corrected by end March 2008	Patient records corrected by 31/03/2009	
Have an approved Departmental File Plan	An approved Departmental available	Departmental File Plan Designed and sent to Provincial Archives for approval	Departmental File Plan approved by both the Provincial Archives and the MEC	New approved File Plan Implemented on the 1st of April 2007.	Monitor Compliance	Monitor Compliance
New Records Management Policy manual and Registry Procedures Manuals introduced in the Department	New Records Management Policy Manual and Registry Procedures Manuals implemented in the Department.	Department operating on the old 1963 CPA Policies and Procedures.	Policy and Procedure Manuals Developed during 2006/07 and approved by the MEC	Policy and Procedures Manuals implemented on the 1st of April 2007	Monitor Compliance	Monitor Compliance

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Improve registries to meet National Archives specifications	Registries at Head Office and institutions fully staffed and Infrastructure upgraded to National Archives specifications.	70% of institutions in the Department do not have registries as prescribed in National Archives Guidelines. No dedicated Registry personnel exist in 60% of institutions that have registries	50% of existing registries in institutions upgraded to the required level by the end of March 2007 (Except for infrastructure)	Infrastructure upgraded in all existing Registries and 50% of institutions having no defined registries provided with the necessary infrastructure by the 31st of March 2008. Human Resources requirements sorted out and the Registries fully functional	All registries In the Department have the necessary infrastructure and human resources needed and are fully functional by the 31 March 2009	Reassess and monitor the situation
Install EDMS at HO, LSA's Institutions. Lilitha College and the two Medical Depots	EDMS fully operational at HO, institutions, Lilitha College, and LSA', by 31 March 2010.	EDMS non-existent in the department as a whole.	The Department maintaining a Manual Document Management system	Draw up a project plan for implementation of EDMS based on a situational analysis conducted jointly with SITA (consultation with all relevant stakeholders.	Roll out of the project started with implementation at the three hospital complexes, the two Regional Hospitals, 50% of the LSA's , and 50% of the District Hospitals, and the two Medical Depots	EDMS in all the remaining 50% of LSA's, District Hospitals, and Lilitha College and EMS by May 2010.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Establish a Centralized Document Management Centre	Centralized Document Management Centre Operational	The Department does not have a Centralized Document Management Centre	Management of Departmental Documents not centralized	Set up of the infrastructure for the Centralized Document Management Centre completed by 31 March 2008.	Centers of the Department where EDMS has been installed linked to the infrastructure in the Centralized Document Management Centre as EDMS becomes operational in those centers during 2008/09	Remaining centers linked to Centralized Document Management Centre by 31 May 2010.
Turn manual patient records in a digital electronic form	An Electronic Patient Records Management System Installed throughout the Department	95% of patient administration in the Department's Institutions are handled on a paper based system.	All patient Administration is on a paper based system except for patient admissions in the complexes and Frontier Hospital which are Electronic.	Conduct studies on various packages.	Continue to conduct studies and getting suppliers of different packages to make presentations.	Get selected prospective service providers to do scoping studies and give indication of costs and processes based on a selected site.

5.1.2.10. DIRECTORATE: COMMUNICATION SERVICES

PURPOSE: To raise the profile of the Department through constant communication and interaction with all the Department's stakeholders

PROGRAMME OBJECTIVES

- To strengthen internal and external communication.
- To build a responsive organisation through visual, media and stakeholder interaction guided by departmental brand values and policies.
- To develop policies and strategies in line with Government Communications and Information Systems (GCIS)

PROGRAMME DESCRIPTION

The programme comprises of the following sections

Media Liaison & Monitoring : Focuses on fostering, managing and monitoring media coverage of the department

Corporate Communications : Initiates and implements branding, corporate identity and production of publications.

Audio Visual Unit : Offers technical expertise in graphic design, photography and media production.

Events Coordination : Offers logistical and operational support to programme initiatives with a view to co ordinate and communicate departmental activities.

Website Management Unit : strengthens departmental communication with internal and external public through electronic communication (internet and intranet services).

Programme objective

To develop and implement effective internal and external communication strategies and to further enhance the corporate image of the Eastern Cape department of Health

PROGRESS ANALYSIS OF THE COMMUNICATION SERVICES

With the appointment of 3 managers and an Events Co-ordinator, capacity and outputs have dramatically improved in the Section. Progress thus far includes;

- Unveiling of corporate colours and brand values of the department.
- Events Co-ordination ensuring uniformity, professionalism and reinforcement of corporate image during events.
- Production of Quarterly Newsletter (Impilo) and Introduction of In-house radio(Health Radio Service)
- Development and hosting of an interactive, branded and updated Website.
- Provision of in-house graphic designs for events, publications and special events.
- Improved relations between the department and media

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Branding of buildings, institutions and merchandize
- Establishment of a Departmental Communications Forum (Head Office & Hospital Complexes).
- Strengthening internal communication Publications, Profile Guide, Intranet, Health Radio Service, Multi-Media Disc and Event Coordination
- Strengthening external communication Massive Media Campaigns, Media monitoring & Analysis (prompt response) and ensure maximum accessibility of the departmental Website
- Development of departmental communication and media policies

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

In line with quality improvement, Communications unit is in constant consultation with Quality Assurance, Office of the MEC and of the SG to initiate a marketing project aimed at rewarding commitment to quality of care, boosting morale and raising the departmental media profile through:

- Forming partnerships with Media Houses whereby they flight or print profiles of monthly winners of our Brand Values Champions/Batho Pele champions who will be chosen as part of the department's initiative (Service Excellence Awards).
- Together with relevant directorates to popularise and workshop the Brand Values of the Department promoting a culture of customer satisfaction within the organisation in order to promote quality and culture of positive change.
- Communications intends to engage a service provider to conduct a comprehensive communications audit with a view to establishing the situational analysis and inform our activities, plans in the next three to five years.
- Introduce a Departmental Communications Forum made up of initially regional representatives to inform and guide the activities of Communications.
- Ensure a media liaison strategy and policy buy-in from management to ensure effective communication with one voice and allowing for proactive and inclusive media agenda setting.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Analysis of Constraints	Measures Planned to Overcome them
Human Resources In as much as there is progress at Head Office; there are no structures or units in order to be able to employ communicators beyond Head Office.	A submission has been made to Organisational Development to address this.
Finance and Financial Management Communications has minimal budget to undertake a major task and other programmes do not budget for their communication needs.	Budget Committee to review allocation to Communications unit given the enormity of the task.

Table 13: Provincial objectives and performance indicators for Communication Services

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objectives: 05 To build an effective IT and telecommunications platform to support the department's service delivery as well as strengthen internal and external communication.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Conduct Awareness Campaigns	Road Shows	Not started yet	Not started	Road shows conducted	Road shows conducted	Road shows conducted
Raise corporate identity and image of the department through branding initiatives and procurement of corporate media products	All Head Office Programmes, Complexes and Districts with customised retractables	Corporate colours Launched in June 2005	Branded Retractables available for Events	Customised retractables available to all Head Office programmes	Retractables available to 30% of Hospitals	Available to 60% of Hospitals
	Available Branded Corporate Gifts		Communications and emergency services have Customised Retractables	Available at Head Office	100%	100%
	Branded formal/informal wear available				Available at Head Office	Available at Head Office
	Outdoor Advertising Billboards	-	-	0%	40% progress	60% progress

Measurable Objectives	**Performance Measure Indicator**	**2005/06 (Actual)**	**2006/07 (Baseline)**	**2007/08 (Target)**	**2008/09 (Target)**	**2009/10 (Target)**
Strengthening internal communication Tools	- Bi-monthly Newsletter (Corporate ID Guideline Book, Impilo & HR bulletin) - Annual Profile Guide - Functioning Intranet - Monthly Edition Health - Radio Service	Quarterly publication of the newsletter Health Radio Service launched in December 2005	Health Radio service and Impilo Publication available	Annual profile Guide and functioning intranet available	Bi-monthly Newsletter (Impilo & HR bulletin) - Annual Profile Guide - Functioning Intranet - Monthly Edition - Health - Radio Service available	Bi-monthly Newsletter (Impilo, HR bulletin) - Annual Profile Guide - Functioning Intranet - Monthly Edition - Health - Radio Service
Strengthening external communications Tools (Media Relations)	- Broadcast Airtime for Interviews & Health Promotion documentaries - Advertorials Newspapers - Advertorials Health and Professional Journals	Services for strengthening external communication provided on an Ad hoc basis	Services for strengthening external communication provided on an Ad hoc basis	6 Interviews / talkshows a week in different radio stations (500 000) Once a month in 3 provincial and community newspapers Quarterly	6 Interviews / talkshows a week in different radio stations(550 000) Once a month in 3 provincial and community newspapers Quarterly	6 Interviews/ talkshows a week in different radio stations (600 000) Once a month in 3 provincial and community newspapers Quarterly
Development of a strategic communication plan to inform all stake holders about the departmental plans.	Communication plan available and approved	-	Actual development and submission of the plan	Report on the effective implementation on the communication plan	On-going marketing of the Communication Plan	

5.1.2.11. DIRECTORATE: MONITORING AND EVALUATION

PURPOSE: To act as a coordinating centre for the Department of Health in order to monitor and evaluate the Departments progress on the impact of health programmes and service delivery, through the development of health goals, objectives and indicators

PROGRESS ANALYSIS OF THE MONITORING AND EVALUATION

- Developing mechanisms to monitor health service deliveries
- Coordinating and managing reporting systems with various projects and programmes which comprise health systems indicators
- Refining and implementing monitoring tools
- Liaising with government departments, external and internal agencies

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Analysis of Constraints	**Measures Planned to Overcome**
Finance and Financial Management	
Budget constraints	Explore alternative accommodation and procure infrastructure
Support System	
Office accommodation with Infrastructure District, LSA and Facility Structures	Review organogram and propose a provincial structure.
Human Resources	
Vacant Posts not filled Lack/shortage of M&E skills	Appointment of Staff. Build M&E capacity through training Provision made in the proposed Budget.

PROGRAMME OBJECTIVES

- To develop, implement and maintain a uniform monitoring and evaluation system
- To assist programmes develop systems to monitor health service delivery, service transformation plan and its impact on service delivery.
- To use information to monitor performance in relation to strategic goals and operational plans as well as priority programmes
- To ensure the inclusion of policy imperatives and audit queries into monitoring and evaluation of program performance.
- To coordinate evaluation of departmental projects and programmes

- Ensure that the Monitoring and Evaluation Unit complies with the PFMA
- To assess functionality and effectiveness of health facilities
- To ensure coordination between routine operational research and survey

Table 14 : Provincial objectives and performance indicator for Monitoring and Evaluation

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic objective: 04 To institutionalize a monitoring and evaluation framework that provides accountability to the people of the Eastern Cape Province

Measurable Objectives	Performance Measure Indicator	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To align strategic plan to the national and provincial policies	% of programmes with PGDP, ISRDP, MDG indicators	100% of programmes with PGDP, ISRDP, MDG indicators	100%	100%	100%	100%
To ensure that the provincial M & E unit's organogram is filled and establish a district M & E manager position for all districts	% of provincial M & E organogram positions filled % district offices with an M & E manager appointed	25% of provincial M & E organogram positions filled	75% of provincial M & E organogram positions filled	100% of provincial M & E organogram positions filled 50% of district offices with an M & E manager appointed	100% of provincial M & E organogram positions filled All district offices with an M & E manager appointed	
Institutionalize M & E at District and LSA level	No of districts with M & E Forums	No M&E forums in districts and LSA levels	No M&E forums in districts and LSA levels 100% of	At least 4 districts with M&E forums and LSA levels	All districts with M&E forums and LSA levels	All districts with M&E forums and LSA levels

Measurable Objectives	Performance Measure Indicator	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To evaluate all health programmes routinely to render constructive recommendations for programme improvement	% of programmes with PGDP, ISRDP, MDG indicators evaluated	100% of programmes with PGDP, ISRDP, MDG indicators evaluated	Programmes with PGDP, ISRDP, MDG indicators evaluated	100% of programmes with PGDP, ISRDP, MDG indicators evaluated	100% of programmes with PGDP, ISRDP, MDG indicators evaluated	100% of programmes with PGDP, ISRDP, MDG indicators evaluated
To assist in establishment of the M & E supporting mechanisms and infrastructure	Functional M & E software programme in all districts	60%	70%	80%	90%	95%
Assist programmes to monitor health service delivery and STP	Relevant indicators set Appropriate tools designed	-	Relevant indicators set appropriate tools designed for all affected programmes and projects	Monitor programmes and projects	Monitor programmes and projects	Monitor programmes and projects
Build capacity and develop skills in the M&E field, information management and processing	No. of health providers in M&E related positions trained in M&E skills	-		40% of health providers in M&E related area trained	80% of health providers in M&E related area trained	All of health providers in M&E related area trained

Measurable Objective	Performance Measure Indicator	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To assess functionality and effectiveness of health facilities	No of health facilities assessed •No of assessment reports	-	1 report	All health facilities declared centres of excellence i.e 2 regional hospitals, 25 district hospitals, 30 CHCs, 50 clinics 3 reports per district	25 hospitals, 30CHCs, 50 clinics 3 reports per district	25 hospitals, 30CHCs, 50 clinics 3 reports per district
Monitor STP in health facilities declared centres of excellence (reduction in vacancy rate HR, training of staff, quality of service delivery)	•% staffing employed by critical service delivery areas •No of staff trained			Targets to be set by IHRM Targets to be set by IHRM	Targets to be set by IHRM Targets to be set by IHRM	Targets to be set by IHRM Targets to be set by IHRM

5.1.2.12. SPECIAL PROGRAMMES UNIT (SPU)

PURPOSE: To facilitate the mainstreaming of the designated groups into departmental plans and programmes

PRIORITIES TO BE ADDDRESSED IN THE NEXT THREE YEARS

- Plans and programmes of the department mainstream issues affecting designated groups with appropriate indicators for monitoring purposes;
- Availability of a monitoring tool to assess mainstreaming by departmental plans and programmes;
- A Standardized advocacy strategy to promote interests of designated groups

ANALYSIS OF COMPLAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Inadequate reporting mechanisms in respect of mainstreaming;	Development and implementation of a monitoring tool
Inadequate staffing of the unit	Full staff complement
Inadequate budget for commemoration of nationally recognized days	Partner with implementing programme and submit budget needs

TABLE 15: Provincial objectives and performance indicators for Special Programmes

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic objective: 09 To facilitate the mainstreaming of designated groups/special programmes within the line functions programmes of the department

Measurable Objectives	Performance Measure Indicator	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Facilitate the process of mainstreaming issues relating to designated groups into departmental plans and programmes	Availability of progress reports on mainstreaming by programme managers	0	Profiling, advocacy and mainstream issues of designated groups within the department in all districts within the province.	Assess the effectiveness of profiling advocacy and mainstreaming within the departmental institutions.	Monitoring and evaluation. Based on gaps identified strengthen utilization by institutions.
Lobby, advocate for and monitor implementation of economic empowerment projects targeting designated groups by the departmental programmes	Report on number of projects targeting designated groups		Advocacy, lobbying and monitoring	Advocacy, lobbying and monitoring	Advocacy, lobbying and monitoring
Develop and implement an assessment tool to measure progress in implementing policy mandates that are designed to meet the needs of designated groups	Availability of the tool and reports to measure the extent to which the department adhere to the needs of the designated groups.	0	In collaboration with M&E, develop a tool to measure progress in implementing policies intended to	Implementation of a tool in the departmental institutions within the province.	Evaluation and monitoring of the effectiveness of the developed tool and make necessary recommendation

Measurable Objective	Performance Measure Indicator	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
			address matters of the designated groups.		
Facilitate the establishment of Youth Friendly Centres within the Eastern Cape Malls.	Availability of costed business Plan.	0	Undertake a study tour to Sweden to benchmark the concept of youth friendly centres in urban shopping malls	Implement Youth Centers with the Eastern Cape Malls.	Monitor end evaluate effectiveness of Youth Centre with the Eastern Cape Malls.
Facilitate celebration of International and National Days of designated groups.	No. of available and costed Business Plan	0	Develop a Business Plan with clear financial implications.	Implement programmes to commemorate international, national and regionally recognized days to promote the needs of the designated groups.	Monitor the implementation of the celebration of the international and national recognized Days for designated groups.

5.2.13. IVILI LENGUQU / BPR - PROJECT

PURPOSE:

To create a vehicle that will integrate, coordinate and assist the Departmental efforts/projects/initiatives to transform the ECDOH into a modern professional and effective health care organization that will assist in achieving WELLNESS for the people of the Eastern Cape.

PRIORITIES FOR 2007/08 FINANCIAL YEAR:

- Providing overall project coordination and assistance for all the Programme of action projects including external expertise
- Designing and piloting improved and/or new business processes and conduct systems review in the ECDOH
- Ensuring that Training & Development of Ivili Lenguqu staff occurs

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM:

- The STP is a key component in developing Health Service Models for the ECDOH and needs to be finalized as soon as possible
- Some additional technical resources are required and finalizing the 2 tenders to get these resources is a priority
- There needs to be very close coordination / integration between the STP, 2020/2014 processes and IL to be able to achieve the framework for turning the ECDOH around.
- There is a need for appointing additional Ivili Lenguqu team member

TABLE 16: Provincial objectives and performance indicators for Ivili Lenguqu

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic objective: 01 To develop systems and build capacity throughout the department for effective and efficient health service human, financial resource planning and management including districts, regions and facilities.

Measurable Objectives	Performance Measure Indicator	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To establish a Project Team within the Department of Health to drive the Ivili Lenguqu Project.	Functional project team set up	Team identified, equipment ordered and work facility available	Team seconded with resources(equip ment and budget) available to function	2 satellite venues set up with part-time teams	3 additional satellite venues with part-time teams set up	
To provide overall project coordination and support for all the Programme of action projects including external expertise	Provision of overall project coordination & support for Ivili Lenguqu	- .	Database of approved suppliers from which to source project managers for the various projects. Getting team members appointed to oversee the projects.	Provision of project support for all Programme of Action projects which will include start up assistance(techni cal & business planning), performance and financial monitoring & evaluation as well as facilitating solutions/resource	Provision of project support for all Programme of Action projects which will include start up assistance(techni cal & business planning), performance and financial monitoring & evaluation as well as facilitating solutions/resource	Assist with project completion and closure

Measurable Objectives	Performance Measure Indicator	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
				s in areas where there are challenges.	s in areas where there are challenges.	
To provide assistance to EMC	Assistance given to EMC		Revision of Departmental operational plan; Assist with STP and other strategic planning Providing templates for standard EMC agenda, cluster and regional reports	Assist EMC when needed	Assist EMC when needed	Assist EMC when needed
To design and pilot improved and/or new business processes in the ECDOH	To provide a blueprint for an ideal health system		Blueprint provided(using STP as basis) with a toolkit Health intelligence centre framework provided			

Measurable Objective	Performance Measure Indicator	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Implement the ideal health system		Pilot Lukhanji LSA and ELHC	Pilot Central region and PEHC, using contracting model	Roll out implementation to Western Region and MHC	Implement in Eastern Region
	facilitate the change mx process that is necessary to implement the Ivili Lenguqu projects			To produce a change mx programme with material to get all staff involved in the Ivili Lenguqu projects and overall transformation of the Dept. This will include training programmes	Change management programme update	Change management programme update
To ensure that Training & Development of Ivili Lenguqu staff occurs	Competent staff for Ivili Lenguqu core team		Training done on MS Project-3 levels; MS Vision/ process diagramming IHPF; BPR training	Training in GIS, and additional BPR training	Training update	Training update
	To develop competent project managers		Introductory MS Project and BPR training	Intermediate training on MS Project and	Training update	Training update

5.1.2. 14. INTERNATIONAL HEALTH LIAISON AND PARTNERSHIP

PURPOSE
To co-ordinate international liason and intergovernmental relations

STRATEGIC GOAL: A modern professional and effective health care organisation with appropriate human resource and adequate financial resource and technology within a conducive work environment.

PROGRESS ANALYSIS

- Database of students studying medicine in Cuba has been completed.
- Database of donor assisted programmes is being updated.
- Guidelines for effective management of development assisted programmes and donations are being drafted.
- There is an improvement in the management of foreign health professionals

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Development and implementation of policies in respect of Bi & Multinational Agreements
- Development of guidelines for effective management development assisted programmes and donations.
- Establishment of the Departmental Development/Donor Funding Forum.
- Creation of a reliable database of foreign health professionals and management thereof
- Development and implementation of a comprehensive stakeholder and inter-departmental relations strategy

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measures planned to overcome them
Finance and financial management Budgetary constraints are inhibiting the full realization of this function	To highlight the need for increased allocation, cost analysis of activities has been done and submitted.
Human Resources The limited staff complement makes it difficult to implement programmes and meet deadlines	Full establishment of the Unit and the appointment of officials
Support systems Lack of integration of the Unit's functions to the broader objectives of the department	Aggressive marketing of the Unit to other programme managers is being conducted and redefinition of the unit's role including its proper location.

TABLE 17: Provincial objectives and performance indicators for International Health Liaison and Partnership

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic objective: 07 To facilitate technical assistance, international Donor funding, and PPP's to leverage / compliment the Department's finances.

Measurable Objectives	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Coordination of health professionals training in other countries	Number of students recruited and trained abroad.	25	0	30	0	0
	Number of students from remote rural and farm areas.	15	0	20	0	0
Management of bilateral, Trilateral & Multilateral Agreements at provincial level	Number of Bilateral, Trilateral and Multilateral Agreements signed with partners	4 progress reports on implementation of agreements	4 progress reports on implementation of agreements	Four progress reports on implementation of agreements to the MEC & SG.	Number of progress reports on implementation of agreements to the MEC & SG four reports	Number of progress reports on implementation of agreements to the MEC & SG four reports
Manage the facilitation and coordination of donor and technical assistance to the ECDoH	A well coordinated donor aided programme in line with the department's long term strategic goals.	Establishment of all donor aided programmes within the ECDoH	Monitor progress of the projects and the desired impact	Monitor progress of the projects and the desired impact	Monitor progress of the projects and the desired impact	Monitor progress of the projects and the desired impact

	An updated, accurate and adequate database of all donor aided programmes within the ECDoH					
	Strategies on coordination of donor/developmental assistance developed and reviewed		Target the establishment of Departmental Donor forum	Ongoing Coordination and monitoring of donor aided programmes /projects and provision of Technical assistance	Ongoing Coordination and monitoring of donor aided programmes /projects and provision of Technical assistance	Ongoing Coordination and monitoring of donor aided programmes /projects and provision of Technical assistance
Effective management of foreign health professionals in the province	A well coordinated recruitment, appointment and retention strategy for foreign health nationals	Compile the database for vacant funded posts of health professionals for all hospitals and draft policy guidelines	A draft policy framework on the management of the foreign health professionals in the province	An approved and fully fledge policy on the management of the foreign health professionals in the province	Reviewal on compliance to the policy on the management of the foreign health professionals in the province	Ongoing compliance to the policy on the management of the foreign health professionals in the province
Harmonisation of departmental plans with Social Needs Cluster and PGDP	Policy guidelines developed and implemented on inter-departmental relations strategy			Establishment of a fully-fledged unit. Develop guidelines on inter-departmental relations strategy	Maintenance of partnership with various stakeholders	Strengthening partnership between the departments and its stakeholders

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

Expenditure	**2001/02 (actual)**	**2002/03 (actual)**	**2003/04 (actual)**	**2004/05 (Actual)**	**2005/06 (actual)**	**2006/7 (estimate)**	**2007/08 (MTEF projection)**	**2008/09 (MTEF projection)**	**2009/10 (MTEF projection)**
Current prices[1]									
Total[2]		216,769	215.110	245.207	248.398	271.751	369.065	513.897	512.47
Total per person		33.68	33.42	34.59	35.04	38.33	65.93	72.49	72.29
Total per uninsured Person		30.31	30.08	31.13	31.54	34.50	59.33	64.24	65.06
Total capital[2]		20.059	20.864	3.226	3.268	3.575	6.148	6.761	6.742
Constant (2004/05) prices[3]									
Total[2]		240.397	226.296						
Total per person		37.35	35.16						
Total per uninsured Person		33.62	31.64						
Total capital[2]									

PROGRAMME 2

PROGRAMME 2: DISTRICT HEALTH SERVICES

PURPOSE: To deliver Primary Health Care and Level 1 hospital services

PROGRAMME DESCRIPTION:
Components of Programme 2 within the Health Services Management Cluster are:

District Management
Planning, managing and monitoring the implementation of the Provincial Health System, including the provision of corporate services.

Community Health Clinics
Providing a nurse driven service in clinics, including mobile, satellite and municipal clinics.

Community Health centres
Rendering a 24 hour service with full time medical officers including maternity services.

Community Based Services
Incorporates traditional health services, health promotion, integrated nutrition and occupational health and safety services

Other Community Services
Provide environmental and oral health services

HIV/Aids, Nutrition
To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected by HIV and AIDS in line with the PGDP Goals

District hospitals
Provision of comprehensive, quality level 1 hospital services

PROGRESS ANALYSIS

- The branch has systematically realised the department's strategic objective of moving resources and in so doing demonstrating the shift towards the PHC approach by:
- Development of policy implementation plans to enhance service delivery in accordance with the IMT intervention strategies
- Delivery according to certain prioritised areas such as Presidential Lead Projects, Provincial Growth and Development
- Plan, focusing on Primary Health Care Services
- 6 District managers and 14 Cluster managers have been appointed to strengthen district management.
- Integrated management structures (DHACs) have been established in all seven health districts, although their composition and functionality varies. The department has developed guidelines to ensure uniformity.
- Two of the districts in the province share referral services (level 2) with Kwa-Zulu-Natal and the Free State provinces. Memorandum of Understanding with both provinces is being reviewed.
- The department continues to provide PHC and environmental health services in partnership with 25 local and district municipalities and the Nelson Mandela Metro through Service Level

Agreements.

- The National Health Act has defined Municipal Health Services (MHS) as a list of environmental health services, excluding three functions, i.e. malaria control, hazardous substances and port health, thus making the rest of Primary Health Care services a provincial competency. The Eastern Cape Provincial Health Council (ECPHC) has adopted a Provincial Implementation Plan to facilitate the devolution of MHS to the six district municipalities and the Nelson Mandela Metro (NMMM) and the provincialisation of PHC services provided by local and district municipalities by June 2007, in line with a National Health Council resolution in this regard. The ECPHC further resolved that services and funding currently provided by local and district municipalities as well as NMMM should continue for 2007/08.
- Functional integration in the seven districts has focused on the integration of management structures and PHC services

Table DHS1: District health service facilities by health district

Health district[1]	Facility type	No.	Population [2,5]	Population per PHC facility[5] or per hospital bed	*Per capita* utilisation[6]
AMATHOLE	Non fixed clinics[3]	1822	1 664 258	920	
	Fixed Clinics[4]	208			
	CHCs	7		8057	
	Sub-total clinics + CHCs	215		247 471	650
	District hospitals	11		2560	650
UKHAHLAMBA	Non fixed clinics[3]	927	341 339	3778144	
	Fixed Clinics[4]	43			
	CHCs	1		8144	
	Sub-total clinics + CHCs	44		350211	
	District hospitals	6		756	451
CHRIS HANI	Non fixed clinics	6905	810 300	116.7	
	Fixed Clinics	128		6299	
	CHC'S	3		268 768	
	Sub-total clinics 7&CHC's	131		275 067	
	District Hospitals	8		1369	591.8
ALFRED NDZO	Non fixed clinics[3]	143	550 389	3891	
	Fixed Clinics[4]	49		11355	
	CHCs	2		278210	
	Sub-total clinics + CHCs	51		289 565	
	District hospitals	5		672	819

OR TAMBO	Non Fixed clinics	306	1 676 477	5618	
	Fixed Clinics	150		11461	
	CHC's	8		214894	
	Sub-total Clinics& CHC's	158		226355	
	District Hospitals	11		2265	740.1
NELSON MANDELA	Non fixed Clinics	8	1 005 776	125847	
	Fixed Clinics	43		23907	
	CHC's	8		128502	
	SUB TOTAL Clinic &CHC's	51		152409	
	District Hospitals	1		315	3192
CACADU	Non fixed Clinics		363 585		
	Fixed Clinics	66		6032	
	CHC's	3		132714	
	SUB TOTAL	69		138746	
	District Hospitals	5		599	
PROVINCE	Non fixed Clinics	2021		2527	
	Fixed Clinics	687		9511	
	CHC's	32		204192	
	Total	719		213703	
	District Hospitals	47		8536	

The above table illustrates that there is still inequity in the distribution of health facilities across the province. The majority of rural communities are served by non-fixed clinics, which impacts negatively on their access to PHC services. Although the building of new facilities has been focused in previously underserved areas like Alfred Nzo and O R Tambo, the population per facility is still in excess of 10 000. This is due to the fact that the replacement of dilapidated clinic buildings eroded the department's ability to address the backlogs sufficiently. Attracting and retaining personnel in the rural areas is still a major challenge despite the implementation of the rural allowance, which further reduces access for communities.

The entry point for clients is the Clinic. The clients are referred from the clinics and community health centres to the District Hospitals, referral back to clinics is done when patients are discharged.
District hospitals offer level 1 service, if patients need further referrals to level 2 referral letters and doctor to doctor communication regarding the clients are made.
Down referral of medications (level 2 & 3 medications) is also done.

DHS2: Personnel in district health services by health district

Health district	Personnel Category1	Posts Filled	Posts Approved	Vacancy Rate (%)	Number in post per 1000 Uninsured People
Nelson Mandela Metro	**PHC facilities**				
	Medical officers	14	33	57.57%	0.0144
	Professional nurses	173	258	32.94%	0.178
	Pharmacists	9	14	35.7%	0.009
	Community health Workers	0	13	100%	0
	District hospitals				
	Medical officers	21	28	23.5%	0.18
	Professional nurses	97	121	19.8%	0.61
	Pharmacists	37	39	5.1%	0.03
Cacadu	**PHC facilities**				
	Medical officers	5	18	72.2%	0.0137
	Professional nurses	44	59	25.4%	0.121
	Pharmacists	7	8	12.5%	0.0192
	Community health workers	0	13	0	0
	District hospitals				
	Medical officers	226	237	4.1%	0.01
	Professional nurses	1,289	1330	30.5%	0.55
	Pharmacists	122	125	2.4%	0.29
Ukhahlamba	**PHC facilities**				
	Medical officers	4	12	83.3%	0.0117
	Professional nurses	183	293	37.54%	0.536
	Pharmacists	3	4	25%	0.008
	Community HealthWorkers	6	11	45.45%	0.0175
Chris Hani	**District hospitals**				
	Medical officers	32	36	11.1%	0.05
	Professional nurses	50	86	40.1%	0.40
	Pharmacists	6	7	14.2%	0.02
	PHC facilities				
	Medical officers	10	20	50%	0.012
	Professional nurses	3057	434	29.72%	0.376
	Pharmacists	6	7	0%	0.008
	Community Health Workers	62 699	12	50%	0.007
	District hospitals	5	78	20.05%	0.06
	Medical officers		779	10.2%	0.67
	Professional nurses	27	12	58.3%	0.01
	Pharmacists				

Amatole	**PHC facilities**				
	Medical officers	27	56	51.78%	0.016
	Professional nurses	876	1120	22.58%	0.52
	Pharmacists	10	20	50%	0.006
	Community Health Workers	8	26	69.2%	0.004
	District hospitals				
	Medical officers	209	232	9.1%	0.14
	Professional nurses	1,972	2005	.04%	1.12
	Pharmacists	35	48	27.08%	0.02
Alfred Ndzo	PHC facilities				
	Medical officers	3	15	80%	0.005
	Professional nurses	138	357	61.34%	0.25
	Pharmacists	3	4	25%	0.005
	Community Health Workers	2	13	84.6%	0.003
	District hospitals				
	Medical officers	56	74	24.4%	0.02
	Professional nurses	795	837	4.1%	0.26
	Pharmacists	1	9	88.8%	0.00
O.R.. Tambo	**PHC facilities**				
	Medical officer	4	43	90.69%	0.002
	Professional nurses	558	892	37.44%	0.332
	Pharmacists	5	11	54.54%	0.002
	Community Health Workers	20	28	28.57%	0.012
	District hospitals				
	Medical officers	101	133	24.06%	0.18
	Professional nurses	1,281	1350	5%	0.45
	Pharmacists	4	18	77.7%	0.06
Province	**PHC facilities**				

The above table indicates that PHC facilities overall are experiencing serious staff shortages across all categories, especially in the rural areas. Information on local government staff establishments is incomplete as only filled posts have been funded over the past two years. Although the introduction of rural incentives has gone some way to alleviate this, many posts in rural facilities remain vacant as a result of insufficient security, inhospitable conditions and bad access roads

Table DHS3: Situation analysis indicators for district health services

Indicator	Type	Province wide value 2005/6	Alfred Nzo	O.R.Tambo	Amathole	Ukhahlamba	Chris Hani	NMMM	Cacadu	National target for 2003/04
Uninsured population served per fixed public PHC facility	No	9087	11232	11176	913	7938	6330	23390	5509	<12,200
Provincial PHC expenditure per uninsured person	R	411	431	451	471	491	511	531	N/A	N/A
Local government PHC expenditure per uninsured person	R		The municipality does not provide PHC services	5,11	16,63	33,67	21,70	57,70	62,20	N/A
PHC expenditure (provincial plus local government) per uninsured person	R	411	434	454	474	494	514	534	554	227
Professional nurses in fixed PHC facilities per 100,000 uninsured person	No	2495	1000	499	9496	2305	4818	739	79	107

Sub-districts offering full package of PHC services	%	99%	100%	100%	100%	100%	100%	100%	95%	60
EHS expenditure (provincial plus local govt) per uninsured person	R	8.00	9.00	10.00	11.00	12.00	13.00	13.00	13.00	9
Health districts with appointed manager	%	100%	0%	100%	100%	100%	100%	100%	100%	92
Health districts wih plan as per DHP guidelines	%	14%	100%	100%	100%	100%	100%	100%	100%	48
Fixed PHC facilities with functioning community participation structure	%	75%	80%	85%	90%	100%	100%	100%	100%	69
Facility data timeliness rate for all PHC facilities	%	80%	80%	85%	90%	95%	100%	100%	100%	80
PHC total headcount	No	17.7M	1,026,102	4,227,566	3,329,033	769,864	1,539,233	2,343,485	899,467	N/A
Utilization rate - PHC	No	2.5	1.53	1.81	2.41	1.79	2.04	3	2.86	2.3
Utilisation rate - PHC under 5 years	No	1.94	2.2	2.5	2.7	2.9	3	3	3	3.8
Supervision rate	%	80%	60%	80%	85%	90%	100%	100%	100%	78
Fixed PHC facilities supported by a doctor at least once a week	%	38%	33%	49%	41%	31%	38%	42%	29%	31

Provincial PHC expenditure per headcount at Provincial PHC facilities	R	R96	R13	R15.11	R16.63	R33.67	R21.70	R57.70	R62.20	99
Expenditure (provincial plus LG) per headcount at public PHC facilities	R	96	No PHC services	R15.11	R16.63	R33.67	R21.70	R57.70	R62.20	99
Outcome										
Health districts with a single provider of PHC services	%	14%	Y	N	N	N	N	N	N	50

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

Indicator	Province wide 2003/4	Province wide value 2004/05	Province wide value 2005/06	Alfred Ndzo	O R Tambo	Amathole	Ukhahlamba	Chris Hani	NMMM	National target for 2003/04
Input Expenditure on hospital staff as % of district hospital expenditure	70	70%	70%	70%	70%	70%	70%	70%	70%	62
Expenditure on drugs for hospital use as % of district hospital expend	10	10%	10%	10%	10%	10%	10%	10%	10%	11
Expenditure by district hospitals per uninsured person in R	10.2	10.%	10%	10%	9%	8%	7.05	7%	8%	
Process										
District hospitals with operational hospital board	99	99%	90%	100%	100%	100%	100%	100%	76	34
District hospitals with appointed (not acting) CEO in post	78	100%	100 %	100%	100%	100%	100%	100%	69	
Facility data timeliness rate for district hospitals	100	100%	100%	100%	100%	100%	100%	100%	34	

Output										
Caesarean section rate for district hospitals	6.5	9.9%	6.1%	5.4%	7.0%	8.6%	18.4%	10.3%	125	
Quality										
District hospitals with patient satisfaction survey using DoH template	95	90%	100%	100%	100%	100%	100%	100%	10	
District hospitals with clinical audit (M and M) meetings every month	65	100%	100%	100%	100%	100%	100%	100%	36	
Efficiency										
Average length of stay in district hospitals	5-7	5-6	4-5	4-4	4-3	4-3	4-3	4-2	4-2	
Bed utilisation rate (based on usable beds) in district hospitals	65	65%	65%	65%	68%	68%	68%	68%	68	
Expenditure per patient day equivalent in district hospitals	R659.00	R750.00	R780.00	R800.00	R810.00	R814.00	R814.00	R814.00	814	
Outcome										
Case fatality rate in district hospitals for surgery separations	Systems not in place	Systems not in	Systems not in	Systems not in	Systems not in	Systems not in place	Systems not in	Systems not in	3.9	

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

CONSTRAINTS	MEASURE TO OVERCOME THEM
Inadequate budget allocations and financial management capacity at district and LSA offices	-The proportion of the budget that is allocated to PHC services will be increased whilst capacity building programmes to strengthen financial management has already commenced -Clinics as Centres of Excellence to have a separate budget and be given the status of being a project
Recruitment and retention of professional staff especially in rural areas	-Filling of critical vacancies in district and LSA offices is targeted to facilitate the development and implementation of management systems
Infrastructure development and maintenance (physical building, health technology and equipment, transport, security) The provision of office accommodation for LSAs and Districts has proved a major challenge	-This function is coordinated through the provincial district development process and funded by the Department of Roads and Public Works
Fragmentation of health services	-Finalization of Service Level Agreements for Provincialization of PHC Services by July 2007
Inadequate budget allocation to fully fund the provincialisation of PHC services	Liaison with Treasury to obtain additional funding, failing which this mandate cannot be implemented

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- The Department has increased the no of Clinics set as Centres of Excellence from 25 to 50 clinics
- 30 Community Health Centres are identified to operate as 24 hour Service Institutions targeted to perform at an optimal level.
- A new Community Health Centre is planned to be built on the western side of Mdantsane Urban Renewal Site in line with the Service Transformation Plan at the cost of R465m.
- Clinic Supervision will be strengthened by implementing the Clinic Supervision Policy, appointing clinic supervisors, capacity building & making transport accessible for clinic supervisors.
- Co-ordination of Nodal interventions at district level will be strengthened by establishing ISRDP & URP Forums in all Nodal Districts
- Increase access to a technical health e.g Tele-health and other services
- A Hospital Improvement Plan has been developed to improve hotel services in all district hospitals in the next financial year

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

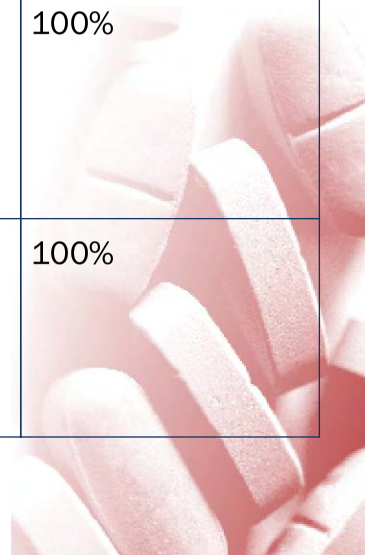
Measurable Objectives	Performance Indicators	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
SUB- PROGRAMME: DISTRICT MANAGEMENT **Strategic Goal: 02** An effective service delivery platform based on the Primary Health Care approach and seamless referral system. **Strategic Objectives: 01** To strengthen the district health system service.						
Provincialisation of PHC services provided by local and district municipalities and investigating the delegation of such services to the Metro	Agreement with NMMM outlining delegation process	0	0	1	1	1
	Number of municipalities where PHC services have been Provincialised	0	0	24	-	-
	% districts with fully integrated services	14%	29%	100%	100%	100%
Strengthen health system planning	% districts with completed DHERs	100%	100%	100%	100%	100%
	% districts with DHPs	100%	100%	100%	100%	100%
Enhance monitoring and evaluation	% clinics visited twice per month	70%	80%	100%	100%	100%
	% districts submitting clinic supervision reports	70%	100%	100%	100%	100%

Measurable Objectives	Performance Indicators	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Ensure equitable resource allocation to Districts and LSAs for service delivery	Revised template for ABB budget allocations to PHC facilities	-	-	100%	100%	100%
	Set of indicators to measure equitable budget allocations	-	-	100%	100%	100%
	% districts that have undergone capacity building to improve quality of EC documents	-	-	100%	100%	100%
	Number of hospitals where ABB allocation has been implemented	-	-	-	25	25
	Number of CHCs where ABB allocations have been implemented	-	-	-	25	25
	% of LSAs, clinics and CHCs with ABB budget allocations	-	-	-	-	30

Strategic Goal: 04 Effective governance and accountability

Strategic objective:02 To strengthen partnership in governance of service delivery structures allowing for effective participation of civil society.

Measurable Objectives	Performance Indicators	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Strengthen governance structures for effective participation of civil society in health issues	% districts with DHCs and DHACs	43%	57%	100%	100%	100%
	% Hospital Boards in District Hospitals	-	100%	100%	100%	100%
	% hospital boards that have undergone a capacity building programme	-	-	50%	100%	100%
	% clinics with clinic committees	75%	80%	85%	90%	95%
	% clinic committees that have undergone a capacity building programme	-	25%	50%	100%	100%
Strengthen health districts, CSCs	Revised Service Delivery Model for ECDOH	-	-	100%	100%	100%



Measurable Objectives	Performance Indicators	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Number of districts with office accommodation	2	2	7	7	7
	Number of districts and sub-districts with connectivity to transversal systems	22	22	24	24	24
	% sub-districts and districts geograophically aligned with Demarcarcation Board boundaries	- -	- -	23 7	23 7	23 7
SUB PROGRAMME: CLINICS **Strategic Goal: 02** An effective service delivery platform based on the Primary Health Care approach and seamless referral system **Strategic Objective:02** To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles						
Implementation of Project on Clinics as Centres of Excellence	Number of clinics implementing projec	0	25	50	100	200
Implementation of full package for clinics	% of clinics implementing full package of Primary Health Care	40	60	65	70	75

SUB PROGRAMME : COMMUNITY HEALTH CENTRES

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system

Strategic Objective:02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles

Strengthening 24 hour services	Number of CHCs providing a 24 hour service	21	21	30	45	53
Implementation of full package for CHCs	Number of CHCs providing full package (Trauma and MOU	11 22	11 22	18 30	30 45	53 53

Table DHS6: Performance indicators for district health services

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Input									
1. Uninsured population served per fixed public PHC facility	No	9087	9087	9087	9087	9087	9087	9087	<10,000
2. Provincial PHC expenditure per uninsured person	R	411	431	451	471	491	511	531	N/A
3. HC expenditure (provincial plus local government) per uninsured person	R	434	454	474	494	514	534	554	274
4. EHS expenditure (provincial plus local govt) per uninsured person	R	9.00	10.00	11.00	12.00	13.00	13.00	13.00	13
5. Health districts with appointed manager	%	0	14%	100%	100%	100%	100%	100%	100
Process									
6. Health districts with plan as per DHP guidelines	%	0	100%	100%	100%	100%	100%	!00%	100
7. Fixed PHC facilities with functioning community participation structure	%	75%	80%	85%	90%	100%	100%	100%	100

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
8. Facility data timeliness rate for all PHC facilities	%	80%	85%	90%	95%	100%	100%	100%	100
Output									
9. PHC total headcount	No	13,934,465	14,9m	15,3m	16,0m	-	-	-	N/A
10. Utilisation rate - PHC	No	2.2	2.3	2.3	2.9	3	3	3	3.5
11. Utilisation rate - PHC under 5 years	No	2.03	2.04	2.04	-	-	-	-	5.0
Quality									
12. Supervision rate	%	60%	80%	85%	90%	100%	100%	100%	100
13. Fixed PHC facilities supported by a doctor at least once a week	%	N/a	N/a	N/a	N/a	N/a	N/a	N/a	100
14. Health districts with a single provider of PHC services	%	14%	43%	71%	86%	100%	100%	100%	100

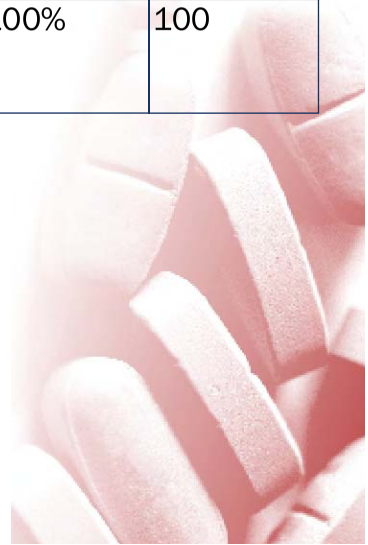


Table DHS7: Performance indicators for district hospitals sub-programme

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Input									
1. Expenditure on hospital staff as % of district hospital expenditure	%	60	70	70	70	70	70	70	62
2. Expenditure on drugs for hospital use as % of district hospital expend	%	10	10	10	10	10	10	10	11
3. Expenditure by district hospitals per uninsured person	R	R56	R54	R 225	-	-	-	-	-
Precess									
4. District hospitals with operational hospital board	%	99	98	100	100	100	100	100	100

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
5. District hospitals with appointed (not acting) CEO in post	%	0	78	90	100	100	100	100	100
6. Facility data timeliness rate for district hospitals	%	80	95	95	95	100	100	100	100
Output									
7. Caesarean section rate for district hospitals	%	6.5	9,1	9	12.5	12.5	12.5	12.5	11
Quality									
8. District hospitals with patient satisfaction survey using DoH template	%	80	95	95	80	90	100	100	100
9. District hospitals with clinical audit (M and M) meetings every month	%	6.5	6.5	40	50	60	80	100	100
Efficiency									
10. Average length of stay in district hospitals	Days	7	7.2	6	5.5	5	4	3	3.2
11. Bed utilisation rate (based on usable beds) in district hospitals	%	65	66	70	75	80	80	90	72
12. Expenditure per patient day equivalent in district hospitals	R	R659.00	R659.00	R659.00	R659.00	R659.00	R659.00	R659.00	814 in 2007/08 prices

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Outcome									
6. Case fatality rate in district hospitals for surgery separations	%	System not in place	System not in place	3.5	3.5	3.5	3.5	3.5	3.5

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

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

Municipalities	Purpose of transfer	Base year 2004/05	Year 1 2005/06	Year 2 2006/07	Year 3 2007/08	Year 4 2008/09	Year 5 2009/10
Amathole	PHC&EHS	7007959	11,820,084	12,149	11,051,076	11,534,166	12,021,913
Baviaans	"	595910	532,193	1,883	669,335	698,594	728,138
Blue Crane Route	"	3025950	2,000,962	5,094	4,279,837	4,466,927	4,655,821
Buffalo City	"	18345013	16,463,613	29,383	36,334,846	37,237,198	39,526,862
Cacadu	"	17910600	12,847,055	40,544	29,929,585	31,237,935	32,558,899
Camdeboo	"	2448259	1,748,652	6,509	4,037,251	4,213,120	11,727,923
Chris Hani	"	7184850	6,786,877	6,777	10,780,843	11,252,120	11,727,940
Gariep	"	3550507	2,127,337	2,598	3,852,313	4,020,714	4,190,738
Ikwezi	"	6488692	378,804	1,928	878,537	916,941	955,716

Municipalities	Purpose of transfer	Base year 2004/05	Year 1 2005/06	Year 2 2006/07	Year 3 2007/08	Year 4 2008/09	Year 5 2009/10
Inxuba Yethemba	"	647462	4,759,085	9,260	8,399,167	8,766,331	9,137,034
King D Sabata	"	9973589	6,751,211	27,653	13,66,156	14,263,562	14,866,727
Kouga	"	3571127	1,841,757	7,857	1,627,569	1,698,718	1,770,551
Lukhanji	"	6006395	4,573,525	8,958	5,144,317	5,369,198	5,596,246
Makana	"	5331035	4,842,646	9,428	4,957,875	5,174,605	5,393,424
Maletswai	"	2884037	2,145,155	2,611	4,136,974	4,317,819	4,500,407
Mnquma	"	2836152	2,916,903	4,413	2,958,569	3,087,819	4,500,407
Ndlambe	"	2119777	1,990,911	5,867	2,809,879	2,932,711	3,056,480
NelsonMandela Metro	"	50636360	41,931,339	123,310	109,541,780	114,330,320	119,265,025
Nkonkobe	"	2733255	2,409,398	11,277	2,568,837	2,681,132	2,794,509
Nxuba	"	1856182	1,615,243	2,584	1,676,452	1,749,737	1,823,728
Sakhisizwe	"	1140259	1,116,016	2,357	1,793,521	1,871,924	1,951,082
Senqu	"	522718	395,538	871	607,983	634,560	661,394
Stutterheim/ Amahlati	"	3038744	2,174,711	3,438	4,091,174	4,270,016	4,450,583

Municipalities	**Purpose of transfer**	**Base year 2004/05**	**Year 1 2005/06**	**Year 2 2006/07**	**Year 3 2007/08**	**Year 4 2008/09**	**Year 5 2009/10**
Sundays River	"	1288741	1,188,998	2,222	1,916,033	1,999,791	2,084,356
Ukhahlamba	"	8599815	6,731,874	15,625	12,290,091	12,827,344	13,369,776
Total Municipalities		**208,772**	**146,544,673**	**243,000**	**280,000**	**292,040**	**304,598**

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	**2001/02 (actual)**	**2002/03 (actual)**	**2003/04 (actual)**	**2004/05 (actual)**	**2005/06 (actual)**	**2006/7 (estimate)**	**2007/08 (MTEF**	**2008/09 (MTEF**	**2009/10 (MTEF**
Current prices[1]									
Total[2]	2,124,752	2,300,367	2,518,346	2,558,483	2,812,011	3,192,905	3,555,513	3,738,117	3,886,982
Total per person	330.14	357.42	391.29	360.93	396.70	450.43	478.52	527.34	548,34
Total per uninsured person	297.12	321.68	352.16	324.84	357.03	405.39	430.67	474.61	493.51
Total capital[2] Constant	9.147	-	11,649	8,216	9.030	10.253	10,893	12,004	12.482
(2004/05) prices[3]									
Total[2]	2,587,948	2,551,107	2,649,300	2,455,358					
Total per person	402.11	396.38	411.64	346.38					
Total per uninsured person	361.89	356.78	370.47	311.75					
Total capital[2]	11,141	-	12,255	7.885					

SUB- PROGRAMME: CLINIC AS CENTRE OF EXCELLENCE

PURPOSE:

- To strengthen the concept of primary health care and to ensure that clinics are managed as world class professional organizations.
- To provide a service closer to communities in well managed and functioning structures better to what was called a clinic structure in the past decade.
- To overcome the backlog in providing PHC services closer to the people.

MEASURABLE OBJECTIVES OF THE PROJECT:

- Equitable access by all communities to essential package of health care services.
- Health services in the province provided to the highest quality standards.
- Communities throughout the province become active, responsible partners in health issues.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Effective delivery of full PHC package.
- Effective implementation of supervision policy.
- Adherence to PHC norms and standards.
- Sufficient infrastructure in respect of staffing and equipment.
- Improve information management.
- Effective communication system.
- Fully functioning governance and management structures.
- Clinic staff development including clinic supervisors and clinic managers
- Monitoring and control of assets.

ANALYSIS OF PROGRESS REGARDING THIS PROJECT

- 19 clinics out of 25 have telephones.
- 4 clinics have managed to put up service boards and signage.
- 11 Clinics have been awarded a tender to procure medical waste storage for human waste.
- 5 Clinics have been awarded a tender to procure proper EPI refrigerators.
- All the LSAs are submitting monthly reports to the project manager, through the LSA and the District managers.
- Identified clinics are visited by the project manager to give support and monitor the implementation of the project plan.

- In terms of infrastructure, funding has been made available (R300 000) by the Infrastructure Directorate to upgrade Lenye Clinic which will serve as the benchmark.
- A structure for clinic management has been forwarded to Work-study Section for approval.
- A Business Plan with costed activities has been submitted to Budget Section for 2007/2008.
- A 3 year plan has been developed in line with the Annual Performance Plan.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	**Measures planned to overcome them**
Finance and financial Management Lack of funds to implement the project plan.	A business plan for 2007/ 08 has been submitted for the project.
Human Resources There is a shortage of staff in the clinics, and that hinders the implementation of the project.	Recruitment of staff for primary health care will be prioritised when the critical post funding is available.
Support systems Lack of project software for the project leader.	Motivation the procurement of the project software is to be done.

Table 17: Provincial objectives and performance indicators for Clinics as Centres of Excellence

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objective: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes.

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To promote compliance with norms and standards for service delivery in PHC clinics.	% of	55%	60%	65%	70%	75%
To ensure adequate provision of water and sanitation.	% of clinics with running water and adequate sanitation	80%	80%	80%	100%	100%
To provide all the clinics with electricity.	% of clinics with electricity	35%	21	50%	55%	60%
To ensure availability of emergency equipment in all the clinics.	% of clinics with emergency equipment	50%	4 clinics	75%	90%	100%
Fill critical vacant posts	Vacancy Rate	65%	30%	20%	20%	15%
To improve access to PHC facilities.	% of clinics with proper signage		75%	100%	100%	100%

Measurable Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To strengthen communication for proper referral system.	% of clinics with functioning telecommunication		19 clinics	90%	100%	100%
To strengthen governance structures for effective participation of civil society in health issues.	% of clinics with fully functioning Clinic Committees		80%	100%	100%	100%
To build capacity throughout the department for effective and efficient health service planning, administration and management.	% of employees capacitated		45%	60%	70%	80%
To improve supervision by implementation of clinic supervision manual (csm).	Clinic supervision visit rate		80%	100%	100%	100%

SUB-PROGRAMME: HIV & AIDS and STI

PURPOSE

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected by HIV and AIDS in line with the PGDP Goals

PROGRAMME OBJECTIVES

- Implement an Integrated and Comprehensive approach to Prevention, Treatment and Care maintaining the HIV negative by building on existing prevention strategies, promoting positive living for HIV positive clients to delay the onset of AIDS and providing access to treatment and care.
- Strengthening the Health System address the structure of the health system to ensure that other health services critical to the provision of its services are addressed.
- Reinforcing the strategy of prevention re-emphasize and re-invigorate HIV prevention efforts, which include Voluntary Counselling & Testing, Prevention of Mother-To-Child-Transmission (PMTCT), Post-Exposure prophylaxis (PEP), syndromic management of STIs, Information, Education and Communication (IEC) in synergy with treatment efforts.
- Promotion of Healthy Lifestyles promotion of good nutrition, the practise of safer sex, and effective prophylactic medical care.
- Ensure the provision of a Comprehensive Treatment and Care plan provision of anti-retroviral treatment in the public health sector and increase access to 40 000 clients.

PROGRESS ANALYSIS

- VCT services implemented in 803 fixed primary health care facilities.
- PMTC available in 803 Primary health care services.
- 808 Primary health care facilities provide syndromic management of STIs.
- The comprehensive treatment plan for the provision of Anti Retroviral Drugs started in May 2004 and has been implemented in 32 hospitals, 4 community health centres and 253 clinics benefiting 22 217 clients.
- 2 133 Community Health Workers (CHW) are receiving stipend.
- Home Based Care is implemented by 212 funded NGOs / CBOs.

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

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	Alfred Ndzo	Amathole	Cacadu	Chris Hani	NMMM	OR Tambo	Ukhahlamba	National Target 2003/04
Input												
ARV treatment centres compared to plan	%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100
Fixed PHC facilities offering PMTCT	%	20%	33%	52%	29%	47%	10%	15%	24%	39%	46%	50
Fixed PHC facilities offering VCT	%	20%	39%	68%	69%	70%	43%	50%	78%	71%	63%	90
Hospitals offering PEP for occupational HIV exposure	%	90%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100
Hospitals offering PEP for sexual abuse	%	10%	22%	66%	75%	95%	20%	63%	63%	47%	73%	100
HTA intervention sites compared to plan	No	3	3	6	0	3	0	0	3	0	0	N/A
Process												
TB cases with a DOT supporter	%	N/A	88.8%	90.7%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	Alfred Ndzo	Amathole	Cacadu	Chris Hani	NMMM	OR Tambo	Ukhahlamba	National Target 2003/04
Male condom distribution rate from public sector health facilities	No.	N/A	N/A	6.5	6	6	6	6	6	6	5	7
Male condom distribution rate from primary distribution sites	No.	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	21
Fixed facilities with any ARV drug stock out	%	0	0	0	0	0	0	0	0	0	0	N/A
Fixed PHC facilities drawing blood for CD4 testing	%	0	0	0	0	0	0	0	0	0	0	N/A
Fixed facilities referring patients to ARV treatment point readiness assessment	%	0	0	0	0	0	0	0	0	0	0	N/A
Output												
STI partner treatment rate	%	27%	27%	30%	23%	30%	30%	25%	30%	24%	25%	27

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	Alfred Ndzo	Amathole	Cacadu	Chris Hani	NMMM	OR Tambo	Ukhahlamba	National Target 2003/04
Nevirapine dose to new born coverage rate	%	98%	98%	100%	100%	100%	100%	100%	100%	100%	100%	20
Clients HIV pre-test counselling rate in fixed PHC facilities	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80
Patients registered for ART compared to target	%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	N/A
TB treatment interruption rate	%	32%	30%	36%	14.3%	10.3%	12.8%	10.5%	22.5%	5.2%	15.3%	10
Quality												
CD4 test at ARV treatment service points with turnaround time >6 days	Hours	NA	NA	NA	NA	NA	NA	NA	NA	NA	N A	N/A
TB sputa specimens with turnaround time less than 48 hours	%	16.8%	13.5%	11.4%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	Alfred Ndzo	Amathole	Cacadu	Chris Hani	NMMM	OR Tambo	Ukhahlamba	National Target 2003/04
Efficiency												
Dedicated HIV/AIDS budget spent	%	31%	90%	102%	100%	100%	100%	100%	100%	100%	100%	
Outcome												
New smear positive PTB cases cured at first attempt	%	53.6%	49.2%	38.5%	35.9%	40.6%	56.5%	77.3%	54.2%	20.5%	52.9%	
New MDR-TB cases reported - annual % change	%	29%	30%	46%	NA	NA	NA	NA	NA	NA	NA	
STI treated new episode among ART patients annual % change	%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
ART monitoring visits measured at WHO performance scale 1 or 2	%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measure to overcome them
Finance and financial Management	
The programme requires financial management skills which current health professionals lack. The programmes require some financial skills which current health professionals lack and need reorientation into such field	Training of middle managers in financial management
Human Resources	
Critical shortage of health professionals especially doctors and nurses, pose a serious threat to the implementation of all the programme areas in this component.	Fast-tract the recruitment and appointment of all categories of critical staff. Engage private practitioners as sessional doctors.
Shortage of Accredited Training Providers for the Ancillary Health Worker qualification for the training of community health care workers, as specified by the Health and Welfare Sector Education and Training Authority (HWSETA).	Improvement of NGO / CBO Mentoring systems.
Support Systems	
Poor quality of data	Development and utilization of effective monitoring and evaluating systems to validate the effectiveness and efficiency of responses to the epidemic.
Lack of space for counselling and consultation, and storage at pharmacy for the ART drugs	Fast-track the improvement of infrastructure.
Inadequate patient information system	Strengthening of the health care support systems including the patient information system.

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

Measurable Objective	Measurable Objective	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Stabilise the incidence of HIV & AIDS.	Prevalence rate of HIV among antenatal care attendees	29.1%	27%	25%	23%	20%
Improve access to HIV Counselling & Testing;	Number of facilities providing VCT	711	711	754	754	754
Improve treatment and management of STI	Number of facilities of all types offering syndromic management of STIs	654	711	754	754	754
Reduce transmission of HIV during child birth	Number of fixed PHC facilities offering PMTCT services	662	747	754	754	754
Establish service points for comprehensive HIV & AIDS care, treatment & management in all health districts (ART)	Number of health facilities providing an HIV & AIDS Comprehensive Care, Management & Treatment programme	26 = Hospitals 253=PHC Facilities	34 = Hospitals 100=PHC Facilities	15 = Hospitals 100=PHC Facilities	15 = Hospitals 100 = PHC Facilities	10 = Hospitals 100 = PHC Facilities
Increase access for comprehensive HIV & AIDS care, treatment & management for people living with HIV & AIDS.	Number of patients receiving ART	15 169	22 862	40 000	60 000	70 000

Measurable Objective	Measurable Objective	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Improve care & support for people living with & affected by HIV & AIDS	Number of patients accessing Home Based Care	75 000	121 482	150 000	200 000	250 000
Improve access to TB care for HIV patients	Number of HIV positive new patient screened for TB	N/a	7 000	7 500	8 000	8 500
Improve access to HIV care for TB patients	Number of TB patient counselled & tested for HIV	N/a	16 000	17 000	18 000	19 000
Improve treatment and management of TB	Percentage of new smear positive PTB cases cured at first attempt	42.6%	60%	75%	80%	85%

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

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Input									
1. ARV treatment service points compared to plan	%	N/A	11%	27%	40	65	90	120	100
2. Fixed PHC facilities offering PMTCT	%	30	50%	70%	90%	100%	100%	100%	100%
3. Fixed PHC facilities offering VCT	%	40	75%	90%	100%	100%	100%	100%	100%
4. Hospitals offering PEP for occupational HIV exposure	%	100%	100%	100%	100%	100%	100%	100%	100
5. Hospitals offering PEP for sexual abuse	%	54%	66%	100%	100%	100%	100%	100%	100
6. HTA Intervention sites compared to plan	%	29%	43%	71%	100%	100%	100%	100%	100
Process									
7. TB cases with a DOT supporter	%	88.8%	92%	94%	96%	100%	100%	100%	100
8. Male condom distribution rate from public sector health facilities	No	3	3	7	8	9	9	11	11
9. Male condom distribution rate from primary distribution sites	No	100%	100%	100%	100%	100%	100%	100%	32

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

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
10. Fixed facilities with any ARV drug stock out	%	N/A	0%	0%	0%	0%	0%	0%	0
11. Hospitals drawing blood for CD4 testing	%	10%	25%	85%	100%	100%	100%	100%	100
Fixed PHC facilities drawing blood for CD4 testing	%	N/A	7%	15%	20%	25%	35%	50%	20
12. Fixed facilities referring patients to ARV treatment points assessment	%	N/A	7%	15%	70%	100%	100%	100%	10
Output									
13. STI partner treatment rate	%	25%	30%	33%	36%	40%	40%	40%	40
14. Nevirapine dose to baby coverage rate	%	71%	70%	70%	70%	70%	70%	70%	70
15. Clients HIV pre-test counselled rate in fixed PHC facilities	%	98%	100%	100%	100%	100%	100%	100%	100
16. Patients registered for ART compared to target	%	N/A	7%	36%	47%	75%	85%	90%	100
17. TB treatment interruption rate	%	30%	36%	32%	29%	25%	20%	15%	4

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Quality									
18. CD4 test at ARV treatment service points with turnaround time >6 days	%	N/A	10%	5%	0%	0%	0%	0%	0
19. TB sputa specimens with turnaround time > 48 hours	%	48	48	40%	35%	30%	25%	20%	0
Efficiency									
20. Dedicated HIV/AIDS budget spent	%	102%	100%	100%	100%	100%	100%	100%	100
Outcome									
21. New smear positive PTB cases cured at first attempt	%	51%	34%	40%	45	50	60	65	85
22. New MDR TB cases reported annual % change	%	4%	6%	4%	3%	2%	1%	-5%	-30
23. STI treated new episode among ART patients annual % change	%	N/A	N/A	10%	10%	10%	10%	10%	
24. ART monitoring visits measured at WHO performance scale 1 or 2	%	2	2	2	2	2	2	2	

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

Expenditure	2001/0	2002/03 (actual)	2003/04 (actual)	2004/05 (Actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Current prices[1]									
Total	2,899	24,760	38,934	98.970	181,537	238,514	233,204	264,563	314,972
Total per person	0.45	3.85	6.05	13.96	25.61	33.64	32.89	37.32	44.43
Total per uninsured person	0.41	3.46	5.44	12.57	23.06	30.29	29.62	33.60	40.00
Constant (2004/05) prices[2]									
Total	3,531	27,459	40,959	94,981					
Total per person	0.55	4.27	6.36	13.40					
Total per uninsured person	0.49	3.84	5.73	12.06					

SUB-PROGRAMME: TB CONTROL

PURPOSE

To control the spread of TB and manage individuals infected with the disease and reduce the impact of the disease in the communities.

PROGRAMME DESCRIPTION

Epidemiological findings show that there is a dramatic rise in TB cases and this rise is directly associated with HIV. The most common opportunistic infection and cause of death among HIV positive people is TB. The Provincial policy is to offer comprehensive one stop services for co-infected patients.

Empirical evidence and common knowledge proved that without adequate basic nutrition, TB Treatment and ARV's are virtually meaningless, The MEC is pushing for a strategic approach that integrates TB with nutrition.

A TB crisis plan has been developed to mitigate against the TB epidemic focusing on the Amathole District Municipality and Nelson Mandela Metro.

PROGRESS ANALYSIS OF THE TB CONTROL PROGRAMME

- The TB Programme has been upgraded to a Directorate with additional Head Office staff (2 Deputy Directors and 1 Assistant Director) to ensure coordination
- Two additional DOT supporters have been added to each clini
- Electronic TB Registers have been introduced throughout the province.
- TB Crisis Plan has been developed and is being implemented
- All MDR-TB cases are screened for XDR-TB
- Three sites were identified for isolation of XDR-TB cases namely Jose Pearson, Fort Grey and Nelson Mandela Isolation Unit.
- ntegration of TB services and HIV services is ongoing.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Achieve universal access to high quality diagnosis and patient centred treatment
- Reduce the human suffering and socio economic burden associated with TB
- Protect poor and vulnerable populations from TB, TB/HIV, multidrug-resistant and extreme drug resistant TB.
- Support development of new tools and enable their timely and effective use.
- Conduct surveys to determine provincial prevalence of XDR-TB
- Ensure availability of key drugs to treat and control XDR-TB.
- Strengthen infection control measures to protect staff.
- Train staff on the use of new drugs, clinical management and adverse event reporting.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Constraints	Measure to overcome them
Finance and financial Management	
The programmes require additional financial support to train health professionals on the new Electronic register and the XDR-TB	Training of middle management and staff at facility level on the new register and quick response to XDR-TB.
Human Resources	
Critical shortage of health professionals especially doctors and nurses, pose a serious threat to the implementation of all the programme areas in this component. Shortage of Accredited Training Providers for the Ancillary Health Worker qualification for the training of community health care workers, as specified by the Health and Welfare Sector Education and Training Authority (HWSETA).	Fast-tract the recruitment and appointment of all categories of critical staff. Private practitioners engaged as sessional doctors. Improvement of NGO / CBO Mentoring systems.
Support Systems	
Poor quality of data	Development and utilization of effective monitoring and evaluating systems to validate the effectiveness and efficiency of responses to the TB services
Inadequate patient information system	Strengthening of the health care support systems including the patient information system.

Table 18: Provincial objectives and performance indicators for the TB CONTROL PROGRAMME

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objective: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes.

Measurable Objective	Performance /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Improve access to high quality TB diagnosis and patient centre treatment	Number of TB patient counselled & tested for HIV	N/a	16 000	17 000	18 000	19 000
	Results within 48 hours	3-5days	72hours	48hrs	48hrs	48hrs
	No of new cases detected	6 000	7 500	9 000	10 000	15 000
Support development of new tools and enable their timely and effective use	Provincial Communication Strategy on TB, MDR and XDR-TB	Nil	Consultation for development of Communication Strategy	Strategy Developed & implemented	Implementation of strategy	Implementation of strategy
Train staff on the use of new drugs, clinical management and adverse events reporting	Health care workers capacitated in drug supply management and case management of TB	500	750	1000	1 500	2 000
Reduce the human suffering and socio economic burden associated with TB	% of patients with a DOT supporter Surveillance Report on XDR-TB cases	65%	75%	90%	95%	98%
Conduct surveys to determine provincial prevalence of XDR - TB	Percentage of new smear positive PTB cases cured at first attempt	Nil	Report on extent of XDR among MDR-TB Cases	Surveillance report on Provincial XDR-TB prevalence	Nil	Nil

Measurable Objective	Performance /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Ensure availability of key drug to treat and control XDR - TB	No of cases successfully treated	42.6%	50%	60%	65%	70%
		Nil	No of XDR-TB in DHIS	No of XDR-TB in DHIS	No of XDR-TB in DHIS	No of XDR-TB in DHIS

SUB PROGRAMME: MCWH & INP

PURPOSE

This sub-programme is responsible for the designing of plans and guidelines for the rendering of preventive, promotive, curative and rehabilitative maternal, child, genetic and woman health services

PROGRAMME OBJECTIVES

- To reduce maternal deaths
- To strengthen implementation of TOP
- To strengthen implementation of Integrated Management of Childhood Illness Strategy.
- To increase immunization coverage to 90% through implementation of intervention strategies.
- To contribute to the growth and development of children under 5 year
- To eliminate micronutrient deficiencies focusing on Vit A, iodine and iron
- To contribute to food security

PROGRESS ANALYSIS OF MCWH AND NUTRITION

- Immunization coverage is at 74%
- Percentage of facilities implementing IMCI is 65%
- Implementation of Phase one of School Health Policy in district municipalities - 57%
- Child Problem Identification 4 hospitals are implementing Child PIP
- All district municipalities are implementing Community IMCI
- All PHC facilities are implementing Youth Friendly Services and 29 facilities have been certified as Youth Friendly.
- Three (3) percent of women 25 years and above have been screened for cervical cancer
- Women Year Protection Rate is at 45%
- Hospitals providing CTOP 30%
- CHCs providing CTOP - 3
- ANC coverage 103%
- Facilities certified as baby friendly: 41

Table MCWH1: Situation analysis indicators for MCWH & N

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo	Cacadu	National Target
Input												
Hospitals offering TOP services	%	20%	26%	21%	25%	20%	20%	15%	10%	30%	25%	100
CHCs offering TOP services	%	0%	4%	02%	5%	2%	2%	0%	2%	2%	1%	50
Process												
Fixed PHC Facilities with DTP-Hib vaccines out of stock	%	8.01%	11.56%	5.98%	0.18%	5.1%	4.1%	0%	4.3%	9.3%	3.9%	
AFP detection rate	%	Nil	0,9 per 100000	1,2 per 100000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1
AFP stool adequacy rate	%	Nil	78%	80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80
Output												
Schools at which phase 1 health services are being rendered	%	NA	NA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	70%

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo	Cacadu	National Target
(Full) Immunisation coverage under 1 year	%	59.23%	62.23%	64.36%	117%	103%	87%	77.1%	94%	80%	86%	90
Antenatal coverage	%	83.39%	80.81%	80.81%	103%	80%	83%	97%	69%	89%	104%	80%
Vitamin A coverage under 1 year	%	20%	48%	80.3%	123%	65.9%	65%	83%	55.1%	28.3%	74.5%	80%
Measles coverage under 1 year	%	67.18%	66.63%	64.61%	119%	96%	91%	85%	87%	78%	85%	90
Cervical cancer screening coverage	%	20.1%	15.8%	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15
Quality												
Facilities certified as baby friendly	%	2.4%	3.5%	8.2%	0%	59%	7%	0%	40%	8%	10%	20
Fixed PHC Facilities certified as youth friendly	%	3	9	63	6	14	6	8	4	21	4	20
Fixed PHC facilities implementing IMCI	%	18	27	34	18	71	104	28	24	89	4	

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo	Cacadu	National Target
Outcome												
Institutional delivery rate for women under 18 yrs	%	20	30	40	6	8%	0.5%	1.3%	12%	12%	5%	13
Not gaining weight under five	%	2.86%	2.46%	2.5%	1.5%	4%	2%	2%	2%	2%	4%	

ANALYSIS OF CONSTRAINTS AND MEASURES TO ADDRESS THEM

Constraints	Measures to address them
Finance and financial management	
No dedicated budget for MCWH programme Poor expansion of IMCI implementation in districts due to budgetary constraints.	Dedicated budget for the programme
Human resources	
Gaps on financial, project and programme management identified among some programme managers High staff turn over at all levels	Training of financial, project and programme management. Filling of vacant posts
Support Systems	
Inadequate Health Information System	Facilitation of training of managers on DHIS in collaboration with District Health Information Sub directorate.

Table MCWH 2: Provincial objectives and performance indicators for MCWH & N

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objective: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes.

Measurable Objective	Performance /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To reduce maternal mortality rate	Maternal Mortality Rate	150/100000	130/100000	90/100000	95/100000	90/100000
To strengthen implementation of TOP	No of facilities offering TOP	85%	90%	90%	90%	90%
Increase Immunization coverage to 90%	% of children fully immunised at the age of 1 year	2.17%	2.07%	2%	2%	2%
To contribute to the growth and development of children under 5 years.	Percentage of children in the targeted age that showed under weight.	100%	100%	100%	100%	100%
	% of children that qualify for and receive nutrition supplementation.	80%	90%	90%	90%	90%
	% of children on the supplementation programme	4%	4%	4%	4%	4%
	No of community based GMP sites per LSA.	99%	99%	99%	99%	99%
To eliminate micronutrient deficiencies, focusing on Vitamin A, Iodine and Iron.	% of children 6-11 months that receive supplementary vitamin A.	75%	90%	99%	99%	100%
	% of children 12-24months receiving Vitamin A	65%	75%	85%	95%	100%

Measurable Objective	Performance /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	% of children 25-60 months receiving vit A % of women post partum receiving Vitamin A					
To promote exclusive breastfeeding.	% of health facilities certified baby friendly.	20%	25%	0%	35%	40%
To contribute to food security.	% of clinic gardens funded for vegetable production.	30%	40%	45%	50%	60%
Strengthen implementation of the IMCI strategy	- Percentage of facilities offering IMCI - Number of LSAs trained on IMCI	60%	65%	70%	75%	80%

Table MCWH 3: Performance indicators for MCWH &N

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Incidence									
Incidence of severe malnutrition under 5 years	%	-	-	-	-	-	-	-	-
Incidence of pneumonia under 5 years	%	-	-	-	-	-	-	-	-
Incidence of diarhoea with dehydration under 5 years	%	-	-	-	-	-	-	-	-
Input									
Hospitals offering TOP services	%	27%	29%	30%	40%	50%	55%	60%	100
CHCs offering TOP services	%	8%	16%	20%	25%	30%	35%	40%	80
Process									
DTP-Hib vaccines out of stock	%	5.98%	2%	1%	.5%	0%	0%	0%	
AFP detection rate	% %	1,2 per 100000	1 per 100000						1
AFP stool adequacy rate		80%	80%	82%	84%	85%			80

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Output									
Schools at which phase 1 health services are being rendered	%	NA	NA	25%	40%	65%	85%	100%	
(Full) Immunisation coverage under 1 year	%	64.36%	75%	80%	85%	85%	85%	85%	90
Antenatal coverage	%	80.81%	89%	92%	95%	95%	95%	95%	80%
Vitamin A coverage under 1 year	%	80.3%	80%	85%	90%	95%	99%	100%	80%
Measles coverage under 1 year	%	64.61%	80%	82%	84%	85%	87%	90%	15
Cervical cancer screening coverage	%	17%	25%	40%	45%	60%	65%	70%	
Quality									
Facilities certified as baby friendly	%	8.2	10%	30%	40%	50%	60%	70%	30
Facilities certified as youth friendly (number)	No	15	40%	20	30	50	60	70	30
PHC facilities implementing IMCI	%	34%	30%	45%	50%	55%	60%	65%	
Institutional delivery rate for women under 18 yrs	%	20%	2%	40%	50%	60%	70%	80%	13
Not gaining weight under 5 years	%	2.37%	2%	1.5%	1%	1%	1%	1%	

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

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Current prices[1]									
Total	131.838	135,464	173,250	23,933	25,096	26,316	28,219	31,092	32,295
Total per person	20.48	21.05	26.92	3.38	3.54	3.72	3.99	4.39	4.56
Total per uninsured person	18.44	18.94	24.23	3.04	3.19	3.34	3.58	3.95	4.10
Constant (2004/05) prices[2]									
Total	160,579	150,230	182.259						
Total per person	25	23	28						
Total per uninsured person	22	21	25						

SUB-PROGRAMME: INTEGRATED NUTRITION PROGRAMME

PURPOSE: To implement INP strategies to improve the nutritional status of the people of the Eastern Cape.

PROGRESS ANALYSIS

- For improved management of severe malnutrition in hospitalized children, the following categories of health workers were trained:
- Paediatric staff in 10 hospitals in Ukhahlamba Chris Hani & Amatole District Municipalities in 2006/07.
- 46 doctors in the province in 2006/07
- 18 Dieticians & 23 food service managers in implementing hospitals in 2006/07.
- 18 Hospitals have employed ARV dieticians for nutrition support of clients.
- Provincial protocol has been drafted for supplementation of HIV& AIDS clients presenting with other chronic conditions.
- Underweight and at risk pregnant & lactating women are being supplemented through the nutrition supplementation programme.
- 6 Nurses, 1 Enrolled nurse & 4 CHW's per LSA trained on community based growth monitoring & promotion in preparation of establishment of 1 community based site per LSA.
- Non breastfed infants (0-5 months) and children 6 to 11, 12- 23 and 24 to 59 months have been supplemented with Vit A at all PHC facilities.
- 44 Food service managers have been employed in 38 hospitals in the province and all have been trained in financial management & service excellence course.
- 5 new facilities awarded a Baby Friendly status, 6 sustained their status. 36 Facilities are baby friendly in the province
- 198 Health workers trained on Infant and Young Child Feeding
- 50 new clinic gardens initiated.
- 13 Community based Growth Monitoring and Promotion sites established.
- Equipment for 21 hospitals for implementation of WHO guidelines in hospital management of severe malnutrition purchased.
- 22 Awareness campaigns on Food Fortification and Salt iodisation conducted.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Reduction of morbidity and mortality rates
- Due to severe malnutrition in hospitalized children from 22% to 15%
- To continue to ensure provision of 100% food supplementation of people living with TB, HIV and AIDS
- To contribute to the reduction in the prevalence of underweight among pregnant and lactating women through supplementation with micro nutrients.
- Prevention and reduction of growth faltering among children 0-60 months of age especially 0-24 months through regular growth monitoring and promotion by from 75% - 99%
- Increasing number of health facilities with maternity beds awarded a baby-friendly status by 5 every year.
- Routine Vit A supplementation of children less than 5yrs presenting at PHC facilities to 100%.
- Provision of culturally acceptable and adequate meals both in quality & quantity to hospitalized clients.
- Incorporation of nutrition activities into the Integrated Food security and Nutrition projects in Integrated Sustainable Rural Development Nodal Sites through inter-sectoral collaboration especially at provincial level.

- Establishment of 2clinic gardens per LSA annually (144).
- Establishment of 1 communal/ hospital garden in 30 hospitals for supporting TB,HIV and malnourished clients annually
- Facilitate issuing of food parcels and seeds for homestead gardens to malnourished, HIV and TB clients.

ANALYSIS OF CONSTRAINTS & MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES PLANNED TO OVERCOME THEM
Finance & financial management: The INP has in the previous financial years, been funded from the conditional grant. The mid year term expenditure review has categorically indicated that the programme has been under budgeted for.	A submission is to be made requesting an additional funding of R 4,5 million for proper functioning in the coming financial year.
Human resources: LSA's have only INP managers employed with no CLO's to assist in the implementation of the programme. Not all dietetic & food service management posts have been filled in hospitals & there is also a huge brain drain as salary levels are not lucrative in enough to retain them.	To follow up with HR Section (Work Study) for the implementation of the proposed plan for INP personnel including: • Upgrading salary levels for dieticians. • Redefinition of the CORE for Food service managers. • Employment of CLO's per sub LSA & SASO per clinic.
Support systems: Not all INP indicators have been included in the DHIS & consequently nutrition information is collected using different tools which makes it difficult for Health workers to collect & compile.	A workshop with Provincial & LSA INP and Informatics managers and hospital management including CEO's is planned

PLANNED QUALITY IMPROVENT MEASURES

- All the provincial INP Assistant Directors have been allocated district municipalities and metro to support and monitor implementation of all focus areas of the programme using an adopted national monitoring tool.
- Advocating for filling of posts as per suggested INP organogram both LSAs & in hospitals.
- Impact studies on BFHI & Nutrition supplementation of malnourished and at risk clients have been planned for 2007/2008 financial year.

Table 20: Provincial Objectives & Performance Indicators For Integrated Nutrition Programme

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Reduction of morbidity and mortality: o Due to severe malnutrition in hospitalized children. o Of people living with TB, HIV/AIDS and other chronic debilitating conditions.	% of children dying of severe malnutrition in hospitals. Number of malnourished children, TB & HIV clients issued Food parcels No of institutions providing supplements to clients.	40% 0 821	35% 0 821	30% 30,000 821	25% 40,000 821	20% 45,000 821
Increasing number of health facilities with maternity beds awarded a baby-friendly status.	Number of health facilities awarded a baby-friendly status.	24	36	41	46	51
To promote exclusive breastfeeding.	% of health facilities certified baby friendly.	20%	39%	49%	59%	69%
Elimination of micronutrient deficiencies among the vulnerable populations or groups.	% of children that receive supplementation of Vit A (0-5 months, 6-11 months, 11-23 months, 24-59 months) % of Post partum women receiving Vit A	 0 59% 69% 0 40%	 29% 59% 69% 20% 40%	 39% 69% 79% 30% 45%	 49% 79% 89% 40% 50%	 59% 89% 99% 50% 55%

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Contribution to household food security	No of clinic gardens supported for food production	30	114	172	220	268
	No. of hospital gardens established	0	0	Establish a garden in 10 hospitals	5 additional gardens in 5 hospitals	5 additional gardens in 5 hospitals
To contribute to the growth and development of children under 5 years.	No of communal gardens established	0	0	Establish 1 communal garden per LSA	Establish 1 additional communal garden per LSA	Establish 1 additional communal garden per LSA
	No of CHW working in gardens and given stipend	0	0	72	144	216
	No of community based GMP sites initiated	13	23	24	24	24
	Number of clinics with soup kitchens established in Mdantsane, Nelson Mandela Metro, Ngangelizwe & Qokolweni	0 2.17%	All clinics in the Metro & Mdantsane& Ngangelizwe & Qokolweni clinics in KSD.	All clinics in the Metro & Mdantsane	All clinics in the Metro, Mdantsane & Ngangeliwe	80% of clinics in the Metro & Mdantsane
To contribute to the growth and development of children under 5 years.	Percentage of children in the targeted age that showed under weight.		2.07%	2%	1.9	1.7

SUB- PROGRAMME: DISEASE PREVENTION & CONTROL

PURPOSE: Prevention and control of spread of communicable and non- communicable diseases

PROGRESS ANALYSIS

- Mental Health
- Currently the Mental Health case load varies from one district to the other with 2.09 at Alfred Nzo to 3.51 at Nelson Mandela. Twelve doctors have been trained on the new Mental health Care Act to assist in patient reviews.
- Substance Abuse
- The sub directorate will be looking at intensifying collaboration with all stake holders in the establishment of support groups and capacity building of both the support groups and health professionals.
- Chronic Diseases
- There is an increase of chronic diseases resulting to increased complications and deaths. Studies done by the Walter Sisulu University revealed that deaths from chronic diseases (43%) exceed deaths from communicable diseases combined with perinatal health (27%). Diabetes prevalence is 48 per k. The control and management of diabetes patients with emphasis on education about risk factors and improvement of referral systems will be emphasized.
- Geriatrics
- There is a new policy on long term domiciliary oxygen therapy. Implementation of this policy, together with a National Guideline on Management of Stroke and Ischaemic attack has not taken off the ground. A special focus will be applied to these programs.
- Eye Care Prevention of Blindness Vision 2020 Eye care
- In 2005 the number of clients who had access to eye care through cataract extraction was 4,469. This figure includes 601 that were performed by the Bureau for prevention of blindness

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Implementation of the Mental Health Care Act
- Management, Rehabilitation and Mainstreaming of Substance Dependants.
- Implementation of Chronic Disease priority guidelines
- Establishment of Low Vision Services
- Prevention of lifestyle diseases

ANALYSIS OF CONSTRAINTS AND MEASURES TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Implementation of Chronic, Diseases priority guidelines	Training of professionals on the Mental Health Care Act.
National targets regardeing cataract surgery are not met.	To increase theatre times by embarking on a contract blitz per district municipality
Inadequate funding	To draw a business plan requesting assistance from well funded directorates.

Table PREV1: Situation analysis indicators for disease prevention and control

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objective: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes.

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo	Cacadu	National Target
Input												
Trauma centres for victims of violence	No	4	4	4	1	1					2	N/A
Process												
CHCs with fast queues for elder persons	%	Never measured	Never Measured	Never Measured	Never Measured	Never Measured	Never Measured	Never measured	Never Measured	Never measured	Never measured	10
Output												
Health districts with health care waste management plan implemented	No/%	Nil	20%	25%	70%	30%	30%	30%	10%	50%	10%	N/A
Hospitals providing occupational health programmes	%	100%	100%	100%	100%	50%	50%	50%	100%	50%	100%	80
Schools implementing Health Promoting Schools Programme (HPSP)	%	0.5%	1.5%	2,5%								

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo	Cacadu	National Target
Integrated epidemic preparedness and response plans implemented	Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Yes
Integrated communicable disease control plans implemented	Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Yes
Quality												
Schools complying with quality index requirements for HPSP	%	0.5%	1.5%	2,5%								
Outbreak response time	Days	1	1	1	1	1	1	1	1	1	1	2
Outcome												
Dental extraction to restoration rate	No	85%	70%	60%								0.5
Malaria fatality rate	No	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a	0.40

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo	Cacadu	National Target
Cholera fatality rate	No	1.7	1.5	1.3								1
Cataract surgery	No	3.021	3,363	3,094								950
Trauma centres for victims of violence	No	4	4	4								N/A

Table PREV2: Provincial objectives and performance indicators for disease prevention and control
Sub programme: Community Based Services

Strategic goal: 02 An effective service delivery based on the Primary Health Care approach and seamless referral system
Strategic objective 02: To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health Outcomes, including health promotion and healthy lifestyles

Programme Objective	Performance Measure Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To establish Low Vision services	Low vision services established in all 7 districts	NA	NA	Pilot in Amathole	Establish in 3 districts	Establish in 3 districts
	Number of doctors trained in cataract surgery	9	11	15	18	20
	Cataract surgery rate	853/m	1000/m	1400/m	1600/m	2000/m
Management, Rehabilitation and Mainstreaming of Substance Dependants	Number of LSA with Substance Abuse Support Group Forums	Not Measured	Not Measured	10	20	24
To manage diseases of lifestyle	No. of NGO's and CBO's in partnership with the DOH	NA	2	4	6	8
Improve management of chronic diseases	% of facilities implementing chronic diseases guidelines	70%	72%	75%	78%	80%
To improve implementation of the Mental Health Care Act No 17 of 2002 in 18 listed district hospitals and CHC's	Number of facilities implementing the Mental health Care act no 17 of 2002	Not measured	Not measured	30	35	42
To implement elder abuse strategy and guidelines	Number of LSA's implementing guidelines for older persons.	Not measured	Not measured	13	20	24

Table PRERV3: Performance indicators for disease prevention and control

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objective: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles.

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Input									
1.Trauma centres for victims of violence		4	4	4	5	6	6	6	1 per district
Process									
2. CHC's with fast queues for elder persons		Never measured	Never measured	0	-	-	-	-	20
Output									
3. Health care waste management plan implemented	No	20%	40%	60%	80%	100%	100%	100%	All districts
4. Hospitals providing occupational health programmes	20%	40%	60%	80%	100%	100%	100%	100%	100
5. Schools implementing Health Promoting Schools Programme (HPSP)	%	0,5 %	1,5%	2,5%	5%	20%	40%	60%	
6. Integrated epidemic preparedness and response plans implemented	Y/N	100%	100%	100%	100%	100%	100%	100%	Yes
7. Integrated communicable disease control plans implemented	Y/N	Y	Y	Y	Y	Y	Y	Y	Yes

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Quality									
8. Schools complying with quality index requirements for HPSP	0.5%	0,5 %	1,5%	2,5%	5%	20%	80%	90%	
Output									
9. Outbreak response time	Days	1	1	1	1	1	1	1	1
Outcome									
10. Dental extraction rate	85%	85%	70%	60%	50%	40%	35%	30%	0.4
11. Malaria fatality rate	Nil	0%	0%	0%	0%	0%	0%	0%	0.25
12. Cholera fatality rate	%	1.7%	1.5%	1.3%	1.2%	1.2%	1.2%	1.2%	0.5
13. Cataract surgery rate	No	341/m	463/m	667/m	700/m	800/m	900/m	1000/m	1000

SUB-PROGRAMME: COMMUNITY BASED SERVICES

EU: PARTNERSHIP PROJECT (EU: PDPHCP)

PURPOSE

The purpose of this programme is to strengthen the delivery of Primary Health Care Services (especially those addressing HIV & AIDS) by supporting the development of partnerships between Government and non-profit service organizations.

PROGRAMME DESCRIPTION AND STRUCTURE

The partnerships for the Delivery of Primary Health Care including HIV & AIDS Programme is a six-year programme developed by the Government of South Africa in collaboration with European Union. Eastern Cape Department of Health is one of the five provinces (Gauteng, Limpopo, Western Cape, KZN and Eastern Cape) in the country to pilot the project. The Eastern Cape Department of Health is implementing the project in three Local Service Areas (LSAs) namely, Buffalo City in Amathole District, King Sabata Dalindyebo in OR Tambo District and Lukhanji in Chris Hani District Municipality

PROGRAMME ANALYSIS

The Project has a structure of five personnel at Head Office in Bhisho and three members of staff in each of the three Sub-districts namely Amathole, OR Tambo and

Strategic Goal: Improved health outcomes and better quality of life

Strategic objectives: To strengthen the implementation of priority health programmes

PROGRESS ANALYSIS:

The following progress has been made in the previous financial year.

- The provincial NPO Management Manual was developed & completed
- Established structures within the province (including governance structures)
- NPOs management systems developed and being implemented.
- Funded NPOs who deliver PHC services in three Sub-Districts.
- Completed development of tender dossiers for the training of NPO Managers and Community Health Care Workers.

PRIORITIES OF THE EU: PDPHCP

Improve governance and management structures

- Strengthen governance and management structures and systems of NPOs.
- Promote partnerships and public participation by NPOs & Communities.
- Strengthen oversight over NPO governance structures providing PHC services.
- Ensure that all funded NPOs comply with requirements of PFMA and treasury regulations.

Strengthen Primary health care

- Establish & strengthen the delivery of PHC by supporting development of partnerships between government and Non-Profit Organizations.
- Ensure the establishment, implementation and maintenance of management control systems.
- Coordinate and manage all stakeholder engagement with funded NPOs.

Strengthen health system planning, monitoring and evaluation

- Ensure that implementation of PDPHCP is aligned to DHP &R.
- Strengthen the implementation of NPO data collecting tools
- Strengthen the establishment of reliable collected information by NPOs
- Improve operational performance through the implementation of the performance Management and Development Systems.

MEASURABLE OBJECTIVES

- To strengthen the District Health system services
- To implement the Community Health Worker programme according to national norms and standards
- To involve communities in health service delivery and health promotion activities through use of Community Health Workers

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM.

CONSTRAINTS	MEASURES TO OVERCOME THEM
Delays by EU to release funds	Work-plan extension submitted
Delays in approving tender dossiers by EU	A communication has been delivered to NPMU for expediting approval
Lack of capacity in many funded NPOs	Funds are made available for capacity building
NPOs not submitting reports per agreed formats	Data elements workshops planned and funded

TABLE 21: Provincial objectives and performance indicators for PDPCHP

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To strengthen the District Health System Services	Number of districts with needs analysis done	0	0	2 districts to have completed skills analysis	All 3 districts to have done skills analysis. 50% within NPOs trained	100% of workers within NPOs trained
	No of districts with a development plan	1	3	2 districts implement development plans	3 districts implement development plans	3 districts implement development plans
	No of districts with databases	0	3 districts with NPO database	Review update all databases	Review update all databases	Review update all databases
	Number of documents & operational frameworks developed clarifying roles and responsibilities between Provincial health & NPOs	0	1 framework developed	Draft report 3 framework operational role & responsibilities piloted at district level	100% implementation of frameworks	100% implementation of frameworks
	Number of NPOs incorporated into the MTEF	0	0	Province to start incorporating 25% (out of 55 NPOs) into MTEF	Province to start incorporating 35% (out of 55 NPOs) into MTEF	Province to start incorporating 40% (out of 55 NPOs) into MTEF

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	No of districts with databases	0	3 districts with NPOs databases	Review and update all databases	Review and update all databases	Review and update all databases
To develop a strategic training programme for NPOs providers including planning, basic accounting, monitoring, evaluation, report writing, etc.	Provincial NPOs training plan developed Number of NPOs trained in NPOs training packages	0 0	50% of NPOs trained in the NPO training package	60% of the NPO`s trained in the NPO training package	75% of the NPO`s trained in the NPO training package	100% of the NPO`s trained in the NPO training package
To implement the CHW programme according to national norms and standards	Number of standards & learnerships for NPOs in the province developed	0	0	Draft plan NQF & SETA Accreditation for Learnerships programme piloted	60% implementation of NPOs Learnerships in 3 districts	NPO learner ships implemented & documented
To involve communities in health service delivery and health promotion activities through use of CHW	No of NPOs applying No of NPOs identified & contracted to provide PHC & HIV/AIDS No of districts identified & contracted NPOs % of NPOs contracted in three identified districts	193 0 3 28%	0 55 3 25%	212 20 3 30%	234 20 3 40%	257 25 3 50%

3.2 SUB-DIRECTORATE: OCCUPATIONAL HEALTH AND SAFETY

PURPOSE

To facilitate implementation of Occupational Health and Safety Act at all health facilities in the Province of the Eastern Cape

PROGRAMME OBJECTIVES

- Monitor compliance of Eastern Cape Department of Health with Occupational Health and Safety (OHS) Act No. 85 of 1993
- Profiling and implementation of occupational health and safety services
- Implement risk assurance management systems including implementation of audit systems
- Put mechanisms in place to reduce blood borne diseases including hepatitis and HIV/AIDS
- Monitor payment of all ex-miner's claims submitted to MBOD (Medical Bureau for Occupational Diseases) for certification and CCOD (Compensation Commissioner for Occupational Diseases) for compensation
- Strengthen partnerships with relevant stakeholders at Provincial and National level
- Facilitate capacity building for managers and employees

PRIORITIES

- Establish staff health clinic for the Provincial Office employees
- Arrange / facilitate risk assessment in health institutions
- Facilitate establishment of Health and Safety Committees in all institutions
- Creation of posts for occupational health and safety practitioners at District hospitals, Complexes and Local Service Areas
- Conduct awareness campaigns to profile Occupational Health and Safety programme
- Establish and train 'SHE' structures as laid down in the OHS Act
- Conduct risk profiles in all health institutions that are reviewed after every second year to reduce fatalities related to occupational hazards/injuries.

PROGRESS ANALYSIS

- 100% institutions implementing the requirements of Occupational Health & Safety Act No 85 of 1993- Copies of the act distributed to all occupational health and safety coordinators in the Eastern Cape Department of Health.
- Appointment of health and safety representatives done at Head Office in writing as per requirements of the OHS Act
- Appointment of fire fighters and fire marshals done
- Appointment of Chief Executive Officers done as required by the Act to ensure that an occupational health and safety management system is implemented
- Safety, Health & Environment (SHE) awareness campaigns done in five District municipalities.
- Training on fire fighting for 60 fire fighters from institutions at different district municipalities conducted at Nelson Mandela Metropolitan Training Centre
- Training of 13 First Aiders for Provincial Office and 30 from Amathole, 8 from Chris Hani and 16 from O.R.Tambo done
- First Aid boxes purchased for Provincial Office First Aiders

- Training of 50 health and safety representatives from Amathole, Nelson Mandela Metro and Alfred Nzo done on health and safety and reporting of incidents
- Monitoring and surveillance of workers exposed to risk work in mining (Community outreach-Benefit medical examinations)
  All benefit medical examinations are done on the prescribed forms and submitted for compensation to the Medical Bureau for Occupational Diseases for Certification and Compensation
  Commissioner for Occupational Diseases
- Personnel protective equipment (PPE) supplied to 60 trainees of fire fighting
- Risk profile and risk assessment done by health and safety representatives and Department of Labour and consultants respectively at Provincial Office to identify hazards
- Training of coordinators and Provincial Office Human Resource Practitioners on the Compensation for Occupational Injuries and Diseases Act No. 130 of 1993 was done
- Draft Policy on Occupational Health and Safety Act No.85 of 1993 developed, to conduct consultation process with stakeholders
- Safety inspection of the Provincial Office done by Health and Safety representatives and Department of Labour, awaiting report
- Development of Provincial standards for Occupational Health and Safety
- Risk assessment at P.E.Complex done, focusing on laundry services
- Development of guidelines for Compensation for Occupational injuries and diseases

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial Management Insufficient budget for Occupational Health and Safety	Motivate for dedicated budget for Occupational Health and Safety
Human Resources No dedicated personnel for effective implementation of the programme in institutions	Motivation done for appointment of dedicated personnel for Occupational Health and Safety

Table 22: Provincial objectives & performance indicators for Occupational Health and Safety

Strategic Goal: 01 A modern professional and effective health care organization with appropriately managed human resources, adequate financial resource and technology within a conducive work environment.

Strategic Objective: 10 To facilitate the implementation of the occupational health and safety systems within the department including health facilities.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Monitor compliance of health institutions with the Occupational Health and Safety Act No.85 of 1993	% of institutions with Health and Safety Committees	5 %	20 %	50 %	60%	80%
	% of institutions with records of risk assessments undertaken	15 %	30 %	50 %	75 %	100 %
	% of institutions with written programmes and procedures required by regulations	25 %	50 %	80 %	100 %	100%
	% of institutions with health and safety audit tool for quality assurance					
	% of institutions utilising standardised (SABS) approved PPE	30 %	50 %	70 %	80 %	100 %
	% of institutions with an OHS training/workshop report	0 %	15 %	30 %	45 %	50 %

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Facilitate /arrange capacity building sessions for managers and employees	% of managers and employees capacitated	30 %	40 %	50 %	60 %	75 %
Conduct awareness campaigns to profile OHS programme	% institutions visited for campaigns	25 %	30 %	60 %	100 %	100 %
Facilitate / arrange risk assessment in health institutions	% of institutions with risk profiles on occupational hazards.	15 %	20 %	50 %	80 %	100 %
Reduction of blood-borne diseases related to needle prick injuries and exposure to infection	% of institutions implementing needle prick protocol.	25 %	35 %	40 %	50 %	75 %
	Statistics on needle prick injuries from institutions	Reduction by 25 %	35 %	40 %	50 %	75 %
	% of institutions with guidelines on post exposure prophylaxis against HIV	30%	50%	75%	100%	100%
	% of institutions with records of immunisation programmes undertaken against hepatitis	2 %	10 %	30 %	50 %	75%

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Staffing strengthen at district level	No of occupational health Assistant Directors appointed per district municipality	0	0	25	25	25
Facilitate establishment of Safety Health and Environment (SHE) structures in the Department and District Municipalities	% institutions with First Aiders trained and first Aid equipment available.	5%	20 %	40 %	50 %	75 %
	% fire marshals trained	5%	20%	40%	50%	75%
	% Health and safety representatives trained and have appointment letters from the employer.	5%	5%	5%	5%	5%
Monitor ex-miner's programme	No. of claims paid	4,000	Additional 4,000	Additional 4,000	Additional 5,000	Additional 1,000
	No. of ex mine worker's examined	Compile database	Update database	Update database	Update database	Update database
Monitor the develop policy of occupational health and safety.	% institutions with visible policy on occupational health and safety.	0 %	20 %	40 %	60 %	80 %

PLANNED QUALITY IMPROVEMENT MEASURES

- Training to be conducted for all medical and non medical staff according to National Health Council Guidelines in all public health institutes across the province on prevention of needle pricks once every month.
- Accidental needle pricks at all public health institutes across the province to be reported to the OHS officer within 10 minutes of occurrence, who shall take all necessary steps to ensure safety of employees or members of the public within 30 minutes of receiving the report.
- All accidental injuries of employees, patients and visitors at all public health institutes across the province are properly recorded on the correct forms and investigated within 10 working days.
- Monthly statistics of accidental injuries and their nature are properly recorded and circulated to all staff and displayed at all entry points at all public health institutions as a precaution to avoid accidents.
- Posters with warning signs of hazardous substances, used equipment not to be touched by members of the public are posted at entry points in all health institutions at all times to prevent infection.
- Full time OHS officers are appointed at each public health institute across the province at all times.
- OHS representatives are elected at the ratio of 1:50 at all public health institutions across the province at all times.
- The OHS Unit works with clinic committees across the province to promote awareness on hazardous waste in both schools and communities monthly.
- Emergency fire and evacuation drills are conducted at all public health institutions across the province once every 6 months.
- Information about emergency assembly points, fire brigade, police services and municipal rescue services is clearly displayed at all public entry points and offices in all health institutions across the province at all times.
- The OHS Fire Safety Officers will visit all public health institutions across the province quarterly to inspect the status of fire equipment.
- Training on Health & Safety and induction for new employees and contractors on high risk areas at all public health institutions across the province is done.

STRATEGY FOR NON-RECURRENCE OF ISSUES RAISED BY AUDITOR-GENERAL.

- The strategy is based on delegation of Provincial Integrated Task Team by the MEC.
- The team consists of Occupational Health and Safety, Environmental Health, Infection Control and Inspectorate Units.
- The task team is visiting institutions mentioned in the Auditor-General's report, targeting management of the institutions to discuss strategies of improvement, appointment of health and safety structures and legal compliance to fire safety and general safety regulation, premises and house keeping.

- Walk through inspections are conducted in the areas identified by Auditor General.
- Managers are advised to set up teams similar to the provincial team.
- Occupational Health and Safety structures at institutions have been trained on Health and safety, fire fighting and First Aid
- Health care personnel are trained on health care waste management.

IMPLEMENTATION OF PFMA

- Spending will be in accordance to allocated funds
- To observe delegations regulating approval of funds according to different levels.

EMERGENCY PREPAREDNESS

- Training has been conducted for Occupational Health and Safety representatives, Fire Fighters, Fire Marshalls and First Aiders at provincial office and institutions.
- Fire drills are planned for institutions before the end of this financial year.
- Occupational Health and Safety is working with Revitalisation Unit and Public Works Department to address the condition of facilities and office buildings.
- A Safety inspection of provincial office buildings has been conducted by provincial Health and Safety Representatives and the Department of Labour.
- Risk assessment at provincial office buildings has also been conducted by Safety Structure and a consultant

SUB DIRECTORATE: HEALTH PROMOTION

PURPOSE

Enablement of, mediation and advocacy for the people of the eastern cape in the prevention of illnesses and promotion of their health.

PROGRESS ANALYSIS OF HEALTH PROMOTION PROGRAMME

- An organisational structure for Health Promotion both at Provincial and Local Service Areas was created in 2003 and twenty (20) Assistant Directors were appointed at LSA level in 2004
- 65 Community Liason Officers were employed in June 2006 bringing the total number of Community Liason Officers to 135
- A Provincial Health Promoting Committee has been established and a Provincial Health Promoting Policy drafted
- Through a focused health promotion approach, a 0% cholera outbreak has been recorded in the Eastern Cape in 2004/05 & 2005/06.
- There has been an increase in Polio Immunization Coverage to 98,3% in Amathole District thus exceeding the National target of 90%.
- Reviewal of the National Rabies Policy Guidelines was done, in order to adapt it to the Eastern Cape situation.
- The Unit assisted in strengthening the traditional health services by translating and interpreting the Traditional Health Practitioners Health Act for traditional health practitioners.
- Maternal Child and Women's Health Services were also strengthened by translating and interpreting the National Measles Guidelines for adaptation to the Eastern Cape situation.
- A situational analysis conducted on the Status of Community Health Workers in the Eastern Cape highlighted the following:

➤ Unequal distribution of CHWs being scarce in the needy deep rural areas

➤ 1,500 CHWs were on stipend while 2,700 were not

➤ Most of CHWs have been trained on HIV/AIDS, STI some in TB and EPI but very few or no training has taken in areas like TOP , Family Planning , Human Rights and Patient's Rights.

➤ A hundred (100) health promoters have undertaken a post graduation training course on Health Promoting Schools with the University of the Western Cape

- Health Promoting Schools have fenced food gardens, initiated by the Department of Health, to improve the nutritional status of learners.
- 95 HPS and their communities have been trained on trench method of agriculture.
- 63 computers were donated to 12 HPS around Qokolweni JSS Mthatha, to improve the intellectual capability of learners.
- Implementation of Tobacco Control Act has been done in 33 HPS to cut down the

number of children who are likely to engage in drugs and other toxic substance abuse.

- 48 HPS that had no water received water tanks contributed by the Department of Health which assisted in decreasing Health & Hygiene related diseases like cholera.
- Peer Education programme on life skills is implemented with emphasis on the need to prevent Sexual Transmitted Diseases eg HIV / AIDS, Syphilis, Gonorrhea etc.
- Physical exercises are part of the healthy lifestyles programme implemented in 21 Health Promoting Schools to prevent conditions like overweight, which results in low immune levels and therefore predispose children to all immune dependant illnesses eg Cancer.
- There are 30 soup kitchens in HPS that benefit vulnerable children who are on daily medical treatment at school.
- Interdepartmental collaboration with the Government Departments that form the social needs cluster makes this programme sustainable and that has resulted in 2 Health Promoting Villages being established in Buffalo City & Qokolweni.
- Weekly free slots in Umhlobo Wenene Radio Station are used by the Health Promotion Unit to disseminate health messagesScreening of officials in the provincial office of the Department of Education was done during "The Public Services Week" of 7-8 November 2006)
  286 Officials were screened for diabetes and blood pressure
  36 Breast examination for breast cancer and
  58 For VCT
  Forty (40) of these clients needed attention and were appropriately referred
- This service was extended to community members at Metlife Mall in King William's Town where 118 clients were screened for diabetes and blood pressure. Eighteen (18) of these clients were relevantly referred.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS:

(i) To establish and strengthen health promoting settings i.e:

- Health Promoting Correctional Services
- Health Promoting Businesses
- Health Promoting Schools

(ii) To strengthen healthy lifestyles programme.

(iii) To support PHC Priority Programmes through:-

- Systemic Screening of diseases for early diagnosis and treatment.
- Management of Community Health Workers.
- Establishment and management of a Health Resource Centre in Bhisho hospital
- Dissemination of health related information.
- Development and distribution of health promotion material.

Table 23: Provincial objectives and performance indicators for Health Promotion

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objectives: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Facilitate the establishment of Health Promoting Correctional Services in the Eastern Cape	Number of Health Promoting Correctional Services per year	0	1	20	24	30
Facilitate the establishment of Health Promoting Businesses in the Eastern Cape	Number of Health Promoting Businesses per year	0	1	20	24	30
Increase Health Promoting Schools by 40% annually	Number of health promoting schools per year	139	185	259	333	407
Ensure increase of Health Promoting Schools by 74 annually	Number of Health Promoting Schools per year	139	185	259	333	407
Development of Community Health Workers Policy	Number of LSA's with equitable Distribution of functional Community Health Worker's with Stipend	0	0	10 LSA's	20 LSA's	24 LSA's
Ensure 20% Increase of HPCS in the Eastern Cape	Number of Health Promoting Correctional Services	0	1	20	24	30

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Ensure 20% Increase of Health Promoting Business in the Eastern Cape per year	Number of Health Promoting Business per year.	0	1	20	24	30
Ensure a functioning of Primary Health Care IEC Center	Fully functioning of Primary Health Care IEC Centre	0	Secure a venue and a Administration Officer	Renovate the venue and acquire equipment for storage	Ensure Electronic & non Electronic material	Ensure a full compliment of relevant personnel
Support PHC priority programmes	Communication Support systems in place for TB, Nutrition MCWH, Chronically ill, HPS & Healthy Life Styles.	In Place	In Place	In Place	In Place	In Place

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVER COME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and Financial Management No detailed Budget Allocation for Health Promotion 200506	MEC and Top Echelon has approved that Health Promotion be a funded Directorate
Human Resources Head Quarters Personnel insufficient to ensure the shift to health promotion in the Province	Memo has been approved for the creation of a separate directorate
Support System No clear Memorandum of Understanding between Health Promotion and Municipalities, CBO's and NGO's	Health Promotion to take part in the District Management meetings and PHC Council.

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT PROGRAMMES

- Availability of funds for Health Promotion will improve performance of this Unit
- The Unit is to be upgraded to a Directorate level which will improve monitoring and evaluation of planned activities.

STRATEGIES TO ADDRESS AUDIT QUIRIES

The Unit does not have any audit queries for the current financial year but the newly appointed staff is scheduled for in- service training in PFMA and Treasury Regulations. Tools have been designed by the section to address compliance to Departmental audit standards and promote clear PMDS standards.

IMPLEMENTATION OF PFMA:

- The Unit will ensure adherence to the system of financial management and internal controls established for the Department of Health within the area of responsibility of Health Promotion.

3.4 SUBDIRECTORATE: TRADITIONAL HEALTH SERVICES

PURPOSE

To facilitate implementation of the Traditional Health Practitioners and the Application of Health Standards in Traditional Circumcision Acts in the Province of the Eastern Cape

PROGRAMME DESCRIPTION:

Traditional Health Service is a relatively newly established service and in the process of being unpacked and rolled out. It focuses on establishing, expanding and monitoring the practice of four categories of traditional health practitioners namely, Traditional surgeons, Traditional Birth Attendants, Diviners and Herbalists.

PROGRAMME SPECIFIC OBJECTIVES

- To apply health standards in traditional circumcision thus reducing morbidity and mortality rate amongst communities in the province.
- To formulate and implement traditional medicine policies for the Department of Health in the Province.
- To support the implementation of primary health care services aimed at preventing and reducing the occurrence of communicable and non communicable diseases.
- To promote and improve safe traditional health and cultural practices.
- To build the capacity of the Eastern Cape traditional health practitioners

PRIORITIES OF THE TRADITIONAL HEALTH SERVICES:

- To reduce mortality and morbidity resulting from traditional circumcision by applying health standards in traditional circumcision practice.
- To provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services.
- To promote collaboration and shared responsibility between public/ private and traditional health practitioners.
- To support the implementation of primary health care services aimed at preventing and reducing the occurrence of communicable and non communicable diseases.

PROGRESS ANALYSIS OF THE SUB-PROGRAMME

- The unit is operating at Sub Directorate level but motivation has been submitted to place it at Directorate level.
- Head office staffing currently is at 80%.
- A draft ideal organogram is being considered for staffing of districts and LSA for this programme.
- There is significant progress in the reduction of the number of deaths resulting from circumcision from 20 in 2003 to 8 in 2006.
- he unit enjoys full collaboration with its established partners, namely; HOTL, SAPS, Department of Education, Department of Local Government and Housing, & Traditional affairs, DFID, ECAC etc.

- A successful Provincial conference focusing on the strategic framework on "Traditional medicine practices in the province" and the curriculum on initiation, has been co hosted by the Unit in conjunction with the partners on 24 - 27 September 2006 attended by officials from the National Department of Health, other Ministries and Provinces.
- The Unit enjoys self representation in both the PHAC and the PHC fora where executive decisions are considered.
- The SAHRC, CRL and YC have shown interest in the programme.
- The transport hiring for LSAs has been upgraded from Ad Hoc to permanent. FMLS arrangement with LSA transport officers taking full control of fleet management measures. The demand is forty vehicles (40) and the current supply is thirty six (36).

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial Management Inadequate budget for the programme	Motivation has been made through budget proposals submitted to both PHAC and PHC fora.
Human Resources Staff complement at Head Office is at 80% and 0% in the Districts and LSAs creating a vacuum of services for proper cascading of provincial policies	Ideal organogram as recommended by the MEC, has been drafted and submitted to the Work study Unit
Support systems Inadequate transport **Computers and related networks** are marred with viruses and down times making it difficult to meet work demand.	Constant discussions are being held between the section, transport office, and Fleet Africa to improve the turn around time on delivery. New computers have been ordered by the Non personal Primary Health Care Directorate but the network downtimes are virtually impossible to get around because of the nature of their origin.

Table 24: Provincial objectives & performance indicators for Traditional Health Services

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objective: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles.

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)	2009/10 (Target)	2009/10 (Target)
To apply health standards in traditional health practices, thus reducing morbidity and mortality rate amongst communities in the province	The number of initiates that have died following circumcision	41	14	47	8	6	4	0
	The number of mutilations	29	3	15	0	0	0	0
	% of initiates admitted to hospitals	311(number)	118(number)	375(number)	30%	30%	20%	0%
	% of traditional circumcision performed legally	11074	11 004	9764	15000	90%	95%	100%
	Reduction in the number of surgeons and traditional nurses arrested for operating illegally	22	18	25	15	10	5	0

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)	2009/10 (Target)	2009/10 (Target)
To support primary health care services aiming at preventing and reducing the occurrence of communicable and non communicable diseases.	Number of PHC programmes in which traditional health practitioners participate	2 (Diabetes, HIV)	3 (HIV, Diabetes, IMCI)	6 (HIV, EPI, Diabetes, TB, STI)	7 (HIV, EPI, Diabetes, TB, STI)	9 (HIV, EPI, Diabetes, TB, STI, ANC)	11 (HIV, EPI, Diabetes, TB, STI, ANC, Health promotion)	11 (HIV, EPI, Diabetes, TB, STI, ANC, Health promotion
To provide for a regulatory framework to ensure the efficacy, safety and quality of traditional health care services	Number of Provincial policies developed	No data	No data	No data	Draft	Policy	Policy	Policy
	Number of traditional health practitioners enrolled in the provincial register			5,000	10 944	12 000	14 000	15 000
	No. Of Traditional Health Practitioners Committees established at Provincial, District and Local Service Area level	3 LSA's KSD, Nyanoleni & Kouga	Provincial Committee + 2 LSA's	Mhlontlo & Makana	Alfred Nzo, Ukhahlamba, Mbashe, Emalahleni & NMM	Amatole, Chris Hani, + 4 LSAs	OR Tambo, Cacadu +6 LSAs	All 7 DMs and 5 LSAs
To promote collaboration between public/ private and traditional health practitioners.	Number of districts with Traditional Councils and government departments participating in traditional health programmes.	No data	No data	3 Government Departments. DOE, SAPS and Local Government	3 Government Departments. DOE, SAPS and DOH	Sports Art and Culture and HOTL	Private Institutions, ECAC, ROLIF and Umthathi Project	Social Development and Agriculture

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)	2009/10 (Target)	2009/10 (Target)
To build the capacity of the Eastern Cape traditional health practitioners	Number of municipalities allocating resources for the traditional health programmes	0	2	1	2	2	7	All 7
	No. of traditional health practitioners per district attending capacity building activities	Nil	Nil	35 per district	50	100	200	500

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

- A Strategic framework on Traditional Medicine Practices is on the consultative stage and these processes have been given a go ahead by the Department.
- Reviewal and amendment of the Traditional Circumcision Act to address the identified gaps of current concern.
- Implementation of the Portfolio Committee on Health recommendations based on recent Public Hearings as per Hansard report recommendations.
- Partnership (PPPs) with the stakeholders has been put on higher level with the hope of formulating MOUs with all involved. Recommendations by the Portfolio Committee on health and Hansard & House proceedings Report are currently guiding the programme on improving the status quo in the Application of Health Standards in Circumcision Act.
- Research team has been nominated and proposals submitted for approval by the Department

STRATEGIES TO ADDRESS AUDIT QUERIES

Currently the subsection does not have any audit queries for the current financial year and the staffs is currently scheduled for further in-service-training in PFMA and treasury regulations, since most of them are still new in their positions. Tools have been designed by the section to address compliance to Departmental audit standards and promote clear PMDS standards.

IMPLEMENTATION OF PFMA

The challenge was the procurement of services for emergencies, but since the advent of a Financial Management Circular No. 78 of 2006, there is a relief in accordance with delegations but not with the demanding turn around time frames of procuring services. For this section, this is an insurmountable challenge. There is a need for a provision for sound emergency procurement plans by the department.

SUB PROGRAMME: OTHER COMMUNITY SERVICES

ENVIRONMENTAL HEALTH SERVICES

PURPOSE

Is to ensure an enabling environment conducive for the rendering of health services with particular reference to preventive and promotive health strategies.

PROGRESS ANALYSIS

- Health care waste training started and completed in Chris Hani, Ukhahlamba and Amathole District Municipalities.
- Eradication of backlogs of medical waste in the health institution has started specially with those audited by the Auditor General
- An integrated task team has been established to address the findings of the AG's report with reference to health care waste and infection control through a multi-sectoral team and also to assist the health institutions
- Purchase of medical waste containers and temporary medical waste storage facilities.
- The organogram for the remaining environmental health services within the province has been approved by the department for both Port Health services and other key functions
- Medical waste guidelines were developed and disseminated to all health institutions.
- Improvement of the Port Health services for our ports of entry namely harbours, airports and inland border posts
- Qachasneck borderpost has been established
- Improvement of the management of hazardous substances in the province
- The provincial workshop of on chemical safety with relevant policy framework has been done.
- Developed the Memorandum of Understanding between with the district municipalities and Metro
- Participation of unions in the process devolution of services
- Completion of the Section 78 assessment for the purpose of devolution
- Continuation of funding of municipal health services for the period of three years
- Water quality software has been purchased by the sub directorate with the geographical information system(geographical positioning)

PRIORITIES

- Improvement of health care waste in health institutions
- Improvement of the port health services for our ports of entry namely harbours, airports and inland border posts

- Improvement of the management of hazardous substances in the province
- Improvement of monitoring and evaluation of municipal health services rendered by district municipalities and metro
- Improvement of the environmental health disease surveillance in the Eastern Cape
- Improvement of environmental health information management

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial Management LSA's are unable to access the available budget for environmental health	To liaise with the Budget Section of the Department to ensure easy access of the budget for environmental health by LSAs.

PLANNED QUALITY IMPROVEMENT PROGRAMMES TO ENSURE THAT QUALITY OF SERVICE IS IMPROVED

- The sub-programme will liaise with Local Government in terms of lobbying the provision of water supply and sanitation in high risk areas.
- Intensification of monitoring and evaluation and community awareness on accidental and suicidal poisons for hazardous substances.

STRATEGIES TO ADDRESS AUDIT QUERIES

An Intersectoral task team comprising of Inspectorate, Occupational Health, Clinical Audits and Environmental Health, tasked to address short-comings in terms of AG's report, with specific report on health care waste and infection control.

IMPLEMENTATION OF PFMA

- Training of personnel on budgeting and supply chain management
- Build capacity on project management and Microsoft project
- Capacity building on the Batho Pele principles of service delivery

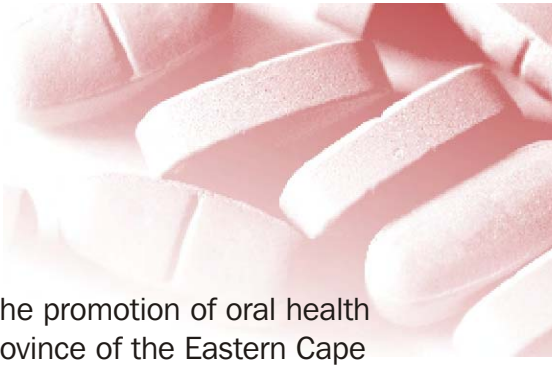
Table 25: Provincial objectives and performance indicators for Environmental Health Services

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objectives: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles.

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Improvement of health care waste in health institutions	% of hospitals with proper health care waste management	60	70	80	90	100
Improvement of the port health services for ports of entry namely harbours, airports and inland borderposts	Report on port health services in the Eastern Cape	4	2	4	4	4
Improvement of the management of hazardous substances in the province	% coverage of control of hazardous substance in the province	40%	45%	60%	70%	80%
Improvement of monitoring and evaluation of municipal health services rendered by district municipalities and metro in terms of the Service Level Agreement	No of reports with financial audits and service verification received from district municipalities and the metro regarding implementation of the municipal health services	NILL	NIL	7	7	7

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Improvement of the environmental health disease surveillance in the Eastern Cape.	24 hour response on outbreaks	24 Hour Response on outbreaks	24 Hour Response on outbreaks	24 Hour Response on outbreaks	24 Hour Response on outbreaks	24 Hour Response on outbreaks
To ensure monitoring and evaluation of local government in the light of the devolution of municipal health services	Quarterly meetings with local government and submission of annual reports by local government	Quarterly headings and annual report	Quarterly headings and annual report	Quarterly headings and annual report	Quarterly headings and annual report	Quarterly headings and annual report



ORAL HEALTH SERVICES

PURPOSE: To monitor implementation of activities aimed at the promotion of oral health and prevention of oral diseases throughout the Province of the Eastern Cape

PROGRAMME DESCRIPTION

There are 3 levels of oral health care services namely, basic primary oral health care, secondary oral health care and tertiary.
Basic oral health package: consists of preventive and promotive health services (oral health education, tooth brushing programmes, fissure sealant applications, fluoride mouth rinsing programmes), basic treatment (simple tooth filling, bitewing radiographs) and emergency relief of pain and sepsis (including dental extraction)
Secondary oral health care: deals with halting of oral diseases while Tertiary oral health care focuses on reconstruction and rehabilitation procedures following traumas/injuries and severe diseases like oral cancer

PRIORITIES

- To reduce dental caries in children.
- Prevention of tooth loss in adults via extractions
- To equip Oral Health facilities as to render basic primary oral health care.
- Improving staffing of oral health services in the rural nodes on oral health service delivery

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial planning No committed and dedicated budget for OHS	To negotiate and lobby funds for OHS
Human resources Staff shortages in all categories resulting in poor coordination of activities at District and L.S.A. Levels	Identification and filling of critical vacant and funded posts Training through HRD including skills development program.
Support Systems Lack of dental equipment especially in rural nodes and urban disadvantaged communities	To facilitate procurement of dental equipment

Table 26: Provincial Objectives and performance indicators for Oral Health

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic Objectives: 02 To strengthen and build capacity for the effective implementation of the priority health programmes in order to improve health outcomes, including health promotion and healthy lifestyles

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)	2009/10 (Target)
To equip Oral Health facilities as to render basic primary oral health care.	% of dental facilities equipped to offer basic primary dental care	30%	35%	40%	45%	45%	50%
To recruit and train dental professionals	% of posts filled	20% vacancy rate	30%	40%	50%	50%	60%
	Number of oral health professionals undergoing capacity building per year	23	23+ 25 new students	48+ 35 new students	73+ 25 new students	73+ 25 new students	98+ 25 new students
Prevention of tooth loss in adults via extractions	Number of dental mobile units purchased and put into use in all districts	2 mobile units	2	4	6	6	8
To create awareness and good dental practices in school going children	% of schools with oral health services integrated into health promoting schools programme	30%	35%	60%	80%	80%	100%
To reduce dental caries in children.	Number of private companies supporting oral	NA	1	2	3	3	4

PLANNED QUALITY IMPROVEMENT MEASURES

- Use of sessional dentists and dental specialists
- To co-ordinate referral system from primary and secondary to hospital complexes
- A proposal has been submitted for appointment of managers to monitor implementation of oral health services throughout the service

IMPLEMENTATION OF PFMA

- Training of officials in procurement procedures
- The Unit will ensure control of utilisation of assets (dental equipment) through stock inventory controller

5. SUB PROGRAMME : DISTRICT HOSPITALS

PURPOSE: To provide comprehensive, quality level 1 hospital services to the Eastern Cape Communities.

PROGRAMME DESCRIPTION AND STRUCTURE

There are 47 Provincial District Hospitals, 18 Provincially Aided Hospitals, and 1 Hospital (Hewu) which is managed by a private company, the Lukhanji Consortium in the Eastern Cape. The Provincially Aided Hospitals and Hewu Hospital are also providing district hospital services. Inclusive of Provincially Aided Hospitals and Hewu Hospital, there are 66 district hospitals in the Eastern Cape.

SPECIFIED POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

POLICIES

The functions of District Hospitals are guided by the following policies:-

- District Hospital Package.
- Norms and Standards for District Hospitals.
- Community Service for Doctors policy.
- Service level Agreement with Provincially Aided Hospitals.
- Contract for provision of services with Lukhanji Consortium.
- The policy on Rural and scarce skills allowance.
- Supply Chain Management policy.
- Policy on District Hospitals Clusters.
- National Health Act, 61, of 2003,
- Mental Health Act No. 17 of 2002.
- Policy on Establishment and Functioning of Hospital Boards.

PROGRESS ANALYSIS:

ACHIEVEMENTS

1. Standard equipment list for District Hospitals finalized. It was distributed to all District hospitals in a workshop. This list is accompanied by a training video and pamphlets with pictures which explains how basic equipment is used and maintained. T he list is also costed e.g. equipment for the OPD examination room is R16 000 with today's prices. T he list is aligned to norms and standards for District Hospitals.

2. Four management manuals for district hospitals were developed. These were:
   - Transport management manual
   - Finance & Procurement management manual
   - Personnel management manual
   - OPD management manual

These manuals were presented to managers of District Hospitals in a workshop.

3. A policy for adverse events management for Hospitals finalized and implemented.

4. A tender for Hewu District Hospital was finalized and a clear evaluation monitoring tool for performance of the service provider provided.
5. All Community Service Drs have been provided with management of Mother and Child in the Eastern Cape handbook. This was developed by WSU and the Eastern Cape Department of Health. It was issued during the orientation of Community Service personnel by the ECDoH.

CHALLENGES

1. Cluster Managers, Hospital Managers, Quality Assurance coordinators, Information Managers and infection control coordinators for District Hospital Clusters could not be appointed because of budget constraints.
2. Capacity in District Hospitals for the following remained a challenge:
   - Caesarean Sections (C/S)
   -Information management
   -Maintenance
   -Management
   -Professionals.
3. Rationalization process could not be finalized because of its complexity.

PRIORITIES

The following are the priorities of District Hospitals:-

- Implementation of Provincial and National policies and legislation, including National Health Act, 61, of 2003 and Mental Health Act No .17 of 2002.
- Improve the Quality of health services in the District Hospitals through policy and protocol formulation, mentoring and supporting the provincial Quality Assurance programme, furthermore promote and ensure strategic partnerships with Provincially Aided Hospitals and privately managed hospital.
- Ensure and facilitate the provision of rationalized District Hospitals, District Hospital beds and health care services within the District Hospital Clusters, including the review of District Hospital Clusters, and integration of Provincially Aided Hospitals and a Hospital Managed by a private provider within the department.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM.

CONSTRAINTS	MEASURES TO OVERCOME THEM
Inadequate budget allocations and financial management capacity at District Hospitals	The proportion of the budget that is allocated to District Hospitals services will be increased whilst capacity building programmes to strengthen financial management has already commenced
Recruitment and retention of professional staff especially in rural areas	Filling of critical vacancies in District Hospitals is targeted to facilitate the development and implementation of management systems

CONSTRAINTS	MEASURES TO OVERCOME THEM
Infrastructure development and maintenance (physical building, health technology and equipment, transport, security	The hospital revitalization programme is assisting this process.
Fragmentation of health services specifically with regard to Provincially Aided Hospitals.	Integration of hospital services in the district has been commenced, with Cluster Managers assisting the coordination process.
Unreliable information from District Hospitals for use in decision making.	Appointment of information officers in District Hospitals and providing them with training on information and computers.
Hospital managers and Cluster Managers not having e-mails	Hospital managers are encouraged to budget for these tools to improve communication.

Table28: Provincial objectives & performance indicators for District Hospitals.

Strategic Goal: 02 An effective service delivery platform based on the primary health care approach and seamless referral system.

Strategic objectives: To strengthen and build capacity for the effective implementation of health programmes in District Hospitals to improve health outcomes

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
72 hours Mental health services implemented in designated District Hospitals.	% of District Hospitals Implementing 72 hour Mental Health services	5%	50 %	75%	100 %	100 %
E-Health implemented in District Hospitals	% of District Hospitals implementing E-Health.	6 %	33 %	75 %	100 %	100 %
Improve monitoring and reporting on hospital efficiencies	Efficiencies on par with national norms:					
	-ALOS 4.5 Days	5.1days	4.9 days	4.7days	4.5days	4.5days
	-Bed Utilisation rate based on usable beds: 72	66%	69 %	70%	72%	75%

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	-Caesarean section rate: 11% of deliveries.	9.1%	9.5%	10%	11%	12%
	-Case fatality rate for surgery separations: 3.5%	0	1%	2%	3%	3.5%
	-expenditure per patient day equivalent : R814	R626	R800	R900	R1000	R1,128
	-Perinatal mortality rate : 3%	6 %	5 %	4 %	3 %	2 %
	- Facility Data Timeliness Rate : 100 %	85 %	90 %	95 %	100 %	100 %
Implementation of rationalized District Hospitals services.	Number of District Hospitals providing improved hospital services in line with STP	N/A	Plan discussion with stakeholders	12	25	25
Support the building of Cecilia Makiwane District Hospital.	Building of Cecilia Makiwane District Hospital done.	N/A	N/A	Support the finalization and implementation of the	Support the building process at Cecilia	Implementation of the New Cecilia Makiwane

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
				interim plan for patient care for Cecilia Makiwane patients.	Makiwane Hospital.	District Hospital.
Support the upgrading of P.E. Provincial, Dora Nginza and Umtata General Hospitals to be District Hospitals.	Upgrading of P.E. Provincial, Dora Nginza and Umtata General to be district hospitals done.	N/A	N/A	Support the finalization and implementation of the interim plan for patient care for P.E. Provincial, Dora Nginza and Umtata General patients.	Support the upgrading process at P.E. Provincial, Dora Nginza and Umtata General Hospitals.	Implementation of the New P.E. Provincial, Dora Nginza and Umtata General District Hospitals.
Implement De Clustering of District Hospitals.	25 individual hospitals established District Hospital Clusters deleted.	N/A	N/A	Develop Implementation Plan	De- Clustering implemented.	_
Provincially Aided Hospitals to be taken over by ECDOH.	% of Provincially Aided Hospitals that have been provincialised	N/A	N/A	Finalize the taking over process.	!00 %.	_

Strategic Goal 3: Improve Access To And Quality Of Services.

Strategic Objectives To Implement Quality Assurance Systems.

Measurable Objective	**Performance Measure /Indicator**	**2005/06 (Actual)**	**2006/07 (Baseline)**	**2007/08 (Target)**	**2008/09 (Target)**	**2009/10 (Target)**
Policies and protocols for treatment of patients in District Hospitals developed.	Number of Policies and protocols developed.	Policies and Protocols Developed.	Policies and Protocols Developed	Policies & Protocols Developed	Policies & Protocols Developed	Policies & Protocols Developed
Norms and standards for District Hospitals implemented.	% of District Hospitals implementing norms and standards.	40%	50%	75%	100%	100%
Full package for District Hospital implemented in all District Hospitals.	% of District Hospitals implementing full package of District Hospitals.	40%	50%	70%	80%	100%
Medical Waste management policy implemented	% of District Hospitals implementing waste management policy .	33 %	50 %	75 %	100 %	100 %

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Implementation of FAET Tool and the Hospital Improvement Plan in District Hospitals.	% of District Hospitals implementing FAET Tool and Hospital improvement Plan.	40%	50%	70%	80%	

STRATEGIC GOAL 4: Effective Governance And Accountability.

Strategic Objective :02 To strengthen partnership in governance of service delivery structures allowing for effective participation of civil society.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Hospital boards in place and functional for all District Hospitals.	% of District hospitals with functional Hospital boards.	0	50 %	100%	100 %	100 %
	% of hospital boards that are trained.	0	50 %	75%	100 %	100 %
Conduct budget reviews for all District Hospitals.	% of District Hospitals with Budget reviews done at least once a year.	30 %	60%	100 %	100 %	100 %

PROGRAMME 3

PROGRAMME 3: EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES

PURPOSE: To render an equitable efficient, professional, effective and sustainable emergency medical service.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Recruitment of 20 qualified and skilled Advanced Life Support Personnel (ALS) , 100 Basic Ambulance Assistance , 100 Intermediate Life Support Personnel, 4 managers at an approximate cost of R30.5 million.
- Implementation of Retention Strategies to attract appropriately qualified personnel.
- Installation of computerized Call Taking and Dispatching Systems with caller identification and global positioning.
- Installation of Satellite Tracking and Fleet Management Systems.
- Upgrading and where necessary renewing of Repeater Sites and Communication Systems to ensure accessibility of the service
- Construction of additional bases in strategic locations as well as the upgrading of existing facilities to improve response times to rural communities.
- Adopting change management strategies, to change attitudes
- Implementation of an efficient Planned Patient Transport Service.
- Building new EMS District Head Quarters and Substation at Mt Ayliff to provide equitable service in Alfred Nzo
- Develop new District Head Quarters and Substation in P.E.

PROGRESS ANALYSIS OF THE PROGRAMME

Current vehicle status

- 91 additional vehicles have been ordered and delivered
- ESV-205 which are fully equipped
- 52 Service vehicles
- 24 Rescue Vehicles
- 27 Planned Patient Transport Vehicles
- 2x35 seater buses

Training

- A satellite Training College has been established in East London Metro
- 49 Basic Life Support Personnel trained,
- 30 Ambulance Emergency Assistant,
- 18Defensive driving training,38 enrolled,
- 15Rescue practitioners,

Personnel

- The Transfer Agreement has been finalised
- 662 posts were advertised and 242 filled

Operational

- Public Awareness Campaigns conducted and
- Reduced Hoax calls
- Tenders for building of EMS bases awarded
- East London Metro has been renovated

Table EMS 1 : Situation Analysis indicators for EMS and planned patient transport

	Type	2003/04	2004/05	2005/06 Province Wide Value	2005/06 Nelson Mandela M/Municpal	2005/06 Amathole D/M E.L.Metro	2005/06 OR Tambo D/M Mthatha	2005/06 Chris Hani D/M Q/Town	2005/06 Alfred Nzo D/M Mt Ayliff	National target 2006/07
Input										
1. Rostered Ambulances per 1000 people	No	0.02	0.05	0.03	0.03	0.02	0.02	0.02	0.01	0.3
3. Hospitals with patient transporters (Exclude, not managed by EMS)	%	25%	10	50	50%	100%	0	0	0	100
Process										
5. Kilometres travelled per ambulance (per annum)	Kms	98,000	96,000	84,000	96,000	84,000	84000	82,000	82,000	
6. Locally based staff with training in BLS BAA	%	44	40	55	56	88	66	81.2	81.2	100
8. Locally based staff with training in ILS AEA	%	53%	59	21.7	43	31	7	22	15	
6. Locally based staff with training in ALS Paramedics	%	0.3	1	0.6%	2%	0.9%	0.70%	0	0	
Quality										
11. Response times within national urban target (15 mins) calls with a response	%	6%	10	53	40	40	40	40	40	100

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo
of <15 minutes in an urban area										
13. Response times within national rural target (40 mins) calls with a response of <40 minutes in a rural areas	%	6%	10	47	90	90	90	90	90	100
15. Call outs serviced by a single person crew (Percentage of operational rostered ambulances with single person crews)	%	30%	20	20%	4	4	4	4	4	0
Efficiency										
17. Ambulance journeys used for hospital transfers	%	40%	20	22.22	35%	31%	22.2%	9%	14%	30
18. Green code patients transported by ambulance	%	40%	50	48%	50%	31.25%	60%	13%	40%	
19. Cost per patient transported by ambulance	R	R700	750	750	R750	R750	R750	R750	R750	
20. Ambulances with less than 500,000 kms (200 000 kms)on the clock	%	80%	75	99%	95%	100%	100%	100%	100%	100

Indicator	Type	Province wide value 2003/4	Province wide value 2004/5	Province wide value 2005/06	NMMM	Amatole	Chris Hani	Ukhahlamba	Alfred Nzo	OR Tambo
Output										
21. Patients transported (by PTS) per 1,000 separations	No	18	24	24	10,6	22	0	2	0	50

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM.

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial management Satisfactory funding, but delay in tender process and the signatures from the personnel delegated to authorize, prolongs the ultimate goal	To interact with Procurement Section to expedite the Tender Process. Appoint a Committee to specially deal with this matter Improvement
Human Resource Lack of capacity of Advanced Life Support staff	Implement proposed Incentives to attract staff
Low level of Intermediate Life support staff	Increase the levels of training of Basic staff
Ambulances are unavailable for a long time due to service and repair. Fleet Africa unable to provide suitable replacements. (No pool vehicles).	DOH must take ownership of vehicles and EMS to be separated from the outsourcing and must be responsible for their own vehicles.
High level of accidents	Increase driver training courses
Lack of vehicle tracking system	Initiate an interim management tracking system, whilst the tender for the CAD is being finalised.
Inadequate Radio Communication.	Upgrade repeaters and Installation of CAD.

PLANNED QUALITY IMPROVENT MEASURES

Enforce compliance with legislation (HPCSA, and other prescripts)

- Public Awareness Demonstrations will be done at schools, Media Print and Electric Print to educate communities to know more about the service. Radio talks shows to be conducted in order to reduce the number of hoax calls received.
- CAD System- To have a modern Computerized Control Centre and better coordination and control.
- Ongoing training- Refresher training and skills development training will given to staff.
- Advocating for filling of posts as per suggested Turn-Around Project.

STRATEGIES TO ADDRESS AUDIT QUERIES

The Auditor General's Report reflected negatively on the following Areas:

§ Vacation leave; sick Leave; shortage of staff; non registration with HPCSA; driving without a valid P.D.P.; shortage of vehicles; shortage of equipment

PLANNED INTERVENTIONS TO ADDRESS THE ABOVE MATTERS

- Vacation leave and sick leave to be controlled very strictly by ensuring that all leave days are captured on Persal and verified.
- The human, mechanical and electronic resources are being covered by the Turn-Around Strategy.
- Road shows will be held to all Metro Centres to educate the staff regarding their benefits and to make all the Government policies more user friendly. (Procedure Manuals will be implemented).

IMPLEMENTATION OF PFMA

Road shows will be held to all Metro Centres, to ensure that they are fully compliant with the PFMA. Procedure Manuals will be issued to simplify the Act, and for easy implementation.

Table EMS 2 : Provincial objectives and performance indicators for EMS and patient transport

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic objective: 04 To develop and implement Emergency Medical Services into world class, customer focused services, including appropriate Patient

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)
To develop and implement appropriate and timely patient transport services	No. of Patients Transported	130,000	150 000	175 000	200 000
To develop an effective and equitable EMS	Number of patients transported per 1000 per year	50%	60%	75%	80%
Employ additional and appropriately qualified personnel	Improve response time in relation to national target	Urban=1hr + Rural = 1:30min to 2hrs +	Urban=1hr+ Rural=1:30min+	Urban=35 Rural= 50<	Urban=15 to 30mins Rural = 45mins
Increase access to toll free number	Percentage of communities in the province with access to toll free number	45%	66%	82%	99%
To increase the number of available ambulance	Percentage of ambulances available to respond	60%	75%	80%	90%

Table EMS3: Performance indicators for the EMS and patient transport

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Input									
1. Rostered Ambulances per 1000 people	No	0.02	0.04	0.06	0.09	0.10	0.15	0.25	0.3 100
Process 2. Kilometres travelled per ambulance (per annum)	Kms	98 000	80 000	70 000	70 000	60 000	60 000	60 000	
3. Locally based staff with training in BLS BAA	%	44	40	40	30	20	20	20	
4. Locally based staff with training in ILS AEA	%	53	56	55	53	70	75	75	100
5. Locally based staff with training in ALS Paramedics	%	3	4	5	7	10	15	20	
Quality									
6. Response times within national urban target (15 mins) calls with a response of <15 minutes in an urban area	%	6	10	20	35	50	65	70	100
7. Response times within national	%	6	10	20	35	50	60	70	

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
rural target (40 mins) calls with a response of <40 mins in a rural area									
8. Call outs serviced by a single person crew (percentage of operational rostered ambulances with single person crews)	%	30	30	20	20	20	10	0	~~100~~ 0
Efficiency									
9. Ambulance journeys used for hospital transfers	%	40	40	35	35	30	25	20	
10. Green code patients transported by ambulance	%	40	40	30	30	25	20	20	30
11. Cost per patient transported by ambulance	R	700	750	750	800	850	950	950	
12. Ambulances with less than 500,000 kms on the clock (200,000KM)	%	70	95	100	100	100	100	100	
Output									
13. Patients transported (by PTS) per 1,000 separations	No	18	24	30	40	50	40	30	100

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

Expenditure	**2001/02 (actual)**	**2002/03 (actual)**	**2003/04 (actual)**	**2004/05 (Actual)**	**2005/06 (Actual)**	**2006/7 (estimate)**	**2007/08 (MTEF projection)**	**2008/09 (MTEF projection)**	**2009/10 (MTEF projection)**
Total2	87,314	122,464	194,488	125,234	219,052	352,589	380,734	419,492	439,563
Total per person	13.57	19.03	30,22	17.67	30.91	53.72	53.72	59.19	62.02
Total per uninsured person	12.21	17.13	27.20	15.90	27.81	48.34	48.34	53.26	55.81
Total capital2	-								
Constant (2004/05) prices3									
Total2	106,348	135,813	204,600	120,186					
Total per person	16.52	21.10	31.79	16.95					
Total per uninsured person	14.87	18.99	28.61	15.26					
Total capital2									

PROGRAMME 4

PROGRAMME 4: PROVINCIAL HOSPITALS

4.1 SUB- PROGRAMME: COMPLEXES AND REGIONAL HOSPITALS

PURPOSE: The provision of cost effective, good quality effective and efficient secondary and tertiary hospital services

PROGRAMME DESCRIPTION

This sub-program consists of 11 general (regional hospitals) that drain from 7 district municipalities in the Eastern Cape. The primary objective of the sub-programme is the rendering of secondary and tertiary services, ensuring a platform for training of health professionals in collaboration with the Health Science Facilities in the Province and providing support to district health care through a referral system and outreach programs. The configuration of these hospitals by referral district is reflected in the table below:

Configuration of General (Regional) Hospitals in Eastern Cape

DISTRICTS	REGIONAL HOSPITALS		Level of care
OR TAMBO& ALFRED NZO	Mthatha Hospital Complex	Bedford Orthopaedic	3
		Umtata General Hospital	1
		Nelson Mandela Academic	2 & 3
	St Elizabeth's		1 & 2
AMATHOLE, CHRIS HANI & UKHAHLAMBA	East London Hospital Complex	Cecilia Makiwane	1, 2 & 3
		Frere	1, 2 & 3
	Frontier		1 & 2
NELSON MANDELA METRO & CACADU	Port Elizabeth Hospital Complex	Dora Nginza	1, 2 & 3
		Livingstone	1, 2 & 3
		PE Provincial	2 & 3
		Uitenhage	1& 2

Future Configuration of General Hospitals in Eastern Cape

DISTRICTS	REGIONAL HOSPITALS		Level of care
OR TAMBO& ALFRED NZO	Mthatha Hospital Complex	Bedford Orthopaedic	3
		Umtata General Hospital	1
		Nelson Mandela Academic	2 & 3
	St Elizabeth's		1 & 2
AMATHOLE, CHRIS HANI & UKHAHLAMBA	East London Hospital Complex	Cecilia Makiwane	1
		Frere	2 & 3
	Frontier	Frontier	1 & 2
NELSON MANDELA METRO & CACADU	Port Elizabeth Hospital Complex	Dora Nginza	1 & Specialised
		Livingstone	2 & 3
		PE Provincial	1
		Uitenhage	1

PROGRAMME OBJECTIVES

- To build good public hospitals.
- To build a niche for the EC.
- To develop a Health Tourism strategy for 2008-09 going forward.
- Implementation of health programmes to reduce morbidity and mortality rates in communities
- To develop the provincial health system by strengthening the district health service delivery platform based on a regionalised service delivery system model and implementing a primary health care approval

PRIORITIES FOR THE NEXT THREE YEARS:

- Modernisation of Tertiary Services (MTS)
- Hospital Improvement Action Plan
- Referral Policy reinforcement
- Strategic Preparedness of hospitals for 2010 World Cup (Accident & trauma units, casualty units, disaster preparedness)
- Improved implementation of regional hospitals core package
- Fully functional step-down facilities in five hospitals

PROGRESS ANALYSIS

- The subprogram 4.1 has succeeded in improving O& G services by employment of Obstetrics and gynaecological specialists in East London Hospital complex x 2 and Frontier regional hospital x 1 and 1 opthalmologist
- Progressive monthly and quarterly monitoring of NTSG for compliance in line with complexes business plans
- Revitalisation of the St Elizabeth hospital is continuing. The completed medical and surgical wards are operational. The capacity will expand from 291 to 220 beds to be able to provide secondary services.
- Revitalisation of Frontier hospital is still in process of phase 3. A two phase expansion of capacity will increase the number of beds at Frontier from 233 to 410 (phase one = 132 L1 and 141 L2 beds; phase 2 = 235 L1 and 215 L2 beds)

Whilst the revitalisation process is continuing at Frontier, the East London Hospital Complex (ELHC) will continue to provide secondary and tertiary services for the Central Region. As the Frontier hospital's additional services become active, bed numbers at the ELHC will decrease accordingly.
The Mthatha Hospital Complex (MHC) will also provide secondary and tertiary cover for the north-eastern region until St Elizabeth is able to effectively and efficiently provide level 2 services with improved organogram for specialists recruitment.

Whilst the programme has made significant progress as outlined above, it is still facing the following challenges:

- 70% of these hospitals are currently providing services from level 1. This situation is expected to continue until such time that the PHC and DHS are well strengthened in all the areas so that the general hospitals concentrate on levels higher than level 1. Equitable access to health services in these hospitals has not been fully achieved yet e.g Maxillo-facial and ENT are not in all complexes.
- Caesarian section rate is slightly higher than expected
- Case fatality rate for surgery separation : high-7.0
- Maternal and infant mortality rates are still high
- Accident rate is high
- Oncology services not enough
  - Oesophageal
  - Cervical
  - Breast
- HIV & AIDS & TB still pose a big challenge. STI's under general seem to benefit from the syndromic approach.
- Effects of substance abuse rates : high
- The average number of beds per 1000 people by level of care is not in line with the national norms
- The average length of stay is also higher than the national target which is 4.1 4.8

Table PHS1: Public hospitals by hospital type

Hospital type	Number of hospitals	Number of beds	Beds per 1000 uninsured people		
			Provincial average	Highest district (include name)	Lowest district (include name)
District	66	7172			
General (regional)	10	11 778	1.91	2.21 Amathole	1.35 O R Tambo
Sub-total-acute hospitals					
Tuberculosis	10	1670	0,80	1.13 Nelson Mandela	0.20 Amathole
Psychiatric	5	1690	0,80	0.93 Cacadu	0.21 Nelson Mandela
Other specialist	18+4 Mental health Unit	180	0,08	0.93 Cacadu	
Total public					
Private sector	12 + 1 PPP	1267 +			

Table PHS2: Public hospitals by level of care

Hospital type	Number of hospitals providing level of care	Number of beds	Beds per 1000 uninsured people		
			Provincial average	Highest district (include name)	Lowest district (include name)
Level 1	7	7404	1.21	1.40	0.85
Level 2	8	3858	0.62	0.72	0.44
Level 3	7	516	0.08	0.09	0.06
All Levels		4398	0.64	0.74	0.45
		Total	Average	Average	Average

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

Indicator	Type	2003/4	2004/5	2005/06	NMMM	Amathole	Chris Hani	Ukhahlamba	Alfred Nzo	Cacudu	OR Tambo
Input											
• Expenditure on hospital staff as % of regional hospital expenditure	%	71	62	65.5							
• Expenditure on drugs for hospital use as % of regional hospital expend	%	12	7	5.1							
• Expenditure by regional hospitals per uninsured person	R	R209	R282	R291							
• Regional hospitals with operational hospital board	%	80	100	100 (Acting)	100%	100%	100%	N/A	N/A	N/A	100%
• Regional hospitals with appointed (not acting) CEO in post	%	100	60	60	100%	100%	100%	N/A	N/A	N/A	100%
• Facility data timeliness rate for regional hospitals	%	-	80	-	50%	50%	100%				50%
Output											
• Caesarean section rate for regional hospitals	%	20.1	24.7	26.7	-	25.9	21.5	-	-	-	-

Indicator	Type	2003/4	2004/5	2005/06	NMMM	Amathole	Chris Hani	Ukhahlamba	Alfred Nzo	Cacudu	OR Tambo
Quality											
• Regional hospitals with patient satisfaction survey using DoH template	%	40	100	85.8	100	100	100	N/A	N/A	N/A	100
• Regional hospitals with clinical audit (M&M) meetings every month	%	100	100	100	100	100	100				100
Efficiency											
• Average length of stay in regional hospitals	Days	8.4	8.37	7.5	-	5.2	3.7	-	-	-	-
• Bed utilisation rate (based on usable beds) in regional hospitals	%	76	61	73.2	-	74	72	-	-	-	-
• Expenditure per patient day equivalent in regional hospitals	R		R656	R886	-	-	-	-	-	-	-
Outcome											
• Case fatality rate in regional hospitals for surgery separations	%	Not monitored	Not monitored	Not monitored	-	5.30	7	-	-	-	-

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM.

CONSTRAINTS	MEASURES TO OVERCOME THEM
High ALOS Contributory factors include: Referral system • Upward Referral Patients self refer to the general hospitals. Also patients present late in the course of illness, due to late presentation at level 1 care, late diagnosis, and challenges with transportation. Inadequate clinical referral protocols and of formally designated referral channels and catchment areas Inappropriate referrals from district hospitals of patients who should be managed at the L1 level • Downward Referral Logistical challenges during implementation of downward L2/L1/PHC referral system that will ensure L2 medicines are available at the lowest and nearest level of service provider • Inadequacy of patient transport for patients to return home once discharged or to their local district hospital once stabilised	Establishment of referral fora & reviewing referral policy. Step-down facilities establishment, planned transport system for decanting process
In the case of surgical disciplines, long waiting time (due to shortages of theatre nurses and/or anaesthetists	motivate Medical officers to be registrars for the surgical disciplines.
Bed Utilisation Rate The rate is low due to: A high bed to population ratio, especially at level 1. Staff shortages result in a number of beds being closed down, but these still stay as overhead costs.	
Caesarean Delivery Rate The rate is very high around 32 % due to the complicated cases and referrals to the hospitals for higher levels.	Strengthening the outreach on Obstetrics in district hospitals and more elective caesarean sections to be done at district hospitals.
Stillbirth Rates: High due to high prevalence of HIV and AIDS, delays in the referrals to the Complexes and Regional Hospitals from district hospitals.	

CONSTRAINTS	MEASURES TO OVERCOME THEM
High load to staff, leading to inadequate monitoring by the time the patients reach the referral hospital.	Filling of vacant posts
Staff shortage The Specialised Spinal unit established in the Mthatha complex is not yet fully operational and capable of rendering services for the Province as a whole. About half the number of beds used because of staff shortage. Overall staffing levels in the ECDOH are 25% lower than the national average and second lowest in the country (4.4 employees/1000 public user compared with 5.8 national average). This affects quality of care delivered and is also responsible for the high ALOS as patients may not be seen as frequently as desired. Staff attitudes need to be improved upon Inadequate implementation of monitoring and evaluation systems Clinical audits not fully functional	Filling of vacant posts Training on customer care Reinforcement of monitoring systems by utilisation of a functionality assessment tool (FAT) to assess efficiency, effectiveness and compliance Updating of service delivery standards and

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

(i) Service Delivery Efficiency and Effectiveness with quality improvements

- Development of clinical referral protocols and of formally designated referral channels and catchment areas in collaboration with PHC services
- Academic and service support (outreach and in-reach) to district hospitals to improve the management of patients at the appropriate L1 level for clinical disciplines
- Development of surgical day case units at each of the Complexes
- Development of service delivery gold standards/ benchmarks
- Standardised protocols for clinical management of priority programmes

(ii) Recruitment and Retention priorities include:

- Human Resource delegations to Corporate Support Service Centres managers. This will fast-track placement of advertisements and the appointment of successful candidates
- Development of provincial policy for recruitment of foreign qualified health professionals that meet the needs of the EC
- A marketing strategy to communicate to the public and health professions specifically, the successes achieved in turning service delivery around and the opportunities that exist for enriching career development in the EC province

- A recruitment strategy that outlines priority areas in the province and ensures vacant funded posts exist
- The finalisation and implementation of the scarce skills and rural allowance policies is anticipated to contribute positively to the EC's bid to attract professional staff. With service delivery strengthening in PHC and district hospitals, the Complexes and regional hospitals can focus their resources on the provision of appropriate services within this level of care

(iii) Organisational Development and Management

- Corporate Support Service Centres fully staffed and functional with full delegations
- Implementation of a provincial policy for Complex Hospital Boards and training thereof.
- Approval of the Service Transformation Plan with the development of an implementation plan for the next 5 years

(iv) Management of Information

- Implementation of the indicators and collection of data will commence. Accurate and routine measurement and reflection of service delivery outputs to:
- Provide information for evidence-based management
- Improve reporting to provincial and national levels
- Strengthen the Eastern Cape's bid for increased budgetary allocations for tertiary services within NTSG& MTS.

(v) Staff Development and Training

Other critical areas or professional categories will be identified for development in the transfer of the skills.

The following existing activities and others, will be expanded in the next strategic period:

- The ophthalmology outreach by Frontier
- The ENT in-reach training of medical officers in PEHC
- The teleradiology, teledentistry and teledermatology programme
- The obstetric support programme to reduce maternal mortality rates

Planning is underway for academic and service support to district hospitals for all clinical disciplines. Ultimately standards of quality of care in DH IS should improve at the level of care that is most appropriate and cost-effective and there'll be continuous training and development of health professionals in the DHIS

STRATEGIES TO ADDRESS AUDIT QUERIES

In order to address issues highlighted in the Auditor-General's report the following will be undertaken:

- Institutions under Programme 4 will establish audit intervention committees to implement corrective measure on those issues commonly raised by Auditor General
- Compliance issues will be monitored by hospital managers with support from CSCs.
- Internal institutions audit reports will be communicated to program and general provincial manager for support where necessary
- The 4 NTSG hospitals to spend according to designed business plans, follow the stipulated

cash flows and procurement plans.

IMPLEMENTATION OF PFMA

The capability of Complexes, Regional and Specialised Hospitals to comply with the PFMA and other relevant pieces of legislation will be strengthened by attending to the following issues:

- Financial management training
- Obtaining vigorous budget section support
- BAS-items interfaced at head office be interfaced at local institutions eg Medsas
- Close monitoring of expenditure weekly & monthly
- Need analysis from institutional managers before adjustments are made.
- Correct objective \responsibility codes to be used by hospitals to avoid misallocations.
- Finance functions to be decentralized
- Looking at accruals and include into budget loading
- Virement approval be done at hospitals
- Clearing of suspense account at institutional level monthly eg. Sundry payments for Fleet Africa, Eskom so as to check the correct billing.

TABLE PHS4: Provincial objectives & performance indicators for Provincial Hospital Services

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic objective: 03 To consolidate, rationalise, revitalise and modernise all hospital services, including specialised hospitals so as to treat patients at the appropriate level of care.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Revitalisation of Frontier & St Elizabeth	Number of functional beds: St Elizabeth Frontier	 291 233	 291 233	 410 273	 410 450	 410 450
Rationalize and modernize hospital services in the Complexes	Number of functional beds: ELHC - CMH				300 Level 1, 50 step down, 100 acute Psychiatric.	300 Level 1, 50 step down, 100 acute Psychiatric.
	Frere				641 Level 2, 271 Level 3.	641 Level 2, 271 Level 3.
	PEHC Dora Nginza				200 Level 1, 25 step down, 196 Psychiatric, 200 TB.	200 Level 1, 25 step down, 196 Psychiatric, 200 TB.
	Livingstone PE Prov.				405 Level 2, 135 Level 3. 200 Level 1, 25 step down.	405 Level 2, 135 Level 3. 200 Level 1, 25 step down.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	MHC MGH NMAH BOH				200 Level 1, 50 step down. 512 Level 2 & 3 180 Level 3	200 Level 1, 50 step down. 512 Level 2 & 3 180 Level 3
Develop and implement written referral protocols for all facilities by referral zone focusing	Number of referral protocols by domain Percentage of facilities implementing the referral policy	1 55%	1 55%	1 70%	1 80%	1 100%
Development & implementation of internal and external communication system to support the referral protocol	Number of institutions with communication plans by domain	1 Complex	3 Complexes	3	3	3
Provision of step down facilities in referral hospitals Defining and implementing patient hotel services	Proportion of referral hospitals with Step down facilities Proportion of institutions with patient hotel facilities	3 Complexes 1 Complex	Out of 3/5 Institutions 2/5	4/5 3/5	5\5 4/5	5\5 5/5

Strategic Goal: 03 Improve access to and quality of service

Strategic objective: 04 To implement quality assurance systems

Measurable Objective	**Performance Measure /Indicator**	**2005/06 (Actual)**	**2006/07 (Baseline)**	**2007/08 (Target)**	**2008/09 (Target)**	**2009/10 (Target)**
Implementation and coordination of standardised quality assurance programme	Percentage of complaints related to staff attitudes	Below 30%	Below 30%	Below 20 %	Below 10 %	Below 10%
Implementation and coordination of Change management programme	Percentage of complaints from staff	Below 20 %	Below 20 %	Below 10%	Below 10%	Below 10%
To improve monitoring and reporting on hospital efficiencies	Efficiencies on par with national norms ALOS 4.1 Bed utilisation rate (based on useable beds) 75 Caesarean section rate Case fatality rate for surgery separations 2,0 Expenditure per patient day equivalent 1,128	5.4 72 30 7	5,4 72 30 6.0	4,8 73 28 5.0	4,5 74 24 4.0	4,3 75 18 3.0 R1,128
Develop data flow policy encompassing components of MIS	% of facilities that have DFP customized		100% of reports available for BAS, LOGIS,	75% Mx trained	100% Mx trained	Managers have access and are utilising info to

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Management access monthly reports Training of managers in the use of MIS	% of expected monthly reports per hospital % of Hospital Management trained		PERSAL, DELTA 9, DHIS 70% of Mx trained	-	-	address their needs -
Implement developed guideline on Complex Boards	Percentage of complexes have developed guideline	100% complexes have guideline	100% complex & regional hospital boards	Guideline implementation	Monitoring guideline implementation	Monitoring guideline implementation
Ensure Complex board in line with regulatory framework	Percentage of Complex Boards in Place	100% interim complex boards in place		Complex Hospital Boards training within regulatory framework	Monitoring functionality of operational boards	Monitoring functionality of operational boards
Train board members	Percentage of Board members trained	50% members trained	100% members trained	Hospital Board Members trained	Training of new members ongoing	Training of new members ongoing
Academic & service outreach\in reach programme to district hospitals` support	% of district hospitals receiving academic & service support	25	45	60	70	80

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	% of planned visits each district hospitals receives for each programme	60%	80%	90%	100%	100%

Strategic Goal: 04 Effective governance and accountability

Strategic objective: 02 To strengthen partnership in governance of service delivery structures allowing for effective participation of civil society.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To ensure hospital boards are established in line with regulatory framework	% of hospital boards in place for each hospital	Interim hospital boards	In all hospitals 100% in place	100% hospital board members be trained	100%functional	100% functional
To de-complex the Hospital Complexes into single hospitals with deferent levels of health care in terms of STP proposals	Process document to de-complex the complexes	Nil	Development on a process document in consultation with all key stake holders	Implementation of the de-complex process	Implementation of the de-complex process	Monitor the process

Table PHS5: Performance indicators for general (regional) hospitals

Indicator	Type	2003/4	2004/5	2005/06	NMMM	Amathole	Chris Hani	Ukhahlamba	Alfred Nzo	Cacudu	OR Tambo
Input											
Expenditure on hospital staff as % of regional hospital expenditure	%	72	76	71	62	65.5	66	66	66	66	66
Expenditure on drugs for hospital use as % of regional hospital expend	%	-	15	12	7	5.1	8	12	12	12	12
Expenditure by regional hospitals per uninsured person	R	R186	R154	R209	R282	R291					
Process											
Regional hospitals with operational hospital board	%	-	80	80	100	100 (Acting)	100	100	100	100	100
100	%	40	100	100	60	60	100	100	100	100	100
Facility data timeliness rate for regional hospitals	%	-	-	-	80	100-	100	100	100	100	100
Output											
Caesarean section rate for regional hospitals	%	-	-	20.1	24.7	20.1	24.7	24	22	18	18

Indicator	Type	2003/4	2004/5	2005/06	NMMM	Amathole	Chris Hani	Ukhahlamba	Alfred Nzo	Cacudu	OR Tambo
Quality											
Regional hospitals with patient satisfaction survey using DoH template	%	0	40	100	85.8	100	100	100	100	100	100
Regional hospitals with clinical audit (M&M) meetings every month	%	-	0	100	100	100	100	100	100	100	100
Efficiency											
Average length of stay in regional hospitals	Days	-	8.4	8.4	8.37	7.5	5.4	5.2	5	4	4.1
• Bed utilisation rate (based on usable beds) in regional hospitals	%		70	76	61	70	70	72	73	75	75
• Expenditure per patient day equivalent in regional hospitals	R	R757	R886	-	656	886	656	656	656	870	1,128
Outcome											
• Case fatality rate in regional hospitals for surgery separations	%	Not monitored	Not monitored	Not monitored	Not monitored	7.04	7	6	5	3	2.0

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	**2001/02 (actual)**	**2002/03 (actual)**	**2003/04 (actual)**	**2004/05 (Actual)**	**2005/06 (actual)**	**2006/7 (estimate)**	**2007/08 (MTEF projection)**	**2008/09 (MTEF projection)**	**2009/10 (MTEF projection)**
Current prices[1]					1,563,495				
Total[2]		1,294,392	1,520,871	1,494,938					
Total per person		201.12	226.70	236.10					
Total per uninsured person		181.01	204.03	212.49					
Total capital[2]		2,083	5,0435						
Constant (2004/05) Prices[3]									
Total[2]		1.435,481		1,519,546	-	1,657,706	1,875,688	1,969,472	
Total per person		223.04		236.10	231.49	245.38	278.93		
Total per uninsured Person		200.74		212.49	208.34	220.84	251.04		
Total capital[2]									

SUB-PROGRAM: SPECIALISED SERVICES

PROGRAMME DESCRIPTION AND STRUCTURE

This sub-programme encompasses three components, viz, Psychiatric Hospitals, Medico Legal Services and T.B Hospitals. There are currently 5 psychiatric hospitals and three Mental Health Units with a total of 1690 beds. The total number of TB beds is 2 563 (1320 in TB hospitals, and 1243 in district hospitals); MDR-TB beds are 350.

PROGRESS ANALYSIS

- 100% psychiatric hospital managers have been appointed to ensure good management and monitoring of quality standards.
- Two deinstitutionalization projects, one at Tower Hospital and another at Tafalofefe Hospital were launched and successfully running in order to implement community-based mental health care services.
- A Provincial Psycho Social Rehabilitation Centre has been established at Tower Hospital.
- Fifty bedded Mental Health Unit has been established in Libode to address the inequity and inaccessibility of the mental health services in the eastern part of the Province.
- Provincial Substance Abuse Unit has been launched at Fort England Psychiatric hospital to promote detoxification programme in view of the escalation of the abuse of drugs.
- Mental Health Review Boards have been appointed and listed and designated facilities are functioning well.
- Eight SANTA hospitals have been incorporated into provincial public health services.
- The Business plan for the second MDR centre is being developed.
- PZ Meyer TB Hospital has been transferred from Cacadu municipality to the province.

PRIORITIES FOR THE NEXT THREE YEARS

- To ensure equity and geographical access to mental health services, by establishing 120 beds.
- To improve quality of care at psychiatric and TB hospitals by establishing quality assurance teams and by rolling out Accreditation Programme.
- To develop the Medico-legal services.
- To implement the Mental Health Act of 2002 (promulgated on15 December 2004), by monitoring and support.
- To ensure adequate staff development in Financial Management, Performance Management System and Health Information System.

ANALYSIS OF CONSTRAINTS AND PLANNED MEASURES TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and Financial management Budgetary constraints: Only 1% of health budget is spent on mental health programme There is no dedicated budget for TB beds in District Hospital	To motivate for adequate and dedicated budget for mental health and TB hospitals
Human Resources Shortage of psychiatrists and forensic pathologists. Due to rurality of the Province attraction and retention is a real problem to develop	To develop an attraction and retention strategy
Support System Transfer of Umzimkulu Hospital to KZN will result in need of more beds Inadequate health information systems in psychiatric and TB hospitals Site/ building for a second MDR centre has some challenges Rationalisation of TB services especially closure of certain hospitals is a political constraint.	Psychiatric Task Team has been established to identify a site. Support from IT and NDoH for mental health and TB data norms To seek assistance from Shared Legal Services and Infrastructure Planning of the Department. This needs political will and support.

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

Planned quality improvement programmes that this Sub-Programme will put in place to ensure that specialised facilities become a world class service provider are:

- To roll out COHSASA programmes to all psychiatric and TB hospitals.
- To ensure development and proper functioning of Quality Assurance Teams in all specialized institutions and by ongoing monitoring.
- To ensure availability of clinical guidelines and protocols for psychiatry and TB in all institutions.

IMPLEMENTATION OF PFMA

- By training managers in public finance management.

TABLE 29: Provincial objective and performance indicators for Specialised hospital services

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic objective: 03 To consolidate, rationalise, revitalise and modernise all hospital services, including specialised hospitals so as to treat patients

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Rationalization of Psychiatric Hospitals by increasing the number of beds in the Eastern parts of the province.	Number of beds established	Increase number by 50%	Increase number by 75%	Flagstaff = 20 CMH = 10 To prepare a business plan for 200 beds at Mt. Ayliff to replace Umzimkulu Hospital.	Flagstaff = 20 CMH = 10 Building/ renovations for Mt. Ayliff.	Flagstaff = 10 CMH = 10 Recruitment of staff.
To strengthen management and governance of health services through mental health review boards	Proportion of mental health review boards established	100%	Review existing and establish new if necessary	Monitoring	Monitoring	Monitoring
To improve management of non-communicable diseases (psychiatric) by strengthening referral system	Referral guidelines and protocols	Not started yet	Not commenced yet	Meeting with PHC Developing guidelines	Implementation and Monitoring	Implementatio n and Monitoring
Rationalization of TB Hospital Services based on bed norms (30/ 100 000) by reducing and increasing in different parts of	Institutions that have been right sized	Process not started	Process not started	Closing Temba and Empilweni TB hospitals	Closing PZ Meyer and Orsmond TB hospitals.	Completion of Umlamli, Holy Cross and Tafalofefe

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
the province.					Completion of Mthatha structure	hospitals.
To increase the number of MDR centres in the Province	Second MDR centre established.	Site identification	Business plan prepared	Finalisation of business Plan	Renovations/ building	Recruitment of staff.
To improve management of TB by strengthening the referral system	Referral guidelines and protocols	Not started	Logistics and consultation	Guidelines for TB referrals developed	Monitor and report on the effective Implementation of guidelines and protocols.	Monitor and report on the effective implementation of guidelines and protocols
To improve quality of care by finalizing the COHSASA programme and implementing COHSASA recommendations as well as setting up Quality Assurance Teams in TB hospitals.	Number of hospitals implementing COHSASA recommendations and having QA teams	-	-	Monitoring	Monitoring	Monitoring
To develop Forensic Pathological Medical Services (15 mortuaries and 40 holding facilities)	Number of mortuaries and holding facilities developed.	-	-	5 mortuaries. 2 holding facilities	5 mortuaries 15 holding facilities	5 mortuaries 23 holding facilities
To facilitate and process applications for medical boarding	Proportion of applications processed	-	-	Ongoing	Ongoing	Ongoing

REVITALISATION PROGRAMME

PROGRAMME DESCRIPTION

Hospital Revitalisation is one of the themes of the priorities of the National Department of Health. Within the priorities, the Revitalisation of hospital services includes:-

- Updating the National Planning Framework
- Improving the condition of hospitals (Infrastructure)
- Improving the condition of equipment (Health Technology)
- Decentralisation of hospital management (Organisational Development)
- Rationalisation of highly specialised services (Quality Assurance)

PRIORITIES FOR THE NEXT THREE YEARS

The Program will focus on four priority areas in each of the institutions namely:

- Hospital infrastructure
- Health technology
- Organisational Development and
- Quality assurance

CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial management Inadequate budget allocation forces a delay in completing the current running projects especially the brown fields.	Budget process needs to be streamlined and be inclusive of the end users.
Human Resources Lack of capacity for developing business cases, designation of proper brief that addresses the Department of Health needs. Lack of skilled personnel for the health technology component of the Programme. Lack of capacity & technical skills for architectural, mechanical & electrical planning and implementation.	Appoint a Service Provider to compile business cases for new projects as well as evaluate the current designs to determine whether they meet the requirements of the Department and then compile proper briefs for new projects. Attract the youth directly from technicons including taking over their bursaries Adjust salary package of the Health Technology position to attract qualified personnel.

CONSTRAINTS	MEASURES TO OVERCOME THEM
	Develop strong linkages with PWD and other collaboration structures. Attract retired and experienced health technologists. Second an architect from PWD to the Department of Health. Fill vacant posts at the institutions and provincial office.
Support Systems Inefficient systems (Prioritisation processes, payment processes, procurement, infrastructure, information Prolonged conclusion of the Service Transformation Plan hinders progress in prioritising hospitals for inclusion into the Revitalisation Program. Protracted procurement processes resulting in late implementation of projects.	Contribute toward the conclusion of the Ivili lenguqu Project Obtain approval to run a Hospital Revitalisation Program with other sources of funding like the Voted funds, Provincial Infrastructure Grant, Private Public Partnerships etc. Conclude the Service Transformation Plan with an approved revit priority plan. Shorten the tender award process by participating in the tender award processes of the Department of Public Works. Utilise agents other than Public Works Streghthen capacity of both revit project office and infrastructure unit.

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES

Continuous Quality Improvement involves the modification of hospital systems in order to improve the quality of services that are provided. This component involves improvement and sustainability thereof, of the quality of services provided in public hospitals through the:-

- Establishment of a hospital based Quality Assurance (QA) Management Team
- Implementation of appropriate national packages of services with its accompanying norms and standards
- Introduction of peer review and clinical audit
- Establishment of sound supervisory systems
- Setting up of an adverse event reporting system

- Assessment of client satisfaction
- Training of hospital staff in the QA methodology, the principles and the tools
- Implementation of the Batho Pele Policy and ensuring that the community being served by the hospital is empowered thorough, Patients' Rights Charter, Complaints Procedure, Help Desk and Hospital Boards, and
- Adjustment of the hospital's internal information system to enable the measurement of quality.

The Program will implement all the activities mentioned above in all the institutions that are in it. Adequate budget allocation will be implemented in order to enable the institutions to fulfil these requirements.

STRATEGIES TO ADDRESS AUDIT QUERIES

A plan has been prepared and submitted to the Office of the Superintendent General with details of how issues raised in the Auditor Generals Management letter will be addressed.

IMPLEMENTATION OF PFMA

The Program will appoint an Assistant Director Finance in order to meet the stipulated conditions of the Hospital Revitalisation Grant which are extracted from the DoRA as follows:-

- To meet the accountability requirements of the PFMA and DoRA and ensure timely corrective action can be implemented.
- The implementation of revitalization projects must be within conditions and requirements of the Division of Revenue Act (DoRA) for the 2007/08 financial year.
- As stipulated by the DoRA, the compliance monitoring process will involve the submission of required documentation to national for appraisal or analysis and approval and this has implications on the transfer of grant trenches to provinces.
- All accounting officers are expected to comply with the DoRA and the implications of failure to comply are clearly indicated.
- The NDoH is obliged to enforce compliance with the revitalization conditions.

Table 30: Provincial objectives and performance indicators for the Revitalisation Programme

Strategic Goal: 03 Improve access to and quality of services.
Strategic objective: 08 To improve access to health care services by providing new health facilities, upgrading and maintaining existing facilities

Programme Objectives	Performance Measure/ Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Forward planning for infrastructure development	No. of business cases developed and approved	8 Business Cases developed and approved and Project Designs completed.	Conclude the STP which is where prioritised institutions will be derived	Appoint a service provider to develop 10 business cases, their brief. (One of these will be a psychiatric Hospital).	Include 1 more institutions through the Revitalisation Grant and 5 more through other forms of funding e.g. Voted funds, PIG, etc	Include 5 more institutions through other forms of funding e.g. Voted funds, PIG, etc
Provision of infrastructure	No of projects under construction	5 Projects in construction Madzikane Ka Zulu- Accommodation, St Lucy's - New hospital, St Patricks - Theatre, Mortuary, Maternity ward, Rietvlei - Male and female wards, Frontier Phase 3- ante natal, delivery, post natal & neonatal	Continue with construction of the 5 projects already in the program	Complete construction of Madzikane Ka Zulu, continue with construction of St Lucy's, St Patricks, Frontier Phase 3 and Eye Unit. 5 new projects under construction.	Complete Construction at St Lucy's and St Patricks. Continue with construction at Frontier and St Elizabeth. 7 new projects under construction.	Complete construction of Frontier Hospital and St Elizabeth Hospital. 7 new projects under construction.

Programme Objectives	Performance Measure/ Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Provision of Health Technology	No. of Revitalisation Institutions provided with essential equipment	6 institutions: Madzikane Ka Zulu, Frontier, St Elizabeth, St Lucy's, St Patricks, Rietvlei	4 institutions commissioned namely St Lucy's, St Patrick's, Frontier, St Elizabeth. Hand over Rietvlei to KZN	Continue with commissioning	Complete commissioning	Complete commissioning
Organisational Development	No of appropriate appointments made within the program and institutions in the revitalisation program	11 appointments made	Maintain the appointments until the province has taken over	Maintain the appointments until the province has taken over	Maintain the appointments until the province has taken over	Maintain the appointments until the province has taken over
	No. of people capacitated	1 training conducted on change management	Appoint a service provider to do a skills audit and develop a training plan	Continue capitalisation of programme personnel	Continue capitalisation of programme personnel	Continue capitalisation of programme personnel
Enhance quality patient care for hospital.	No of Quality Assurance Coordinators appointed in all institutions in the Revitalisation Program.		Quality Assurance coordinators appointed in all institutions under Revitalisation Program	Maintain the appointments	Maintain the appointments	Maintain the appointments

Programme Objectives	Performance Measure/ Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	No of institutions with Quality Assurance Teams		Functioning Quality Assurance Teams at institution level.	Continue to strengthen the quality Assurance teams	Continue to strengthen the quality Assurance teams	Continue to strengthen the quality Assurance teams

PROGRAMME 6

PROGRAMME 6: HUMAN RESOURCE DEVELOPMENT & TRAINING

PURPOSE

To provide training, development and academic support to all health professionals in the Province of the Eastern Cape

PROGRAMME DESCRIPTION

This Programme comprises of the following sub-programmes:

- Nursing Training College for training of all categories of nursing personnel
- Emergency Medical Services Training College for training of ambulance and rescue personnel
- Bursaries to provide bursaries for health-related clinical and corporate courses for candidates from within & outside the Department of Health
- Training other to develop the knowledge, skills & attitude of the personnel in all occupational categories, with a focus on health professionals

PROGRAMME OBJECTIVES:

- To implement programmes for attraction and retention of essential human resource skills.
- To provide ongoing training and skills development for health workers, ensuring appropriate skills to impact on health status of people in EC province.
- To improve staff morale by motivating and enabling employees to achieve high performance.

PROGRESS ANALYSIS OF THE HEALTH SCIENCES AND TRAINING 2005/2006

The strategic plan 2005-2010 was reviewed at the end of 2005/2006 and amendments were made to not only adjust for achievements/ shortcomings, but also to accommodate new policy developments as in the 2006/2007 2008/2009 National Health Priorities.

In addition, the management, strategic and operational systems of HRD in the province have also been assessed, as part of a balanced score card approach.

In summary, the performance for the Health Sciences and Training programme is as follows.

- The final appropriation for programme 6 in 2005/2006 was R333,514m
- The actual expenditure was R327, 406m (98.2%)
- The variance was an under-expenditure of R6, 108m (1.2%)

Medium-term estimates for 2007/2008 to 2009/2010

Sub-Programme	Audited 2003/2004	Audited 2004/2005	Audited 2005/2006	Revised 2006/2007	Medium Term Estimates 2006/2007	Medium Term Estimates 2007/2008	Medium Term Estimates 2009/2010
Nurse Training College	102,365	152,183	159,085	211,320	238,248	249,902	263,482
EMS Training College	299	197	270	983	1,365	1,433	1,497
Bursaries	9,551	7,560	35,381	43,245	45,407	47,677	49,822
PHC Training	9,197	8	0		0	0	0
Training Other	1,472	132,670	132,670	136,391	133,944	140,641	147,080
Total	122,884	159,948	327,406	392,582	418,964	439,653	461,881

Programme 6 Performance 2005 / 2006

Sub-Programme	Budget 2005/2006 R'000	Expenditure R'000	Variance R'000	
			Under-exp R'000	Over-expenditure R'000
Nursing	161,681	159,086	2,595	
EMS College	1,000	270	730	
Bursaries	33,267	35,381		2,114
HPTD grant	137,566	132,669	4,897	
Total	333,514	327,406	8,222	2,114
			Variance = 6,108	

A summary of the performance of each sub-programme in both descriptive and financial terms is outlined below.

(i) Nurse Training College
During 2005/2006, 894 nurses completed training (see table below for breakdown)

Course	Number completed 2004/2005
4D (4 year undergraduate PN course)	342
Bridging (Enrolled to Professional Nurse)	170
Enrolled Nursing Assistants	219
Midwifery	119
Post-basic (Advanced midwifery; Intensive Care; Orthopaedics nursing science	44
Science Total	894

R159, 086 out of R161, 681m spent (99%) therefore under-expenditure of R2, 595m

Explanation:
Under-expenditure relates to goods and services for the college. Had planned to purchase computers and printers for all campuses. An adjustment request to provincial treasury to move funds from "Goods and services" to "Capital" equipment in February was not approved in time to process the purchase and payment of the equipment.

Corrective Measures
The 179 computers and printers have however, been purchased during 2006/2007 and have been distributed to the campuses.

(ii) EMS College
During 2005/2006, the EMS College operated under Programme 3 although the budget for "Goods and Services" was located under Programme 6. As reported by the programme 3 manager, the outputs for the EMS College during 2005/2006 were as follows:

Course	Number completed 2004/2005
Basic Ambulance Assistant	139
Intermediate Life Support	42
Rescue modules	74
Defensive Driving	25
Total	280

R270, 000 out of R1,0000 reflected as spent (27%) therefore an under-expenditure of R730, 000

Explanation
The budget from programme 3 was utilized for operational costs of the EMS College and is reflected in the financial statements of this programme

Corrective Measures
The EMS College now falls under Programme 6 in functional terms and reporting lines have been realigned. Staff are being trained on the appropriate codes to be used making payments

(iii) Bursaries

A total of 691 bursaries allocated with breakdown as follows:

- 473 external candidates for health-related undergraduate programmes
- 144 internal candidates for health-related under and post-graduate programmes
- 74 failures/drop-outs (15% of 488 bursary holders in 2005)

In terms of equity and priority profiling:

- 66% of bursary holders are of rural origin
- 64% are women
- 85% are "African"

There were 132 graduates at the end of 2005, with 3 doctors from the Cuban training programme commencing community service, 6 their internship training and 5 the bridging fifth year in South Africa.

Expenditure for this allocation was R35, 381m out of allocation of R33, 267m (106%) which is an over-expenditure of R2, 114m

Explanation
Universities submitted invoices late and an adjustment was effected before the payment was made resulting in an "over-expenditure"

Corrective Measures
Improved liaison with the university registrars has resulted in payments for obligations for 2006/2007 being processed earlier

(iv) Training Other (HPTD grant)
The outputs funded by this allocation for 2005 included:
875 undergraduates

- 472 Medical
- 247 Nursing
- 156 Allied health professionals

96 post-graduates

- 63 medical registrars
- 3 nursing
- 5 Doctorate in Pharmacy
- 16 clinical engineering

- 5 Orthotists and prosthetics in Tanzania + 4 in Pretoria
- 2 ultrasonography; 13 BTech (diagnostics); 2 BTech (radiotherapy)

R132, 669m was out of an allocation of R137, 566m (96%) with under-expenditure of R4, 897m.

Explanation
Despite a rollover being received only in December 2005, planning was amended to accommodate this adjustment. After the approval of the strategic plan for eHealth, procurement of eHealth packages for regional hospitals and 18 selected district hospitals was started. This includes hardware and software and consultant support. Orders were placed for tele-ECG and spirometry but order numbers were not generated in time before the closure of the financial year closure beginning of March 2006.

Teleradiology tender was advertised but adjudication and awarding not completed before the end of the financial year.

Video-conferencing equipment was planned to be purchased off a national transversal tender. This tender was anticipated to be completed in December 2005, but was only completed beginning March. An SLA with the preferred service provider and orders were placed with funds committed. However, delivery can only take place in the 2006/2007 year.

Corrective Measure
The approval of the strategic plan delayed implementation by 2 months. This should not occur again since the plan has been approved. The Department has established sound working relationships with service providers like SITA, to promote better procurement processes where the Department is dependant on other service providers for this function.

PERFORMANCE OF HRD PROGRAMMES CROSS-FUNDED FROM OTHER PROGRAMMES

Workplace Skills Plan implementation
- 15,393 indicated training required
- 9,752 (63%) training needs met during 2005/2006
- 9,665 (99%) of trainees were women

Medium-term estimates for 2007/2008 to 2009/2010

ABET Level	Males	Females	Total
1	22	78	100
2	31	69	100
3	16	86	102
4	18	95	113
Total	87	328	415

Internship & Learnership implementation

Learnership	Completed	New Intake	Total	Placed
ENA	259	285	544	259
Hospital maintenance	0	23	23	23
Finance	0	40	40	2 (1of whom died)
IT	20	40	60	0
HR	40	0	40	12
Pharm	0	140	140	0
Total	**319**	**528**	**847**	**297**

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

Key areas have been identified for strengthening. These include:

(a) Performance Management and Development System
(b) Management and Leadership development
(c) Absorption planning
(d) HR strategic planning, monitoring & evaluation systems

Designated groups such as youth and children, gender, the disabled and the elderly have all been integrated into the programmes and performance indicators. For example the measure for the number of bursaries allocated and employees trained are disaggregated by gender.

In support of implementing the vision of the province “Eastern Cape- a compelling place to live, work and invest”, programmes performance measures for programmes include rural origin as a conscious attempt to promote equity within rural areas and nodes. All recruitment and retention initiatives and events promote the theme in marketing tools and branding.

Table HR1: Public health personnel in 2005/06[1]

Categories	Number employed	% of total employed	Number per 1000 people[2]	Number per 1000 uninsured people[2]	Number per 100 000 people	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member	National average	
									% of total employed	Number per 1000 uninsured people[2]
Medical officers[3]	744	2.47%	0.120	0.133	12.02	46.73%	4.03	R2048881.39		
Medical Specialists	201	0.64%	0.31	0.034	3.122	68.84%	1.05	R350279.73		
Dentists[3]	53	0.16%	0.008	0.009	0.823	50.93%	0.28	R207118.75		
Dental specialists	3	0.009%	0.0004	0.0005	0.046	90.91%	0.02	R207118.75		
Professional nurses	6,888	22.04%	1.070	1.189	107.0	35.73%	35.83	R110491.25		
Staff nurses	2,351	7.52	0.365	0.405	36.52	35.84	12.23	R73258.04		
Nursing assistants	4,790	15.33	0.744	0.826	74.41	27.77%	24.91	R59095.83		
Student nurses	2,212	7.08	0.343	0.381	34.36	10.88%	11.51	R46470.45		
Pharmacists[3]	194	0.62	0.030	0.033	3.013	56.89%	1.01	R137283.46		
Number of physiotherapists per 100 000 (annually)	57	0.18%	0.008	0.009	0.885	77.02%	0.30	R100010.00		
Number of occupational therapists (annually)	36	0.11%	0.005	0.006	0.559	81.54%	0.19	R111192.92		

Categories	Number employed	% of total employed	Number per 1000 people[2]	Number per 1000 uninsured people[2]	Number per 100 000 people	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member	National average	
									% of total employed	Number per 1000 uninsured people[2]
Number of psychologists (annually)	38	0.12	0.005	0.006	0.590	75.00%	0.20	R139972.11		
Number of radiographers per 100 000 (annually)	265	0.84	0.041	0.045	4.116	49.62%	1.38	R107186.39		
Number of emergency medical staff	13909	4.19	0.203	0.225	20.33	57.14%	6.81	R235.950		
Number of nutritionists (annually)	49	0.15	0.007	0.008	0.761	77.73%	0.25	R123065.57		
Number of dieticians per 100 000	813	100					100		100	
Total										

TABLE HR2: Provincial objectives and performance indicators for human resources

Strategic Goal: 01 A modern professional and effective health car organisation with appropriately managed human resources, adequate financial resource and technology within a conducive environment

Strategic objective: 02 To recruit, train and retain human resources into a client (customer) centred service so as to become an employer of choice.

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
Retention of under-graduate and post-graduate bursars upon graduating, ensuring representation of rural areas in allocating bursaries	% of all bursars retained in ECDOH employment	Contract system developed & implemented Posts & funding strategy developed Bursary Buddy system developed & implemented	Determine baseline	70%	80%	90%
	% of all bursars are from rural origin	Awareness Campaign developed targeting high schools in rural areas 15%	60%	70%	75%	80%

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
	Tracking of bursary defaulters and recouping debt owed	Service provider to be appointed	Determine baseline of defaulters	2% reduction	5%	7%
To use the workplace to train interns/learnerships and prepare them for employment internally and externally in the identified 7 fields of study	% of interns/learnership candidates in permanent employment	Learnerships for IT, nursing assistants, maintenance implemented Learnerships for pharmacy assistants, HRM, and Finance developed	Develop & implement absorption strategy for interns and learners into ECDOH employ Expand internship programme finance, HR, Audit, community development, research, health economics	50%	60%	70%
Increase exposure of Health Science students from UNITRA, UCT, UWC and Stellenbosch to	% of elective students from Stellenbosch, UWC and UCT that apply for community	SLA with UCT and Stellenbosch formalizing elective programme partnetship	Implementation and monitoring of SLA	Elective students in final year	Elective students in Internship year	25%

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
working in rural EC through elective programme partnerships that target 4th to final year students	service in the EC	Implementation and monitoring of SLA				
Train, develop and retain medical registrars in the EC in accordance with service delivery needs	% of registrars trained in EC that are employed upon graduation	Develop and implement retention plan for graduates from registrars	Accelerate registrar specialization programme	Strengthen registrars programme	75%	80%
Train, develop and retain nursing student graduates	% of nurses trained in EC that are employed upon graduation	Develop and implement retention plan for nursing graduates	Develop and implement retention plan for nursing graduates	70%	75%	80%
Active recruitment of graduates with scarce skills through planned Road shows to targeted universities	% graduates with scarce skills recruited to ECDOH employ	Develop targeted Road Show programme including funding Develop website advertising vacancies & career opportunities in	Commence targeted Road Show programme including funding	Collaborate with Consortium of universities to recruit EC graduates into ECDOH employ	1%	2.5%

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
		ECDOH				
Active recruitment of interns and community service health professionals for entry level posts	% of community service health professionals absorbed into entry level posts	Develop strategy and engage stakeholders for coordination	25%	45%	55%	65%
Fill critical nursing vacancies	Vacancy rates to be less than 30% for all categories of nursing		Determine vacancies routinely by professional category by region, by service type and priority and advertise critical posts	Decrease by 5%	Decrease by 10%	Decrease by 15%
Rehiring retired nurses	% of retired professional nurses absorbed into contractual employ		Establish forum Develop policy for absorption of retired nurses	Determine baseline	30%	45%
Targeted recruitment of SA overseas and foreign qualified health	% of health professionals of all newly appointed health professionals		Develop website content to advertise vacancies and career	250 additional health professionals recruited through program	350 additional health professionals recruited through program	500 additional health professionals recruited through program

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
professionals			opportunities in ECDOH			
Increase the number of nurse training Colleges in the Eastern Cape	Number of students by course completed	Identify sites for expanding nurse training platform	Develop business case for opening of following nursing satellites: Andries Vosloo, Dora Nginza; Holy Cross; Madzikane Kazulu	Open satellites in Andries Vosloo & Holy Cross &	Open satellites in Dora Nginza & Madzikane Kazulu	Baselines to be determined
Develop and implement mid-level worker training programme(s)	% of graduates absorbed into ECDOH employ	Identify mid-level worker programmes and Develop resource plan & academic programme with stakeholders	First intakes for: • Clinical Associate (16) • Emergency care Technicians	Year 2 Complete work study for entry level posts	Year 3 First graduates anticipated	Absorption into posts
Develop and implement new training programmes in response to service delivery needs	Numbers of health workers trained	Identify new training programmes and Develop resource plan & academic programme with stakeholders	First intake for: Masters Medical informatics (11)	Year 2	Year 3 Graduates to commence Diploma and Certificate course training accreditation	First Intakes for Certificate and Diploma courses

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
Strategic objective: 01	To develop systems and build capacity throughout the department for effective and efficient health service human, financial resource planning and management.					
30 Components in EC implementing WPS, ensuring a focus on skills required for: <u>(A) CLINICAL MANAGEMENT</u> •Child Health •Maternal and Women's Health •TB HIV/AIDS <u>(B) LITERACY</u> ABET <u>(C) CORPORATE MANAGEMENT</u> •Finance •Persal	% of components submitting WSP quarterly reports	Ensure alignment of WPS with PGDP priorities 65% institutions submitting quarterly reports on WSP implementation	75% institutions submitting quarterly reports on WSP implementation	80%	85%	95%
		Database of accredited training service providers established and updated	Database of: •accredited training service providers updated •Training needs identified and met			
	% of identified training needs met	63% of identified training needs met	70%	75%	80%	85%
To ensure that nurses have access to and participate in formal in-service	% of institutions with in-service programmes in place	Develop formal in-service programme for ECDOH including monitoring &	Implement formal programme; baseline	10% improvement	15% improvement	20% improvement

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
training programmes		evaluation tool				
	Quality of care & employee satisfaction indicators still to be finalized	Accelerate implementation of training programme through Fellowship programme	Baseline to be determined	5% improvement	10% improvement	20% improvement
To ensure that nurses have access to and participate in formal in-service training programmes	% of institutions with in-service programmes in place	Advertise and fill critical tutors posts, but also strengthen retention strategy Finalize accreditation monitoring tool Develop capacity of staff to implement norms and standards	Develop formal in-service programme for ECDOH including monitoring & evaluation tool	Implement formal programme; baseline	10% improvement	15% improvement
Develop capacity of senior managers: (a) through	Quality of care & employee satisfaction indicators still to	Develop impact assessment in terms of quality of services rendered	Accelerate implementation of training programme	Baseline to be determined	5% improvement	10% improvement

OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
DHM&L pogramme, so that they are able to manage and provide effective PHC services at a District level	be finalised	and people management effectiveness 1 year after completing programme	through Fellowship programme			
b) through formal management and leadership programme	Quality of care & employee satisfaction indicators still to be finalised		Develop Management and Leadership programme for ECDOH	Implement programme	Baseline to be determined	5% improvement
Formalize and implement a comprehensive CPD programme accessible to all Health Professionals in the EC, especially those practicing in remote rural areas	% of health professionals registered and complying with HPCSA CPD requirements	Establish CPD unit	Formalize a comprehensive CPD programme	Implement and monitor CPD programme, determining baseline	50%	60%

OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
Develop and implement 2 year medical Internship programme	% of intern posts filled (turn up rate)	Implement 2year programme in Umtata PEHC and ELHC receive accreditation for 2 year programme	All 3 Complexes implementing 2 yr internship programme Business Case to be developed to accommodate increase in 2008	Plan for expansion of intern posts in EC province	90%	95%
Strategic Goal: 03 Improve access to and quality of services. **Strategic Objective: 04** To implement quality assurance systems						
Transformation of Nursing education curriculum and services rendered to meet needs of community through:						
(a) Ensuring improvement in tutor: student ratio	Tutor: student ratio	Advertise critical tutors posts, but also strengthen retention strategy	Advertise and fill critical tutors posts, but also strengthen retention strategy	1:40	1:35	1:30

MEASURABLE OBJECTIVES	PERFORMANCE INDICATOR	TARGET				
		2005/2006	06/07	07/08	08/09	09/10
(b) Maintain accreditation status of all campuses Implement norms and standards for nursing practice	% of campuses meeting accreditation status % of institutions that comply with ECDOH norms and standards for nursing practice	Finalize accreditation monitoring tool Develop norms and standards for ECDOH	Finalize accreditation monitoring tool & system Develop capacity of staff to implement norms and standards Develop assessment tool	Implement accreditation system Conduct an assessment to determine baseline	Determine baseline 5% improvement	75% 10% improvement

STRATEGY TO ADDRESS	OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
			2005/2006	06/07	07/08	08/09	09/10
3.1 Performance Management & Development System	To manage and improve performance of employees in ECDOH through the implementation of PMDS	% of staff with signed performance agreements	75%	Development of PMDS calendar for 2008/2009	80%	85%	90%
		% of staff with at least 2 performance reviews completed	75%	80%	85%	90%	95%
	To ensure that PMDS impacts positively on service delivery	Indicator to be developed		Train SMS and MMS on Departmental PMDS policy			
				Develop impact assessment tool Assess quality of PA	Conduct impact assessment and determine baseline	5% Improvement	10% improvement
3.2 Career Development Planning	To promote growth and learning by providing a	% of health employees with individual career development	Establish peer review committee	Develop career paths together with Higher education for	Implement and integrate career development plans into human	50%	60%

STRATEGY TO ADDRESS	OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
			2005/2006	06/07	07/08	08/09	09/10
	programme for equitable career advancement	plans	Conduct literature review	following streams: • Clinical development • Management • Corporate services Develop and implement mentorship programme for the above work streams	resource management at institutional level, determining baseline by professional category		
3.3 To improve morale of nurses	To improve morale of nurses by:	% of institutions with improved nursing care		Develop an assessment programme	Conduct assessment and determine baseline	5% improvement	10% improvement
	(a) Improve quality of nursing care, promoting professional and caring ethos	% of nurses wearing standardized provincial nursing uniforms		Establish provincial nursing managers forum Develop draft policy on wearing of uniforms	Develop business plan for procurement of standardized uniforms	Implement business case	Determine baseline

STRATEGY TO ADDRESS	OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
			2005/2006	06/07	07/08	08/09	09/10
	(b) Improving nursing conditions of service	Satisfaction of nurses in ECDOH employ		Develop employee satisfaction tool	Develop and implement a formal programme and business plan to improve nursing conditions of service	Conduct employee satisfaction survey	5% improvement
	(c) Improving infrastructure and communication at Lilitha College	% of campuses with minimum standards adhered to		Develop minimum norms and standards for infrastructure and communication at all campuses	Assess baseline and 5% Improvement	15% improvement	20% improvement
				Ensure compliance with asset management (asset register maintained in all campuses)	Develop business pan for infrastructure and communication improvement		
	(d) Improve access to Lilitha College programmes : (i) through RPL	% of students accessing Lilitha programmes through RPL		Development of policy and implementation guidelines	Implement marketing strategy	5% improvement	10% improvement

STRATEGY TO ADDRESS	OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
			2005/2006	06/07	07/08	08/09	09/10
				Strategy to market the policy to increase pool of potential students	Determine baseline		
	(ii) through increasing number of posts in rural nodes	% of all students at Lilitha allocated in rural nodes		Assess equity of students posts amongst campuses Develop business case for achieving equity in student numbers	Open Holy Cross, Madzikane Kazulu and Andries Vosloo satellites	Open Dora Nginza satellite	65%
3.4 Academic & Service Support	To decrease isolation of health professionals in rural areas through academic and service support by Academic Complex staff and telehealth initiatives	% of facilities receiving at least 1 planned academic and service support visit by health teams by domain each quarter(focus on child health. maternal health, TB and HIV?AIDS)		Develop and implement ASS programmes in EL and PE	50%	60%	75%

STRATEGY TO ADDRESS	OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
			2005/2006	06/07	07/08	08/09	09/10
		% of designated rural facilities involved in/covered by telehealth programme		Launch of telemedicine packages at 6 district hospitals Expansion of mindset channel sites from 23 to 43	Expansion of packages to additional 6 district hospitals	Expansion of packages to additional 6 district hospitals	
				Clinic connectivity project at all 25 centres of excellence	Expansion to all additional 200 clinics	Expansion to all additional 200 clinics	Expansion to all additional 175 clinics
				Commissioning of Learning centre	Implementation of dental assistants training programme	Expansion of clinical training programmes	
					Development of curriculum for learning capacity/ literacy	Continued training for learning capacity/ literacy	

STRATEGY TO ADDRESS	OBJECTIVE	PERFORMANCE INDICATOR	TARGET				
			2005/2006	06/07	07/08	08/09	09/10
				Determine baseline assessment of use and impact of eHealth at sites	Improve impact by 5%	Improve impact by 10%	Improve impact by 15%
	Develop strategic partnerships with Higher Education Authorities in EC to identify, develop and provide training programmes for health professionals that suit Health service delivery needs	% of professional categories by focus stream (clinical, management corporate) with training programmes promoting professional growth and development		Revise and implement joint establishment agreement with Walter Sisulu University Advocacy of Health Consortium	Develop database of existing accredited training programmes by professional category Launch EC Health Consortium	Address gaps in training programmes through Consortium	60%
	To ensure every nursing student has a mentor support/ accompaniament	% of nursing students with identified mentor allocated		Establish mentorship programme, including monitoring and evaluation	Implementing mentorship programme and determining baseline	5% improvement	10% improvement

Table HR3: Situational analysis and projected performance for human resources (excluding health sciences and training)[1]

Indicator	Type	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	National target 2007/08
Input									
1. Medical officers per 100,000 people	No	11.2	12.3	13.2	14.6	14.9			18.7
2. Medical officers per 100,000 people in rural districts	No	0.0477	10.4	7.66	-	-			12.2
3. Professional nurses per 100,000 people	No	14093	204.3	211.6	-	-			105
4. Professional nurses per 100,000 people in rural districts	No	-	175	183.8	-	-			92.5
5. Pharmacists per 100,000 people	No	1.9	2.6	2.53	-	-			34
6. Pharmacists per 100,000 people in rural districts	No	0.0241	2.5	1.39	0.0332	0.0332			24
Process									
7. Vacancy rate for professional nurses	%	17.79	29.2	26.7	25	22			15
8. Attrition rate for doctors	%	50.05	45	40	40	38			25
9.Attrition rate for professional nurses	%	4.94	4	3.7	3	3			25

Indicator	Type	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	National target 2007/08
10. Absenteeism for professional nurses	%	-							5
Output									
11. Doctors recruited against target	%	54.84	56	60	60	60			80
12. Pharmacists recruited against target	%	24.43	27	30	30	30			60
13. Professional nurses recruited against target	%	4.08	6	6.8	7.4	7.4			90
14. Community service doctors retained in the province	%								40
Quality									
15. Hospitals with employee satisfaction survey	%	0	0	20	30	40			50
Efficiency									
16. Nurse clinical workload (PHC)	No	27.02	26	25	25	25			
17. Doctor clinical workload (PHC)	No			28					

Indicator	Type	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	National target 2007/08
Outcome									
18.Supernumary staff as a percentage of establishment	%	0.2199	0	0	0	0			

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

Indicator	Type	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	National target 2007/08
Input											
1. Intake of medical students	No	41	191	112	-	472	-	117	125	135	
2. Intake of nurse students	No	350	428	580	863	783	798	795	800	1,000	
3. Students with bursaries from the province	No	216	791	651	520	563	631	749	789	840	
Process											
4. Attrition rates in first year of medical school	%	2	2	3	5	0	4.8	4.4	3.2	2.0	10
5. Attrition rates in first year of nursing school	%	0	4.94	8.72	-	0	8	8.5	10	10	10
Output											
6. Basic medical students graduating	No	41	40	34	57	51	70	83	92	110	
7. Basic nurse students graduating	No	225	263	306	391	423	602	816	863	949	
8. Medical registrars graduating	No	0	0	0	0	0	7	8	12	14	

Indicator	Type	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	National target 2007/08
9. Advanced nurse students graduating	No	60	66	78	74	48	67	86	105	124	
Efficiency											
10. Average training cost per basic nursing graduate	R	31,212	33,399	36,405	39,498	53,235	66543	83178	103973	129966	
11. Development component of HPT & D grant spent	%	0	0	52.98	100	100	100	100	100	100	100

Past expenditure trends and reconciliation of MTEF projections with plan

Table HR5: Trends in provincial public health expenditure for HPT&R conditional grant (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (Actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Current prices1									
Total				97,464	132.670	127.566	133,944	140.641	151,362
Total per person				13.75	-	18.00	18.90	19.84	21.35
Total per uninsured Person				12.37	16.84	16.90	17.00	17.85	19.21
Constant (2004/05) Prices[2]									
Total				93.536					
Total per person				13.20					
Total per uninsured Person				11.88					

PROGRAMME 7

PROGRAMME 7: HEALTH CARE SUPPORT

SUB-PROGRAMME: ORTHOTIC/ PROSTHETIC SERVICES

PURPOSE: To render specialised clinical Orthotic and Prosthetic Services

PROGRAMME DESCRIPTION

Programme 7 deals with Orthotic and Prosthetic services and in addition houses Clinical Support Management. The latter is composed of Laboratory services, Radiography services and Rehabilitation services. All the clinical support services are budgeted for under programs dealing with hospital services i.e. programs 2 & 4.

There are three existing Orthotic/Prosthetic centres (O&P's) which are at different levels of staffing, therefore varying optimal functionality because of staffing levels. The centres are the P.E Provincial, East London Centre and Umtata Centre.

PROGRAMME OBJECTIVES

- Ensuring equitable access by persons with disabilities to essential packages of services.
- Liaise for the improvement of infrastructure at the O&P centres.
- Application of tools to monitor and evaluate rehabilitation services.
- Build capacity at the O&P centres.
- To provide ongoing training and skills development for rehabilitation health workers.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Provision of assistive devices for persons with disabilities
- Reduction of the waiting period for assistive devices.
- Provision of adequate staff especially in the Mthatha centre.
- Establishment of accessible maintenance and repair outlets for assistive devices.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and financial management Inadequate financial management systems at the O&P centres	Build financial management capacity at the O&P centers
Human Resources High vacancy figures at the O&P centres especially Mthatha O&P.	Facilitate training of Medical Orthotists/prosthetists inside and outside the country with contractual obligations as there is currently one training facility in the country which tends to focus on Gauteng and Pretoria candidates. - Building additional training capacity in WSU by 2008 and first intake to start in 2008/09 - Facilitate recruitment of Medical Orthotists/prosthetists for limited periods from neighbouring countries subject to permission being granted to recruit from a SADC country - To implement a Learnership, and incubation period.
Long waiting period (back-log) for assistive devices in the form of prostheses and orthoses Limited number of maintenance and repair outlets for assistive devices.	An initial blitz at OR Tambo and Alfred Nzo: • establish data base for persons in need of assistive devices • Coordinate public and private resources to deal with back-log Roll-out similar project throughout the province
	Liaise for the establishment of repair and maintenance centres

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

Planned quality improvement measures include:
Shortened waiting period for assistive devices acquisition. Currently, waiting periods for various major assistive devices are as follows:

- Wheelchairs 3 months from application to issue
- Hearing 2 weeks from impression taking to fitting
- Orthoses 5 months (callipers, braces i.e manufactured items)
- Prosthesis 1 year (amputee fittings manufactured)

Planned measures:
All supplies & consumables for medical O&P will be under a provincial tender to reduce waiting period reflected above

STRATEGY TO ADDRESS NON-RECURRENCE OF ISSUES RAISED BY THE AUDITOR GENERAL:

PROCUREMENT

REASONS	IMPROVEMENT STRATEGY
• Delay in the three quote system • Suppliers not co-operative as quotations do not necessarily yield into business	• To pursue the tender route • All supplies & consumables for medical O&P will be under a provincial tender

COMMITMENTS

REASONS	IMPROVEMENT STRATEGY
• Shortage of procurement officers in the O & P Centers due to budget constraints • O & P Centers are not supported by CSC Management in the Complexes	• Filling of posts in the next financial year Manager for each centre, and have financial manager for each centre Memorandum of Understanding to be signed with CEO's of Complexes

ACCRUALS

REASONS	IMPROVEMENT STRATEGY
• Delay in stock deliveries due to utilization of BEE (no capacity) in compliance with PGDP	• Interim :- Buying outside the tender • Long term :- Invitation of new tenders

Implementation of PFMA

PLAN

1) Filling in of vacant finance and procurement officer posts in the O & P Centers
2) Reinforce and liaise a payment structure that flows from the O & P Centers to CSC that will ensure compliance with the 30 days PFMA requirement
3) Continuous training of O & P Procurement Officers to understand the functionality of the centers
4) Monitor adherence to the MOU signed with CEO's of the complexes

STRATEGY TO ADDRESS NON-RECURRENCE OF ISSUES RAISED BY THE AUDITOR GENERAL:

The strategies that will be undertaken by this programme to address the no-ocurrence of concerns raised by the Auditor General will focus on procurement issues

PROCUREMENT	
Reasons • Delay in the three quote system • Suppliers not co-operative as quotations do not necessarily yield into business	**Improvement strategy** To pursue the tender route All supplies & consumables for medical O&P will be under a provincial tender
COMMITMENTS	
Reasons • Shortage of procument officer in the O&P centers due to budget constraints • O&P Centers are not supported by CSC Management in the Complexes	**Improvement Measure** • Filling of posts in the next financial year • Memorandum of Understanding to be signed with CEO's of complexes
ACCRUALS	
Reasons • Delay in stock deliveries due to utilisation of BEE (no capacity) in compliance with PGDP	**Improvement Measure** • Interim - Buying outside the tender • Long term Invitation of new tenders

IMPLEMENTATION OF PFMA

The plan will encompass

- Filling in of vacant finance and procurement officer posts in the O & P Centers.
- Develop a payment structure flowing from the O & P Centers to Complexes that will ensure compliance of the 30 days PFMA requirement.
- Continuous training of O & P Procurement Officers to understand the functionality of the centers.
- Monitoring adherence to the MOU signed with CEO's of The complexes.

Table 31 Provincial objectives and performance indicators for Orthotic/ Prosthetic Services:

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic objective: 06 To strengthen the implementation of health care support services such as pharmaceuticals, orthortic and prosthetic services, laboratory, radiography, rehabilitation and social work services.

Measurable objectives	**Performance measure/ indicator**	**2005/06 (Actual)**	**2006/07 (Baseline)**	**2007/08 (Target)**
Equitable access to essential packages of services	Number of out-reach clinics	10	18	22
Build capacity at O&P centres	Number of people to be employed	Axiliary workers: 12 Support Staff : 16	Auxilliary Workers: 2 Support Staff: 1	Auxilliary Workers: 12 Support Staff: 8
To provide ongoing training	Number of students training	5	10	10
Liaise for standard accredited O&P Infrastructure.	Finalised rationalization of O&P's	1 (only one of the three is accredited)	Rationalisation of the other 2 centres	3 (All operational and accredited)
Strategic Goal: 03 Improve access to and quality of services **Strategic objective: 02** To facilitate access to and quality services for the disables and other designated groups				
High quality O&P services	Number of clients fitted and/or issued with assistive devices • Orthoses • Prostheses	6152 4000 504	6172 4010 510	6200 4014 516

Measurable objectives	Performance measure/ indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)
	• Hearing Aids • Wheelchairs Maximum waiting period for assistive devices • Wheelchairs • Hearing Aids from impression taking to fitting	250 1398 3month 6weeks	252 1400 3 4	260 1410 2 2

SUB- DIRECTORATE: CLINICAL SUPPORT MANAGEMENT

PURPOSE: To render clinical support management services

PROGRAMME DESCRIPTION

The Directorate Clinical Support Management is composed of the following sections:
Laboratory services
Radiography services
Rehabilitation services and
Social work services
All these sections are budgeted for under programs dealing with hospital services i.e. Programmes 2 & 4.

Priorities

- Development of a Service Improvement Plan for Laboratory Services,
- Transport management and transmission of laboratory results.
- Improvement of accessibility of service for people with disabilities.
- Standardization of radiographic equipment.
- Co-ordination of tele-radiology programme in the province for total roll out
- Facilitate development of SLA document with South African National Blood Services
- Skills development for social workers
- Provide ongoing training & skills development for clinical health support professionals
- Policy formulation governing radiography training.
- Assess the impact of community service programme for radiographers and rehabilitation health workers.
- Implementation of qualtiy assurance programmes.

PROGRESS ANALYSIS

- **Laboratory services**
  Laboratory Service has increased its coverage but the turn around time is still problematic due to lack of efficient transport system. There is under monitoring of laboratory service delivery at facility level due to inadequate departmental structure. Frequent payment backlogs have led to provincial intervention measures. A number of institutions which were on flat rate have now been converted into a 'fee for service'. Budget has been 'ring fenced' and payments for flat rate centralized.

- **Radiography Services:**
  These services are spread across in all Academic (complexes), Regional, District hospitals and Primary Health Care centres.
  The following services are rendered at Academic complexes:-
  Computerized Tomography Scanning (CT Scan), Fluoroscopy, Ultra Sound, and general diagnostic radiography.
  Radiotherapy, Nuclear Medicine are only rendered at Frere & PE provincial hospitals.

- **District and regional hospitals:-**
  Services rendered are general diagnostic radiography, Ultra Sound, Teleradiology (5 hospitals) and limited specialized examinations.

- **Health Centres:** - Offer General diagnostic Radiography services only.

- **Rehabilitation Services:**
  Rehabilitation services are rendered in a Primary Health community set-up, District and Provincial hospitals. The components of these services are physiotherapy, occupational therapy, speech therapy and audiology.

- **Social work Services**
  Social work services have been under the Department of Social Development with no guidance from the Department of Health on the role of social workers in the health environment. The social work services are now rendered in primary health setting, and at district and provincial hospitals

ANALYSIS OF CONSTRAINTS AND PLANNED MEASURES TO OVERCOME THEM:

CONSTRAINTS	MEASURES TO OVERCOME THEM
Finance and Financial Management • No ring fenced budget for SANAB • The current budget only covers services and does not cover costs of the increased coverage of clinic specimen collection • No co-ordinated budget planning for radiological equipment replacement and maintenance. • Non budgeting for radiology consumables by facilities. • No allocated budget. • Lack of budget for rehabilitation programs at the institutions.	• Costing of increased coverage for specimen collection. • Motivate and liaise for coordinated budget planning and allocation. • Motivate and liaise with institutions for consumables budget allocation Motivate for the relocation of rehabilitation budget within Program 7
Support Systems • Lack of IT System in most institutions delays the fee for service billing system. • No co-ordinated maintenance program. • No quality assurance program for radiographic equipment in the province • Not enough offices, dedicated vehicles and computers Transport for out-reach programs • Unequipped rehabilitation departments at the institutions	• Motivate and liaise for the installation of IT infrastructure • To have quality assurance program in all hospitals and health centres. • To motivate and liaise for a coordinated maintenance plan • Improve integrated utilization of transport. • Motivate and liaise for equipment procurement planning. • Motivate and submit budget requirements • Motivate for creation and filling of posts • Motivate for space which is conducive for counselling and for subsidized vehicle

CONSTRAINTS	MEASURES TO OVERCOME THEM
Human Resources Unavailability of specific personnel to manage and monitor both NHLS service delivery and payments at LSA level Attraction of radiographers and rehabilitation therapists to previously under-served areas Attraction of rehabilitation therapists to previously Under-served areas Shortage of social workers	• Motivate for creation of laboratory service supervisors posts at district municipality level. • Implementation of contractual obligations for radiography trainees. • Motivate and liaise for improvement of retention strategy. • Motivate and liaise for improvement of retention strategy

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

Planned quality improvement measures:

- Sub contract courier services for Senqu, Emalahleni & Intsika yethu LSA's through NHLS.
- Facilitate installation of communication systems in all health facilities for quality transmission of laboratory results.
- Facilitate employment of District coordinators to monitor & evaluate systems.
- Facilitate additions of more outreach clinics services
- Facilitate that each District hospital & CHC's have a qualified rehab therapist
- All Rehab professionals empowered on assessment and prescription of assistive devices
- Facilitate replacement of old X-ray equipment in 7 institutions
- Facilitate establishment of Blood Banks in the 3 Health districts viz; Ukhahlamba, Alfred Nzo & Cacadu

STRATEGIES TO ADDRESS AUDIT QUERIES

Strategy to address non-recurrence of issues raised by the Auditor general:

Reasons	**Improvement Strategy**
Delay in the three quote system Suppliers not co-operative as quotations do not necessarily yield into business	To pursue the tender route All supplies & consumables for physiotherapy and Occupational Therapy will be under a provincial tender
Accruals	**Improvement Measure**
Delay in stock deliveries due to utilization of BEE (no capacity) in compliance with PGDP	Interim :- Buying outside the tender Long term :- Invitation of new tenders

IMPLEMENTATION OF PFMA

PLAN

- Facilitate filling of vacant district laboratory coordinator posts for effective management of payments.
- Facilitate commitment of budget projections for all cost facilities to shorten payment process.
- Monitor adherence to the MOU's signed with CEO's, District Managers and CSC managers

Table 31: Provincial objectives and performance indicators for Clinical Support Management

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic objective: 06 To strengthen the implementation of health care support services such as pharmaceuticals, orthortic and prosthetic services, laboratory, radiography, rehabilitation and social work services.

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Develop a Service Improvement plan that will be a working document	Service improvement plan in place	Service improvement plan finalised and 20 LSA's have implemented the plan (specimen transport management)	22 LSA's to have implemented the plan (frequency of specimen collection)	25 LSA's have implemented the plan(monitor support of priority programs by NHLS)	25 LSA's have implemented the plan	25 LSA's have implemented the plan
To improve accessibility of service for people with disabilities	No of outreach service points established	13 LSA's with established outreach clinic service points	13 LSA's with established outreach clinic service points	20 LSA's with established outreach clinic service points	25 LSA's with established outreach clinic service points	A total of 30 outreach clinic service points established.
To facilitate the implementation of free health care services in the province for people with disability.	Percentage of institutions rendering free health services	50% of institutions rendering free health services(45/91 institutions)	65% of institutions rendering free health services (59/91 institutions)	80% of institutions rendering free health services(72/91 institutions)	95% of institutions rendering free health services (86/91 institutions)	All institutions rendering free health services

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To facilitate distribution of assistive devices in the province (wheel-chairs and hearing aids)	No of people with assistive device	Mthatha=858 P.E complex=699 E.L complex=620	All people in need of assistance devices to receive. (Backlog eradicated)	All people in need of assistance devices to receive. (Backlog eradicated)	All people in need of assistance devices to receive. (Backlog eradicated)	All people in need of assistance devices to receive. (Backlog eradicated)
Set norms and standards for quality assurance	Standardized turn around time for lab specimens	12 hours 72 hours	12 60 hours	12 48hour	12-48hour	12-24
To co-ordinate community service program for clinical support professionals	Number clinical support service professionals placed on community service programme	61	75	80	85	100
Development and implementation of radiographic quality assurance program	No. of institutions implementing the quality assurance programme	30 institutions implement the program	51 institutions implement the program	All institutions	All institutions	All institutions
Control, monitoring and evaluation of the silver recovery program	Signed contract in place.	signed contract available at All institutions and reports submitting by institutions	signed contract available at All institutions and reports submitting by institutions	signed contract available at All institutions and reports submitting by institutions	signed contract available at All institutions and reports submitting by institutions	signed contract available at All institutions and reports submitting by institutions
Standardization of radiographic equipment	Number of institutions with standard equipment.	23 institutions have standard equipment	39 institutions have standard equipment	45 institutions have standard equipment	51 institutions have standard equipment	71 institutions have standard equipment

Measurable Objectives	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Development of a quality management manual for all hospitals	Quality management manual in place	Manual in place in all hospital	Manual in place in all hospitals	Manual in place in all hospital	Manual in place in all hospital	Manual in place in all hospital
Facilitate development of SLA document with South African National Blood Service	SLA in place	Draft	SLA in place	SLA in place	SLA in place	SLA in place
To establish norms and standards for social work services	Provincial norms and standards for social work services available	Circulate draft document of norms and standards for comments	Approved document of norms and standards	Implementation of the norms and standards	Policy review and amendments on reviewed policy	Programme evaluation
Improve external and internal communication to harness service delivery	No of DPO's and NGO'S actively involved in disability	(17/49 DPO's and NPO's)	(32/49 DPO's and NPO's)	(49/49 DPO's and NPO's)	(49/49 DPO's and NPO's)	(49/49 DPO's and NPO's)
Ensure continued service improvement in radiology through training	Number of trained radiographers, in undergraduate, post graduate and other areas	17 trained	21	25	35	35
To enhance improvement in rehabilitation services through training of current unregistered practising personnel	Number of trained physiotherapy Assistants	15 unregistered physiotherapy assistants practitioners	15	15	Nil	Nil

PHARMACEUTICAL SERVICES

PROGRAMME DESCRIPTION

Pharmaceuticals, medical and surgical supplies are the second largest cost drivers in the health care delivery system, which when managed appropriately will have the greatest saving to the budget. Pharmaceutical Service therefore aims to ensure equitable access to safe, cost-effective, quality pharmaceutical care to all the people in the Eastern Cape Province and promotes rational use by all.

The audit of Pharmaceutical Services conducted in October 2004 has to a large extent identified the gaps that need to be addressed to ensure compliance.

PROGRAMME OBJECTIVES:

- To implement a professional and effective pharmaceutical service that ensures appropriate management in compliance with legislation, norms and standards for quality assurance
- To ensure equitable access by all communities to pharmaceutical services
- To promote rational use of drugs by communities
- To monitor effective utilisation of pharmaceutical budget
- To facilitate restructuring of pharmaceutical supply management through a public private partnership

PROGRESS ANALYSIS

Pharmaceutical Services has managed to fill critical Pharmacists' posts through a job evaluation process that saw an upgrade to existing positions and creation of management posts which then placed the responsibility for drug supply management appropriately in the hands of accountable pharmaceutical personnel.

The Pharmacy environment has undergone major changes in the quest to provide better access to affordable medicine to all the citizens of the country. The challenge thus being faced by the State is that since July 2005, we now also have to comply with our own laws. These require that all Pharmacies be under the constant supervision of a Pharmacist, it should meet legal requirements in terms of systems, equipment, and infrastructure and adhere to Good Pharmacy Practise guidelines as determined by the South African Pharmacy Council. The strategic goals and objectives of this unit, along with pharmaceutical services throughout the country, have thus been restructured towards this achievement.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Recruitment and retention of pharmacy personnel according to the departmental strategy.
- Ensuring that facilities move towards compliance with Pharmaceutical Legislation
- Facilitate appointment, training and registration of Pharmacists assistants with South African Pharmacy Council.

CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Human Resources: Pharmacists have been declared a scarce skill, yet recruitment and retention of this cadre of personnel into our remote, rural and underserved areas is a huge challenge. **Community Service Pharmacists** are recruited and placed in historically underserved areas, but getting them to stay afterwards is still a challenge. They struggle to get accommodation during the community service year and the salary offered upon completion is not competitive with other provinces and the private sector. Training of **Pharmacist's Assistants** is a requirement of the new legislation because medicine has to be handled by appropriately trained and registered staff. With over 700 Primary Health Care facilities and over 90 hospitals to populate with this cadre and training that takes minimum 12 months in service, this is a mammoth task. At R 6000 per learner, this is very expensive. The rolling out of the comprehensive plan for anti-retroviral makes it more urgent to train and place appropriately as many of this cadre into our Primary Health Care facilities as possible.	**Human Resources:** A strategy to address this issue is being developed together with all other health professionals, including initiatives at National DOH to improve salaries. A structure for Pharmaceutical Services has been proposed which should also assist in improving the working conditions of pharmacy staff. Active recruitment of this cadre of staff has been done, in conjunction with the HIV & AIDS directorate. The response has not been that great though and more needs to be done to improve the whole selection and appointment process. Also accommodation should not be for Doctors only, but for all health professionals. 68 basic & 40 post basic Pharmacist's Assistants have started training by two accredited service providers. Funding was obtained from the Skills Levy & SETA funds. More learners have been identified through the RPL process, so that they can go straight into the post basic training and be deployed to work under indirect supervision of a Pharmacist at the Primary Health Care facilities. Advertisements for qualified Pharmacist's Assistants have been placed so as to populate the approved Pharmaceutical Services structure.
Infrastructure: The need to comply with the new legislation has revealed that most of our facilities do not meet good quality standards. Pharmacies have been inappropriately built and not maintained, such that they fail the inspections conducted by the South African Pharmacy Council in order for them to be registered. Equipment, reference books, security, layout are some of the challenges to overcome.	**Infrastructure:** Funding has been sourced provincially from the HMQI Grant to assist those facilities that were audited & found to be deficient in equipment. The task is by no means complete and still requires more commitment from the Institutions to ensure that we move towards full compliance to the legislation.

Financial management: Monitoring of usage of the drug budget will result in huge savings if done well. Skills to do this function have been sadly lacking in this unit, especially because the moratorium on appointments resulted in delays in employment of finance personnel. The Pharmacy Managers tasked with this responsibility are not appropriately trained, nor are the ones at the Depots.	**Financial management:** The selection of the finance persons to assist with monitoring utilisation of the drug budget is back on track. There has been a lot of help from the Procurement Unit during the audit process in the department. Some Pharmacy Managers have undergone some training on finance management.
Pharmaceutical Supply Chain: The implementation of the PPP for management of the Depots and distribution of pharmaceutical, medical & surgical supplies has been fraught with delays and hiccups throughout the process. There is also lack a of skills and capacity in this unit to run with this project.	**Pharmaceutical Supply Chain:** Concerted efforts are being made to put this project back on track so that it can be implemented. A structure for Pharmaceutical Services has been proposed to address the lack of skills and capacity to run the project.

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES:

- Employment of sufficient Pharmacist's assistants in our health facilities will release the Pharmacists to ensure provision of quality Pharmaceutical Care and adherence to the Standard Operation Procedures (SOP's).

- In-service training to address record keeping thus improving the use of stock cards and management of drug supplies.

- Encourage orders to be costed and keep a running balance of available budget at all times. This will ensure that Pharmacists monitor use of the drug budget at the coalface, improve expenditure patterns and comply with PFMA regulations.

Table 32 Provincial objectives and performance indicator for Pharmaceutical Services.

Strategic Goal: 02 An effective service delivery platform based on the Primary Health Care approach and seamless referral system.

Strategic objective: 06 To strengthen the implementation of health care support services such as pharmaceuticals, orthortic and prosthetic services, laboratory, radiography, rehabilitation and social work services.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To ensure drug supplies are managed effectively & efficiently	% facilities licensed with NDOH, recorded with SAPC	55% facilities licensed with NDOH, 30% registered with SAPC	81% facilities licensed by NDOH. 74% institutional pharmacies recorded with SAPC.	100% facilities licensed with NDOH, 40% registered with SAPC	100% facilities licensed with NDOH, 50% registered with SAPC	100% facilities licensed with NDOH, 60% registered with SAPC
	% of tracer drugs available in all facilities at all times	Drugs frequently out of stock when patients need them.	Tracer drug availability only 80% at times in the depots, affecting facilities also	60% facilities have 100% tracer drugs at all times.	80% facilities have 100% tracer drugs at all times.	90% facilities have 100% tracer drugs at all times.
To implement a compliance monitoring & evaluation plan to promote quality of pharmaceutical services and infrastructural requirements that meet pharmaceutical norms & standards	% facilities providing pharmaceutical services in compliance with legislation	Only the hospitals in the East London and PE health complexes meet	10 more hospitals have passed Pharmacy Council inspection.	30% of institutional pharmacies within the province meet quality standards according to	50% of institutional pharmacies within the province meet quality standards	70% of institutional pharmacies within the province meet quality standards

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
		standards to be approved for intern training		legislative requirements.	according to legislative requirements.	according to legislative requirements.
	Number of facilities that comply with pharmaceutical infrastructural requirements	Only the hospitals in the East London and PE health complexes meet standards to be approved for intern training	10 more hospitals have passed Pharmacy Council inspection.	30% of institutional pharmacies meet infrastructural requirements according to Good Pharmacy practice.	50% of institutional pharmacies meet infrastructural requirements according to Good Pharmacy practice	70% of institutional pharmacies meet infrastructural requirements according to Good Pharmacy practice
To develop & disseminate policies to all institutions	Number of policies developed & disseminated to institutions	37 Standard Operating procedures have been developed and disseminated to institutions	4 Additional policies on handling of antiretroviral agents have been developed and disseminated to institutions	4 additional policies to be developed and disseminated to institutions	4 additional policies to be developed and disseminated to institutions	4 additional policies to be developed and disseminated to institutions

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
To ensure provision of pharmaceutical services by adequate, competent & appropriate human resources (appropriate staffing norms, culture of learning & continuing professional development)	Number of institutional pharmacies managed by pharmacists.	18/25 (72%) LSA's with Pharmacy Manager.54/74 (73%) Hospitals with Pharmacists. 20/74(27%) Hospitals have NO Pharmacists	15/25(60%) LSA's with Pharmacy managers.79% hospitals with pharmacists and 21% hospitals with no pharmacists.	50% districts and 60% of hospitals have pharmacy managers.	60% districts and 70% of hospitals have pharmacy managers.	All districts and 80% of hospitals have pharmacy managers.
	Number of institutional pharmacies with community service pharmacists placed.	28 institutional pharmacies had CSP placed	37 institutional pharmacies have CSP placed	44 institutions to have CSP placed	48 institutions to have CSP placed	50 institutions to have CSP placed
	Number of interns placed at institutional pharmacies	22 interns were placed at EL and PE Complex	23 interns placed at EL and PE Complex	28 placed at all 3 Complexes	30 placed at all complex And regional hospitals	32 placed at all complex and regional hospitals
	Number of Primary Health Facilities with at least one post basic pharmacists assistants	No Pharmacist's assistants in all Primary health care (PHC) facilities.	Only few CHC have pharmacist's assistants on training.	Appointment, training and registration with South African Pharmacy Council of Pharmacist's assistants in 20%	Appointment, training and registration with South African Pharmacy Council (SAPC)	Appointment, training and registration with South African Pharmacy Council of

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Number of hospitals with sufficient number of Pharmacist's assistants that are trained and registered with SAPC.	68 Pharmacist's assistants trained in basic pharmacist's assistant course.	100 learners currently training in basic pharmacist's assistant course and 40 training in post basic pharmacist's assistant course.	of PHC facilities 50% hospitals have appointed Pharmacist's assistants, trained and registered with SAPC	of Pharmacist's assistants in 40% of PHC facilities	Pharmacist's assistants in 60% of PHC facilities
To facilitate availability of essential drugs at the Depots	% of essential drugs available at the Depot at all times.	Drug availability from the depots dropped in the last quarter due to power failure & personnel unrest. Availability was between 60 and 70% at times.	Drug availability still a problem due to depot staff capacity.	100% of essential drugs available at the Depots at all times	80% hospitals have appointed Pharmacist's assistants, trained and registered with SAPC 100% of essential drugs available at the Depots at all times	100% hospitals have appointed Pharmacist's assistants, trained and registered with SAPC 100% of essential drugs available at the Depots at all times
To facilitate availability of drug supplies to patients close to their homes	Number of institutions that have implemented down referral system.	2 out of 3 tertiary institutions have	PE & EL complexes taking care of 75% of down-	40% of regional and tertiary institutions have fully established	60% of regional and tertiary institutions	80% of regional and tertiary institutions

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
		implemented the down referral system.	referred prescriptions. Mthatha complex still not established effective down-referral system	and functional down referral system.	have fully established and functional down referral system.	have fully established and functional down referral system.
To conduct outreach & pharmacy awareness activities to the communities	Number of campaigns	Outreach programmes conducted targeting the schools and universities.	. Outreach programmes conducted targeting the schools and universities at the PE region. Pharmacy awareness to be conducted in September during pharmacy week	1 campaign per LSA	1 campaign per LSA	1 campaign per LSA
To monitor drug expenditure at all levels within allocated budget	Number of facilities with monthly pharmaceutical expenditure within allocated budget.	Under allocation of Local authority clinics' drug budget results in seemingly overspending at PHC level	. Drug expenditure in the institutions is still within allocated budget.	100% of facilities have expenditure within budget.	100% of facilities have expenditure within budget.	100% of facilities have expenditure within budget.

Measurable Objective	Performance Measure /Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
		throughout most LSA's.				
To ensure implementation, monitoring & evaluation of the supply chain management process	Supply chain managed effectively and efficiently through a PPP	Contract awarded to private partner	Negotiations progressed well. Some delays by preferred bidder have caused set backs to the project.	Contract with private partner signed & operational	Contract with private partner signed & operational	Contract with private partner signed & operational

PROGRAMME 8

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PURPOSE: To improve access to health care services by providing new health facilities upgrading and maintaining existing facilities

PROGRESS ANALYSIS

In the previous year the following achievements were attained at Mount Frere:

- The Madzikane ka Zulu Memorial Hospital was completed and is operating.
- Work is continuing in five revitalization hospitals and 18 other hospitals are being upgraded.
- Business cases for additional revitalization hospitals are being prepared.
- Five new clinics were completed and 22 mud clinics were totally replaced. Upgrading of 60 clinics is continuing.
- Hospital design guides are standardized to ensure speedy planning.
- Humansdorp Private Partnership is progressing well and negotiations finalized for Port Alfred & Settlers Hospitals.
- PPP for accommodation at St Elizabeth is at Service Provider procurement stage.
- Planned Preventive Maintenance Contracts are in place.
- 12 clinical engineering technicians have completed training and placed in 5 hospitals, another 19 are continuing with training at Tshwane University. 22 first line general maintenance candidates are finishing in March 2007.
- Plotting of all facilities on the GIS Data base is now nearing completion.
- In the last financial year 120 projects (63% of the infrastructure budget) were undertaken in the prioritized nodes (Alfred Nzo, O R Tambo, Chris Hani & Ukhahlamba

The department is still faced with the following backlogs:

- Construction of forensic mortuary in the previous independent states.
- There are still structurally non compliant pharmacies in 18 hospitals which need immediate attention.
- Many facilities do not meet legislative requirements in terms of occupational health and safety-e.g. medical waste/incinerators, sewerage disposal, portable water provision, safety apparel and lack of qualified/responsible personnel.
- Huge accommodation (residential and office) backlogs still exist more specifically in rural areas. PPP's and long term lease agreements are being explored.

PRIORITIES TO BE ADDRESSED IN THE NEXT THREE YEARS

- Elimination of maintenance and capital works backlogs by upgrading and revitalizing existing facilities (clinics, CHCs and hospitals estimated at R4.216 billion
- Keep all health facilities at maintenance only status.
- Equip all facilities with appropriate and essential equipment.
- Accelerated planning of health facilities management using standardized room design guides according to national norms.
- Strengthen maintenance of all health assets.
- Build a cadre of first line in house maintenance teams including clinical engineering technicians.
- Infrastructure development will be guided by Service Transformation Plan taking into consideration the set norms and standards every 3 years. Service Transformation Plan priorities include:
- Increasing the number of clinics as centres of excellence from 25 to 50

- Targeting 30 Community Health Centres to perform at an optimal level, i.e. provision of 24hr service
- Targeting 25 District Hospitals to also function at an optimal level, effective and efficiently
- Build a new world and modern Cecilia Makiwane Hospital with 300 Level 1 beds including 50 step down beds and 100 acute psychiatric beds, as well as Community Health Centre on the western side of Mdantsane at a cost of R465m.
- Refurbish and re-arrange the Frere Hospital to a morden tertiary hospital with fully fledge trauma unit, including 614 Level 2 beds and 271 Level 3 beds, at a cost of R175m
- Upgrade Dora Nginza Hospital to a modern Level 1 hospital with 200 acute and 25 step down beds. This process will also include relocating psychiatric services from Elizabeth Donkin Hospital to Dora Nginza with 196 beds as well as relocating Empilweni TB beds to Dora Nginza. All these will cost R300m.
- Refurbish and re-arrange the PE Provincial Hospital to a modern Level 1 hospital with 200 acute beds and 25 step down.
- Refurbish and re-arrange the Livingstone Hospital to a modern tertiary hospital with a fully fledge trauma unit and 405 Level 2 beds and 135 Level 3 beds.
- Refurbish and re-arrange Mthatha General Hospital to a modern Level 1 hospital with 200 acute beds and 25 step down. This process will also include Bedford Orthotic and Prosthetic Centre as well as creating 300 MDR beds, and 200 ordinary beds at Mthatha TB Hospital. Costs to be incurred will be R90m.
- Auditing all facilities for compliance in terms of Occupational Health and Safety Act.
- All projects to be on GIS and asset database
- Enter into PPP's to complement infrastructure funding.
- Implement PDGP strategies.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
Financial and financial management Inadequate budget due to huge backlogs-major works and maintenance and accommodation for scarce professionals in rural areas Protracted procurement processes resulting in late implementation of projects.	• Increase maintenance budget. • Shorten the tender award process without compromising the Supply Chain Management system.
Human Resources Lack of capacity & technical skills for architectural, mechanical & electrical planning and implementation Vacancy rate 55% at Head Office and 95% in institutions for carrying out day to day maintenance	• Enter into Service Level Agreements with all service providers to handle the highly technical machinery and equipment. • Develop strong linkages with PWD and other strategic partners. • Second an architect from PWD to the Department of Health. • Enlist assistance from other provinces through National Health Department. • Fill vacant posts at the institutions and provincial office • Continue training of technicians

CONSTRAINTS	MEASURES TO OVERCOME THEM
Support Systems Inefficient systems (procurement, infrastructure, information)	•Streamline procurement processes to improve service delivery implementation. • Keep updated GIS database for all work done • Condition assessment of facilities to be

STRATEGIES TO ADDRESS AUDIT QUERIES

- Strategic meeting between PWD & Health to discuss procurement documentation.
- Meeting with the Office of the Auditor General for advice.
- Copies of Bid Awards kept in both departments.
- Compliance Certificate copies to be kept at institution and regional PWD Offices

IMPLEMENTATION OF PFMA

- Financial systems & controls, risk analysis sampling done monthly to ensure adherence and compliance to the PFMA
- Training of all non-financial officials on PFMA

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

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Major capital[3]	148660	208101	335452	R440,004	R415,527	R502,609	R532,760	559,398	587,367
Minor capital[4]	0	0	0	R5,700	R8,491	R8,000	R 9,500	9,975	10,473
Maintenance	R28635	56186	64709	R 4,650	R48,500	R 86,400	R90,720	95,256	100,018
Equipment	12667	38931	68059	R14,000	R20,000	R27,320	R28,869	30,312	31,828
Equip maintenance	0	0	0	R 47,510	R24,000	R51,000	R54,000	56,700	59,535
Total capital[1]	189962	303218	468220	511864	516,518	675329	715849	751,641	789,223

Table HFM2: Summary of sources of funding for capital expenditure

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Infrastructure grant	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Equitable share	120962	195372	377469	R395,510	R395,510	R529,038	R560,781	588,820	618,261
Revitalisation grant[1]	R6900	107846	R90,751	R116,354	R121,008	R146,291	R155,068	162,821	170,962
Donor funding	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total capital	189962	303218	468220	R511,864	R516,518	R675,329	R715,849	751,641	789,223

Table HFM3: Historic and planned major project completions by type

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
New hospitals	90229	105038	50356	R 63,480	R 67,750	R100,500	R125,625	131,906	138,501
New clinics / CHC's	15200	37302	65741	R 87,141	R 17,500	R101,902	R103,799	108,988	114,438
Upgraded hospitals	29400	130828	155417	R237,689	R240,364	R258,091	R279,500	293,475	308,148
Upgraded clinics / CHC's	-	30050	42572	R 54,859	R 89,913	R 47,806	R 54,891	57,635	60,516

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

Programme	Province wide total	Planning horizon (years)	Province total annualised4	Annualised						
				Amathole	Alfred Nzo	Nelson Mandela Metro	ORTambo	Ukhahlamba	Chris Hani	Cacadu
Programme 1										
MECs office and Administration1	N/A	N/A	N/A	-	-	-	-	-	-	-
Programme 2										
Clinics and CHC's		322 400	64 480	103 000	62 900	12 600	38 000	32 700	61 200	12 000
Mortuaries										
District hospitals		136 8000	273 600	191 000	368 000	40 000	440 000	104 000	110 000	115 000
Programme 3										
EMS infrastructure1	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3	Refer prog 3
Programme 4										
Regional Hospitals	-	154 9000	309 800	800 000	-	360 000	300 000	-	89 000	-
Psychiatric hospitals1	-	298 000	59 600	5 000	150 000	80 000		7 500	53 000	2 500.
TB hospitals1			Refer to prog 4	Refer to prog 4	Refer to prog 4	Refer to prog 4	Refer to prog 4	Refer to prog 4	Refer to prog 4	Refer to prog 4

Programme	Province wide total	Planning horizon (years)	Province total annualised4	Annualised						
				Amathole	Alfred Nzo	Nelson Mandela Metro	ORTambo	Ukhahlamba	Chris Hani	Cacadu
Other specialised hospitals1		-	-	-	-	-	-	-	-	Below ??
Programme 5										
Provincial tertiary and national tertiary hospitals1		-	-	-	-	-	-	-	-	-
Other programmes[1,3]										
Such as nursing, EMS etc colleges		46 600	9 320	6 300	1 300	2 000	17 000	7 100	12 900	-
Total all programmes		358 4000	708 412	110 5300	582 200	494 600	795 000	151 300	326 100	129 500

Table HFM5: Situation analysis indicators for health facilities management

Indicator	Type	Province wide value 2003/04	Province wide value 2004/05	Province wide value 200506	Alfred Nzo	Nelson Mandela Metro	ORTambo	Ukhahlamba	Chris Hani	National target 2003/4
Input										
1. Equitable share capital programme as percentage of total health expenditure[2]	%	1.7	2.1	7.6	7.7	8.1	7.9	7.9	2.5%	1.5%
2. Hospitals funded on revitalisation programme	%	0.55	0.55	2.2	2.2	3	3.5	4	25%	17%
3. Expenditure on facility maintenance as percentage of total health expenditure[2]	%	0.4	0.5	0.9	1.4	1.9	1.9	2	4%	2.5%
4. Expenditure on equipment maintenance as percentage of total health expenditure[2]	%	0.2	0.2	0.2	0.7	0.7	0.9	0.9	4%	2.0%
Process										
5. Hospitals with up to date asset register	%	0	0	0	20	50	80	100	100%	100%
6. Districts with up to date PHC asset register (excluding hospitals)	No	0	0	0	2	4	7	7	all	100%

Indicator	Type	Province wide value 2003/04	Province wide value 2004/05	Province wide value 200506	Alfred Nzo	Nelson Mandela Metro	ORTambo	Ukhahlamba	Chris Hani	National target 2003/4
Quality										
7. PHC facilities with access to basic infrastructural services:										
a. Piped water	%	43	52	60	62	65	70	78	100%	100%
b. Mains electricity	%	38	74	77	79	80	82	86	100%	100%
c. Fixed line telephone	%	40	50	65	69	72	75	85	100%	100%
8. Average backlog of service platform by programme:2					-	-	-	-	-	
a. PHC facilities	%	60	45	34	30	27	25	22	15%	30%
b. District hospitals	%	65	60	55	50	42	35	30	15%	30%
c. Regional hospitals	%	48	45	35	30	28	25	20	15%	30%
d. Psych/TB Chronic and specialised hospitals1	%	70	70	55	53	50	45	43	15%	30%
e. Provincial tertiary and national tertiary hospitals1	%	70	70	60	60	57	54	53	15%	30%
f. Provincially aided hospitals	%	35	30	22	20	17	15	15	15%	30%

Indicator	Type	Province wide value 2003/04	Province wide value 2004/05	Province wide value 200506	Alfred Nzo	Nelson Mandela Metro	ORTambo	Ukhahlamba	Chris Hani	National target 2003/4
Efficiency										
9. Projects completed on time (define!)	%	45	60	70	75	80	90	90	100%	
10. Project over budget	%	0	0	0	0	0	0	0	0	
Outcome										
11. Level 1 beds per 1000 uninsured population2	Value	1.7	1.7	1.7	1.6	1.4	1.3	1.1	0.9	1.0
12. Level 2 beds per 1000 uninsured population2	Value	1.3	1.3	1.3	1.2	1.2	0.9	0.9	0.6	0.65
13. Population within 5km of fixed PHC facility2	%	40	40	45	50	55	60	65	90%	85%

Table HFM 6: Provincial objectives and performance indicators for health facilities management

Strategic Goal: 03 Improve access to and quality of services.

Strategic objective: 08 To improve access to health care services by providing new health facilities, upgrading and maintaining existing facilities

Measurable Objectives	Performance measure/ Indicator	2005/06 (Actual)	2006/07 (Baseline)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Establish an Information System for infrastructure	Projects on GIS	Not available	55 projects	77	109	118
To improve access to health care services by providing new clinics	No of new clinics built	Not updated	5	6	6	5
Integrate planning processes with provincial priorities (PGDP, IDPs SDPs)	Planned projects in priority rural nodes and in line with SDP	Planning in line with Strategic Position Statement and old SDP	Planned projects in line with IHPF, PGDP , new SDP & clusters	Plan 5 CHCs Plan 13 Hospitals	Plan 3 CHCs Plan 8 Hospitals	Plan 3 Colleges Plan 6 CHCs
Revitalise and upgrade clinics & hospitals	Number of facilities completed	43 clinics 12 hospital projects	43 clinics 12 hosp projects	60 clinics 11 hospital projects	20 clinics 12 hospital projects	20 clinics 12 hospital projects
Maintain facilities mechanical and medical equipment	No of institutions where maintenance of medical equipment, engines and plants is carried out.	Maintenance carried out in 500 institutions	Maintenance carried out on 780 facilities	Maintenance carried out in place 780 facilities	Maintenance carried out in 780 facilities	Maintenance carried out in 780 facilities

Measurable Objectives	**Performance Measure /Indicator**	**2005/06 (Actual)**	**2006/07 (Baseline)**	**2007/08 (Target)**	**2008/09 (Target)**	**2009/10 (Target)**
Equipment programme	Essential equipment bought for upgraded and new facilities	Bought equipment for the 55 prioritized facilities	Equipment bought 103 facilities	Equipment bought for 55facilities	Equipment bought for 34 facilities	Equipment bought for 50 hospitals.

Table HFM7: Performance indicators for health facilities management

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Input									
1. Equitable share capital programme as percentage of total health expenditure2	%	7.T6	7.7	8.1	7.9	8.2	8.2	8.2	2.5%
2. Hospitals funded on revitalisation programme	%	2.2	2.2	2.4	2.4	2.5	2.6	2.6	25%
3. Expenditure on facility maintenance as percentage of total health expenditure2	%	0.9	1.4	1.9	2	2	1.25	1.25	4%
4. Expenditure on equipment maintenance as percentage of total health expenditure2	%	0.9	0.2	0.7	0.7	0.7	0.8	0.8	4%
Process									
5. Hospitals with up to date asset register	%	0	20	50	80	90	92	92	100%
6. Health districts with up to date PHC asset register (excluding hospitals)	N0	0	2	4	7	7	7	7	100%

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
Quality									
7. Fixed PHC facilities with access to piped water	%	60	62	65	70	80	83	85	100%
8. Fixed PHC facilities with access to mains electricity	%	77	79	80	82	89	90	90	100%
9. Fixed PHC facilities with access to fixed line telephone	%	65	69	72	75	80	80	80	15%
10 Average backlog of service platform in fixed PHC facilities2PHC facilities	%	34	30	27	25	23	20	20	15%
11 Average backlog of service platform in fixed PHC facilities2PHC facilities District hospitals	%	55	50	42	35	30	30	28	15%
12 Average backlog of service platform in Regional hospitals	%	35	30	28	25	23	20	20	15%
13 Average backlogs of service platform in specialised hospitals1	%	55	53	50	45	40	38	35	15%
14 Average backlogs of service platform in tertiary and central hospitals	%	60	60	57	54	54	50	50	15%

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2010
15 Average backlogs of service platform in provincially aided hospitals	%	22	20	17	15	15	15	15	
Efficiency									
16 Projects completed on time (define!)	%	70	75	80	90	90	95	95	
1. Project over budget (beyond variation order value)	%	0	0	0	0	0	0	0	
Outcome									
2. Level 1 beds per 1000 uninsured population2	NO	1.7	1.7	1.6	1.4	1.4	1.4	1.3	0.9
3. Level 2 beds per 1000 uninsured population2	NO	1.3	1.3	1.2	1.2	1.2	1.2	1.2	0.6
4. Population within 5km of fixed PHC facility2	%	45	50	55	65	70	70	75	95%

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

Expenditure[1]	**2001/02 (actual)**	**2002/03 (actual)**	**2003/04 (actual)**	**2004/05 (estimate)**	**2005/06 (MTEF projection)**	**2006/7 (MTEF projection)**	**2007/08 (MTEF projection)**	**2008/09 (MTEF projection)**	**2009/10 (MTEF projection)**
Current prices[2]									
Total	189962	303218	468220	372.554	434,159	588,943	629,727	693.833	725,056
Total per person	293	471	727	52.56		83.09	88.84	97.89	102.29
Total per uninsured person				47.30	55.12	74.77	79.95	88.09	92.05
Constant (2004/05) prices[3]									
Total	189962	303218	468220	357,537	661,908	685,133			
Total per person	293	471	727	50.44					
Total per uninsured person				45.39					

PART C

TABLE 33: SUMMARY OF REVENUE: (HEALTH)

R 000	2003/04 Actual	2004/05 Actual	2005/06 Actual	2006/07 Budget	2007/08 Target	2008/09 Target	2009/10 Target
Voted by legislature	4 484 263	4 541 980	5 281 234	5 927 757	8,142,744	8,952,439	9,355,959
Conditional grants	593 080	635 286	888 087	905 102	1,260,946	1,154,858	1,210,614
Other (specify)	87 525	(50 833)	127 217				
Total revenue	**5 164 868**	**5 125 433**	**6 296 538**	**6 832 859**	**9,253,368**	**9,403,690**	**10,566,573**

Table 34: RECONCILIATION OF BUDGET WITH PLAN

Programme 1: Programme budget by sub-programme (R million) 1

Sub-programme	2004/05 Estimate	2005/06 Budget	Average annual change (%	2006/07 Target	2007/08 Target	2008/09 Target	2009/10 Target
1. Office of the MEC	5 259	4 072	29.15	3 888	6 912	8 007	8 338
2. Management	239 948	245 112	2.10%	267 863	362 153	505 800	504 138
Total programme	**245 207**	**249 184**	**1.60%**	**271 751**	**369,065**	**513 807**	**512 476**

Programme 2

Sub-programme	2004/05 Estimate	2005/06 Budget	Average annual change (%)[3]	2006/07 Target	2007/08 Target	2008/09 Target	2009/10 Target
District Management	199 007	153 058	30.02	155 763	202 478	223 000	231 724
Clinics	593 300	714 603	16.97	756 905	837 375	894 000	928 806
Community Centres	256 618	223 554	14.79	271 839	323 636	455 654	358 092
Community Based Services	42 726	173 529	75.38	223 938	200 500	159 449	221 828
Other Community Services	37 879	3 171	1094.54	11 298	20 829	47 730	23 837
HIV/Aids	115 170	181 537	36.56	257 068	299 142	261 891	305 476
Nutrition	22 750	25 096	9.35	26 318	28 219	29 569	32 295
Coroner Serv.	387	606	36.14	88 255	68 135	59 447	79 279
District Hospitals.	1 290 646	1 336 507	3.43	1 385 395	1 575 199	1 785 685	1 705 643
Total programme	2 558 483	2 811 661	9.00	3 176 779	3 555 513	3 738 117	3 886 980

Programme 3

Sub-programme	Actual 2003/04 (Base)	2004/05 Estimate	2005/06 Budget	Average annual change (%)3	2006/07 Budget	2007/08 Target	2008/09 Target	2009/10 Target
1. Emergency Medical Services	159 650	124 293	183 827	32.39	242 268	355 240	391 003	410 387
2. Planned Patient Transport	34 838	941	35 225	97.33	14 272	25 494	28 089	29 176
Total programme	194 488	125 234	219 052	42.83	256 540	380 734	412 492	439 563

Programme 4

Sub-programme	Actual 2003/04 (Base)	2004/05 Estimate	2005/06 Budget	Average annual change (%)3	2006/07 Budget	2007/08 Target	2008/09 Target	2009/10 Target
Conditional Grant Revitalisation	-	-	-	-	-	246 750	-	
1. General Hosp	1 520 871	1 494 939	1 690 370	11.56	1 758 402	2 042 294	2 280 205	2 373 626
2. TB Hospitals	80 760	24 507	112 528	78.22	106 818	149 367	162 200	168 478
3. Psychiatric Hospitals	162 578	188 905	247 531	23.68	303 877	320,678	346 300	359 724
Total programme	1 764 282	1 708 351	2 050 429	16.68	2 169 097	2 759 089	2 788 787	2 901 828

Programme 6

Sub-programme	2004/05 Estimate	2005/06 Budget	Average annual change (%)3	2006/07 Budget	2007/08 Target	2008/09 Target	2009/10 Target
1. Nursing Collège	152 181	159 086	4.34	222 355	202 470	220 307	232 710
2. EMS Training	197	270	27.04	1 300	1 500	1 603	1 717
3. Bursaries	7 560	35 381	78.63	30 245	45 000	49 500	51 500
4. PHC Training	8						
5. Training Other	2	132 669	99.99	133 482	168 945	186 100	193 348
Total programme	159 948	327 406	51.15	387 382	417 915	457 705	479 275

Programme 7

Sub-programme	2004/05 Estimate	2005/06 Budget	Average annual change (%)3	2006/07 Budget	2007/08 Target	2008/09 Target	2009/10 Target
1. Laundries							
2. Engineering							
3. Forensic Services							
4. Orthotic/Prost	10 440	36 049	71.04	21 505	30 701	33 826	35 401
5. Médicine Trading Account							
Total programme	**10 440**	**36 049**	**71.04**	**21 505**	**30 701**	**33 826**	**35 401**

Programme 8

Sub-programme	2004/05 Estimate	2005/06 Budget	Average annual change (%)3	2006/07 Budget	2007/08 Target	2008/09 Target	2009/10 Target
1. Community Health Facilities	150 654	70 094	114.93	129 280	131 831	155 000	165 426
2. EMR Services							
3. District Hospitals.	180 760	318 911	43.32	344 828	322 561	390 005	405 131
4. Provincial Hospital Serv.	40 279	45 154	10.80	170 619	120 106	146 708	154 499
5. Central Hosp.							
6. Other Facilities					55 229		
7. Special Functions							
Total programme	372 554	434 159	14.19	644 727	629 727	693 833	725 056

Table 35: CONDITIONAL GRANTS

	2002/03	2003/04	2004/05	2005/06			2006/07	2007/08	2008/09	2009/10
		Audited OUTCOME	2004/05	Adjusted	Adjusted	Revised	Medium-term estimates			
Vote 03-Health	708,170	599,080	6,000	0	0	0	0	0	0	
Comprehensive HIV and Aids grant	33,635	38,934	98,970				218,021	233,204	264,563	314,972
Health Professionals training and development grant	241,756	79,873	97,464	127,566	137,566	137,566	127,566	133,944	140,641	151,362
Hospital management and quality improvement grant	9,333	14,553	14,647	24,531	24,531	24,531	0	0	0	0
Hospital Revitalisation grant	110,846	90,751	116,354	147,732	147,732	147,732	105,318	246,750	228,966	189,985
Intergraded nutrition programme grant	168,063	172,465	23,933	26,316	26,316	26,316	0	0	0	0
Medico-Legal/ Forensic Pathology Services	0	1,000	1,000	8,866	8,866	8,866	79,994	68,135	58,129	52,499
National tertiary service grant	144,537	195,504	272,036	353,022	384,071	384,071	374,203	428,912	462,559	501,796

Table 36: DONOR AIDED PROGRAMMES/PROJECTS

Monetary contributions by donors ® 000)

Project Name	External donors	2005/06 Budget	2006/07 MTEF	2007/08 MTF	2008/09 MTF	2009/10 MTF	Project outcomes	Departmental reporting responsibilities
CDC of United States	Yes	10,302 060	16,811,200	17,696 000	19,465 600	21,412 160	To improve access to quality HIV/AIDS, TB, STI prevention, care and treatment in the Eastern Cape Province through training.	Directorate :International Health Liaison, Donor Coordination and Technical assistance reports to the National Department of Health monthly and quarterly
European Union (PHC)	Yes	3 080 000	7 300 000	18 000 000	A 3 year project	-	To strengthen district health service delivery through primary health care between Government and Non-Profit Organisations and Community Based Organizations.	Directorate: International Health Liaison, Donor Coordination and Technical assistance reports to the National Department of Health monthly and quarterly
Belgium Technical Cooperation	Yes	437 269	2 315 000	2 546 500	2 569 650	2 592 280	Reducing TB and HIV co-infection and provision of comprehensive care and support for people infected and affected by TB and HIV	Directorate :International Health Liaison ,Donor Coordination and Technical assistance reports to the National Department of Health monthly and quarterly

5. PUBLIC, PRIVATE PARTNERSHIPS, OUTSOURCING ETC

PRIVATE PUBLIC PARTNERSHIPS - IN OPERATION

1.1 HUMANSDORP HOSPITAL PPP CONCESSION

Description of the arrangement:

The Eastern Cape Department of Health (ECDoH) recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

This led to its decision to embark on a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999 through the conclusion of an Agreement on 27 June 2003 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / Other rights and obligations (e.g. major overhauls)

The Project embarked on by the Concessionaire through the conclusion of this Agreement, involves the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and:

- the construction of a thirty bed private facility
- the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties
- the enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room
- the building and/or upgrade of two new operating theatres
- a new CSSD
- a new radiology unit
- a new laboratory and
- the refurbishment and upgrade of the existing Humansdorp hospital, which includes:
  - the painting of all interiors and exteriors
  - the reparation and replacement (where necessary) of all ceilings
  - the reparation and replacement (where necessary) of all floors
  - the upgrading of electrical and mechanical installations
  - the upgrading of fire detection and nurse calling units
  - the reparation and replacement (where necessary) of all windows, inclusive of existing specialized units and facilities, to be made available to the private sector party on the basis that the facilities shall consist of those being exclusively used by the private sector and others being jointly used by the Department and the private sector for the duration of this Agreement.

- The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government

Nature and extent of rights to use specified assets

As described above

Obligations to provide rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to:

- use and operate the project facilities
- carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources
- add on existing resources through private sector investment
- improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department.

And further as provided for in terms of the Agreement:

- to construct and install the additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements;
- generate, charge and collect revenues from the operation and management of the project facilities during the concession period;
- use the concession area and project facilities for the purposes of the project, whether exclusively or jointly with the Provincial Government
- and provide the Services to the Provincial Government against payment of Service Payments in accordance with the Payment Mechanism by the Provincial Government.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The Concessionaire has, and will have, no title, ownership, limited ownership, lien, or leasehold rights or any other rights of title with regard to the existing project facilities which vest and shall remain to vest in the Provincial Government, for the duration of the agreement, as well as after expiry or earlier termination thereof.

The Department shall become owner of all movable additional project facilities with effect from expiry or earlier termination of this agreement and the Department shall become owner of all immovable additional project facilities and additional project facilities which are in any way affixed to the concession area or improvements thereon (such as fixtures, fittings and equipment) as soon as the same are affixed, but excluding such equipment and furniture which are listed and excluded from additional project facilities as defined.

Renewal and termination options

The agreement shall automatically be terminated on expiry of the twenty one year concession period, unless terminated earlier in accordance with the provisions of the agreement.

PRIVATE PUBLIC PARTNERSHIPS IN PROGRESS

1.1 PHARMACEUTICAL SUPPLY CHAIN MANAGEMENT SERVICES AND THE FINANCE, DESIGN, CONSTRUCTION AND/OR REHABILITATION AND OPERATION AND MAINTENANCE OF PHARMACEUTICAL DEPOTS AND MANAGEMENT SUPPORT TO THE DEPARTMENT

Background

The project entails the complete supply chain management of pharmaceutical distribution within the Province of the Eastern Cape. It covers the financing for the full design, construction and/or rehabilitation of two pharmaceutical depots in Mthatha and Port Elizabeth and the distribution of pharmaceuticals from these depots.

These proceedings are being conducted pursuant to Regulation 16 issued in terms of the Public Finance Management Act (Act 1 of 1999, as amended by Act 29 of 1999). Pursuant thereto, the ECDOH has registered this project with the PPP Unit of National Treasury, which has, in turn, designated a PPP Unit advisor to the ECDOH to assist in complying with the Regulation.

Various undertakings thereafter commenced, including, as part of the feasibility study required by Regulation 16, an options analysis.

At the conclusion of the options analysis, the ECDOH instructed the Transaction Advisor to conduct a feasibility study on the Preferred Option of having Umtata as the site for the Main Depot and Port Elizabeth as the site for the Transit Depot, at which the functions of Pre-Packing and Down Referrals will be retained.

The feasibility study was thereafter undertaken, and on 08 April 2004 National Treasury issued Treasury Approval I, which approves the feasibility study report and allows the Department to commence procurement processes.

On 26 October 2004 the Evaluation Committee, under the chairmanship of the Superintendent General for Health, as the accounting officer for the ECDOH, pre-qualified four consortia to be invited to submit a Proposal to this RFP.

On 1 November 2004, letters of invitation were issued to the short listed consortia, and the remaining consortia that had submitted responses were notified that they had not been pre-qualified to tender.

Proposals from the short-listed consortia were received on 11 March 2005. The proposals of the short-listed consortia were adjudicated during May 2005. The Preferred Bidder was approved in October 2005.

Negotiations with the Preferred Bidder commenced in November 2005. During January 2006 the Preferred Bidder advised that a major consortium partner had withdrawn from the Consortium. The withdrawal had implications on the adjudication criteria used and on the conclusion of the contract.

The Department is presently investigating the legal implications of the withdrawal, and has sort legal advice in this regard.

1.2 UPGRADING AND REFURBISHMENT OF THE EXISTING PORT ALFRED HOSPITAL IN PORT ALFRED AND THE SETTLERS HOSPITAL IN GRAHAMSTOWN AND THE ESTABLISHMENT OF CO-LOCATED PRIVATE HOSPITAL FACILITIES

Background

These proceedings are being conducted pursuant to Regulation 16 issued in terms of the Public Finance Management Act (Act 1 of 1999, as amended by Act 29 of 1999). Pursuant thereto, the ECDOH has registered this project with the PPP Unit of National Treasury, which has, in turn, designated a PPP Unit advisor to the ECDOH to assist in complying with the Regulation.

Various undertakings thereafter commenced, including, as part of the feasibility study required by Regulation 16, an options analysis.

At the conclusion of the options analysis, the ECDOH instructed the Transaction Advisor to conduct a feasibility

study on the Preferred Option.

The feasibility study was thereafter undertaken, and National Treasury issued Treasury Approval I, which approves the feasibility study report and allows the Department to commence procurement processes.

In terms of the approved feasibility study, the project was for the upgrading and refurbishment of the Port Alfred and Settlers Hospitals. In terms thereof the Private Partner would upgrade the existing buildings and equipment, and would be allowed to develop and run a Private Hospital at Settlers Hospital for a concession period. At the end of the concession period, all the buildings and equipment would revert to the Department.

In January 2005 the Department undertook Requests for Qualifications and received two proposals.

In March 2005, the Evaluation Committee, under the chairmanship of the Superintendent General for Health, as the accounting officer for the ECDOH, pre-qualified two consortia to be invited to submit a Proposal to this RFP.

The short listed consortia were then invited to submit Requests for Proposal in October 2005.

Bids were opened in January 2006 and only one Bidder submitted a proposal. During 2006 evaluations of the bid proposal and negotiations undertaken.

The official signing of the concession agreement is scheduled to take place in December 2006.

1.3 ACCOMMODATION PPP FOR CLINICAL STAFF AT ST ELIZABETH HOSPITAL (LUSIKISIKI)

Background
The Department has identified a need for fully serviced accommodation for staff employed at St Elizabeth's Hopsital In Lusikisiki. This project accordingly involves the design, construction, financing and administration of accommodation for clinical staff at Saint Elizabeth's Hospital in Lusikisiki.

The Department is due to present at National Treasury PPP Unit on 30 November for Treasury Approval 1.

AUDIT INTERVENTION PLAN

Department of Health Eastern Cape
AUDIT INTERVENTION PLAN
November 2006

24 November 2006
This report contains 32 pages

Department of Health Eastern Cape

Document review and approval

Revision history

Version	Author	Date	Revision

This document has been reviewed by

	Author	Revision
1		
2		
3		
4		
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4			
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Introduction

Executive Summary

The Department of Health received a Disclaimer of Opinion from the Auditor General for the year ended 31 March 2006. It should be noted that the department has received Disclaimers of opinion for nine years of the past ten years. The audit report high lighted serious concerns in the financial management of the department.
The Head of Department of Health has expressed serious concerns on the financial management of the department as well as the audit outcomes for the year ended 31 March 2006. He has instructed that each manager prepare their own intervention plan to address the issues raised by the Auditor General in their management letter and the Audit report for the 2005/2006 financial year.
The Provincial Treasury of the Eastern Cape has offered technical support to the Department of Health. This support will be determined after an in depth assessment of the problems have been identified, assessed and costed and a formal Project plan has been formulated and approved.
An initial assessment of the findings is detailed in the report below together with a proposed budget per section as well as resources required to address the problems identified.

Meetings between the Premier, SG Treasury and SG of Health and Senior Managers of the Department of Health

A meeting was held on the 13 November 2006 where the Honourable Premier met with the MEC for Health, SG for Health, CFO for Health and SG for Treasury to discuss the financial problems facing the Department of Health and to find a way forward in resolving these issues.
A meeting was held on 14 November between the respective SG's of Treasury and the Department of Health and Senior Management to discuss, inter alia, the Audit Report for the year ended 31 March 2006 for the Department of Health and the inherent financial problems that is facing the Department currently.
The purpose of the meeting was to discuss the financial problems facing the Department and to look at a way forward in trying to resolve some of the more urgent items emanating from the Audit Report and current financial management and compliance issues.

At this meeting the following committees/teams were formed:

Steering Committee

a) SG for Health
b) SG for Treasury
c) MEC for Health standing member
d) MEC for Treasury standing member
The two SG's will be the co- sponsors of this project
Both MEC's will sign off this Intervention Plan

Joint Technical Team

a) The 3 DDG's from Health
b) A designated official from Treasury
This team will over see the implementation of the Project plan and report to the Steering committee

Joint Project team

a) Finance team compromising of Health and Treasury Finance Team
b) Human Resources team compromising of Health and Treasury HR Team
c) Supply Chain Management (SCM) team compromising of Health and Treasury SCM team

Monitoring Team

a) The monitoring will be done by an external firm of Chartered Accountants, with preference given to the Big 4 CA firms.
b) The team will be supplemented the SG's for Health and Treasury and the DG from the Office of the Premier or his nominee.
c) The appointment should be made as soon as possible

Meeting of the Joint Project Team - 14 November 2006

An immediate follow up meeting was held on 14 November 2006 between Senior management of both Departments to seek a way forward and formulate a high level Project plan.

It was resolved that the task team meet at the Department of Health on 15 November 2006 with the respective managers of Finance, HR and SCM to get first hand information from Senior Managers of the relevant Sections to identify and establish the areas of concern, establish resource requirements and to plot a way forward for each section.
These findings are included in this report under their respective headings

Follow up meeting of the Joint Project team - 15 and 16 November 2006

The three steams, viz, Finance, SCM and HR discussed and presented their findings to the Project team. Matters discussed included the following

- Resource requirements
- Costing and budget for the project
- Location of Project offices
- Head office
- Eastern Region
- Central Region
- Western Region
- Funding for the Plan
- Short term intervention
- Medium term intervention
- Long term intervention
- HR Strategy and Processes for recruitment
- Specific issues relating to current reporting lines, delegations and logistical issues

The above items will be discussed further under separate headings in this report

Way forward

Terms of reference

The terms of reference will be drawn up by Treasury and agreed by the Department

Report to be presented to the MEC for Health and Finance

The report will be presented to the respective MEC's for their approval

Project plan

Departmental sections requiring urgent attention

- Financial management
- Supply Chain Management (SCM)
- Human resource Management (HRM)
- Institutional Support Development and Governance
- Information Technology

Plan of action

For all sections, the following will be looked into:

- Nature of the problems as outlined by the management of Health
- The audit report for the Department for the year ended 31 March 2006
- The magnitude and size of the task for
- Head office
- Districts/regions/institutions
- Type of support required to
- Stabilize the current situation/backlogs
- Maintaining the stability going forward
- Resource requirements
- From within the department
- New resources provided by the department
- Outside resources

Present resource crisis in the department

Arising from the discussions with senior managers of the department the following were common for all sections at head office and district/region level:

- All sections under resourced in terms of staff
- Lack of appropriate skills
- Skill levels of current staff donot commensurate with functions
- Lack of senior and management staff (Director, DD and AD)
- Lower levels mainly confined to Accounting clerks who have limited accounting skills and levels of staff do not commensurate with the budget allocated
- Lack of experience in BAS and PERSAL, especially staff in districts/regions
- Experienced and capable staff do not want to work in the districts/regions
- Skills training is required especially in the districts/regions
- Filling of vacant and critical posts are subject to long time delays , generally due to lack of funds

Urgent intervention required

Resource requirements

- Funding to be sourced
- Filling of advertised posts to be expedited
- Immediate sourcing of support staff from Treasury and / or outside
- Immediate training and mentorship to existing staff

Specific Intervention

- Details for specific intervention for each of the priority sections are contained in Section 3 to 7 below
- Addressing the individual disqualification items and matters of emphasis in the Audit report for 2005/2006 in three phases:
- Attending to the 2005/2006 items
- Similar items recurring from April 2006 to current
- Addressing these items for the balance of the current financial year
- Preparation for Audit readiness for the 2006/2007 financial year

Development of Project Plan

An Integrated Development Project Plan split as follows:

Short term
3 to 6 months

- Form Task Teams comprising of:
- Steering Committee
- Joint Technical Team
- Joint Project Team
- Monitoring team
- Develop a recruitment strategy and process
- Task Team to critically assess the various sections and devise a plan of action
- First phase will be to attend to the matters raised by the Auditor General, assess capacities in key performance areas and prepare for the coming 2006/2007 audit

Medium term
6 to 12 months

- Initiate interventions in Head office and Districts/regions for all sections
- Implement and review processes and procedures and capacitate staff at Head office and districts/regions

Long term
12 months to 2 years

- Ensure sustainability and continuity for all processes and procedures
- Contract staff to be absorbed into the permanent staff structure
- Contract staff to transfer skills to current staff to maintain sustainability and continuity

Recruitment Process/Strategy

Urgent resource requirements

- The task team will identify immediate urgent resources to address critical areas
- Recruitment of resources from the different sources. The SG's approval will be required as this will be regarded as an urgent intervention
- The possibility of utilizing a recruitment agency to provide these resources
- The capacitation of the staff will be part of the terms of the contract so as to maintain sustainability and continuity of the functions

Appointment and placement

- Appointments to be made on an urgent basis
- Placements to be made after taking into account the needs of each section/district and the level of support required
- Appointments to take into account current placement initiatives by the department and the planned filling in of vacant posts
- Consideration will be given to current HR prescripts, regulations, handbooks and legislation
- The placement will cover a period of 6 to 12 months with an option to renew the contracts. This will depend on the size of the section, number of persons in each section, the needs of each section, and also the capacity of current staff.

Financial Management

Findings

- The Financial Management unit has serious capacity shortages as there are 77 vacant posts in Head Office (Finance Management and Budget). This represents a vacancy rate of 48%. In addition there are significant vacancies in the Corporate Service Centres and in the institutions..
- There is a particular shortage of people that are skilled in PERSAL and BAS and people with accounting skills.
- There are huge backlogs in reconciliations of ledger accounts and suspense accounts.
- Accounting processes and procedures have not been clearly defined including a limited use of templates for reconciliations, standard operating procedures and sign offs for key processes.
- Suspense/ledger accounts contain a significant number of items that are more than 3 years old and for which there is no supporting documentation. These accounts need to be cleared and reconciled.
- There are substantial backlog payments relating to HR that need to be reviewed and payments effected.
- There are backlogs relating to creditors' reconciliations.
- Reconciliation of the cash inflows with outflows and actual expenditure (as per IYM) for a number of years.
- Debt files need to be updated and where necessary steps initiated to recover debts or the documentation for the write off must be prepared.
- Documentation management
- Reconciliation of revenue collection for the last number of years must be reviewed.

Recommendation on the way forward in respect of Finance

A dedicated team for the Finance Stream will have to be formed which will comprise of Staff from Internal resources and External resources. After deliberations between Treasury support staff and senior management from the Department, analyzing the audit findings, assessing the vacancies in this section and analyzing the limitations in regard to staff capacity the following staff will be required for the Finance Stream:

Head Office

INTERNAL

- CFO - Health
- Chief Director : Financial Management
- CFO Support : Treasury
- CFO Support : Treasury
- Directors, DD's and Ad's Payments, Salaries, Pre-audits, AFS office, Revenue and Systems/ Journals
- Secretarial support

EXTERNAL

- 2 Chartered Accountants
- 10 B Com Graduates with Accounting majors and articles
- 5 Assistant Director level Accountants
- 10 State Accountant level staff
- TOTAL : 27

Eastern Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 1 Chartered Accountant
- 4 B Com Graduates with Accounting majors and articles
- 5 Assistant Director level Accountants
- 5 State Accountant level staff

TOTAL : 15

Central Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 1 Chartered Accountant
- 3 B Com Graduates with Accounting majors and articles
- 3 Assistant Director level Accountants
- 3 State Accountant level staff

TOTAL : 10

Western Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 1 Chartered Accountant
- 3 B Com Graduates with Accounting majors and articles
- 3 Assistant Director level Accountants
- 3 State Accountant level staff

TOTAL : 10

TOTAL EXTERNAL

- 5 Chartered Accountants
- 20 B Com Graduates with Accounting majors and articles
- 16 Assistant Director level Accountants
- 21 State Accountant level staff
- 62 TOTAL

Requirements

- Experience in financial accounting
- Experience in Public Sector finance
- CA's and B Com contract term minimum I year with option to renew for another year
- Others 6 to 12 months with an option to renew.
- The task team will work closely with the existing staff in the districts and head office to ensure skills transfer.
- The team must develop standard operating procedures including standard templates for reconciliations, mandatory sign offs.

Budget

External Resources

		R' Million	R' Million	R' Million
Resources	**Number**	**Total Cost**	**Cost to 31/03/07**	**Cost to 30/11/07**
CA (SA)	5	13.3	4.4	8.9
B Com Grad	20	39.9	13.3	26.6
AD Level	16	14.9	5.0	10.0
SA Level	21	7.5	2.5	5.0
TOTAL	**62**	**75.6**	**25.2**	**50.6**

Infrastructure, equipment, subsistence and travel
R3 million

TOTAL FOR FINANCE **R78.6 million**

Short Term initiatives

Addressing the 2005/2006 Audit queries raised by the Auditor General

- **Journals and misallocations**
- Procedures to be put in place to provide a suitable control environment for proper checking, authorising and processing of Journals

- **Scope limitation due to missing documentation**
- Managers to review filing and storing of information
- Overall plan for documentation management
- Process for reconciliations and approval on a monthly basis

- **Transfer payments**
- Budget for certain transfer payments should be for goods and services
- This was repeated for the 2006/2007 financial year

- **Annual Financial Statements errors, omissions, reconciliations**
- A submission framework document has been developed to ensure ongoing production of financial statements rather than annual

- **MEDSAS**
- The issues relating to MEDSAS revolved around Journal entries, reconciliations and supporting documentation. These are covered in other sections of the report

- **Completeness of Revenue**
- Policies and procedures will be reviewed and amended
- Internal control weaknesses identified

- Institutions visited to ensure proper implementation

- **Payments**
- Policies and procedures for payments will be reviewed and amended
- These will be implemented and a review done to check for compliance

- **Fruitless and wasteful, irregular and unauthorised expenditure**
- A report is currently been done to address these issues and will be available end November 2006.

- **Material changes made to Annual Financial Statements**
- These will be analysed and followed through in the new Annual Financial Statement guideline issued by National Treasury for the 2006/2007 financial year

- **Bank Overdraft**
- The bank overdraft arose as a result a surrender of funds that was due to Treasury for items such as unauthorised expenditure and debt from previous years
- The Department awaits the submission of the Finance Bill by Treasury and that the unauthorised expenditure from previous years is approved with funding. This will be used to settle the overdraft

Addressing the above queries for the current year to November 2006.

- **Journals and misallocations**
- Journals to be reviewed, amended and completed to ensure compliance with above procedures
- Supporting documentation to be obtained and attached to each journal
- Approval levels to be implemented and Journals authorised accordingly

- **Scope Limitation due to missing documents**
- Documentation for the current year will be reviewed for completeness
- Reconciliations are being submitted and this will be reviewed on a monthly basis

- **Transfer payments**
- Corrections of errors made in the 2006/2007 financial year by Budget adjustments
- Transfer payments analysed and reallocated

- **Annual Financial Statements**
- Implementation of Submission Framework Document developed by the Department
- Submission on a quarterly basis for review and approval

- **MEDSAS**
- Journal entries, reconciliations and documentation relating to MEDSAS will be reviewed for this period and any rectification followed up

- **Completeness of Revenue**
- A detailed follow up on the policies and procedures implemented
- Detailed checking of the capturing of revenue in the institutions will be done

- **Payments**
- A sample of payments for the 2006/2007 will be reviewed to ascertain whether

procedures are being followed
- If not, a detailed review will be carried out on payments to correct exceptions

- **Fruitless and wasteful, irregular and unauthorised expenditure**
- Training and clarity on the definitions of this type of expenditure and how to avoid it
- Material changes made to Annual Financial Statements
- A template from National Treasury has been received and comments from the Department is ongoing

- **Bank Overdraft**
- This matter is being followed up with Treasury. The response to the submission of the Finance Bill to Legislature by Treasury and the outcome is awaited

Implementation of processes and procedures developed for the balance of the financial year
- Ensure interventions on the audit outcomes are implemented in this period
- Detailed reviews and monitoring on compliance issues relating to Journal entries, documentation, transfer payments, Revenue, Payments, Annual Financial Statements
- Audit readiness programme for the 2006/2007 financial year

Medium term Initiatives
- Initiate the financial interventions in Head office, regions and institutions
- Implement and review processes and procedures
- Capacitation of staff at Head Office, regions and institutions

Long term initiatives
- Ensure sustainability and continuity for all processes and procedures
- Contract staff to be absorbed into the permanent staff structure
- Contract staff to transfer skills to current staff to maintain sustainability and continuity

Supply Chain Management

Findings
- There is a significant overall vacancy rate of 78% in the SCM Unit spread throughout the Department
- Staff in areas situated outside head office is generally struggling to implement the SCM training received. There is a lack of understanding of the fundamentals of SCM.
- Problems exist with the transmission of reports from districts to head office.
- Lack of asset management protocol
- Asset Registers are in an Excel format
- The registers are incomplete and have not been sufficiently maintained.

Recommendations on a way forward in respect of SCM
- A dedicated team for the SCM Stream will have to be formed which will compromise of Staff from Internal resources and External resources. After deliberations between Treasury support staff and senior management from the Department, analyzing the audit findings, assessing the vacancies in this section and analyzing the limitations in regard to staff incapacity the following staff will be required for the SCM Stream:

Head Office

INTERNAL

- CFO - Health
- Chief Director : SCM
- Director : SCM
- SCM Support : Treasury
- CFO Support : Treasury
- Directors, DD's and AD's
- Secretarial support

EXTERNAL

- 1 Chartered Accountant or SCM specialist
- 3 Director level Logistics Specialist (Asset incl Clinical Engineering & Inventory Management Specialist) / Contract Management Specialist / Demand & Acquisition Management Specialist
- 1 Assistant Director (AD) level Logistics Practitioner

TOTAL : 5

Eastern Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 1 Director level - SCM specialist
- 3 Deputy Director (DD) level Logistics Specialist (Asset & Inventory Management Specialist) / Contract Management Specialist / Demand & Acquisition Management Specialist
- 6 Assistant Director (AD) level 4 Asset & Inventory Management Practitioners; 1 Contract Management Practitioner; 1 Demand & Acquisition Management Practitioner
- 32 Senior Provincial Admin Officers (SPAO) 24 for Asset & Inventory Management; 4 for Contract Management; 4 for Demand & Acquisition Management

TOTAL : 42

Central Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 1 Director level - SCM specialist
- 3 Deputy Director (DD) level Logistics Specialist (Asset & Inventory Management Specialist) / Contract Management Specialist / Demand & Acquisition Management Specialist
- 5 Assistant Director (AD) level 3 Asset & Inventory Management Practitioners; 1 Contract Management Practitioner; 1 Demand & Acquisition Management Practitioner

- 26 Senior Provincial Admin Officers (SPAO) 18 for Asset & Inventory Management; 4 for Contract Management; 4 for Demand & Acquisition Management

TOTAL : 35

Western Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 1 Director level - SCM specialist
- 3 Deputy Director (DD) level Logistics Specialist (Asset & Inventory Management Specialist) / Contract Management Specialist / Demand & Acquisition Management Specialist
- 4 Assistant Director (AD) level 2 Asset & Inventory Management Practitioners; 1 Contract Management Practitioner; 1 Demand & Acquisition Management Practitioner
- 20 Senior Provincial Admin Officers (SPAO) 12 for Asset & Inventory Management; 4 for Contract Management; 4 for Demand & Acquisition Management

TOTAL : 28

TOTAL EXTERNAL

- 1 Chartered Accountant or SCM specialist
- 6 Director level - SCM specialist
- 9 Deputy Director (DD) level Logistics Specialist (Asset incl Clinical Engineering) & Inventory Management Specialist) / Contract Management Specialist / Demand & Acquisition Management Specialist
- 16 Assistant Director (AD) level 2 Asset & Inventory Management Practitioners; 1 Contract Management Practitioner; 1 Demand & Acquisition Management Practitioner
- 78 Senior Provincial Admin Officers (SPAO) 12 for Asset & Inventory Management; 4 for Contract Management; 4 for Demand & Acquisition Management

110 TOTAL

- Requirements
- Experience in financial accounting and SCM
- Experience in Public Sector finance and SCM
- Experience in Asset and inventory management including clinical engineering (Medical Equipment)
- CA's and Directors contract term minimum I year with option to renew for another year
- Others 6 to 12 months.
- The task team work closely with the existing staff in the districts and head office to ensure skills transfer.
- The team must develop standard operating procedures including standard templates for processes, procedures, delegations and the various committees as required for SCM.
- Trained in SCM processes and procedures

Budget

External Resources

		R' Million	R' Million	R' Million
Resources	**Number**	**Total Cost**	**4 Mths to 31/03/07**	**8 Mths to 30/11/07**
CA (SA)	1	2.7	0.9	1.8
Director Level	6	12.0	4.0	8.0
DD Level	9	15.8	5.3	10.5
AD Level	16	14.9	5.0	10.0
SPAO Level	78	27.9	9.3	18.6
TOTAL	110	73.0	24.0	49.0

Infrastructure, equipment, subsistence and travel
R5 million

Asset and Inventory Asset management system **R7 million**
TOTAL SCM **R85 Million**

Short Term initiatives

- Addressing the 2005/2006 Audit queries raised by the Auditor General
- Procurement of goods and services not fair and error free
- The above situation resulted mostly from contracts that have been awarded to suppliers that can be regarded as sole suppliers, in respect of which normal procurement procedures do not need to be followed.
- A departmental circular has been issued, emphasizing that appropriate procurement procedures must be followed in the case of sole suppliers. This aspect will be closely monitored henceforth
- **Prescripts were not adhered to in the obtaining of quotations and tenders, as well as in the awarding of contracts.**
- Resources must be allocated to monitor procurement processes at smaller and outlying institutions, as the risk is highest in such settings.
- Assess risks at these areas and institutions

- **Department of Public Works could not provide minutes of bid committee meetings during which Department of Health tenders were awarded.**
- A memorandum of understanding (MOU) must be entered into between the two Departments, detailing each department's responsibilities regarding services to be rendered by Department of Works to Department of Health.
- This memorandum must indicate Department of Works' responsibility in making available to Department of Health minutes of bid committee meetings, as well as the

latter's recourse should the former fail to do so.
- Availability of minutes of Bid Committees to be incorporated into MOU

- **Possibility of collusion, fraud and corruption during the abovementioned flawed procurement processes.**
- Resources must be allocated to monitor procurement processes at smaller and outlying institutions, as the risk is highest in such settings.
- Full operationalisation of the Corporate Service Centres (CSC) must be accelerated, to provide for adequate monitoring and control over institutional procurement activities.
- Roll-out of ProQuote and ProCure (electronic procurement system) must be accelerated.

- **Irregular Expenditure**
- A circular must be issued, highlighting the necessity to follow correct procurement processes. The Department must make it a matter of policy to apply the sanctions provided for in the PFMA, in respect of non-compliance to procurement prescripts.

- **No formal policy and procedures concerning the maintenance of asset and inventory registers were in existence.**
- Such policy and procedures must be issued formally as a matter of urgency.
- Rolled out to smaller areas and institutions

- **Certain Equipment was not included in asset registers. Asset records were inaccurate. Asset counts were not carried out. Registers lacked detail, such as asset and serial numbers. Assets did not have asset numbers attached.**
- A specialist firm / external resources must be contracted immediately to address the above shortcomings, as the Department does not have the capacity in the short term to rectify same.
- Integrated computerized systems for asset and inventory registers must be implemented as a matter of urgency, as presently asset registers are in an excel format, are incomplete and have not been sufficiently maintained.
- Staff capacitation in asset management is essential
- Electronic asset management system to be sourced and implemented
- Staff capacity to be assessed and training provided

- **Inventory management**
- Assessment and evaluation of current system and records, viz, physical counts, inventory details, inventory numbers, control measures over inventory receipts and issues
- Specialist firm to be contracted to address shortcomings identified
- Electronic asset management system to be sourced and implemented
- Staff capacity to be assessed and training provided

Addressing the above queries for the current year to November 2006.
- **Procurement of goods and services**
- Checks done on processes followed for this period
- If necessary corrective action taken

- **Prescripts not adhered to in obtaining quotations and tenders**
- Checks done on processes followed for this period
- If necessary corrective action taken

- **Department of Public Works/minutes of Bid committees**
- Follow up on MOU and its implementation thereof
- Obtain all outstanding bid committee Minutes

- **Possibility of collusion, fraud and corruption**
- Follow up on initiatives taken in respect of Corporate Service Centres, ProQuote, Procure
- Assess procurement processes at smaller institutions

- **Irregular Expenditure**
- Ensure Circular issued is being implemented
- **No policy and procedures on maintenance of asset and inventory registers**
- Policy and Procedures to be implemented

- **Asset register Management**
- Accumulation of Data for Asset management system

- **Inventory management**
- Accumulation of Data for Inventory management system

Implementation of processes and procedures developed for the balance of the financial year

- Ensure interventions on the Audit outcomes are implemented in this period
- Detailed reviews and monitoring on compliance issues relating to SCM audit outcomes as detailed above
- Audit readiness programme for the 2006/2007 financial year

Medium Term Initiatives

- The vacancy rate of all Supply Chain Management posts must be reduced from 78% to not more than 25%
- Allocation of external resources through the Treasury / Health intervention project
- Full operationalisation of the corporate service centres must be accelerated, to provide for adequate monitoring and control over institutional procurement activities.
- Roll-out of ProQuote and ProQure (electronic procurement system) must be accelerated.
- Electronic asset and inventory registers must be implemented as a matter of urgency, as presently asset registers are in an excel format, are incomplete and have not been sufficiently maintained.
- Initiate the SCM interventions in Head office, regions and institutions
- Implement and review processes and procedures
- Capacitation of staff at Head Office regions, regions and institutions

Long Term initiatives

- Establish and maintain an acceptable skills level within SCM by means of appropriate recruitment, development, accreditation and retention of skilled staff
- Establishment of a SCM performance and compliance monitoring section at Head Office

Human Resources

Findings

- Leave records have not been captured on PERSAL. This has led to a serious backlog.

- There are vast numbers of leave forms that have not yet been captured on PERSAL.
- Leave forms have been incorrectly captured and also certain information not captured
- The source documents have not been placed in an indexed file
- Leave records have not been reconciled with the attendance registers
- Leave records have not been captured in the documentation management system
- Connectivity on the network compounded the problem. Certain districts do not have network access and could not update PERSAL.
- There are capacity problems and vacancy rate is in excess of 30%
- A Manual Document System is in place and is not updated
- There was no system to effectively track all documents that come into the department.
-
- Personnel placement and transfer of personnel were not properly captured on the system and this caused inaccurate pay records.
- There are long time lags in respect of filling vacancies.
- Documents relating to contingent liabilities, eg, State Housing Guarantees are not updated at all
- Capped leave records have not been updated and audited
- Reconciliation of PERSAL financial information with BAS and the inherent interfacing problems been experienced
- There are multiple organisational structures existing on PERSAL due to several changes in the organisation since the IMT developed an appropriate structure
- This makes person to post matching extremely difficult and consequently it has not been done

Recommendations on the way forward in respect of HR

A dedicated team for the HR Stream will have to be formed which will comprise of staff from Internal resources and External resources. After deliberations between Treasury support staff and senior management from the Department, analyzing the audit findings, assessing the vacancies in this section and analyzing the limitations in regard to staff capacity, the following staff will be required for the HR Stream:

Head Office

INTERNAL

- Chief Director : Human Resource Management
- Head office HR support as required
- HR Support : Treasury
- Secretarial support

EXTERNAL

- 1 Project Manager DD level
- 3 Supervisors at AD level

TOTAL : 4

Eastern Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 25 Personnel Officers level 3 to 4

- 5 Personnel Practitioners level 6

TOTAL : 30

Central Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 25 Personnel Officers level 3 to 4
- 5 Personnel Practitioners level 6

TOTAL : 30

Western Region

INTERNAL

- CSC Director
- Staff as required by CSC Director and Project team

EXTERNAL

- 25 Personnel Officers level 3 to 4
- 5 Personnel Practitioners level 6

TOTAL : 30

Requirements

- Experience in HR Management
- Experience in PERSAL
- Experience in Asset and inventory management
- Project Manager and Supervisors minimum I year with option to renew for another year
- Others 6 to 12 months with an option to renew.
- The task team work closely with the existing staff in the districts and head office to ensure skills transfer.
- The team must develop standard operating procedures including standard templates for processes, procedures, delegations and document management
- Support Team must be headed by an experienced project manager assisted by experienced HR practitioners.
- Team must include 25 personnel officers per district who must be able to capture data and file records.
- The work of the task team must be reviewed by the monitoring team referred to in Section 9 of this report.

Budget

External Resources		R' Million	R' Million	R' Million
Resources	**Number**	**Total Cost**	**4 Mths to 31/03/07**	**8 Mths to 30/11/07**
Project Manager	1	3.5	1.2	2.3
Supervisor	3	1.2	0.4	0.8
Auditor	15	2.8	0.9	1.9
Production	75	1.8	0.6	1.2
TOTAL	94	9.2	3.1	6.1

- R4.5 million (Proposal by Business Connexion for PERSAL work)
- R1 million (Verification of educational qualifications)
- R4.4 million (Document management)
- R1 million (PERSAL and BAS reconciliation)
- Internal Resources
- Subsistence and travel R700 000

TOTAL FOR HR **R20.7 Million**

Short Term initiatives
Addressing the 2005/2006 Audit queries raised by the Auditor General

- **Leave and employee benefits**
  - Sort and file leave applications; leave gratuities: IODs; rural allowances; long service awards, etc in indexed files
  - Capture indexed-files information in PERSAL
  - Secure extra funding for backlogs
  - Finalise 2nd and 3rd notch increases
  - Finalise rank promotions.

  - **Personal and Salary system**
  - Capture new, approved organisational structure in PERSAL
  - Create components and pay points in PERSAL
  - Link components to district offices
  - Migrate staff to new organisational structure
  - De-couple old components from new organisational structure
  - Abolish old posts
  - Audit manual files and load on PERSAL
  - Verify and update CV information
  - Verify employees at pay points
  - Implement pay point management.

- **Documentation Management and Record keeping**
- Capture all HR files into a data base
- Filing hard copy records
- Identify files to be moved to correct registries.

- **Persal and BAS reconciliation**
- Salary process mapping
- Integration of HR and salaries
- PERSAL training
- Audit of PERSAL function, distribution and equipment
- PERSAL-BAS interface
- Suspense account clearance.

- **Filing in of Vacant posts**
- Identify critical posts to fill in first two quarters of next financial year
- Commence recruitment processes

- **Organisational Structure Old and New**
- Continue and finalise capturing new, approved organisational structure in PERSAL
- Continue and finalise creation components in PERSAL
- Finalise staff migration to new organisational structure
- Finalise de-coupling old components from new organisational structure
- Finalise abolition of old posts.

- **Housing Guarantees**
- Sort and file state housing guarantees in indexed files
- Capture indexed-files information in PERSAL

- **Verification of Educational Qualifications**
- Continue with referral of on-file qualifications to relevant educational institution to validate issuing thereof
- Refer to SAQA to verify.

Implementation of processes and procedures developed for the balance of the financial year

Continue initiatives in 5.4.1 and 5.4.2

Medium term Initiatives

- **Job evaluation**
- Evaluate mandatory jobs identified as priority
- Re-evaluate the levels of the CSC Managers.

- **Filling of priority posts**
- Fill 5 000 posts identified as priority.

- **Capacitate Staff at Head office and District Level**
- PERSAL training
- Implement and review processes and procedures

Long term initiatives

- **Job evaluation**
- Evaluate mandatory jobs.
- **Filling of posts required for operation**
- Fill 12 000 posts identified required for normal operation.
- Consider contract staff to be absorbed into permanent staff structure
- **Ensure sustainability and continuity for all processes and procedures**
- **Contract staff to transfer skills to current staff to maintain sustainability and continuity**

Institutional Support Development and Governance

- **Matters requiring attention**
- Reporting lines to the CFO from regions and CSC's
- Review document management process.
- Review regulatory and legal compliance.
- Review procedures and policies in all sections including institutions
- Review CSC establishment and reporting flows.
- Various matters highlighted in the individual streams

Recommendations on the way forward in respect of Governance

- This could be undertaken by the task and monitoring team that is envisaged in Section 11 of this report

Information Technology

- **Findings**
- There are currently 6 post filled out of 30 funded posts. A vacancy rate of 80%
- IT personnel is limited and unskilled
- Skills levels are low
- Support from SITA is not effective and lead times to fix problems are too long
- Band widths are utilised by non work related programmes which has the effect of slowing down the core systems of BAS and PERSAL
- Vacancies in Information Systems management and there is no programme for IS
- There are 2 500 desk tops in the Department with 26 technicians. This is not enough and they are contracted to SITA
- PC's need to be replaced due to technological changes
- Additional PC's are required
- Connectivity is problematic
- Infrastructure especially in the districts is a problem
- Shortage of senior programmes

Recommendations on the way forward in respect of IT

- It is recommended that SITA do an in depth assessment of the IT problems outlined above and those outlined by Departmental officials
- Arising from this assessment the following should be addressed:
- System enhancement
- Skills assessment

- Resource requirements at Head office and districts
- Improve connectivity in Districts
- Address band width problems
- Additional technicians
- Additional hardware
- Adequate back ups at district and head office level
- Review current initiatives of IT department to assist other programmes
- Training especially in the regions module training on a hands on basis
- Recruitment of Senior programmes
- Connectivity enhancement

Budget

This will need to be calculated with the assistance of SITA who will need to address the resource issues as well as technical issues relating to systems , hardware and additional support.

Estimated budget

Additional Support	R9 million
Programmers	R3 million
Additional Equipment	R10 million
TOTAL	**R22 million**

Budget Summary	R'million
Financial Management	78.6
Supply Chain Management	85
Human Resources	20.7
Information Technology	22
TOTAL	**206.3**

Accountability Structure

Current situation

- PFMA and Treasury Regulations requires that financial management and supply chain management to fall directly under the CFO
- CFO reports directly to Accounting Officer to assist and support with accountability
- CFO is currently in charge of head office financial and supply chain management but not for CSC's
- CFO is disempowered and can render limited support to the Accounting Officer
- Department is in contravention of PFMA. and Treasury Regulations

Proposed change

- The CFO will assume direct responsibility and control over all Finance functions throughout the Department whilst ensuring that financial support and capacity is available to provide a service to institutions and programmes through appropriate mechanisms such as the CSC's and other

Communication Plan

- For the intervention plan to be implemented successfully, the buy in and support of all the

relevant staff at head office and the institutions is essential.

- In order to achieve this, a “road show” will be undertaken in the near future, where the plan will be communicated to all the relevant staff.
- All senior managers will be required to sign a pledge indicating their full support of the process.

Monitoring team

It is envisaged that there will be Monitoring team focusing on quality assurance of all aspects of this initiative.

The unit referred to under this heading will monitor the financial management disciplines, review the quality of reconciliations, the operation of internal control mechanisms, processes and procedures, human resource management, supply chain management and information management systems.

It will also undertake the Institutional development and governance review.

It is recommended that an outside firm of Chartered Accountants, preferably from the Big 4 firms to perform this function. This will add to the monitoring being unbiased and transparent.

It is also recommended that the SG's of Health and Treasury and the DG from the Office of the Premier or his nominee be part of the Monitoring Team.

For more information and queries, please contact the Communications Directorate of the Department

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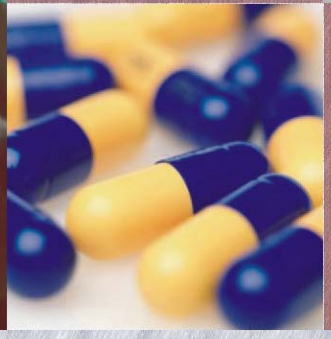

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