

FREE STATE DEPARTMENT OF HEALTH

ANNUAL PERFORMANCE PLAN

2007/2008 TO 2009/2010

FREE STATE DEPARTMENT OF HEALTH

PART A STRATEGIC OVERVIEW OF THE ANNUAL PERFORMANCE PLAN 2007/2008 TO 2009/2010

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FREE STATE DEPARTMENT OF HEALTH

Part A strategic overview of the Annual Performance Plan 2007/2008 to 2009/2010

VISION AND MISSION

The vision of the department is:

A healthy and self-reliant Free State community

Mission

The Department:

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

Values

The key determinants of relationships within the department are:

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

Key enablers

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

REGULATORY ENVIRONMENT

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

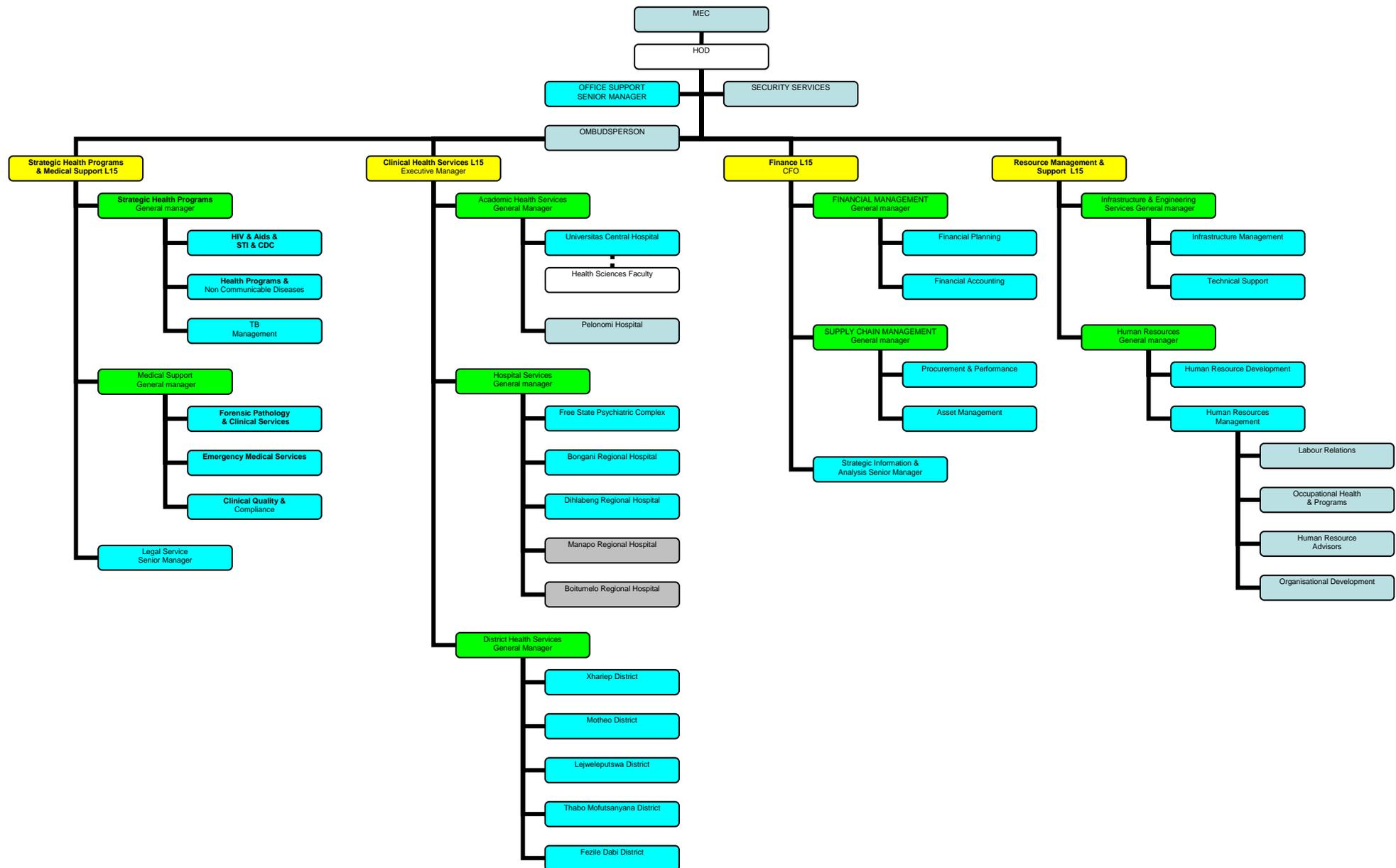
- Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)
- National Health Act, 1977 (Act No. 63 of 1977)
- National Health Act, 2003 (Act No. 61 of 2003)
- Free State Hospitals Act, 1996 (Act No.13 of 1996)
- Free State Health Act, 1999 (Act No. 8 of 2000)
- Free State School Health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

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

- Public Audit Act, 1995 (Act No. 25 of 2004)
- Public Finance Management Act, 1999 (Act No. 1 of 1999 as amended by Act No. 29 of 1999) [PFMA]
- Public Service Act, 1994, (Proclamation 103 of 1994)
- Labour Relations Act, 1995 (Act No. 66 of 1995)
- Basic Conditions of Employment Act, 1997 (Act No 75 of 1997)
- Treasury Regulations issued in terms of the PFMA
- Free State Provincial Revenue Act, 1998 (Act 12 of 1998)
- Preferential Procurement Policy Framework Act, 2000 (Act 5 of 2000)
- Division of Revenue Act, 2005 (Act 1 of 2005)
- Free State Appropriation Act, 2005 (Act 1 of 2005)
- Free State Adjustment Appropriation Act, 2005 (Act 9 of 2005)
- Mental Health Act, 1973 (Act No. 18 of 1973)
- Mental Health Care Act, 2002 (Act No. 17 of 2002)
- Medicine and Related Substance Act, 1965 (Act No. 101 of 1965)
- Human Tissue Act, 1983 (Act No. 65 of 1983)
- Pharmacy Act, 1974 (Act No. 53 of 1974)
- Health Professions Act, 1974 (Act No. 56 of 1974)
- Health Laws Amendment Act, 1977 (Act No. 36 of 1977)
- Nursing Act, 1978 (Act No. 50 of 1978)
- Dental Technicians Act, 1979 (Act No. 19 of 1979)
- Prevention and Treatment of Drug Dependency Act, 1992 (Act No. 20 of 1992)
- Health and Welfare Matters Second Amendment Act, 1993 (Act No. 180 of 1993)
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
- Sterilisation Act, 1998 (Act No. 44 of 1998)
- National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)
- Traditional Health Practitioners Act, 2004 (Act No. 35 of 2004)
- Free State Initiation School Health Act, 2004 (Act 1 of 2004)
- Atmospheric Pollution Prevention Act, 1965 (Act No. 45 of 1965)
- Hazardous Subsistence Act, 1973 (Act No. 15 of 1973)
- Health and Welfare Matters Amendment Act, 1993 (Act No. 118 of 1993)
- Promotion of Access to Information Act 9(act 3 of 2000)
- Promotion of Administrative Justice Act (Act 2 of 2000)

This Annual Performance Plan is based on the prescribed health sector format released by the national department of health as draft 14 of March 2006

APPROVED MACRO STRUCTURE FS DoH - 2006



ENDORSEMENT BY THE MEC

During May 2004 I was appointed as MEC for Health in the Free State Legislature. In the middle of my current term of office it is appropriate to reflect on the current (2005/2006) status of achievements of the department as they relate to the strategic direction derived from national, provincial and local government.

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

- State of the Nation address by President Thabo Mbeki at the opening of parliament in February 2006.
- State of the province address by Premier Beatrice Marshoff at the opening of the Free State legislature in February 2006.
- Millennium Development Goals
- Free State Growth and Development Strategy
- Proposed Priorities for the National Health System 2006/2007 to 2008/09
- National Department of Health Strategic Plan 2006/07 to 2008/09

and the imperatives of related programmes, projects and policies concerning the mandate of the department.

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

Part A of the Annual Performance Plan uses a broad analysis to determine the strategic issues facing the department at corporate level over the MTEF period. Operational plans (part B) will show how the resources of the department will be used to implement the corporate plan over the MTEF period.

The Service Transformation Plan is being developed which will describe the service platform of the department over the longer term.

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

Clear links exist with the development plan of the Free State Provincial Government. In this regard the Department of Health particularly made a major contribution to the Free State economy with particular reference to economic empowerment of previously disadvantaged individuals. The figures for the 2005/2006 financial year for the Free State Department of Health illustrate this:

- R value of contracts awarded in total: R 108,964,254.79
- R value of contracts awarded to Free State companies: R46,889,598.64
- Total number of contracts awarded :40
- 33 contracts were awarded to BBEE/HDI companies. This is 38.9%. These contracts had a value of R35,980,777.64

During my term of office the department has proved to be a major contributor to the success of the Free State Growth and Development strategy.

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

A handwritten signature in black ink, appearing to be 'ST Belot', written in a cursive style.

Mr ST Belot: MEC for Health Free State Provincial Legislature
Date: 30 May 2006

ENDORSEMENT BY ACTING HEAD OF DEPARTMENT

The past year has been a period characterised by numerous changes, challenges and achievements were experienced for the Free State Department of Health.

A reflection on the past year indicates to some degree the current status of development and gives direction to some priorities for the 2007/08 planning period.

The following services were rendered to the people of the Free State during 2005/2006

- A total of 6,186,261 patients treated at Primary Health Care facilities.
- 128,125 in patients and 277,425 outpatients were treated at District Hospitals
- 242,892 outpatients and 110,767 inpatients were treated at Regional Hospitals.
- At Universitas Hospital 27,358 inpatients and 148,742 outpatients were treated.
- At the Free State Psychiatric Complex, 10,036 inpatients and 11,142 outpatients were treated.
- The average length of stay of patients in the district hospitals was 3.1 days, 4.8 days in regional hospital and 5.8 days at tertiary level.
- About 321,557 calls were handled by Emergency Medical Services
- A total of 534,365 patients were transported through the Planned Patient Transport System. This enabled patients to be referred to the appropriate level of care where they did not have access to transport.

The abovementioned figures reveal a steady increase in Primary Health Care service levels since 2002. The PHC headcounts for persons older than 5 years increased from 4,879,100 in 2002 to 5,663,304 in 2005. Thus a 13% increase. The headcount figures for public hospitals for inpatients for 2004 were 228,406 and for 2005 were 236,869. This represents a slight increase of 3.5%. Outpatient figures were 776,358 for 2004 and 745,433 for 2005, a decline of 4.15%. The inpatient figures have increased by 3.5%.

Achievement of key strategic objectives

To reduce the burden of disease, prevention and health promotion programmes were implemented which address the impact of the chronic diseases of lifestyle

- The health awareness calendar ensures focus on diseases which affect the lives of Free State communities. Districts Health Promotion Forums were established in 4 of the 5 districts.
- The Drug Supply Management Policy ensures that appropriate medication for all non-communicable diseases like hypertension, diabetes mellitus, heart diseases and lung diseases are made available by the department.
- Screening for cervical and breast cancer is done at several clinics, 2 colposcopy clinics and CANSA mobile clinics.
- Multisectoral teams coordinate initiatives like health promotion at 42 health promoting schools, 2 health promoting workplaces, 1 health promoting hospital and 1 healthy village project. Teams/Forums facilitating implementation of initiatives.

Special programmes for the survival, development, care and protection of the vulnerable

- Dental services were strengthened by options such as mobile dental units and school-based oral health programmes were implemented in 125 rural schools in the Free State
- To reduce micronutrient deficiency disorders the Vitamin A coverage for children under the age of 1 year improved from 78% to 88,8%.
- Protection against preventable communicable diseases was ensured when 90% of children under 1 year were fully immunized
- The Road to Health Chart was provided to 98% of all newborns.
- Flu vaccine was given to older persons and vulnerable groups to prevent respiratory infections and complications.
- Fast lanes for older persons were implemented at 60% of health facilities
- For survivors of sexual assaults and victim the existing 4 centres, are being strengthened by the addition of a new centre in Thabo Mofutsanyana. Of the 2 018 reported rape cases, 55,6% of victims (1 122 victims) received antiretroviral prophylaxis.

To address the backlog with regard to social infrastructure, clinics and hospital were built and upgraded

- Three new clinics were completed.
- To ensure that basic essential equipment is available R10 million was allocated to purchase equipment for Primary Health Care services.
- R113 million was allocated for the continued Hospital Revitalisation at the Boitumelo, Pelonomi, Dihlabeng, and National hospitals.
- The trauma unit at Pelonomi hospital requires additional funding to become fully operational.

The focus of health services will be on compassionate and quality services, reduction in the burden of disease, appropriate and skilled personnel, optimal facilities and equipment, strategic and innovative partnerships and efficient management and governance.



Dr RD Chapman : Acting Head of Department
Date: 31 May 2006

CORPORATE SITUATION ANALYSIS

DEMOGRAPHIC INFORMATION

Free State Population

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

Source Stats SA

Population Distribution per municipality and per status of health insurance

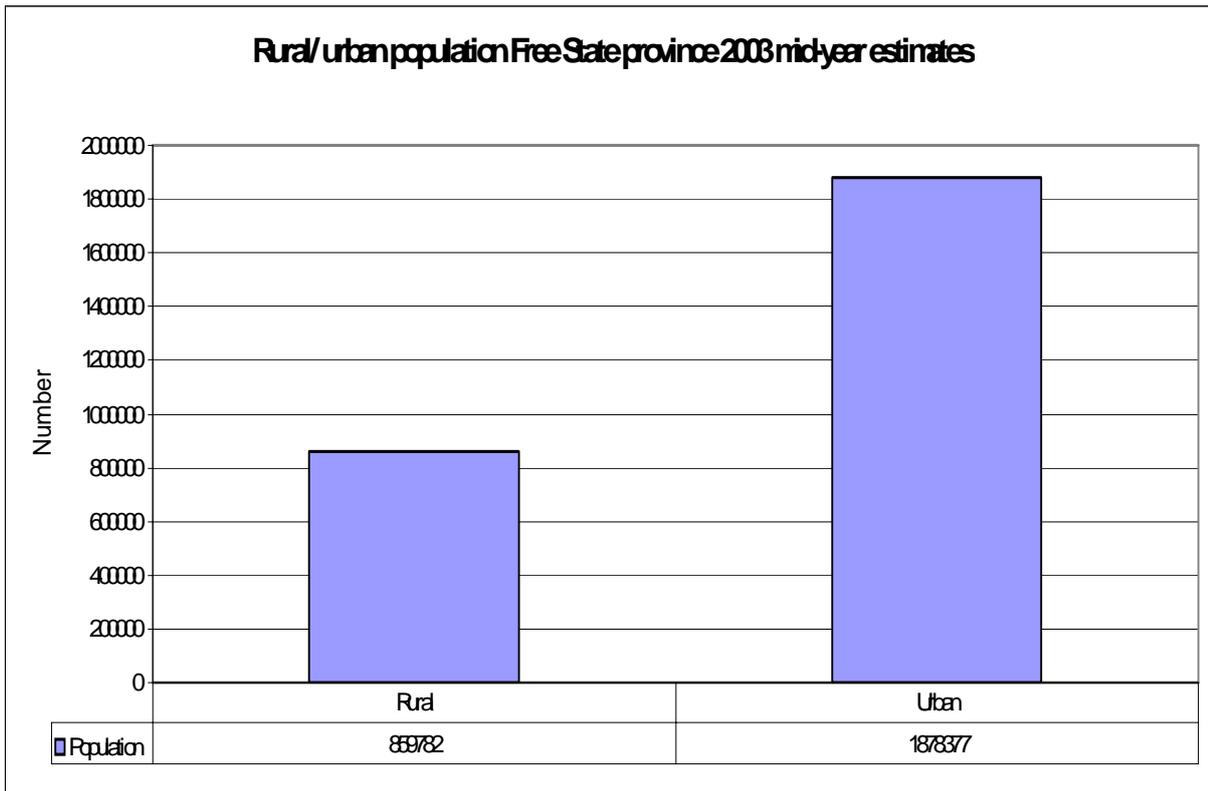
Health District	Population	Number insured	Number uninsured
XHARIEP	132070	19546	112524
Letsemeng Municipality	38604	5713	32891
Kopanong Municipality	54150	8014	46136
Mohokare Municipality	39316	5819	33497
MOTHEO	736292	108971	627321
Naledi Municipality	27026	4000	23026
Mangaung Municipality	654922	96928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

Source Stats SA mid year estimates 2002 insured/uninsured population

Medical insurance

The 85.2% of the Free State population, which has no medical insurance and therefore is mainly dependent on public health services, numbers 2 306 172 people.

Graph1. Rural and urban population Free State province



Source 2002 midyear estimates.

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

Age distribution

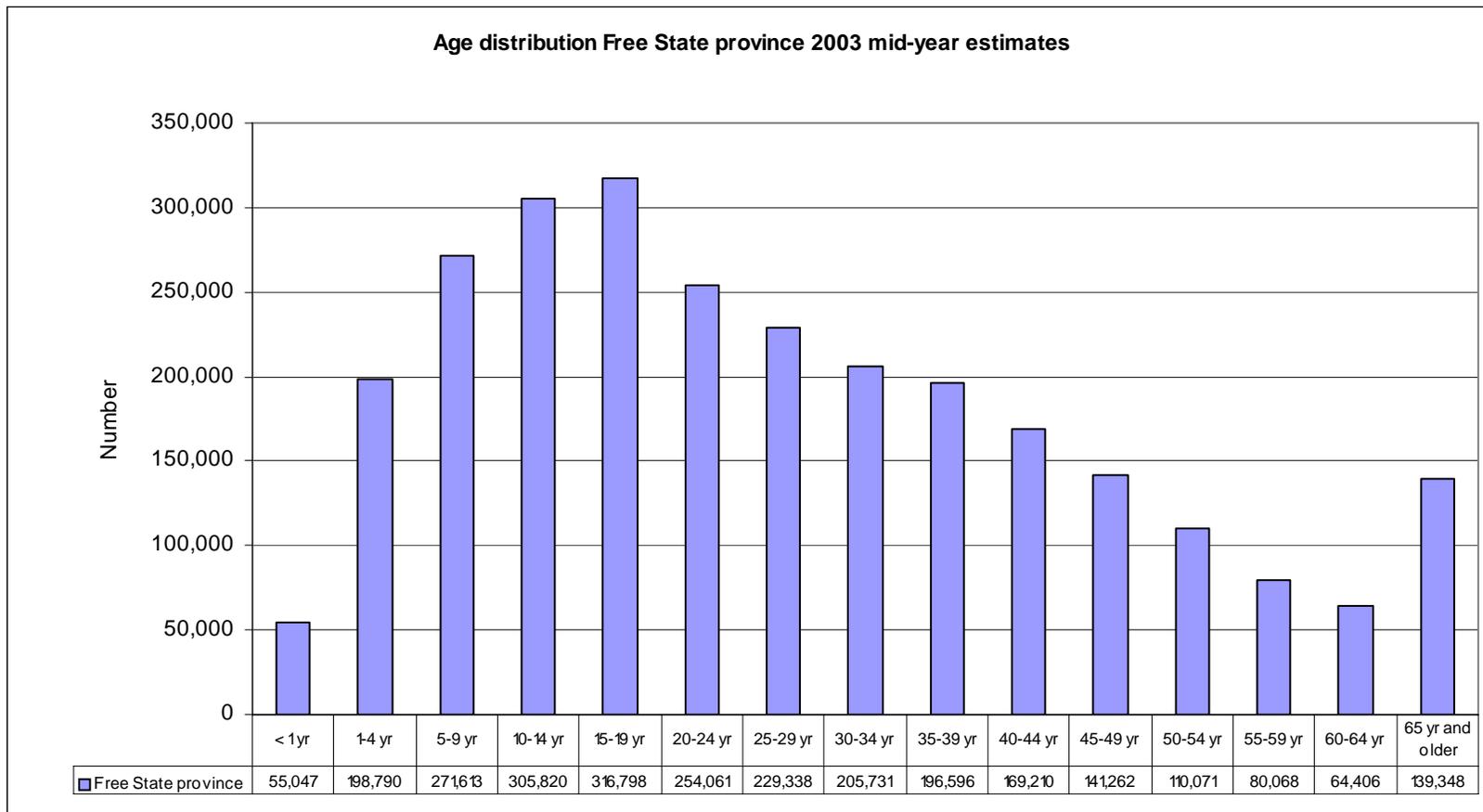
Graph 2 below shows the age distribution of the population.

This reflects a population structure that is characteristic of developing countries namely a large young, middle sized adult and relatively small older population.

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

Graph 2. Age distribution

Source: Statistics South Africa



ENVIRONMENTAL INFRASTRUCTURE

Source: Census in brief 2001 unless indicated otherwise

Dwelling Type per Household

Structure	Xhariep		Motheo		Lejweleputswa		Thabo Mofutsanyana		Northern Free State	
	2001	1996	2001	1996	2001	1996	2001	1996	2001	1996
Formal	31267	24555	147762	119638	110848	94601	110570	85981	86903	65552
Informal	6136	4951	48038	38646	67849	58369	39698	28888	29466	31859
Traditional	1386	853	9963	11103	5104	5302	32425	40312	3799	6411
Other	89	293	598	619	669	2128	358	474	375	355

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

Household Size

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

Average household size in the Free State is 3.6.

Access to adequate water and sanitation

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

Current status of sanitation needs

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

		464 Rural Schools
Clinics without adequate sanitation facilities.	± 15% of clinics	2 clinics

Level of service per District Municipality in the Free State

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

Health challenges related to use of the bucket system

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

Refuse removal in the Free State

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

Excludes all collective living quarters

Management of medical waste

The department has outsourced the management of medical waste for 31 hospitals to Compass Waste Management Services. Specifications are being completed to include 281 clinics by April 2005. The outsourcing is working well. The company handles transport and disposes the waste at approved sites.

Safe drinking water

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

ECONOMIC PROFILE

Source Stats SA Census in brief 2001 unless stated otherwise

Employment

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

Income

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

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

Livelihood security

Proportion of people living in poverty in the Free State is 63.6%

Overview of the District Municipalities in the Free State

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

EPIDEMIOLOGICAL PROFILE

Source Free State Department of Health information system unless stated otherwise

Disabled population in the Free State per type of disability

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

Source: Stats SA 2001 Census in brief

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

Disability distribution in the province

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

Source: Stats SA 2001 Census in brief

Top 10 causes of death in the Free State (Jan 2006 – Dec 2006 reported deaths)

	Cases	% of total cases (total = 29596)	Per 100 000 population
Respiratory system	7378	24.9	265.9
Symptoms, signs and ill-defined causes	5101	17.2	183.3
Diseases of the circulatory system	3382	11.4	121.9
Endocrine, nutritional and metabolic disorders	1070	3.6	38.6
External causes	965	3.3	34.8
Neoplasms	964	3.3	34.7
Pregnancy, childbirth and puerperium	844	2.9	30.4
Genitourinary system	472	1.6	17.0
Conditions originating from perinatal period	314	1.1	11.3
Digestive system	287	1.0	10.3

Source: 2005 DHIS midyear estimates and Free State mortality database

Under-5 mortality rate per 1000 population under 5 year

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

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

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

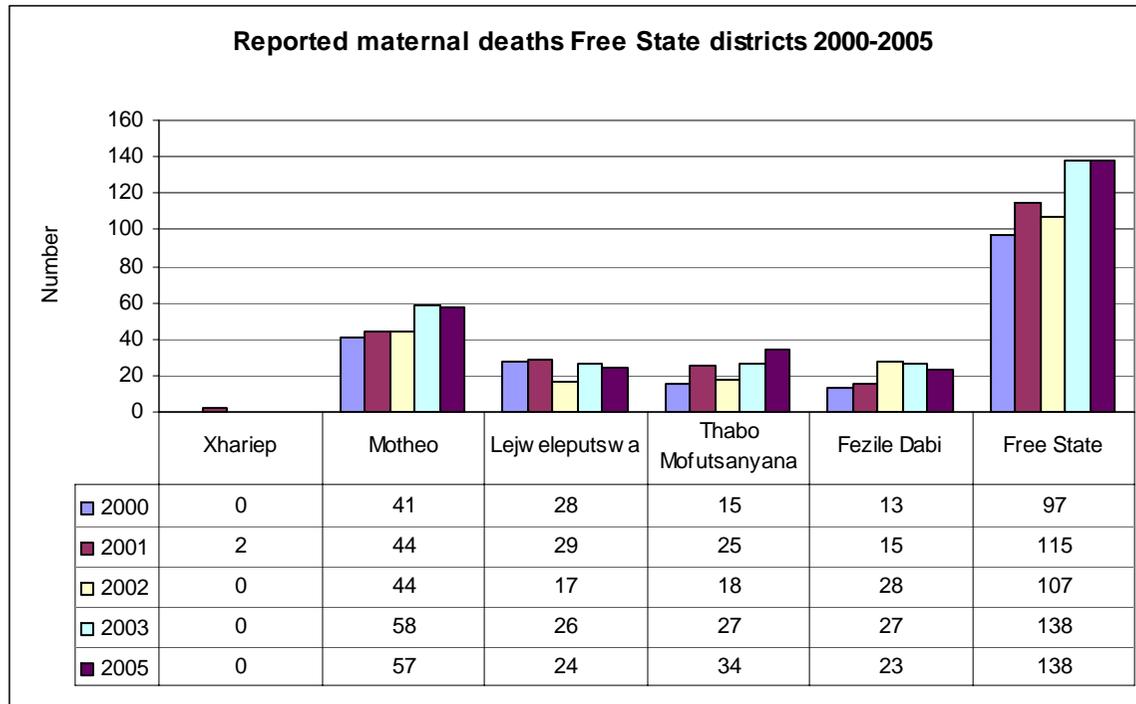
Source 2005 midyear estimates

TUBERCULOSIS

TB Cure Rate of new TB cases

- 67% (2004) Cure rate for new TB cases
- Defaulter rate 6.8% (treatment interruption)

MATERNAL MORTALITY



During the 2004 calendar year, 150 cases of maternal mortality were reported in the province Xhariep 2, Motheo 58, Lejweleputswa 24, Thabo Mofutsanyana 35, Northern Free State 31.

During the 2005 calendar year, 151 cases of maternal mortality were reported in the province Xhariep 0, Motheo 57, Lejweleputswa 24, Thabo Mofutsanyana 34, Fezile Dabi 23 and other 13.

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

The five main primary causes of maternal deaths in the Free State for the period of January –December 2005 were as follows:

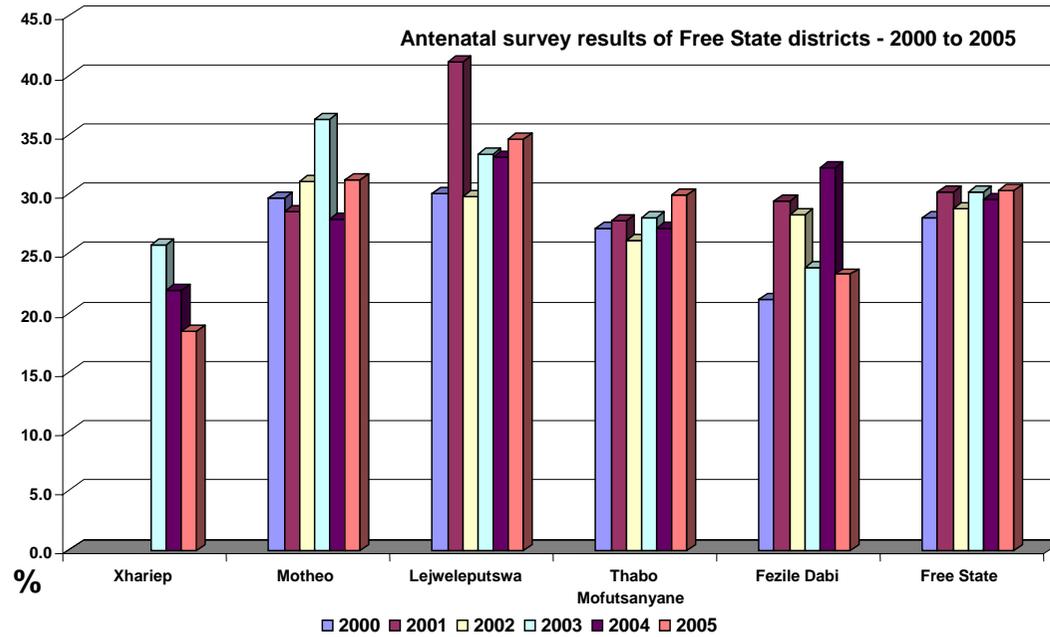
- Non-pregnancy related infections 36%
- AIDS 25%
- Hypertension 24%
- Post partum haemorrhage 13%
- Anaesthetic related 7%

The scourge of HIV/AIDS has taken its toll, about 50% of the maternal deaths are attributed to HIV/AIDS related diseases. In this regard, it becomes more challenging to attain the reduction in the number of maternal deaths.

HIV AND AIDS

HIV prevalence rate among pregnant women in the Free State

Figure 3: HIV prevalence at district level of the women attending antenatal service in public sector clinics of the Free State



province.

Source: Free State Province report of the national HIV and syphilis sero-prevalence survey of women attending public antenatal clinics in South Africa – 2004
The provincial estimates show very little change during the last 6 years, fluctuating between 27.9% and 30.3%.

Trends in key provincial mortality indicators PHC AND HOSPITAL 2005/2006

Source Free State Department of Health Mortality database

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

¹ This information may not be accurate due to:

- Population estimates not necessarily accurate (DHIS)
- Possible under reporting of deaths in this age group

This problem is being addressed by means of a data warehouse where Home Affairs data on deaths will be drawn directly into the system.

SAVING BABIES REPORT

Data collected from all the 30 Free State Provincial Hospitals (25 District Hospitals, 4 Regional Hospitals and one Tertiary Hospital), and CHC via the intra-net database.

Of the 46973 births registered in these public facilities over this period;

- 8323 (17.7%) were from Community Health Centres (CHC)
- 26657 (56.7%) were from level one hospital;
- 11446 (24.3%) from level two hospitals and
- 547 (1.2%) from the tertiary hospital.

Peri-natal Data: Free State Province; October 2001 to September 2002

	Deliveries	C/S %	Ass Del %	PNMR /1000	NNMR /1000	LBW %	Teen/ preg %	PCI
Free State Total	46430	14.4	1.9	40.3	10.4	18.7	17.7	2.16
Xhariep	1776	2.3	2.7	24.1	9	13.8	19.0	1.75
Motheo	12695	19.7	3.3	38.5	5.8	19.9	15.1	1.95
Lejweleputswa	10789	12.5	0.8	46.2	10.6	19.4	19.0	2.37
Thabo Mofutsanyana	12835	12.9	1.3	42.5	13.5	15.9	20.7	2.68
Northern Free State	8334	13.5	1.8	35.1	12.7	21.4	14.9	1.64

PNMR = Perinatal mortality rate

NNMR = Neonatal mortality rate

LBW = Low birth weight

Ass D = Assisted Delivery

- The high Caesarean section rate and slightly higher Perinatal mortality rate in the Motheo district can be explained by the fact that two hospitals in this district act as referral hospitals, and that the majority of patients in the Xhariep district (DC 16) needing Caesarean sections are referred to Motheo district. This, in turn explains the low Caesarean section rate in Xhariep.
- The high neonatal mortality rate in Xhariep district reported last year has improved dramatically, largely through the efforts of staff in one hospital being more dedicated in the care of the prematurely born infants, and is in part also explained by the smaller numbers (volumes) managed in that district.
The percentage of mothers under the age of 20 years delivering babies remains disturbingly high at 17.7%.

Achievements in the perinatal programme

Certain improvements have been seen in the peri-natal indicators in the Free State health districts if compared to those measured during the previous year's period.

This is mainly due to the fact that the data of the PHC facilities have been added for this period, with clearly fewer additions to the numerator as compared to the denominator for each indicator.

Goldfields Hospital indices have improved significantly as compared to the previous period reported, however the proportion of causes of peri-natal deaths has remained the same.

ALTERNATIVE SERVICE DELIVERY OPTIONS

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

Milestones achieved to date

Universitas Private Hospital

Universitas Private hospital started with operations on the 1st of October 2003 with 127 beds, 20 of which are the ICU beds. (Eleven months after signing the agreement). Two additional theatres on the west wing of ground floor have been completed and are in full use by the concessionaire.

The private medical centre has been constructed at the cost of about R10 million by the concessionaire, and according to the agreement this is state property. The medical centre houses doctors consulting rooms, 2 additional theatres, a chest pain clinic, a pharmacy and administration offices.

A percentage of the monthly turnover of Universitas Private with regard to these facilities is accruing to the Free State Department of health as part of the variable concession fee.

Employment: Currently Universitas Private employs a total of 126 personnel in addition to those employed by the security (Securicor) and cleaning (Nido) contractors.

Pelonomi Private Hospital

Upgrading of a 253 bed hospital and 10 theatres

Upgrading of the hospital wards (block K) and the theatres at Pelonomi Hospital was completed in November 2003. The 253 bed wards as well 7 of the 10 theatres are already in use by Pelonomi hospital (3 of the theatres will be used by the concessionaire). These facilities were officially opened on the 27th of November 2003.

Construction of Pelonomi Private Hospital commenced in February 2005 and the aim is to complete it by November 2005. The first phase of the hospital was in operation by the 1 of July 2005. The concessionaire has opted to phase in Pelonomi Private Hospital with an obligation to complete the entire hospital by November 2005 as per concession agreement.

Local Empowerment

General workers, sub-contractors: The number of general workers employed directly by the WBHO construction for a period of 42 weeks at Pelonomi was 35 at the rate of R322.50 per week. This works out to the total of R474, 075 spent on temporary jobs in the Free State for 42 weeks. 26 Bloemfontein based companies were subcontracted and an amount of R10, 215,474.87 was spent on these subcontractors. Thus total revenue of about R10, 689,549.87 was received into the Free State economy within a period of 7-8 months.

PROGRESS TOWARDS EQUITY

The total budget for the year 2004/2005 provides a public health service allocation of R2, 730,596 million. The costly tertiary care for the whole province and beyond is provided at Bloemfontein and the secondary care is distributed across the province; at least one Secondary Care hospital in each region.

EQUITY

Comparison of District Health Services budget per district

District	% of total Free State population	2004/2005	% of total District budget	2005/2006	2006/07	% of total District budget
Xhariep	5.11	59,451,680	6.31	75 386 607	86 801 986	7.79
Motheo	27.23	271,983,287	30.94	305 158 002	340 531 197	30.5
Lejweleputswa	23.63	152,510,499	20.17	172 696 898	190 871 243	17.09
Northern Free State	16.94	127,093,868	15.12	148 896 797	192 635 225	17.25
Thabo Mofutsanyana	27.09	239,248,996	27.46	270 762 754	305 586 018	27.37
Total	100	850 288 330	100	972 901 058	1 116 425 669	100

The amounts above include the budgeted amounts for District Health Services and also District Hospitals and Admin costs

The table above indicates that Primary Care allocation per capita is similar in all districts except Motheo district.

The table below illustrates that:

- Primary Health Care services are distributed equitably to the five districts to a large extent.
- The range for visits to public Primary Care facilities is between 7 and 9 per 1000 population per day across the province.
- Similarly, the availability of health professionals and medical personnel are around 9 and 2 per 1000 population respectively in 4 districts and Motheo District shows a slight advantage.

Rural areas and the farming community, specifically, the farm labourers still remains a concern as far as the equitable distribution of health resources and access to service are concerned. Mobile clinics visit these areas. A Rural health plan was developed to mobilize resources to ensure access to services for rural communities. An efficient referral system ensures that all patients have access to services at the appropriate level of care. A patient transport system further supports the referral system in areas where public transport does not meet the need.

Table DHS 2 Personnel in district health services by health district as at July 2006

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Motheo	PHC facilities				
	Medical officer Chief	1	1	0.00%	0.00
	Medical officer Principal	1	1	0.00%	0.00
	Medical officer Senior	2	10	80.00%	0.02
	Professional nurses Chief	116	148	21.62%	0.18
	Professional nurses Senior	53	110	51.82%	0.08
	Professional nurses	93	228	59.21%	0.15
	Pharmacists Principal	2	3	33.33%	0.00
	Community health workers	68	86	21%	0.11
	District hospitals				
	Medical officers	15	20	25.00%	0.02
	Medical officers Senior	16	37	56.76%	0.03
	Medical officers Chief	17	20	15.00%	0.003
	Medical officers Principal	11	14	21.43%	0.002
	Professional nurses Chief	17	20	15.00%	0.003
	Professional nurses Senior	62	80	22.50%	0.10
	Professional nurses	141	209	32.54%	0.22
	Pharmacists Principal	5	10	50.00%	0.01
	Pharmacists	0	1	100.00%	0.00
	Xhariep	PHC facilities			
Medical officers Chief		1	1	100%	0.01
Medical officers Principal		1	4	75.00%	0.01
Medical officers Senior		0	7	100.00%	0.00

	Professional nurses Chief	24	40	40.00%	0.21
	Professional nurses Senior	35	54	35.19%	0.31
	Professional nurses	34	90	62.22%	0.30
	Pharmacists Principal	1	6	83.33%	0.01
	Community health workers	10	10	0%	0.09
	District hospitals				
	Medical officers Chief	0	2	100.00%	0.00
	Medical officers Principal	4	4	0.00%	0.04
	Medical officers Senior	1	12	91.67%	0.01
	Medical officers	2	3	33.33%	0.02
	Professional nurses Chief	4	6	33.33%	0.04

Table DHS 2 Personnel in district health services by health district as at July 2006 (continued)

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Xhariep (continued)	Professional nurses Senior	11	14	21.43%	0.10
	Professional nurses	11	24	54.17%	0.10
	Pharmacists Principal	0	1	100.00%	0.00
Lejweleputswa	PHC facilities				
	Medical officers	3	5	40.00%	0.00
	Medical officers Chief	1	1	0.00%	0.00
	Medical officers Principal	1	1	0.00%	0.00
	Medical officers Senior	1	1	0.00%	0.00
	Professional nurses Chief	73	96	23.96%	0.11
	Professional nurses Senior	54	94	42.55%	0.08
	Professional nurses	117	170	31.18%	0.18
Pharmacists	2	3	33.3%	0.00	

	Community health workers	12	27	55.6%	0.02
	District hospitals				
	Medical officers Chief	2	2	0.00%	0.00
	Medical officers Principal	6	8	25.00%	0.01
	Medical officers Senior	12	15	20.00%	0.002
	Medical officers	22	31	29.03%	0.03
	Professional nurses Chief	8	9	11.11%	0.01
	Professional nurses Senior	26	32	18.75%	0.04
	Professional nurses	65	97	32.99%	0.10
	Pharmacists Principal	3	6	50.00%	0.00
	Pharmacists Senior	0	3	100%	0.00
	PHC facilities				
Fezile Dabi	Medical officers Chief	1	1	0.00%	0.00
	Medical officers Senior	3	7	57.14%	0.01
	Medical officers	4	6	33.33%	0.01
	Professional nurses Chief	78	102	23.53%	0.19
	Professional nurses Senior	38	67	43.28%	0.09
	Professional nurses	49	95	48.42%	0.12
	Pharmacists Principal	3	3	0.00%	0.01
	Community health workers	5	82	94%	0.01
	District hospitals				
	Medical officers Chief	1	2	50.00%	0.00
Medical officers Principal	3	4	25.00%	0.01	

Table DHS 2 Personnel in district health services by health district as at July 2006 (continued)

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Fezile Dabi (continued)	Medical officers Senior	7	17	58.82%	0.02
	Medical officers	23	29	20.69%	0.06
	Professional nurses Chief	18	18	0.00%	0.04
	Professional nurses Senior	54	58	6.90%	0.13
	Professional nurses	26	48	45.83%	0.06
	Pharmacists Principal	2	5	60.00%	0.00
	Pharmacists Senior	0	1	100.00%	0.00
.Thabo Mofutsanyana	PHC facilities				
	Medical officers Chief	1	1	0.00%	0.00
	Medical officers Senior	0	6	100.00%	0.00
	Professional nurses chief	91	122	25.41%	0.14
	Professional nurses senior	72	111	35.14%	0.11
	Professional nurses	128	180	28.89%	0.20
	Pharmacists Principal	1	2	50.00%	0.00
	Community health workers	33	33	0.00%	0.05
	District hospitals				
	Medical officers Chief	2	3	33.33%	0.00
	Medical officers Principal	3	4	25.00%	0.00
	Medical officers senior	20	33	25.00%	0.03
	Medical officers	18	26	30.77%	0.03
	Professional nurses Chief	10	15	33.33%	0.02

	Professional nurses Senior	40	56	28.57%	0.06
	Professional nurses	135	170	20.59%	0.21
	Pharmacists Principal	3	6	50.00%	0.00
	Pharmacists senior	0	3	100.00%	0.00
Free State province	PHC facilities				
	Medical officers Chief	21	53	60.38%	0.01
	Professional nurses	941	1562	39.76%	0.39
	Pharmacists principal	121	159	23.90%	0.05
	Community health workers	128	238	46.2	0.05
	District hospitals				
	Medical officers	169	270	37.41%	0.07
	Professional nurses	628	856	26.64%	0.26
	Pharmacists	13	42	69.05%	0.01

Source: Free State HR Cube Cognos

BROAD CORPORATE POLICIES, PRIORITIES AND STRATEGIC GOALS

BUDGET PROGRAMME 1: ADMINISTRATION

BUDGET SUB PROGRAMME : OFFICE OF THE MEC						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure effective and efficient governance structures in line with legislation	Statutory Governance bodies established and functional in line with legislation					
Ensure Implementation of the political strategic direction of the Free State Department of Health	Report on the alignment of the corporate plans within the mandate of the department to : <ul style="list-style-type: none"> ▪ Health related Millennium Development goals ▪ State of the nation address ▪ Programme of action ▪ Free State Growth and Development Strategy ▪ Priorities for the national health system 					

BUDGET SUB PROGRAMME : CORPORATE MANAGEMENT						
Ensure a safe and secure environment at all health institutions in the Free State	Progress report on the implementation of an integrated Security Plan for the Free State Department of Health. (Include SAPS, City Police and Private Sector)					
	Progress report on the implementation of the Occupational Health and Safety Checklist					
Effective management of procurement and performance related aspects in the department.	A departmental Supply Chain Management forum established					
	The number of functional Supply Chain Management units at institutions					
	% of contracts effectively managed					
Effective and efficient management of risks	Report on the degree to which major risks are addressed in the Free State Department of Health					
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	Number of functional twinning programmes with national and/or international institutions					

BUDGET PROGRAMME 1: ADMINISTRATION

BUDGET SUB PROGRAMME : CORPORATE MANAGEMENT						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure effective management of Broad Based Black Economic Empowerment (BBBEE) in line with Act Number 53 of 2003 as amended and regulatory framework	% departmental procurement done in line with the BEE regulations					
Development of Supply Chain Management (SCM) officials	Number of SCM personnel trained in the SCM introductory course					

Implement an integrated strategic planning and reporting framework in line with PFMA and prescripts	Compliance with national and provincial strategic planning and reporting prescripts					
Optimal management of information	% implementation of an efficient and reliable Free State Department of Health network					
	Number of facilities that are linked to the Provincial Department of Health network					
	% implementation of a uniform hospital information system for the service platform					
	% progress on integration of information management					
	% data integrated in Data Warehouse and usable as information for managers					
	Number of facilities fully functional on DHIS and HIS					
Improve asset management	Number of institutions with an asset register implemented.					

BUDGET PROGRAMME 1: ADMINISTRATION (continued)

BUDGET SUB PROGRAMME : CORPORATE MANAGEMENT

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Improve management of losses in line with the PFMA.	Number of institutions and offices adhering to policy prescriptions					
Improve fleet management.	Percentage of transport officers trained in fleet management					
Ensure compliance with the Public Finance Management Act	% efficiency of the Accounting Division in Corporate Office					
Ensure compliance with the Public Finance Management Act (continued)	Debt management policy and procedures revised and implemented to support increased recovery of outstanding debt					
	Statements/ reports/ certificates submitted in line with prescripts					
Implement a Human Resource plan for the department	Implementation of a comprehensive recruitment and retention strategy					
	Compliance with national equity targets					
Improve measures to reduce absenteeism	Monthly leave audits conducted					
	Training of leave record personnel at institutions and district offices (Quarterly)					
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards					
	% compliance with standards					
	% patient satisfaction rate according to national survey instrument					
Optimal Communication within and between clusters	% Progress on the establishment of departmental inter-cluster committees					
Implement the Free State Department of Health Services Marketing Strategy	% of institutions implementing institutional marketing plans					
Implement the Service	% implementation of Service Transformation Plan					

Transformation Plan for the Free State Department of Health						
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PROGRAMME 2: DISTRICT HEALTH SERVICES

GOAL 1: COMPASSIONATE AND QUALITY SERVICES

BUDGET SUBPROGRAMME: DISTRICT MANAGEMENT

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards					
	% compliance with standards					
Implement the provincial health promotion strategy	Number of health promotion structures functioning at appropriate levels					
	Number of community projects implemented					
	Number of settings-approach projects implemented					
Enhance the promotion of healthy lifestyles and encourage change from risky behaviour, especially among the youth.	Number of districts implementing the 5 priority health promotion campaigns (nutrition, substance abuse, tobacco and physical activity)					
	Number of districts implementing context-specific plans for the promotion of a healthy lifestyle					
	Number of districts with diabetes campaigns to initiate and maintain the diabetes movement					
	Number of (provincially agreed upon) strategies implemented in each district, which are aimed at reducing chronic diseases of lifestyle					
	Number of health districts implementing the Household and Community component of Integrated Management of Childhood Illnesses (IMCI)					
Implement the District Health System according to legislation	% implementation of District plans					

PROGRAMME 2: DISTRICT HEALTH SERVICES

BUDGET SUBPROGRAMME: DISTRICT MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implement the Free State Department of Health Services Marketing Strategy	% of institutions implementing institutional marketing plans					
Implementation of DHS according to legislation	% implementation of District plans					
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	Number of active partnerships per district with NGOs, NPOs, CBOs and FBOs					
GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
Implement the provincial quality improvement strategy	% compliance with Quality Assurance indicators					
	% compliance with Free State Department of Health clinical governance plan					
	% compliance with Free State Department of Health , health and safety auditing tool					
	% compliance with Free State Department of Health clinical risk management plan					
	% compliance with Free State Department of Health infection control plan					
	% compliance with provincial emergency hospital preparedness plan					
PHC facilities essential maintenance programme	% of the budget allocated and spent for facilities maintenance					
	% compliance with the Free State Department of Health specialized maintenance programme					
BUDGET SUBPROGRAMME: COMMUNITY HEALTH CLINICS						
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions and local areas implementing the appropriate service packages per level of care					
	% achievement of efficiency targets					

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 2: REDUCE THE BURDEN OF DISEASE						
BUDGET SUBPROGRAMME: COMMUNITY HEALTH CENTRES						
Provide appropriate and accessible health care services for the designated catchment population	Number of institutions and local areas implementing the appropriate service packages per level of care					
	% achievement of efficiency targets					
BUDGET SUBPROGRAMME: COMMUNITY BASED SERVICES						
Provide preventive and promotive eye care services at all levels of care	Number of cataract operations per million of population per year.					
	Number of spectacles issued per year					
Reduce adolescent and youth morbidity and mortality.	% of PHC facilities accredited as youth friendly					
Improve women's health and reduce maternal- and neonatal mortality and morbidity.	Number of targeted women screened for cervical cancer					
	Number of institutions implementing recommendations from Saving Mothers and Saving Babies reports					
	Number of facilities authorised to provide TOP services					
	Number of maternal health facilities with advanced midwives					
	Maternal mortality ratio					
Reduce infant, child youth and adult morbidity and mortality caused by genetic disorders/birth defects.	Number of facilities doing genetic screening					
Improve surveillance of birth defects	Number of districts implementing the new standardized birth defects data collection tool					

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Implement the TB Crisis Plan	Smear Conversion rate in selected districts, increased by 10% above baseline, per annum.					
	TB Cure Rate in selected districts, increased by 10% above baseline, per annum					
	% of TB Cases with DOT Supporters.					
	TB treatment interruption rate decreased to 2% by 2009					
	% of districts with a TB sputa turnaround time of less than 48 hrs by 2007					
	Prevalence and death rates associated with TB					
Accelerate the implementation of the Comprehensive Care Management and Treatment Plan for HIV and AIDS. (CCMT)	Number of sub-districts with at least two accredited service points for the Comprehensive Plan					
	% of public health facilities offering Voluntary Counselling and Testing					
	% pf PHC facilities that offer Prevention of Mother to Child Transmission (PMTCT)					
Accelerate the implementation of the Comprehensive Care Management and Treatment Plan for HIV and AIDS. (CCMT) (continued)	Male condom distribution rate					
	Number of female condom distribution sites					
	Number of female condoms distributed					
	Provincial incidence of Sexually Transmitted Infections (STI) treated					
	Provincial STI partner notification rate					
	Provincial STI partner tracing rate					
	Number of operational High transmission area intervention sites.					
	Number of Khomanani Social Mobilisation Campaigns					
	% of Health Care Workers trained on the Comprehensive Management of HIV and AIDS.					
	Number of sub districts with Community Home Based Care programmes.					
Number of districts with palliative care centres.						

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

BUDGET SUBPROGRAMME: HIV AND AIDS						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
	Number of sub districts with a focused programmes for People living with HIV and AIDS					
Ensure all eligible people receive food supplements.	Number of people who receive food supplements					
Improve access to Anti Retro Viral Therapy (ART) for pregnant women.	% of facilities providing maternal services, which have staff trained in the Prevention of Mother to Child Transmission and Anti Retro Viral Therapy programme					
	Utilisation rate of ART for pregnant women					
Improve access to ART for youth and adolescents.	% of Primary Health Care facilities with at least 1 health care provider trained in the CCMT Plan					
	% of Primary Health Care facilities accredited as a Youth Friendly Service (YFS)					
BUDGET SUBPROGRAMME: NUTRITION						
Improve immunisation coverage	EPI coverage per district	Province: 91.47%				
Ensure that children 0-60 months receive Vitamin A Supplementation	% of children 0-60 months and post-partum mothers receiving Vitamin A supplementation.					
Ensure that post-partum mothers receive Vitamin A Supplementation	% of post-partum mothers receiving Vitamin A supplementation.					
Reduce infant- and under 5 child morbidity and mortality	Number of facilities sustaining the IMCI programme					
	% of facilities with trained IMCI health care providers					
	Number of health districts implementing the household and community component of IMCI.					
	% of health facilities with maternity beds assessed as baby-friendly (BFHI)					
	Under 5 mortality rate (annually)					
	Infant mortality rate (annually)					

Improve access to ART for children less than 5 years of age.	% of PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on the CCMT Plan.					
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PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
BUDGET SUBPROGRAMME: CORONER SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of forensic regulations	Alignment of provincial forensic policies with regulations					
Appropriate training of forensic pathology officers	Number of staff enrolled with tertiary institution					
	Number of in-house training workshops					
Infrastructure development	Planning of new infrastructure					
	Construction of new facilities					
BUDGET SUBPROGRAMME: DISTRICT HOSPITALS						
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care					
	% achievement of efficiency targets					
Implement the provincial quality improvement strategy	% compliance with QA indicators					
	% compliance with Free State Department of Health clinical governance plan					
	% compliance with Free State Department of Health , health and safety auditing tool					
	% compliance with Free State Department of Health clinical risk management plan					
	% compliance with Free State Department of Health infection control plan					
Hospital facilities essential maintenance programme	% of the budget allocated and spent for facilities maintenance					
	% compliance with the Free State Department of Health specialized maintenance programme					

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
BUDGET SUBPROGRAMME: DISTRICT HOSPITALS						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Provision of essential equipment to provincial health facility	Number of facilities with essential equipment packages					
	Number of facilities with equipment surveys done					
	% implementation of the equipment plan per facility					
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level					
	Report on the participation of facilities in specialised maintenance contracts from dedicated funding (specific grant)					

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
BUDGET SUBPROGRAMME: EMERGENCY TRANSPORT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure effective EMS response to disasters in the Free State	Report on readiness to respond to disasters in line with the Free State Disaster Plan					
Provide an efficient pre-hospital and inter-hospital patient transport service	Number of ambulances per 1000 people					
	% of BLS, ILS and ALS staff					
	% of call responses within national urban and rural target (15 minutes and 40 minutes)					
	% call-outs serviced by single person crew					
	% of ambulance journeys used for hospital transfers					
Provide an efficient pre-hospital and inter-hospital patient transport service	% green code patients transported by ambulance					
	% ambulances with less than 500,000 kilometres on the clock					

(continued)						
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PROGRAMME 3: EMERGENCY MEDICAL SERVICES

BUDGET SUBPROGRAMME: EMERGENCY TRANSPORT (continued)						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
BUDGET SUBPROGRAMME: PLANNED PATIENT TRANSPORT						
Provide an effective and efficient Planned Patient Transport Service in line with the referral system	% of hospitals covered by planned patient transport					
	Number of patients transported by planned patient transport per 1000 separations					
	% patients arriving at next referral levels on time					
Implementation of provincial quality improvement strategy	% compliance with QA indicators					
	% compliance with Free State Department of Health clinical governance plan					
	% compliance with Free State Department of Health , health and safety auditing tool					
	% compliance with Free State Department of Health clinical risk management plan					
	% compliance with FSDOH infection control plan					
	% compliance with provincial emergency hospital preparedness plan					

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

BUDGET SUBPROGRAMME: GENERAL REGIONAL HOSPITALS						
GOAL1: COMPASSIONATE AND QUALITY SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care					
	% achievement of efficiency targets					
	Number of institutions with an outreach programme(s) as a % of the total by level of care.					
	Nr and type of disciplines covered per regional hospital from the tertiary services complex					

	% appropriate referrals at all levels					
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PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (continued)

BUDGET SUBPROGRAMME: GENERAL REGIONAL HOSPITALS						
GOAL1: COMPASSIONATE AND QUALITY SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
	% institutions effectively serviced through telemedicine hub and spoke service					
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards					
	% compliance with standards					
	% patient satisfaction rate according to national survey instrument					
Implementation of the provincial health promotion strategy	Number of health promotion structures functioning at the appropriate level					
	Number of community projects implemented					
	Number of settings-approach projects implemented					
Enhance promotion of healthy lifestyles and change from risky behaviour, especially among the youth.	Number of hospitals implementing the 5 priority health promotion campaigns (nutrition, substance abuse, tobacco, use of healthy environments)					
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	% achievement of PPP agreement targets					
	Number of Service Level Agreements and contracts signed with medical funds for Designated Service Provider Network					
	Number of hospitals that are part of the Designated Service Provider Network					
Implementation of FSDH Services Marketing Strategy	% of institutions implementing institutional marketing plans					
Implementation of the Service Transformation Plan for the Free State	% implementation of Service Transformation Plan					

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (continued)

BUDGET SUBPROGRAMME: GENERAL REGIONAL HOSPITALS						
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Hospital facilities essential maintenance programme	% budget allocated and spent for facilities maintenance					
	% compliance with the FSDH specialized maintenance programme					
	% implementation of the Expanded Public Works Maintenance Programme					
Provision of essential equipment to provincial health facilities	Nr of facilities with essential equipment packages					
	Number of facilities with equipment surveys done					
	% implementation of the equipment plan per facility					
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level					
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care					
	% achievement of efficiency targets					
	Number of institutions with an outreach programme(s) as a % of the total by level of care.					
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards					
	% compliance with standards					
	% patient satisfaction rate according to national survey instrument					
Implementation of Free State Department of Health Services Marketing Strategy	% of institutions implementing institutional marketing plans					
Hospital facilities essential maintenance programme	% budget allocated and spent for facilities maintenance					
	% compliance with the Free State Department of Health specialized maintenance programme					
	% implementation of the Expanded Public Works Maintenance Programme					

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (continued)

BUDGET SUBPROGRAMME: PSYCHIATRIC / MENTAL HOSPITALS						
GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Provision of essential equipment to provincial health facilities	Number of facilities with essential equipment packages					
	Number of facilities with equipment surveys done					
	% implementation of the equipment plan per facility					
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level					

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

BUDGET SUBPROGRAMME: CENTRAL HOSPITAL SERVICES						
GOAL 1: COMPASSIONATE AND QUALITY CARE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implement the Master Plan for the Modernisation of Tertiary Services (MTS) for the Free State	% implementation of the MTS					
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care					
	% achievement of efficiency targets					
	Number of institutions with an outreach programme(s) as a % of the total by level of care.					
	Number and type of disciplines covered per regional hospital from the tertiary services complex					
	% appropriate referrals at all levels					
	% institutions effectively serviced through telemedicine hub and spoke service					

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

BUDGET SUBPROGRAMME: CENTRAL HOSPITAL SERVICES						
GOAL 1: COMPASSIONATE AND QUALITY CARE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards					
	% compliance with standards					
	% patient satisfaction rate according to national survey instrument					
Implementation of the provincial health promotion strategy	% of institutions implementing institutional marketing plans					
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	% achievement of PPP agreement targets					
	Number of Service Level Agreements and contracts signed with medical funds for Designated Service Provider Network					
	Number of hospitals that are part of the Designated Service Provider Network					
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Hospital facilities essential maintenance programme	% budget allocated and spent for facilities maintenance					
	% compliance with the FSDH specialized maintenance programme					
	% implementation of the Expanded Public Works Maintenance Programme					
Provision of essential equipment to provincial health facilities	Number of facilities with essential equipment packages					
	Number of facilities with equipment surveys done					
	% implementation of the equipment plan per facility					
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level					

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

BUDGET SUBPROGRAMME: HEALTH SCIENCES TRAINING						
GOAL 4: APPROPRIATE AND SKILLED PERSONNEL						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of a Human Resource Management, Provisioning and Development Plan for the Department.	Percentage increase of student intake in terms of: Nursing and Mid-level Health Care Workers					
	Number of bursaries awarded for fulltime studies for professionals as prioritised					
	% implementation of expanded education and training programme for: - Mid-level workers - Professional Nurses.					
	% of hospital managers trained in Hospital Management.					
	Number of learners trained per district in ABET Training in collaboration with further education institutions					
	Number of 18.1 learnerships (for employees) implemented per district for nursing Auxiliaries, enrolled nurses, bridging course for nursing, critical care, post-basic pharmacy, engineers and artisans					
	Number of continuous professional development (CPD) training sessions implemented for identified categories of health professionals					
Implement a Workplace Skills Plan.	Percentage of employees per district who received transversal training					
	% compliance with required skills and competencies per level of care					
Educate and train volunteers of the Free State Department of Health	Number of Community Development Workers trained and placed per sub-districts (Extend Expanded Public Works Programme - EPWP).					
	Number of volunteers trained per district as Community Health Care Workers (NQF Level 4)					

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

BUDGET SUBPROGRAMME: HEALTH SCIENCES TRAINING						
GOAL 4: APPROPRIATE AND SKILLED PERSONNEL						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Educate and train volunteers of the Free State Department of Health	Number of 18.2 learnerships (unemployed people) implemented per districts for auxiliary nursing, enrolled nursing and basic pharmacy, etc.					
GOAL 5 : STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	Number of approved Joint Agreements with Further and Higher Education Institutions.					

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

BUDGET SUBPROGRAMME: MEDICINES TRADING ACCOUNT						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure the upgrading of the pharmacy facilities to enhance service delivery	% of pharmacy facilities in full compliance of the licensing requirements of MCC					
Ensure compliance with PFMA prescripts pertaining to the trading entity and effective stock management	% value of trading stock compared to approved trading capital (Maintain the service level of the medical depot within the limits of trading capital)					
BUDGET SUB-PROGRAMMES: LAUNDRIES						
Implement a Comprehensive Laundry Plan in line with needs	% of linen requirements supplied to all customers					
	Report on the implementation and management of Service Level Agreements related to linen management					
	% reduction in unit cost Free State Department of Health . (Reduction of by 30% by 2009.)					

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

BUDGET SUBPROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Provide Orthotic and Prosthetic Services	% implementation of the new Orthotic and Prosthetic Centre					

PROGRAMME 8 HEALTH FACILITIES MANAGEMENT

BUDGET SUBPROGRAMME:

GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of a multi-year building replacement and upgrading plan	Number of facilities audited to establish a baseline for the condition of Free State Department of Health Infrastructure					
	Number of clinics replaced and upgraded					
	% implementation of the forensic pathology mortuary infrastructure programme					
	Number of approved Revitalisation Business Cases					
	% implementation of revitalisation projects approved.					
	% implementation of hospital infrastructure upgrade projects					
	% implementation of the Emergency Medical Services infrastructure upgrading programme					
	% compliance with provincial facilities maintenance auditing tool					
To implement an accommodation plan for the Free State Department of Health	% essential staff accommodation available					

PROGRAMME 8 HEALTH FACILITIES MANAGEMENT

BUDGET SUBPROGRAMME:						
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Hospital and PHC facilities essential maintenance programme	Number of jobs created through minor infrastructure maintenance					
Provision of essential equipment to provincial health facilities	Number of facilities with equipment surveys done					
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level					

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

Expenditure	2002/03 (actual) R'000	2003/04 (actual) R'000	2004/05 (actual) R'000	2005/06 (estimate) R'000	2006/7 (MTEF projection) R'000	2007/08 (MTEF projection) R'000	2008/09 (MTEF projection) R'000
Current prices (R million)	2,194,141	2,542,413	2,794,911	3,121,275	3,369,410	3,643,438	4,061,119
Total per person	767.85	889.72	978.09	1,092.11	1,178.93	1,274.82	1,420.96
Total per uninsured person	901.23	1044.28	1,147.99	1,281.84	1,383.74	1,496.28	1,667.81
Constant (2004/05) prices (R million)	25,100.97	27,458.06	29,067.07	31,212.75	32,346.33	33,446.76	35,534.79
Total per person	878.27	960.74	1,017.04	1,092.12	1,131.78	1,170.28	1,243.34
Total per uninsured person	1,030.84	1,127.64	1,193.72	1,281.84	1,328.39	1,373.58	1,459.33
% of Total spent on:							
Administration Programme 1	90,933 (4%)	141,011 (6%)	159,232 (5.69%)	142,866 (4.57%)	188,115 (5.58%)	209,301 (5.74%)	220,788 (5.4%)
District health services Programme 2	778,099 (35.46%)	921,773 (37%)	1,034,995 (37.03%)	1,137,573 (36.44%)	1,309,177 (57.69%)	1,303,960 (48.17%)	1,430,790 (35.23%)
Emergency Medical Services Programme 3	90,941 (4%)	116,502 (4.58%)	123,648 (4.42%)	146,339 (4.68%)	149,678 (4.44%)	189,129 (4%)	210,319 (5.18%)
Provincial Hospital Services Programme 4	623,165 (28.40%)	695,167 (27.34%)	797,822 (28.55%)	856,209 (27.43)	867,048 (25.73%)	962,153 (31.28%)	1,061,971 (26.15%)
Central Hospital Services Programme 5	421,339 (19.20%)	444,581 (17.49)%	462,621 (16.55%)	543,235 (25.61%)	576,169 (17.09%)	651,419 (20.68%)	702,330 (17.29%)
Health Science and Training Programme 6	45,770 (2%)	79,199 (3%)	90,949 (3%)	95,873 (3.07%)	91,658 (2.72%)	111,964 (2%)	136,445 (3.35%)
Health Care Support Programme 7	27,551 (1%)	36,255 (1.43%)	46,584 (1%)	55,050 (1.76%)	60,313 (1.79%)	64,481 (1%)	69,712 (1.7%)
Health Facilities Management Programme 8	71,533 (3%)	104,709 (4.12%)	94,190 (3%)	170,953 (5.47%)	153,257 (4.55%)	178,910 (2%)	258,795 (6.37%)
All personnel (R million)	1,375,267	1,495,541	1,680,574	1,849,533	2,002,525	2,239,485	2,430,345
Capital	35,688	139,152	176,798	228,839	236,498	210,938	291,503

PART B OF THE ANNUAL PERFORMANCE PLAN 2007/2008 TO 2009/2010

PROGRAMME 1 ADMINISTRATION

ANNEX 1 ADMINISTRATION

Programme 1 has the following sub programmes

- Office of the MEC
- Provincial Top Management

Office of the MEC

The office of the MEC delivers a support service to the MEC

Provincial Top Management

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

SITUATION ANALYSIS

The Department of Health is under budgetary pressure and had to introduce stringency measures during 2005/6 to stay within budget. Amongst other measures, critical posts were not filled. These measures have adversely affected service rendering, leading to patients being placed on waiting lists for various procedures. The pressure on the Department (especially for operational purposes) has meant that insufficient funding is available for capital programmes (such as the replacement of ambulances and mobile clinics) which adversely affects the quality of the care that the Department can render to the Free State Community.

The Department continuously functions under pressure due to the increasing burden of additional health services activity. Patient numbers increased by just more than 5% over the past two years while health inflation has been calculated at 10,5%. These increases and inflation have to be managed, taking into consideration that the operational budget increased by a mere 7%. The Department projects a shortfall of just over R 600 million over a period of three years.

Stopping or delaying the appointment of staff is one of the major areas that the Department introduced to reduce the over expenditure. Personnel costs constitute 63% of the Health Budget. Health is a very labour intensive service, therefore the lack of staff appointments affects and reduces service rendering.

Although it is difficult to quantify the impact on all the health services, outlined below are selected areas where the impact on service rendering has been estimated:

- During December 2005 and January 2006, elective theatre procedures were scaled down by 33%, from an average of 600 cases per month to 400. The above constitutes a need of approximately R 5,800,000.
- This was supported by a reduction in outpatient visits of 4,500 per month (December).
- Cardiothoracic Surgery is currently operating 7 beds in the Cardiothoracic ICU and on average 13 theatre cases per week, due to severe staff restrictions. The Cardio Thoracic ICU urgently needs to be re-opened at ten beds and plans to operate at least 20 cardiac cases per week, in order to at least provide a reasonably acceptable service to about 50 to 60 percent of the required rate per population (combined with the private sector). There are currently more than 120 adult patients on the waiting list and about twenty to forty children. About 5 to 10 % of patients die while their names are still on a waiting list.
- Based on the 2004 figure of 670 cases and 2005 figure of 618 cases and based on a minimum cost (theatre, personnel based on private practice cost less deductions) of R90,000 per procedure, at least R20,7 million rand (230 * R 90,000) needs to be added to the departmental budget and expand staffing in order to be able to deliver these services..
- In the Department of Cardiology, a long waiting list for outpatient consultations exists (\pm 3 months). This constitutes approximately 220 new patients as well as 1 100 follow-up cases.

The budget was also not sufficient to maintain and replace Capital Stock, such as medical equipment and ambulances. The Department did a need analysis on funding and a detailed report has been submitted to the Executive of the Province.

This report reveals an additional need of just over R 600 million over a period of three years to maintain a standard of quality health services for the Free State province. The Department accepted the challenge of managing efficiently in order to reduce this deficit.

Since 2001 the Department successfully implemented the PFMA and complied fully with the targets that were set by Treasury. The Department implemented a decentralized financial management system and managers are delegated to manage their cost centres within the organizational structure. Various planning models in the Health sector have been implemented and the Department utilized the Integrated Health Planning Framework model as a basis for strategic and transformation planning purposes.

A provincial electronic monitoring system is being implemented and revised in collaboration with Provincial and Treasury planning components. The Department has been assessed as one of the top ten Departments in the Country over the past three years with regard to the annual report and financial statements.

Forensic pathology services

The service was transferred from South African Police Services (SAPS) to the department of in the 2006/07 financial-year. Initially the service was rendered by 28 staff members and medical officers on sessions at five mortuaries. Currently all

mortuaries are in use and an additional 52 staff members have been employed to strengthen the service. A provincial manager has been seconded to coordinate the establishment of full management.

Quality Assurance

All hospitals were enrolled with COHSASA for accreditation. Currently 7 hospitals have been accredited after meeting standards as laid down by COHSASA. 5 hospitals (Katleho, Thebe, Diamant, El Ross and Boitumelo) could not continue with the process because of structural problems due to revitalization and upgrading. A contract has been concluded for piloting two EMS bases for quality accreditation. Implementation will later be extended to all stations.

Services Marketing

Marketing of services is being strengthened by initiatives such as radio talks and campaigns to promote access and better utilisation. Institutional services marketing coordinators are being trained. A customer satisfaction survey found an 80% satisfaction rate.

Human Resources Management

- Recruitment Strategy, Recruitment Policy and Retention Strategies are being negotiated with the relevant stakeholders. Cost calculations with regard to in-hospital allowances were submitted to the National Department of Health. The existing scarce skills and rural allowance remain.
- 100% of clinic staff establishments have been approved and implemented.
- The 2006 macro structure revision determines that the department will function through a four pillar structure consisting of: Strategic Health Programs and Medical Support, Clinical Health Services, Finance and Resource Management and Support Services.

Ombudsperson

In compliance with the National Health Act and in terms of the draft Free State Health Bill, an office of the ombudsperson is being established in the department. The purpose is:

- To give members of the community a means of effectively complaining about the services rendered by the department.
- To independently and impartially respond to health service and community complaints
- To act as an oversight agency

POLICIES, PRIORITIES AND STRATEGIC DIRECTION

Forensic pathology services

The service is implemented in terms of national directives and provincial standard operating procedures ensure that services comply with applicable legislation. Spare capacity at police stations is currently used as storage facilities for a limited period.

Quality Assurance

- The quality assurance strategy and policy have been implemented and is monitored.
- The clinical risk management policy and plan were finalised to ensure that quality is prioritised at all levels of health care.

Services Marketing

The policy and implementation plan was finalised. All institutions in the province are currently aligning their plans accordingly. There are several initiatives to use non-traditional methods such as e-mail and SMS to promote services widely.

Human Resources

By 2014, the Free State Department of Health aims to be an employer of choice, to recruit and retain health professionals. The Department has developed policies on recruitment of bursary holders and retention of community service health professionals. Accommodation Committee is currently doing a survey of available accommodation and will also recommend on the type of accommodation to be provided to the community service health professionals.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Implementation of PFMA and related regulations

The Department is still challenged to successfully implement additional phases of the PFMA in the 2007/08 financial year specifically:

- The implementation of a fixed asset register system complying to the Treasury guide
- Increasing revenue from private patients
- Implementation of phases of accrual accounting as guided by Treasury
- Increase efficiency in performance reporting within the budget programs.
- The IHPF planning model to be further improved and refined.

Implementation of The Promotion of Access to Information Act (PAIA) 3 Of 2000 and also Just Administrative Action and the Promotion of Administrative Justice Act (PAJA) 2 of 2000

- Section 32 of the Constitution deals with access to information. The Promotion of Access to Information Act (PAIA) 3 Of 2000 was promulgated to give effect to this Constitutional imperative. The Department has trained Deputy Information Officers and the manual is ready for publication.
- Section 33 of the Constitution deals with Just Administrative Action and the Promotion of Administrative Justice Act (PAJA) 2 of 2000 was promulgated to give effect to this right.

The implementation of PAIA and PAJA needs to be sustained which is very difficult in such a big Department. There must be a well structured system to deal with the Act.

Finance and financial management

There must be finances available to sustain training and implementation.

Human resources

The implementation of PAIA and PAJA must be sustained. The mobility of the workforce means that there is a constant need for training. There should be a specific person allocated to ensure the implementation.

Support systems

Although the Department of Justice is the custodian of these Acts, it is not outside the control of the Department as same can arrange its own training.

What is critical is the support of the Executive Management.

Forensic pathology services

- Existing mortuaries which were designed more than a decade ago do not adhere to current health and safety legislation.
- Designs have been completed for a facility in Bloemfontein. Construction may commence later in 2006/07.
- Other existing facilities have been upgraded for interim utilisation.
- Distances to other areas of the province that are not covered by either storage or mortuary facilities pose a challenge in term of response times. Collaborative initiatives between SAPS and other services within the department have been addressed.
- Skills development of the newly recruited staff is being addressed through in-service training and workshops.

Quality Assurance:

- Sufficient funding for quality assurance activities in the province is a challenge.
- Training of personnel and appropriate skills of managers and support personnel needs to be fast tracked to achieve the intended strategic goals. Training by a private provider is being considered.
- Funds allocated from quality improvement grant for specific needs in line with the business plan. The quality assurance organisational structure has been revised to accommodate challenges such as clinical audits, infection control and overall patient safety issues.

Services marketing

The majority of clients lack access to all media. The department will look at the possibility of partnering with private and public stakeholders in order to reach more communities especially the needy who depend on our service.

Support Systems

Accommodation is inadequate to accommodate learnership candidates and community service health professionals. The introduction of community service nursing personnel in January 2007 will increase the shortfall.

Human Resources

- The inability to recruit and retain health professionals relates among other things, to a shortage in the availability of health professionals in the province.
- Implementation of a provincial Human Resource Plan and a comprehensive Employee Wellness Programme.

Information systems and management

To support information systems and management the following are being developed:

- A uniform Patient Care Information System
- A business intelligence unit and systems including a Data Warehouse

Implementation of legislation relevant to Pharmaceutical Services

The Medicines and Related Substances (Act 101 of 1965) as amended, and the Pharmacy Act (Act 53 of 1974) as amended, became binding on the State as from July 2005. The legislation regulates medicine supply management and applies to all State facilities where medicines are kept, dispensed and administered. Compliance is related to (but not limited to) the following areas:

- Designation, licensing and recording of premises as pharmacies
- Appearance, construction and condition of premises
- Availability of equipment and reference sources
- Control of access to pharmacy premises and to certain classes of medicines;
- Human resources in the provision and handling of medicines;
- Processes involved in the procurement, distribution, storage, dispensing and supply of medicines
- Quality standards, ethics and professional standards

An audit of Free State pharmaceutical facilities was conducted during 2005 at 44 hospitals and community health centres, and 350 primary health care clinics to determine their preparedness to comply with legislation. Although the primary health care clinics were audited this data has not yet been captured. This will be done.

Infrastructure

- The provision of services which form part of the scope of practice of a pharmacist may only take place in or from a pharmacy, which complies with minimum standards relating to premises, facilities and equipment. According to Section 21 of the Pharmacy Act, a pharmacy must be licensed by the National Department of Health and each pharmacy must be recorded with the South African Pharmacy Council (SAPC)
- The audit found that 61% of pharmacies were recorded with the SAPC, 32% were not recorded and in 7% of cases, the person interviewed did not know whether the pharmacy was recorded or not. Subsequently all pharmacy facilities have been licensed with the National Department of Health and recorded with SAPC. The State is recorded as owner of the facilities.
- Legislation requires that each pharmacy is conducted under the supervision of a responsible pharmacist who is registered with the SAPC. The audit found 71% compliance. A responsible pharmacist was recorded for all Hospital and CHC

pharmacy facilities during 2006 of whom some are Community Service Pharmacists (CSP).

- It is a Good Pharmacy Practice (GPP) requirement for a pharmacy to have a pharmacist on call 24 hours a day. The audit found only 71% of hospitals and CHCs compliant. This situation will need to be addressed.

Facilities

The planned centralisation of dispensing of chronic medicines is dependant on access to fax facilities. Access to the internet ensures access to reliable medicine information and supports research. The audit found that (75% and 11% respectively) of pharmacies have telephones and fax machines Only 4% of facilities have access to the Internet, whilst 82% have access to the Intranet.

Equipment and reference material

Compliance in terms of the availability of prescribed reference material is mainly in excess of 80%. Reference books and equipment which are required in terms of the legislation are being distributed to facilities utilising funds from the Pharmaceutical Services budget.

Systems and processes

Institutions in the province do not carry out large scale manufacturing of medicine. Extemporaneous preparation of ointments, lotions and solutions for wards and outpatients does occur.

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

Every pharmacy has been provided with at least one computer and a printer. Two stores management pharmacy systems have been piloted at four hospitals in Thabo Mofutsanyana. A comprehensive system that involves both stores management and dispensing which will be used in all institution is the desired result. Universitas, Pelonomi, Bongani and Boitumelo Hospitals already have a comprehensive computerised system. Such a system will facilitate legislative compliance and also adherence to the requirements of the Public Finance Management Act.

79% of hospital and CHC pharmacies in the province have refrigerators. Of which 82% are kept between 2 and 8°C. 60% of facilities have emergency power systems. The target is 100%.

Human resources

The provincial office is staffed by a Manager, and two out of three chief pharmacists post are filled. Three principal pharmacist posts are vacant. Four out of five district pharmacists are filled.

Of the 200 posts for pharmacists, 119 are filled. Of these 37 is performing community service. Of the 26 posts for pharmacist interns eight pharmacist interns undergoing training. The province is heavily dependent on pharmacists performing community service.

84% of hospitals and 33% of CHCs were conducted under the direct supervision of a pharmacist. Attention will have to be given to this situation as it is a legal requirement for pharmacies to be conducted under the personal supervision of a pharmacist.

During 2003 pharmacist's assistants commenced training in the Free State. There are 55 fully qualified and registered pharmacist's assistants (post-basic) on the staff establishment. 164 are currently enrolled of which 49 will finish training in due course. A total of 310 posts for pharmacist's assistants have been created on the staff establishment. 74 of these posts are funded and 55 are filled.

POLICIES, PRIORITIES AND STRATEGIC GOALS

Full compliance with the Medicines and Related Substances Act 101 of 1965 as amended, and the Pharmacy Act 53 of 1974 as amended requires:

- Upgrading of facilities
- Training of pharmacy personnel
- Develop, implement and monitor a computerised pharmacy stores and dispensing system
- Develop and monitor the implementation of Norms and Standards for Pharmacy.

The financial implications are set out in the table below. Additional funding is a prerequisite for implementation.

BROAD CORPORATE POLICIES, PRIORITIES AND STRATEGIC GOALS²

BUDGET PROGRAMME 1: ADMINISTRATION

BUDGET SUB PROGRAMME : OFFICE OF THE MEC						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure effective and efficient governance structures in line with legislation	Statutory Governance bodies established and functional in line with legislation	Governance bodies established	Governance bodies aligned with legislation	Governance bodies functional as follows: 1 Provincial Health Council. 18 Hospital Boards. 1 Provincial Consultative Forum. 5 District Health Councils Clinic committees		Review functioning after the election if necessary
Ensure Implementation of the political strategic direction of the Free State Department of Health	Report on the alignment of the corporate plans within the mandate of the department with : Health related Millennium Development goals State of the nation address Programme of action Free State Growth and Development Strategy Priorities for the national health system	Plans aligned and reports submitted as prescribed Some issues addressed in operational plans	Plans aligned and reports submitted as prescribed Some issues addressed in operational plans	The Annual Performance Plan of Free State Department of Health is based directly on the strategic direction derived from these plans Verified by a task team		
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT						
Ensure a safe and secure environment at all health institutions in the Free State	Progress report on the implementation of an integrated Security Plan for the Free State Department of Health. (Include SAPS, City Police and Private	Annual Report Baseline Information)	Security Plan in place	Security Plan Finalised	Security Plan Implemented.	Security Plan Monitored.

² **Note throughout this plan:** Targets are only applicable in years where specific **strategic** intervention is required. When these are maintained in terms of routine service rendering, the column does not state but implies maintenance of the level of service indicated or that the strategic intervention is completed whichever is applicable.

		Sector)					
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE							
BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT							
Objectives	Indicators	Targets over MTEF period					
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned	
Ensure a safe and secure environment at all health institutions in the Free State	Progress report on the implementation of the Occupational Health and Safety (OHS) Checklist	18 institutions have trained health and safety reps on how to use checklist	Health and safety reps at 13 institutions trained on the legislation	Further training on OHS Act 1993 to CEOs and District Managers and supervisors supported to improve OHS service delivery including the use of the checklist			
Effective management of procurement and performance related aspects in the department.	A departmental Supply Chain Management (SCM) forum established	The plan to establish the forum was developed in the 2005/2006 financial year	SCM forum established	SCM forum fully functional	SCM forum fully functional	SCM forum fully functional	SCM forum fully functional
	The number of functional Supply Chain Management units at institutions	Approximately 40% functional Supply Chain Management units at Institutions	45 % functional Supply Chain Management units at Institutions	60% functional Supply Chain Management units at Institutions	70% functional Supply Chain Management units at Institutions	80% functional Supply Chain Management units at Institutions	80% functional Supply Chain Management units at Institutions
	% of contracts effectively managed	Contracts have not been managed effectively due to personal shortage. Two Administrative Officers will be appointed in October 2006 to manage the contracts	70 % of contracts effectively managed in the Department	75% of contracts effectively managed in the Department	80% of contracts effectively managed in the Department	85% of contracts effectively managed in the Department	85% of contracts effectively managed in the Department

BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Effective and efficient management of risks	Report on the degree to which major risks are addressed in the Free State Department of Health			Execute (Audit) 30% of the three year rolling plan. Consolidate the Departmental Risk Assessment Plan	Execute(Audit) 35% of the three year rolling plan Consolidate the Departmental Risk Assessment Plan	Execute(Audit) 35% of the three year rolling plan Consolidate the Departmental Risk Assessment Plan
				Update Risk Register	Update Risk Register	Update Risk Register
				Update Fraud Prevention Plan and implement fraud Hotline	Update Fraud Prevention Plan and monitoring of Fraud hotline	Update Fraud Prevention Plan and monitoring of Fraud hotline
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Ensure effective management of Broad Based Black Economic Empowerment (BBBEE) in line with Act Number 53 of 2003 as amended and regulatory framework	% departmental procurement done in line with the BEE regulations	Codes not finalised	41 officials trained in BBBEEEA. Awaiting codes to be finalised	25% departmental bids done in line with the BEE regulations based on the codes being finalised	50%departmental bids done in line with the BEE regulations based on the codes being finalised	80% departmental bids done in line with the BEE regulations based on the codes being finalised
Development of Supply Chain Management (SCM) officials	Number of SCM personnel trained in the SCM introductory course	100 SCM personnel trained in the SCM introductory course	150 SCM personnel trained in the SCM introductory course depends on availability of resources	200 SCM personnel trained in the SCM introductory course depends on availability of resources	250 SCM personnel trained in the SCM introductory course depends on availability of resources	100 SCM personnel trained in the SCM introductory course

BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Implement an integrated strategic planning and reporting framework in line with PFMA and prescripts	Compliance with national and provincial strategic planning and reporting prescripts	Complied with prescripts	Compliance with prescripts	Compliance with prescripts	Compliance with prescripts	Compliance with prescripts
Optimal management of information	% implementation of an efficient and reliable Free State Department of Health network	Extend to 50% of health facilities.	Extend to 70% of health facilities.	Extend to 80% of health facilities.	Extend to 100% of health facilities.	
	Number of facilities that are linked to the Provincial Department of Health network	120 facilities are linked to the Provincial Department of Health network	30 Facilities per year in addition to those already on network (ARV sites included)	30 New Facilities Maintain/replace equipment to ensure quality service (ARV sites included)	30 New Facilities Maintain/replace equipment to ensure quality service (ARV sites included)	

BUDGET PROGRAMME 1: ADMINISTRATION (continued)

BUDGET SUB PROGRAMME : CORPORATE MANAGEMENT						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Optimal management of information	% implementation of a uniform hospital information system for the service platform	Meditech Roll out to Boitumelo completed. Meditech Roll out to Bongani completed. PADS implemented in all Hospitals not using Meditech.	Meditech Roll out to one Regional Hospital and the hospitals in that region. Maintain PADS.	Meditech Roll out to one Regional Hospital and the hospitals in that region. Maintain PADS.	100% implementation of a uniform hospital information system	
	% progress on integration of information management	10% progress on integration of information management	30% progress on integration of information management	75% progress on integration of information management	90% progress on integration of information management	
	% data integrated in Data Warehouse and usable as information for managers	10% data integrated in Data Warehouse and usable as information for managers	30% data integrated in Data Warehouse and usable as information for managers	75% data integrated in Data Warehouse and usable as information for managers	90% data integrated in Data Warehouse and usable as information for managers	
	Number of facilities fully functional on DHIS and Hospital Information System	DHIS installed on all regional coordinator's Pc's (18 currently)	DHIS on all PHC PC'S. (224 CLINICS and 10 CHC'S)	All districts fully operational on DHIS , including trained personnel to collect data and use reports at all levels	Upgrade DHIS and other systems at all levels with new versions.	
Improve asset management	Number of institutions with an asset register implemented.	Currently institutions are implementing unique numbering on assets to be compliant	100% compliant in terms of all institutions implementing asset register	100% compliant in terms of all institutions implementing asset register	100% compliant in terms of all institutions implementing asset register	100% compliant in terms of all institutions implementing asset register
Improve management of losses in line with the PFMA.	Number of institutions and offices adhering to policy prescriptions	No institutions are fully compliant	Compile checklist to enable monitoring of adherence to policy per institution	10 / 52 institutions and offices adhering to policy prescriptions	25/52institutions and offices adhering to policy prescriptions	35/52 institutions and offices adhering to policy

						prescriptions
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BUDGET PROGRAMME 1: ADMINISTRATION (continued)

BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE

Objectives	Indicators	Targets over MTEF period					
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned	
Improve fleet management.	Percentage of transport officers trained in fleet management	59 officers trained in fleet management	70% of transport officers trained in fleet management	80% of transport officers trained in fleet management	90% of transport officers trained in fleet management		
Ensure compliance with the Public Finance Management Act (continued)	% efficiency of the Accounting Division in Corporate Office			95% of invoices handled with 0.02 error	98% of invoices handled within 30 days with 0.02 error	98% of invoices handled within 30 days with 0.02 error	
	Debt management policy and procedures revised and implemented to support increased recovery of outstanding debt	Implementation of personnel debt policy monitored	Implementation of patient debt policy revised and monitored	Situation analysis with regard to Personnel debt, Patient debt and Bursary debt.	Revision of: Personnel debt Management Policy, Patient Debt Policy and Bursary Debt Policy.	Implementation of revised Personnel Debt Management Policy, Patient Debt Policy and Bursary Debt Policy.	Monitoring and ensure compliance to policies.
							Revise procedures relevant to Debt.
	Statements/ reports/ certificates submitted in line with prescripts	Compliance certificate was submitted monthly.	Compliance Certificate submitted monthly within 10 days after month closure	Compliance Certificate submitted monthly within 10 days after month closure	Compliance Certificate submitted monthly within 10 days after month closure	Compliance Certificate submitted monthly within 10 days after month closure	
	Statements/ reports/ certificates submitted in line with prescripts	Annual Financial Statements were submitted by 31 May 2005.	Annual Financial Statements submitted by 31 May each year	Annual Financial Statements submitted by 31 May each year	Annual Financial Statements submitted by 31 May each year	Annual Financial Statements submitted by 31 May each year	
		IYM was submitted monthly	In Year Monitoring report submitted on the 15th of each month	In Year Monitoring report submitted on the 15th of each month	In Year Monitoring report submitted on the 15th of each month	In Year Monitoring report submitted on the 15th of each month	
Monthly cash requisition submitted		Monthly cash requisition submitted	Monthly cash requisition submitted	Monthly cash requisition submitted	Monthly cash requisition		

		to Provincial Treasury on the 20th of each month	to Provincial Treasury on the 25th of each month	to Provincial Treasury on the 25th of each month	to Provincial Treasury on the 25th of each month	submitted to Provincial Treasury on the 25th of each month
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BUDGET PROGRAMME 1: ADMINISTRATION (continued)

BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure compliance with the Public Finance Management Act (continued)	Statements/ reports/ certificates submitted in line with prescripts	Budget Statement No2 was submitted to Provincial Treasury	Budget Statement no. 2 submitted by 24 November	Budget Statement no. 2 submitted by the end of November	Budget Statement no. 2 submitted by the end of November	Budget Statement no. 2 submitted by the end of November
		Revenue Report was submitted	Revenue Report submitted by the 15th of each month	Revenue Report submitted by the 15th of each month	Revenue Report submitted by the 15th of each month	Revenue Report submitted by the 15th of each month
		Cash Flow - complied	Cash Flow - availability of cash on a daily basis	Compile and submit fund requisition to Provincial Treasury daily before 10h00	Compile and submit fund requisition to Provincial Treasury daily before 10h00	Compile and submit fund requisition to Provincial Treasury daily before 10h00
		Reconciliation - complied	Reconciliation - monthly by month end	Reconciliation - monthly by month end	Monthly reconciliation to support Annual Financial Statements	Monthly reconciliation to support Annual Financial Statements
		Internal Control checklist - Complied	Internal Control Checklist submitted by the 2nd week of each month	Internal Control Checklist submitted by the 2nd week of each month	Internal Control Checklist submitted by the 2nd week of each month	Internal Control Checklist submitted by the 2nd week of each month
		Complied with PROPAC resolutions	Compliance to PROPAC resolutions : monthly report submitted as determined by the Office of the Premier	Compliance to PROPAC resolutions : monthly report submitted as determined by the Office of the Premier	Compliance to PROPAC resolutions : monthly report submitted as determined by the Office of the Premier	Compliance to PROPAC resolutions : monthly report submitted as determined by the Office of the Premier
Implement a Human Resource (HR) plan for the department	Implementation of a comprehensive recruitment and retention strategy		Draft HR Plan has been completed linked to NDOH plan.	Implement approved HR Plan. Decentralize plan to institutional level		

BUDGET PROGRAMME 1: ADMINISTRATION (continued)

BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicator	2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implement a Human Resource plan for the department (continued)	Implementation of a comprehensive recruitment and retention strategy		Draft Retention strategy has been completed	Implement Retention Strategy		
			Recruitment Policy and Strategy have been approved and implemented	Revise recruitment strategy		
	Compliance with national equity targets		Draft HR Plan to address equity issues	Posts filled in line with equity status n HR Plan		
Improve measures to reduce absenteeism	Number of leave audits conducted per month .	20 leave audits conducted per month .	40 leave audits conducted per month .	60 leave audits conducted per month .	80 leave audits conducted per month .	20 leave audits conducted per month
	Number of personnel trained on leave record at institutions and district offices (Quarterly).	30 personnel trained on leave record at institutions and district offices	50 personnel trained on leave record at institutions and district offices	50 personnel trained on leave record at institutions and district offices	50 personnel trained on leave record at institutions and district offices	30 personnel trained on leave record at institutions and district offices
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards			80 % of institutions implementing	100 % of institutions implementing	Impact assessment surveys
	% compliance with standards			80 % of institutions implementing	100 % of institutions compliant	Impact assessment surveys
	% patient satisfaction rate according to national survey instrument			80 % of institutions implementing	100 % of institutions implementing	Impact assessment surveys
Optimal Communication within and between clusters	% Progress on the establishment of departmental inter-cluster committees (ICC)		Provincial ICC established	Establish ICC at District		

				Level		
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BUDGET PROGRAMME 1: ADMINISTRATION (continued)

BUDGET SUB PROGRAMME : PROVINCIAL TOP MANAGEMENT						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure the upgrading of the pharmacy facilities to enhance service delivery	% of pharmacy facilities in full compliance of the registration requirements with SAPC ³ .	100% hospital and CHC pharmacies facilities licensed with NDoH	100% hospital and CHC pharmacy facilities recorded. 20% facilities fully compliant	40% of hospital and CHC pharmacy facilities fully compliant	60% of hospital and CHC pharmacy facilities fully compliant	80% of hospital and CHC pharmacy facilities fully compliant
Implement the Free State Department of Health Services Marketing Strategy	% of institutions implementing institutional marketing plans			50% of institutions implementing institutional marketing plans	100% of institutions implementing institutional marketing plans	Impact assessment surveys
Implement the Service Transformation Plan for the Free State Department of Health	% implementation of Service Transformation Plan (STP)	Draft Service Transformation Plan for 2007 compiled and submitted	Use Integrated Health Planning Framework to inform development of final Service Transformation Plan	Service Transformation Plan for 10 years commencing 2008 compiled and submitted	Implement Service Transformation Plan dependant on availability of funding	Implement Service Transformation Plan dependant on availability of funding

³ **Process to comply:**

- Licensing with National Department of Health .
- Recording with South African Pharmacy Council
- Evaluation by South African Pharmacy Council
- Upgrading

-
- Registration.

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

Table ADMIN2: Trends in provincial public health expenditure for Administration (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	78,732	90,933	141,011	159,232	142,866	188,115	209,301	220,788	232,304
Total ²	2,857	2,857	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	28	32	49	56	50	66	73	77	81
Total per uninsured person	32	37	58	65	59	77	86	91	95
Total capital ²	5,652	3,866	9,121	24,700	5,705	7,607	2,145	3,145	3,321
Constant (2004/05) prices³	210,693	1,040.27	1,530	1,659	1,429	1,806	1,921	1,932	
Total ²	2,857	2,857	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	74	0.36	0.54	0.58	0.50	0.63	0.67	0.68	
Total per uninsured person	84	0.43	0.63	0.68	0.59	0.74	0.79	0.79	
Total capital ²	5,652	3,866	9,121	24,700	5,705	7,607	2,145	3,145	3,321

1. Current price projections for the MTEF period are not required as these figures will be the same as the Constant price projections for the same years.
2. Including maintenance. Capital spending under the public works budget for health should be included. This should exclude non-HFM capital falling under the Treasury definition of Capex (i.e. more than R5, 000 and lasts more than a year).
3. The CPIX multipliers in Table A4 should be used to adjust expenditure in previous years to 2004/05 prices.

PROGRAMME 2: DISTRICT HEALTH SERVICES

ANNEX 2 DISTRICT HEALTH SERVICES

Programme 2 has the following sub programmes:

- District management
- Community Health Clinics
- Community Health Centres
- Community based Services
- Coroner services
- District hospitals
- HIV and AIDS
- Other community services
- Nutrition

SITUATION ANALYSIS

Appraisal of existing provincial and local government services and performance since 2004/2005

- PHC personal services are available in all towns in the Free State from a service platform of 232 fixed clinics, 12 CHC's and 24 District Hospitals
- District health plans for 2006/2007 have been compiled in line with the new approved format. These make provision for development of district based planning, functional integration and mechanisms for community participation
- District Health Expenditure reviews have been conducted in Lejweleputswa
- Provincial decentralisation strategy for district health system developed and implemented. Four of the five districts are already fully functional as centralised provincial health services. In Motheo two of the three local municipalities have been taken over.
- With regard to Municipal Health Services, the last transfer payments to Local Authorities were paid at the end of June 2006. Services are to be taken over by the District Municipalities. Municipalities have environmental health care plans.
- The centralisation process will continue until 2015
- Service Level Agreements were signed in 3 districts. Others are in the process of being finalised. Funding is a concern for the district municipalities.

Appraisal of District Hospitals and performance since 2004 2005

- In some cases health facilities both district hospitals and Primary Health Care clinics are unsustainable (expensive and insufficient staff). This hinders appropriate access to basic health care at district level. Referrals

from Clinics to District Hospitals increase the workload whereas the District Health System must ensure the opposite.

- The reviewed macrostructure provides for integration of management of all Level 1 facilities with all Primary Health Care facilities in a sub-district. This is expected to have a positive impact on sub-district management and functioning of hospitals by enhanced access to management and support services.
- The District Hospital Package has not yet been evaluated for full implementation thus the financial and human resources implications are unknown. The package must be piloted and evaluated to enable decision making on future functioning of District Hospitals.
- Vacancies and difficulty of filling of posts such as health professionals, artisans and other scarce skills has a critical impact on service delivery.

Rural health plan

The district rural health strategy was developed and implemented. This is monitored quarterly.

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

Table DHS1: District health service facilities by health district

Health district	Facility type	No.	Population	*Population per PHC facility or per hospital bed	Per capita utilisation
Motheo	Non fixed clinics	19	765433	402859	3.1
	Fixed Clinics	63		121497	
	CHCs	2		3827165	
	Sub-total clinics + CHCs	84		91123	
	District hospitals	4		130.2	
Xhariep	Non fixed Clinics	18	145266	80703	2.1
	Fixed Clinics	17		85451	
	CHCs	1		145266	
	Sub-total clinics + CHCs	36		40352	
	District hospitals	3		151.3	
Thabo Mofutsanyana	Non fixed clinics	20	759825	379913	4.5
	Fixed Clinics	66		115125	
	CHCs	1		759825	
	Sub-total clinics + CHCs	87		87336	
	District hospitals	8		135.6	

Health district	Facility type	No.	Population	*Population per PHC facility or per hospital bed	Per capita utilisation
Lejweleputswa	Non fixed clinics	24	635689	264870	2.9
	Fixed Clinics	46		138193	
	CHCs	1		635689	
	Sub-total clinics + CHCs	71		89534	
	District hospitals	5		185.3	
Fezile Dabi	Non fixed clinics	22	468020	212736	2.1
	Fixed Clinics	32		416256	
	CHCs	5		936040	
	Sub-total clinics + CHCs	59		79325	
	District hospitals	4		199.2	
Province	Non fixed clinics	103	2 774233	269343	2.2

Source DHIS for calendar year 2006
Population 2005 midyear estimates STATS SA

Table DHS2: Personnel in district health services by health district as at July 2006

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Motheo	PHC facilities				
	Medical officer Chief	1	1	0.00%	0.00
	Medical officer Principal	1	1	0.00%	0.00
	Medical officer Senior	2	10	80.00%	0.02
	Professional nurses Chief	116	148	21.62%	0.18
	Professional nurses Senior	53	110	51.82%	0.08
	Professional nurses	93	228	59.21%	0.15
	Pharmacists Principal	2	3	33.33%	0.00
	Community health workers	68	86	21%	0.11
	District hospitals				
	Medical officers	15	20	25.00%	0.02
	Medical officers Senior	16	37	56.76%	0.03
	Medical officers Chief	17	20	15.00%	0.003
	Medical officers Principal	11	14	21.43%	0.002

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people	
Motheo (continued)	Professional nurses Chief	17	20	15.00%	0.003	
	Professional nurses Senior	62	80	22.50%	0.10	
	Professional nurses	141	209	32.54%	0.22	
	Pharmacists Principal	5	10	50.00%	0.01	
	Pharmacists	0	1	100.00%	0.00	
Xhariep	PHC facilities					
	Medical officers Chief	1	1	100%	0.01	
	Medical officers Principal	1	4	75.00%	0.01	
	Medical officers Senior	0	7	100.00%	0.00	
	Professional nurses Chief	24	40	40.00%	0.21	
	Professional nurses Senior	35	54	35.19%	0.31	
	Professional nurses	34	90	62.22%	0.30	
	Pharmacists Principal	1	6	83.33%	0.01	
	Community health workers	10	10	0%	0.09	
	District hospitals					
	Medical officers Chief	0	2	100.00%	0.00	
	Medical officers Principal	4	4	0.00%	0.04	
	Medical officers Senior	1	12	91.67%	0.01	
	Medical officers	2	3	33.33%	0.02	
	Professional nurses Chief	4	6	33.33%	0.04	
	Professional nurses Senior	11	14	21.43%	0.10	
	Professional nurses	11	24	54.17%	0.10	
	Pharmacists Principal	0	1	100.00%	0.00	
	Lejweleputswa	PHC facilities				
		Medical officers	3	5	40.00%	0.00
Medical officers Chief		1	1	0.00%	0.00	
Medical officers Principal		1	1	0.00%	0.00	
Medical officers Senior		1	1	0.00%	0.00	
Professional nurses Chief		73	96	23.96%	0.11	
Professional nurses Senior		54	94	42.55%	0.08	
Professional nurses		117	170	31.18%	0.18	
Pharmacists		2	3	33.3%	0.00	
Community health workers		12	27	55.6%	0.02	
District hospitals						
Medical officers Chief		2	2	0.00%	0.00	

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Lejweleputswa (continued)	Medical officers Principal	6	8	25.00%	0.01
	Medical officers Senior	12	15	20.00%	0.002
	Medical officers	22	31	29.03%	0.03
	Professional nurses Chief	8	9	11.11%	0.01
	Professional nurses Senior	26	32	18.75%	0.04
	Professional nurses	65	97	32.99%	0.10
	Pharmacists Principal	3	6	50.00%	0.00
	Pharmacists Senior	0	3	100%	0.00
Fezile Dabi	PHC facilities				
	Medical officers Chief	1	1	0.00%	0.00
	Medical officers Senior	3	7	57.14%	0.01
	Medical officers	4	6	33.33%	0.01
	Professional nurses Chief	78	102	23.53%	0.19
	Professional nurses Senior	38	67	43.28%	0.09
	Professional nurses	49	95	48.42%	0.12
	Pharmacists Principal	3	3	0.00%	0.01
	Community health workers	5	82	94%	0.01
	District hospitals				
	Medical officers Chief	1	2	50.00%	0.00
	Medical officers Principal	3	4	25.00%	0.01
	Medical officers Senior	7	17	58.82%	0.02
	Medical officers	23	29	20.69%	0.06
	Professional nurses Chief	18	18	0.00%	0.04
	Professional nurses Senior	54	58	6.90%	0.13
	Professional nurses	26	48	45.83%	0.06
	Pharmacists Principal	2	5	60.00%	0.00
	Pharmacists Senior	0	1	100.00%	0.00
	Thabo Mofutsanyana	PHC facilities			
Medical officers Chief		1	1	0.00%	0.00
Medical officers Senior		0	6	100.00%	0.00
Professional nurses chief		91	122	25.41%	0.14
Professional nurses senior		72	111	35.14%	0.11
Professional nurses		128	180	28.89%	0.20
Pharmacists Principal		1	2	50.00%	0.00
Community health workers	33	33	0.00%	0.05	

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
	District hospitals				
Thabo Mofutsanyana (continued)	Medical officers Chief	2	3	33.33%	0.00
	Medical officers Principal	3	4	25.00%	0.00
	Medical officers senior	20	33	25.00%	0.03
	Medical officers	18	26	30.77%	0.03
	Professional nurses Chief	10	15	33.33%	0.02
	Professional nurses Senior	40	56	28.57%	0.06
	Professional nurses	135	170	20.59%	0.21
	Pharmacists Principal	3	6	50.00%	0.00
Pharmacists senior	0	3	100.00%	0.00	
Free State province	PHC facilities				
	Medical officers Chief	21	53	60.38%	0.01
	Professional nurses	941	1562	39.76%	0.39
	Pharmacists principal	121	159	23.90%	0.05
	Community health workers	128	238	46.2	0.05
	District hospitals				
	Medical officers	169	270	37.41%	0.07
	Professional nurses	628	856	26.64%	0.26
Pharmacists	13	42	69.05%	0.01	

Source: Free State Department of Health Human Resource Cube Cognos

Table DHS3: Situation analysis indicators for district health services

Indicator	Type	Province wide value 2006/07	Motheo 2006/07	Xhariep 2006/07	Thabo Mofutsanyana 2006/07	Lejweleputswa 2006/07	Fezile Dabi 2006/07	National target 2003/4
Input								
Uninsured population served per fixed public PHC facility	No	10868.8	9957.5	6619.1	9531.1	14129.5	12992.2	<12,200
Provincial PHC expenditure per uninsured person	R	97.23	73.18	106.21	177.30	71.46	58.08	N/A
Local government PHC expenditure per uninsured person	R	17.73	17.17	0	0	0	0	N/A
PHC expenditure (provincial plus local government) per uninsured person	R	165.14	146.05	163.11	177.30	161.40	177.85	227
Professional nurses in fixed PHC facilities per 100,000 uninsured person	No	47.8	56	60	57	40	26	107
EHS expenditure (provincial plus local govt) per uninsured person	R	2.32	-	3.76	0.87	-	-	9
Sub-districts offering full package of PHC services	%	100	100	100	100	100	100	60
Process								
Health districts with appointed manager	%	60	0	100	100	100	0	92
Health districts with plan as per DHP guidelines	%	100	100	100	100	100	100	48
Fixed PHC facilities with functioning community participation structure	%	86.6	85	90	77	89	92	69
Facility data timeliness rate for all PHC facilities	%	100	100	100	100	100	100	80
Output								
PHC total headcount	No	5844458	1438821	327396	1854298	1177314	1046629	N/A
Utilisation rate - PHC	No	2.2	1.9	2.3	2.5	1.9	2.3	2.3
Utilisation rate - PHC under 5 years	No	3.5	4.0	3.9	5.3	2.9	4.2	3.8
Quality								
Supervision rate	%	92.7	90.7	100	89.5	95.7	94.5	78
Fixed PHC facilities supported by a doctor at least once a week	%	60.6	38	58	75	67	65	31
Efficiency								
Provincial PHC expenditure per headcount at provincial PHC facilities	R	77.10	24	43	78.48	102	138	99
Outcome								
Health districts with a single provider of PHC services	%	93.2	66	100	100	100	100	50

*DHIS data is for the calendar year 2006
Financial data is for financial year to date*

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

Indicator	Type	Province wide value 2006/07	Motheo 2006/07	Xhariep 2006/07	Thabo Mofutsan yana 2006/07	Lejweleputswa 2006/07	Fezile Dabi 2006/07	National target 2003/4
Input								
1. Expenditure on hospital staff as % of district hospital expenditure	%	70.38	68.8	77.1	72.00	67	67	
2. Expenditure on drugs for hospital use as % of district hospital expend	%	7.1	10.8	5.8	7.22	6	8	11
3. Expenditure by district hospitals per uninsured person	R	196.88	238.83	195.83	167.97	171.99	209.80	
Process								
4. District hospitals with operational hospital board	%	96	80	100	100	100	100	76
5. District hospitals with appointed (not acting) CEO in post	%	85	100	100	75	100	50	69
6. Facility data timeliness rate for district hospitals	%	100	100	100	100	100	100	34
Output								
7. Caesarean section rate for district hospitals	%	11.4	16.8	0.4	8.8	9.6	15.7	12.5
Quality								
8. District hospitals with patient satisfaction survey using DoH template	%	Not yet implemented						10
9. District hospitals with clinical audit (M and M) meetings every month	%	50	50	50	50	50	50	36
Efficiency								
2. Average length of stay in district hospitals	Days	3.1	4.4	2.4	2.9	2.5	2.9	4.2
3. Bed utilisation rate (based on usable beds) in district hospitals	%	69.4	78.2	67.4	58.2	67.1	79.1	68
10. Expenditure per patient day equivalent in district hospitals	R	1142.24	886	704.16	1648.25	1238.78	1233.99	814 in 2003/04 prices
Outcome								
11. Case fatality rate in district hospitals for surgery separations	%	2	1.2	0.5	3.7	1.6	1.7	3.9

DHIS data is for the calendar year 2006

Financial data is for financial year to date

POLICIES, PRIORITIES AND STRATEGIC GOALS

District Hospitals

- Implementation of the service platform described in the Service Transformation Plan according to the results of the Integrated Health Planning framework and the decision of top management
- Implementation of District Health System according to legislation.
- Implementation of District Hospital Package.
- Implementation of national health programmes by means of provision of the comprehensive primary health care package with special focus on Implementation of Comprehensive Care Management and treatment of HIV and Aids.

Implementation of the national priority health programmes and provision of the comprehensive primary health care package.

- A new organisational structure is being developed to create a closer relationship for improved communication between service delivery and provincial structures in support of the implementation of health programmes
- During 2004/2005, local municipalities have implemented environmental health care plans.
- The consolidation of Primary Health Care services to the province, commenced in November 2004. Three districts were taken over by March 2005 and finalised by the end of May 2005. With Mangaung Local Municipality, a memorandum of understanding of the integration of services will be signed.

Provision of the comprehensive Primary Health Care package

Audited % of Primary Health Care package in all clinics per sub district

Xhariep	Motheo	Lejweleputswa	Fezile Dabi	Thabo Mofutsanyana
78%	67,6%	96%	62%	70%

Audits conducted by the National Department of Health assessed whether each clinic rendered a full package of Primary Health Care services. Findings are summarised in the table above. It should be noted that findings with regard to Free State services are influenced by the fact that clinics are graded in terms of the services they deliver in line with District Plans. Some clinics are served by nurses only; others have doctors visiting at specified intervals. A full package of services is rendered per local area in line with the referral system.. The referral system ensures that all patients are treated at the appropriate level of care.

- Services marketing and communication plans are being finalised which enable the community to remain informed on how to access the services
- There are no cross boundary municipalities in the Free State
- District Health Expenditure Reviews were conducted in 2 of the 5 districts.

- R and R Projects and CUBP which applied the EPWP Principle of labour intensive construction. The project spent **R 100 318 190** 2001 from 2001 to date:

Rural development nodes and urban renewal nodes

- Maluti a Phofung is a rural nodal point which receives special provision for development. Informally, .85% of the population in the rural node live within 5 km of a fixed clinic.
- Budget for the Node Total: 152 862 592
- 27 clinics are rendering PHC service of which one opens 24 hrs and two render extended days. Services that are prioritized after hours include emergencies, maternity service and reproductive health.

Health facilities in the node

- 33 fixed clinics
- 7 mobiles
- 2 District hospitals
- 1 Regional hospital in the node

Emergency Medical Services

- 14 ambulances
- 8 response cars
- 6 patient transport

Volunteers (Total 350)

- 110 Home Based Carers
- 177 DOT supporters
- 63 Lay counsellors

Comprehensive Care Management and Treatment Plan for HIV and HIV and AIDS in the node

- There are ARV Assessment Sites at Tseki, Namahadi and Tshiame
- The treatment sites are at Mofumahadi Manapo Mopeli Hospital
 - During 2005/2006 1005 patients received ARV treatment
- High way Junction clinic for truck drivers and sex workers opens from 16h00 to 24h00 daily.
- Elizabeth Ross hospital is to establish multipurpose victim support centre

Xhariep District

Has been identified as a Rural Area by the Provincial Government

- Implementation of the Service Transformation Plan
- Strengthening of Primary Health Care clinics to reduce the number of referrals to district hospitals.
- Implementation of District Health System according to legislation:
 - Implementation of a district microstructure based on the principles of the DHS.

- Appointment of Sub-district Management Teams with overall responsibility of all health care services in the sub-district. Impact of Sub-district management on hospital functioning should ensure better management of Level 1 service between district hospitals and Primary Health Care facilities.
- Decentralisation of financial, human resources, and support services to the fully functional district hospitals to ensure adequate support to the sub-districts management teams for an excellent service to the communities.
- Decentralisation of powers and functions to the lowest levels e. g. fully functional District Hospitals to support sub-district health services.
- Implementation of District Hospital Package involving the following:
 - Evaluation of current status of implementation.
 - Determine additional financial implications for full implementation.
 - Determination of Human Resources implications for full implementation.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance

An enabling budget will require additional funding to implement:

- 24 hour services at identified clinics, especial where there are no hospitals
- Taking over of personnel from Local Authorities, as their salaries were topped up by Local Municipalities.
- Implementation of the District Health Expenditure Review (DHER) in the Free State.

Human Resource

Recruitment and retention of personnel remains a challenge which impacts on service delivery

Support Systems

- Due to systems problems, drug availability remains a challenge
- Decentralisation of functions and powers is provided for in the reviewed organisational structure
- Accommodation for staff and facilities by Department of Public Works roads and Transport does not address the needs of the department

PROGRAMME 2: DISTRICT HEALTH SERVICES

GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
BUDGET SUBPROGRAMME: DISTRICT MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implement the provincial health promotion strategy	Number of health promotion structures functioning at appropriate levels		4 District health promotion forums, 1 Provincial forum	6 health promotion structures functioning at appropriate levels (1 additional district)		
	Number of community projects implemented		10 community projects implemented	11 community projects implemented	12 community projects implemented	
	Number of settings-approach projects implemented		settings-approach projects implemented	settings-approach projects implemented	settings-approach projects implemented	
Enhance the promotion of healthy lifestyles and encourage changes from risky behaviour, especially among the youth	Number of districts implementing the 5 priority health promotion campaigns (nutrition, substance abuse, tobacco and physical activity)		5 districts implementing but have no formal plans	5 districts implementing and have formal plans	Evaluation of plans	Assessment surveys
	Number of districts implementing context-specific plans for the promotion of a healthy lifestyle		None	3 districts	5 districts	Assessment surveys
	Number of (provincially agreed upon) strategies implemented in each district, which are aimed at reducing chronic diseases of lifestyle		None	2 districts implementing strategies	districts implementing strategies	Monitoring and evaluation

PROGRAMME 2: DISTRICT HEALTH SERVICES

BUDGET SUBPROGRAMME: DISTRICT MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Enhance the promotion of healthy lifestyles and encourage changes from risky behaviour, especially among the youth	Number of health districts implementing the Household and Community component of Integrated Management of Childhood Illnesses (IMCI)	2 districts implementing the Household and Community component of IMCI	3 districts implementing the Household and Community component of IMCI	4 districts implementing the Household and Community component of IMCI	5 districts implementing the Household and Community component of IMCI	Implementation by sub district. 4 out of 20 sub districts
Implement the District Health System according to legislation	% implementation of District plans		100 % implementation of District plans	% implementation of District plans	% implementation of District plans	% implementation of District plans
Implement the Free State Department of Health Services Marketing Strategy	% of institutions implementing institutional marketing plans			50% of institutions implementing institutional marketing plans	100% of institutions implementing institutional marketing plans	Impact assessment surveys
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	Number of active partnerships per district with NGOs, NPOs, CBOs and FBOs	Thabo Mofutsanyana 2 Xhariep 2 Fezile Dabi 4 Motheo 4 Lejweleputswa 1	Thabo Mofutsanyana 5 Xhariep 2 Fezile Dabi 4 Motheo 3 Lejweleputswa 5	Thabo Mofutsanyana 7 Xhariep 4 Fezile Dabi 6 Motheo 6 Lejweleputswa 10	Thabo Mofutsanyana 7 Xhariep 4 Fezile Dabi 6 Motheo 6 Lejweleputswa 10	Thabo Mofutsanyana 8 Xhariep 6 Fezile Dabi 8 Motheo 8 Lejweleputswa 10

PROGRAMME 2: DISTRICT HEALTH SERVICES

BUDGET SUBPROGRAMME: DISTRICT MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
Ensure sustainability of strategic partnerships	% compliance with Free State Department of Health clinical governance plan		Laundries had external survey for accreditation Free State quality strategy includes this and is implemented to some extent	Sustain accreditation standards Clinical governance structured	Sustain accreditation standards	Sustain accreditation standards
	% compliance with Free State Department of Health , health and safety auditing tool		18 institutions have trained Health and Safety representatives on how to use checklist	To provide training to Health and Safety representatives and at 13 institutions on OHS Act 1993	Further training on OHS Act 1993 to CEO's, DM and supervisors to improve Occupational Health and Safety service delivery including the checklist	
	% compliance with Free State Department of Health clinical risk management plan		Free State quality strategy includes this and is implemented to some extent Policy drafted and being refined	All hospitals have risk management plans Clinics developing plans	Review plans annually	Review plans annually

PROGRAMME 2: DISTRICT HEALTH SERVICES

BUDGET SUBPROGRAMME: DISTRICT MANAGEMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions and local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care
	% achievement of efficiency targets (Provincial PHC expenditure per headcount at provincial PHC facilities) (National target R99)	66% achievement of efficiency targets	58% achievement of efficiency targets	70% achievement of efficiency targets	75% achievement of efficiency targets	80% achievement of efficiency targets
BUDGET SUBPROGRAMME: COMMUNITY HEALTH CENTRES						
Provide appropriate and accessible health care services for the designated catchment population	Number of institutions and local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care	20 Local areas implementing the appropriate service packages per level of care
	% achievement of efficiency targets	66% achievement of efficiency targets	58% achievement of efficiency targets	70% achievement of efficiency targets	75% achievement of efficiency targets	80% achievement of efficiency targets

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 2: REDUCE THE BURDEN OF DISEASE						
BUDGET SUBPROGRAMME: COMMUNITY HEALTH CLINICS						
BUDGET SUBPROGRAMME: DISTRICT HOSPITALS						
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care	15 institutions implementing the appropriate service packages per level of care	20 institutions implementing the appropriate service packages per level of care	24 institutions implementing the appropriate service packages per level of care	24 institutions implementing the appropriate service packages per level of care	24 institutions implementing the appropriate service packages per level of care
	% achievement of efficiency targets	70% achievement of efficiency targets	75 % achievement of efficiency targets	90% achievement of efficiency targets	95% achievement of efficiency targets	95 % achievement of efficiency targets
Implement the provincial quality improvement strategy	% compliance with QA indicators		19 more hospitals working towards accreditation	Sustain accreditation standards	Sustain accreditation standards	Sustain accreditation standards
Implement the provincial quality improvement strategy	% compliance with Free State Department of Health infection control plan		Await approval of national policy	Draft provincial policy	Provincial policy implemented	Provincial policy reviewed
			Per hospital professional nurses attending infection control course at Wits university	Surveillance tools developed		

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
BUDGET SUBPROGRAMME: DISTRICT HOSPITALS						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implement the provincial quality improvement strategy	% compliance with Free State Department of Health infection control plan		Infection control implementation management plan	Infection control implementation management plan implemented		
	% compliance with hospital emergency preparedness plans in line with provincial guidelines	Provincial guidelines drafted	Situation assessed during workshop with stakeholders Institutional plans due end September Review workshop	Review and conduct hospital drill	Review and conduct hospital drill	Review and conduct hospital drill
Hospital facilities essential maintenance programme	% of the budget allocated and spent for facilities maintenance (Dependant on availability of funding)	2% of the budget allocated and spent for facilities maintenance	4% of the budget allocated and spent for facilities maintenance	5% of the budget allocated and spent for facilities maintenance	5% of the budget allocated and spent for facilities maintenance	5% of the budget allocated and spent for facilities maintenance
	% compliance with the Free State Department of Health specialized maintenance programme (Dependant on availability of funding)	No programme	% compliance with the Free State Department of Health specialized maintenance programme	5% compliance with the Free State Department of Health specialized maintenance programme	15% compliance with the Free State Department of Health specialized maintenance programme	20% compliance with the Free State Department of Health specialized maintenance programme

BUDGET SUBPROGRAMME: DISTRICT HOSPITALS						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level	None	1 facility per district with appropriate clinical engineering support at facility level	1 facility per district with appropriate clinical engineering support at facility level	1 facility per district with appropriate clinical engineering support at facility level per district	1 facility per district with appropriate clinical engineering support at facility level
	Report on the participation of facilities in specialised maintenance contracts from dedicated funding (specific grant)		Certain contracts	As funds become available	Depends on funding for service transformation	Depends on funding for service transformation
BUDGET SUBPROGRAMME: CORONER SERVICES						
Implementation of forensic regulations	Alignment of provincial forensic policies with regulations		100% Alignment of provincial forensic policies with regulations	100% Alignment of provincial forensic policies with regulations	100% Alignment of provincial forensic policies with regulations	100% Alignment of provincial forensic policies with regulations
Appropriate training of forensic pathology officers	Number of staff enrolled with tertiary institution		0 staff enrolled with tertiary institution	50 staff enrolled with tertiary institution	25 staff enrolled with tertiary institution	25 staff enrolled with tertiary institution
	Number of in house training workshops		4 in house training workshops	4 in house training workshops	4 in house training workshops	4 in house training workshops
Infrastructure development	Planning of new infrastructure		100% infrastructure plans completed	100% infrastructure plans completed	100% infrastructure plans completed	100% infrastructure plans completed
	Construction of new facilities		2% Construction of new facilities	50% Construction of new facilities	75% Construction of new facilities	100% Construction of new facilities

Table DHS6: Performance indicators for district health services

Indicator ¹	Type	2002/03	2003/04	2004/05	2005/06	National target 2007/08
Input						
1. Uninsured population served per fixed public PHC facility	No	11 140	9194	10 440	11 170	<10,000
2. Provincial PHC expenditure per uninsured person	R	151.67	128.28	417.54	170.17	N/A
3. Local government PHC expenditure per uninsured person	R	148	41.81	939.79	17.73	N/A
4. PHC expenditure (provincial plus local government) per uninsured person	R	239	156.36	R229.98	173.61	274
5. Professional nurses in fixed PHC facilities per 100,000 uninsured person	No	0.73		31.3	47.8	130
6. Sub-districts offering full package of PHC services	%		86	76	100	100
7. EHS expenditure (provincial plus local govt) per uninsured person	R	No data	2.64	25.27	2.15	13
Process						
8. Health districts with appointed manager	%	No data	100	100	96	100
9. Health districts with plan as per DHP guidelines	%	No data	100	100	100	100
10. Fixed PHC facilities with functioning community participation structure	%	No data	79.8	85.5	86.6	100
11. Facility data timeliness rate for all PHC facilities	%	No data	100	100	100	100
Output						
12. PHC total headcount	No	No data	6113418	6040799	6186261	N/A
13. Utilisation rate - PHC	No	No data	2.7	2.2	2.2	3.5
14. Utilisation rate - PHC under 5 years	No	No data	3.8	3.7	3.5	5.0
Quality						
15. Supervision rate	%	No data	No data	No data	36.2	100
16. Fixed PHC facilities supported by a doctor at least once a week	%	No data	No data	No data	60.6	100
Efficiency						
17. Provincial PHC expenditure per headcount at provincial PHC facilities	R	No data	93.49	117.51	79.80	78
18. Expenditure (provincial plus LG) per headcount at public PHC facilities	R	No data	81.80	No data	84.19	78
Outcome						
19. Health districts with a single provider of PHC services	%	No data	No data	No data	93.2	100

Source of data: DHIS and Clinical Health Services Cluster

Table DHS7: Performance indicators for district hospitals sub-programme

Indicator	Type	2003/04	2004/05	2005/06	2006/07	National target 2007/08
Input						
4. Expenditure on hospital staff as % of district hospital expenditure	%	73.53	61.9	69.2		62
5. Expenditure on drugs for hospital use as % of district hospital expend	%	8.7	19.5	6.21		11
6. Expenditure by district hospitals per uninsured person	R	170.02	457.50	208.54		
Process						
7. District hospitals with operational hospital board	%	100	100	96	100	100
8. District hospitals with appointed (not acting) CEO in post	%	93.34	100	85	77	100
9. Facility data timeliness rate for district hospitals	%	100	100	100	100	100
Output						
10. Caesarean section rate for district hospitals	%	13.6	19.5	10.7	11.4	11
Quality						
11. District hospitals with patient satisfaction survey using DoH template	%	Not yet implemented			100	
12. District hospitals with clinical audit (M and M) meetings every month	%	50	52	50		100
Efficiency						
13. Average length of stay in district hospital	Days	5.8	4.3	3.2	3.1	3.2
14. Bed utilisation rate (based on usable beds) in district hospitals	%	70.45	69.5	71.1	69.4	72
15. Expenditure per patient day equivalent in district hospitals	R	1 158	747.03	970.96		814 in 2007/08 prices
Outcome						
16. Case fatality rate in district hospitals for surgery separations	%	0.2	2.98	2.0	2	3.5

Source: DHISdata for calendar 2006

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 (estimate)	Year 1 2005/06 MTEF projection)	Year 2 2006/07 (MTEF projection)	Year 3 2007/08 (MTEF projection)
Motheo		97,883	40,402	20,019	0
Total municipalities		97,883	40,402	20,019	0
Non-government organisations					
Naledi Hospice		1,386	1,650	1,805	5,193
CANSA		4,620	4,950	5,415	7,530
PPHC		6,336	5,895	7,220	8,429
LAMP		5,016	5,280	5,776	7,599
Lesedi la setjhaba (Xhariep)		120	154	168	108
Lesedi la Setjhaba (Motheo)			200	219	143
Maakeng Anti Aids Youth Club		120	161	176	114
Susanna Wesley Guild			89	97	64
Total NGOs		17,598	18,379	20,876	29,227

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	2002/03 (actual)	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/07 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Current prices¹	778,099	921,733	1,034,995	1,137,573	1,309,177	1,303,960	1,430,790	1,542,242
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	272.25	322.51	362.14	398.03	458.07	456.24	500.63	539.62
Total per uninsured person	319.55	378.54	425.05	467.18	537.65	535.51	587.59	633.36
Total capital ²	4,714	8,089	15,911	21,469	38,682	16,870	16,869	17,550
Constant (2004/05) prices³	8,901.45	10,000.80	10,784.65	11,375.73	12,568.09	12,337.55	12,519.41	
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	3.11	3.50	3.77	3.98	4.40	4.32	4.28	
Total per uninsured person	3.66	4.11	4.43	4.67	5.16	5.07	5.14	
Total capital ²	4,714	8,089	15,911	21,469	38,682	16,870	16,869	17,550

Source: Budgeting and Expenditure Subdirectorates

PROGRAMME 2: DISTRICT HEALTH SERVICES

ANNEX 3: SUB PROGRAMME HIV AND AIDS

SITUATION ANALYSIS

Epidemiological Information

- According to the 2005 HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa, the Free State province has the fifth highest prevalence of HIV.
- The sample size achieved in Free State province for the syphilis component of the study is inadequate considering the very low prevalence of the disease but narrow Confidence Interval range of the estimate indicates reasonable accuracy.
- The sero-prevalence rate among antenatal patients increased marginally from 30.1% in 2003, to 30.3% in 2005.
- The national prevalence of Syphilis for this study in 2005 is 2.7 and current provincial figure of 2.99 compares favourably with the prevalence of 3.8 reported for the years 2003 and 2004.
- HIV infection is the highest among women in their late twenties. Clearly, more efforts need to be directed at the youth and this age group in order to make a visible impact.
- The Free State has a population of approximately 2 774 233 (2005 StatsSA midyear estimates) people of which it is estimated that about 487,772 people are living with AIDS. It is estimated that there will be 62 517 births, of which 4,366 babies will be infected with HIV at birth.
- By the end of 2005/2006 a total of 4928 people had started antiretroviral therapy (ART)
- TB incidence 660/100 000 people (2004 case finding)
- Cure rate is 68% (2004)
- TB/HIV co-infection is 72% (MRC Study of 2002)
- STI incidence 5 new STI episodes/1000 people
- District Disease Outbreak Response Teams (DORT) are in place and although no major disease outbreaks have occurred, sporadic episodes of Congo fever, Meningococcal Meningitis, Food Poisoning and Shigellosis have been reported.

Appraisal of existing services and performance since 2001.

- Functional provincial AIDS Council, 5 district AIDS Councils and 17 local AIDS Councils ensure involvement of all stakeholders.
- A Comprehensive Care Management and Treatment service for HIV and AIDS (CCMT) is rendered. This includes all the service components discussed here.

Home Based Care and Step-Down Facilities

In collaboration with 140 civil society organisations an integrated community home based care programme in 80 towns takes care of patients with AIDS and other debilitating diseases. This is being extended to 11 farms.

- 2138 volunteers (including DOT Supporters) receive stipends to render this service to 80 091 beneficiaries.
- In 8 functional step-down facilities (84 beds) 122 trained volunteers render services to 2541 persons under the supervision of professional nurses.

Voluntary Confidential Counselling and Testing (VCCT)

- 97% of health facilities rendered VCCT services to 73 740 beneficiaries at 235 operational sites during 2005/06.
- 410 lay counsellors are active on the VCCT programme. This will increase to 450 this year.
- Flemish donor funds used to appoint a project manager to strengthen the VCCT project by means of:
 - Upgrading of VCCT sites, especially in rural areas (3 completed and 3 more due to complete by the end of 2006)
 - Training of 100 lay counsellors in rural areas (60 trained in 3 districts 40 more to be trained for the remaining 2 districts)
 - Training of 100 educators on VCCT (80 trained for 4 districts from 20 additional 20 to be trained for the remaining district)
 - Training of 13 Social Workers and other professionals in mentor training to make the service accessible for the youth and to ensure that 6 facilities are offering a youth friendly program on VCCT. (Eight centres identified. Baseline analysis done).

Prevention of Mother to Child Transmission (PMTCT) of HIV

- 97% of health care facilities are providing Prevention of Mother to Child Transmission
- Provincial PMTCT guidelines have been developed and are being implemented.
- Polymerase Chain Reaction (PCR) testing is conducted at four clinics:
- 181 health care professionals trained in PMTCT and infant feeding counselling
- 147 health care professionals trained to implement the national coding system which will track pregnant women who have participated in PMTCT to ensure follow up and continued care if necessary.

Condom Distribution

An average of 1.3 million condoms is distributed per month (compared to 1 million in 2004). There are 23 registered functional female condom distribution sites.

Education- and Awareness Campaigns

Information, Education and Communication (IEC) awareness campaigns focus public attention. Stakeholders receive regular training.

Cure rate of 80 – 85% among sputum smear positive cases

The TB cure rate increased from 66.5% in 2003 to 68% in 2004.

Treatment interruption rate below 10%

Free State treatment interruption rate		
2002	2003	2004
6.8%	7.3%	5.9%

100% DOTS coverage in all districts

96% provincial DOTS coverage has been achieved.

Provision of Post Exposure Prophylaxis (PEP)

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

Antiretroviral Treatment Programme (ARV)

The first site became functional in May 2004. An ARV site consists of a treatment site and +/- three referring assessment sites. In some districts treatment and assessment sites were combined due to the small number of patients and large distances.

DISTRICT	ASSESSMENT	TREATMENT	TOTAL
LEJWELEPUTSWA	7	2	9
MOTHEO	5	2	7
FEZILE DABE	6	4	10
XHARIEP	7	3	10
THABO MOFUTSANYANE	6	4	10
TOTAL	31	15	46

Quality assured tuberculosis sputum microscopy and specimen laboratory results turn around time

The Turn around Time (TAT) of 48 hours remains a challenge in the rural areas. The Provincial Department of Health together with NHLS have finalised a service level agreement in which it has been agreed that the Provincial target is 80% of all sputum specimen TAT within 72 hours.

NGO/CBO involvements and service level agreements

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

Training of service providers

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

Antiretroviral Therapy

By the end of December 2005, approximately 1400 health care workers had been trained on Antiretroviral Therapy (ART) in the province. Training of staff has been done to ensure that at least one person per facility has ARV training

Tuberculosis

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

Chronic Conditions:

- 50 trained on Asthma management.
- 226 trained on the management of foot care (diabetes), to prevent the complications of Diabetes.
- 25 trained on the management of Alzheimer's diseases.
- 29 trained on Asthma through ICAM.

Sexually Transmitted Infections (STI) training

- Treatment Protocols on the Syndromic Management of STIs, are available in all health facilities. Training has been conducted at 119 facilities to enable implementation

Electronic TB Register

The ETR is now being expanded to include all hospitals as reporting Units. 20 out of 33 hospitals are using the Electronic TB Register.

Indicator	Type	Province wide value 2006/07	Motheo 2006/07	Xhariep 2006/07	Thabo Mofutsanyana 2006/07	Lejweleputswa 2006/07	Fezile Dabi 2006/07	National target 2003/4
24. **STI treated new episode among ART patients - annual % change	%	No data available	No data available	No data available	No data available	No data available	No data available	N/A
25. ***ART monitoring visits measured at WHO performance scale 1 or 2	%	No data available	No data available	No data available	No data available	No data available	No data available	N/A

Source: DHIS data for calendar year 2006

POLICIES, PRIORITIES AND STRATEGIC GOALS

An **Operational Plan for CCMT** was tabled in 2003. The plan is guided by the following principles:

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

The plan seeks to manage HIV and AIDS comprehensively.

The **TB Control program** is based on the Medium Term Development Plan (2002-2005) the objectives are to:

- Achieve a TB case detection on 70%
- Achieve a cure rate of 85%
- Reduce the rate of treatment interruption
- The WHO Afro-Region declared TB an emergency. A TB crisis Management Plan is being implemented for Fezile Dabi district.
- National Guidelines on Communicable Diseases Control, Chronic Diseases Management and Geriatric care inform the policies of the department in this regard.

Policy for cadres of community workers

A policy was developed and implemented for cadres of community workers who will assist the department with services such as home based care, step down facilities, VCCT and DOTS.

Post Exposure Prophylaxis

National policies on Sexual Assault and Guidelines on Management of Sexual Assault are being implemented and training has commenced. Provincial policies will be aligned as will the draft policy on Victim Empowerment.

Antiretroviral Treatment Programme

Provincial policies include the ARV Strengthening Plan and ARV Drug Management Policy. Guidelines for the management of adult and paediatric patients are being implemented. This includes nutritional management.

HAST

The TB Control Programme adheres to the objectives of the National TB Control Programme. HAST (HIV/AIDS/STI and TB) committees in each district and at provincial level, ensure that TB/HIV integration activities take place at all facilities.

Sexually Transmitted Infections

The National Policy on Syndromic Management of Sexually Transmitted Infections is being implemented. 119 facilities have been trained on the new STI Treatment Protocols which are available in all health facilities in the Free State.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Burden of Disease

Relations that with external stakeholders will be strengthened e.g. Liaison with traditional healers via a component on the micro structure.

Human Resources

Empowering professional nurses to initiate ART on uncomplicated patients.

PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)

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

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
SUB PROGRAMME HIV AND AIDS						
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Implement the TB Crisis Plan	Smear Conversion rate in high priority district, increased by 10% above baseline, per annum.	67% Smear Conversion rate	74% Smear Conversion rate	81% Smear Conversion rate	89% Smear Conversion rate	98% Smear Conversion rate
	TB Cure Rate in high priority district, increased by 10% above baseline, per annum	58% TB Cure Rate	64% TB Cure Rate	70% TB Cure Rate	77% TB Cure Rate	85% TB Cure Rate
	% of TB Cases with DOT Supporters.	93% of TB Cases have DOTS Supporters	94% of TB Cases have DOTS Supporters	96% of TB Cases have DOTS Supporters	98% of TB Cases have DOTS Supporters	100% of TB Cases have DOTS Supporters
	TB treatment interruption rate decreased by 2% by 2009	5.9% TB treatment interruption rate	5.7% TB treatment interruption rate	5.5% TB treatment interruption rate	5.4% TB treatment interruption rate	5.3% TB treatment interruption rate
	% of districts with a TB sputa turnaround time of less than 48 hrs by 2007	34.2% of districts with a TB sputa turnaround time of less than 48 hrs	35% of districts have a TB sputa turnaround time of less than 48 hrs	36.% of districts have a TB sputa turnaround time of less than 48 hrs	37% of districts have a TB sputa turnaround time of less than 48 hrs	38% of districts have a TB sputa turnaround time of less than 48 hrs
	Prevalence and death rates associated with TB (This indicator is to monitor. Results are not dependant solely on the actions of this department thus hard targets cannot be set)	TB incidence 660/100 000 people (2004 case finding)	TB incidence for the year	TB incidence	TB incidence	TB incidence
		TB mortality rate 9.6%	TB mortality 9.5%	TB mortality 9.4%	TB mortality 9.3%	TB mortality 9.2%

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
SUB PROGRAMME HIV AND AIDS						
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Accelerate the implementation of the Comprehensive Care Management and Treatment Plan for HIV and AIDS. (CCMT)	Number of sub-districts with at least two accredited service points for the Comprehensive Plan.	2 sub-districts with at least two accredited service points	7 sub-districts with at least two accredited service points	7 sub-districts with at least two accredited service points	7 sub-districts with at least two accredited service points	7 sub-districts with at least two accredited service points
	% of public health facilities offering Voluntary Counselling and Testing.	97% public health facilities offering VCCT	98% public health facilities offering VCCT	100% public health facilities offering VCCT		
	% of PHC facilities that offer Prevention of Mother to Child Transmission (PMTCT).	97% of PHC facilities offer PMTC	98% of PHC facilities offer PMTC	100% of PHC facilities offer PMTC	100% of PHC facilities offer PMTC	100% of PHC facilities offer PMTC
Accelerate the implementation of the Comprehensive Care Management and Treatment Plan for HIV and AIDS. (CCMT) (continued)	Male condom distribution rate (equal to the number of condoms issued per month per male 15 years and above)	9 condoms issued per month as identified	10 condoms issued per month as identified	11 condoms issued per month as identified	11 condoms issued per month as identified	11 condoms issued per month as identified
	Number of female condom distribution sites	22 female condom distribution sites	28 female condom distribution sites	32 female condom distribution sites	36 female condom distribution sites	40 female condom distribution sites
	Number of female condoms distributed	10 549 female condoms distributed	10 000 female condoms distributed	12 000 female condoms distributed	15 000 female condoms distributed	18 000 female condoms distributed
	Provincial incidence of Sexually Transmitted Infections (STI) treated (per 1000 population)	10.3 /1000 STI treated	7/1000 STI treated	6 /1000 STI treated	5/1000 STI treated	5 /1000 STI treated
	Provincial STI partner notification rate	83% STI partner notification rate	85% STI partner notification rate	86% STI partner notification rate	88% STI partner notification rate	90% STI partner notification rate

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
SUB PROGRAMME HIV AND AIDS						
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Accelerate the implementation of the Comprehensive Care Management and Treatment Plan for HIV and AIDS. (CCMT) (continued)	Provincial STI partner tracing rate	28% STI partner tracing rate	26% STI partner tracing rate	27% STI partner tracing rate	29% STI partner tracing rate	30% STI partner tracing rate
	Number of operational High Transmission Area (HTA) intervention sites.	10 HTA intervention sites	10 HTA intervention sites	10 HTA intervention sites	13 HTA intervention sites	15 HTA intervention sites
	Number of Khomanani Social Mobilisation Campaigns. (KSMC)	25 KSMC	60 KSMC	80 KSMC	100 KSMC	120 KSMC
	% of health care workers trained on the Comprehensive Management of HIV and AIDS.	1251 health care workers trained	2000 health care workers trained	2050 health care workers trained	3000 health care workers trained	3050 health care workers trained
	Number of sub districts with Community Home Based Care programmes.	20 sub districts with Community Home Based Care programmes	20 sub districts with Community Home Based Care programmes	20 sub districts with Community Home Based Care programmes	20 sub districts with Community Home Based Care programmes	20 sub districts with Community Home Based Care programmes
	Number of sub districts with a focused programme for People living with HIV and AIDS (PLA)	15 sub districts have focused programme for PLA	20 sub districts have focused programme for PLA	20 sub districts have focused programme for PLA	20 sub districts have focused programme for PLA	20 sub districts have focused programme for PLA
Ensure all eligible people receive food supplements.	Number of people who receive food supplements	Adults 5630 Children 1258 Seed packets 3544 for both Children and Adults	Thabo Mofutsanyana 900 Xhariep 1000 Fezile Dabi 800 Motheo 1700 Lejweleputswa 1400	Thabo Mofutsanyana - 1800 Xhariep 2000 Fezile Dabi 1800 Motheo 3400 Lejweleputswa- 2800	Thabo Mofutsanyana 2700 Xhariep-3000 Fezile Dab 2400 Motheo- 5100 Lejweleputswa 4200	Thabo Mofutsanyana 3600 Xhariep 4000 Fezile Dabi 3200 Motheo 6800 Lejweleputswa 5600

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
SUB PROGRAMME HIV AND AIDS						
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Improve access to Anti Retro Viral Therapy (ART) for pregnant women.	% of facilities providing maternal services, which have staff trained in the Prevention of Mother to Child Transmission and Anti Retroviral Therapy programme	97% facilities have staff trained as specified	100% facilities have staff trained as specified	Monitor		
Improve access to Anti Retro Viral Therapy (ART) for pregnant women.	Utilisation rate of ART for pregnant women	1640 women using Antiretroviral Therapy without indication of pregnancy	Cannot be predicted Thus no target. Will be monitored	Cannot be predicted Thus no target. Will be monitored	Cannot be predicted Thus no target. Will be monitored	Cannot be predicted Thus no target. Will be monitored
Improve access to ART for youth and adolescents.	% of Primary Health Care facilities with at least 1 health care provider trained in the CCMT Plan (from both treatment and assessment sites)	20% facilities have staff trained as specified	30% facilities have staff trained as specified	50% facilities have staff trained as specified	70% facilities have staff trained as specified	100% facilities have staff trained as specified
	% of Primary Health Care facilities accredited as a Youth Friendly Service (YFS)	12% Primary Health Care facilities accredited	20% Primary Health Care facilities accredited	30% Primary Health Care facilities accredited	40% Primary Health Care facilities accredited	50% Primary Health Care facilities accredited

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

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2008
Input											
1. ARV treatment service points compared to plan	%	N/A	N/A	N/A	13 sites	38 sites	73 sites	73 sites	73 sites	73 sites	100
2. Fixed PHC facilities offering PMTCT	%	2 Pilot sites	2 Pilot sites	2 Pilot sites	66	97	100	100	100	100	100
3. Fixed PHC facilities offering VCT	%	No data	No data	82	95	97	100	100	100	100	100
4. Hospitals offering PEP for occupational HIV exposure	%	No data	No data	100	100	100	100	100	100	100	100
5. Hospitals offering PEP for sexual abuse	%	No data	No data	N/A	1 District hospital, 2 VCS	25 Hospitals 3 VSC	87	87	100	100	100
6. HTA Intervention sites compared to plan	%	No data	No data	2	3	10	10	Maintain HTA project	13	15	100
Process											
7. TB cases with a DOT supporter	%	No data	No data	96	100	89	92	94	96	98	100
8. Male condom distribution rate from public sector health facilities	No	No data	No data	7.6	8	9	10	11	11	11	11
9. Male condom distribution rate from primary distribution sites	No	No data	No data	15	18	22	24	28	30	32	32
10. Fixed facilities with any ARV drug stock out	%					zero	zero	zero	zero	zero	0
11. Hospitals drawing blood for CD4 testing	%	No data	No data	N/A	5	10 sites	15 sites	20 sites	15	15	100

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2008
12. Fixed PHC facilities drawing blood for CD4 testing	%	No data	No data	N/A	15 sites	30 sites	45 sites	60 sites	60	60	20
13 Fixed facilities referring patients to ARV treatment points assessment	%	No data	No data	No data	15 sites	30 sites	45 sites	60 sites	Maintain	Maintain	10
Output											
14. STI partner treatment rate	%	No data	No data	18.4	20	25	20.7	35	37	38	40
15. Nevirapine dose to baby coverage rate	%	N/A	N/A	No data	5	44	32.4	50	60	70	70
16. Clients HIV pre-test counselled rate in fixed PHC facilities	%	No data	No data	20243	25 352	100	100	100	No data yet	No data yet	100
17. Patients registered for ART compared to target	%	No data	No data	N/A	3500	7000	N/A	3500	No data	No data	100
18. TB treatment interruption rate	%	No data	No data	7.2	6	5.9	5.5	5	4.8	4.5	4
Quality											
19. CD4 test at ARV treatment service points with turnaround time >6 days	%	N/A	N/A	No system in place to collect data					0	0	0
20. TB sputa specimens with turnaround time > 48 hours	%	No data	No data	No data	54	44	34	20	Maintain	Maintain	20
Efficiency											
21. Dedicated HIV/AIDS budget spent	%	N/A	N/A	No data	100	99	No data	No data	No data	No data	100
Outcome											
22. New smear positive PTB cases cured at first attempt	%	No data	No data	60	65	68	70	75	80	85	85
23. New MDR TB cases reported - annual % change	%	No data	No data	No data	No data	No data	No data	No data	No data	No data	-30

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2008
24. STI treated new episode among ART patients - annual % change	%	No data									
25. ART monitoring visits measured at WHO performance scale 1 or 2	%	No data									

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	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	18, 657	30,144	69,070	100,479	142,267	153,646	165,938	179,213
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	6.53	10.55	24.17	35.16	49.78	53.76	58.06	62.71
Total per uninsured person	7.66	12.38	28.37	41.26	58.43	63.10	68.15	73.60
Constant (2004/05) prices²	213.44	327.06	719.71	1,004.79	1,365.76	1,410.47	1,451.96	
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.07	0.11	0.25	0.35	0.48	0.49	0.51	
Total per uninsured person	0.10	0.13	0.30	0.41	0.56	0.58	0.60	

Source: Budgeting and Expenditure Subdirectorate

PROGRAMME 2: SUB PROGRAMME NUTRITION

ANNEXURE 4: MOTHER CHILD AND WOMEN'S HEALTH

SITUATION ANALYSIS

Appraisal of existing services and performance since 2001/02

Cervical Cancer Screening Programme

Cervical cancer screening is presently done on 5% of targeted women of age 30 and over. Training of master trainers in each district was outsourced during 2004/5. Coverage is planned to increase by 7% per year of the targeted female population of the province.

Genetic Services

The Genetic Services Programme is responsible for the training of district genetic nurses to be facilitators for genetic disorders, support groups and to support the haemophilia treatment centre.

Maternal Health

- When transporting pregnant women stickers with different colours and a specific facility level indicated; guide the Emergency Service personnel to supersede the normal referral routes. This helps to avoid unnecessary delays and further complications thereby reducing maternal deaths.
- Guidelines for completion of the maternity case record book have been developed and completed for use in all facilities managing pregnant women.
- The annual provincial maternal deaths report provides information on the status of maternal deaths.

Integrated Management of Childhood Illness (IMCI)

- The infant mortality rate (under one year) of 82.46 per 1000 population under one in 2004 decreased to 66.6 per 1000 for 2005. The under five mortality rate decreased from 22.9 (population under 5yrs) in 2004 to 18.5 per 1000 in 2005. The Perinatal Care Index Program (PIP) was implemented in Metsimaholo Hospital to investigate the reasons for death in new born babies.

Nutrition

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

Expanded Programme on Immunisation

To improve child survival there is a special focus on measles coverage. All districts/sub districts where immunisation coverage is lower than 80%, have implemented action plans to improve the coverage.

Disease Surveillance

AFP (Acute Flaccid Paralysis)

The department is on course to eradicate Polio in the Free State. AFP surveillance is currently being implemented in all 5 districts. The target for AFP cases has increased from 1 to 2 cases per 100'000 population of children under the age of 15, as from 1 June 2005. The Free State was able to exceed the target of 18 per 100 000 cases by investigating 22 cases. For every suspected case, 2 stools have to be collected 24hours apart within 14 days of onset of paralysis

Measles

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

Policies, priorities and strategic goals

Child Health and Nutrition policies

- Anaphylactic shock (currently being updated)
- Management of Child Health within the Province (to be developed)
- Measles immunisation for children admitted to hospital (final draft)
- Provincial Breastfeeding policy. To be reviewed during 2006
- Provisioning of food to staff members (Awaiting approval)
- TTO (To take out) policy on nutrition to be developed during 2006. It is referring to prescribed nutrition supplements that are not part of the nutrition supplementation program. The purpose of the TTO policy is to indicate what type of supplements can be prescribed, referral routes and who will be responsible for dispensing and budgeting.
- A policy to enable provision of vaccines to private providers to be developed in 2006.

Strategies for Child Health and Nutrition

- Train health workers on food based dietary guidelines. It includes healthy living guidelines, such as exercise and decreasing smoking and alcohol use. National draft protocol on the management of chronic diseases.
- The supplementary nutrition program will contribute to the reduction of morbidity and mortality associated with communicable diseases

(specifically HIV and AIDS, Tuberculosis and persons receiving Antiretroviral Therapy). The reason for the foreseen reduction with HIV and Aids patients, is that the supplementation delays the progression from HIV to full blown Aids. With ARV treatment, it lowers the resistance to the medication. In the case of underweight patients and patients suffering from malnutrition, supplements are given to prevent possible death due to illnesses such as kwashiorkor, marasmus and marasmic kwashiorkor. Supplements prevent low birth weight in the case of pregnant women. Nutrition supplements are used in the PMTCT programme to prevent the transmission of HIV from mother to child. It also assists to prevent malnutrition against orphans. The nutritional supplementation program is available at all health facilities.

- Support patients on Antiretroviral Therapy and home based care supporters through the supplementary nutrition program and health education.
- Provide nutrition support to decrease the case fatality rate. The case fatality rate is not the same as mortality. Nutrition support to decrease fatality rate is a separate program from the nutrition supplementation program and is available at hospitals only. It is aimed at patients admitted to hospitals due to severe malnutrition to prevent death.
- Contribute to the reduction of malnutrition of the following groups of children through the supplementary nutrition program and health education of:
 - Underweight<5 1.39% to 1.30%
 - Severe underweight 0.33% to 0.30 %.
 - Stunting 39.8% to 27.2%
 - Wasting 3.2% to 1.2%

Expanded programme on Immunisation including disease surveillance

- Improve immunisation coverage for children under one year
- Improve measles coverage.
- Improve measles elimination strategy in all the districts.
- Identify and investigate AFP cases in children under 15 years of age.

Strategies to reduce under 5 morbidity and mortality

- IMCI training courses for health care professionals.
- Ensure 98% of Primary Health Care facilities are implementing IMCI.
- Ensure 90% immunisation coverage for all children less than one year.
- Implement the Perinatal Problem Identification Programme (PPIP) in Metsimaholo Hospital and extend to at least 1 other district hospital.

Strategies to decrease maternal morbidity and mortality

- Develop and display treatment guidelines and referral routes recommended by the National Committee on Confidential enquiry into Maternal Death (NCCEM).
- Posters with guidelines on management of conditions leading to maternal deaths and referral routes were developed and distributed to maternity services.
- All institutions rendering maternity services have National Guidelines for Maternity Care to guide management of pregnant women.
- Monitoring tool covering areas of Maternal Health, PMTCT and Women's Health has been developed to monitor implementation on a six monthly basis.
- Correct use of the partogram in all institutions conducting births
- A provincial workshop was conducted to train midwives on the correct use of the partogram. Follow-up trainings will take place at district and sub-district level to ensure correct use.

Strategies to improve access to reproductive health services

Provide contraceptives in 90% of clinics and extend contraceptive services to approved private services.

Policies

The Choice on Termination of Pregnancy Act (92 of 1996) was implemented to reduce maternal morbidity and mortality related to unsafe methods of terminating pregnancy. From 2003 to 2005 calendar years, 18 253 pregnancies were safely terminated at five designated health facilities. These are: Kopano Clinic, Dr JS Moroka-, National-, Kopano-, Elizabeth Ross- and Metsimaholo hospitals. TOP services will be extended to Phekolong and Katleho hospitals.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

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

Human resources

Recruitment and retention of staff impact on the achievement of national priorities

Table MCWH1: Situation analysis indicators for MCWH & N

Indicator	Type	Province wide value 2006/07	Motheo 2006/07	Xhariep 2006/07	Thabo Mofutsanya 2006/07	Lejweleputswa 2006/06	Fezile Dabi 2005/06	National target 2003/4
Incidence								
1. Hospitals offering TOP services	%	30	Not available per district					100
2. CHCs offering TOP services	%	0	0	0	0	0	0	50
Process								
3. Fixed PHC facilities with DTP-Hib vaccine stock out	%	37.1	44.6	16.6	31.3	55.3	21.6	<5%
4. AFP detection rate		2.8	2.4	6.0	3.2	3.5	0.7	1
5. AFP stool adequacy rate	%	96	100	100	83	100	100	80 %
Output								
7. (Full) Immunisation coverage under 1 year	%	92.5	95.8	83.1	92.0	86.4	100	90
8. Antenatal coverage	%	93	95.2	86.4	93.1	92.7	91.7	80%
10. Measles coverage under 1 year	%	93.4	97	88	92.1	87.4	100.5	90
13. Vitamin A coverage under 1 year	%	104	121.8	9.9	102	92.7	127.5	80%
14. Measles coverage under 1 year	%	99.22	90.31	93.76	90.72	87.88	98.45	90
15. Cervical cancer screening coverage	%	5	Not available per district					15
Quality								
16. Facilities certified as baby friendly	%	20	33.3	33.3	20	20	0	20
18. Fixed PHC facilities implementing IMCI	%	96	93	93	98.8	94	98	
Outcome								
19. Institutional delivery rate for women under 18 years.		8.8	7	12	10.6	8	8.5	
20. Not gaining weight under 5 years	%	11.1	6.7	7.7	16.6	10.1	13.8	

DHIS data is for calendar year 2006

Specification of measurable objectives and performance indicators

PROGRAMME 2: DISTRICT HEALTH SERVICES: SUB PROGRAMME NUTRITION

Table MCWH2: Provincial Objectives and Performance Indicators for Mother Child and Women's Health and Nutrition

BUDGET SUBPROGRAMME: NUTRITION						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
BUDGET SUBPROGRAMME: NUTRITION						
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Improve immunisation coverage	EPI coverage per district (expressed as a % of the target population)	Province: 89.82 Xhariep: 89.91 M 92.46 TM 90.54 L86.94 FD 97.36	92% EPI coverage per district	93 % EPI coverage per district	94 % EPI coverage per district	95 % EPI coverage per district
Ensure that children 0-60 months receive Vitamin A Supplementation	% of children 0-60 months receiving Vitamin A supplementation.	101% Xhariep: 85.81 Motho: 118.98 Thabo Mofutsanyana: 91.83 Lejweleputswa: 77.37 Fezile Dabi: 131.05	95% of children 0-60 months receive Vitamin A supplementation.	95% of children 0-60 months receive Vitamin A supplementation.	95% of children 0-60 months receive Vitamin A supplementation.	95% of children 0-60 months receive Vitamin A supplementation.
Ensure that post-partum mothers receive Vitamin A Supplementation	% of post-partum mothers receiving Vitamin A supplementation.	101% of post-partum mothers receive Vitamin A supplementation.	96% of post-partum mothers receive Vitamin A supplementation	96% of post-partum mothers receive Vitamin A supplementation	96% of post-partum mothers receive Vitamin A supplementation	96% of post-partum mothers receive Vitamin A supplementation

PROGRAMME 2: DISTRICT HEALTH SERVICES : SUB PROGRAMME NUTRITION (continued)

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
BUDGET SUBPROGRAMME: NUTRITION						
GOAL 2: REDUCE THE BURDEN OF DISEASE						
Reduce infant- and under 5 child morbidity and mortality	Number of facilities sustaining the IMCI programme	306 out of 320 facilities sustaining the IMCI programme	306 out of 320 facilities sustaining the IMCI programme	306 out of 320 facilities sustaining the IMCI programme	306 out of 320 facilities sustaining the IMCI programme	306 out of 320 facilities sustaining the IMCI programme
	% of PHC services that have a 60% saturation of IMCI trained personnel.	96% of PHC services have a 60% saturation of IMCI trained personnel	42 % of PHC services have a 60% saturation of IMCI trained personnel	45% of PHC services have a 60% saturation of IMCI trained personnel	48% of PHC services have a 60% saturation of IMCI trained personnel	50 % of PHC services have a 60% saturation of IMCI trained personnel
	Number of health districts implementing the household and community component of IMCI.	Implementation by sub district 2 out of 20 sub districts	Implementation by sub district 3 out of 20 sub districts	Implementation by sub district 4 out of 20 sub districts	Implementation by sub district 5 out of 20 sub districts	Implementation by sub district 6 out of 20 sub districts
	% of health facilities with maternity beds assessed as baby-friendly (BFHI). (Re- assessments included.)	51% 19 of 31 hospitals and 1 out of 8 CHC's assessed Baby friendly	55% assessed Baby friendly as described	60% assessed Baby friendly as described	65% assessed Baby friendly as described	70% assessed Baby friendly as described
	Under 5 mortality rate (annually)	83.0/1000	83.0/1000	83.0/1000	83.0/1000	83.0/1000
	Infant mortality rate (annually)	66.0/1000	66.0/1000	66.0/1000	66.0/1000	66.0/1000
Improve access to ART for children less than 5 years of age.	% of PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Plan.	55% PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Plan (191/353 PHC facilities)	60% PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Plan	65% PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Plan	70% PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Plan	75% PHC facilities implementing IMCI with at least 1 IMCI practitioner updated or trained on CCMT Plan

Table MCWH3: Performance indicators for MCWH & N

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Incidence											
1. Incidence of severe malnutrition under 5 years	%	0.86	0.66	1.6	6.4	0.33	6.9	0.29	0.28	0.27	
2. Incidence of pneumonia under 5 years	%	16.58	14.49	6.03	16.78	13.84	130.1	12.50	12.0	11.50	
3. Incidence of diarrhea with dehydration under 5 years	%	8.46	7.49	2.18	9.13	6.72	17.5	6.00	5.80	5.60	
Input											
4. Hospitals offering TOP services	%	No data	No data	17	30	33	30	47	50	60	100
5. CHCs offering TOP services	%	No data	No data	10	10	10	0	40	50	60	80
Process											
6. Fixed PHC facilities with DTP-Hib vaccine stock out	%	No data	No data	Nil	22.6	22	20	18	17	16	<5%
7. AFP detection rate	%	5 cases	5 cases	11	4.25	2.4	96	18	18	18	1
8. AFP stool adequacy rate	%	80	75	100	100	100	2.8	80	80	80	80
Output											
9. (Full) Immunisation coverage under 1 year	%	91.18	84.24	82.32	88.5	89.82	92.5	93	94	95	90
10. Antenatal coverage	%	No data	No data	No data	94.3	93	93	99	100	100	80%
11. Vitamin A coverage under 1 year	%	No data	No data	74	93.1	101	96	maintain	maintain	maintain	80%
12. Measles coverage under 1 year	%	91.18	84.13	84.02	89.9	92.22	104	94	95	96	90
13. Cervical cancer screening coverage	%	No data	No data	0.57	0.25	5	3.4	8	10	12	15
Quality											
14. Facilities certified as baby friendly	%	3	3	13	33	49	6	60	65	70	30
15. Fixed PHC facilities certified as youth friendly	%	0	0	0	0	13	30	50			30
16. Fixed PHC facilities implementing IMCI	%	No data	No data	49	100	96.4	76	78			
Outcome											
17. Institutional delivery rate for women under 18 years	%	No data	No data	No data	3.8	No data	No data	No data			13
18. Not gaining weight under 5 years	%	4.42	4.98	4.43	3.5	3.18	3.16	3.14	3.12	3.10	

Source: DHIS

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	2002/03 (actual)	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate)
Current prices¹	32,918	47,831	8,134	6,771	Transferred to Department of Education
Total	2 858	2 858	2 858	2 858	
Total per person	11.52	16.74	2.32	2.55	
Total per uninsured person	13.52	19.65	2.73	2.78	
Constant (2004/05) prices²	376.58	518.97	84.76	67.71	
Total	2 858	2 858	2 858	2 858	
Total per person	0.13	0.18	0.03	0.02	
Total per uninsured person	0.15	0.21	0.03	0.03	

Source: Budgeting and Expenditure Subdirectorate

PROGRAMME 2: SUB-PRGRAMME– DISEASE PREVENTION & CONTROL

ANNEX 5: DISEASE PREVENTION AND CONTROL

SITUATION ANALYSIS

Eye Care Services

Eye care services focus on the prevention by simple and inexpensive means; of the 80% of blindness, which is preventable. The prevalence of blindness in South Africa is 0,75. According to Census 2001, 59 965 people in the Free State have a sight disability. Cataract is the leading cause of blindness.

Cataract Surgery

A partnership with UFS Department of Ophthalmology and the Bureau for the Prevention of Blindness addresses the cataract surgery backlog in the province. The table below reflects the success of this initiative.

Cataract operations performed in the Free State 1999 to 2004

Year	Operations performed	Cataract surgery rate (CSR) per million population
1999	465	No data
2004	3 157	1 489
2005	2794	1289
2006	2634	

The Department was awarded the “National Trophy for the period January 2005-December 2005 for Best Improvement in Cataract Surgery Rate (CSR)” and for “Achieving National Target of 1000 CSR per million population by 2005. “

Cataract operations were performed in all the regions of the province at the following hospitals: at National, Bongani, Boitumelo, Dihlabeng and Mofumahadi Manapo Mopeli hospitals. The Bureau for Prevention of Blindness conducted eye care tours to Nala, Phuthuloha, Dr J.S. Moroka, Botshabelo, Diamant, Phumelela and Parys hospitals.

Optometry Services

Optometry services are offered at Manapo Hospital, National Optometry Clinic and through outreach to Bongani and Boitumelo Hospital. 1578 spectacles were provided during 2005.

Oral Health Services

Oral health services focus on prevention, promotion and treatment of oral diseases. There are 101 dental clinics and six mobile clinics in the province. The introduction of community service dentists improved accessibility to oral health services.

The Department has entered into agreements with the University of Pretoria and the University of Limpopo to train specialists in Maxillo facial and oral surgery, as well as orthodontics. A specialist in Maxillo facial and oral surgery was appointed. at Pelonomi Hospital. A Memorandum of Agreement with Central University of Technology (CUT) aimed at creating a clinical environment within the health services for Dental Assistant Students.

Mental Health and Substance Abuse

Services that focus on prevention and promotion in terms of mental health and substance abuse are provided as part of the Primary Health Care package. The Victim Empowerment Programme (VEP) focuses on multisectoral efforts to eliminate abuse. There are four Victim Support Centres in the province i.e. Tshepong Victim Support Centre at National Hospital, Moroka Hospital, Botshabelo Hospital as well as at Kopano in Welkom.

Environmental Health

Non Personal Health is concerned with promotion of a healthy environment. The program consists of Occupational and Environmental health. The new National Health Act, 61 of 2003 defines Municipal Health Services as a list of Environmental Health Services. The only remaining provincial functions are Hazardous Substances, Port Health and Malaria Control. The following posts were created at provincial level: Food and Port Health, Pollution Control, and specialised services (Environmental Health Projects).

Food and Port Health Service

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

Designated ports of entry are: Bloemfontein Airport, Van Rooyen's Gate, Ficksburg, Caledonspoort and Maseru Bridge. A guideline on managing food safety at special events (social gatherings or massive catering) has been developed. This guideline will assist the province in managing food borne outbreaks. Food control committees with the purpose coordinating national and provincial food sampling programs were established in three regions namely Thabo Mofutsanyana, Lejweleputswa and Motheo District.

Pollution Control Service

This service includes monitoring and control of hazardous substances, creation of healthy settings, correct management of health care risk waste and promotion of health and hygiene education on water and sanitation. A Database of hazardous substances premises was developed. Suppliers of hazardous substances are registered and licensed. A training manual on "Safety Towards Our People" (STOP) was obtained and will be used to train Environmental Health practitioners and Community Development Officers.

Healthy Settings

One Environmental Health Practitioner per District was allocated the function of coordinating Healthy Settings and received training on "Health Promoting Settings: a partnership approach to Health Promotion". Different projects were identified for implementation in 3 districts.

Health Care Risk Waste Management

Management of Health Care Risk Waste in all provincial hospitals has been outsourced to Compass Waste Services. 35 Occupational Health Nurses and Infection Control nurses were trained in the safe management of health care risk waste. There has been improvement in the segregation of waste resulting in a decrease on monthly tonnage of

health care risk waste. There is a competition to encourage provincial hospitals to reduce the volumes of health care risk waste.

The existing contract does not cover management of health care risk waste in the provincial clinics. Inclusive specifications for the new bid are being prepared. For the interim, the clinics, provincial mortuaries, laundries and medical depot are operating on a quotation basis.

Health and Hygiene Education

40 Environmental Health Practitioners were trained in PHAST methodology.

Health and Safety

Master trainer course on Occupational Health and Safety was presented to 12 people. A "train the trainer course" ensured the uniformity of training within the Department. Of the 31 institutions, 18 have trained and functional health and safety representatives and committees. The province has 27 functional occupational health clinics attached to hospitals.

Benefit Medical Examination (BME)

This service is based on the lifelong monitoring, surveillance and evaluation of both former and active miners for possible compensatable occupational lung diseases. The legislature mandated the Free State Department of Health to render the Benefit Medical Examination (BME). 12 Hospitals were identified to render this service, 55 health professionals were trained and 358 patients have been examined. No records of compensation have been received.

Communicable Diseases

The department has measures in place to detect outbreaks especially Cholera and Congo Fever in the Free State. A Disease Outbreak Response Strategy was implemented in the three districts that are linked to the Lesotho Border and Bloemfontein International Airport. 1 provincial and 5 district Disease Outbreak Response Task Teams were established and retrained.

Table PREV1: Situation analysis indicators for disease prevention and control

Indicator	Type	Province wide value 2006/07	Motheo 2006/07	Xhariep 2006/07	Thabo Mofutsanya na 2006/07	Lejweleput swa 2006/07	Fezile Dabi 2006/07	National target 2003/4
Input								
1. Trauma centres for victims of violence	No	3	1	0	1	1	0	N/A
Process								
2. CHCs with fast queues for elder persons	%	10	2	2	2	2	2	10
Output								
3. Health districts with health care waste management plan implemented	No	5	1	1	1	1	1	N/A
4. Hospitals providing occupational health programmes	%	87	100	100	100	50	100	80
5. Schools implementing Health Promoting Schools Programme (HPSP)	%	48schools	18 schools	14 schools	3 schools	9 schools	4 schools	
6. Integrated epidemic preparedness and response plans implemented	Y/N	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Integrated communicable disease control plans implemented	Y/N	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Quality								
8. Schools complying with quality index requirements for HPSP	%	23	10	4	1	4	4	
9. Outbreak response time	Days	1 day	1 day	1 day	1 day	1 day	1 day	2
Outcome								
10. Dental extraction to restoration rate	No	20.4	11.1	9.8	20.6	5.6	18.2	0.5
11. Malaria fatality rate	No	0	0	0	0	0	0	0.40
12. Cholera fatality rate	No	0	0	0	0	0	0	1
13. Cataract surgery rate	No	90.7	94.9	100	100	75.2	94.4	950
17. Trauma centres for victims of violence	No	3	1	0	1	1	0	N/A

Source of data: DHIS data for calendar year 2006

POLICIES, PRIORITIES AND STRATEGIC GOALS

Mental Health

The Mental Health Care Act (17 of 2002) was promulgated on 15 December 2004. The following has been done in line with the provisions of the Act

- Designation of the Free State Psychiatric Complex and Mofumahadi Manapo Mopeli Regional Hospital;
- Appointment of 3 Mental Health Review Boards
- Dedication of 19 out of the 30 hospitals, to render a 72-hour assessment service.

Environmental Health

- Environmental health indicators were developed. Environmental structures were reviewed in line with the National Health Act (Act 61 of 2003).
- Health Care Risk Waste was outsourced to comply with the Environmental Management Act (Act 107 of 1989)
- Occupational Health Policy (Approved)
- Needle stick policy (reviewed)
- Guidelines for Health and Safety Representatives (developed)
- Health care risk waste management policy (to be developed)
- Port health strategy (is being developed)

Occupational Health

In terms of the Occupational Health and Safety Act 1993 (Act 85 of 1993), the department is obliged to ensure that the employees work within a safe and healthy environment. A provincial policy was developed to address the incidence of occupational injuries and diseases amongst health care workers and to ensure that a minimum package of Occupational Health service is available. Occupational Health clinics were established in Regional hospitals but the service is available in all hospitals.

Eye Care Services

The National and Provincial priority is to increase cataract surgery rate to 2000 per million population by 2010. The provincial policy on eye care was approved and will be implemented during 2006. The strategic goals are to strengthen initiatives to prevent and reduce blindness and to develop partnerships with NGOs involved in eye care.

Oral Health Services

The national goal is to reduce the extraction to restoration rate to 1:6. The provincial policy on oral health will be implemented from 2006. The strategic goals are to reduce the extraction to restoration rate to 1:6 and to develop specialised dental services in partnership with academic institutions training dental practitioners and oral health auxiliary personnel.

Environmental Health

Provincial decentralisation strategy for district health system development

Environmental health practitioners (EHP) will be devolved to the District Municipalities in line with the National Health (Act of 61 of 2003)

Service level agreements with municipalities and non-government organisations

The province will enter into Service Level Agreements with District Municipalities to strengthen the rendering of Municipal Health Services (MHS).

Status of council resolutions on Municipal Health Service (MHS), Service Level Agreement (SLA) with province and Devolution of MHS

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

Communicable Diseases

The Disease Outbreak Response Teams (DORT) policy has been finalised. To date, all DORT Teams have been revived and retrained on disease outbreaks.

Chronic Conditions

The department supported by the World Health Organisation, is implementing health promotion strategies to combat chronic diseases.

Guidelines on Palliative Care, Arthritis and Prostate Testing, are available and in line with National Guidelines.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and Financial management

Within current funding and incentives it remains a challenge to appoint staff in the following categories essential to the rehabilitation programme:

- Optometrists and other eye care staff.
- Oral health staff.
- Rehabilitation staff.
- Communicable Disease Control (CDC) Manager and Assistant Manager to act on disease outbreaks in the Free State.

Lack of funding exists for the following:

- Equipment for Eye care
- Equipment for Oral health
- Equipment and materials for Disabilities and Rehabilitation facilities and service points
- Lack of funding for Occupational Health program in institutions/hospitals.

Human Resources

No doctors and too few nurses trained in occupational health.

Support Systems

- An information system for eye care must be developed.
- Communicable Disease Control information systems need to be developed.

- Floor space is often not appropriate for rehabilitation therapy or is not considered at all in the revitalisation programme. There is a need to engage facility planning on the issue.

Specification of measurable objectives and performance indicators

**Table PREV2: Provincial objectives and performance indicators for disease prevention and control
PROGRAMME 2: DISTRICT HEALTH SERVICES (continued)**

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 2: REDUCE THE BURDEN OF DISEASE						
BUDGET SUBPROGRAMME: DISEASE PREVENTION AND CONTROL						
Provide preventive and promotive eye care services at all levels of care	Cataract Surgery Rate per million population. Number of cataract operations per million of population per year.	1289 cataract operations per million of population	1200 cataract operations per million of population	1400 cataract operations per million of population	1600 cataract operations per million of population	1800 cataract operations per million of population
	Number of spectacles issued per year	1578 spectacles issued	3000 spectacles issued	4000 spectacles issued	5000 spectacles issued	6000 spectacles issued
Reduce adolescent and youth morbidity and mortality.	% of PHC facilities accredited as youth friendly	12% of PHC facilities accredited as youth friendly	20% of PHC facilities accredited as youth friendly	30% of PHC facilities accredited as youth friendly	40% of PHC facilities accredited as youth friendly	50% of PHC facilities accredited as youth friendly
Improve women's health and reduce maternal- and neonatal mortality and morbidity.	Number of targeted women screened for cervical cancer.	22892 out of 481800 (4,75%)	25000 targeted women screened for cervical cancer.			
	Number of institutions implementing recommendations from Saving Mothers and Saving Babies reports. (Evidence of implementing recommendations is present; not the degree of compliance.)	275 facilities: (30 hospitals, 10 CHC's 235 Primary Health Care)	275 facilities: (30 hospitals, 10 CHC's 235 PHC)	275 facilities: (30 hospitals, 10 CHC's 235 PHC)	275 facilities: (30 hospitals, 10 CHC's 235 PHC)	275 facilities: (30 hospitals, 10 CHC's 235 PHC)
	Number of facilities providing TOP services.	40- (9 out of 30 hospitals, 1 out of 10 clinics)	40 facilities provide TOP services			
	Number of maternal health facilities with advanced midwives	Not determined. 20 advanced midwives among 40 health facilities	30 maternal health facilities with advanced midwives	40 maternal health facilities with advanced midwives	40 maternal health facilities with advanced midwives	40 maternal health facilities with advanced midwives

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 2: REDUCE THE BURDEN OF DISEASE						
BUDGET SUBPROGRAMME: DISEASE PREVENTION AND CONTROL						
Improve women's health and reduce maternal- and neonatal mortality and morbidity	Maternal mortality ratio	262/100000	250/100000	245/100000	240/100000	235/100000
Reduce infant, child youth and adult morbidity and mortality caused by genetic disorders/birth defects.	Number of facilities doing genetic screening. (Only secondary and tertiary hospitals currently doing genetic screening.)	6 facilities doing genetic screening	20 facilities doing genetic screening	30 facilities doing genetic screening	40 facilities doing genetic screening	50 facilities doing genetic screening
Improve surveillance of birth defects	Number of districts implementing the new standardized birth defects data collection tool	0 districts implementing the new standardized birth defects data collection tool	5 districts implementing the new standardized birth defects data collection tool	5 districts implementing the new standardized birth defects data collection tool	5 districts implementing the new standardized birth defects data collection tool	5 districts implementing the new standardized birth defects data collection tool

Table PREV3: Performance indicators for disease prevention and control

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Input											
1. Trauma centres for victims of violence	No	n/a	n/a	n/a	3	1	1	1	1	1	1 per district
Process											
2. CHCs with fast queues for elder persons	%		0	0	0	10	100	100	100	100	20
Output											
3. Health districts with health care waste management plan implemented	No	No data	No data	No data	5	5	5	5	5	5	All districts
4. Hospitals providing occupational health programmes	%	No data	No data	No data	87	87	100	100	100	100	100

5. Schools implementing Health Promoting Schools Programme (HPSP)	%	No data	No data	No data	48	48					
6. Integrated epidemic preparedness and response plans implemented	Y/N	No data	No data	No data	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Integrated communicable disease control plans implemented	Y/N	No data	No data	No data	Yes	Yes	Yes	Yes	Yes	yes	Yes
Quality											
8. Schools complying with quality index requirements for HPSP	%	No data	No data	No data	29	29					
9. Outbreak response time	Days	No data	No data	No data	No data	1 day	1				
Outcome											
10. Dental extraction to restoration rate	No	No data	No data	No data	No data	4	5	6	7	8	0.4
11. Malaria fatality rate	No	No data	No data	No data	0	0	0	0	0	0	0.25
12. Cholera fatality rate	No	No data	No data	No data	0	0	0	0	0	0	0.5
13. Cataract surgery rate	No	N/A	N/A	N/A	N/A	1289	1200	1400	1600	1800	1 000
14. Trauma centres for victims of violence	No	N/A	N/A	N/A	N/A	3	1	1	1	1	1 per district

Source: Health Support Cluster

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

ANNEX 6: EMERGENCY MEDICAL AND PATIENT TRANSPORT SERVICES

Programme 3 has the following sub programmes:

- Emergency Medical Services
- Patient Transport Services

SITUATION ANALYSIS

The pre-hospital emergency medical service attends to 80 000 calls per year. Performance at the level of national targets is a challenge.

Emergency Medical Services has 5 (five) components:

- Pre-hospital Emergency Care
 - Emergency Rapid Response Service
 - Rescue Services
 - Ambulance Service
- Inter-facility medical care
- Patient transport services
- Control room services
- Disaster and risk management

Decentralised management

The service is currently decentralised into three regions / complexes and five districts with a provincial coordinator in a separate authority structure. Clinical health services are managed in 3 regional complexes which manage regional hospitals and district health services each under the authority of General Manager. Operational Emergency Medical Services and patient transport services under this authority structure carry out operational duties and manage the resources. The reviewed macro organisational structure continues this division of authority. Micro structures are currently being reviewed in line with the approved macro structure on page 8. This will include provision for the organisational structure and location of Emergency Medical Services.

Personnel

951 Emergency Care Practitioners are employed in the categories listed in the table below.

Categories of qualification and level of expertise	Number
Basic Life Support:	800
Intermediate Life Support	134
Advanced Life Support (Operational)	13
Advanced Life Support (Admin/Management):	4

Training

An agreement was signed in 2003 with Trauma Link's Netcare 911 to train the personnel of the Province in Intermediate and Advanced Life Support. Thirteen of the Advanced and 97 of the Intermediate Life Support qualified at this institution. This arrangement culminates at the end of 2006..

Another agreement with the Central University of Technology (CUT) provides for training of departmental emergency care practitioners and for the department to provide experiential training facilities for their students. A staff establishment has been created with certain positions earmarked for experiential training of EMS personnel.

Training of Emergency Care Practitioners is being reviewed to align with the South African Qualification Authority and the guidelines of the Health Professions Council of South Africa's Professional Board of Emergency Care Practitioners. The National Department of Health is currently engaging with provincial departments regarding capacity development for Emergency Medical Services.

Demand for services

Five major national routes straddle the province, resulting in motor vehicle collisions all year round with an upward spiral during the festive season, mid year school and Easter holidays. Other trauma cases are due to assaults and violence.

Table EMS1: Situation analysis indicators for EMS and patient transport

Indicator	Type	Province wide value 2006/07	Motheo 2006/07	Xhariep 2006/07	Thabo Mofutsanyana 2006/07	Lejweleputswa 2006/07	Fezile Dabi 2006/07	National target 2003/4
Input								
1. Rostered Ambulances per 1000 people	No	0.2	0.2	0.4	0.1	0.4	0.1	0.2
2. Hospitals with patient transporters (Exclude, not managed by EMS)	%	0	0	0	0	0	0	70
Process								
3. Kilometres travelled per ambulance (per annum)	Kms	6431726	662122	859619	1324300	1844090	1741595	
4. Locally based staff with training in BLS BAA	%	77.1	76	89	81	83	87	59
5. Locally based staff with training in ILS AEA	%	18.3	21	10.5	18.5	16	12.5	29
6. Locally based staff with training in ALS Paramedics	%	4.6	3	0.5	0.5	1	0.5	15
Quality								
7. Response times within national urban target (15 mins) calls with a response of <15 minutes in an urban area	%	66.7	100	29.3	68.3	61.3	75	50
8. Response times within national rural target (40 mins) calls with a response of <40 minutes in a rural areas	%	59.9	50	26.1	80.6	81.3	61.7	50
9. Call outs serviced by a single person crew (Percentage of operational rostered ambulances with single person crews)	%	18.1	2	6.7	9.3	4.6	68	1.8
Efficiency								
10. Ambulance journeys used for hospital transfers	%	10.3	1.8	2.7	4.2	3.9	3.2	30
11. Green code patients transported by ambulance	%		75.5	38.1	56.1	85.2	86.2	
12. Cost per patient transported by ambulance	R	78.42	78.42	78.42	78.42	78.42	78.42	
13. Ambulances with less than 500,000 kms (200 000 kms)on the clock	%	68.2	55.6	96.6	62	26.1	100.9	50
Output								
14. Patients transported (by PTS) per 1,000 separations	No	186	29	34	14	53	66	10

Source:DHISdataisforcalenderyear2006 * Note that information given for EMS is not an annual performance picture because most of them started from April and some in July 2006 for DHIS SOFTWARE

POLICIES, PRIORITIES AND STRATEGIC GOALS

The provincial EMS Plan and National guidelines pertaining to EMS informs the development of the service in the province.

Standard Operating Procedures are in place and are augmented by the Protocols published by the Health Professions Council of South Africa pertaining to the three levels of Emergency Care Practitioners.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THESE

Support systems

Information systems

Seven officials have been allocated to gather information from the five Districts and consolidate it. They are working in collaboration with the Data Analysis Unit.

Pre – hospital Emergency Care

Realistic information on response times is difficult to obtain. The majority of control rooms are paper based with no voice recordings and electronic capturing of calls. As a result inaccurate statistics are gathered and reported “No service” calls are not reported, categorised and investigated. This could shed light on the reasons of cancellations and non-service.

Lack of ambulance stations / facilities

The areas housing ECP's, medical stocks and vehicles leave much to be desired. There is an urgent need to make funds available to construct facilities for Emergency medical services.

There are insufficient funds to cater for all equipment needs and proper maintenance plans.

Shortages of all types of vehicles.

Demand exceeds capacity with the result that vehicles run for 24 hours sometimes exceeding their scheduled maintenance service as

Vehicle accidents

There is an unacceptably high number of accidents involving EMS vehicles. Driver training is being prioritised. Five posts for permanent driving instructors have been identified and as soon as they have been approved on the staff establishment, the recruitment process will commence.

Finance and financial management, including funding of the national EMS framework

The current budget is inadequate to address the following:

- Procurement of an adequate number of ambulances
- Procurement of the necessary equipment
- Computer Aided dispatch software to triage patients

Human resources

Shortage of skilled staff in both management and operational areas.

- A proposed operational staff establishment could not be implemented due to lack of funds. This makes it difficult to render an effective service resulting in one person crew ambulances in certain instances however this situation will be reviewed with the advent of the 2010 Business Plan submitted to National Department of Health to include in the bid to national Treasury for funding.
- Vacancies in the Patient Transport Services division are still not filled.
- There are still insufficient numbers of qualified Advanced Life Support and Intermediate Life Support ECPs,
- Retention of Advanced Life Support personnel remains a challenge even though their remuneration packages were increased.

National guidelines for Human Resource Management as well as the National Committee on EMS recommendations need to be developed and adopted as a basis for the Provincial plans.

Specification of measurable objectives and performance indicators

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

GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
BUDGET SUBPROGRAMME: EMERGENCY TRANSPORT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 target	2008/2009 target	2009/2010 target
Ensure effective EMS response to disasters in the Free State	Report on readiness to respond to disasters in line with the Free State Disaster Plan	All disasters attend to	Maintain	Maintain	Maintain	
Provide an efficient pre-hospital and inter-hospital patient transport service	Number of ambulances per 1000 people	0.06	0.06	0.08	0.2	0.2
	% of BLS, ILS and ALS staff	BLS 84%	BLS 80%	BLS 74%	BLS 68%	BLS 62%
		ILS 14%	ILS 17%	ILS 21%	ILS 25%	ILS 28%
		ALS 2%	ALS 3%	ALS 5%	ALS 7%	ALS 10%
	% of call responses within national urban and rural target (15 minutes and 40 minutes)	Urban 39.9%	Urban 39.9%	Urban 53%	Urban 64%	Urban 85%
		Rural 17.7%	Rural 17.7%	Rural 27%	Rural 40%	Rural 67%
% call-outs serviced by single person crew	0.08%	0.08%	0	0%	0%	
% of ambulance journeys used for hospital transfers	10.3%	10.7%	12%	15%	15%	
Provide an efficient pre-hospital and inter-hospital patient transport service	% green code patients transported by ambulance	68.7%	70%	65%	61%	58%
	% ambulances with less than 500,000 kilometres on the clock	43%	38%	25%	18%	15%
Provide an effective and efficient Planned Patient Transport Service in line with the referral system	% of hospitals covered by planned patient transport	100%	100%	100%	100%	100%
	Number of patients transported by planned patient transport per 1000 separations	488	520	567	600	727
	% of patients arriving at next referral levels on time	13%	17%	33%	45%	60%
Implementation of provincial quality improvement strategy	% compliance with QA indicators	0%	0%	0.7%	15%	25%
	% compliance with Free State Department of Health clinical governance plan	0%	0%	10%	78%	100%
	% compliance with Free State Department of Health , health and safety auditing tool	0%	0%	10%	50%	68%
	% compliance with Free State Department of Health clinical risk management plan	0%	0%	10%	50%	68%

GOAL 1: COMPASSIONATE AND QUALITY SERVICES						
BUDGET SUBPROGRAMME: EMERGENCY TRANSPORT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 target	2008/2009 target	2009/2010 target
	% compliance with FSDOH infection control plan	0%	0%	33%	64%	78%
	% compliance with provincial emergency hospital preparedness plan	20%	33%	50%	77%	91%
			Emergency Medical Services pilot for accreditation	Rest of Emergency Medical Services working towards accreditation	Sustain accreditation standards	Sustain accreditation standards

Table EMS3: Performance indicators for the EMS and patient transport

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Input											
1. Rostered Ambulances per 1000 people	No	No data	No data	No data	3.05	0.122	0.2	0.08	0.2	0.2	0.3
2. Hospitals with patient transporters (Exclude, not managed by EMS)	%	0	0	0	0	0	0	No targets yet	No target yet	No target yet	100
Process											
3. Kilometres travelled per ambulance (per annum)	Kms	No data	643317 26	No targets yet	No target yet	No target yet					
4. Locally based staff with training in BLS BAA	%	No data	No data	No data	No data	77.1	80	74	68	62	100
5. Locally based staff with training in ILS AEA	%	No data	No data	No data	No data	18.3	17	21	25	28	
6. Locally based staff with training in ALS	%	No data	No data	No data	No data	4.6	3	5	7	10	

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Paramedics											
Quality											
7. Response times within national urban target (15 mins) calls with a response of <15 minutes in an urban area	%	No data	No data	No data	No data	39.9	66.7	53	64	85	100
8. Response times within national rural target (40 mins) calls with a response of <40 minutes in a rural areas	%	No data	No data	No data	No data	17.7	59.9	27	40	67	100
9. Call outs serviced by a single person crew (Percentage of operational rostered ambulances with single person crews)	%	No data	No data	No data	No data	0.08	18.1	0	0	0	0
Efficiency											
10. Ambulance journeys used for hospital transfers	%	No data	No data	No data	No data	10.3	10.7	12	15	15	30
11. Green code patients transported by ambulance	%	No data	No data	No data	No data	68.7	68.2	65	61	58	
12. Cost per patient transported by ambulance	R	No data	No data	No data	No data	78.42					
13. Ambulances with less than 500,000 kms (200 000 kms) on the clock	%	No data	No data	No data	No data	42.8	68.2	25	18	15	100
Output											
14. Patients transported (by PTS) per 1,000 separations	No	No data	No data	No data	No data	186	520	567	600	727	50

Source:DHIS forEmergency Medical Services

** Note that information given for EMS is not an annual performance picture because most of them started from April and some in July 2006 for DHIS SOFTWARE

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	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	90,941	116,502	123,648	146,339	149,678	189,129	210,319	266,478
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	35.18	40.76	43.26	51.20	52.37	66.17	73.59	93.24
Total per uninsured person	37.35	47.84	50.78	60.10	61.47	77.67	86.37	109.44
Total capital ²	7,060	5,367	8,294	13,728	14,594	22,744	23,744	35,073
Constant (2004/05) prices³	1,040.37	1,264.05	1,288.41	1,463.39	1,436.91	1,736.20	1,840.29	
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.36	0.44	0.45	0.51	0.50	0.61	0.64	
Total per uninsured person	0.43	0.52	0.53	0.60	0.59	0.71	0.76	
Total capital ²	7,060	5,367	8,294	13,728	14,594	22,744	23,744	35,073

Source: Budgeting and Expenditure Subdirectorate

PROGRAMME 4: PROVINCIAL HOSPITALS

ANNEX 7: PROVINCIAL HOSPITALS

Programme 4 has the following sub programmes:

- General (regional) hospitals
- Psychiatric hospitals

SITUATION ANALYSIS

Appraisal of existing services and performance since 2001/02

- Provincial hospital services are rendered through 5 general hospitals and one psychiatric hospital.
- Pelonomi Regional Hospital serves the Motheo and Xhariep districts, with a population of 842 015. An additional population of 270 000 can be added for districts across the border in the Eastern Cape which are referred to Pelonomi hospital.
- Bongani Regional Hospital serves the Lejweleputswa District, with a population of 717 214.
- Boitumelo Regional Hospital serves the Fezile Dabi district, with a population of 502 521.
- Dihlabeng Regional Hospital serves the western part of Thabo Mofutsanyana District, with a population of 323 380.
- Mofumahadi Manapo Mopeli Regional Hospital serves the eastern part of Thabo Mofutsanyana District, with a population of 437 458.
- Dihlabeng and Mofumahadi Manapo Mopeli hospitals are clustered as one complex, under one management team and hospital board. The same arrangement applies to Bongani and Boitumelo hospitals.
- The provincial hospitals experience an increased patient load due to the burden of diseases such as conditions associated with HIV and AIDS.
- All of the 6 provincial hospitals have undergone COHSASA accreditation programmes. Three attained full accreditation for two years, two are due for external reassessment and one was withdrawn due to the impact of current revitalisation projects at the hospital.
- Free State Psychiatric Complex is a specialised hospital, which serves as a referral mental healthcare facility for the province.
- The Mental Healthcare Act has been implemented effectively in the province, with functional Review Boards in each of the three regions.

Analysis of data

- The expenditure on hospital staff as a percentage of the total expenditure has increased to 69.36% in 2005/06. The fund allocation for services has steadily decreased in real terms.

- The province wide expenditure per PDE for general hospitals is at R1301.30.
- The average length of stay for 2005/06 stood at 5.34 (excluding the psychiatric hospital). The higher figure can be attributed to the increasing burden of disease and the fact that some regional hospitals render designated tertiary services. The high Caesarean section rate of 38.97% is based on the deliveries that were done at the regional hospitals only. The high rate is due to, inter alia, the lack of capacity to perform operations at district hospitals because of shortage of medical officers and professional nurses.
- The regional hospitals serve as specialised referral facilities for district hospitals. The referral system between the levels of care is implemented. However factors such as a shortage of medical officers and inadequate facilities at District hospital level mean that the regional hospitals constantly, handle level 1 cases.
- Pelonomi Regional Hospital gets referrals from the Sterkspruit and Aliwal North areas of the Eastern Cape and some from the Northern Cape and Lesotho.

Table PHS1: Public hospitals by hospital type

Hospital type	Number of hospitals	Number of beds	Beds per 1000 uninsured people		
			Provincial average	Highest district	Lowest district
District	24	1513	0.06	0.07 Southern Free State Complex	0.05 Northern Free State Health Complex
General (regional)	5	1900	0.8	0.9 Pelonomi Regional Hospital	0.6 Mofumahadi Manapo Mopeli and Dihlabeng Regional Hospitals
Central	1	632	0.26	Not applicable	
Sub total - acute hospitals	30	4045	0.06	0.07 Southern Free State Complex	0.05 Northern Free State Health Complex
Tuberculosis	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Psychiatric	1	877	0.17	0.361 Free State Psychiatric Complex	0.063 Mofumahadi Manapo Mopeli Regional Hospital
Total public	34	4922	0.06	0.07 Southern Free State Complex	0.05 Northern Free State Health Complex
Private sector	23	2201	0.9		

*Source of data populationinsured/uninsured numbers: Mid-year estimates 2002

*Source of data RegionalHospitals: Information Management Unit

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	Lowest district
Level 1	24	1513	0.06	0.07 Southern Free State Health Complex	0.05 Northern Free State Health Complex
Level 2	5	2777	0.8	0.9 Pelonomi Regional Hospital	0.6 Mofumahadi Manapo Mopeli and Dihlabeng Regional Hospitals
Level 2	1	877	0.07	Psychiatric beds 0.361 Free State Psychiatric Complex	
All acute levels	34	4922	0.06	0.07 Southern Free State Complex	0.05 Northern Free State Complex

**Source of data population insured/uninsured numbers: Mid-year estimates 2002*

**Source of data Regional Hospitals: Information Management Unit*

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

Indicator	Type	Province wide value 2006/07	Motheo Pelonomi 2006/07	Motheo FSPC 2006/07	Thabo Mofutsanya na Dihlabeng 2006/07	Thabo Mofutsanya na MMM 2006/2007	Lejweleput swa Bongani 2006/07	Fezile Dabi Boitumelo 2006/07	National target 2003/4
Input									
1. Expenditure on hospital staff as % of regional hospital expenditure	%	81	60.5	76.81	68.31	74.6	62	64	
2. Expenditure on drugs for hospital use as % of regional hospital expend	%	9	6.6	2.01	10.77	6.27	8	10	12
3. Expenditure by regional hospitals per uninsured person	R	300	382.59	175.67	297.73	226,42	219,42	198,18	
Process									
4. Regional hospitals with operational hospital board	%	100	100	100	100	100	100	100	80
5. Regional hospitals with appointed (not acting) CEO in post	%	100	100	100	100	100	100	100	75
6. Facility data timeliness rate for regional hospitals	%	100	100	100	100	100	100	100	43
Output									
7. Caesarean section rate for regional hospitals	%	41	53.4	0	60.6	49.1	33.7	21.5	22
Quality									
8. Regional hospitals with patient satisfaction survey using DoH template	%	Template not yet implemented in the Free State Department of health							20
9. Regional hospitals with clinical audit (M&M) meetings every month	%	100	1	1	1	1	1	1	90
Efficiency									
10. Average length of stay in regional hospitals	Days	4.9	5.1	63.9	4.2	3.6	5.7	4.9	4.8
18. Bed utilisation rate (based on usable beds) in regional hospitals	%	71.4	76.3	85.3	70.9	49.5	78.4	70.3	72
19. Expenditure per patient day equivalent in regional hospitals	R	1406.06	R1,450.94	432.88	1769.67	1507,00	984.43	885.38	1,128
Outcome									
11. Case fatality rate in regional hospitals for surgery separations	%	4.1	4.1	0	3.6	4.3	4.4	4.2	2.5

Source: DHIS information is for calendar year 2006
Financial data is for financial year to date

POLICIES, PRIORITIES AND STRATEGIC GOALS

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

- Boitumelo and Pelonomi hospitals are currently on the revitalisation programme and the projects will be implemented in line with the revitalisation plan.
- Business cases for revitalisation of Dihlabeng and Free State Psychiatric Complex have been approved.
- The rest of the provincial hospitals are to undergo revitalisation by 2014.

Planning and implementation of organisational development

- Organisational development audit has been carried out at Pelonomi and Boitumelo as part of the revitalisation project.
- The audits will be done at other hospitals.
- Review of the staffing and staff establishments of the hospitals is to be done with the current structure review in the department.

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

- Human resource, financial and supply chain management are currently under review and they will be implemented in line with the Presidential directive.

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

- Two provincial hospitals will undergo external accreditation assessment by COHSASA. Two of the previously accredited hospitals will maintain quality assurance programmes.
- All the six provincial hospitals will utilise the National Department Health tool for regular patient satisfaction surveys.
- One comprehensive client satisfaction survey will be done per hospital per annum.
- Departmental clinical governance policy will be implemented and monitored at each hospital.
- Provincial hospitals' performances will be implemented and monitored in line with national norms and standards.

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

- The provincial hospitals will, through outreach programmes, help improve the capacity of district hospitals to enhance down referrals and thus reduce the length of stay.
- The interventions necessitated by the client inputs from surveys will be carried out to maintain and improve the current bed occupancy rate.
- There is a need for an electronic billing system to enhance timeous billing of medical schemes, with resultant improvement in revenue generation.

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

- Pelonomi is a fully fledged regional hospital with some tertiary components.
- Bongani and Dihlabeng are to be developed into fully fledged regional hospitals by 2010.
- Boitumelo and Mofumahadi Manapo Mopeli are developing regional hospitals
- In line with the modernisation of tertiary services, all such services will be funded and run from one budget at the tertiary hospital, with the off-site services being linked as cost centres.
- Service packages are to be reviewed to ensure coverage and efficiency at levels 2 and 3.
- Outreach programme for mental healthcare services is to be reviewed
- Outreach programme for all basic disciplines to be enhanced.
- Provincial Preventive Substance Abuse Programme will be implemented.

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

- All the provincial hospitals have CEOs appointed in full-time positions.
- The current clustering of four hospitals into two complexes has been reviewed and will be discontinued. This will result in a single management team, including finance managers, and a hospital board for each hospital.
- Performance agreements are signed by all the CEOs, who are on the SMS salary band.

Management system development including cost centre accounting and information systems

- Financial management procedures are implemented in each hospital in line with the PFMA and applicable departmental policies.
- The cost centre management system implemented at all hospitals will be further developed to enhance decentralised management.

Use of conditional grants.

The following conditional grants are used:

- Health Professionals Training and Development for appointment of specialists and registrars, as well as training of the latter
- National Tertiary Services for joint appointments and funding of tertiary services
- Revitalisation funding of revitalisation projects at Pelonomi and Boitumelo hospitals according to the revitalisation programme.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

- Inadequate financial management capacity
- Under funding for the operations and resource provision
- Cross border patients and self referrals place an added burden on the budgets of provincial hospitals.

Human resources

- Recruitment, appointment and retention of healthcare professionals to be addressed through National Human Resources plan and departmental recruitment and retention strategy.
- High vacancy rates at facilities, particularly for healthcare professionals, need to be addressed through adequate budget allocation from national and provincial treasury

Support Systems

Information

- Integrated information system that would interface effectively with transversal systems such as PERSAL

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

BUDGET SUBPROGRAMME: GENERAL REGIONAL HOSPITALS						
GOAL1: COMPASSIONATE AND QUALITY SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care	1 institution implementing appropriate service package	1 institution implementing appropriate service package	2 institution implementing appropriate service package	2 institution implementing appropriate service package	3 institution implementing appropriate service package
	% achievement of efficiency targets	ALOS: 5.34 BUR: 71.65% Cost/PDE: R1002	ALOS: 5 BUR: 73% Cost/PDE: R1200	ALOS: 5 BUR: 75% Cost/PDE: R1250	ALOS: 4.8 BUR: 75% Cost/PDE: R1300	ALOS: 4.5 BUR: 75% Cost/PDE: R1300
	Number of institutions with an outreach programme(s) as a % of the total by level of care.	3 institutions (2 disciplines)	4 institutions (2 disciplines)	4 institutions (3 disciplines)	4 institutions (3 disciplines)	4 institutions (4 disciplines)
	Number and type of disciplines covered per regional hospital from the tertiary services complex	2 (Haematology, Oncology)				
	% appropriate referrals at all levels	n/a	40% appropriate referrals	50% appropriate referrals	50% appropriate referrals	60% appropriate referrals
	Institutions effectively serviced through telemedicine hub and spoke service	2 Institutions have the defined service	2 Institutions have the defined service	3 Institutions have the defined service	4 Institutions have the defined service	4 Institutions have the defined service
	Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards	n/a	50% approved service standards	60% approved service standards	65% approved service standards
% compliance with standards		n/a	65% compliance with standards	70% compliance with standards	75% compliance with standards	80% compliance with standards
% patient satisfaction rate according to national survey instrument		n/a	60% patient satisfaction	60% patient satisfaction	70% patient satisfaction	75% patient satisfaction
Implementation of the provincial health promotion strategy	Number of health promotion structures functioning at the appropriate level	n/a	5 health promotion structures			

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (continued)

BUDGET SUBPROGRAMME: GENERAL REGIONAL HOSPITALS						
GOAL1: COMPASSIONATE AND QUALITY SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL1: COMPASSIONATE AND QUALITY SERVICES						
Enhance promotion of healthy lifestyles and change from risky behaviour, especially among the youth.	Number of hospitals implementing the 5 priority health promotion campaigns (nutrition, substance abuse, tobacco, use of healthy environments)	n/a	5 hospitals implementing	5 hospitals implementing	5 hospitals implementing	5 hospitals implementing
GOAL 5: STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	% achievement of PPP agreement targets	n/a	n/a	80% agreed targets achieved	90% agreed targets achieved	90% agreed targets achieved
	Number of Service Level Agreements (SLA) and contracts signed with medical funds for Designated Service Provider Network	n/a	10 SLA signed	15 SLA signed	20 SLA signed	20 SLA signed
	Number of hospitals that are part of the Designated Service Provider Network (DSPN)	n/a	3 hospitals part of DSPN	4 hospitals part of DSPN	4 hospitals part of DSPN	4 hospitals part of DSPN
Implementation of the Service Transformation Plan for the Free State	% implementation of Service Transformation Plan (STP)	n/a	Draft plan aligned with business cases	Finalise plan and develop monitoring system	60% implementation	70% implementation
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Hospital facilities essential maintenance programme	% budget allocated and spent for facilities maintenance	n/a	n/a	2% budget allocated and spent	2.5% budget allocated and spent	3% budget allocated and spent
	% compliance with the Free State Department of Health specialized maintenance programme	n/a	n/a	% compliance	% compliance	% compliance
	% implementation of the Expanded Public Works Maintenance Programme	n/a	n/a	% implementation	% implementation	% implementation

BUDGET SUBPROGRAMME: GENERAL REGIONAL HOSPITALS						
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Provision of essential equipment to provincial health facilities	Number of facilities with essential equipment packages	n/a	Review equipment package per hospital	Equipment budget ring fenced	2 facilities have defined package	3 facilities have defined package
	Number of facilities with equipment surveys done	2 facilities surveyed	3 facilities surveyed	5 facilities surveyed	Monitored	Monitored
	% implementation of the equipment plan per facility	n/a	n/a	45% equipment plan	50% equipment plan	60% equipment plan
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level	1 facility has clinical engineering support	2 facilities have clinical engineering support	3 facilities have clinical engineering support	5 facilities have clinical engineering support	5 facilities have clinical engineering support

Table PHS5: Performance indicators for general (regional) hospitals

Indicator	Type	2001/02	2002/03	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 regional hospital expenditure	%	No data	No data	No data	56%	68.69	81	74	70	66	66
2. Expenditure on drugs for hospital use as % of regional hospital expend	%	No data	No data	No data	12.98%	6.49	9	10	10	12	12
3. Expenditure by regional hospitals per uninsured person	R	No data	No data	No data	R205.05	170.10	300	250	250	250	
Process											
4. Regional hospitals with operational hospital board	%	No data	No data	No data	100	100	100	100	100	100	100
5. Regional hospitals with appointed (not acting) CEO in post	%	No data	No data	No data	100	100	100	100	100	100	100
6. Facility data timeliness rate for regional hospitals	%	No data	No data	No data	100	100	100	100	100	100	100
Output											
7. Caesarean section rate for regional hospitals	%	No data	No data	No data	35.3	38.97	41	35	30	25	18
Quality											
8. Regional hospitals with patient satisfaction survey using DoH template	%	No data	No data	No data	0	0	0	100	100	100	100
9. Regional hospitals with clinical audit (M&M) meetings every month	%	No data	No data	No data	100	100	100	100	100	100	100
Efficiency											

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
10. Average length of stay in regional hospitals	Days	No data	No data	No data	4.9	5.34	4.9	5	4.8	4.5	4.1
11. Bed utilisation rate (based on usable beds) in regional hospitals	%	No data	No data	No data	70.8	71.65	71.4	75	75	75	75
12. Expenditure per patient day equivalent in regional hospitals	R	No data	No data	No data	1045.28	1301.30	1406.06	1300	1300	1300	1,128
Outcome											
13. Case fatality rate in regional hospitals for surgery separations	%	No data	No data	No data	3.2	2.42	4.1	2.3	2.3	2.1	2.0

Source: DHIS

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	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	623,165	695,167	797,822	856,209	867,048	962,153	1,061,971	1,202,459
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	218.04	243.24	279.15	299.58	303.38	336.65	371.58	420.73
Total per uninsured person	255.92	285.49	327.65	351.63	356.12	395.13	436.13	493.82
Total capital ²	12,766	6,950	12,336	10,375	10,713	12,730	18,730	19,779
Constant (2004/05) prices³	7,129.01	7,542.56	8,313.31	8,562.09	8,323.67	8,649	9,262.25	
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	2.49	2.64	2.91	3.00	2.91	3.09	3.24	
Total per uninsured person	2.93	3.10	3.41	3.52	3.42	3.63	3.80	
Total capital ²	12,766	6,950	12,336	10,375	10,713	18,730	18,730	19,779

Source: Budgeting and Expenditure Subdirectorate

PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

ANNEX 8: CENTRAL AND TERTIARY HOSPITALS

Programme 5 has only 1 sub programme

- Central hospital services

SITUATION ANALYSIS

Appraisal of Existing Services and Performance

Catchment population

Uninsured Population served		
FS 2004/5	Cross Border	Total
2,166,506	1,438,000	3,604,506

Tertiary Services:

- Currently, Universitas Academic Hospital (UAH) is providing a substantial part of Tertiary services to the Northern Cape population of 822 727.
- When the new level 3 hospital at Kimberley is commissioned this number will reduce. UAH will still provide certain level 3 services to Northern Cape Province per agreement.
- It is estimated that the level 3 cross border population from Northern Cape will be 150 000 in 2014/5. The level 3 cross border population from Lesotho is estimated to be 1 000 000 (total population of Lesotho is approximately 2 million based on the 2002 census according to the Lesotho Embassy) while the Eastern Cape will be the same as for Regional services at 270 000. The cross border level 3 services for Northern Cape will be agreed on at provincial level based on services to be provided. The 168 000 catchment population will have to be adjusted accordingly. Similarly, the agreement with Eastern Cape will have to be concluded.

Distribution of Catchment Population for Free State Public Hospitals

- It is not currently possible to accurately identify catchment populations for tertiary beds. The MTS states that Universitas is, and will be, the only tertiary hospital in the Free State.
- Tertiary services are also rendered at Pelonomi, MMM, Dihlabeng, Bongani and Boitumelo regional hospitals.
- Based on the patient days reported for the National Tertiary Services Grant (2004/5), the catchment population is distributed on a pro-rata basis

Flow of patients across provincial boundaries

- In addition to the above, the Eastern Cape population, bordering the province in the south, comes to Pelonomi hospital for Regional services.

- In October 2002 a cross border agreement was drafted between Free State and Eastern Cape agreeing the cross border population at 270 000 people

Waiting lists

- Universitas Academic Hospital has extended waiting lists for surgical procedures. Two examples are Arthroplastia (Hip, Knee and Shoulder replacements) and Cardiothoracic Surgery.
- To erase the backlog for Arthroplasty procedures, a total of R11,7 million will be needed per year, whereas R20,7 million per year is needed to erase the backlog for Cardiothoracic procedures. These backlogs only represent two surgical departments, as an example of the under-servicing situation which exists due to budgetary constraints

Quality Assurance

The Hospital has an established Quality Improvement Unit and this Unit is assisting all supervisors and managers to maintain accreditation by COHSASA (The Council for Health Service Accreditation of South Africa).

The package of service rendered at Universitas Academic Hospital

<ul style="list-style-type: none"> • Anaesthetics • Bone Marrow Transplant Unit, stem cell harvesting • Cardiology • Cardiothoracic Surgery • Clinical Immunology • Clinical Pharmacology Specialist (National Policy Support Unit, Sports Reference Lab) • Critical Care and ICU • Dermatology Specialist Service • Diagnostic Radiology (MRI, Interventional, Neuroradiology) • Endocrinology • ENT Surgery Specialised Service (Cochlear Implants) • Gastroenterology • General Medicine Service • General Surgery Service • Geriatrics • Haematology (Bone Marrow Transplantation Unit) • Human Genetics • Medical and Radiation Oncology (National Oncology Referral Centre) • National Nephrology Centre • Neonatology • Neurosurgery 	<ul style="list-style-type: none"> • Nuclear Medicine • Obstetrics and Gynaecology Service • Ophthalmology (Super-Specialist Ophthalmology Service) • Orthopaedic Surgery • Paediatric Cardiology • Paediatric Endocrinology • Paediatric Gastroenterology • Paediatric Haematology and Oncology • Paediatric ICU • Paediatric Medicine • Paediatric Nephrology • Paediatric Neurology • Paediatric Respiratory • Medicine and Allergology • Paediatric Surgery • Plastic and Reconstructive Surgery Specialist Service • Renal Transplant • Respiratory Medicine • Rheumatology • Skull Base Surgery • Urology Specialist Service • Vascular Surgery Specialist Service
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Table CHS1: Numbers of beds in hospitals by level of care

Central /tertiary hospital (or complex)	Level 3 and 4 beds	Level 1 and 2 beds	Total beds
Universitas Academic Complex	607	25	632

Source: Clinical Health Services Cluster

Table CHS2: Situation analysis indicators for each central/ tertiary hospital

Indicator	Type	Province wide value 2003/04	Province wide value 2004/05	Province wide value 2005/06	Province wide value 2006/07	National target 2003/4
Input						
1. Expenditure on hospital staff as % of hospital expenditure	%	60.37	62.97	61.9	60.32	
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	7.78	9.25	9.4	9.19	13
Process						
3. Operational hospital board	Y/N	Yes	Yes	Yes	Yes	Yes
4. Appointed (not acting) CEO in place	Y/N	Yes	Yes	Yes	Yes	Yes
5. Individual hospital data timeliness rate	Months	Yes	Yes	Yes	Yes	Yes
Output						
6. Caesarean section rate	%	63	59.8	60.8	68.6	32
Quality						
7. Patient satisfaction survey using DoH template	Y/N	No	No	No	No	Yes
8. Clinical audit (M&M) meetings at least once a month	Y/N	Yes	Yes	Yes	Yes	Yes
Efficiency						
9. Average length of stay	Days	6.4	5.6	5.8	5.9	6.8
10. Bed utilisation rate (based on usable beds)	%	61	62.5	64.1	68.6	75
11. Expenditure per patient day equivalent	R	2,735	3,328	2,934	3,036	1,877
Outcome						
12. Case fatality rate for surgery separations	%	23.21	1.9	1.4	1.2	3.6

Source: DHIS Data for calendar year 2006

Financial data is for financial year to date

POLICIES, PRIORITIES AND STRATEGIC GOALS

Universitas is the only tertiary hospital in the Free State. Tertiary services will be rendered at specific cost centres at Pelonomi, Dihlabeng and Bongani hospitals. Pelonomi hospital renders the following complementary tertiary services: Trauma unit, Burns Unit, Isolation, Maxillofacial Surgery, Infectious Disease and Spinal Surgery. Tertiary services will also be rendered at regional hospitals supported by a strong outreach programme. These services are provided for the Free State, Northern Cape, Eastern Cape and Lesotho communities.

Criteria for a tertiary service in the Free State Department of Health

Conform to 4 out of 5 of the following criteria or to criteria 3 with one or more of the other criteria:
1. Services rendered <ul style="list-style-type: none">• Central functionality - designated function for a whole province/surrounding area.• Highly specialised decentralised functions, e.g. CT Scan• Peripheral continuation of highly specialised services, e.g. cancer treatment and follow up.• Complicated diagnoses (expertise, specialised investigations/diagnostic equipment) and highly specialised complicated treatment
2. Cost <ul style="list-style-type: none">• Expertise• Equipment• Expensive treatment
3. Expertise <ul style="list-style-type: none">• Super and sub specialisation specialist (a dedicated full-time specialist in a unit or a person registered in a HPCSA sub-specialty) and/or• A specialist registered in: Neurosurgery, Urology, Dermatology, Oncology, ORL, Ophthalmology, Plastic and Reconstructive Surgery and Pharmacology
4. Designated unit <ul style="list-style-type: none">• Specific facility requirement/ designated unit• High cost unit• Dedicated funding• Full-time medical practitioner dedicated to the designated unit.
5. Specialised equipment

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

- The increased in demands for health services at Level T1, T2 and T3 against the decline in budget allocation for tertiary service. The FS Academic Health Complex will serve an uninsured population of 3,670,000 for T1 and 3,827,777 for T2 and T3 services by 2014.
- The disease profile of the catchment population is affected by ageing and the HIV and AIDS pandemic, which will increase demands for high cost treatment of degenerative diseases and AIDS.
- The need for intensive and high risk maternal, neonatal care and care for children under 5 is also increasing due to the HIV pandemic, Free State infant and mortality rates are not yet within national norms.
All of these place additional burdens on the budget.

Human Resources

- Heads of Departments were appointed in Cardiothoracic Surgery, Plastic Surgery together with other key personnel gains (i.e. Paediatric Surgery and Gastro enteric Surgery, Diagnostic Radiology). As a result of this and the attempt to address the extensive backlogs (and subsequent waiting lists) for these services; clinical activities in high tech and high cost service rendering areas increased substantially over the last two years..
- This placed substantial demands on theatre- and intensive care nurse utilisation and medicine and medical disposable consumption. The cost of medicines in general and the increased utilisation of expensive drugs contributed further to increased costs of service delivery.

Support systems

- An extensive outreach programme, supported by a hub and spoke telemedicine system needs to be in place between the tertiary and regional and district hospitals in order to ensure fully functional district and regional hospitals and the effective decentralisation of some tertiary services at regional hospital level.
- The extension of the academic platform to include Bongani Hospital and Kimberley Hospital Complex will further impact on the availability of manpower and will contribute to increased utilisation of other resources as well.
- The development and extension of the academic platform in this manner is, however, seen as of paramount importance to provide current students sufficient training opportunities and to fulfil in the future need for health care professionals.
- Space to accommodate training of health professionals is needed with respect to class rooms and recreational facilities
- The PPP with CHM/ Netcare needs to be managed optimally.

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

PROGRAMME 5: CENTRAL HOSPITALS

BUDGET SUBPROGRAMME: CENTRAL HOSPITAL SERVICES						
GOAL 1: COMPASSIONATE AND QUALITY CARE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implement the Master Plan for the Modernisation of Tertiary Services (MTS) for the Free State	% implementation of the MTS					
Provide appropriate and accessible level of health care services for the designated catchment population	Number of institutions implementing the appropriate service packages per level of care		Appropriate service package per institution in the AHC finalised	70% implementation of appropriate tertiary service package	80% implementation of appropriate tertiary service package	90% implementation of appropriate tertiary service package
	% achievement of efficiency targets by established clinical and clinical-support cost centres at UAH		Finalised cost centre dashboard and performance indicators for all cost centres	Monthly reports on all dashboard indicators to all cost centres	Monthly reports on all dashboard indicators to all cost centres	Monthly reports on all dashboard indicators to all cost centres
	Number of institutions with an outreach programme(s) as a % of the total by level of care.	60%	Defined outreach to 60% institutions	Defined outreach to 80% institutions	Defined outreach to 90% institutions	Defined outreach to 100% institutions
	Number and type of disciplines covered per regional hospital from the tertiary services complex		Only Oncology, Urology, Ophthalmology, Surgery and Genetics	Extended to Gynaecology, Anaesthetics, Radiology and Internal Medicine	Extended to Paediatrics, Orthopaedics and Cardiothoracic Surgery	Extended to include 70% of all tertiary departments
	% appropriate referrals at tertiary level		80% appropriate referrals	85% appropriate referrals	90% appropriate referrals	95% appropriate referrals
	% institutions effectively serviced through telemedicine hub and spoke service			Telemedicine infrastructure rolled out to all regional hospitals	Telemedicine infrastructure rolled out to all fully functioning district hospitals. Regional hospitals functional	All regional and district hospitals fully functional

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
BUDGET SUBPROGRAMME: CENTRAL HOSPITAL SERVICES						
GOAL 1: COMPASSIONATE AND QUALITY CARE						
Enhance the level of Batho Pele and Patient Charter skills and competencies within the department	% implementation of approved service standards			80%	90%	100%
	% compliance with standards			60%	70%	80%
	% patient satisfaction rate according to national survey instrument					
	% patient satisfaction rate according to national survey instrument		95%	97%	98%	98%
Implementation of the provincial health promotion strategy	Implementation of the provincial health promotion strategy per tertiary cost centre		70%	80%	90%	95%
Ensure sustainability of strategic partnerships	% achievement of PPP agreement targets		90%	95%	95%	95%
	Number of Service Level Agreements and contracts signed with medical funds for Designated Service Provider Network		Concept contracts developed	SLAs signed with 5 medical funds	SLAs signed with additional 5 medical funds	SLAs signed with additional 5 medical funds
	Number of hospitals that are part of the Designated Service Provider Network			3 regional and 1 national referral hospital part	Additional 3 district hospitals	Additional 2 developing regional and 3 district hospitals
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Hospital facilities essential maintenance programme	% budget allocated and spent for facilities maintenance		<2% budget allocated and spent	2.3% budget allocated and spent	2.3% budget allocated and spent	2.3% budget allocated and spent
	% compliance with the FSDH specialized facility maintenance programme			70% compliance	80% compliance	90% compliance
	% implementation of the Expanded Public Works Maintenance Programme (EPWP)			70% EPWP implementation	80% EPWP implementation	90% EPWP implementation

BUDGET SUBPROGRAMME: CENTRAL HOSPITAL SERVICES						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Provision of essential equipment to provincial health facilities	Number of facilities with essential equipment packages					
	Number of facilities with equipment surveys done		70% equipment surveys done in cost centres	80% equipment surveys done in cost centres	100% equipment surveys done in cost centres	100% equipment surveys done in cost centres
	% implementation of the equipment plan per facility		80% implementation of the equipment plan	100% implementation of the equipment plan	100% implementation of the equipment plan	100% implementation of the equipment plan
	Number of facilities with appropriate clinical engineering support at facility level		90% appropriate clinical engineering support	100% appropriate clinical engineering support	100% appropriate clinical engineering support	100% appropriate clinical engineering support

Table CHS4: Performance indicators for each central hospital

Indicator	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 hospital expenditure	%	60.37	62.97	61.9	60.32	59	68	72	70
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	7.78	9.25	9.4	9.19	12.7	11.6	11.2	13
Process									
3. Operational hospital board	Y/N	Yes							
4. Appointed (not acting) CEO in place	Y/N	Yes							
5. Individual hospital data timeliness rate	Months	Yes							
Output									
6. Caesarean section rate	%	63	59.8	60.8	68.6				25
Quality									
7. Patient satisfaction survey using DoH template	Y/N	No	No	No	No				Yes
8. Clinical audit (M&M) meetings at least once a month	Y/N	Yes							
Efficiency									
9. Average length of stay	Days	6.4	5.6	5.8	5.9	5.9	5.9	5.9	5.3
10. Bed utilisation rate (based on usable beds)	%	61	62.5	64.1	65	70	75	75	75
11. Expenditure per patient day equivalent	R	2,735	3,328	2,934	3,036	2,609	2,766	2,932	1,877
Outcome									
12. Case fatality rate for surgery separations	%	23.21	1.9	1.4	1.2				3.0

Source: DHIS

Past expenditure trends and reconciliation of MTEF projections with plan

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

Expenditure	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	421,339	444,581	462,621	543,235	576,169	651,419	702,330	807,148
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	147.42	155.56	161.87	190.08	201.60	227.93	245.74	282.42
Total per uninsured person	173.03	182.58	189.99	233.09	236.62	269.52	288.43	331.48
Total capital ²	5 ,954	1,464	17,253	2,384	18,000	5,000	5,000	5,000
Constant (2004/05) prices³	4,820.12	4 823.70	4 820.51	5,432.35	5,531.22	5,796	6,145.39	
Total ²	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	1.69	1.69	1.69	1.90	1.94	1.94	2.15	
Total per uninsured person	1.98	1.98	1.98	2.23	2.27	2.28	2.52	
Total capital ²	5 ,954	1,464	17,253	2,384	18,000	5,000	5,000	5,000

Source: Budgeting and Expenditure Subdirectorate

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

ANNEX 10: HUMAN RESOURCES

SITUATION ANALYSIS

HUMAN RESOURCE MANAGEMENT

Currently the department has 24 788 created posts of which 15 742 are filled, leaving 9 046 vacant posts.

- Vacancy rate is 36,4% however this is not a true reflection. It includes unfunded / non-critical posts.
- Already have MEC mandate to abolish such posts, need to identify unfunded posts;
- Draft Human Resources Plan, linked to National Department of Health plan and provincial plan available
- Draft Retention Strategies available
- PDMS needs to be reviewed to address actual performance management
- Decentralized management of discipline
- EAP Unit established and functional
- Extension of community service to professional nurses in 2007
- Recruitment process long and delays appointments of scarce skills;
- Established a monitoring and control unit for leave management
- Provide training on new SOMA directives
- Process to complete uniform tender
- Process of management of Housing Loan Guarantee Capital Account

HUMAN RESOURCE AND ORGANISATIONAL DEVELOPMENT

This comprises of:

- Education and training of nurses and midlevel health care workers
- Skills Development
- Allocation and awarding of bursaries

EDUCATION AND TRAINING OF NURSES

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

- Training is done at the Free State School of Nursing and eight Hospital Nursing Schools.
- The legislative framework and mandate for Nursing Education and Training is provided through provincial and national legislation and statutory bodies. The Higher Education Act No. 101 of 1997 and Further Education Act No. 98 of 1998, as well as the Nursing Act No. 33 of 2005 provide direction for structuring and implementation of learning programmes.
- The National Health Act No. 61 of 2003 and White Papers on Health and Education give direction in responding to the staffing needs of health care services

- The schools are accredited providers for nursing qualifications, as approved by the South African Nursing Council (SANC). The latter acts as an Education and Training Quality Assurance body (ETQA) of the South African Qualifications Authority (SAQA).
- Accreditation comprises learning program and institutional accreditation. (The latter refers to fitness for purpose in terms of availability of resources, including clinical areas.)

Major challenges are to expand the nursing education system to reduce the staff deficit and the unification of the fragmented nursing education system in the Province.

FREE STATE SCHOOL OF NURSING (FSON)

- Comprises a head office in Bloemfontein and three campuses, situated in Bloemfontein (Southern), Welkom (Northern) and Phuthadjithaba (East).
- Two learning programs are offered, that are recognized as Higher Education qualifications:

Basic Nursing Learning Program

- Diploma in Nursing (General, Community Health Care and Psychiatric) and Midwifery (4 years – NQF Level 6), and
- Diploma in General Nursing (2 years, bridging course – NQF Level 5).

Post Basic Nursing Learning Program (NQF Level 5)

- Operating Room Nursing (1 year),
- Intensive Nursing Care (1 year),
- Midwifery (1 year), and
- Child Care Nursing.

- Governance Structures comprise of the Senate and the Council. Six community representatives form part of the Council.
- The management system was strengthened by the constitution of standing committees for academic and administrative support. This initiated a process to align learning programs and activities with the principles and practises of Higher Education.
- An Academic Development and Planning Unit have been established with the aim of developing, implementing and supporting innovative academic strategies. This is the first unit of its kind at a nursing college in South Africa.
- Is a member of the Free State Higher Education Consortium and participate in several projects i.e Recognition of Prior Learning, Program Development and e-Learning.

HOSPITAL NURSING SCHOOLS (HNS)

Provide for the education and training of the sub categories in nursing and are located at:

- Metsimaholo District Hospital,
- Bongani Regional Hospital,
- Boitumelo Regional Hospital,
- Dr JS Moroka District Hospital,
- Universitas Academic Complex,
- Pelonomi Regional Hospital,
- Dihlabeng Regional Hospital, and
- Mofomahadi Mopeli Manapo Regional Hospital.

- Offer the Basic Nursing Learning Program that is recognized as Further Education Qualifications

- Certificate in Nursing (nursing auxiliary, one year qualification – NQF Level 3)
- Further Education Certificate in Nursing (Enrolled nursing, two year qualification – NQF Level 4).

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

The increased burden of disease and the implementation of the Primary Health Care Approach to health service delivery increased the demand for professional nurses. Simultaneously there was a decline in the intake of students since 1995

(Reporting in the following tables is aligned with the calendar of the academic year – January to December.)

No of students in training: Nursing Education Institutions 1995 to 2006

Qualifications	1995 – 1999*	2000	2001	2002	2003	2004	2005	2006
Diploma (4 years)	1160	545	465	384	360	388	450	593
Bridging Diploma (2 years)	180	120	130	95	86	104	80	102
Enrolled Nursing Certificate (2 years)	Not available	24	Not available	40	35	56	75	150
Enrolled Nursing Auxiliary Certificate (1 year)	Not available	27	32	33	30	40	30	60
Post Basic Diploma's (1 year)	Not available	10	18	23	30	30	35	138
Total	1340	726	645	575	541	619	670	1043

**Student Numbers per annum Free State Department of Health institutions*

- Until 2005 students were appointed in permanent student posts or employed as nursing auxiliaries or enrolled nurses. Being part of the workforce posed educational as well as financial challenges.
- Currently aspirant nursing auxiliaries and enrolled nurses cannot be trained unless posts become vacant on hospital staff establishments.
- Selection criteria, lack of academic student support, language constraints and other contributory factors led to a high failure rate.

Pass and failure rate - all learning programs, FSSON, 2003 – 2005

Pass/failure rate	Year		
	2003	2004	2005
Number Passed	383 (66%)	452 (72%)	446 (63%)
Number failed	197 (34%)	169 (28%)	274 (27%)
Total	580	621	698

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

Gender and race equity profile of student intake: all learning programs, FSSON, 2005 – 2006

Gender	Year	
	2005	2006
Male	51 (19.4%)	80 (22.5%)
Female	210 (80.6%)	276 (77.5%)
Total	261	357
Race		
African	240 (92%)	332 (93%)
Coloured	12 (4.5%)	14 (4%)
White	8 (3%)	11 (3%)
Indian	1 (.5%)	0
Total	261	357

EDUCATION AND TRAINING OF MIDDLELEVEL HEALTH CARE WORKERS

Training needs assessment, gap analysis, in-service and pre-service as well as relevance, quality and capacity of training programs and numbers trained

Major challenges are to design, implement and fund new learning programs that will address the health care needs of communities:

- Prior to formal education and training the skills, literacy and numeracy gap of employees (in the field of nursing and emergency medical care) poses an immense challenge.
- With the exception of nurses (who are trained by provincial providers), external providers (national or private) are mainly responsible for this training. The department is dependant on these external providers for the development and implementation of new learning programs. These providers experience challenges related to human resource capacity and funding.
- Intake nursing students depends on the availability of vacant posts in the relevant hospitals as well learnerships provided by Health and Welfare Sector and Training Association (SETA).
- Since the Departmental Ambulance College was closed down in 2002, midlevel emergency care practitioners are trained by a private provider in Gauteng. This training by a distant provider, often poses personal and social problems for adult students, is costly and complicates monitoring of standards and communication between the provider and the client (Free State Department of Health).
- An extended task team of the School of Medicine, University of the Free State and the department is preparing for the implementation of the Clinical Associate qualification at the University in 2008.

Status and profile of the education and training, numbers and funding of Midlevel Health Care Workers, FSDOH, 2004-2006

Mid-level Categories:	Provider of Education	Funding	Student Intake		
			2004	2005	2006
Enrolled Nurses	Hospital Nursing Schools, FSDOH	- Voted funds - HWSETA	40	30	75
Pharmacist Assistants	Private provider	- Voted funds - HWSETA	-	70	10
Post basic pharmacist Assistants	Private provider	- Voted funds - HWSETA	29	45	40
Physiotherapy Technicians	Higher Education	National Education	-	-	Learning programs developed
Rehabilitation Technicians	Higher Education	National Education	-	-	Learning programs developed
Dental Assistants	Higher Education	National Education	15	19	23
Emergency Care Practitioners (AA and CCA)	Private Providers	Voted Funds	-	87	41
Clinical Associates	Higher Education	National Education	-	-	Learning programs developed

SKILLS DEVELOPMENT UNIT (SDU)

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

Skills Development is directed by the National Skills Development Strategy and regulated by the Skills Development Act No. 97 of 1998. Funding is regulated by the Skills Development Levy Act No.9 of 1999.

- Accredited as an educational provider by the Health and Welfare Sector Education and Training Association under the brand name iCAM (Interactive Communication and Management System).
- Comprises two sections, each with several functional divisions to address the skills development needs of the FSDOH:

Skills Development Section

- Comprehensive, Care, Management and Treatment (CCMT) for HIV and AIDS,
- Transversal,
- Continuous Professional Development,
- Clinical,
- Skills Facilitation.

Multi-media broadcasting Unit (MMBU)

- Three broadcasting studio's,
- Forty two classrooms throughout the Free State that serves as learning and reception sites, and
- Satellite dishes erected at several clinics for broadcasts to personal computers.

Training is provided in three broad categories

- Transversal,
- Clinical including CPD, and
- CCMT for HIV and AIDS.

Categories of training provided to employees, SDU, 2004-2005

Categories	Number of employees	
	2004	2005
Transversal	1691	330
Clinical including CPD	564	401
CCMT for HIV and AIDS	738	1251
Total	2993	1982

- Acquired accreditation for the Ancillary Health Care qualification (NQF1), and provided training to 46 learners on learnerships during 2004-2005.
- ABET Training has been provided to 364 employees during 2004-2005.
- Training is also provided to staff and students in remote areas through the Multi Media Broadcasting Unit. This Unit is a great asset in monetary, management and skills development terms. (See Tables 5 and 6)
- Works in partnership with the University of the Free State, and in the process of extending partnerships to Government Departments.

Broadcasting hours and number of students/employees attending training, 2004-2005

Year	2004	2005
Number of students /employees	6401	10264
Broadcasting hours	1365	1781

Learnerships were acquired from the Health and Welfare SETA and the Irish Aid funding for several health related and other fields of study.

Number of learnerships acquired, field of study and funding, SDU, 2004-2005.

Field of study	Funding	Number of learnerships	
		2004	2005
Auxiliary Nursing	HWSETA	5	50
Enrolled Nursing	HWSETA	47	107
Bridging Nursing	HWSETA	-	37
Intensive Nursing Care	HWSETA	-	20
Operating Room Nursing	HWSETA	-	-
Pharmacy Assistance	HWSETA	10	30
Post Basic Pharmacy Assistance	HWSETA	-	9
Information Technology	Department of Labour	-	20
Engineering	Irish Aid	-	24
Total		62	297

NGO's and CBO's were incorporated in the Skills Development process

Training needs assessment and gap analysis

- The demand for numeric and literacy (ABET) training is enormous. The shortage of training providers is addressed.
- Training for volunteers as Ancillary Health Care Workers is due to commence for 200 volunteers of the FSDOH and the Department of Social Development as a project of the Expanded Public Works Program.
- Training for Comprehensive Care, Management and Treatment of HIV and AIDS for all categories of Health Care Workers as well as for other employees is due to start this year.
- With the implementation of the new Nursing Act No. 33 of 2005 Continuous Professional Development will be provided to Professional Nurses doing Community Service.
- Ongoing demand exists for training in management, and especially financial and human resources management.

BURSARIES

Training needs assessment, gap analysis and relevance

- The shortage of qualified personnel at all levels of service delivery continue to be a challenge and is addressed through the awarding of bursaries.
- Since the decentralisation of the Bursary Section from the Premier's Office, the number of bursaries awarded has increased.

Number of new bursaries awarded, FSDOH, 2000 – 2006

New bursaries awarded	Year						
	2000	2001	2002	2003	2004	2005	2006
Full time	135	74	117	160	132	234 (154 + 80*)	228 (28 + 200*)
Part time	25	0	235	84	217	214	98
Total	160	74	352	144	349	448	326

* Nursing Bursaries

The budget for the allocation of new bursaries including the bursary commitments for senior students (total budget), is reflected in the table below.

Budget for bursary allocations and commitments, 2000 - 2006

Budget	Year						
	2000	2001	2002	2003	2004	2005	2006
Total	R6,8 m	R7,8 m	R8,9 m	R9,6 m	R10,3 m	R18,3 m* (R12,3 m Voted Funds + R6 m HPT Grant - FSSON)	R20,6 m* (R12,2 m Voted Funds + RR8,4 m HPT Grant - FSSON)

* Includes the budget for nursing bursaries

Part-time bursaries have been awarded for designated fields of study.

Part-time bursaries for designated field of study, 2003 – 2006

Designated fields of study	Year			
	2003	2004	2005	2006
Primary Health Care Nursing	82	15	27	46
Advanced Midwifery and Neonatology	24	12	17	18
Psychiatric Nursing	-	33	14	26
Forensic Nursing	-	-	16	8

Table HR1: Public health personnel in 2005/06¹

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
Medical officers ³	735	4.64%	0.26	0.30	0.26	33.18
Medical specialists	176	1.11%	0.06	0.07	6.16	31.25
Dentists ³	59	0.37%	0.02	0.02	2.06	35.87
Dental specialists	4	0.03%	0.00	0.00	0.14	84.00
Professional nurses	3,581	22.59%	1.25	1.47	125	30.78
Staff nurses	371	2.34%	0.13	0.15	13	36.47
Nursing assistants	2,456	15.49%	0.86	1.01	86	52.91
Student nurses						
Pharmacists ³	210	1.32%	0.07	0.09	7.35	58.25
Number of physiotherapists	93	0.59%	0.03	0.04	3.25	39.78
Number of occupational therapists	98	0.62%	0.03	0.04	3.43	37.75
Number of psychologists	33	0.21%	0.01	0.01	1.15	24.24
Number of radiographers	233	1.48%	0.08	0.10	8.15	20.70
Number of Basic Ambulance Assistants	800		0.28	0.33	28	
Number of Ambulance Emergency assistants	134		0.05	0.06	4.69	
Number of Paramedics	17		0.01	0.01	0.59	
Number of nutritionists	The department does not have nutritionists since this fall under the same category as dieticians.					
Number of dieticians	73	0.46%%	0.03	0.03	2.55	43.8
Number of Community Care-Givers (even though not part of the PDoH staff)						
TOTAL		100				

Source: Free State Department of Health Human Resource Cube Cognos

Population 2002 mid year estimates used

POLICIES, PRIORITIES AND STRATEGIC GOALS

HUMAN RESOURCE MANAGEMENT

Legislation, directives, policies and national strategic direction govern the development of provincial human resource policies and directorates. Various provincial policies have been developed and implemented to manage and control a uniform, fair and transparent implementation of human resource related matters.

Other directives and measures:

- National HR Plan completed, draft provincial plan available
- MEC for Health approved the implementation of a macro staff establishment that will address structure to adhere to:
 - Affordability
 - Functionality
 - Elimination of duplication of functions
 - Efficient Service delivery
 - Evidence based practice
 - Decentralized model of service delivery
- DPSA issued new SOMA directives and processes to address incapacity leave and absenteeism
- New approved revised recruitment process
- EAP policy was approved and implemented
- DPSA issued a directive on retention strategy

HUMAN RESOURCE DEVELOPMENT

Plans are in place to address the shortfall in the number of professionals being trained in order to meet future service requirements. Plans are in place to address any shortfall in the relevance, quality and capacity of training programmes.

Legislation, plans and policies

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

- National Skills Development Strategy
- Bursary Policy

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

NURSING EDUCATION

Goals set to address the Human Resource Plan

- Expand the education system for nurses in the Free State Department of Health
- Expand support services for Nursing Education Institutions
- Revitalise and expand infrastructure for Nursing Education Institutions
- Align education and training programs to needs of Free State Department of Health needs

SKILLS DEVELOPMENT AND BURSARIES

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

- Training programmes for primary health care nurses; duration of reorientation programmes for primary health care
- Training programmes for mid-level workers (e.g. in nursing, pharmacy, dentistry, radiography, physiotherapy, occupational therapy)
- Skills development and other training programmes (e.g. in management, integrated management of childhood illnesses, counselling, home based care, ABET, learnerships)
- Structured in-service education/continuing professional development programmes
- Curriculum innovation and development (e.g. competency based and health system based curricula, problem based learning, community based education)
- Personnel on which the development component of the Health Professionals Training and Development Grant (HPTD) will be expended.
- Address the training and skills competencies gaps
- Expand training of employees on Comprehensive Care, Management and Treatment (CCMT) of HIV and AIDS
- Placement of bursary holders

HEALTH PROFESSIONAL TRAINING GRANT

Personnel expenditure on which the development component of the HPT and D Grant will be spend:

- Personnel
- Lecturers FSSON,
- Registrars, UFS Medical School,
- Teaching staff, UFS Medical School.

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

BUDGET SUBPROGRAMME: HEALTH SCIENCES TRAINING						
GOAL 4: APPROPRIATE AND SKILLED PERSONNEL						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of a Human Resource Management, Provisioning and Development Plan for the Department.	Percentage increase of student intake in terms of: Nursing and Mid-level Health Care Workers	NURSING: Basic qualifications <ul style="list-style-type: none"> ▪ 4 year Diploma – 100% increase (250 students) ▪ 2 year Diploma (bridging) no increase (80 students) 	No increase maintain intake of 250 No increase maintain intake of 80	20% increase (300 students) No increase maintain intake of 80)	No increase maintain intake No increase maintain intake of 80	No increase maintain intake No increase maintain intake of 80)
		Post Basic Qualifications <ul style="list-style-type: none"> ▪ No increase • Theatre (20 students) • Intensive nursing care (20 students) • Paediatrics (0 students) • Midwifery (50 students) 	Increase intake in paediatrics to 10, maintain intake of other specialities	Maintain intake	Maintain intake	Maintain intake
		MID-LEVEL HEALTH CARE WORKERS <ul style="list-style-type: none"> ▪ Enrolled Nursing - 100% increase (75 students) ▪ Auxiliary Nursing – no increase (60 students) ▪ Basic Pharmacy Assistants – no increase (9 students) 	25% increase (100 students) No increase - maintain intake of 60 student	25% in crease (130 students) 40% increase (100 students)	25% in crease (170 students) 20% increase (125 students)	Maintain intake of 170 students Maintain intake of 125 students
	Number of bursaries awarded for fulltime studies for professionals as prioritised	Awarded 595 (280 nursing; 315 others)	Award 730 (480 nursing; 300 others)	Award 980 (680 nursing; 250 others)	Award 930 (680 nursing; 250 others)	Award 930 (680 nursing; 250 others)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

BUDGET SUBPROGRAMME: HEALTH SCIENCES TRAINING

GOAL 4: APPROPRIATE AND SKILLED PERSONNEL

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of a Human Resource Management, Provisioning and Development Plan for the Department.	% implementation of expanded education and training programme for: - Mid-level workers - Professional Nurses.	10 % (programs in preparation) 10% implementation programme for Professional Nurses (Commenced with increased intake)	40% implementation programme for mid level workers 60% implementation programme for Professional Nurses	50% implementation programme for mid level workers 60% implementation programme for Professional Nurses	60% implementation programme for mid level workers 90% implementation programme for Professional Nurses	60% implementation programme for mid level workers 90% Unification of Nursing Education System
	% of hospital managers trained in Hospital Management.	38% hospital managers trained in Hospital Management.	60% hospital managers trained in Hospital Management.	70% hospital managers trained in Hospital Management.	80% hospital managers trained in Hospital Management.	100% hospital managers trained in Hospital Management.
	Number of learners trained per district in ABET Training in collaboration with further education institutions	None	300 learners trained per district in ABET Training	300 learners trained per district in ABET Training	400 learners trained per district in ABET Training	400 learners trained per district in ABET Training
	Number of 18.1 learnerships (for employees) implemented per district for nursing Auxiliaries, enrolled nurses, bridging course for nursing, critical care, post-basic pharmacy, engineers and artisans	43 learnerships, Motheo 43 learnerships, Thabo Mofutsanyana 35 learnerships, Lejweleputswa 35 learnerships, Fezile Dabi 35 learnerships, Xhariep	50 learnerships, Motheo 50 learnerships, Thabo Mofutsanyana 40 learnerships, Lejweleputswa 40 learnerships, Fezile Dabi 40 learnerships, Xhariep	Maintain numbers 50 learnerships, Motheo 50 learnerships, Thabo Mofutsanyana 40 learnerships, Lejweleputswa 40 learnerships, Fezile Dabi 40 learnerships, Xhariep	Maintain numbers 50 learnerships, Motheo 50 learnerships, Thabo Mofutsanyana 40 learnerships, Lejweleputswa 40 learnerships, Fezile Dabi 40 learnerships, Xhariep	Maintain numbers 50 learnerships, Motheo 50 learnerships, Thabo Mofutsanyana 40 learnerships, Lejweleputswa 40 learnerships, Fezile Dabi 40 learnerships, Xhariep

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

BUDGET SUBPROGRAMME: HEALTH SCIENCES TRAINING

GOAL 4: APPROPRIATE AND SKILLED PERSONNEL

Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Implementation of a Human Resource Management, Provisioning and Development Plan for the Department.	Number of continuous professional development (CPD) training sessions implemented for identified categories of health professionals	37 training sessions implemented	50 training sessions implemented	60 training sessions implemented	60 training sessions implemented	70 training sessions implemented
Implement a Workplace Skills Plan.	Percentage of employees per district who received transversal training ⁴	64 employees for Motheo 64 employees for Thabo Mofutsanyana 64 employees for Lejweleputswa 63 employees for Fezile Dabi 61 employees for Xhariep	80 employees for Motheo 80 employees for Thabo Mofutsanyana 80 employees for Lejweleputswa 60 employees for Fezile Dabi 60 employees for Xhariep	80 employees for Motheo 80 employees for Thabo Mofutsanyana 80 employees for Lejweleputswa 60 employees for Fezile Dabi 60 employees for Xhariep	80 employees for Motheo 80 employees for Thabo Mofutsanyana 80 employees for Lejweleputswa 60 employees for Fezile Dabi 60 employees for Xhariep	80 employees for Motheo 80 employees for Thabo Mofutsanyana 80 employees for Lejweleputswa 60 employees for Fezile Dabi 60 employees for Xhariep
	% compliance with required skills and competencies per level of care	Senior Managers 20.9% Professionals 80% Technician 90% Clerk 39.76% Service 8.46% Labour 7.24%	Senior Managers 30% Professionals 80% Technician 90% Clerk 50% Service 10% Labour 10%	Senior Managers 30% Professionals 80% Technician 90% Clerk 60% Service 15% Labour 20%	Senior Managers 40% Professionals 80% Technician 90% Clerk 60% Service 20% Labour 20%	Senior Managers 50% Professionals 80% Technician 90% Clerk 70% Service 25% Labour 30%

⁴ Database is being developed to determine percentage

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

BUDGET SUBPROGRAMME: HEALTH SCIENCES TRAINING						
GOAL 4: APPROPRIATE AND SKILLED PERSONNEL						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Educate and train volunteers of the Free State Department of Health	Number of Community Development Workers trained and placed per sub-districts (Extend Expanded Public Works Programme - EPWP).	Training Commenced	Maintain numbers per district 40 Motheo 40 Thabo Mofutsanyana 30 Lejweleputswa 25 Fezile Dabi 15 Xhariep	Maintain numbers per district 40 Motheo 40 Thabo Mofutsanyana 30 Lejweleputswa 25 Fezile Dabi 15 Xhariep	Maintain numbers per district 40 Motheo 40 Thabo Mofutsanyana 30 Lejweleputswa 25 Fezile Dabi 15 Xhariep	Maintain numbers per district 40 Motheo 40 Thabo Mofutsanyana 30 Lejweleputswa 25 Fezile Dabi 15 Xhariep
	Number of volunteers trained per district as Community Health Care Workers (CHW) (NQF Level 4)	None	None	None	100 volunteers trained as CHW per district	100 volunteers trained as CHW per district
Educate and train volunteers of the Free State Department of Health	Number of 18.2 learnerships (unemployed people) implemented per districts for auxiliary nursing, enrolled nursing and basic pharmacy, etc.	233 learnerships (unemployed people) implemented	50 learnerships (unemployed people) implemented	50 learnerships (unemployed people) implemented	50 learnerships (unemployed people) implemented	50 learnerships (unemployed people) implemented
GOAL 5 : STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Ensure sustainability of strategic partnerships	Number of approved Joint Agreements with Further and Higher Education Institutions.	Three Agreement with CUT	2 new agreements with CUT and NETCARE TA	Maintain 4 current agreements	Maintain 4 current agreements	Maintain 4 current agreements

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

Indicator	Type	2004/05	2005/06	National target 2007/08
Input				
1. Medical officers per 100,000 people	No	0.24	0.20	18.7
2. Medical officers per 100,000 people in rural districts	No	No data for rural districts	No data for rural districts	12.2
3. Professional nurses per 100,000 people	No	2.23	2.27	105
4. Professional nurses per 100,000 people in rural districts	No	No data for rural districts	No data for rural districts	92.5
5. Pharmacists per 100,000 people	No	0.03	0.08	34
6. Pharmacists per 100,000 people in rural districts	No	No data for rural districts	No data for rural districts	24
Process				
7. Vacancy rate for professional nurses	%	93.97	41.43	15
8. Attrition rate for doctors	%			25
9. Attrition rate for professional nurses	%			25
10. Absenteeism for professional nurses	%			5
Output				
11. Doctors recruited against target	%	No target	No target	80
12. Pharmacists recruited against target	%	No target	No target	60
13. Professional nurses recruited against target	%	No target	No target	90
14. Community service doctors retained in the province	%			40
Quality				
15. Hospitals with employee satisfaction survey	%	No data	No data	50
Efficiency				
16. Nurse clinical workload (PHC)	No	26.2	29.4	
17. Doctor clinical workload (PHC)	No	29.7	26.8	
Outcome				
18. Supernumerary staff as a percentage of establishment	%	0	0	

Source: Free State Department of Health Human Resource Cube Cognos

Population 2002 mid year estimates used insured/uninsured

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

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target for 2007/08
Input											
1. Intake of medical students	No	No data	140	150	134	150	160	160	160	160	
2. Intake of nurse students*	No	140	157	156	140	170	355	360	370	390	
3. Students with bursaries from the province	No	139	63	356	189	595	730	930	1030	1000	
Process											
4. Attrition rates in first year of medical school	%	1	1.2	1	0.9	3	7	7	7	6	10
5. Attrition rates in first year of nursing school	%	1	1.2	1	0.7	1	1.2	1	1	1	10
Output											
6. Basic medical students graduating	No	No data	109	88	172	106	110	115	120	123	
7. Basic nurse students graduating*	No	179	165	148	132	92	125	130	160	286	
8. Medical registrars graduating	No	No data	36	41	34	45	40	42	42	42	
9. Advanced nurse students graduating*	No	201	340	450	330	350	370	400	400	400	
Efficiency											
10. Average training cost per basic nursing graduate	R	32 000	33 000	R41 000	R45 000	R48 000	R50 000	R55 000	R55 000	R55 000	
11. Development component of HPT & D grant spent	%	-	-	-	100%	100%	100%	100%	100%	100%	100

Source: Health Support Cluster

Past expenditure trends and reconciliation of MTEF projections with plan

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

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

Expenditure	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	45,770	79,199	90,949	95,873	91,658	111,964	136,445	158,309
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	16.01	27.71	31.82	33.55	32.07	39.18	47.74	55.39
Total per uninsured person	18.80	32.53	37.35	39.37	37.64	45.98	56.03	65.01
Constant (2004/05) prices²	523.61	859.31	947.69	958.73	879.92	1,027.83	1,193.89	
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.18	0.30	0.33	0.34	0.31	0.36	0.42	
Total per uninsured person	0.22	0.35	0.39	0.39	0.36	0.42	0.49	

Source: Budgeting and Expenditure sub-directorate

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

ANNEX 9: HEALTH CARE SUPPORT SERVICES

Programme 7 has the following sub programmes:

- Laundries
- Orthotic and Prosthetic services
- Medicines Trading Account

SITUATION ANALYSIS

LAUNDRY SERVICES

Linen is being processed at the 4 Laundries situated at Bloemfontein (two), Kroonstad and Qwa Qwa. The users determine service levels and are required to purchase linen. Notwithstanding the critical shortage of linen items, services have been satisfactory over the past 3 years.

A general shortage of linen is being experienced in the province however; a project to combat this situation is currently being developed. Phase I of the Electronic Tracking of linen items, was successfully completed during 2005/6 and Phase II is scheduled for September/October 2006. The vehicle fleet is being monitored via satellite tracking in an attempt to streamline the routes and improve service delivery

Further to this, the implementation of a quality assurance programme has been completed and final evaluation is awaited.

POLICIES, PRIORITIES AND STRATEGIC GOALS

The goal of Laundry Services is to optimise and manage linen (an asset in excess of R17 million) within the province.

Control and management is addressed via the direct off site management of linen items on behalf of the user, by the Laundry Services. The control of these items is achieved by the electronic tracking mentioned above. A target of a 100% delivery of required items is pursued.

Analysis of constraints and measures to overcome

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

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

The acquisition of high quality linen remains an issue and the Department of Labour, whilst delivering a high quality product, is not competitive with the open market. Alternative sources and methods of linen item manufacture, are being pursued.

ORTHOTIC AND PROSTHETIC SERVICES

SITUATION ANALYSIS

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

Services are provided in Bethlehem and Bloemfontein and Welkom. Three additional service points were established in rural areas (Xhariep, Thabo Mofutsanyana and Lejweleputswa) and at Botshabelo Hospital. The service is controlled at provincial level.

Construction of the new Orthotic and Prosthetic facility for Thabo Mofutsanyana, at Dihlabeng Regional Hospital will improve the extension of O and P services. Over the longer term two more centres are planned for the two remaining districts of the province namely Xhariep and Fezile Dabi.

POLICIES, PRIORITIES AND STRATEGIC GOALS

A draft policy for Orthotic and Prosthetic Services is available which will ensure:

- Adequate service provision,
- Improvement of quality service,
- Availability of appropriate resources and
- Improved collaborative engagement with all stakeholders.

Inputs are being received from the relevant stakeholders which will consolidate into a final policy.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance and financial management

At the Bethlehem Centre the allocated budget cannot be effectively spent due to a lack of appropriately experienced personnel and support systems (the centre relies on Phekolong hospital facilities for assistance in provisioning).

The planned introduction of a provisioning facility within the centre is being explored. This will involve the following: appointment of an Administrative Officer, Chief user clerk, General Worker.

Human Resources

Orthotic and Prosthetic Services have been under spending for a period of three years, due to critical shortages of Orthotic and Prosthetic professionals. Shortages of some categories in the support staff also pose serious problems for the efficiency of the services.

- The staff establishment will be revised to enable the planned functioning of the service.
- To augment the low numbers of Orthotic and Prosthetic practitioners bursaries for these categories are required

Support Systems

The current Orthotic and Prosthetic Centre in Bethlehem cannot be expanded to accommodate the required staff and equipment.

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

- Adequate Provisioning facility
- Human Resource section (personnel officers)
- Administrative department

The organisational structure has been designed to address the functionality of the services in the Provinces and will be incorporated into the new micro structure of the department.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Table SUP1: Provincial objectives and performance indicators for support services

BUDGET SUBPROGRAMME: LAUNDRIES						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Develop and implement a comprehensive laundry plan in line with needs	Customer queries reduced below 5 per year	Queries down to 10 per year	Queries down to 5 per year	Queries down to 5 per year	Queries down to 2 per year	Queries down to 2 per year
	6 SLA's agreed to by institutions	6 SLAs agreed to by institutions.	6 SLAs agreed to by institutions.	10 SLAs agreed to by institutions.	14 SLAs agreed to by institutions.	18 SLAs agreed to by institutions.
	Functions identified for Employee Owned Enterprises	Plan developed for Employee Owned Enterprises.	Functions identified for Employee Owned Enterprises in terms of employee owned enterprise Plan.	50% implemented plan for 1 Employee Owned Enterprise.	60% implemented plan for 1 Employee Owned Enterprise.	80% implemented plan for 1 Employee Owned Enterprise.
BUDGET SUBPROGRAMME: ORTHOTIC AND PROSTHETIC SERVICES						
Improve Accessibility to Orthotic and Prosthetic Services	Number of users per year	Bloemfontein	8650	3320		
		Welkom	4530	1299		
		Bethlehem	328	150		

BUDGET SUBPROGRAMME: MEDICINES TRADING ACCOUNT						
GOAL 6: EFFICIENT MANAGEMENT AND GOVERNANCE						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Ensure the upgrading of the pharmacy facilities to enhance service delivery	% of pharmacy facilities in full compliance of the licensing requirements of MCC	The plan for Upgrading the physical facilities at the medical depot to enhance service delivery progressed	The process has commenced and will end 2006/2007. Second phase to commence in this period.	Second phase to end in this period. Third phase to end in this period.		
Ensure compliance with PFMA prescripts pertaining to the trading entity and effective stock management	% value of trading stock compared to approved trading capital (Maintain the service level of the medical depot within the limits of trading capital)	75.2% Due to the cashflow problems experienced by the medical depot, the depot was not in a position to pay the suppliers within the allocated time. This resulted in the suppliers not being willing to deliver stock to the medical depot. The second factor contributing to the low service delivery was the inconsistent ordering patterns of the institutions.	83%	Maintain 83%	Improve to 85%	Maintain 85%

Past expenditure trends and reconciliation of MTEF projections with plan

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

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

Expenditure	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	27,551	36,255	46,584	55,050	60,313	64,481	69,712	73,374
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	9.64	12.69	16.30	19.26	21.10	22.56	24.39	25.67
Total per uninsured person	11.31	14.89	19.13	22.61	24.77	26.48	28.63	30.13
Constant (2004/05) prices²	315.18	393.37	485.41	550.50	579.00	591.94	609.98	
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.11	0.14	0.17	0.19	0.20	0.21	0.22	
Total per uninsured person	0.13	0.16	0.20	0.23	0.24	0.24	0.25	

Source: Budgeting and Expenditure Subdirectorate

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

ANNEX 11: HEALTH FACILITIES MANAGEMENT

Programme 8 has the following subprogrammes:

- District Hospitals
- Provincial Hospitals

SITUATION ANALYSIS

CLINICAL ENGINEERING: BUDGET SUBPROGRAMME: DISTRICT HOSPITALS

District hospitals do not have support from Clinical Engineering at the district office. The only support is from personnel from the corporate office. This support is upon request and during routine scheduled visits. This type of support needs to be closer to the point of service. This can be provided by a regional hospital in that area.

Equipment procured is not always appropriate for the level of service. Some equipment is not sufficiently robust for use at hospital level or suited to the task for which it was purchased. Standard equipment lists per level of care will be drawn up to ensure purchase of equipment appropriate to use.

To ensure equity in service and equipment, audits are done to determine the gap between hospitals at the same level.

Maintenance is done on an *ad hoc* basis.

POLICIES AND REGULATIONS

The new regulations for the Health Act nr 61 of 2003 are in the process of formulation. These requirements will improve the Management of equipment.

ANALYSIS OF CONSTRAINTS:

Human Resources

The biggest constraint always has been funding and personnel. Personnel are now available and will be appointed. Once the technicians are appointed, the challenge will be to set up workshops with the appropriate buildings and the necessary tools and transport for visits to district hospitals.

Finance and Financial Management

- The amount for the workshop will differ from hospital to hospital. A basic amount required per workshop will be R 2 million.
- This will be in total R8 million for the 4 workshops. This will include all the necessary services.
- The tools and test equipment will approximately be R3000/technician for tools and R120 000 for test equipment. The total for 2 technicians per hospital will be R 2 126 million.

MEASURES PLANNED TO OVERCOME CONSTRAINTS

In order for the Department to overcome these constraints, there must be a budget to fund these workshops. Posts must be filled. An equipment contract to procure standardized equipment must be arranged. This will need the cooperation of all personnel involved. Before any equipment is procured the specialised personnel must be consulted to ensure quality equipment.

HEALTH FACILITIES MANAGEMENT

SITUATION ANALYSIS

The main activities that are being managed by the component, can be outlined as follows:

- Infrastructure Grant: Upgrading and refurbishing of Health Institutions.
- Revitalization Grant: Revitalization of Health Institutions.
- Clinic Building and Upgrading Programme.
- Implementation of maintenance programmes in terms of the Expanded Public Works Programme (EPWP).
- Advise and assist institutions with daily maintenance issues.

Current infrastructure projects

- There are 12 construction projects ongoing which are funded from the Infrastructure Grant. The annual budget will be spent by November.
- No funding is available for planning of any new projects.
- Two construction sites are managed in the Revitalization Grant.
- The budget was cut from R113 million in the previous year to only R31 million in the current financial year.
- No funding is available for maintenance, equipment and the Clinic Upgrading, Building Programme (CUBP).
- No new contracts can be advertised and no further planning can be effected due to a shortfall in funding.
- Five new Business Cases were compiled for Revitalization projects. Approval from National Department of Health and National Treasury is awaited.
- Five Clinics in the Clinic Upgrading and Building Programme will be finalised during this financial year. Local Authorities are used as Implementing Agents. Only a limited budget of R5 million was made available for the current financial year for this programme, which is totally insufficient.
- This means only two new projects can be started.
- Both the Revitalization and Infrastructure Grants are grossly under funded. Ongoing projects can hardly be funded and no new other projects can be started.
- Maintenance is not executed in structured manner due to various reasons (lack of trained staff, lack of funding, etc.)

CONSTRAINTS

- Accurate information is needed to establish norms and standards.
- The Clinic Upgrading and Building Programme remains of utmost importance. Unfortunately this programme comes to a virtual standstill due to budget issues. Funding should be ring-fenced for this purpose..

- Hospitals must be maintained in order to provide proper healthcare. Institutions are not able to provide sufficiently in their budgets for maintenance of facilities. This causes facilities to deteriorate to such an extent that major capital construction must be executed to save the buildings.
- Where budgets do provide for maintenance, the funding is usually shifted by management to provide for other needs.
- There should be dedicated funding for maintenance of equipment and facilities which could also be utilised for EPWP
- Institutions need to budget adequate for maintenance to prevent deterioration of facilities.
- Current procurement process for facilities is cumbersome. , need to look at alternative procurement process for facilities.
- Sufficient funding for both the Infrastructure and Revitalization Grants must be provided to sustain a healthy refurbishment and revitalization process.

PROPOSED MEASURES TO ADRESS THE CONSTRAINTS

- Planning cycles and business cases to be executed, submitted and approved in good time for efficient project management.
- Contracts to be sufficiently funded to sustain fast, efficient construction work on different sites.
- At least two major projects in the Infrastructure Grant must be completed each financial year and two new ones must be started. At this rate all institutions will be addressed within the next ten years.
- At least two projects must be completed in the Revitalization Grant every two years and two new projects must be started in the same cycle.
- Maintenance funds at each institution must be revised, topped up and ring fenced.
- Annual audits on the expenditure of maintenance funds will ensure that these funds are used only for maintenance.
- Larger projects should have sufficient budget allocated and be managed and be managed centrally. A decentralized partnership of Project Managers, District Managers and Institutional Managers will drive the larger maintenance projects in terms of E.P.W.P.
- The last facilities audit was in 1995. Since then no funding was made available for a re-audit. The Service Transformation Plan based on the Integrated Health Planning framework model makes use of outdated information based on that audit. Auditing of all Health Institutions (Hospitals, CHC`s and Clinics) is essential to inform the prioritisation of upgrading of projects.

Projects should be funded and driven on project Management basis and will be provided for in service transformation plan and IDIP.

Table HFM1: Historic and planned capital expenditure by type²

	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)
Major capital ³	71 533	104 662	94 190	163 481	142 384	141 329	219 895	249 879
Minor capital ⁴								
Maintenance				2 311	7 952	37 581	38 900	45 318
Equipment		47		5 161	2 921			
Equip maintenance								
Total capital ¹	71 533	104 709	94 190	170 953	153 257	178 910	258 795	295 197

Source: Budgeting and Expenditure Subdirectorate

Table HFM2: Summary of sources of funding for capital expenditure

	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Infrastructure grant	28 390	24 011	48 063	77 176	88 491	116 816	135 210
Equitable share	20 818	22 975	30 857		-	-	-
Revitalisation grant ¹	50 356	47 204	92 033	76 081	90 419	141 979	159 987
Donor funding	-	-	-		-	-	-
Other	5 145	-	-	-	-	-	-
Total capital	104 709	94 190	170 953	153 257	178 910	258 795	295 197

Source: Budgeting and Expenditure Subdirectorate

Table HFM3: Historic and planned major project completions by type

	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)
New hospitals	0	4200	3360	77	0	0	0		
New clinics / CHC's	18 062	16 683	11 325	16 000	7 233	2500	0	0	0
Upgraded hospitals	9 164	46 356	75 288	81 389	104 557	84 849	91 329	113 522	
Upgraded clinics / CHC's	8132	4 293	10 309	4000	5250	2500	0	0	

Source: Specialised Health Services

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

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

Source: Specialised Health Services

*The department has not yet completed the service transformation plan. This will be ready by 2008. At present only the current projects on MTEF are included.

Table HFM5: Situation analysis indicators for health facilities management

Indicator	Type	Province wide value 2005/06	Motheo 2005/06	Xhariep 2005/06	Thabo Mofutsanyana 2005/06	Lejwelepu tswa 2005/06	Fezile Dabi 2005/06	National target 2003/4
Input								
1. Equitable share capital programme as % of total health expenditure	%	0.96	Not able to report per district	1.5				
1. Hospitals funded on revitalisation programme	%	6	14	0	0	0	16	17
2. Expenditure on facility maintenance as % of total health expenditure	%	0.59	Not able to report per district	2.5				
3. Expenditure on equipment maintenance as % of total health expenditure	%	3.19	Not able to report per district	2				
Process								
4. Hospitals with up to date asset register	%	90	90	90	90	90	90	100
5. Health districts with up to date PHC asset register (excl hospitals)	No	48%	40	60	60	40	40	All
Quality								
6. Fixed PHC facilities with access to piped water	%	100	100	100	100	100	100	100
7. Fixed PHC facilities with access to mains electricity	%	100	100	100	100	100	100	100
8. Fixed PHC facilities with access to fixed line telephone	%	98	95	100	95	100	100	100
9. Average backlog of service platform in fixed PHC facilities	R	180000	95000	15000	40 000	45000	35000	30
10. Average backlog of service platform in district hospitals	R	941 000	336 000	120 000	180 000	210000	95000	30
11. Average backlog of service platform in regional hospitals	R	330 000	90 000	-	40 000	50 000	150000	30
12. Average backlog of service platform in specialised hospitals	R	250 000	250 000	-	-	-	-	30
13. Average backlog of service platform in tertiary and central hospitals	R	100 000	100 000	-	-	-	-	30
14. Average backlog of service platform in provincially aided hospitals	R	-	-	-	-	-	-	30
Efficiency								
15. Projects completed on time	%	0	0	0	0	0	0	
16. Project budget over run	%	100	100	100	100	100	100	
Outcome								
17. Level 1 beds per 1000 uninsured population	No	0.64	0.77	0.77	0.72	0.46	0.46	100

Indicator	Type	Province wide value 2005/06	Motheo 2005/06	Xhariep 2005/06	Thabo Mofutsanyana 2005/06	Lejweleputswa 2005/06	Fezile Dabi 2005/06	National target 2003/4
18. Level 2 beds per 1000 uninsured population	No	0.78	0.93	-	0.67	0.69	0.82	65
19. Population within 5km of fixed PHC facility	%	81595	91123	145266	87534	89534	79325	85

Source: *Specialised Health Services*

**The department has not yet completed the service transformation plan. This will be ready by 2008. At present only the current projects on MTEF are included.*

PROGRAMME 8 HEALTH FACILITIES MANAGEMENT

BUDGET SUBPROGRAMME:						
GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT						
Objectives	Indicators	Targets over MTEF period				
		2005/2006 actual	2006/2007 estimate	2007/2008 planned	2008/2009 planned	2009/2010 planned
Hospital and PHC facilities essential maintenance programme	Number of jobs created through minor infrastructure maintenance	0	0	100 jobs created through minor infrastructure maintenance	100 jobs created through minor infrastructure maintenance	100 jobs created through minor infrastructure maintenance
Provision of essential equipment to provincial health facilities	Number of facilities with equipment surveys done	0	14 facilities with equipment surveys done	25 facilities with equipment surveys done	27 facilities with equipment surveys done	
Implementation of the provincial equipment maintenance plan	Number of facilities with appropriate clinical engineering support at facility level	1 facilities with appropriate clinical engineering support at facility level	11 facilities with appropriate clinical engineering support at facility level	18 facilities with appropriate clinical engineering support at facility level	23 facilities with appropriate clinical engineering support at facility level	27 facilities with appropriate clinical engineering support at facility level

Table HFM7: Performance indicators for health facilities management

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	National target 2007/08
Input											
1. Equitable share capital programme as % of total health expenditure	%	No data	No data	1.37	1.09	0.96	-	-	-	-	2.5
2. Hospitals funded on revitalisation programme	%	No data	No data	4	6	-	-				25
3. Expenditure on facility maintenance as % of total health expenditure	%	No data	No data	0.39	0.36	0.32	-	-	-	-	4

4. Expenditure on equipment maintenance as % of total health expenditure	%	No data	No data	3	3	-	-	-	-	-	4
Process											
5. Hospitals with up to date asset register	%	No data	No data	No data	No data	90	90	-	-	-	100
6. Health districts with up to date PHC asset register (excl hospitals)	No	No data	No data	No data	No data	48	53	-	-	-	All
Quality											
7. Fixed PHC facilities with access to piped water	%	No data	No data	100	100	100	100	100	100	100	100
8. Fixed PHC facilities with access to mains electricity	%	No data	No data	100	100	100	100	100	100	100	100
9. Fixed PHC facilities with access to fixed line telephone	%	No data	No data	98	98	98	98	98	98	98	100
10. Average backlog of service platform in fixed PHC facilities	R	26 194	20 976	21 634	20 000	12 483	5 000	0	0	0	15
11. Average backlog of service platform in district hospitals	R	9 164	30 556	34 500	39 000	47 300	53300	68 400	-	-	15
12. Average backlog of service platform in regional hospitals	R	No data	20 000	416 648	42 466	57 266	31 549	22 929	-	-	15
13. Average backlog of service platform in specialised hospitals	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15
14. Average backlog of service platform in tertiary and central hospitals	R	N/A	N/A	2 500	-	-	-	-	-	-	15
15. Average backlog of service platform in provincially aided hospitals	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15
Efficiency											
16. Projects completed on time	%	No data	No data	No data	No data	0	-	-	-	-	
17. Project budget over run	%	No data	No data	No data	No data	100	-	-	-	-	
Outcome											
18. Level 1 beds per 1000 uninsured population	No	No data	No data	No data	No data	0.64	-	-	-	-	90
19. Level 2 beds per 1000 uninsured population	No	No data	No data	No data	No data	0.78	-	-	-	-	60
20. Population within 5km of fixed PHC facility	%	No data	No data	No data	No data	81595	-	-	-	-	95

Source: Specialised Health Services

*The department has not yet completed the service transformation plan. This will be ready by 2008. At present only the current projects on MTEF are included.

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

Expenditure¹	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 prices²	71,533	104,709	94,190	170,953	153,257	178,910	258,795	295,197
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	25.03	36.64	32.96	59.82	53.62	62.60	90.55	103.28
Total per uninsured person	29.38	43.00	38.68	70.21	62.94	73.47	106.28	121.23
Constant (2004/05) prices³	818.34	1,136.09	981.46	1,709.53	1,471.28	1,642.39	2,264.46	
Total	2 858	2 858	2 858	2 858	2 858	2 858	2 858	2 858
Total per person	0.29	0.40	0.34	0.60	0.51	0.58	0.79	
Total per uninsured person	0.04	0.47	0.40	0.70	0.60	0.67	0.93	

Source: Budgeting and Expenditure Subdirectorate

LIST OF ACRONYMS

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

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

Abreviation	Actual
HISP	Hospital Information System
ICC	Inter Cluster Committee
<i>Regulatory bodies and industry standards</i>	
SAPC	South African Pharmacy Council
GPP	Good Pharmacy Practice
GMP	Good Manufacturing Practice
PROPAC	Provincial Public Accounts Committee