

VOTE 4

DEPARTMENT OF HEALTH

To be appropriated by Vote	R12 052 282 000
Responsible MEC	MEC for Health
Administering department	Department of Health
Accounting officer	Head of Department

1. OVERVIEW

Vision

“Health for a better life”

Mission

The Gauteng Department of Health aims to promote and protect the health of our people, especially those most vulnerable to illness and injury.

Through innovative leadership and management we provide quality health services and strive to:

- Ensure a caring climate for service users;
- Implement best practice health care strategies;
- Create a positive work environment;
- Provide excellent and appropriate training for health workers;
- Listen to, and communicate with, our communities and staff;
- Establish management systems for effective decision making;
- Forge partnerships with others;
- Obtain the greatest benefit from public monies.

Our work is reflected in the enhanced wellbeing of our clients and staff, the social and economic development of our province and a more just society.

Core functions of the department

The department renders the following services:

- Primary health care (PHC) services are rendered through the district health system. A network of provincial clinics and community health centres provide ambulatory care administered by doctors, nurses and other professionals; and local government clinics are also subsidized to render care;
- Ambulance services throughout the province;
- Secondary health care services are rendered through regional hospitals that provide outpatient and inpatient care at general specialist level;
- Specialised health care services provide specialised inpatient care for psychiatric and infectious diseases, while proportions of the tuberculosis and chronic psychiatric services are provided on an outsourced basis;
- Academic health care services (both inpatient and outpatient) are rendered through our four central hospitals as well as the three Dental hospitals. (Teaching also takes place within other service levels);
- Health sciences faculties and nursing colleges provide training for future health care professionals.

These services are supported through human resource development, management and support services (such as laundries, facility management, cookfreeze and medical and pharmaceutical supplies).

Legislative mandate

The following national legislation and policy documents form the legal and policy framework for the work of the

Gauteng Department of Health:

- The Pharmacy Act, 1953 (as amended in 1997);
- The Inquest Act, 1959;
- The Medicines and Related Substance Control Act, 1965 (as amended in 1997);
- The Mental Health Care Act, 1973 (as amended);
- The Medical, Dental and Supplementary Health Services Professions Act, 1974 (as amended);
- The Criminal Procedure Act, 1977;
- The Nursing Act, 1978 (as amended in 1997);
- The Human Tissue Act, 1983;
- The Child Care Act, 1983;
- The Labour Relations Act, 1983;
- The Sterilisation Act, 1988;
- The Public Service Act, 1994;
- The Choice on Termination of Pregnancy Act, 1996;
- The Skills Development Act, 1998;
- Domestic Violence Act, 1998;
- The Medical Schemes Act, 1998;
- The Public Finance Management Act, 1999;
- The Access to Information Act, 2000;
- Preferential Procurement Policy Framework Act, 2000;
- The Patients' Rights Charter, 2000;
- The National Health Act (61 of 2003);
- The Employment Equity Act, 1998;
- The White Paper on the Transformation of the Health Sector, 1997;
- The Batho Pele principles of social service delivery;
- Strategic Priorities for the National Health System.

Specific provincial health legislation

National legislation and policy is further supported by the following provincial legislation, policy and planning documents:

- The Hospital Ordinance, 1958 (as amended);
- Executive Council and Provincial legislature resolutions;
- The Gauteng District Health Services Act, 2000;
- The Gauteng Ambulance Services Act, 2002;
- The 5 year Strategic Programme of Action (POA) for GPG;
- Gauteng 5 year strategic plan for health;
- Gauteng Growth And Development Strategy;
- Gauteng Global City Region Strategy.

Departmental strategic goals and objectives, key policy areas and developments

Strategic goal 1: Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psycho-social factors.

This goal will be accomplished through:

- Increasing public understanding of practicing healthy lifestyles and key risky behaviours with a special focus on vulnerable groups and disadvantaged communities;
- Improving the health and wellbeing of children under six years focusing on those at risk;
- Improving the nutritional status of vulnerable groups, with special emphasis on people with chronic and debilitating conditions;
- Reducing preventable causes of maternal deaths;
- Improving early detection and intervention for cervical and breast cancer;
- Reducing high risk behaviour among youth with a focus on teenage pregnancy, smoking, alcohol and drug abuse;
- Reducing the prevalence and complications of tuberculosis (TB) and other communicable diseases;
- Reducing the prevalence and complications of common non-communicable diseases;
- Promoting mental well-being and improve early diagnosis, treatment and support for people with mental illness;
- Providing rehabilitation and support to people with disabilities;

- Interventions to reduce the impact of violence against women and children.

The department is still faced with a major challenge of reducing maternal deaths and improving child health. We still faced with the challenge of increasing TB cure rate and the emergence of XDR TB in the Province.

Strategic goal 2: Effective implementation of the comprehensive HIV and AIDS strategy

The department aims to:

- Prevent and reduce new HIV infections;
- Reduce the incidence of sexually transmitted infections (STIs);
- Provide HIV and AIDS comprehensive care and treatment, including Antiretroviral Treatment (ART), in all sub districts by 2009;
- Implement an effective HIV and AIDS workplace programme in all service delivery units;
- Provide universal access to palliative care (home based care, hospice, step down facilities) to the population of Gauteng.

Key challenges

The patient load and burden of disease resulting from TB, HIV and AIDS, Trauma, Violence, Mental Health and Chronic Diseases impacting on health services.

Strategic goal 3: Strengthen the district health system by providing care, responsive and quality health services at all levels.

In implementing this goal, the department will:

- Ensure appropriate planning and monitoring of district health services at sub-district level;
- Improve the quality and efficiency of primary health care (PHC) service provision;
- Provide 24 hour access to PHC and emergency medical services in all sub-districts;
- Re-organise the District Health System for improved efficiencies and health outcomes;
- Provide people-centred care that recognises the dignity and uniqueness of each person;
- Implement specific interventions to reduce waiting times at pharmacies and out-patient departments;
- Ensure all hospitals and clinics have full accreditation;
- Position public emergency medical services as the preferred service provider for the 2010 games;
- Ensure the provision of rapid, effective and quality emergency medical services;
- Ensure 100 percent access to ambulance services for obstetric emergencies;
- Modernise, re-organise and re-vitalise public hospitals into cost-effective referral centres according to the service plan;
- Strengthen the management of state-aided hospitals;
- Provide efficient and effective clinical support services (allied, laboratory, pharmaceuticals, blood services, radiology, etc);
- Monitor compliance with norms and standards.

Key challenges

The development and implementation of department's Service Transformation Plan. Provincialisation of Emergency Medical Services and Primary Health Care services resulted in funding pressures. A critical imperative is to improve ambulance response times and waiting times in hospitals and clinics.

Strategic goal 4: Implement the people's contract through effective leadership and governance

This goal will be implemented by:

- Improving the capacity of managers and staff to manage and steer the transformation of the health sector;
- Building a broad coalition for change and forging partnerships between the department and academic institutions, the health professional councils, unions, hospital boards, ward committees, non-governmental and community based organisations, the private sector, etc;
- Implementing a comprehensive Community Health Worker programme;
- Strengthening community participation at all levels of the health system;
- Ensuring responsiveness to the Legislature;
- Ensuring implementation of relevant policies and legislative framework.

Key challenges

Ensuring that managers provide effective management, leadership and strategic direction for improved care and outcomes to achieve departmental goals remains a major challenge in the department.

Strategic goal 5: Become a leader in human resource development and management for health

To achieve this goal it is necessary to:

- Ensure enhanced recruitment and retention of health care professionals;
- Provide a service platform for high quality training and development and clinical research that is responsive to the needs of the country;
- Continue the learnership / internship programme implementation;
- Implement an effective performance management and development system;
- Ensure adherence to recognised human resource and labour relations management standards;
- Implement strategies to achieve employment equity and to manage a diverse work force;
- Implement the Gauteng health integrated wellness programme (EAP, HIV and AIDS work place and Occupational health and safety programmes);
- Build capacity of frontline managers.

Key challenges

Retention and recruitment of professionals in the public sector to effectively address the needs of poor and vulnerable groups and the implementation of a culture and practice of the performance management and development system including achievement of equity targets.

Strategic goal 6: Operate smarter and invest in health technology, communication and management information systems.

To achieve this goal, we need to:

- Establish an integrated Management Information System (MIS);
- Ensure the implementation of an effective internal communication strategy to encourage staff participation, support and commitment;
- Ensure the implementation of an effective external communication strategy that achieves community participation, and engagement of poor and vulnerable communities;
- Improve financial management and aim for an unqualified audit report;
- Ensure implementation and management of a cost-effective supply chain management system;
- Ensure the efficient construction, rehabilitation, upgrading and maintenance of infrastructure;
- Reduce the backlog of infrastructure development and equipment upgrading.

Key challenges

The implementation of strategy aligned with the budget and ensuring strategic plans are supported by service delivery and improvement plans including implementation of monitoring and evaluation framework still a major challenge in the department. The implementation of an integrated ICT strategy also remains a challenge.

Policy development

The department is in the process of developing the Service Transformation Plan, reviewing the existing Service Transformation Plan in line with the National Health's decision to develop a 10 year plan. In addition we are also developing a Human Resource Plan aligned with the National Human Resource plan. This plan will have great impact on funding for the next MTEF period.

In accordance with the National Health Act No. 61 of 2004, the department continues to implement the policy change in terms of the model for rendering personal PHC services, the provincialisation of personal PHC services. The costs and other risks in the provincialisation process will be determined by a due diligence study. Interim SLAs have been signed by West Rand and Tshwane. Signing of SLAs in other districts councils and metros will depend on municipality processes. Consultation with SALGA on the provincialisation process has been completed.

We continue with provincialisation of ambulance services as a policy decision endorsed by the Executive Council, in line with the national policy decision. A due diligence study is being conducted to ascertain details of the costs and other risks for provincialisation. Memorandums of Agreement have been signed for West Rand, Ekurhuleni, Metsweding, Sedibeng. The City of Johannesburg requested extension for one month and we are awaiting the response from the City of Tshwane.

Critical issues such as preparations for the 2010 bid impacting on emergency medical services and health facilities; increased medical inflation, service demand and greater emphasis on quality that include ICU and high care services, reducing surgical backlogs, efficient distribution of chronic medication; high patient load (as a result of HIV and AIDS), implementation of provincial human resource plan, provision and improvement of health facilities in the 20 earmarked townships and increased in-migration and urbanisation will create pressure on funding. The challenges to recruit and retain highly skilled professionals, reduce TB cure rate through the implementation of our TB crisis plan, capital needs in relation to medical equipment and information technology, will impact on funding for the provision of health services over the MTEF.

The department will leverage resources and programmes to minimise the impact of health risks such as HIV and TB, infant and maternal mortality, including other physical and mental health programmes on the economy.

2. REVIEW OF THE 2006/07 FINANCIAL YEAR

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

The department continues to ensure that the Expanded Programme on Immunisation (EPI) reaches all children under the age of five in the province. The community radio talk shows and print media coverage have raised awareness around eradicating polio and raising immunisation coverage. In addition, the impact of the 2004 mass immunisation campaign and the launching of 'every day an immunisation day' have resulted in immunisation coverage increasing to 86 percent in the 2006/07 financial year. The department has received a commendation certificate from the National Department for the best immunisation coverage in 2005.

Improving healthy lifestyles remained our key focus for the department. We aim to increase public awareness of the health service users and providers around the importance of living a healthy lifestyle that includes regular exercise, a healthy diet, avoiding tobacco, using alcohol safely, safe sexual behaviour and a focus on stress reduction. We have targeted vulnerable groups such as children and youth for healthy lifestyle interventions through implementation of the School Health Project that includes child health, mental health, health promotion, environmental health, rehabilitation and nutrition programmes as part of national initiatives commenced in the 2005/2006 financial year. This project has been implemented in 17 schools in collaboration with Department of Education and is aimed at the promotion of healthy lifestyles in the school population.

Improving nutritional status continues. Vitamin A supplements provided to all children and post-partum women in all facilities in the province, improved coverage for fewer than 1 year olds to 86 percent.

Improving maternal and neonatal care remains a priority. Twenty two hospitals with maternity services in Gauteng implement Kangaroo Mother Care, an increase from 19 operational units in 2004/05. Currently 22 hospitals and 22 Maternity and Obstetric Units (MOUs) implement the Perinatal Problem Identification Programme (PPIP). We continue to implement the 10 recommendations from the Saving Mother's Report identified as a means to prevent and reduce avoidable maternal deaths and deaths of babies in the first month of life.

The youth friendly services that include prevention of teenage pregnancy, smoking, alcohol and drug abuse, STIs, HIV and AIDS were expanded from 38 in 2004/05 to 57 in this financial year, covering all districts.

The post-exposure-prophylaxis (PEP) for victims of sexual violence is being implemented in 54 facilities, with 56 percent of these facilities providing 24-hour services. The PEP programme has benefited more than 40 000 people to date, of which 47 percent (18,800) received ARVs since 2002. The adherence rate, estimated at 41 percent, remains a challenge.

A continuous effort in the implementation of TB advocacy interventions, TB/HIV collaboration and Directly Observed Treatment (DOT) programmes have contributed to the increase of the TB cure rate from 58 percent in 2004 to 65 percent in 2006.

The department has exceeded its target by more than 3 800 through the provision of 6 344 assistive devices in the 2005/06 financial year. In addition, 3 578 assistive devices were distributed to people with disability by the first quarter of 2006/07. In 2005, the department was awarded the disability trophy from the National

Department of Health for providing the highest number of wheelchairs and hearing aids per capita and the number of staff that participated in continuing education activities.

Cervical cancer screening has benefited 266,843 women since the inception of the programme in 2000. More than 21,000 mammograms were performed to improve early detection of breast cancer since 2004. These screening services afford women the opportunity to be offered early treatment and follow up. The department has also embarked on a project to ensure access to surgery for breast cancer at the Johannesburg and Chris Hani Baragwanath hospitals, including the opening of the Helen Joseph hospital Breast Care Centre in August 2006.

Effective implementation of the comprehensive HIV and AIDS strategy

According to the National Sero-prevalence among women survey results, it appears that the HIV prevalence rate in the Province has been increasing steadily from 1998 to 2005. The sero-prevalence rate amongst pregnant women in Gauteng had decreased by 0.7 percent from 33.1 percent in 2004 to 32.4 percent in 2005 but it is still higher than the national prevalence rate of 30.2 percent. The Gauteng syphilis rate was 4.3 percent, an increase of 3.4 percent from 2004, and a further increase above the national average of 2.7 percent.

The HIV and AIDS epidemic remains a critical health and developmental challenge for the department. However, we have successfully implemented the following programmes for HIV prevention and care:

- The prevention of mother to child transmission (PMTCT) programme has been implemented in 100 percent of hospitals and community Health Centres and 98 percent of clinics with maternity services which provide antenatal care.
- The distribution of condoms in the province increased from approximately 8.5 million per month in 2004/05 to about 11 million male condoms in 50 primary sites and 781,000 female condoms in 47 primary sites since 2004/05.
- The number of Voluntary Counselling and Testing (VCT) sites increased from 295 in 2004/05 to 340 in 2005/06. A total of 393,740 clients were tested since 2004/05, of which 137,200 tested HIV-positive.
- Gauteng has established a total of 288 beds as step-down facilities in 11 hospitals and funds 250 hospice beds and 132 NGOs to provide home-based care. NGOs are monitored regularly to improve adherence to funding policy and reporting. The number of patients cared for at home by community health workers has significantly increased from 51,994 in 2004/05 to 53,347 in 2005/06.
- The implementation of HIV and AIDS comprehensive care including provision of antiretroviral treatment (ART) has grown markedly in its demand since its inception in 2004. Up to now a total of 376,885 patients have been assessed. The number of patients on treatment increased from 12,983 in 2004/2005 to more than 53,900. Of the 43 sites accredited facilities to provide treatment, the number of facilities offering ART increased from 23 in 2004/05 to 36. The other sites will be operational as soon as the infrastructure has been completed and the relevant staff appointed.

Strengthen the district health system and provide caring, responsive and quality health services at all levels

The provincialisation of tuberculosis beds was successfully completed on 31 March 2006. From the 1st of April 2006, the department took over management of 820 beds within ex-SANTA hospitals. We have created 230 TB beds at Pholosong, Dr Yusuf Dadoo, Kpoanong, Pretoria West and Carltonville Hospitals of which only 917 beds are operational. Two hundred and twenty two patients were transferred from Knights, Lifemed and Randfontein hospitals to these hospitals and ex-SANTA and the contract with Life Esidimeni was terminated. Norms and standards for nursing and administration support were developed and the ex-SANTA and Life Esidimeni staff was appointed.

The transfer of forensic pathology services (12 medico-legal mortuaries) from the South African Police Services (SAPS) to the Department of Health commenced in April 2006 with support from SAPS forensic officers which were completed at the end June 2006.

The process of provincialising emergency medical services has commenced. A due diligence study has been conducted to determine the risks and costs of the provincialisation. Memorandums of Understanding (MOUs) have been signed with West Rand, Ekurhuleni, Metsweding, and Sedibeng. The City of Johannesburg requested extension for a month and the response from the City of Tshwane is still outstanding.

In line with National Health Act, the Gauteng Department of Health has started the process of provincialising the provision of Primary Health Care (PHC) services in district councils. A due diligence study was completed in August 2006 to determine the risks and costs of provincialisation.

The department has successfully implemented the following interventions to improve access to health facilities

- Officially opening of Stanza Bopape, Stretford and Maria Rantho community health centres, Esangweni, Phola Park and Ramokonopi maternity and obstetric units (MOU). These outcome of these interventions ensured that 97.7 percent of the Gauteng population reside within a 5 km radius of a health facility;
- Implemented successfully a dedicated obstetric ambulance service as a pilot project in the Sedibeng district to ensure quick response time for emergency transport in order to contribute to the reduction of maternal deaths. We have expanded the service to other five districts from October 2006; and
- Increasing extended hours of service at sub-district level from 65 percent in 2004/2005 to 77 percent in 2006/07.

The expansion of centres of excellence in the province also continues. The new Hand Surgery Unit at the Chris Hani Baragwanath Hospital was launched in partnership with leading mining and engineering companies in 2004/05 and has been officially opened in 2006. The breast disease services have been consolidated and a centre of excellence has been established and officially opened at Helen Joseph Hospital backed by the procurement of new, specialised equipment. In addition, a new Oncology centre of excellence commissioned at Johannesburg Hospital will provide more effective cancer treatment for the population of Gauteng as well as surrounding provinces. The new Pretoria Academic Hospital was commissioned in 2005/06 boasting highly specialised services and equipment. All patients were relocated to the new hospital site by the end of March 2006.

We have reduced the surgical backlog for cardiac, orthopaedics and cataract significantly. In addition the department has received the Cataract Surgery Achievement Certificate from National Health for exceeding the 2004 target.

We have made great strides in improving the quality of care in our facilities of which 53 percent (15) hospitals have been accredited and the Laudium, Stanza Bopape and Soshanguwe and Discoverers community health centres were accredited as well. Other hospitals and community health centres are being evaluated in line with the programme requirements.

Currently 78 percent of hospitals have programmes for reducing waiting times. We have commenced implementation of programmes for reducing waiting times in six community health centres. It is anticipated that new interventions will further decrease waiting times. A total of 116 queue managers have been trained in hospitals and 61 queue managers have been trained in community health centres and clinics. These managers were employed in the majority of Gauteng hospitals since January 2006 in order to improve the quality of care. The queue managers' presence has significantly improved the waiting experience of patients. The department continues to use technology to further improve queue management.

Implement the people's contract through effective leadership and governance

In alignment with the National Health Act of 2005, the Provincial Health Council has been established and quarterly meetings take place between the department and municipalities to ensure cooperative governance and integrated health services. The Provincial Health Council Technical Committee has been established and establishment of District Health Councils by the MEC for Health is underway.

The MEC for Health appointed hospital board members for the hospitals excluding Carletonville which will be part of North West province for the term of office commencing in January 2006 in compliance with the National Health Act. Currently 96 percent of these boards are functional. In addition, 148 hospital board members including management and staff completed an induction and orientation programme.

Ward-based health sub-committees (WBHSCs) have been established in 75 percent of municipal wards. Fifty seven provincial and municipal community-participation co-ordinators attended the generic adult train-the-trainers programme for training of WBHSCs this financial year.

A total of 69 community-based organisations (CBOs) have been contracted to build NGO capacity around HIV and AIDS care and 132 NGOs are contracted to provide home-based care.

The Community Health Worker (CHW) Programme which addresses the training, support and reimbursement of CHWs commenced in 2004/05 is being implemented. Already more than 2,400 CHWs have been trained to provide community-based health programmes.

Become a leader in human resource development and management for health

The department has appointed 2,950 health professionals of which 1,188 were medical practitioners, 245 interns, 935 nursing and 582 allied health professionals including pharmacists, by 31 March 2006. In addition 426 health professionals were appointed in the first quarter of 2006/07. Furthermore, a block advertisement for 439 health professional posts was released in May 2006 which included specialist's posts in emergency medicine and family medicine, medical officers and allied health professionals for appointment in this financial year.

We have upgraded targeted health professional posts of registrars, specialists, pharmacists, medical orthotists and prosthetics, medical physicists, social workers, primary health care nurses and psychiatric nurses, as part of a retention strategy.

The department embraces the ideals of gender mainstreaming as part of the employment equity plan. Currently women account for 27 percent in senior management positions, of which 67.5 percent are clinical and 32.5 percent non-clinical. 46.5 percent are black people in senior management positions. We currently employ 0.43 percent (195) people with disabilities in the department. We have appointed a champion with disability in August 2006 to manage the process.

The department has successfully implemented a learnership/internship programme since 2004/05, which benefited 6,245 people, exceeding the target of 5,100 by 2007. The department has been recognised as the best site for the implementation of learnerships.

The total number of nurses in training as at 30 June 2006 are 338 enrolled nurses, 2,460 nurses on four year comprehensive diploma course, 491 nurses on four year comprehensive degree course, 250 nurses on two year bridging course for enrolled nurses currently employed by the department leading to registration as a registered general nurse and 517 nurses on all post-basic courses in the various nursing specialty areas, exceeding the 20 percent annual targeted increase of nurses.

A dedicated CEO Management Development Programme has been initiated in collaboration with the Office of the Premier. The programme will focus on developing competencies of hospital CEOs in leadership, management development, and operations. This programme will be formally launched as part of the Gauteng Management and Development Programme in this financial year.

The department's Employee Wellness Programme that includes the Employee Assistance Programme (EAP), HIV and AIDS work place and the Occupational Health and Safety (OHS) programmes, commenced in 2004/05 and currently provides access to all our staff members, with an utilisation rate of 11 percent.

Operate smarter and invest in health technology, communication and management information systems

The department has prioritised strategic partnerships and collaboration with its major stakeholders to enhance service delivery. The department continues to implement the revitalisation projects at Mamelodi Hospital and the Chris Hani Baragwanath Hospital accident and emergency and outpatient departments. We are in the process of investigating the feasibility and affordability of entering into a Public Private Partnership (PPP) to perform the revitalisation and upgrading of the Chris Hani Baragwanath Hospital. A transaction advisor has been appointed to conduct the feasibility study. Our commitment to build nine new clinics and three new hospitals is well on schedule.

We have completed construction of the Soshanguve Block L, Hillbrow, Stretford and Stanza Bopape community health centres (CHCs), as well as the breast care centre at Helen Joseph hospital and six new pharmacies. The Johannesburg hospital oncology unit and the new Pretoria Academic hospital have been commissioned.

The implementation of the Broad Based Black Economic Empowerment (BBBEE) strategy remains a key priority in the department, spending on goods and services procured from the Black Economic Empowerment companies increased from 38 percent in 2004/05 to 60.33 percent in the 2005/06 financial year.

We have purchased equipment in excess of R600 million which include high-tech medical equipment such as MRI scanners, CT scanners, Gamma cameras, digital mammography units, multifunctional digital x-rays and linear accelerators. We believe this substantial increase in capital expenditure, especially on equipment, has had a positive impact on the public health industry and ultimately contributed to economic growth.

3. OUTLOOK FOR THE 2007/08 FINANCIAL YEAR

The department still continues to implement priorities identified in 2004/05, as part of the department's 2014 visioning process and our 5-year programme of action. The 2007 to 2010 departmental strategic plan has been developed, focusing on the priorities for the medium-term expenditure framework (MTEF) that is aligned with the 5-year programme of action.

Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychosocial factors

The department will continue the implementation of strategies for reducing potentially avoidable deaths, to minimise infant and maternal mortality, focusing on the implementation of the recommendations relating to maternal and neonatal care implementing of the Saving Mothers' Report. It will also continue to implement Health Batho Pele and the EPI programmes. An effort to reduce teenage pregnancy, smoking, alcohol and drug abuse, STIs, HIV and AIDS continue through youth-friendly services.

We will implement an integrated food security programme in conjunction with other departments through provision of adequate nutrition to vulnerable groups and improving school feeding programmes for Early Childhood Development Centres. This will include the training of Early Child Development Programme practitioners as part of the expanded Public Works Programme and include the provision of dietary support and monitoring of food safety in primary schools.

Special attention will be paid to improving the TB cure rate through improving directly observed TB treatment, strengthening of HIV/TB collaboration, and implementation of the TB crisis plan.

We will implement health promotion and prevention of illnesses, with special focus on improving healthy lifestyles and treatment of non-communicable diseases in order to minimise the high level of disease burden in the health services and promote healthy lifestyles.

Improving the completion rate for post-exposure-prophylaxis (PEP) for victims of sexual violence will be continued. Community-based care for people with chronic mental disorders will be a special focus during the next MTEF.

We will continue the provision of assistive devices and free health services in all health facilities for people with disabilities.

Effective implementation of the comprehensive HIV and AIDS strategy

We will continue to implement the comprehensive HIV and AIDS strategy as a major priority focusing on reducing HIV new infections, the expansion of comprehensive HIV and AIDS care, treatment and management including ART, the implementation of strategies to reduce the impact of HIV and AIDS in hospitals and clinics and the provision of step-down facilities.

Strengthen the district health system and provide caring, responsive and quality health services at all levels

The department will continue to provide effective and efficient health services through:

- Reviewing our Service Improvement Plan and developing a Service Transformation Plan aligned with national and provincial priorities. We will focus on the modernisation of tertiary services and revitalisation of hospitals and other health facilities including the provision of high tech equipment de-linking of level one beds from central hospitals to ensure that patients utilise services at the appropriate level of care;
- Monitoring and evaluation of the delegated authority and accountability to hospital managers;
- The department's emphasis on improving quality of care through reducing waiting times at pharmacies and casualties. Implementation of hospital improvement plans for clinical audit, complaints mechanisms and infection control will continue;
- Developing strategies to implement services revolution in Gauteng with special focus on implementation of health services standards aligned with the Gauteng Services Standards Charter, benchmarking health services with the private sector and other countries. In addition a strategy to promote health tourism in Gauteng will be developed which will include expansion of the Fostateng services in the province;
- Strengthening of primary health care services through Provincialisation of primary health care services commencing with the establishment of district councils, access to extended hours of service at sub-district level, support from Family Medicine physicians and improving clinic services and infrastructure;
- Provincialisation of emergency medical services (EMS), implementation of planned patient transport and

- improving response times for patients with life-threatening conditions;
- Development and implementation of an integrated 2010 soccer games plan focusing on emergency medical services, the impact on hospitals and clinics and improving port-health services.

Implement the people's contract through effective leadership and governance

Continuous implementation of the CEO training and development programme (including training of middle managers); building partnerships including Public Private Partnerships (PPPs) with emphasis on implementation of the MOA for universities and investigating PPP models; improving functioning and support of NGOs, CBOs and of community participation structures. Community health workers for community home-based care will be trained for in career pathing, progression and skills development programme as part of the expanded Public Works Programme. In addition we will ensure compliance with the National Health Act.

Become a leader in human resource development and management for health

The department will continue to implement strategies to achieve leadership in human resource, with emphasis on:

- Strengthening developing and implementing the provincial Human Resource (HR) plan, aligned with National HR plan and Gauteng HRD strategy and focusing on scarce skills. Human resource practices will be strengthened through development of policies and strategies for recruitment and retention. The recruitment and retention strategy will focus on health professionals, primarily the reduction of attrition rates of doctors and nurses, retention of community service professionals, recruitment and retention of black health professionals with scarce skills and the mainstreaming of gender and disability. The increase in staff with disabilities, women in clinical management positions, and the increase in production of nurses by 20 percent in each year until 2009 will receive particular attention.
- Implementation of effective management and development systems, with special emphasis on leadership and management, strengthening the Performance Management and Development System and increasing the utilisation rate of the Employee Wellness Programme.

Operate smarter and invest in health technology, communication and management information systems

The department will continue to expand and improve the health infrastructure through the completion of ten new clinics and three new hospitals. In addition provision and improvement of health facilities in twenty priority townships will be a special focus. We will improve access to health services for people with disabilities.

The department will continue to support implementation of the BBBEE strategy to achieve 80 percent of the total procurement budget spent on BEE. The alignment of planning, implementation, monitoring and evaluation will be the main focus in the next financial year. We will implement the ICT strategy and E-governance and ensure that our external and internal communication strategy is enhanced.

4. RECEIPTS AND FINANCING

4.1 Summary of Revenue

The department is funded by the Provincial equitable share as well as conditional grants. The allocation to Health increased by R606 million from 2006/07. This represents an increase of 5, 83 percent. Conditional Grants increased by R240 million (7, 6 percent), whilst the equitable share increased by R366 million (5 percent). The amount received from the equitable share includes a special allocation of R204 million for Emergency medical services, Primary health care, Information systems, Modernisation of Tertiary Services and Human resources.

TABLE 1: SUMMARY OF RECEIPTS: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Equitable share	5,551,911	6,004,673	7,263,100	7,245,697	7,390,400	7,784,522	8,442,806	8,916,787	9,834,083
Conditional grants	2,614,231	2,572,084	2,711,083	3,158,654	3,259,098	3,259,098	3,609,476	3,844,857	4,385,316
Total receipts:	8,364,875	8,841,186	10,228,828	10,603,819	10,862,530	11,256,652	12,052,282	12,761,644	14,219,399

4.2 Departmental receipts collection

The department receives revenue from a number of sources. The main source is patient fees, which contributes more than 80 percent of the overall collection. Other sources include, amongst others, the sale of scrap, silver, meals and accommodation.

The collection of revenue has increased by R35,6 million from 2003/04 to 2005/06, which is approximately 16 percent above the 2003/04 collection level. The collection of revenue is expected to increase over the MTEF. The increase is the result of the annual tariff revisions, improved processes and training. The department also has a revenue retention agreement with the Provincial Treasury, whereby amounts collected above a set target are appropriated back to the department to further improve revenue collection, administration and billing systems. This scheme has also contributed to increased revenue. The department is anticipating to collect R267 million for the 2006/07 financial years, which is R12 million more than for the 2005/06 financial year. The collection of patient fees amounted to R204,6 million, out a total collection of R254,6 million for 2005/06, which is approximately 80 percent. Over the MTEF revenue collection is estimated to increase by R27 million from 2006/07 to 2008/09, which is approximately 10 percent above the 2006/07 baseline.

TABLE 2: DEPARTMENTAL RECEIPTS COLLECTION: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Tax receipts									
Casino taxes									
Horse racing taxes									
Liquor licences									
Motor vehicle licences									
Sales of goods and services other than capital assets	197,597	199,152	223,638	196,227	199,605	199,605	208,502	221,012	236,483
Transfers received		45,309	743		1,032	1,032			
Fines, penalties and forfeits		2	5		1	1	1	1	1
Interest, dividends and rent on land	1,136	2,284	5,209	4	5,610	5,610	5,891	6,244	6,681
Sales of capital assets		1,043	6,807	44	50	50	53	56	60
Financial transactions in assets and liabilities		16,639	18,243	3,193	6,734	6,734	7,071	7,495	8,020
Total departmental receipts	198,733	264,429	254,645	199,468	213,032	213,032	221,516	234,807	251,244

5. PAYMENT SUMMARY

5.1 Key assumptions

The following key assumptions, which established the basic foundation for the budget, were made:

- The training and appointment of additional health care professionals, including doctors and nurses over the medium-term expenditure framework (MTEF);
- Strengthening of primary health care (PHC) to divert patients from expensive services in hospitals to district health services;
- Increase in the improvement of conditions of services (ICS) as well as pay progression and performance bonuses;
- The provincialisation of primary health care services provided by district councils;
- The demarcation of provincial boundaries.

5.2 Programme summary

The main areas of spending in the department against budget programmes are towards:

- District Health Services
- Provincial Health Services
- Central Hospital Services
- Health Facilities Management

TABLE 3: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Administration	263,215	264,087	239,996	282,190	325,743	325,743	304,667	390,801	433,801
2 District Health Services	1,743,927	1,922,347	2,152,883	2,543,562	2,492,773	2,487,773	3,193,477	3,281,001	3,685,610
3 Emergency Medical Services	247,900	278,350	329,451	362,100	359,800	359,800	502,341	609,835	679,912
4 Provincial Hospitals Services	2,292,408	2,415,992	2,645,825	2,785,000	2,824,831	2,864,264	3,008,568	3,190,990	3,392,090
5 Central Hospital Services	2,857,212	3,007,524	3,656,071	3,225,137	3,337,868	3,683,744	3,516,165	3,781,380	4,212,129
6 Health Training and Sciences	159,851	189,041	220,818	241,000	269,452	274,655	338,820	358,425	376,160
7 Health Care Support Services	74,637	57,877	100,818	120,001	115,994	111,993	122,981	120,100	126,575
8 Health Facilities Management	547,941	436,448	642,084	871,861	959,537	959,537	1,092,263	1,056,612	1,341,122
Special Functions	8,726	3,620	13,509			2,611			
Internal Charges			(27,272)	(26,500)	(26,500)	(26,500)	(27,000)	(27,500)	(28,000)
Total payments and estimates:									
Health	8,195,817	8,575,286	9,974,183	10,404,351	10,659,498	11,043,620	12,052,282	12,761,644	14,219,399

5.3 Summary of economic classification

TABLE 4: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Current payments	7,011,355	7,400,966	8,132,461	8,424,441	8,915,563	9,286,291	10,159,569	10,987,663	12,058,253
Compensation of employees	4,219,065	4,453,088	4,688,666	5,081,905	5,179,398	5,373,182	5,921,722	6,340,160	6,892,163
Goods and services	2,783,564	2,935,678	3,429,466	3,342,536	3,741,165	3,910,490	4,237,847	4,647,503	5,166,090
Interest and rent on land									
Financial transactions in assets and liabilities	8,726	12,200	14,329			2,619			
Transfers and subsidies to:	695,875	806,322	872,481	1,036,154	708,603	710,610	796,819	813,297	845,337
Provinces and municipalities	303,395	422,747	467,529	518,584	392,815	395,110	436,433	440,285	454,100
Departmental agencies and accounts									
Universities and technikons	501	597	66,373	690	641	641	720	755	795
Public corporations and private enterprises									
Foreign governments and international organisations			10						
Non-profit institutions	391,979	358,973	316,065	490,900	289,167	289,167	327,170	351,647	369,522
Households		24,005	22,504	25,980	25,980	25,692	32,496	20,610	20,920
Payments for capital assets	488,587	367,998	969,241	943,756	1,030,332	1,046,719	1,095,894	960,684	1,315,809
Buildings and other fixed structures	359,085	189,197	329,793	566,478	654,154	654,154	720,087	691,903	1,014,428
Machinery and equipment	129,502	178,681	639,448	377,278	376,178	392,465	375,807	268,781	301,381
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health	8,195,817	8,575,286	9,974,183	10,404,351	10,659,498	11,043,620	12,052,282	12,761,644	14,219,399

The largest portion of the budget is allocated to fund compensation of employees (49 percent). This is followed by goods and services (35 percent) and capital payments (9 percent). The main cost drivers in goods and services are pharmaceuticals, surgical and medical supplies, laboratory test and blood. The capital budget consists of allocations for infrastructure and equipment. The budget for infrastructure is allocated in programme 8: Facilities management whilst the budget for equipment is spread over all budget programmes.

5.4 Infrastructure payments

5.4.1 Departmental infrastructure payments

The source of funding for infrastructure is from conditional grants and the equitable share. Two conditional grants, namely the Revitalisation grant and the Provincial Infrastructure grant are funded from the National Department of Health and National Treasury respectively. The conditions of these grants are published in the annual Division of Revenue Act (DORA).

The Department of Public Transport Roads and Works acts as the agent for Health to facilitate and provide new, rehabilitation and upgrading as well as the maintenance of Health facilities. The details of the capital estimates of the department are reflected in Table B.5 which is an annexure to the Budget Statement 2 of Health.

TABLE 5: SUMMARY OF INFRASTRUCTURE PAYMENTS BY CATEGORY: HEALTH

R thousand	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2006/07			2007/08	2008/09	2009/10
New Construction	370,868	575,000	355,032	582,541	631,440	933,846
Rehabilitation/Upgrading	185,302		281,593	125,853	60,463	80,582
Maintenance	288,878			376,660	357,149	326,694
Total infrastructure payments: Health	845,048	575,000	636,625	1,085,054	1,049,052	1,341,122

5.4.2 Departmental Public-Private Partnership (PPP) projects

Provision is made from the 2006/07 budget over the MTEF for a transaction advisor on the proposed PPP project at Chris Hani Baragwanath hospital.

TABLE 6: DETAILS OF PUBLIC- PRIVATE PARTNERSHIP PROJECTS: HEALTH

R thousand	Annual cost of project Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Projects under implementation									
PPP unitary charge									
Advisory fees									
Revenue generated (if applicable)									
Project monitoring cost									
New projects					11,000	11,000	12,000	12,600	13,230
PPP unitary charge									
Advisory fees					11,000	11,000	12,000	12,600	13,230
Revenue generated (if applicable)									
Project monitoring cost									
Total PPP Projects: Health					11,000	11,000	12,000	12,600	13,230

Note: Funding made available for a transaction advisor for the implementation of a PPP at Chris Hani Baragwanath hospital

5.5.1 Transfers to non-governmental organisations

TABLE 7: DETAILS OF TRANSFERS TO OTHER ENTITIES: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Mental Health NGOs	154,263	224,713	197,745	207,900	141,900	141,900	183,865	201,207	211,462
HIV/AIDS NGOs	53,774	38,393	93,737	145,230	57,747	57,747	79,045	83,000	87,200
Nutrition	73,212	16,582	18,404	17,233	21,504	21,504	22,700	23,800	25,000
Community based services	21,725	75,032							
Tuberculosis entities	68,693	62,960	65,743	72,654	6,810	6,810			
Alexandra health care centre	19,000	20,000	21,600	28,000	28,000	28,000	30,000	31,500	33,100
Philip Moyo community health centre	6,160	6,520	7,256	7,760	7,760	7,760	7,760	8,150	8,560
Witkoppen clinic	1,300	1,400	1,500	3,510	3,510	3,510	3,800	3,990	4,200
Total departmental transfers to NGOs: Health	398,127	445,600	405,985	482,287	267,231	267,231	327,170	351,647	369,522

The department transfer funds to non-governmental organisations (NGOs) for providing services regarding the treatment of mental health patients. NGOs are also utilised for the fight against HIV and AIDS. Transfers are also made to the Alexandra Health Care Centre, Philip Moyo Community Health Centre and Witkoppen Clinic for the provision of Primary Health Care services.

5.5.2 Transfers to Local Government

TABLE 8: DETAILS OF TRANSFERS TO MUNICIPALITIES BY CATEGORY: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Category A	223,003	312,309	304,891	279,123	279,123	279,123	344,137	372,076	391,000
Category B									
Category C	80,393	95,264	145,856	105,057	105,057	105,057	60,051	66,409	59,900
Total departmental transfers to local government: Health	303,396	407,573	450,747	384,180	384,180	384,180	404,188	438,485	450,900

6. PROGRAMME DESCRIPTION AND INPUT

PROGRAMME 1: ADMINISTRATION

Programme description

To provide political and strategic direction and leadership to the department and ensure implementation of all goals according to norms and standards

Programme objectives

- Provide political and strategic direction and leadership
- Develop and implement policy and legislative framework for health care
- Ensure an enabling environment for quality service delivery
- Promote co-operative governance
- Provide a conducive work environment for staff
- Operate smarter and invest in health technology, communication and management information systems
- Ensure equity and efficiency in distribution and use of resources
- Monitor and evaluate performance of the department

Policy objectives

- Implement the National Health, Mental Health and Pharmacy Acts
- Implement the Health Charter provisions
- Implement the provincial Human Resource Plan
- Implement Departmental Service Standards
- Implement the Departmental Service Transformation Plan

TABLE 9: SUMMARY OF PAYMENTS AND ESTIMATES: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		2007/08
1 Office of the Provincial (MEC)	2,869	3,462	3,591	4,250	4,250	4,250	3,600	3,960	4,200
2 Management	260,346	258,523	235,514	277,940	321,493	321,493	301,067	386,841	429,601
Special function		2,102	891						
Total payments and estimates:									
Administration	263,215	264,087	239,996	282,190	325,743	325,743	304,667	390,801	433,801

TABLE 10: SUMMARY OF ECONOMIC CLASSIFICATION: ADMINISTRATION

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		2007/08
Current payments	246,269	247,606	225,666	254,524	282,307	282,307	288,475	374,141	415,141
Compensation of employees	97,275	98,296	74,260	108,700	109,253	109,253	113,005	193,000	212,000
Goods and services	148,994	147,179	150,516	145,824	173,054	172,968	175,470	181,141	203,141
Interest and rent on land									
Financial transactions in assets and liabilities		2,131	890						
Transfers and subsidies to:		980	1,416	920	690	676	600	660	660

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Provinces and municipalities		312	1,029	320	90	76			
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations			10						
Non-profit institutions		629	377						
Households		39		600	600	600	600	660	660
Payments for capital assets	16,946	15,501	12,914	26,746	42,746	42,846	15,592	16,000	18,000
Buildings and other fixed structures						100			
Machinery and equipment	16,946	15,389	12,914	26,746	42,746	42,746	15,592	16,000	18,000
Cultivated assets									
Software and other intangible assets		112							
Land and subsoil assets									
Total economic classification: Administration	263,215	264,087	239,996	282,190	325,743	325,743	304,667	390,801	433,801

SERVICE DELIVERY MEASURES: Administration

Measurable Objectives	Description of outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/10
Sign district health plans in all districts according to the district health planning guidelines	Annual district health plans developed in all districts according to the district health planning guidelines	Percentage of districts with district health plans according to the district health planning guidelines	100	100	100	100
Improve management and control of pharmaceutical	Compliance of pharmaceutical management of stock	Percentage compliance of hospital pharmacies with annual stock taking	100	100	100	100
Ensure availability of EDL medicines at hospitals and regional pharmacies	Availability of medicines on Essential Drug List (EDL)	Percentage of EDL medicines available at hospitals and regional pharmacies	98	98	98	98

Measurable Objectives	Description of outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/10
Monitor quality of care in hospitals and community health centres	Accreditation of hospitals and community health centres	Percentage compliant with accreditation standards in hospitals and community health centres	60	70	80	100
Reduce waiting times in pharmacies, casualties and OPDs	Shorter waiting times for patients	Percentage of hospitals with reduced waiting times	50	100	100	100
Implement Employee Wellness Programme	Increased utilisation of Employee Wellness Programme	Percentage utilisation Implement Employee Wellness Programme	12	13	14	15
Implement Performance Management and Development System	Prescribed staff Performance Management and Development System implemented in all facilities	Percentage of level 1-12 staff members with signed performance work plans	90	90	90	90
		Percentage of senior managers with signed performance agreements	90	90	90	90
Recruit and retain health professionals	Reduced attrition rate for doctors and nurses	Attrition rate for - Permanent Doctors (excluding interns and community service medical officers) - Professional nurses	25 6	20 6	17 5.5	15 5
		Percentage of women in senior clinical and management positions	30	42	50	50
Ensure employment equity	Increased women in clinical management positions and disabilities	Percentage of people with disabilities in the department	1	1.5	2	2
		Percentage of hospitals and districts in compliance with all asset requirement standards		100	100	100
Implement and maintain the Inventory and asset recording system	Increased compliance with asset requirement standards	Percentage of hospitals and districts in compliance with all asset requirement standards		100	100	100
Increase revenue collection in all health facilities	Increased revenue generation	Percentage increase in revenue collected from previous year	10	10	10	11

New or revised indicators, Information not available

PROGRAMME 2: DISTRICT HEALTH SERVICES**Programme description**

To manage District Health Services (DHS) and render comprehensive Primary Health Care (PHC) services to the community on the ground.

Programme objectives

- To render primary health care services
- To manage district health services
- To deliver a comprehensive primary health care package
- To render a nutrition programme
- To render a HIV and AIDS programme

Policy objectives

- Implement the National Health Act
- Establish new structures (Provincial Health council and District Health Councils)
- Provincialise of personalised Primary Health Services
- Establish a Service Level Agreement with Municipalities
- Implement the Service Transformation Plan

TABLE 11: SUMMARY OF PAYMENTS AND ESTIMATES: DISTRICT HEALTH SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
1 District Management	444,855	448,485	218,288	227,760	166,742	166,742	197,139	181,000	191,000
2 Community Health Clinics	324,627	361,662	585,806	601,305	629,019	629,019	785,821	796,057	845,589
3 Community Health Centres	233,126	277,443	375,448	407,000	382,110	382,110	523,157	515,102	563,145
4 Community Based Services	168,991	132,655	143,842	207,000	273,658	273,658	295,089	303,763	340,072
5 HIV/AIDS	118,043	288,252	367,958	515,445	426,098	421,098	577,014	645,754	845,983
6 Nutrition	82,544	26,035	28,342	23,233	32,633	32,633	31,000	32,100	34,026
7 District Hospitals	370,534	386,731	433,011	475,667	500,493	500,493	700,508	729,753	795,826
8 Coroner Services				86,152	82,020	82,020	83,749	77,472	69,969
Special Functions	1,207	1,084	188						
Total payments and estimates: District health services	1,743,927	1,922,347	2,152,883	2,543,562	2,492,773	2,487,773	3,193,477	3,281,001	3,685,610

Sub-programme 1: District management manages the provision of primary health care in Gauteng. Primary health care includes community health clinics, community health centres and community based services. The allocation to the sub-programme 5: HIV and AIDS include funding from the conditional grant funded by the national Department of Health as well as an allocation from the equitable share for the Multi-Sectoral Aids Unit (MSAU).

Included in sub-programme 7: District hospitals are allocations for the tuberculosis beds provincialised from Lifecare Esidimeni from 1 April 2006.

Sub-programme 8: Coroner services provide forensic pathology services to Gauteng. This service was provincialised from the South African Police Service (SAPS) from 1 April 2006 and is fully funded by a conditional grant from the National Department of Health.

TABLE 12: SUMMARY OF ECONOMIC CLASSIFICATION: DISTRICT HEALTH SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Current payments	1,341,627	1459614	1,645,588	1,910,990	2,106,058	2,107,177	2,709,308	2,861,336	3,238,670
Compensation of employees	791,820	860,684	909,063	1,104,227	1,111,138	1,084,054	1,449,398	1,449,499	1,605,379
Goods and services	549,807	598,206	736,337	806,763	999,920	1,023,123	1,259,910	1,411,837	1,633,291
Interest and rent on land									
Financial transactions in assets and liabilities		724	188						
Transfers and subsidies to:	382,488	443,687	483,929	572,014	319,643	321,708	411,321	357,807	377,682
Provinces and municipalities	145,656	223,406	242,782	285,714	169,076	171,141	194,345	172,000	182,000
Departmental agencies and accounts									
Universities and technikons			65,743						
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions	236,832	217,720	173,465	283,000	147,267	147,267	202,170	183,647	193,522
Households		2,561	1,939	3,300	3,300	3,300	14,806	2,160	2,160
Payments for capital assets	19,812	19,046	23,366	60,558	62,072	58,888	72,848	61,858	69,258
Buildings and other fixed structures				10,316	10,316	10,316	11,693		
Machinery and equipment	19,812	19,046	23,366	50,242	51,756	48,572	61,155	61,858	69,258
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: District health services	1,743,927	1,922,347	2,152,883	2,543,562	2,492,773	2,487,773	3,193,477	3,281,001	3,685,610

SERVICE DELIVERY MEASURES: District Health Services

Measurable Objectives	Description of outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/10
Ensure access to the package of primary care services available in each sub-district through the DHS	Access to the package of primary care services in each sub-district	Percentage of sub-districts offering the full package of primary care services	75	80	85	90
Ensure 24 hour access to PHC in designated sub-districts	Extended hours of service	Percentage of sub-districts with access to extended hours of service	77	85	90	100
Ensure availability of EDL medicines at hospitals and regional pharmacies	Availability of medicines on Essential Drug List (EDL)	Essential drugs out of stock at PHC facilities	<2	<2	<2	<2
Strengthen hospital and facility management	Strengthened hospital and facility management	Percentage of hospitals with appointed CEO, Nurse manager, superintendent and administration manager	80	80	80	80
		Percentage of CHCs with appointed facility managers	90	90	90	90
Reduce waiting times in PHC facilities	Shorter waiting times for patients	Percentage of CHCs with reduced waiting times	50	60	70	80
Improve hospital efficiency	Improved hospital efficiency	Average length of stay (ALOS)	3	3	3	3
		Bed Occupancy Rate (BOR)	72	75	80	85
		Caesarean Section Rate	13.5	12.5	12.5	12.5
Increased access to PHC services	Community health workers trained	Number of fully-trained community health workers (cumulative)	3 000	3 500	4 000	4 500
Ensure functioning of hospital boards	Hospital boards established and maintained	Percentage of hospitals with new and operational Hospital Boards	80	80	80	80
Capacitate community participation structures	Capacitated community participation structures	Percentage of Ward-based health sub-committees trained	75	100	100	100
Provide mental health services	Implementation of the New Mental Health Care Act	Percentage of hospitals implementing 72 hour assessment facilities		100	100	100
Provincialise PHC services commencing with District Councils	PHC in District Councils provincialised	Number of District Council with provincialised PHC services	0	3	3	3
Implement the expanded programme on immunisation	Immunisation coverage for children under 1 year	Immunisation coverage for children under 1 year (%)	85	90	90	90
Increase TB cure rate through Implementation of the TB crisis plan	Increased TB cure rate in new smear-positive cases	New smear-positive TB cure rate	70	72	75	80
Reduce new HIV infections through prevention interventions	Availability of condoms	Number of male condoms distributed per month	12 million	13 million	14 million	15 million
		Number of female condoms distributed per month	50 000	60 000	70 000	80 000

Measurable Objectives	Description of outputs	Performance Measures	Performance Targets			
			Estimates 2006/07	2007/08	2008/09	2009/10
Reduce HIV new antenatal infections focusing on prevention	HIV sero-prevalence rate among antenatal attendees	Antenatal sero-prevalence rate (%)	Maintain between 27- 33	Maintain between 27- 33	Maintain between 27- 33	Maintain between 27- 33
Provide HIV and AIDS comprehensive care and treatment including ART in all health facilities	HIV and AIDS comprehensive care and treatment including ART implemented in all hospitals, CHCs and sub-districts	Percentage implementation in: Public hospitals CHCs Districts Sub-districts	100 80 100 70	100 95 100 73	100 100 100 92	100 100 100 100
Strengthen Post -Exposure Prophylaxis (PEP) facilities for victims of sexual violence through expansion and Improving treatment completion rates	PEP for victims of survivors of sexual assault expanded and completion rate increased	Number of health facilities implementing PEP for victims of survivors of sexual assault Average completion rate of clients on PEP	60 41	60 60	60 70	65 72
MULTI-SECTORAL AIDS PROGRAMME						
Provide awareness and education for HIV prevention in special risk setting	People reached in special risk setting for awareness and education of HIV prevention	Number of people reached in special risk setting for HIV prevention	250 000	250 000	300 000	400 000
Provide Door-to-Door community education for HIV and AIDS mainly in informal settlements by Multi-Sectoral Aids Unit	Door-to-Door community education for HIV and AIDS by Multi-Sectoral AIDS Unit	Number of people reached on Door-to-Door community education for HIV and AIDS	2.3 million	2.0 million	2.0 million	1.5 million
Provide access to EAP services for GPG employees	Access to EAP services for GPG employees by GSSC	Percentage GPG employees with access to EAP	50	80	80	80
Provide mobilization of communities through community partners —specially faith-based organisations	Mobilization of communities through community partners —specially faith-based organisations	Number of people reached on education and awareness	500 000	>500 000	1 million	1 million
Supply educational material on HIV and AIDS	Supply of educational material on HIV and AIDS	Number of educational material supplied	6 million	6 million	6 million	6 million

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme description

To ensure rapid and effective emergency medical care (EMS) and transport in accordance with provincial norms and standards.

Programme objectives

- Ensure rapid and effective emergency medical care and transport
- Ensure efficient planned patient transport
- Ensure implementation of provincial norms and standards

Policy objectives

- Implement emergency medical services norms and standards
- Conclude memoranda of agreement with municipalities
- Provincialise EMS and establishment of an entity
- Implement the Service Transformation Plan

TABLE 13: SUMMARY OF PAYMENTS AND ESTIMATES: EMERGENCY MEDICAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Emergency transport	244,537	278,126	329,449	342,100	347,800	347,800	476,341	578,835	647,412
2 Planned patient transport	3,363	169		20,000	12,000	12,000	26,000	31,000	32,500
Special Functions		55	2						
Total payments and estimates: Emergency medical services	247,900	278,350	329,451	362,100	359,800	359,800	502,341	609,835	679,912

The sub-programmes provide funding for emergency medical services and planned patient transport. The allocation increased over the MTEF for emergency medical services preparation for the 2010 soccer world cup.

TABLE 14: SUMMARY OF ECONOMIC CLASSIFICATIONS: EMERGENCY MEDICAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments	73,054	72,629	66,051	119,810	117,510	117,259	213,463	281,827	336,089
Compensation of employees	1,329	5,135	5,137	25,300	25,300	16,878	27,000	15,100	15,100
Goods and services	71,725	67,439	60,914	94,510	92,210	100,381	186,463	266,727	320,989
Interest and rent on land									
Financial transactions in assets and liabilities		55							
Transfers and subsidies to:	157,739	187,526	211,732	220,000	220,000	220,251	242,088	268,285	272,100
Provinces and municipalities	157,739	187,470	211,656	220,000	220,000	220,251	242,088	268,285	272,100
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions		38							
Households		18	76						
Payments for capital assets	17,107	18,195	51,668	22,290	22,290	22,290	46,790	59,723	71,723

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Buildings and other fixed structures									
Machinery and equipment	17,107	18,181	51,668	22,290	22,290	22,290	46,790	59,723	71,723
Cultivated assets									
Software and other intangible assets		14							
Land and subsoil assets									
Total economic classification: Emergency medical services	247,900	278,350	329,451	362,100	359,800	359,800	502,341	609,835	679,912

SERVICE DELIVERY MEASURES: Emergency Medical Services

Measurable Objectives	Description of outputs	Performance Measures	Estimates 2006/2007	Performance Measures		
				2007/2008	2008/2009	2009/2010
Provincialise Emergency Medical Services (EMS)	Provincialised EMS	Number of district councils with provincialised EMS		3	3	3
Improve access to emergency medical services	Priority one patient (critically ill or injured patients) responded to within 20 minutes	Percentage of all priority one patients responded to within 20 minutes	60	65	70	80
Implement planned patient transport	Planned Patient Transport for EMS in hospitals	Percentage of hospitals using Planned Patient Transport under EMS	30	50	100	100
Provide training of staff in call centres, triage and call centre management	Staff trained in call centres, triage and call centre management	Number of staff trained in call centres, triage and call centre management in each district per annum	2 per district	3 per district	3 per district	3 per district
Conduct annual public awareness campaign on EMS services	Annual public awareness campaign on EMS services	Annual public awareness campaigns conducted	1	1	1	1
Ensure quality assurance for emergency medical services	Accredited Ambulance Services	Percentage of existing Ambulance Services inspected and accredited	0	100	100	100
Expand dedicated obstetric ambulance service in all districts	Expansion of dedicated obstetric ambulance services in all districts	Number of districts with a dedicated obstetric ambulance service	3	5	5	5
Increase the number of ambulance personnel with life support training in the province	Increased number of ambulance personnel with life support training	Percentage of locally based staff with training in life support at intermediate level	20	27	29	32
		Percentage of locally based staff with training in life support at advanced level	5	5	6	6

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES**Programme description**

To render level two hospital services provided by specialists.

Programme objectives

- To render general and specialized hospital services.
- To provide chronic mental health and tuberculosis in-patient care on an agency basis for the department.
- To render hospital services provided by general specialists.
- To render oral health care services and provide a platform for the training of health workers.

Policy objectives

- Implement the Service Transformation Plan.
- Implement national policies on conditional grants and revitalisation of hospital services.
- Implement the National Health Act.

TABLE 15: SUMMARY OF PAYMENTS AND ESTIMATES: PROVINCIAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 General Hospitals	1,753,596	1,867,510	2,062,442	2,096,000	2,139,926	2,199,546	2,292,559	2,424,990	2,589,490
2 Psychiatric/ Medical Hospitals	388,692	392,260	413,159	488,000	427,122	429,547	434,628	479,000	508,000
3 Other Specialised Hospitals	35,832	36,779	34,233	58,000	113,450	90,065	126,331	128,000	135,600
4 Dental Training Hospitals	114,288	119,302	135,934	143,000	144,333	145,106	155,050	159,000	159,000
Special Function		141	57						
Total payments and estimates: Provincial hospital services	2,292,408	2,415,992	2,645,825	2,785,000	2,824,831	2,864,264	3,008,568	3,190,990	3,392,090

The sub-programmes identify the different types of Provincial Hospital Services that are being rendered in Gauteng. The sub-programme: Other Specialised hospitals provide services to tuberculosis patients. It includes funding for the 4 Tuberculosis hospitals transferred from SANTA from 1 April 2006.

TABLE 16: SUMMARY OF ECONOMIC CLASSIFICATIONS: PROVINCIAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments	2,096,109	2,208,707	2,396,111	2,462,700	2,577,391	2,616,845	2,760,789	2,946,700	3,131,800
Compensation of employees	1,469,329	1,533,251	1,628,684	1,723,700	1,778,798	1,812,192	1,940,689	2,010,000	2,148,000
Goods and services	626,780	670,110	767,703	739,000	798,593	804,645	820,100	936,700	983,800
Interest and rent on land									
Financial transactions in assets and liabilities		5,346	276			8			
Transfers and subsidies to:	155,147	149,584	151,605	217,300	147,436	147,415	128,900	172,290	180,290

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		
Provinces and municipalities		5,010	4,797	5,500	1,636	1,615			
Departmental agencies and accounts			138,132						
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions	155,147	140,586	4,091	207,900	141,900	141,900	125,000	168,000	176,000
Households		3,988	4,585	3,900	3,900	3,900	3,900	4,290	4,290
Payments for capital assets	41,152	57,701	98,109	105,000	100,004	100,004	118,879	72,000	80,000
Buildings and other fixed structures									
Machinery and equipment	41,152	57,701	98,109	105,000	100,004	100,004	118,879	72,000	80,000
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Provincial hospital services	2,292,408	2,415,992	2,645,825	2,785,000	2,824,831	2,864,264	3,008,568	3,190,990	3,392,090

SERVICE DELIVERY MEASURES: Provincial Hospital Services

Measurable Objectives	Description of outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/2010
Improve hospital efficiency	Improved hospital efficiency	Caesarean Section Rate	20	20	20	20
		Average length of stay (ALOS)	4.8	4.6	4.4	4.2
		Bed Occupancy Rate (BOR)	77	78	80	80
Strengthen hospital management	Strengthened hospital management	Percentage hospitals with appointed CEOs, superintendent, Nursing manger and administrative manager	90	90	90	90
Ensure functioning of hospital boards	Hospital boards established and maintained	Percentage of hospitals with new and operational hospital Boards	90	90	90	90
Reduced backlog in identified treatment modalities for oral health	Reduced waiting list for specialised oral health treatment	Percentage reduction of waiting list s for specialised oral treatment	30	40	50	60

PROGRAMME 5: CENTRAL HOSPITAL SERVICES**Programme description**

To provide a highly specialised health care service, a platform for the training of health workers, research and serve as specialist referral centres for regional hospitals and neighbouring provinces.

Programme objectives

- Provision of highly specialised health care services
- Provision of a platform for the training of health workers
- Serve as specialist referral centres for regional hospitals and neighbouring provinces

Policy objectives

- Implement the National Health Act
- Implement the Service Transformation Plan
- Implement national policies on conditional grants and revitalisation of hospital services
- Service level agreement with universities
- Modernisation of tertiary services

TABLE 17: SUMMARY OF PAYMENTS AND ESTIMATES: CENTRAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Central hospitals	2,853,415	2,994,621	3,656,053	3,225,137	3,337,868	3,683,744	3,516,165	3,781,380	4,212,129
Incorrect Allocations	3,797								
Special Functions		324	18						
Personal Transfer Payments		12,579							
Total payments and estimates: Central hospital services	2,857,212	3,007,524	3,656,071	3,225,137	3,337,868	3,683,744	3,516,165	3,781,380	4,212,129

The sub-programme: Central Hospitals provides funding for the four tertiary hospitals in Gauteng. The funding of these hospitals is partly sourced from the National Tertiary Services as well as the Health Professions Training Conditional Grants. These grants are allocated from the National Department of Health. The conditions of the grants are published in the annual Division of Revenue Act (DORA).

TABLE 18: SUMMARY OF ECONOMIC CLASSIFICATIONS: CENTRAL HOSPITAL SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments	2,837,899	2,934,649	3,197,183	3,042,837	3,172,668	3,500,059	3,387,175	3,724,080	4,150,529
Compensation of employees	1,673,938	1,747,849	1,815,434	1,843,800	1,850,400	2,037,601	2,037,171	2,285,000	2,502,000
Goods and services	1,163,961	1,186,476	1,381,731	1,199,037	1,322,268	1,462,458	1,350,004	1,439,080	1,648,529
Interest and rent on land									
Financial transactions in assets and liabilities		324	18						

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		2007/08
Transfers and subsidies to:		14,573	13,007	17,300	12,700	11,057	6,000	6,300	6,600
Provinces and municipalities		5,901	6,432	6,300	1,700	1,701			
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households		8,672	6,575	11,000	11,000	9,356	6,000	6,300	6,600
Payments for capital assets	19,313	58,302	445,881	165,000	152,500	172,628	122,990	51,000	55,000
Buildings and other fixed structures									
Machinery and equipment	19,313	58,313	445,881	165,000	152,500	172,628	122,990	51,000	55,000
Cultivated assets									
Software and other intangible assets		(11)							
Land and subsoil assets									
Total economic classification: Central hospital services	2,857,212	3,007,524	3,656,071	3,225,137	3,337,868	3,683,744	3,516,165	3,781,380	4,212,129

SERVICE DELIVERY MEASURES: Central Hospital Services

Measurable Objectives	Description of outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/2010
Improve hospital efficiency	Improved hospital efficiency	Caesarean Section Rate	31	33	33	33
		Average length of stay (ALOS)	5.4	5.5	5.7	58
		Bed Occupancy Rate (BOR)	75	75	75	75
Strengthen management in all hospitals	Strengthened hospital management	Percentage of hospitals with appointed CEO, directors and nursing manager	75	75	75	75
Ensure functioning of hospital boards	Hospital boards established and maintained	Percentage of hospitals with new and operational hospital Boards	100	100	100	100

PROGRAMME 6: HEALTH TRAINING AND SCIENCES**Programme description**

To provide education, training and development for all personnel within the department of Health.

Programme objectives

- Train nursing and ambulance personnel
- Provide education, training and development for all other personnel within the department
- Grant bursaries and promoting research and development of health systems

Policy objectives

- Implement the National Human Resource (HR) framework
- Implement the national legislation on HR education and training

TABLE 19: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH TRAINING AND SCIENCES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Nurse Training Colleges	132,362	157,433	173,945	204,800	226,605	226,605	264,250	280,700	297,000
2 EMS Training Colleges	3,158	3,324	3,910	6,500	6,500	6,500	23,800	27,900	27,960
3 Bursaries	7,250	10,399	10,700	12,000	12,000	12,000	13,000	12,600	13,200
4 Other Training	17,081	17,275	32,263	17,700	24,347	29,550	37,770	37,225	38,000
Special Functions		140							
Personal Transfer Payments		470							
Total payments and estimates: Health training and sciences	159,851	189,041	220,818	241,000	269,452	274,655	338,820	358,425	376,160

The nursing training colleges provide training to student nurses. There are currently 4 colleges. The increased allocation over the MTEF is in line with departmental policy and priorities to increase the number of nurses over the MTEF period. The EMS training college provide training to emergency medical staff. The increase over the MTEF is to ensure preparedness for the 2010 soccer world cup.

Bursaries are used to fund internal staff as well as private citizens to achieve further qualifications. The allocation for Other Training provides funding for the Chief Directorate: Human Resource Development for internal training and development of staff.

TABLE 20: SUMMARY OF ECONOMIC CLASSIFICATIONS: HEALTH SCIENCES AND TRAINING

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments	154,498	176,806	208,451	226,690	255,321	259,868	323,950	343,770	362,465
Compensation of employees	131,112	150,923	184,996	201,000	229,331	238,069	277,750	307,000	324,500
Goods and services	23,386	25,883	23,455	25,690	25,990	21,799	46,200	36,770	37,965
Interest and rent on land									

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		2007/08
Financial transactions in assets and liabilities									
Transfers and subsidies to:	501	9,640	10,099	8,310	7,831	9,189	7,720	7,755	7,795
Provinces and municipalities		487	568	620	190	192			
Departmental agencies and accounts									
Universities and technikons	501	597	650	690	641	641	720	755	795
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households		8,556	8,881	7,000	7,000	8,356	7,000	7,000	7,000
Payments for capital assets	4,852	2,595	2,268	6,000	6,300	5,598	7,150	6,900	5,900
Buildings and other fixed structures									
Machinery and equipment	4,852	2,590	2,268	6,000	6,300	5,598	7,150	6,900	5,900
Cultivated assets									
Software and other intangible assets		5							
Land and subsoil assets									
Total economic classification: Health sciences and training	159,851	189,041	220,818	241,000	269,452	274,655	338,820	358,425	376,160

SERVICE DELIVERY MEASURES: Health Training and Sciences

Measurable Objectives	Description of Outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/10
Train ambulance personnel in life support skills	Increased number of emergency care staff with life support training.	Number of emergency care staff trained to Basic Life Support Level	50	12	12	12
		Number of emergency care staff trained to Intermediate Life Support Level	25	24	108	108
		Number of emergency care staff trained to advanced Life Support Level	12	24	24	24
Train health professionals trained in Comprehensive HIV and AIDS including ARV	Health professionals trained in Comprehensive HIV and AIDS including ARV	Number of Health Professionals trained in Comprehensive HIV and AIDS including ARV	1 000	2 000	2 500	3 000
Increase production of nurses by 20% in each year until 2009	Nursing Graduates	Number of new nursing entrants	970	1,030	1,080	1250
		Number of nursing students all years	4 018	5 006	5 200	5 600
		Number of all nursing graduates	1 173	1 600	1 850	2 050
Ensure community placement of all medical and allied professionals	Placement of medical and allied professionals	Number of Medical Community Service Placements	240	260	300	350
		Number of Allied Community Service Placements	278	300	320	350
Increase medical practitioners	Medical interns	Number of medical interns	420	400	450	470
Increase medical specialists	Medical registrars	Number of medical registrars	830	865	900	930
Train Senior/middle and frontline managers trained	Senior/middle and frontline managers trained	Percentage of senior/middle and frontline managers trained	48	64	80	100
	Employee Wellness training programme	Number of senior/middle and frontline managers trained per annum	300	300	300	300
Expansion of learnership/internship programme	Implementation of learnership/internship programme	Number of people trained on learnership/internship (cumulative)	6 518	7 398	8 298	8 500
	Bursaries granted	Number of bursaries granted and / or maintained	1 510	1 964	2 508	3 160

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**Programme description**

To render support services, non-clinical services as may be applicable for research, laundry and food supply services and efficient and effective support services to hospitals and clinics

Programme objectives

- To render support services required by the department to fulfil its aims.
- To render non-clinical services as may be applicable for research, laundry and food supply services.
- Capital augmentation

Policy objectives

- Implement the supply chain management policy and Preferential Procurement Policy framework.
- Implement the Broad Based Black Economic Empowerment framework.

TABLE 21: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH CARE SUPPORT SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1. Laundries	51,182	51,184	70,804	83,000	80,993	80,993	92,980	95,599	100,574
2. Food Supply Services	13,455	6,693	15,987	23,000	21,000	21,000	23,000	24,500	26,000
3. Medical Trading Account	10,000			14,001	14,001	10,000	7,001		1
4. Forensic Pathology Services			14,027						
Total payments and estimates: Health care support services	74,637	57,877	100,818	120,001	115,994	111,993	122,981	120,100	126,575

The budget under sub-programme 1: Laundries are allocated to the respective provincial laundries to provide linen and laundry services to health institutions. Food supply services prepare and provide a number of health institutions with food packs for patients. Both these sub programmes claim the related expenditure back from institutions by means of the Internal Charges concept. The amount allocated for the Medical Trading Account is for the newly established pharmaceutical per-pack unit.

TABLE 22: SUMMARY OF ECONOMIC CLASSIFICATIONS: HEALTH CARE SUPPORT SERVICES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments	64,317	57,000	95,988	117,696	115,114	111,100	119,540	118,600	124,865
Compensation of employees	54,262	55,586	65,859	67,400	67,400	67,400	69,500	73,000	76,600
Goods and services	10,055	1,414	30,129	50,296	47,714	43,700	50,040	45,600	48,265
Interest and rent on land									
Financial transactions in assets and liabilities									
Transfers and subsidies to:		322	675	305	298	311	190	200	210

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		
Provinces and municipalities		161	238	125	118	131			
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households		161	437	180	180	180	190	200	210
Payments for capital assets	10,320	555	4,155	2,000	582	582	3,251	1,300	1,500
Buildings and other fixed structures									
Machinery and equipment	10,320	555	4,155	2,000	582	582	3,251	1,300	1,500
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health care support services	74,637	57,877	100,818	120,001	115,994	111,993	122,981	120,100	126,575

SERVICE DELIVERY MEASURES: Health Care Support Services

Measurable Objectives	Description of outputs	Performance Measures	Estimates	Performance Targets		
			2006/07	2007/08	2008/09	2009/10
Implementation of the BBBEE strategy	Implementation of BBBEE framework	Percentage of total procurement budget spent on BBBEE	50	60	70	80
Ensure efficient supply of pharmaceutical and surgical sundries	Ensure efficient supply of pharmaceuticals and surgical sundries	Percentage orders supplied to institutions on first request	94	96	98	98
Implement supply chain management policy	Procurement of goods and services expenditure via tenders and contracts.	Percentage procurement of goods and services expenditure via tenders and contracts	20	45	55	65
Implement Drug Supply Management system at the Medical Supply Depot	Automated order management systems at all hospitals	Percentage of hospitals implementing an order management system		60	90	100

Measurable Objectives	Description of outputs	Performance Measures	Performance Targets			
			Estimates 2006/07	2007/08	2008/09	2009/10
Commission of the pre-packed unit at the Medical Supplies Depot	Implementation of the pre-packed unit at the Medical Supplies Depot	Percentage of bulk medication pre-packed	60	65	90	100
Expand Cook freeze food supplies to hospitals and clinics	Expansion of Cook freeze food supplies to hospitals and clinics	Number of hospitals and clinics supplied food by Cook freeze with Service Level Agreements	12	14	14	16

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme description

To plan, provide and equip new facilities/assets and to upgrade, rehabilitate and maintain hospitals and clinics.

Programme objectives

- To provide for new health facilities, upgrading and maintenance of the existing facilities.
- To provide community health centres, clinics, community, provincial, specialised and academic hospitals.
- Upgrade community health centres, clinics, community, provincial, specialised and academic hospitals.
- Maintain community health centres, clinics, community, specialised and academic hospitals.

Policy objectives

- Implement National Treasury and Department of Health policies on infrastructure grants.
- Implement hospital revitalisation programme through conditional grants.
- Implement Service Transformation plan

TABLE 23: SUMMARY OF PAYMENTS AND ESTIMATES: HEALTH FACILITIES MANAGEMENT

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Community Health Facilities	69,461	23,381	66,080	94,942	94,942	94,942	189,546	204,683	397,713
2 Emergency Medical Rescue Services	616	178	13	1,177	1,177	1,177		1,349	
3 District Hospital Services	35,574	44,778	121,847	164,242	164,242	164,242	260,215	240,719	166,923
4 Provincial Hospital Services	127,438	130,334	179,840	187,911	275,587	275,587	321,877	372,809	290,061
5 Central Hospital Services	293,272	132,128	212,839	338,124	338,124	338,124	227,770	130,623	192,133
6 Other Facilities	21,580	105,649	61,465	85,465	85,465	85,465	92,855	106,429	294,292
Total payments and estimates: Health facilities management	547,941	436,448	642,084	871,861	959,537	959,537	1,092,263	1,056,612	1,341,122

The sub-programmes identify the types of facilities on which the budget will be spent during the MTEF period. Apart from allocations to individual institutions for day to day maintenance the budget is spent by the Department of Public Transport Roads and Works (DPTRW). The department reimburses DPTRW based on claims and supporting documents.

TABLE 24: SUMMARY OF ECONOMIC CLASSIFICATIONS: HEALTH FACILITIES MANAGEMENT

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Current payments	188,856	240,335	311,186	315,694	315,694	315,694	385,388	385,650	386,674
Compensation of employees		1,364	5,233	7,778	7,778	7,778	7,200	7,560	8,584
Goods and services	188,856	238,971	305,953	307,916	307,916	307,916	378,188	378,090	378,090
Interest and rent on land									
Financial transactions in assets and liabilities									
Transfers and subsidies to:		20	18	5	5	5			
Provinces and municipalities		10	7	5	5	5			
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households		10	11						
Payments for capital assets	359,085	196,103	330,880	556,162	643,838	643,838	706,875	670,962	954,448
Buildings and other fixed structures	359,085	189,197	329,793	556,162	643,838	643,838	706,875	670,962	954,448
Machinery and equipment		6,906	1,087						
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification: Health facilities management	547,941	436,458	642,084	871,861	959,537	959,537	1,092,263	1,056,612	1,341,122

SERVICE DELIVERY MEASURES: HEALTH FACILITIES MANAGEMENT

Measurable objectives	Description of outputs	Performance Measures	Estimates 2006/07	Performance Targets		
				2007/08	2008/09	2009/10
Revitalise hospitals in the province	Construction of Chris Hani Baragwanath Hospital A&E, OPD, etc.	Percentage complete	60	70	100	100
	Construction of new Mamelodi Hospital	Percentage complete	67	90	100	100
	Construction of new Zola Hospital	Percentage complete	40	40	80	100
	Construction of new Daveyton Hospital	Percentage complete	10	60	100	100
	Upgrading of Germiston Hospital	Percentage complete	28	70	100	100
	Construction of new Diepsloot Hospital	Percentage complete	10	20	40	10
	Construction of new Lilian Ngoyi District Hospital	Percentage complete	28	60	90	100
	Construction of new Natalspruit Regional Hospital	Percentage complete	35	40	60	90
Build new primary health care facilities in all districts	Construction of new Randfontein Community Health Centre (CHC)	Percentage complete	40	100	100	100
	Construction of new Boikhutsong CHC	Percentage complete	10	60	100	100
	Construction of new Bophelong CHC	Percentage complete	10	70	100	100
	Construction of new Bristlecone CHC	Percentage complete	60	100	100	100
	Construction of new Cullinan CHC	Percentage complete	20	60	100	100
	Construction of new Eersterus CHC	Percentage complete	75	100	100	100
	Construction of new Eldorado Park CHC	Percentage complete	10	95	100	100
	Construction of new Johan Deo Clinic	Percentage complete	50	100	100	100
	Construction of new Mandela Sisulu Clinic	Percentage complete	40	100	100	100
Build new hospital in Gauteng	Construction of Kruisfontein Hospital	Percentage complete		10	20	40
	Construction of Lenasia South Hospital	Percentage complete	10	30	60	100
Refurbish and upgrade Health Facilities in the province	Construction of Pretoria Academic Oncology unit	Percentage complete	30	40	100	100
	Upgrading Tshwane District Hospital	Percentage complete	30	60	90	100

Special functions represent the historic information on departmental expenditure regarding thefts and losses. Departments are not allowed to budget for this classification and any expenditure must be covered by savings in budget programmes.

TABLE 26: SUMMARY OF ECONOMIC CLASSIFICATIONS: SPECIAL FUNCTIONS

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments	8,726	3,620	13,509			2,611			
Compensation of employees									
Goods and services									
Interest and rent on land									
Financial transactions in assets and liabilities	8,726	3,620	13,509			2,611			
Transfers and subsidies to:									
Provinces and municipalities									
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households									
Payments for capital assets									
Buildings and other fixed structures									
Machinery and equipment									
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification:									
Special functions	8,726	3,620	13,509			2,611			

Special Functions

TABLE 25: SUMMARY OF PAYMENTS AND ESTIMATES: SPECIAL FUNCTIONS

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Theft and Losses (Recoverable)		1							
2 Theft and Losses (irrecoverable)	8,726	3,619	13,509			2,611			
Total payments and estimates: Special functions	8,726	3,620	13,509			2,611			

Special functions represent the historic information on departmental expenditure regarding thefts and losses. Departments are not allowed to budget for this classification and any expenditure must be covered by savings in budget programmes.

Internal Charges

TABLE 27: SUMMARY OF PAYMENTS AND ESTIMATES: INTERNAL CHARGES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
1 Internal Charges			(27,272)	(26,500)	(26,500)	(26,500)	(27,000)	(27,500)	(28,000)
Total payments and estimates: Internal charges			(27,272)	(26,500)	(26,500)	(26,500)	(27,000)	(27,500)	(28,000)

The internal charges concept is used where services are rendered between institutions across programmes. This is to avoid expenditure being duplicated in the books of the department. Internal chargers are used for the provision of laundry and food supply services prepared in programme 6 to other health institutions.

TABLE 28: SUMMARY OF ECONOMIC CLASSIFICATIONS: INTERNAL CHARGES

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Current payments			(27,272)	(26,500)	(26,500)	(26,500)	(27,000)	(27,500)	(28,000)
Compensation of employees									
Goods and services			(27,272)	(26,500)	(26,500)	(26,500)	(27,000)	(27,500)	(28,000)
Interest and rent on land									
Financial transactions in assets and liabilities									
Transfers and subsidies to:									
Provinces and municipalities									

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07	2007/08	2008/09
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households									
Payments for capital assets									
Buildings and other fixed structures									
Machinery and equipment									
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification:									
Internal charges			(27,272)	(26,500)	(26,500)	(26,500)	(27,000)	(27,500)	(28,000)

7. OTHER PROGRAMME INFORMATION

7.1 Personnel numbers and cost

TABLE 29: PERSONNEL NUMBERS AND COSTS: HEALTH

Personnel numbers	As at 31 March 2004	As at 31 March 2005	As at 31 March 2006	As at 31 March 2007	As at 31 March 2008	As at 31 March 2009	As at 31 March 2010
1 Administration	408	882	541	586	697	751	779
2 District health services	8,352	10,592	10,919	9,679	10,849	11,433	11,726
3 Emergency medical services	36	28	75	414	423	423	423
4 Provincial health services	14,871	13,623	13,677	15,144	15,621	15,942	16,157
5 Central hospital services	15,366	13,931	13,676	14,499	14,787	14,980	15,109
6 Health training and sciences	2,252	2,393	2,501	3,099	4,028	4,382	4,493
7 Health support services	959	1,018	1,054	1,093	1,188	1,251	1,293
8 Health facilities management	9	8	17	26	26	26	26
Total personnel numbers:							
Health	42,253	42,475	44,919	44,540	47,619	49,188	50,006
Total personnel cost	4,219,065	4,453,088	4,688,666	5,373,182	5,921,722	6,340,160	6,892,163
Unit cost (R thousand)	100	105	104	114	124	129	138

TABLE 30: SUMMARY OF DEPARTMENTAL PERSONNEL NUMBERS AND COSTS: OFFICE OF THE PREMIER

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06				2006/07		2007/08
Personnel numbers	42,253	42,475	44,919	44,540	44,540	44,540	47,619	49,188	50,006
Personnel cost	4,219,065	4,453,088	4,688,666	5,081,905	5,179,398	5,373,182	5,921,722	6,340,160	6,892,163
Human resources component									
Personnel numbers	220	308	350	415	415	415	472	522	574
Personnel cost	20,945	28,693	34,222	36,104	36,104	36,104	38,090	40,184	42,935
Head count as % of total for province	0.52	0.73	0.78	0.93	0.93	0.93	0.99	1.06	1.15
Personnel cost as % of total for province	0.50	0.64	0.73	0.71	0.70	0.67	0.64	0.63	0.62
Finance component									
Personnel numbers	484	764	804	876	876	876	986	1084	1192
Personnel cost	23,094	36,535	41,133	43,396	43,396	43,396	45,782	48,300	50,958
Head count as % of total for province	1.15	1.80	1.79	1.97	1.97	1.97	2.07	2.20	2.38
Personnel cost as % of total for province	0.55	0.82	0.88	0.85	0.84	0.81	0.64	0.63	0.62
Full time workers									
Personnel numbers	41103	40825	41760	42977	42977	42977	45131	46618	47394
Personnel cost	3,036,105	3,336,511	3,564,713	3,760,773	3,760,773	3,760,773	3,967,615	4,185,834	4,416,054
Head count as % of total for province	97.28	96.12	92.97	96.49	96.49	96.49	94.78	94.78	94.78
Personnel cost as % of total for province	71.96	74.93	76.03	74.00	72.61	69.99	67.00	66.02	64.07
Part-time workers									
Personnel numbers	1101	1511	3025	2262	2262	2262	2375	2454	2494
Personnel cost									
Head count as % of total for province	2.61	3.56	6.73	5.08	5.08	5.08	4.99	4.99	4.99
Personnel cost as % of total for province									
Contract workers									
Personnel numbers	347	599	795	907	907	907	950	981	998
Personnel cost	39,967	72,857	99,757	105,243	105,243	105,243	111,032	117,138	123,581
Head count as % of total for province	0.82	1.41	1.77	2.04	2.04	2.04	2.00	2.00	2.00
Personnel cost as % of total for province	0.95	1.64	2.13	2.07	2.03	1.96	1.87	1.85	1.79

7.2 Training

TABLE 31: PAYMENTS ON TRAINING: HEALTH

R thousand	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
1 Administration	2,871	1,156	1,127	3,850	3,850	3,850	4,050	4,250	4,250
2 District health services	6,436	1,460	4,054	3,850	3,850	3,850	4,050	4,250	4,250
3 Emergency medical services	6	13	6	40	40	40	40	45	45
4 Provincial health services	1,589	412	1,045	3,220	3,220	3,220	3,400	3,500	3,500
5 Central hospital services	455	755	867	860	860	860	900	940	940
6 Health training and sciences	20,305	2,234	23,222	17,700	24,347	29,550	37,770	37,225	38,000
7 Health support services			50						
8 Health facilities management			10						
Total expenditure on training: Health	31,662	6,030	30,381	29,520	36,167	41,370	50,210	50,210	50,985

The expenditure and budget on training indicated above excludes training provided by, or allocations for:

Nursing Colleges

Ambulance Training College

Bursaries

The Health Professions Training and Development Conditional Grant

TABLE 32: INFORMATION ON TRAINING: HEALTH

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07			2007/08	2008/09	2009/10
Number of staff			42,475	44,598	320	44,919	47,614	50,470	53,499
Number of personnel trained of which				2,447	204	2,651	2,810	2,978	3,157
Male				530	40	490	519	550	583
Female			1,877	1,997	164	2,161	2,290	2,428	2,573
Number of training opportunities of which									
Tertiary Workshops									
Seminars									
Other									
Number of bursaries offered	291	308	378	454		454	545	645	785
Number of interns appointed			2,395	2,548	429	2,978	3,346	3,546	3,759

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2003/04	2004/05	2005/06	2006/07		2007/08	2008/09	2009/10	
Number of learnerships appointed			398	424	91	516	579	620	669
Number of days spent on training				208	52	156	208	208	208

8. CROSS-CUTTING ISSUES

Number of women and men employed at different levels in the Department of Health

Level	Total	Women	% Woman	Black	% Black	Black Women	% Black Woman
Superintendent-General	1	1	100%	1	100%	1	100%
Deputy Director General	3	1	33	3	100%	1	33.3%
Chief Director	97	21	21.6%	44	45.4%	11	11.3%
Management	18	7	38.9%	15	83.3%	5	27.8%
Professionals	79	14	17.7%	29	36.7%	6	7.6%
Director	221	64	29.0%	106	48.0%	28	12.7%
Management	55	21	38%	37	67.3%	14	25.5%
Professionals	166	43	25.9%	69	41.6%	14	8.4%
Deputy Director	1,813	778	42.9%	1,058	58.4%	426	23.5%
Management	119	51	42.9%	91	76.5%	38	31.9%
Professionals	1,694	727	42.9%	967	57.1%	388	22.9%
Assistant Director	1,981	1,247	62.9	1,308	66.0%	809	40.8%
Management	242	126	52.1	187	77.3%	90	37.2%
Professionals	1,739	1,121	64.5%	1,121	64.5%	719	41.3%
Sub Total Management	4,116	2,112	51.3	2,520	61.2	1,276	31.0%
Non-Management	39,938	31,606	79.1%	36,257	90.8%	28,879	72.3%
Admin Internships	2,088	1,754	84.0%	2,073	99.3%	1,744	83.5%
Total*	46,142	35,472	76.9%	40,850	88.5%	31,899	69.1%

This information is provided from PERSAL as at October 2006.

Outcomes and outputs which specifically targets women and children

Outcome	Output	Indicator	Gender issue	Programme	Sub programme
Reduce the Impact of HIV and AIDS	Reduced new HIV infections among women and youth	Antenatal sero-prevalence rate	HIV and AIDS pandemic	2	HIV and AIDS
	Female condom distribution	Number of female condom distribution sites			HIV and AIDS
		Number of female condoms distributed			
	Prevention of mother to child transmission (PMTCT)	Percentage hospitals, large community health centres and clinics with maternity services implementing the programme Percentage of Regions and health districts with dedicated HIV/AIDS coordinators			2
Implementation of comprehensive HIV and AIDS treatment and care programme	Percentage implementation of the programme in Hospitals, CHCs and clinics with antenatal care services				

Outcome	Output	Indicator	Gender issue	Programme	Sub programme
Improve child health	Feeding programmes in schools and crèches	Number of pre-schoolers fed	Poverty Alleviation	2	Nutrition
Improve women health	Caring for survivors of violence	Number of women seen at existing medico-legal centres	Domestic violence and rape	2, 4 and 5	Disease Control
	Post Exposure Prophylaxis (PEP) implemented in all facilities	The number of health facilities implementing PEP for sexual assault			
	Cervical cancer screening	Number of women screened	Reproductive health	2	District management, community health centres and clinics and community based services
	Breast cancer screening	Number of women reached during breast cancer month			
Reduced teenage pregnancy rate	Percentage reduction in teenage pregnancy	Youth health	2		
Health lifestyles	Youth-friendly services	Number of youth-friendly services	Reproductive health	2	As above
Quality of care	Access for disabled at all facilities	Percentage of hospitals and clinics with access for the disabled		8	
		Percentage hospitals and clinics with a programme on assistive devices		2,4 and 5	

Outcomes of the three largest sub-programmes and their implications to gender equality

Outcome	Output	Indicator	Gender issue	Programme	Sub programme	
Reduce the Impact of HIV and AIDS	Reduced new HIV infections among women and youth	Antenatal sero-prevalence rate	HIV and AIDS pandemic	2	HIV and AIDS	
	Female condom distribution	Number of female condom distribution sites				
		Number of female condoms distributed				HIV and AIDS
	Prevention of mother to child transmission (PMTCT)	Percentage hospitals, large community health centres and clinics with maternity services implementing the programme		2	HIV and AIDS	
		Percentage of Regions and health districts with dedicated HIV/AIDS coordinators				
	Implementation of comprehensive HIV and AIDS treatment and care programme	Percentage implementation of the programme in Hospitals, CHCs and clinics with antenatal care services				
Improve child health	Feeding programmes in schools and crèches	Number of pre-schoolers fed	Poverty Alleviation	2	Nutrition	

Outcome	Output	Indicator	Gender issue	Programme	Sub programme
Improve women health	Caring for survivors of violence	Number of women seen at existing medico-legal centres	Domestic violence and rape	2, 4 and 5	Disease Control
	Post Exposure Prophylaxis (PEP) implemented in all facilities	The number of health facilities implementing PEP for sexual assault			
	Cervical cancer screening Breast cancer screening	Number of women screened Number of women reached during breast cancer month	Reproductive health	2	District management, community health centres and clinics and community based services
	Reduced teenage pregnancy rate	Percentage reduction in teenage pregnancy	Youth health	2	
Health lifestyles	Youth-friendly services	Number of youth-friendly services	Reproductive health	2	As above
Quality of care	Access for disabled at all facilities	Percentage of hospitals and clinics with access for the disabled		8	
		Percentage hospitals and clinics with a programme on assistive devices		2, 4 and 5	

Outcomes of the three largest sub-programmes and their implications to gender equality

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme
Women's health	MOU services	Number of deliveries	Reproductive health	2, 4 and 5	District management, community health centres and clinics and community based services (DCCC) General hospitals All central hospitals
	Antenatal services	Number of antenatal visits			DCCC
	Cervical and breast cancer screening programme	As above	Women's Health	2, 4 and 5	DCCC
	Contraception services	Number of women benefiting from contraceptive services	Reproductive health	2	DCCC
	PEP programme	As above	Domestic violence and rape	2, 4 and 5	DCCC General hospitals
	STI prevention and treatment programme		STI prevalence	2, 4 and 5	
	Health education and promotion programme	Number of women benefiting from the programme	Women empowerment	2	DCCC
	Advocate for provision of Female condoms to women	Number of women receiving condoms	Prevention of vulnerability of women to unprotected sex and HIV and AIDS	2, 4 and 5	District management, community health centres and clinics and community-based services (DCCC)
	Incorporate gender analysis into public health sector and policies and programmes	Strategic and business plans and directorate budgets	Integrating gender analysis into strategic business planning, budgets and information management systems		General hospitals All central hospitals
Obstetric and Gynaecology services		Number of outpatients visits and admissions		4, 5	All central hospitals
		Number of Deliveries			General hospitals

Outcomes and outputs, which will benefit women / promote gender equality

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme	
Gender equality and mainstreaming	Improved gender representivity	Percentage women (including women with disabilities) in middle and senior management	Recruitment and selection of women in Management positions to achieve representivity	1	Management	
	Increased number of people with disabilities	Percentage number of people with disability recruited		1		
	Gender mainstreaming	Implementation of the Employment Equity Act	Retention of women in decision making positions		1	
		Percentage institutions implementing gender policy guidelines	Policy guidelines for gender mainstreaming		1	
Economic support of women in Business		Percentage of women granted tenders particularly on CAPEX Projects	Economic empowerment of women through BBBEE	8	Community health facilities	
		Percentage of procurement budget spent on women-owned BEE companies				
		Percentage of institutions Implementing Prevention of Sexual Harassment in the workplace policy	Establishing opportunities for consumers of our services to address gender-related causes	1	Management	
	Departmental Gender Steering Committee	Functional Gender Steering Committee	Strategic support, monitoring and evaluation of gender mainstreaming	1		
	Monitoring and evaluation mechanisms established	Number of gender mainstreaming quarterly reports submitted at provincial and national level	Monitoring and evaluation of gender mainstreaming	1		
	Celebration of Women's Month (Provincial and Regional Women's Dialogue)	Number of women who participated in regional and Provincial Women's Dialogue	Awareness-raising on healthy living for women and health programmes available	1		
	Celebration of 16 Days of No Violence Against Women and Children (Gender Summit)	Number of people reached on 16 Days of No Violence Against Women and Children	Management, prevention and awareness raising of violence and abuse women and children	1		

Outcomes and outputs, which will benefit women employees within the department of health

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme
Human Resource Development	Bursaries granted	Number of female beneficiaries	Financial assistance to ensure development of women	6	Bursaries
	Mentoring and coaching programmes for women in supervisory and management positions	Availability of plan focusing on newly-appointed senior managers, particularly women and blacks	Provision of support (mentoring or coaching) to women in senior management positions	1	Management
	Hosting of "Bring a Girl Child to Work" Campaign	Number of Girl and Boy Children hosted	Supporting the development of youth particularly girl children	6	Other training
	Training of staff on gender awareness, gender analysis and gender planning.	Number of new staff attending orientation programmes on gender mainstreaming	Sustaining capacity for addressing gender issues	6	Other training
	Learnership and Internship Programmes for young women	Number of women admitted for learnerships and internship (Including women with disabilities)	Learnership opportunities for young women particularly women with disabilities and disadvantaged background	6	Other training
	Network sessions with women in management in the Private Sector	Number of women attended networking sessions	Capacity building for Senior Women Managers	1	Management
Quality of care	Service excellence awards	Number of women receiving service excellence awards	Recognition and acknowledgement of contribution made by women in health care delivery	1	Management