

VOTE 4

DEPARTMENT OF HEALTH

To be appropriated Responsible MEC Administering Department Accounting Officer R16 589 941 000 MEC for Health Department of Health 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; and
- 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.

Strategic goals

The department remains committed to the six strategic goals in the five-year Strategic Programme of Action:

- Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psycho-social factors;
- Implement effectively the comprehensive HIV and AIDS strategy;
- Strengthen the district health system by providing care, and responsive and quality health services, at all levels:
- Implement the people's contract through effective leadership and governance;
- Become a leader in human resource development and management for health; and
- Operate smarter and invest in health technology, communication and management information systems.

The department will continue implementing a 'Turnaround Strategy', which outlines how its activities will be realigned to achieve its 2004 to 2009 strategic goals. As in previous years, the department will ensure that sufficient operational and strategic capacity is aligned to its service delivery objectives. In order to achieve the main fundamentals of the strategy, the department has identified the following way forward:

- Achieve its vision through the improvement of the health status of the people Gauteng and with a focus on the Millennium Development Goals;
- Refocus on four stakeholder goal areas: clients, employees, stakeholders and shareholders; and
- Achieve mission-critical objectives: promotion of healthy living lifestyles, prevention of diseases, curative and support, and rehabilitation of the people Gauteng.







At the heart of the 'Turnaround Strategy' is the implementation of the Quality Healthcare Programme. The four pillars of the strategy are promotion of healthy lifestyles, improving the quality of health care delivery, improvement of district health services and strengthening of community based services, and improving the department's ability to deliver through strengthening leadership and management.

The department is working with Gauteng Provincial Government and the National Department of Health to develop a five-year strategic plan for the new period 2009 to 2014. The strategy will build on progress and challenges encountered in implementing the 2004 to 2009 strategic goals, will be aligned to provincial and national priorities and will emphasise the achievement of improved health outcomes for the people of Gauteng with an emphasis on the Millennium Development Goals.

Core functions of the department

- Primary health care 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 subsidised to render care.
- Ambulance services (emergency medical services) and planned patient transport are provided throughout the province.
- Secondary health care services are rendered through regional hospitals that provide outpatient and in-patient care at general specialist level.
- Specialised health care services provide inpatient care for psychiatric and infectious diseases, while a proportion of tuberculosis and chronic psychiatric services are provided on an outsourced basis.
- Inpatient and outpatient academic health care services are provided through four central hospitals and three dental hospitals, with teaching also taking place at 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, cook-freeze 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:

- Intergovernmental Relations Framework Act, 2005;
- The Division of Revenue Act, 2003;
- Broad Based Black Economic Empowerment Act, 2003;
- The National Health Act, 2003;
- Mental Health Care Act, 2002;
- Unemployment Insurance Contributions Act, 2002;
- Promotion of Access to Information Act, 2000;
- Promotion of Administrative Justice Act, 2000;
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000;
- Preferential Procurement Policy Framework Act, 2000;
- Protected Disclosures Act, 2000;
- National Health Laboratory Service Act, 2000;
- Council for Medical Schemes Levy Act, 2000;
- Public Finance Management Act, 1999;
- Tobacco Products Control Amendment Act, 1999;
- State Information Technology Act, 1998;
- Competition Act, 1998;
- Copyright Act, 1998;
- Sterilisation Act, 1998;
- Employment Equity Act, 1998;
- Skills Development Act, 1998;
- Medical Schemes Act, 1998;
- Public Service Commission Act, 1997;
- Basic Conditions of Employment Act, 1997;
- Intergovernmental Fiscal Relations Act, 1997;
- Medicines and Related Substances Act, 1965 (as amended in 1997);
- Choice on Termination of Pregnancy Act, 1996;
- Public Service Act, Proclamation, 1994;







- Occupational Health and Safety Act, 1993;
- Trade Marks Act, 1993;
- Designs Act, 1993;
- SA Medical Research Council Act, 1991;
- Control of Access to Public Premises and Vehicles Act, 1985;
- Child Care Act, 1983;
- Allied Health Professions Act, 1982;
- Allied Health Professions Act, 1982;
- Dental Technicians Act, 1979;
- Nursing Act, 1978;
- Patents Act, 1978;
- International Health Regulations Act, 1974;
- Pharmacy Act, 1974;
- Health Professions Act, 1974;
- Occupational Diseases in Mines and Works Act, 1973;
- Hazardous Substances Act, 1973;
- Foodstuffs, Cosmetics and Disinfectants Act, 1972;
- Conventional Penalties Act, 1962;
- Merchandise Marks Act, 1941; and
- State Liability Act, 1957.

Specific provincial health legislation

National legislation and policy is supported by the following provincial legislation:

- The Gauteng Ambulance Services Act, 2002;
- The Gauteng District Health Services Act, 2000; and
- The Hospital Ordinance Act, 1958 (as amended in 1999).

Other policy imperatives guiding the work of the Gauteng Department of Health include the following:

- Strategic priorities for the National Health System;
- Provincial Government's five year strategic programme of action;
- Gauteng five-year strategic plan for health;
- Provincial Growth and Development Strategy;
- The Gauteng Global City Region Strategy;
- The Social Development Strategy; and
- The Batho Pele principles of social service delivery and the Service Delivery Charter.

2. REVIEW OF THE 2008/09 FINANCIAL YEAR

PROVINCIALISATION

Provincialisation of Emergency Medical Services (EMS)

The department has completed the provincialisation of EMS in Metsweding District Municipality. A central control room has been established and the software and systems have been installed. The new staff establishment for EMS has been approved and significant progress has been made with the filling of key management posts. Progress has been made with the new EMS bases and infrastructure plan, and a project plan has been developed for the procurement of service providers for the upgrading of ten existing bases. There are plans to establish interim ambulance bases in areas which are currently underserviced across the province, and the department is in the process of identifying suitable premises.

Provincialisation of Primary Health Care (PHC)

Since 1 April 2007, the department has had full funding responsibility in all three district councils. Interim District Health Council Technical Committees (DHCTCs) function as joint management in their respective areas. The following steps relating to this function have been taken:

- Mechanism in place for fully funding of PHC in district council areas;
- Development of organogram for district council areas based on staffing norms;
- Facility audit of maintenance requirements of municipal facilities and ownership of facilities;
- Development of guidelines for the rationalisation of facilities; and
- Terms of reference for training of facility managers and PHC staff.







The department has been unable to secure an agreement with the South African Local Government Association (SALGA) to transfer the services from the municipalities as SALGA and Municipal and Allied Trade Union (IMATU) are against the provincialisation of PHC. However, the issue is receiving attention to ensure that there is an understanding on how best these services can be delivered.

Provincialisation of Forensic Pathology Services (FPS)

All FPS mortuaries, under the administration of the department, have been provincialised. The administration and service delivery of forensic pathology services thus lies under the department. This includes capacitation and provision of the necessary human and capital resources.

Human resources

The departmental retention strategy is beginning to yield the expected results to retain current employees, and in particular health professionals. The success of these measures is evidenced by a reduction in the attrition rate of doctors and nurses. The attrition rate for nurses has decreased from 9.7 percent in 2004/05 to 4 percent in the 2007/08 financial year, whilst for doctors it decreased from 25.3 percent to 10.9 percent. In the face of a high level of resignations, the department has recruited 2 579 professionals in 2007/08 as compared with the annual target of 2 300. The department employs over 48 000 people and over 17 000 positions are still vacant.

The implementation of the Occupational Specific Dispensation (OSD) for a total of 17 314 nurses commenced in October 2007, with 17 260 translated by 10 January 2008. The implementation of the OSD will continue for each category of professional throughout the 2009 MTEF. The department has successfully implemented the Employment Equity Act. However, representation of women and blacks in senior or clinical posts is still not adequate. The department aims urgently to develop an intervention plan for this.

Quality of care

Currently, 55 percent of hospitals have programmes for reducing waiting times. One hundred and sixteen queue managers have been trained in hospitals and 61 in community health centres and clinics. These managers were employed in the majority of Gauteng facilities since January 2006 to improve quality of care. It is anticipated that these interventions will further decrease waiting times. The department continues to use technology to further improve queue management. The process of establishing separate queues at pharmacies and hospitals for older people, people with disabilities and children has commenced. Sixty four percent of Community Health Centres (CHCs) have established fast queues for the elderly and those with disabilities.

HIV/AIDS

The programme for Comprehensive Care, Management and Treatment (CCMT) of HIV and AIDS includes antiretroviral treatment (ART) and treatment of sexually transmitted infections (STIs). The programme is implemented in all hospitals. ART service points increased from 23 in 2004/05 to 59 in the 2007/08 financial year. Two more prisons, Krugersdorp and Pretoria Central, have been accredited as ART sites, bringing the total of prisons offering CCMT to three.

The number of patients on treatment increased from 75 052 adults and 7 733 children in 2006/07 to 106 499 adults and 11 127 children in the 2007/08 financial year, reaching a total of 117 626 individuals on treatment. The down-referral of stable patients on ART from the accredited service points to PHC facilities has progressed well, creating an opportunity for new patients to access hospital treatment and care. The number of patients treated for STIs decreased from 321 337 in 2006/07 to 237 051 in 2007/08, and the number treated for male urethritis syndrome decreased from 73 901 to 58 292.

Prevention from mother to child transmission (PMTCT) is provided in all of the hospitals in the province and in CHCs and clinics that offer antenatal care. The number of pregnant women tested for HIV increased from 166 658 in 2006/07 to 182 550 in the 2007/08 financial year. Of these, 50 641 (27.7 percent) tested positive. The dual therapy regimen was introduced in February 2008, and by the end of March 2008, 664 pregnant women and 756 infants had received dual therapy. Seventy facilities are implementing the new regimen and this is gradually being expanded to other facilities. The HIV testing rate for infants increased from 50 percent in 2006/07 to 82 percent in 2007/08. Infants are tested at six weeks using the polymerase chain reaction (PCR) test.

Tuberculosis (TB)

The Statistics South Africa report for 2005 showed that TB was the leading cause of death in Gauteng from 2003 to 2005, accounting for 9.8 percent of total deaths in the province. The incidence of TB cases per 100







000 people has decreased from 424 in 2006/07 to 379 in 2007/08 and the total number of TB patients has decreased from 47 949 in 2006/07 to 42 084 patients in 2007/08. The treatment interruption rate decreased from 7 percent in 2006 to 6 percent in 2007. A total of 42 084 patients were reached in 2007, and 25 percent were diagnosed as co-infected with HIV.

The cure rate has improved from 67 percent in 2006/07 to 72.9 percent in the 2007/08 financial year, although this is still below the national target of 85 percent. Treatment success rate is 76 percent. There are 28 focal points in the whole province, increasing referral systems between hospitals and clinics. A vigorous campaign to utilise Community Health Workers resulted in increased Direct Observed Therapy (DOT) coverage of 81 percent in 2007/08 financial year.

Multi-drug resistant (MDR) and extremely drug resistant (XDR) present new challenges and have had a major impact on the day-to-day management of TB. Six XDR patients were discharged for DOT as they tested negative for culture.

Physical infrastructure

The department completed several infrastructural projects at Soshanguve Block L, Hillbrow, Stretford, Stanza Bopape Community Health Centres, theatres at Kalafong Hospital and two new wards at Weskoppies Hospital. The department commissioned the Johannesburg Hospital oncology unitand the new Pretoria Academic Hospital which is officially opened and operational. Three new clinics have been completed and commissioned: Johan Deo, Bristlecone in Johannesburg and Mandela Sisulu in Orlando. Substantial progress has been made with Eersterus Community Health Centre, the new Mamelodi Hospital and Chris Hani Baragwanath Hospital accident and emergency facility, as well as with outpatient departments.

Refurbishment at Bona Lesedi, Coronation College and Lebone Emergency Service College has been completed whilst several rehabilitation projects are underway at different institutions including Sizwe Tropical Diseases Hospital, Sebokeng Hospital and Tembisa Hospital.

The department has purchased equipment valued in excess of R600 million, including Magnetic Resonance Imaging (MRI) scanners, Computed Tomography (CT) scanners, Gamma cameras, digital mammography units including multifunctional digital X-rays, and linear accelerators.

2010 FIFA World Cup

As part of 2010 World Cup readiness, the department is gearing itself to render health services during the Confederations Cup to be hosted in June 2009 with two match venues in the province, at Ellis Park and Loftus Versfeld stadiums. During this event, eight top soccer nations will be competing in the province and this major sporting event organised by FIFA and the 2010 Local Organising Committee will test the country's readiness to host the World Cup. It will enable the department to identify areas requiring attention in preparation for this event.

HEALTH INFORMATION SYSTEM AND SMARTCARD

Smartcard technology

The "smartcard" technology project was launched in the 2008/09 financial year, and so far 19 568 patients have been issued with cards. In the near future, Gauteng citizens will have a health 'smart card', containing demographic and health information, for use at health facilities. Smart card technology will speed up processing of patients, will provide support for health care objectives in remote areas with sub-optimal infrastructures, and will improve treatment and tracking of chronic patients and the quality of healthcare in general. The technology supports e-Government Strategy's paper-reduced government, and will facilitate revenue and debt collection. It is envisaged that the smart card will make a difference to the lives of citizens by offering comprehensive, cost-effective and efficient health services,

Health Information System (HIS)

The department will introduce comprehensive and integrated electronic health information and record system (HIS/e-HR) at all health facilities. The new electronic system will strengthen the district health system, improve the quality of services, lead to better stock control of medication and improve the overall experience of patients at facilities by shortening queues and reducing waiting times. The implementation of the HIS/e-HR will also create additional job opportunities and capacity building for resources at community level.







Piloting has been successfully implemented in four facilities: Sebokeng Hospital, Levai Mbatha Community Health Centre, Helga Kuhn Clinic and Johan Deo Clinic. The system for the remaining six facilities will be implemented before the end of the 2008/09 financial year.

The power infrastructure at these facilities is being upgraded and will improve the patient waiting time as systems availability and sustainability will be ensured on a 24/7 basis. The target for 2009/10 is to install HIS/e-HR at 30 percent of the province's health institutions.

3. OUTLOOK FOR THE 2009/10 FINANCIAL YEAR

The 2009/10 financial year marks the end of the 2004 to 2009 five-year term and the beginning of the 2009 to 2014 term. The new five-year strategic plan is being developed in conjunction with Gauteng Provincial Government and the National Department of Health. The department will continue to implement the priorities identified in the 2004 to 2009 period, as part of the 2014 visioning process, as well as the priorities identified by the National Department of Health for 2009/10 and additional provincial priorities.

The focus in this section is on how baseline and additional allocations will be utilised in 2009/10, although plans reflecting national and provincial priorities are also reflected. The additional allocations for ear-marked or special projects include the following:

- Primary Health Care (PHC);
- Vaccines to reduce infant mortality;
- Provincialisation of PHC;
- Medico legal (see section under Forensic Pathology Services);
- Emergency Medical Services;
- Wheelchairs and assistive devices;
- TB XDR and MDR;
- Reduction of surgical backlogs;
- Personnel: overtime, Improvement in the Conditions of Service (ICS) and OSD;
- Pharmacists, clinical technologists and reopening of nursing colleges (see Human Resources, below);
 and
- Maintenance of facilities and allocation for Natalspruit Hospital.

PRIMARY HEALTH CARE (PHC)

Increasing PHC visits

The primary health care utilisation rate for Gauteng has increased from 1.3 visits per person per year in 2004/05 to 2.3 visits in 2006/07. This reflects good progress, but the utilisation rate is still below the national target of 3.5 visits per person per year. Increasing the utilisation rate is a key part of the Service Transformation Plan (STP), the Quality Healthcare Programme (QHP) and Healthy Lifestyles.

Focus on prevention and health promotion

Non-communicable diseases (NCDs) are a group of diseases that have negative consequences caused by an unhealthy diet, a sedentary lifestyle, smoking, substance abuse and high levels of stress. Since many of these are potentially avoidable, interventions are focused on the promotion of healthy lifestyles (balanced nutrition, physical activity, prevention of substance abuse and controlling stress levels), early screening and treatment. Among adults, the top eleven diagnoses upon admission are respiratory conditions such as broncho- pneumonia, pneumonia and lower respiratory tract infection (18.4 percent), carcinoma (15.8 percent), cardiac disease (14 percent), renal disease (11.2 percent), pulmonary tuberculosis (10.1 percent), hypertension (7.6 percent), epilepsy (6.9 percent), other tuberculosis (6.1 percent), retro-viral disease (4 percent), diabetes (3.2 percent) and mental health conditions (2.8 percent).

The 'Know your health status' programme encourages people to test regularly for HIV, hypertension, high cholesterol and other conditions. Health promotion campaigns including the expanded programme on immunisation will be supported by all medical staff and allied health professionals in collaboration with the private sector. This will lay the foundation for strengthening Private-Public Partnerships.

Family physicians programme

Family medicine is a strategic thrust to strengthen the District Health System (DHS) and to improve access and the







quality of clinical care. There are plans for more posts to attract doctors to become specialist family physicians and to work at local clinic level.

Integrated community based services

An important part of encouraging healthy lifestyles and 'taking health to the people' is building relationships and partnerships with communities. The department is strengthening integrated community based services, an important part of which are the community health workers (CHW's). Training and career progression for CHWs yield multiple benefits such as building links with communities, addressing shortages of staff (with some CHWs going into nursing) and creating much-needed employment.

Gauteng province has realised the need for the development of an Integrated Community Based Framework (ICBF) which involves coordination of service delivery through community based structures. This mode of service delivery is intended to complement service provision within facilities and physical structures of various government departments. ICBF also provides government with an opportunity to improve service delivery by sharing community based infrastructure and services whilst also eliminating duplication and fragmentation of service delivery.

The development of integrated community based services will integrate the community-based services of eleven government departments, and will define cost and establish a comprehensive database of community workers as well as non-profit organisations. This will make it possible to harmonise policies and systems between the different social cluster departments, to manage an integrated community worker programme and to have single service access points as well as functional referral systems.

Vaccines to reduce child mortality

Pneumonia and diarrhoea together account for about half of all deaths of children below the age of five years. The National Department of Health launched the roll-out of the Pneumococcal Conjugate and Rotavirus vaccines in the Expanded Programme on Immunisation (EPI) childhood immunisation schedule in 2008. In addition, a combination vaccine is being introduced to replace the DwPT-Hib vaccine and some of the Oral Polio Vaccine (OPV) doses. Sustaining high immunisation coverage of these vaccines will contribute towards reducing childhood mortality.

PROVINCIALISATION

Primary Health Care

The department assumes its responsibility for rendering primary health care services as mandated in the National Health Act (Act 61 of 2003). Through provincialisation, primary health care services will be consolidated, and the current fragmentation and duplication between province and local government will come to an end, resulting in a cost-effective, quality and seamless health service.

The department is in the process of provincialising PHC to provide PHC services according to norms and standards to strengthen the service as follows:

- PHC infrastructure: an additional 905 consulting rooms are required by 2014, based on projected population growth and increased utilisation. Additional challenges are presented by the poor condition of facilities inherited in the former North-West areas and the need to improve health facilities in the Twenty Priority Townships Programme (20PTP). Improved infrastructure will be required to ensure access to services for all residents.
- PHC staffing: there is a serious shortage of staff to provide PHC services, with staffing levels at 73 percent of the norms.
- Management systems: management and control of services will be enhanced through the implementation
 of electronic patient record and management systems. The laboratory and drug audit carried out in 2006
 showed that only 45 percent of clinics have at least one computer, and this backlog will be addressed to
 ensure cost-effective services.

Forensic Pathology Services

During the 2006/07 financial year, twelve mortuaries were successfully transferred from the South African Police Service to the Department of Health. The strategy for the MTEF is one of "rationalisation and consolidation of sites" so that the department will run fewer sites and offer excellent comprehensive services. The department has also defined the configuration of an appropriate medico-legal centre.







Most districts do not have staff dedicated to this service. Ideally, core staff would administer the service whilst developing capacity in the rest of the district service through staff training and experimental exposure to the service. The department will work with hospital and district health managers to identify core posts for the service. The department will also strengthen partnerships with the private sector, the National Prosecuting Authority through their Thuthuzela program and with district management to resolve some of the staffing problems.

Emergency Medical Services (EMS)

In 2007/08, Metsweding EMS was successfully provincialised, and preparations for the provincialisation of the rest of the municipalities are under way.

The EMS strategy includes the construction of 51 EMS bases, 17 of which are planned for construction in the 2008/09 and in addition to that eleven EMS bases will be renovated.

Meetings with the South African Local Government Association (SALGA) are ongoing to work towards an agreement on the process of provincialising EMS. The department's Provincialisation Legal Review sub-project will be completed, and in the interim EMS will be strengthened by filling operational gaps and running services in areas where local government does not have the capacity to provide such services. HR is currently assisting with the bulk employment of Basic Life Support, Intermediate Life Support and Advanced Life Support staff.

National Health Systems priorities for 2008/09

In the 2008/09 financial year, national health system priorities were identified with most of these continuing into the coming years. They are: healthy lifestyles (see Quality Healthcare Programme below), non-communicable diseases, HIV and AIDS and STIs, TB and malaria, and Mother and Child Health. The department will continue to focus on these priorities in the 2009/10 financial year.

Revised National Strategic Plan (NSP) for HIV and AIDS, 2007 to 2011

The NSP sets national targets to be achieved by 2011. Gauteng has used these to set provincial targets to ensure that Gauteng contributes to the achievement of the NSP goals. The primary aims of the NSP are to reduce the rate of new HIV infections by 50 percent by 2011; and to reduce the impact of AIDS on individuals, families and communities and societies by extending access to appropriate treatment, care and support to 80 percent of people living with HIV and their families by 2011.

The following services need to be extended: the scope of STI and PMTCT services; the number of people living with HIV receiving support, care and treatment with ART; the percentage of the population tested for HIV; the percentage coverage of services for children affected by AIDS; and coverage of education in the workplace and special risk settings. PMTCT will continue to be strengthened in 2009/10. Multiple therapies were introduced in February 2008. Seventy facilities are implementing the programme which is being rolled out to other facilities and to more peripheral sites. Implementation strategies for 2009/10 include the following:

- Train at least 1 200 health workers in CCMT so as to staff all accredited ARV sites in 2008/09 financial year; and extend CCMT training to health workers in GDoH facilities so as to ensure a standardised management approach. Two Regional Training Centre sites for hosting GDoH training venues and programs have been identified.
- Reduce AIDS illness and deaths through health services for people living with HIV, including the extension of VCT and the 'know your status' campaign; increased numbers of counsellors; extension of support groups; expansion of ART services; and improving the TB cure rate.
- A special focus on children, to reduce AIDS illness and death of babies and mothers through a comprehensive
 multiple therapy PMTCT service; expansion of ART for children; expansion of services for orphans and
 vulnerable children as well as support for child-headed households.
- Mass education to improve social values and increase safe sex behaviours, healthy lifestyles and utilisation
 of services. Gauteng will continue to educate more than 30 percent of the population each year through life
 skills in schools, door-to-door education, peer education and media awareness.

Implementation of the National Strategic Plan for TB, 2007 to 2011

The TB crisis plan is currently being implemented in support of the Millennium Development Goals and the National Strategic Plan. The aim is to decrease the incidence of TB, reduce the treatment interruption rate and improve the cure rate.







Treatment of MDR and XDR is extremely expensive because patients are often hospitalised for up to six months in the intensive phase. An additional allocation has been made available to address the issue of MDR and XDR TB. The focus will be mainly on three areas:

- Infrastructure: upgrading of existing facilities and TB units. Extra units will be provided at Sizwe Hospital for infection control purposes, and units will also provide recreation facilities for long-staying patients;
- Partnerships with private service providers; negotiations about additional TB beds; and
- Staffing: address the shortage of staff in the dedicated TB institutions.

Development of a Health Facility Improvement Plan

The National Department of Health requires provinces to contribute towards the development of a Hospital Improvement Plan (turnaround plan) for 20 hospitals nationally, to serve as a pilot for subsequent scale-up. The plan will aim to improve the quality of care in hospitals and address the gap between established standards and the actual level of compliance. A framework setting out seven core domains aligned with hospital management areas has been used, covering clinical care; governance; patient perceptions and experience of care; access to care; infrastructure, environment and facilities management as well as health promotion, prevention and public health. A selected number of health facilities nationally will form the focus in 2008/09. In Gauteng, the identified facilities are: Chris Hani Baragwanath Hospital (central), Tembisa Hospital (regional), Dr George Mukhari Hospital (central), Sizwe Tropical Diseases Hospital (specialized) and Lillian Ngoyi CHC.

National health information system: surveillance, e-HR, and smart card

The national priority is to develop an integrated National Health Information System (HIS), including the improvement of data management and usage, implementation of an electronic patient record, implementation of an HR database and improved patient surveillance. The integrated HIS and e-Health Record (e-HR) will provide a flexible, modern information system that will capture quality data to meet the needs of clinicians, administrators and the department. This will integrate different patient information systems and interface with other systems, creating electronic patient records that will be accessible from different institutions.

The Smart Card will contain demographic and health information about the individual accessing health facilities. Smart card technology will speed-up processing of patients, provide support for health care objectives in remote areas with sub-optimal infrastructures, and improve treatment and tracking of chronic patients and the quality of healthcare in general. The technology supports e-Government Strategy's paper-reduced government and will facilitate revenue and debt collection. It is envisaged that the smart card will make a difference to the lives of citizens by offering comprehensive, cost-effective and efficient health services by ensuring economies of scale.

Human resources

National priorities include recruitment and retention strategies, roll-out of the clinical associate programme, increasing the production of nurses, filling of vacant posts, finalising provincial organograms, and implementing OSD for doctors, dentists and pharmacists.

A priority in both the short and medium terms is to continue to focus on reducing the attrition of doctors and nurses and on addressing the challenges around producing, attracting and retaining health professionals. It is crucial to improve conditions of service and to increase the production of health workers in various categories to meet service demands. The department will also address challenges around career progression and opportunities as well as the increasing demand on services.

Plans for the new five-year term will focus on the following areas:

- Scaling up mid-level worker training for emergency medical care technicians, pharmacy assistants, enrolled nurses, diagnostic radiographers and clinical associates;
- Strengthening the service platform through high quality tertiary education, experiential learning and clinical practice;
- Increasing the production of nurses, doctors, allied personnel and mid-level workers;
- Increasing the number of bursary-funded beneficiaries in critical scarce skills, and contractual binding;
- Rolling out the clinical learnership and internship programme to increase capacity, improve the quality of frontline health services and assist with job creation and poverty alleviation;
- Carrying out a comprehensive primary health care (CPHC) curriculum review in nursing education and health sciences in district health systems;
- Exploring options around a flexible remuneration and reward system; and
- Revising the levels of Chief Executive Officers (CEOs) and improving support structures.







PROVINCIAL PRIORITIES

Healthy lifestyles

The emphasis on healthy lifestyles aims to improve the health status of the province's people through inculcating a culture of healthy living and strengthening the provision of health services for those needing intervention. There is a focus on communicable and lifestyle diseases, wellness, nutrition and substance abuse, and the implementation of a cradle-to-grave programme to ensure that the GDoH's intervention extends beyond point-of-contact intervention to include community-based services and workplace services.

Strengthening mental health services and rehabilitation

The QHP also emphasises the implementation of rehabilitation programmes that enable individuals to integrate successfully and productively back into society. The department is developing a mental health service plan that focuses on the promotion of mental well-being, prevention of mental illness, rehabilitation and the reintegration of mental health users back into society, and curative services for mental illness. These services will be provided at all health facilities and as geographically close to users' homes as possible. Access to rehabilitation, from district level to highly specialised tertiary rehabilitation services, is often difficult for people with disabilities. The department is committed to improving access to rehabilitation at all levels, and especially to improving rehabilitation at community and clinic level.

Priorities for mental health services include the following:

- Aligning mental health services with the DHS model;
- Defining service packages for different levels of care;
- Designating beds for acute care in general hospitals; and
- Capacity building and community involvement.

Priorities for rehabilitation and technical services include:

- Emphasising prevention, and reorientation to Early Childhood Development by ensuring that the rehabilitation needs of children at risk are identified early;
- Employing more podiatrists to promote foot health;
- Strengthening orthotics and prosthetics to make limbs and braces;
- Strengthening district-level mental health rehabilitation;
- Strengthening services for people with visual impairment, . Services include supplying white canes, access to orientation and mobility services;.
- Implementing quality control for digital equipment; and
- Create training posts for post-graduate radiographers.

2010 FIFA Soccer World Cup

In preparation for the 2009 Confederations Cup, the department is working closely with the 2010 Project Office as well as hosting cities to develop and implement the Confederations Cup Health Operational Plan. This aims to ensure provision of comprehensive health services for the duration of the tournament at the two match venues and at government health facilities in their vicinity.

Central to the plan is coordinating and ensuring synergy between emergency medical services and emergency units in hospitals. This requires excellent communication between the planned patient transport system and hospital healthcare system so that patients are attended to on arrival at relevant levels of care. The department will focus on the upgrading of three ports of entry namely; OR Tambo, City Deep and Lanseria.

Service Transformation Plan (STP)

The aim of the STP is to enable each province to review the shape and size of its health services and to develop an appropriate, adequately resourced and sustainable health service delivery platform, responsive to current and future health challenges facing the province and the country. The STP assists departments to develop a restructured provincial health service based on balanced and coordinated district health and referral hospital services. As the district health system is the foundation of the National Health System, the plan seeks to ensure that resources are devolved from hospitals to primary health care facilities close to communities.

Other significant features of the STP include extending the hours of service of facilities to increase access, and the definition and implementation of service packages. The implementation of a minimum package of services and the extension of services requires resources in terms of personnel and infrastructure. A minimum package of services per category of facility has been agreed to and this will ensure that all communities have access to







comprehensive PHC services. Additional services will be phased in over the MTEF and beyond to ensure that each facility renders the full package of services envisaged for its category. These services are more specialised at CHCs and this will reduce the burden on hospitals.

Surgical backlogs

The department has made an additional allocation for 2009/10 to reduce surgical backlogs. In order to completely address these backlogs, additional resources will be required over the MTEF for infrastructure and human resources. The main requirements are for additional theatres, anaesthesiologists and specialised nurses. The Hospital Services unit is analysing the situation at each of the four institutions to determine their required allocations from these ear-marked funds required, based on existing staff and equipment requirements.

Security services

- Implementation of safety and security norms and standards in accordance with best industry practices and Service Level Agreements (SLAs); and
- Implementation of technical security systems, biometric (finger print) technical security systems at GDoH central office with access control, CCTV, and time and attendance capabilities at high risk areas (Steve Biko Academic, Sebokeng, Helen Joseph, Sizwe, and Dr. George Mukhari hospitals, the medical supplies depot, EMS, and central office).

Healthcare waste management: the roll-out of the recyclable wheelie bin system with tracking devices on containers and trucks is planned.

4. RECEIPTS AND FINANCING

4.1 Summary of receipts

TABLE 1: SUMMARY OF RECEIPTS: DEPARTMENT OF HEALTH

		Outcome 2005/06 2006/07 2007/08			Adjusted appropriation	Revised estimate	Me	dium-term estimo	ites
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Equitable share	7 263 100	7 320 400	8 771 399	9 667 920	10 555 179	11 477 750	11 951 903	13 270 205	14 526 144
Conditional									
grants	2 653 783	3 269 098	3 674 231	4 221 331	4 353 148	4 221 331	4 638 038	5 080 836	5 351 145
Total receipts	9 916 883	10 589 498	12 445 630	13 889 251	14 908 327	15 699 081	16 589 941	18 351 041	19 877 289

The department is funded through the equitable share and conditional grants. The equitable share contributed 69.6 percent and the conditional grant 30.4 percent in the 2008/09 financial year. The equitable share apportioned to this department grew at an average of R7.8 billion between the 2005/06 and 2007/08 financial years. This result from the province's population increase which the Statistics South Africa 2007 Community Survey, 2007 shows to be the most populous in the country. Analysis of the 2008/09 budget against the 2009 MTEF indicates a steady incremental growth rate in equitable share funding with an average annual growth rate of 14.5 percent.

Conditional grants, which constitute of national tertiary services grant, the health professions training and development grant, the hospital revitalisation grant, the forensic pathology services grant, the HIV and AIDS grant and the provincial infrastructure grant, on the other hand, grows from R2.7 billion in 2005/06 to an estimated R5.4 billion in the 2011/12 financial year. On average, conditional grant funding grew by R3.2 billion between 2005/06 to 2007/08, whilst the estimated average growth during the 2009 MTEF is 8.2 percent.

The increase in the conditional grants for the 2008/9 financial year is due to additional allocation made for the Natalspruit Hospital, comprehensive HIV and AIDS and the national tertiary services grant.







4.2. Departmental receipts collection

TABLE 2: DEPARTMENTAL RECEIPTS: DEPARTMENT OF HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medio	Nedium-term estimates	
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Tax receipts									
Casino taxes									
Horse racing taxes									
Liquor licences									
Motor vehicle licences									
Sales of goods and services other than	000 747	222 000	2/0.000	241 /00	241 /10	427.054	277 527	410.001	470.007
capital assets	223 746	232 800	360 980	341 609	341 610	436 854	377 527	413 991	473 336
Transfers received						4			
Fines, penalties and forfeits	5	15	14	14	10	12	14	14	18
Interest, dividends and									
rent on land	5 209	1 421	1 347	1 418	1 418	1 227	1 418	1 418	1 678
Sales of capital assets	6 699	35	159	72		13	72	72	59
Financial transactions in assets and liabilities	18 242	29 932	15 142	29 931	29 930	(36 201)	29 931	29 931	9 954
Total departmental									
receipts	253 901	264 203	377 642	373 044	372 969	401 909	408 962	445 426	485 045

The Department of Health is one of the main own-revenue generating departments in the Gauteng Provincial Government. The department's main source of revenue is hospital patient fees, which contribute more than 80 percent of the overall collection. Hospital patient fees are adjusted annually in line with tariffs determined by the National Department of Health. These tariffs benefits poor and indigent people and are therefore not calculated on a recovery of service cost base. Other revenue sources include, amongst others, the sale of scrap and silver, meals, parking fees and accommodation.

The department anticipates collecting 402 million for the 2008/09 financial year. The collection of patient fees amounts to R354 million. Revenue collection is estimated at R485 million in 2011/12. An imbalance between the total projected revenue collection in 2008/09 and patient fee total is due to an anticipated under-collection from financial transactions in assets and liabilities. Departmental own receipts are anticipated to continue increasing at an average annual growth rate of 9.1 percent between 2008/09 and over the 2009 MTEF.

The expected increase in revenue collection over the 2009 MTEF period has been attributed to initiatives undertaken by the department, including contracting external service providers to collect long-outstanding amounts. During the next three years, verification of patient details will commence. This will ensure that patients are classified and billed appropriately. Further increases are the result of the annual tariff revision, and improved processes and training at health facilities. The department also has a revenue retention agreement with the Gauteng Treasury in terms of which 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.

It is anticipated that the increased revenue will partly fund the planned Public Private Partnership at the Chris Hani Baragwanath hospital for the 2010/11 financial year onwards.





5. PAYMENT SUMMARY

5.1. Key assumptions

Key assumptions, which inform the basic foundation for the budget, relate to:

- The training and appointment of additional health care professionals, including doctors and nurses, over the medium term expenditure framework;
- Strengthening of primary health care to divert patients from expensive services in hospitals to district health services;
- Increase in the improvement of conditions of services as well as pay progression and performance bonuses including the Occupational Specific Dispensation (OSD);
- The provincialisation of primary health care services provided by district councils; and
- The establishment of a Health Information System (HIS).

5.2 Programme summary

TABLE 3: SUMMARY OF PAYMENTS AND ESTIMATES: DEPARTMENT OF HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Me	dium-term estima	ites
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. Administration	239 996	310 861	346 765	529 200	568 944	996 967	432 168	473 005	513 547
2. District Health Services	2 152 883	2 479 485	3 293 189	3 667 278	3 899 424	4 097 933	4 209 772	4 975 895	5 467 843
3. Emergency Medical Services	329 451	295 818	363 053	581 000	530 990	480 980	597 950	642 498	675 010
4. Provincial Hospitals Services	2 645 825	2 940 538	3 343 530	3 234 450	3 434 086	3 900 913	3 851 667	4 110 901	4 397 276
5. Central	2 040 020	2 740 330	o 040 000	3 234 430	3 434 000	3 700 713	3 031 007	4 110 701	4 377 270
Hospital Services	3 656 071	3 802 607	4 094 738	3 769 300	4 210 625	4 732 109	4 414 571	5 074 529	5 435 931
6. Health Sciences and									
Training	220 818	272 149	348 280	459 500	488 604	504 870	586 841	640 317	676 346
7. Health Care Support Services	100 818	105 803	114 237	122 401	123 901	123 901	138 080	146 195	154 135
8. Health Facilities									
Management	642 084	931 356	1 202 867	1 553 622	1 679 253	1 907 984	2 386 892	2 315 701	2 587 201
Special Functions	13 509	3 125	1 188						
Internal Charges	(27 272)	(26 764)	(22 710)	(27 500)	(27 500)	(27 500)	(28 000)	(28 000)	(30 000)
Total									
payments and									
estimates	9 974 183	11 114 978	13 085 137	13 889 251	14 908 327	16 718 157	16 589 941	18 351 041	19 877 289







5.3 Summary of economic classification

TABLE 4: SUMMARY OF ECONOMIC CLASSIFICATION: DEPARTMENT OF HEALTH

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
R thousand	2005/06	2006/07	2007/08	арргорианон	2008/09	0311111110	2009/10	2010/11	2011/12	
Current										
payments	8 132 461	9 451 383	11 220 225	11 559 945	12 450 071	14 122 849	14 141 147	15 463 482	16 730 765	
Compensation of										
employees	4 688 666	5 347 243	6 519 005	6 987 921	7 533 405	8 170 038	9 037 304	9 702 080	10 366 354	
Goods and services	3 429 466	4 101 011	4 700 002	4 572 024	4 916 666	5 952 811	5 103 843	5 761 402	6 364 411	
Interest and rent										
on land										
Financial										
transactions .										
in assets and	14 000	2 100	1.010							
liabilities 	14 329	3 129	1 218							
Transfers and subsidies to:	872 481	742 689	780 069	924 263	925 082	925 905	988 773	1 088 723	1 157 557	
Provinces and	0/2 401	742 007	700 007	724 203	723 002	723 703	700 773	1 000 723	1 137 337	
municipalities	467 529	391 883	384 451	443 285	432 966	432 966	456 850	501 900	529 830	
Departmental										
agencies and										
accounts					6 988	6 988	9 037	9 702	10 366	
Universities and	// 070	/41	/7/	7.5	7.5.5	7.5.5	705	005	000	
technikons	66 373	641	676	755	755	755	795	835	880	
Public corporations and private										
enterprises										
Foreign										
governments										
and international										
organisations	10									
Non-profit										
institutions	316 065	315 898	351 224	445 861	447 061	447 214	484 956	542 096	580 721	
Households	22 504	34 267	43 718	34 362	37 312	37 982	37 135	34 190	35 760	
Payments for										
capital assets	969 241	920 906	1 084 843	1 405 043	1 533 174	1 669 403	1 460 021	1 798 836	1 988 967	
Buildings and other	000 700	/10.050	0.45.003	004.070	1,000,704	1.0/4.100	1 107 004	1 410 514	1 500 010	
fixed structures	329 793	610 852	845 291	894 973	1 020 604	1 264 188	1 127 284	1 410 514	1 599 819	
Machinery and equipment	639 448	310 054	239 552	510 070	512 570	405 215	332 737	388 322	389 148	
Cultivated assets	037 440	310 034	237 332	310 070	312 370	403 213	332 / 37	300 322	307 140	
Software and other										
intangible assets										
Land and subsoil										
assets										
Total economic										
classification	9 974 183	11 114 978	13 085 137	13 889 251	14 908 327	16 718 157	16 589 941	18 351 041	19 877 289	

The total departmental budget shows an increase from R13.9 billion in 2008/09 to R16.6 billion in the 2009/10 financial year. This increase is the result of additional allocation to central hospital services to supplement the medical equipment and medicine costs and health facilities management for budgetary shortfall for the construction of the Natalspruit Hospital. The department has also received additional funding for the OSD and







personnel salary adjustments which was spread across all programmes. Also included in the budget is a baseline adjustment of R366 million for goods and services, also spread across all programmes.

Over the 2009 MTEF, included in the departmental budget are allocations for the provincialisation of primary health care services, for ODI and Jubilee hospitals in order to address the backlog in surgical equipment and wheelchairs. Specific funds were also made available for the appointment of pharmacists, assistant pharmacists and clinical technologists. Additional funding was made available to the department in the 2008/09 MTEF to mitigate the impact on the public health system of MDR, XDR and TB. In addition, funds are made available for the carry- through costs of the improvement of conditions of service and the occupation specific dispensation for nurses. The national tertiary services grant has been revised over the MTEF period to modernise and transform tertiary services in the province in line with the national policy objectives and to improve access and equity. The hospital revitalisation grant has also been revised upwards to assist the department to step up maintenance and to equip and modernise hospital facilities.

The largest portion of the budget of the department is allocated to compensation of employees. This budget increases from R7 billion in 2008/09 to R9 billion in 2009/10 financial year. The budget for goods and services, on the other hand, grows from a R3.4 billion in 2005/06 to R6.4 billion in 2011/12. Most of the allocation under goods and services is for the procurement of medicine, laboratory tests and blood as well as medical and surgical sundries. Over the 2009 MTEF, the baseline for goods and services has been revised upwards to take account of fluctuations in the value of the rand.

Additional allocations have also been received for critical maintenance at health facilities and for an increase in the baseline allocation across all programmes under goods and services. The baselines are inclusive of budgets for the operations of the Bona Lesedi and the Coronation nursing colleges.

The department has made provision for transfer payments to municipalities for primary health care and emergency medical services, non-profit institutions, households as well as universities and technikons. Transfer payments have increased from R872 million in 2005/06 to R1.2 billion in 2011/12. The administrative fee paid to the Health and Welfare Sector Education Training Authority (HWSETA) was classified under non-profit institutions in the previous financial years. This budget is more appropriately classified and allocated to departmental agencies and accounts from 2008/09.

Capital payments are mainly made up of conditional grants in the form the infrastructure grant, the hospital revitalisation grant and the forensic pathology services grant. Payment for capital assets will have grown from R969 million in the 2005/06 to R2 billion in the 2011/12 financial year mainly due to the increase in infrastructure and hospital revitalisation grants. The procurement of medical and other equipment is also provided for under this classification.







5.4 Infrastructure payments

5.4.1 Departmental infrastructure plans

TABLE 5: SUMMARY OF INFRASTRUCTURE BUDGET BY CATEGORY

		Outcome		Main appropriation	Adjusted appropriation	Revised Medium-term estimate			ites
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
New infrastructure assets	136 327	355 032	497 628	869 315	948 643	807 717	928 915	1 171 299	1 352 095
Existing infrastructure assets	475 462	281 593	563 412	613 800	660 103	548 583	631 651	791 930	853 650
Maintenance and repair	291 529		378 090	336 290	336 290	336 290	423 282	552 915	605 926
Upgrading and additions							43 146	41 797	46 201
Rehabilitation and refurbishment	183 933	281 593	185 322	277 510	323 813	212 293	165 223	197 218	201 523
Infrastructure									
transfers									
Current									
Capital									
Current infrastructure	291 529		378 090	336 290	336 290	336 290	423 282	552 915	605 926
Capital infrastructure	320 260	636 625	682 950	1 146 825	1 272 456	1 020 010	1 137 284	1 410 314	1 599 819
Total infrastructure	611 789	636 625	1 061 040	1 483 115	1 608 746	1 356 300	1 560 566	1 963 229	2 205 745

The table above shows that the budgetary allocation for infrastructure over the 2009 MTEF amounts to R5.7 billion, of which R3.5 billion is dedicated to new infrastructure. Under existing infrastructure assets, a distinction is made between maintenance and repair, upgrading and additions, and rehabilitation and refurbishment of existing facilities, for which R1.6 billion, R131.1 million and R564 million respectively are allocated over the 2009 MTEF.

The budget for capital payments or infrastructure is mainly funded by the revitalisation and infrastructure grants, where the hospital revitalisation grant is meant for the construction, upgrading and rehabilitation of hospitals and the provincial infrastructure grant for the rehabilitation and maintenance of hospital infrastructure. The source of funding for infrastructure is from both the conditional grants and the equitable share. Two conditional grants, namely the revitalisation grant (R755.2 million) and the provincial Infrastructure grant (R97.3 million) are funded from the National Department of Health and National Treasury respectively in the 2009/10 financial year. The Department of Public Transport Roads and Works (DPTRW) acts as the agent for GDoH to facilitate and provide new facilities, and to rehabilitate, upgrade and maintain health facilities.







Details of the department's facility capital estimates are reflected in Budget Statement 3.

5.4.2 Departmental Public-Private Partnership (PPP) projects

TABLE 6: SUMMARY OF DEPARTMENTAL PUBLIC-PRIVATE PARTNERSHIP PROJECTS

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Projects under									
implementation									
PPP unitary charge									
Advisory fees									
Revenue generated									
Project monitoring									
cost									
New projects		11 000	12 000	12 600	12 600	12 600	13 320	167 000	434 000
PPP unitary charge								167 000	434 000
Advisory fees		11 000	12 000	12 600	12 600	12 600	13 320		
Revenue generated									
Project monitoring									
cost									
Total		11 000	12 000	12 600	12 600	12 600	13 320	167 000	434 000

Provision is made from the 2006/07 financial year's budget to the 2009/10 financial year for a transaction advisor for the proposed PPP at Chris Hani Baragwanath Hospital. The expected outcome of this allocation will be the feasibility of establishing a PPP arrangement for the administration and operation of the hospital. Provision is also made for the unitary charge of the implementation of the PPP during the 2010/11 and 2011/12 financial years.

5.5 Transfers

5.5.1 Transfers to other entities

TABLE 7: SUMMARY OF DEPARTMENTAL TRANSFERS TO OTHER ENTITIES

	Outcome 2005/06 2006/07 2007/08		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Mental Health NGOs	197 745	179 280	196 372	205 937	205 937	205 937	223 000	254 183	268 200
HIV/AIDS NGOs	93 737	78 259	95 124	104 792	105 992	105 992	116 115	129 313	144 271
Nutrition	18 404	16 929	21 657	32 200	32 200	32 200	35 000	38 000	40 100
Community Based Services		9 909	2 916	58 800	58 800	58 953	62 341	67 600	72 140
Tuberculosis entities	65 743								
Alexandra Health Care Centre	21 600	22 000	25 500	31 500	31 500	31 500	34 000	37 000	39 100
Philip Moyo Community Health									
Centre	7 256	7 760	8 230	8 642	8 642	8 642	10 000	11 000	11 610
Witkoppen Clinic	1 500	1 760	1 425	3 990	3 990	3 990	4 500	5 000	5 300
Total departmental transfers to									
other entities	405 985	315 897	351 224	445 861	447 061	447 214	484 956	542 096	580 721







Transfers to these entities, other than public entities, grow from R406 million in 2005/06 to R581 million in the 2011/12 financial year, an increase of 6.1 percent over the seven year period. The main appropriation under transfers will be allocated to mental health NGOs and to HIV and AIDS non-governmental organisations for provision of HIV and AIDS related services. 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.

These transfers to non-governmental organisations are mainly for providing services for 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 Health Community Centre and Witkoppen Clinic for the provision of primary health care services.

5.5.2 Transfers to local government

TABLE 8: SUMMARY OF DEPARTMENTAL TRANSFERS TO LOCAL GOVERNMENT BY CATEGORY: HEALTH

	Outcome 2005 (05 2007 (09			Main appropriation	Adjusted appropriation	Revised estimate	Me	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12	
Category A	304 891	279 123	333 219	376 876	376 876	376 876	397 950	434 500	458 720	
Category B										
Category C	145 856	108 240	51 232	66 409	56 090	56 090	58 900	64 300	67 880	
Total departmental transfers to local										
government	450 747	387 363	384 451	443 285	432 966	432 966	456 850	498 800	526 600	

The table above shows transfer of funds to local government for the provision of emergency medical and primary health care services. Both services are in the process of being provincialised, with all primary health care services in district councils having already been provincialised. Emergency medical services have been provincialised in one of the three district councils. Transfers are only planned for categories A and C municipalities over the MTEF period, with category A transfers increasing by an average of 6.8 percent and category C by 0.7 percent over the 2009 MTEF. Apart from transfers for primary health care medicine, local government also accesses medicine through the department's medical supplies depot. Over the seven year period, these transfers shows an increase from R451 million in 2005/06 to R527 million in the 2011/12 financial year. This increase is mainly attributed to the allocations towards the provision of primary health care services and emergency medical services.

6. PROGRAMME DESCRIPTION

PROGRAMME 1: ADMINISTRATION

Programme description

The purpose of this programme is to provide political and strategic direction and leadership, to guide and support the development of policy frameworks and guidelines for the implementation of priority programmes, to develop policies and legislation on health care provision, and to ensure that norms and standards are followed in the course of implementation.

Programme objectives

- Provide political and strategic direction and leadership;
- Develop and implement policy and a legislative framework for health care;
- Promote co-operative governance;
- Provide a conducive work environment for staff;
- · Oversee cross-cutting issues such as gender and disability
- · Operate smarter and invest in health technology, communication and management information systems;
- Improve quality of data and data processes to facilitate sound planning and decision-making;
- Monitor quality of care;
- Ensure equity and efficiency in distribution and use of resources; and
- Monitor and evaluate the performance of the department.







TABLE 9: SUMMARY OF PAYMENTS AND ESTIMATES: ADMINISTRATION

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12	
1. Office of the										
Provincial (MEC)	3 591	4 625	3 892	4 200	4 330	5 387	5 176	5 480	5 770	
2. Management	235 514	306 236	342 873	525 000	564 614	991 580	426 992	467 525	507 777	
Special function	891									
Total	239 996	310 861	346 765	529 200	568 944	996 967	432 168	473 005	513 547	

TABLE 10: SUMMARY OF ECONOMIC CLASSIFICATION: ADMINISTRATION

TABLE 10: SUMMARY	OF ECONOMIC	. CLASSIFICATIO	N: ADMINISTKA		A 10 . 1	D • 1			
		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	um-term estim	ates
R thousand	2005/06	2006/07	2007/08	арргоришнон	2008/09	0011111111	2009/10	2010/11	2011/12
Current payments	225 666	274 845	334 975	503 540	543 284	968 480	401 508	441 005	481 547
Compensation of									
employees	74 260	102 909	130 263	162 000	166 430	166 430	204 119	216 400	228 724
Goods and services	150 516	171 936	204 712	341 540	376 854	802 050	197 389	224 605	252 823
Interest and rent on land									
Financial transactions									
in assets and liabilities	890								
Transfers and									
subsidies to:	1 416	539	133	660	660	787	2 000	2 000	2 000
Provinces and municipalities	1 029	82							
Departmental agencies and accounts									
Universities and									
technikons									
Public corporations and private enterprises									
Foreign governments and international									
organisations	10								
Non-profit institutions	377					153			
Households		457	133	660	660	634	2 000	2 000	2 000
Payments for									
capital assets	12 914	35 477	11 657	25 000	25 000	27 700	28 660	30 000	30 000
Buildings and other fixed structures		100				21			
Machinery and equipment	12 914	35 377	11 657	25 000	25 000	27 679	28 660	30 000	30 000
Cultivated assets									
Software and other									
intangible assets									
Land and subsoil assets									
Total economic classification	239 996	310 861	346 765	529 200	568 944	996 967	432 168	473 005	513 547







Goods and services increased from R151 million in 2005/06 to R253 million in the 2011/12 financial year. This increase shows an average annual growth rate of 9 percent over a seven year period. This increase supports the additional funding needed for the management of the department. Payments for capital assets budget are estimated to increase by an average of 6.3 percent over the 2009 MTEF.

PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme description

The purpose of the programme is to render comprehensive primary health care services, district hospital services, comprehensive HIV and AIDS care and nutrition. It includes the delivery of priority health programmes.

Programme objectives

- To render primary health care services;
- To manage district health services and district oral services;
- To deliver a comprehensive primary health care package;
- To render services at district hospitals;
- To render a nutrition programme;
- To render coroner services;
- To render an HIV and AIDS programme; and
- To render integrated community based services.

Policies and priorities

- To improve the health status of the community;
- To implement the Service Transformation Plan, particularly through improving access to facilities through extension of hours and implementation of services packages;
- To support the move from tertiary beds towards level 1 and level 2 beds by opening more level 1 beds at district level;
- To continue to implement the Family Physicians programme to improve access to and strengthen quality of clinical care;
- To complete the provincialisation of district health councils;
- To initiate provincialisation of Tshwane from 2009/10;
- To promote strong referral pathways;
- To strengthen mental health services within the districts; and
- To strengthen the implementation of community based services (Quality Health Care Campaign, CHWP, NGOs).

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

		Outcome			Adjusted appropriation	Revised estimate	Med	dium-term estimo	ites
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. District									
Management	218 288	179 724	272 404	223 536	223 536	307 928	245 495	315 199	334 000
2. Community Health Clinics	585 806	546 152	709 151	826 285	862 893	829 610	902 365	1 058 586	1 148 008
3. Community Health Centres	375 448	400 526	527 727	599 264	628 260	678 957	632 866	736 632	882 091
4. Community									
Based Services	143 842	291 183	333 274	469 660	479 466	491 628	478 777	725 626	772 000
5. HIV/AIDS	367 958	429 128	579 962	694 771	803 283	803 283	932 649	1 065 452	1 186 230
6. Nutrition	28 342	26 981	28 072	35 300	35 300	35 300	37 049	39 000	41 200
7. Coroner Services		66 290	83 135	77 472	79 972	79 972	81 584	92 421	97 966
8. District									
Hospitals	433 011	539 501	759 464	740 990	786 714	871 255	898 987	942 979	1 006 348
Special Functions	188								
Total	2 152 883	2 479 485	3 293 189	3 667 278	3 899 424	4 097 933	4 209 772	4 975 895	5 467 843







TABLE 12: SUMMARY OF ECONOMIC CLASSIFICATION: DISTRICT HEALTH SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estima	tes
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	1 645 588	2 095 115	2 893 860	3 145 086	3 373 532	3 572 041	3 673 437	4 358 899	4 799 832
Compensation of employees	909 063	1 076 993	1 577 425	1 797 830	1 907 231	2 025 740	2 243 590	2 395 300	2 632 000
Goods and services	736 337	1 018 122	1 316 435	1 347 256	1 466 301	1 546 301	1 429 847	1 963 599	2 167 832
Interest and rent on land									
Financial transactions in assets and liabilities	188								
Transfers and									
subsidies to:	483 929	346 310	364 110	470 638	471 838	471 838	501 256	566 996	608 011
Provinces and municipalities	242 782	168 191	151 264	175 000	175 000	175 000	186 000	203 100	214 430
Departmental agencies and accounts									
Universities and technikons	65 743								
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions	173 465	176 256	209 617	285 861	287 061	287 061	308 956	357 296	386 681
Households	1 939	1 863	3 229	9 777	9 777	9 777	6 300	6 600	6 900
Payments for capital assets	23 366	38 060	35 219	51 554	54 054	54 054	35 079	50 000	60 000
Buildings and other									
fixed structures		920	3 275						
Machinery and									
equipment	23 366	37 140	31 944	51 554	54 054	54 054	35 079	50 000	60 000
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification	2 152 883	2 479 485	3 293 189	3 667 278	3 899 424	4 097 933	4 209 772	4 975 895	5 467 843

The budget has escalated from an amount of R2.2 billion in 2005/06 to an estimated R5.5 billion in 2011/12, an annual average increase of 16.8 percent over the seven year period. The largest portion of the allocation to this programme is for funding the treatment and prevention of HIV and AIDS. The allocation to community health clinics constitutes the second largest appropriation in the programme, followed by the district hospital sub-programme. The allocation to this programme increased by R542 million (15 percent) from the 2008/09 main appropriation to 2009/10, in line with the service transformation plan to shift the bulk of health care from central and regional hospitals to district hospitals. The targeted utilisation in the service transformation plan is 2.8 visits per capita per annum by 2014.

The provision of primary health care in Gauteng is managed by the District Management sub-programme. Primary health care also includes community health clinics, community health centres and community-based services. An amount of R105 million for home-based care services is included in the allocation to sub-programme community based services in terms of the Expanded Public Works Programme. Included in the allocation is an amount of R23 million received from the National Department of Health as an earmarked amount for primary health care.







Funding for HIV and AIDS consists of an amount of R761 million from the conditional grant and R171 million from the equitable share. The equitable share allocation funds the Multi-Sectoral Aids Unit (MSAU). Forensic pathology services were provincialised from the South African Police Service (SAPS) in 1 April 2006 and are fully funded by a conditional grant of R81.6 million from the National Department of Health. This is classified as Coroner Services under Programme 2.

The largest allocation in this programme is appropriated to compensation of employees followed by goods and services, transfer payments and equipment. Compensation of employees has increased from R909 million in 2005/06 to R2.6 billion in 2011/12. This translates to an annual average of 19.4 percent over the seven year period. The allocation includes the payment of Occupational Specific Dispensation (OSD) to nurses. Goods and services increased from R736 million in 2005/06 to R2.2 billion in 2011/12.

Transfers to municipalities increases from R175 million in the 2008/09 fiscal year to R214 million in the 2011/12 financial year. In addition to the transfer payments, local government also obtain medicine from the medical supplies depot. The allocations for transfers to non-profit institutions are estimated to rise from R286 million in 2008/09 to R309 million in the 2009/10 financial year. Service provided by non-profit Non Profit institutions includes those relating to HIV and AIDS, mental health services and nutrition.

Over the MTEF period, the total budget for the programme increase by 14.2 percent on average.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

PROGRAMME 2: DISTRICT HEALTH SERVICES

	2008/09	Est	timated Annual Targets	3
Programme/Sub-programme/Performance measures	Estimated	2009/10	2010/11	2011/12
	Outcome			
Provincial expenditure per uninsured person		249.63	265.35	265.35
Sub-districts offering full package of PHC services		100	100	100
PHC total headcount	17m	18 6m	20 5m	21 m
Utilization rate - PHC	1.98	2.11	2.23	2.23
Utilization rate - PHC under 5 years	5.0	5.0	5.0	5.0
Supervision rate	100%	100%	100%	100%
Fixed PHC facilities supported by a doctor at least once a week	30%	40%	40%	40%
	(88/293)	(117/293)	(117/293)	(117/293)
Provincial PHC Expenditure per headcount at Provincial PHC facilities	155	165	180	180
2.1 District Hospitals				
Caesarean section rate for district hospitals	12.5%	12.5%	12.5%	12.5%
Separations - Total		161 696	177 866	195 653
Patient Day Equivalents		835 297	918 826	1 010 709
OPD Total Headcounts		853 743	939 117	1 033 029
Percentage of district hospitals with clinical audit meetings every month		100	100	100
Percentage of district hospitals with Mortality and Morbidity meetings every month		100	100	100
Average length of stay in district hospitals	3 days	3 days	3 days	3 days
Bed utilization rate (based on usable beds) in district hospitals	75%	75%	75%	75%
Expenditure per patient day equivalent in district hospitals	R814	R814	R800	R800
Case fatality rate in district hospitals for surgery separations	3.5%	3.5%	3.5%	3.5%





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Programme/Sub-programme/Performance measures 2.2 HIV and AIDS, TB and STI Control Fixed PHC facilities offering PMTCT Fixed PHC facilities offering VCT to non-antenatal clients Percentage hospitals offering PEP for occupation HIV exposure Percentage hospitals offering PEP for sexual abuse ART Service points registered ART patients - total registered	ed Outcome	2009/10 100% 100% 100% 100%	2010/11 100% 100% 100%	2011/12 100%
Fixed PHC facilities offering PMTCT Fixed PHC facilities offering VCT to non-antenatal clients Percentage hospitals offering PEP for occupation HIV exposure Percentage hospitals offering PEP for sexual abuse ART Service points registered		100% 100%	100%	
Fixed PHC facilities offering VCT to non-antenatal clients Percentage hospitals offering PEP for occupation HIV exposure Percentage hospitals offering PEP for sexual abuse ART Service points registered		100% 100%	100%	
Percentage hospitals offering PEP for occupation HIV exposure Percentage hospitals offering PEP for sexual abuse ART Service points registered		100%		1000/
Percentage hospitals offering PEP for sexual abuse ART Service points registered			100%	100%
ART Service points registered		1000/		100%
		100/0	100%	100%
ART notients - total registered		70	72	74
parama rotal rogistorea		178 000	200 000	220 000
TB cases with a DOT supporter	100%	100%	100%	100%
Male condom distribution rate from public sector health facilities	9	10	10	10
Percentage fixed facilities with any ARV drug stock out	0%	0%	0%	0%
Percentage fixed facilities referring patients to ARV sites for assessment 80)% (243/293)	90% (264/293)	100% (293/293)	100% (293/293)
STI partner treatment rate	40%	40%	40%	40%
Nevirapine dose to baby coverage rate		80%	90%	90%
Nevirapine uptake - antenatal clients	47%	100%	100%	100%
Clients HIV pre-test counselled rate in fixed PHC facilities	100%	100%	100%	100%
HIV testing rate (excluding antennal)	90%	95%	99%	99%
TB treatment interruption rate	4%	4%	4%	4%
CD4 test at ARV treatment service points with turnaround time > 6 days	0%	0%	0%	0%
TB sputa specimens with turnaround time > 48 days	80%	80%	80%	80%
HIV and AIDS budget spent	100%	100%	100%	100%
Percentage of new smear positive PTB cases cured at first attempt	80%	80%	82%	83%
Annual percentage change of new MDR TB cases reported		<2.5%	<2.5%	<2.5%
2.3 Maternal, Child and Woman Health				
Percentage of hospitals offering TOP services		70%	70%	70%
Percentage of CHCs offering TOP services		60%	60%	60%
Percentage of fixed PHC facilities with DTP - Hib vaccine stock out		0%	0%	0%
Immunization coverage under 1 year	90%	90%	90%	90%
Vitamin A coverage under 1 year	90%	90%	90%	90%
Measles coverage under 1 year	90%	90%	90%	90%
Cervical cancer screening coverage	25%	30%	30%	30%
Total deliveries in facilities				
Percentage of facilities certified as baby friendly	24%	29%	34%	35%
Percentage of fixed PHC facilities certified as youth friendly 80%	(234/2930)	90% (249/293)	90% (264/293)	100% (293/293)
Percentage of fixed PHC facilities implementing IMCI 90	0% (264/293)	100% (293/293)	100% (293/293)	100% (293/293)
Facility delivery rate				
Delivery rate for women under 18 years	6.3%	6.2%	6%	5.5%
2.4 Non-Communicable Diseases Control				
Number of trauma centers for victims of violence		26	26	26
Number of health district with health care waste management plan				
implemented		6	6	6
Percentage of hospitals providing occupational health programmes		29%	29%	29%
Percentage of schools implementing Health Promoting School Programme				
(HPSP)		17%	20%	23%
Integrated epidemic preparedness and response plans implemented		Yes	Yes	Yes
Malaria fatality rate		0.4%	0.4%	0.4%
Cholera fatality rate		1%	1%	1%
Cataract surgery rate		16 000 (100/million)	16 500 (1650/million)	17 000 (1700/million)







PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme description

The purpose of the programme is to ensure rapid and effective emergency medical care and transport and efficient, planned patient transport in accordance with provincial norms and standards.

Programme objectives

- To ensure rapid and effective emergency medical care and transport;
- To ensure efficient planned patient transport; and
- To ensure implementation of provincial norms and standards.

Policy objectives

- To implement emergency medical services norms and standards;
- To implement the service transformation plan;
- To ensure the provision of rapid, effective and quality emergency services on a 24-hour basis;
- To improve access to ambulance services for obstetric emergencies in maternity and obstetrics units and planned patient transport for hospitals;
- To improve the quality and efficiency of EMS;
- To provincialise emergency medical services including the development of a new organisational structure and system;
- To position public emergency medical services as the preferred service provider for the 2010 Soccer World Cup; and
- To monitor compliance with norms and standards.

Policies and priorities

The main priority of the programme will be the implementation of a new model of service delivery for EMS for the MTEF period commencing from the 2007/08 financial year.

Other priorities for 2007/08 are:

- Provincialisation of EMS, implementation of planned patient transport and improving response times for patients with life-threatening conditions;
- Development and implementation of an integrated 2010 Football World Cup plan, focusing on EMS. Between 2008 and 2010 EMS must achieve the 2010 norms and standards for resources, the number of ambulances and staff. It is expected that by the end 2008/09 the department will achieve 90 percent compliance, and 100 percent by 2009/10.
- Ensure agents comply with the EMS norms and standards by:
 - Improving monitoring of response times,
 - Improving reporting and compliance with PFMA and DORA,
 - Increasing ambulance personnel with Intermediate and Advanced Life Support training.
- Strengthen quality assurance system through establishment of the Ambulance Services Board and inspecting and accrediting ambulance services.
- Expand Planned Patient Transport system within available funds and dedicated Obstetric Ambulance Service.

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

	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Me	dium-term estimo	ites	
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. Emergency transport	329 449	293 183	357 171	518 000	518 000	474 994	516 950	552 498	557 764
2. Planned patient									
transport		2 635	5 882	63 000	12 990	5 986	81 000	90 000	117 246
Special Functions	2								
Total	329 451	295 818	363 053	581 000	530 990	480 980	597 950	642 498	675 010



TABLE.14: SUMMARY OF ECONOMIC CLASSIFICATION: EMERGENCY MEDICAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	ium-term estimat	es
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current									
payments	66 051	68 582	94 622	274 715	235 024	185 014	292 100	328 698	339 610
Compensation of									
employees	5 137	11 199	24 853	170 000	119 990	69 980	178 500	189 600	200 500
Goods and services	60 914	57 383	69 769	104 715	115 034	115 034	113 600	139 098	139 110
Interest and rent on land									
Financial									
transactions in									
assets and liabilities									
Transfers and									
subsidies to:	211 732	220 297	233 187	268 285	257 966	257 966	270 850	298 800	315 400
Provinces and municipalities	211 656	220 297	233 187	268 285	257 966	257 966	270 850	298 800	315 400
Departmental agencies and									
accounts Universities and									
technikons									
Public corporations									
and private									
enterprises									
Foreign governments									
and international									
organisations									
Non-profit									
institutions									
Households	76								
Payments for									
capital assets	51 668	6 939	35 244	38 000	38 000	38 000	35 000	15 000	20 000
Buildings and other									
fixed structures									
Machinery and									
equipment	51 668	6 939	35 244	38 000	38 000	38 000	35 000	15 000	20 000
Cultivated assets									
Software and other									
intangible assets									
Land and subsoil									
assets									
Total economic classification	329 451	295 818	363 053	581 000	530 990	480 980	597 950	642 498	675 010

The budget of the EMS programme decreased from the main appropriation of R581 million to an adjusted amount of R531 million, due to the shifting of funds from this programme to programme 8 for funding the establishment and upgrading of EMS bases. An increase of R17 million, or 2.9 percent from the 2008/09 budget to the 2009/10 baseline, is mainly to implement a new model of service delivery, increase preparedness for the 2010 FIFA World Cup and ensure the overall provision of effective, rapid and quality emergency medical services.







Additional allocation has been made available over the 2009 MTEF in order to finance the upgrading of the EMS fleet, training of staff and upgrading of existing facilities. These facilities will continue to render EMS beyond 2010. Over the 2009 MTEF, the total budget for the programme increases by an average of 5.1 percent.

Most EMS is still provided by local government. These services will continue to be rendered by this level of government until the process of provincialising EMS has been finalised. Transfer payments to local government have increased by R2.5 million from the 2008/09 budget to the 2009/10 financial year to ensure the expansion of EMS at districts council level. Allocation for compensation of employees increased from R170 million in the 2008/09 budget to R179 million in 2009/10 budget in anticipation of the implementation of the new service delivery model.

The budget allocation for the payments of capital assets has on average decreased by 19.3 percent from the 2008/09 financial year to the 2011/12 financial year as the department will by then have optimised or acquired the necessary capacity and infrastructure for the delivery of EMS.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

D	2008/09	I	Estimated Annual Targets	5
Programme/Sub-programme/Performance measures	Estimated Outcome	2009/10	2010/11	2011/12
Total rostered Ambulances	321	450	450	450
Rostered ambulances per 1000 people	.03	.03	.03	.03
Percentage of hospital s with patient transporters	100	100	100	100
Average kilometres travelled per ambulance	66 000	66 000	66 000	66 000
Percentage of locally based staff with training in BAA	68%	65%	65%	65%
Percentage of locally based staff with training in AEA	29%	32%	32%	32%
Percentage of locally based staff with training in ALS (paramedics)	5%	6%	6%	6%
P1 (red calls) calls with a response of time $<\!15\text{minutes}$ in an urban area	65%	70%	70%	70%
P1 (red calls) calls with a response of time $<\!40$ minutes in an urban area	65%	70%	70%	70%
Percentage of ambulance trips used for inter-hospital transfers	0%	0%	0%	0%
Green code patients transported by ambulance	40%	40%	40%	40%
Cost per patient transported by ambulance	R670	R680	R714	R750
Percentage of ambulances with less than 200 000 kms on the clock	50%	50%	50%	50%







PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Programme description

To render general and specialised hospital services provided by general 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; and
- To render oral health care services and provide a platform for the training of health workers.

Key priorities for 2009/10 financial year

- Implementation of the Service Transformation Plan, ensuring patients are referred to clinics, improving efficiency indicators and step-down beds for down referral of patients;
- Improvement of efficiency of regional hospital pharmacies through decentralising distribution of repeat chronic medication;
- Strengthening of clinical supervisory teams in hospitals;
- Implementation of delegated authority and accountability of hospital managers;
- Hospital improvement plans for clinical audit, complaints and adverse events management and infection control;
- Implementation of quality assurance programme focusing on service excellence, improving frontline services, improving clinical care, management responsibility and accountability, implementation of Batho Pele principles, accreditation of health facilities, reduction of waiting times and management of serious adverse events;
- Strengthening of best practice strategies to address attitudes and improve morale of frontline staff;
- Strengthening of services in regional hospitals especially in the historically disadvantaged areas;
- Improvement of financial control to reduce under- or over- spending; and
- Provision of new, and replacement of condemned, equipment in all facilities.

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

	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	um-term estimat	es	
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. General Hospitals	2 062 442	2 285 128	2 561 526	2 386 564	2 528 176	2 930 991	2 780 819	2 994 992	3 162 385
2. Tuberculosis Hospital				160 020	168 579	181 579	245 168	285 802	357 461
3. Psychiatric/ Mental Hospitals	413 159	427 806	485 410	481 436	519 430	575 442	604 381	582 107	614 431
4. Dental Training Hospitals	135 934	144 174	160 602	178 450	183 617	190 617	191 988	212 955	225 972
5. Other Specialised Hospitals	34 233	83 430	135 992	27 980	34 284	22 284	29 311	35 045	37 027
Special Function	57								
Total	2 645 825	2 940 538	3 343 530	3 234 450	3 434 086	3 900 913	3 851 667	4 110 901	4 397 276







TABLE 16: SUMMARY OF ECONOMIC CLASSIFICATION: PROVINCIAL HOSPITAL SERVICES

Current payments Compensation of employees Goods and services Interest and rent on land Financial transactions in assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies	2 396 111 1 628 684 767 703	2006/07 2 723 013 1 815 781 907 232	2007/08 3 123 413 2 129 905 993 508	2 989 400 2 131 908	2008/09 3 189 036	3 655 675	2009/10 3 604 417	2010/11 3 822 591	2011/12 4 095 036
Compensation of employees Goods and services Interest and rent on land Financial transactions in assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies	1 628 684 767 703	1 815 781	2 129 905			3 655 675	3 604 417	3 822 591	4 095 036
employees Goods and services Interest and rent on land Financial transactions in assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies	767 703			2 131 908					
Goods and services Interest and rent on land Financial transactions in assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies	767 703			2 131 908					
Interest and rent on land Financial transactions in assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies		907 232	993 508		2 291 079	2 586 940	2 827 080	3 000 000	3 180 000
Financial transactions in assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies	(276)			857 492	897 957	1 068 735	777 337	822 591	915 036
assets and liabilities Transfers and subsidies to: Provinces and municipalities Departmental agencies	(276)								
Transfers and subsidies to: Provinces and municipalities Departmental agencies	(276)								
Provinces and municipalities Departmental agencies									
Provinces and municipalities Departmental agencies									
municipalities Departmental agencies	151 605	153 801	156 704	165 000	165 000	165 188	181 250	190 310	199 840
Departmental agencies	4 797	1 368							
	7///	1 300							
and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions	142 223	139 642	141 607	160 000	160 000	160 000	176 000	184 800	194 040
Households	4 585	12 791	15 097	5 000	5 000	5 188	5 250	5 510	5 800
Payments for capital									
assets	98 109	63 724	63 413	80 050	80 050	80 050	66 000	98 000	102 400
Buildings and other fixed structures									
Machinery and equipment	98 109	63 724	63 413	80 050	80 050	80 050	66 000	98 000	102 400
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets						İ			
Total economic classification 2				I					

The budget for this programme shows a growth from R2.6 billion in 2005/06 to R4.4 billion in the 2011/12 financial year. The budget increases on an average rate of 8.8 percent over the seven year period. The major portion of the budget is allocated under the general hospitals sub-programme. This allocation funds 11 general hospitals providing level 1 and 2 services. Kalafong and Helen Joseph hospitals receive part funding from the National Tertiary Services and Health Professions Training grant.

Four tuberculosis hospitals (Tshepong, Dr. Charles Hurwitz, East Rand and Sizwe hospitals) are funded from the departmental equitable share. The special allocation of R93 million for the prevention and treatment of XDR/MDR tuberculosis is included in the sub-programme Tuberculosis hospitals. The total budget for the programme increases on an average of 10.8 percent over the MTEF period.

The most significant allocation is to compensation of employees followed by goods and services, transfer payments and equipment. Compensation of employees indicates a growth from R1.6 billion in the financial year 2005/06 to R3.2 billion in 2011/12 due to the increased staffing of nurses in general hospitals and TB hospitals. The staff allocation includes an allocation for the OSD for nurses. Goods and services increase from R767 million in the 2005/06 to R915 million in 2011/12. An amount of R176 million is allocated under transfer payments for the provision of mental health care services.





KEY OUTPUTS AND SERVICE DELIVERY MEASURES

PROGRAMME 4: PROVINCIAL HOSPITALS SERVICES

Programme/Sub-programme/	2008/09		Estimated Annual Targets	
Performance measures	Estimated Outcome	2009/10	2010/11	2011/12
Caesarean section rate for regional hospitals	18%	18%	18%	18%
Separations - total	102 441	112 685	123 953	136 348
Patient Day Equivalents	623 352	685 687	754 255	829 681
OPD total headcounts	571 400	691 394	760 533	836 586
Average length of stay in regional hospitals	4.3 days	4.2 days	4.2 days	4.1 days
Bed utilization rate (based on usable beds) in regional hospitals	80%	82.5%	85%	85%
Expenditure per patient day equivalent in regional hospitals	R1 128	R1 128	R1 200	R1 200
Case fatality rate in regional hospitals for surgery separations	2	2	1.5	1.5

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 to 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; and
- Serve as specialist referral centres for regional hospitals and neighbouring provinces.

Priorities for 2009/10 financial year

- Implementation of the Service Transformation Plan:
 - Modernisation of tertiary services;
 - Revitalisation of hospitals and other infrastructure;
 - Shifting of primary ambulatory patient care from central hospitals to level I facilities and PHC clinics;
 - Reorganise highly specialised units for improved efficiency;
 - Digitisation of equipment in central hospitals;
 - Provision of new, and replacement of obsolete equipment;
 - Procurement of new medical equipment for Steve Biko Academic Hospital;
 - Engagement in a public education initiative to market the referral route to central hospitals from level 1 and level 2; and
 - Improving efficiency indicators
- Establishment and implementation of clinical supervisory teams for hospitals;
- Monitoring and evaluation of delegations of authority and accountability to hospital managers;
- Implementation of quality assurance programme focusing on service excellence, improving frontline services; improving clinical care, management accountability, reducing the unequal power relations between service users and providers (the true meaning of Batho Pele), accreditation of health facilities and reducing waiting times and addressing the high number of serious adverse events; and
- Improvement of financial control to reduce under or over spending.







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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medi	um-term estimat	es
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. Central hospitals	3 656 053	3 802 607	4 094 738	3 769 300	4 210 625	4 732 109	4 414 571	5 074 529	5 435 931
Special Function	18								
Total	3 656 071	3 802 607	4 094 738	3 769 300	4 210 625	4 732 109	4 414 571	5 074 529	5 435 931

TABLE 18: SUMMARY OF ECONOMIC CLASSIFICATION: CENTRAL HOSPITAL SERVICES

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		es
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	3 197 183	3 631 604	3 994 297	3 675 383	4 116 708	4 638 192	4 252 971	4 901 557	5 294 359
Compensation of									
employees	1 815 434	2 042 314	2 287 513	2 263 297	2 555 185	2 804 698	2 999 055	3 260 000	3 447 400
Goods and services	1 381 731	1 589 290	1 706 784	1 412 086	1 561 523	1 833 494	1 253 916	1 641 557	1 846 959
Interest and rent on land									
Financial transactions in									
assets and liabilities	18								
Transfers and									
subsidies to:	13 007	9 496	11 896	6 300	6 300	6 300	6 600	6 600	6 900
Provinces and municipalities	6 432	1 706							
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Non-profit institutions									
Households	6 575	7 790	11 896	6 300	6 300	6 300	6 600	6 600	6 900
Payments for									
capital assets	445 881	161 507	88 545	87 617	87 617	87 617	155 000	166 372	134 672
Buildings and other fixed structures									
Machinery and equipment	445 881	161 507	88 545	87 617	87 617	87 617	155 000	166 372	134 672
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification	3 656 071	3 802 607	4 094 738	3 769 300	4 210 625	4 732 109	4 414 571	5 074 529	5 435 931

The allocation in this programme provides funding for four academic hospitals: Chris Hani Baragwanath, Charlotte Maxeke, Steve Biko and Dr George Mukhari hospitals.

The budget for the programme has increased by 3.7 billion from 2005/06 to R5.4 billion in the 2011/12 financial year. This is an average increase of 6.8 percent over the seven year period. The funding of these hospitals is mainly from the National Tertiary Services as well as the Health Professions Training conditional grants, with the balance of the budget being financed from equitable share. These central hospitals serve as referral centres for other health facilities in Gauteng as well as neighbouring provinces.



The hospitals have partnerships with universities as they serve as training platforms for the teaching schools. All share joint appointments with various universities. Over the 2009 MTEF period, the total budget for the programme increases by 12.9 percent on average.

Compensation of employees is the largest expense item, followed by goods and services, equipment and transfer payments. Compensation of employees increases by an average of 11 percent from 2005/06 to 2011/12. The personnel budget grew from R2.3 billion in 2008/09 to R3 billion in 2009/10 mainly as a result of additional funding made available for personnel adjustment and for the implementation of OSD for nurses.

Goods and services, on the other hand grows by an average of 5 percent from 2005/06 financial year to 2011/12. Growth in goods and services is mainly for the provision of training for health professionals and for the optimal expansion and rendering of medical services based on a referral system. Included in the allocation for these hospitals is an amount of R114.7 million specifically allocated for medical equipment and medicine costs.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

PROGRAMME 5: CENTRAL HOSPITALS SERVICES

D (C) (D)	2008/09	Estimated Annual Targets					
Programme/Sub-programme/Performance measures	Estimated Outcome	2009/10	2010/11	2011/12			
Caesarean section rate		10%	10%	10%			
Separations - Total		33%	33%	28%			
Patient Day Equivalents		605 206	665 727	732 300			
OPD Total Headcounts		469 675	516 643	568 307			
Average length of stay	5.7 days	5.8 days	5.8 days	5.3 days			
Bed utilization rate (based on usable beds)	75%	75%	75%	75%			
Expenditure per patient day equivalent(PDE)	R1 790	R1 877	R1 877	R1 877			
Case fatality rate for surgery separations	1.5%	3.6%	3.6%	2%			

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

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; and
- Grant bursaries and promote research into and development of health systems.

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

TAPEL 17. JOHN				Main	Adjusted	Revised				
		Outcome		appropriation	appropriation	estimate	Me	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12	
1. Nurse Training										
Colleges	173 945	224 035	291 479	367 300	396 404	413 104	483 038	523 874	552 731	
2. EMS Training										
Colleges	3 910	5 867	14 038	30 900	30 900	22 674	33 270	39 882	42 009	
3. Bursaries	10 700	13 426	16 844	23 000	23 000	23 000	23 101	26 000	27 500	
4. Other Training	32 263	28 817	25 919	38 300	38 300	46 092	47 432	50 561	54 106	
Special Functions		4								
Total	220 818	272 149	348 280	459 500	488 604	504 870	586 841	640 317	676 346	







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

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current									
payments	208 451	256 408	327 345	436 345	455 511	473 202	554 480	607 550	641 800
Compensation of									
employees	184 996	228 006	291 592	370 519	399 623	416 345	478 860	528 000	558 500
Goods and services	23 455	28 398	35 753	65 826	55 888	56 857	75 620	79 550	83 300
Interest and rent									
on land									
Financial transactions									
in assets and		,							
liabilities		4							
Transfers and subsidies to:	10 099	12 000	13 042	13 155	23 093	23 514	26 582	23 767	25 146
-	10 099	12 000	13 042	13 133	23 073	23 314	20 302	23 / 0/	23 140
Provinces and municipalities	588	181							
	500	101							
Departmental agencies and									
accounts					6 988	6 988	9 037	9 702	10 366
Universities and									
technikons	630	641	676	755	755	755	795	835	880
Public corporations									
and private									
enterprises									
Foreign governments									
and international									
organisations									
Non-profit institutions									
Households	8 881	11 178	12 366	12 400	15 350	15 771	16 750	13 230	13 900
Payments for									
capital assets	2 268	3 741	7 893	10 000	10 000	8 154	5 779	9 000	9 400
Buildings and other									
fixed structures									
Machinery and	0.070	0.741	7.000	10.000	10.000	0.154	F 770	0.000	0.400
equipment	2 268	3 741	7 893	10 000	10 000	8 154	5 779	9 000	9 400
Cultivated assets									
Software and other intangible assets									
Total economic	220 818	272 149	348 280	459 500	488 604	504 870	586 841	640 317	676 346

Since this programme ensures training of health staff the allocation is mainly to compensation of employees and goods and services. Both items reveal a healthy growth over the seven year period from 2005/06 to the 2011/12 financial year. Compensation of employees increases from R185 million in 2005/06 to R559 million in the 2011/12 financial year, whilst goods and services, on the other hand, grow from R23 million in 2005/06 to R83 million in the 2011/12 financial year. There is a marginal increase, of 5.2 percent, in transfers and subsidies to universities and technikons over the MTEF





KEY OUTPUTS AND SERVICE DELIVERY MEASURES

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Programme/Sub-programme/	2008/09	Estimated Annual Targets						
Performance measures	Estimated Outcome	2009/10	2010/11	2011/12				
Intake of medical students	3 500	3 500	3 500	3 500				
Intake of nurse students	1 520	1 520	1 520	1 520				
Students with bursaries from the province	2 287	2 287	2 887	3 000				
Attrition rates in first year of nursing school	7	7	7	7				
Basic medical students graduating	600	600	600	600				
Basic nurse students graduating	694	600	527	580				
Medical registrars graduating	80	80	80	100				
Advanced nurse students graduating	540	540	540	540				
Average training cost per basic nursing graduate	R75 747	R79 534	R83 511	R87 687				

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Programme description

The purpose of this programme is to render non-clinical services, including laundry, food services and medical supplies, to support hospitals and clinics in an effective and efficient manner. The achievements of this programme focus on implementation of supply chain management, including the Broad Based Black Economic Empowerment strategy, in support of the six strategic goals of the department.

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; and
- Capital augmentation.

Priorities over the MTEF

- To implement the supply chain management policy and preferential procurement policy framework, including the BBBEE Framework;
- To develop, implement and monitor supply chain management guidelines;
- To improve sustainability and maintenance of the linen asset register according to norms and standards at all hospitals;
- To ensure full implementation of linen banks at all hospitals and maintenance of the linen asset register;
- To ensure availability and prompt delivery of medicines;
- To expand cook freeze food supplies to hospitals and community health centres according to SLA;
- To ensure successful implementation of the new computerized MEDSAS system; and
- To implement effective cost recovery solutions between MSD and institutions.

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

		Outcome		Main appropriation	Adjusted Revised Medium-term estimates			ites	
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. Laundries	70 804	80 409	88 022	100 500	101 930	101 930	115 079	121 194	127 634
2. Food Supply Services	15 987	15 283	18 594	21 900	21 970	21 970	23 000	25 000	26 500
3. Medical Trading Account		10 111	6 313	1	1	1	1	1	1
4. Forensic Pathology									
Services	14 027		1 308						
Total	100 818	105 803	114 237	122 401	123 901	123 901	138 080	146 195	154 135





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

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	um-term estimat	es
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current									
payments	95 988	105 292	113 550	119 176	120 676	120 637	136 345	144 445	152 275
Compensation of									
employees	65 859	64 572	69 832	78 600	80 100	80 100	93 750	99 630	105 350
Goods and services	30 129	40 720	43 718	40 576	40 576	40 537	42 595	44 815	46 925
Interest and rent									
on land									
Financial									
transactions in									
assets and liabilities									
Transfers and subsidies to:	675	040	054	005	225	044	235	250	940
	6/3	242	256	225	725	264	235	250	260
Provinces and municipalities	238	54							
Departmental									
agencies and									
accounts									
Universities and									
technikons									
Public corporations									
and private									
enterprises									
Foreign governments and international									
organisations									
Non-profit									
institutions									
Households	437	188	256	225	225	264	235	250	260
Payments for									
capital assets	4 155	269	431	3 000	3 000	3 000	1 500	1 500	1 600
Buildings and other fixed structures									
Machinery and									
equipment	4 155	269	431	3 000	3 000	3 000	1 500	1 500	1 600
Cultivated assets									
Software and other									
intangible assets									
Land and subsoil									
assets									
Total economic									
classification	100 818	105 803	114 237	122 401	123 901	123 901	138 080	146 195	154 135

The health care support services programme provides laundry and food supply services to health facilities with the budget allocated to five provincial laundries throughout the province. The increase to the sub-programmes budget provides for inflation adjustments and the rising costs of energy and food. The budget grows from R101 million in 2005/06 to R154 million in the 2011/12 financial year, an average increase of 7.3 percent over seven years. Over the 2009 MTEF, the programme budget increases by 8 percent on average.

Apart from the cleaning services by the respective laundries, the sub-programme also purchases linen for health facilities. Food supply services prepare and provide a number of health institutions with food packs for patients. Laundry and food supply services are labour intensive; thus compensation of employees receives the larger





portion of the budget, followed by goods and services. Compensation of employees grows from R66 million in 2005/06 to R105 million in the 2011/12 financial year, while goods and services increase from R30 million in 2005/06 to R47 million in the 2011/12 financial year.

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 services relative to the construction, upgrading and maintenance of new and existing health facilities: community health centres, clinics; community, provincial, specialised and academic hospitals.

Priorities over the MTEF

- To implement National Treasury and Department of Health policies on infrastructure grants;
- To implement the hospital revitalisation programme through conditional grants;
- To implement the service transformation plan;
- To continue to expand and improve health infrastructure;
- To provide and improve health facilities in twenty priority townships (20PTP);
- To establish partnerships, including public private partnerships, with an emphasis on investigating PPP models:
- To improve access to health services for people with disabilities;
- To license private facilities;
- To ensure readiness for 2010;
- To strengthen security services in all facilities;
- To ensure legal compliance regarding Health Care Waste management; and
- To establish occupational health and safety in GDoH in terms of legislation.

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

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Me	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12	
1. Community Health Facilities	66 080	64 819	101 686	153 287	153 287	101 504	153 935	200 603	218 935	
2. Emergency Medical Rescue										
Services	13	188	2 364	491	50 501	50 014	2 028	1 402	1 502	
3. District Hospital Services	121 847	211 883	169 047	379 987	379 987	375 585	529 523	511 769	607 973	
4. Provincial Hospital Services	179 840	256 449	447 282	345 157	471 157	471 157	577 815	703 068	551 683	
5. Central										
Hospital Services	212 839	283 409	274 927	444 763	444 763	537 871	198 916	292 296	566 391	
6. Other Facilities	61 465	114 608	207 561	229 937	179 558	371 853	924 675	606 562	640 716	
Total	642 084	931 356	1 202 867	1 553 622	1 679 253	1 907 984	2 386 892	2 315 701	2 587 201	







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TABLE 24: SUMMARY OF ECONOMIC CLASSIFICATION: HEALTH FACILITIES MANAGEMENT

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estim	ıtes
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Current payments	311 186	320 163	359 685	443 800	443 800	537 108	1 253 889	886 737	956 306
Compensation of									
employees	5 233	5 469	7 639	13 767	13 767	19 805	12 350	13 150	13 880
Goods and services	305 953	314 694	352 015	430 033	430 033	517 303	1 241 539	873 587	942 426
Interest and rent on land									
Financial transactions in assets and liabilities			31						
Transfers and subsidies to:	18	4	741			48			
Provinces and municipalities	7	4							
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private									
enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households	11		741			48			
Payments for			7.11			10			
capital assets	330 880	611 189	842 441	1 109 822	1 235 453	1 370 828	1 133 003	1 428 964	1 630 895
Buildings and other fixed structures	329 793	609 832	842 016	894 973	1 020 604	1 264 167	1 127 284	1 410 514	1 599 819
Machinery and									
equipment	1 087	1 357	425	214 849	214 849	106 661	5 719	18 450	31 076
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Total economic classification	642 084	931 356	1 202 867	1 553 622	1 679 253	1 907 984	2 386 892	2 315 701	2 587 201

The budget for the Health Facility Management programme increased from R642 million in 2005/06 to R2.6 billion in the 2011/12 financial year. Funding for the programme increases from R1.6 billion in the 2008/09 budget to R2.6 billion in the 2011/12 financial year, an increase of 18.5 percent on average.

Allocations are provided to individual health facilities to perform day-to-day maintenance. The major portion of the budget is however transferred to the Department of Public Transport Roads and Works (DPTRW) for major capital works programmes on behalf of the department. This includes new facilities and rehabilitation, upgrading and maintenance of existing facilities. The GDoH reimburses the DPTRW based on claims and supporting documents. The sub programme 6: Other Facilities funds the operational costs of directorates responsible for capital and maintenance functions within the department.





Included in the sub-programme Other Facilities is the allocation for the Programme Management Office/Unit (PMO/PMU) The PMO is required to set the standard for project management and drive the implementation of all projects undertaken to meet the strategic goals of the department. Also included in the sub programme is the allocation for the Health Information System (HIS) and e-Health smart card. These funds were shifted from Programme 1: Administration.

A major share of the allocation to this programme is utilised under "Buildings and other fixed structures" in line with the objectives of the programme. This allocation is mainly funded from the national hospital revitalisation grant and the infrastructure grant to provinces. These allocations are revised annually in order to assist the department to plan, maintain, equip and modernise hospital facilities. The budget for payments for capital assets is expected to increase at an average of 13.7 percent over the 2009 MTEF.

KEY OUTPUTS AND SERVICE DELIVERY MEASURES

HEALTH FACILITIES MANAGEMENT

D (C) (D)		Estimated Annual Targets	
Programme/Sub-programme/Performance measures	2009/10	2010/11	2011/12
Equitable share capital programme as % of total health expenditure	4.1%	4.4%	4.1%
Hospitals funded on revitalization programme	5%	5%	5%
Expenditure on facility maintenance as % of total health expenditure	3%	3%	3%
Expenditure on equipment maintenance as % of total health expenditure	1.8%	2%	2%
Hospitals with up to date asset register	100%	100%	100%
Health districts with up to date PHC asset register (excl hospitals)	100%	100%	100%
Fixed PHC facilities with access to piped water	100%	100%	100%
Fixed PHC facilities with access to mains electricity	100%	100%	100%
Fixed PHC facilities with access to fixed line telephone	100%	100%	100%
Average backlog of service platform in fixed PHC facilities	20	18	18
Average backlog of service platform in district hospitals	14	13	13
Average backlog of service platform in regional hospitals	22	20	20
Average backlog of service platform in specialized hospitals	14	14	14
Average backlog of service platform in tertiary and central hospitals	0	0	0
Average backlog of service platform in provincially aided hospitals	0	0	0
Projects completed on time	6	8	8
Project budget over run	80%	75%	75%

Internal Charges

TABLE 25: SUMMARY OF PAYMENTS AND ESTIMATES: INTERNAL CHARGES

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Med	dium-term estima	ites
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Internal Charges	(27 272)	(26 764)	(22 710)	(27 500)	(27 500)	(27 500)	(28 000)	(28 000)	(30 000)
Total	(27 272)	(26 764)	(22 710)	(27 500)	(27 500)	(27 500)	(28 000)	(28 000)	(30 000)

Internal charges are used for the provision of laundry and food supply services provided by programme 6 to other health institutions. The internal charges concept is used where services are rendered between institutions across programmes. Central management and reporting is meant to avoid expenditure being duplicated in the books of the department. The entire budget for these services is allocated under goods and services.







7. OTHER PROGRAMME INFORMATION

7.1 Personnel numbers and costs

TABLE 26: SUMMARY OF DEPARTMENTAL PERSONNEL NUMBERS AND COSTS

TABLE 26: SUMMARY	OF DEPARTMENT	TAL PERSONNEL	NUMBERS AND	COSTS							
		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	dium-term estimates			
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12		
Total for province											
Personnel numbers (head											
count)	42 460	45 239	47 262	50 053	54 843	54 843	50 053	50 473	51 052		
Personnel cost (R											
thousands)	4688 666	5347 243	6519 005	6987 921	7533 405	8170 038	9037 304	9702 080	10366 354		
Human resources											
component											
Personnel numbers (head											
count)	350	422	472	650	650	650	650	650	650		
Personnel cost (R											
thousands)	46 887	53 472	65 190	68 850	68 850	68 850	90 370	97 020	103 660		
Head count as % of total											
for province	1%	1%	1%	1%	1%	1%	1%	1%	1%		
Personnel cost as % of											
total for province	1%	1%	1%	1%	1%	1%	1%	1%	1%		
Finance component											
Personnel numbers (head											
count)	804	920	986	1 143	1 143	1 143	1 145	1 145	1 145		
Personnel cost (R											
thousands)	93 773	106 945	130 380	137 701	137 701	137 701	180 750	194 040	207 320		
Head count as % of total											
for province	2%	2%	2%	2%	2%	2%	2%	2%	2%		
Personnel cost as % of	00/	00/	00/	00/	00/	00/	00/	00/	00/		
total for province	2%	2%	2%	2%	2%	2%	2%	2%	2%		
Full time workers											
Personnel numbers (head	41.7/0	40.000	45 101	F7 70/	47.507	47.507	47.540	4/ 040	47 470		
count)	41 760	43 903	45 131	57 736	46 596	46 596	46 549	46 940	47 478		
Personnel cost (R thousands)	4358 928	5139 230	6062 675	6561 908	7107 392	7744 025	8404 688	9022 934	9640 727		
	4330 720	3137 230	0002 0/3	0301700	/10/ 372	7744 023	0404 000	7022 734	7040 727		
Head count as % of total for province	98%	97%	95%	115%	105%	105%	93%	93%	93%		
Personnel cost as % of	70/0	///0	75/0	113/0	103/0	105/0	73/0	73/0	73/0		
total for province	93%	96%	93%	94%	94%	95%	93%	93%	93%		
Part-time workers	7070	70/0	70/0	7470	74/0	75/0	70/0	7070	70/0		
Personnel numbers (head											
count)	3 025	1 776	2 262	1 903	1 903	1 903	2 503	2 524	2 553		
Personnel cost (R	0 023	1770	2 202	1 700	1 700	1 700	2 300	2 324	2 330		
thousands)	315 751	207 896	325 950	235 000	235 000	235 000	451 870	485 104	518 300		
Head count as % of total	013731	207 070	023 730	203 000	203 000	203 000	151 07 0	103 101	310 000		
for province	7%	4%	5%	4%	3%	3%	5%	5%	5%		
Personnel cost as % of	, ,,,		570		370	370	370	570	570		
total for province	7%	4%	5%	3%	3%	3%	5%	5%	5%		
Contract workers											
	l	l	l	l	I	l	l .	l			





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		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medio	Jm-term estima	tes
R thousand	2005/06	005/06 2006/07 2007/08			2008/09			2010/11	2011/12
Personnel numbers (head count)	795	1 199	907	1 554	1 554	1 554	1 001	1 009	1 021
Personnel cost (R thousands)	82 982	140 353	130 380	191 013	191 013	191 013	180 746	194 042	207 327
Head count as % of total for province	2%	3%	2%	3%	3%	3%	2%	2%	2%
Personnel cost as % of total for province	2%	3%	2%	3%	3%	2%	2%	2%	2%

TABLE 27: PERSONNEL NUMBERS AND COSTS1: HEALTH

Personnel numbers	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	As at 31 March 2011	As at 31 March 2012
1. Administration	541	586	804	1 088	1 088	1 098	1 098
2. District Health Services	10 919	9 679	12 519	13 201	13 201	13 201	13 780
3. Emergency Medical Services	75	414	286	700	700	700	700
4. Provincial Health Services	13 677	15 144	15 244	15 804	15 804	15 804	15 804
5. Central Hospital Services	13 676	14 499	13 713	14 212	14 212	14 212	14 212
6. Health Training and Sciences	2 501	3 798	3 566	3 902	3 902	4 312	4 312
7. Health Support Services	1 054	1 093	1 110	1 113	1 113	1 113	1 113
8. Health Facilities Management	17	26	20	33	33	33	33
Total personnel	42 460	45 239	47 262	50 053	50 053	50 473	51 052
Total personnel cost (R thousand)	4 688 666	5 347 243	6 519 005	8 170 038	9 037 304	9 702 080	10 366 354
Unit cost (R thousand)	110	118	138	163	181	192	203

The number of staff employed by the Department of Health increases from 42 460 as at 31 March 2006 to an estimated 51 052 as at 31 March 2012. This is an increase of 5 592, or 13 percent. The significant increase in the personnel cost from 1 April 2007 can be attributed to additional staff appointed, the Occupational Dispensation (OSD) for the nursing profession and the general annual Improvement of Conditions of Service (ICS). Budgetary pressure delays the filling of posts as per the Strategic Transformation Plan (STP).







7.2 Training

TABLE 28: PAYMENT ON TRAINING: GAUTENG: DEPARTMENT OF HEALTH

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
1. Administration	1 127	6 122	3 441	4 250	4 250	4 250	4 250	4 500	4 700
2. District Health									
Services	4 054	6 864	14 385	4 250	4 250	4 250	4 250	4 500	4 700
3. Emergency Medical									
Services	6	14	137	45	45	45	45	48	50
4. Provincial Health									
Services	1 045	684	1 055	3 500	3 500	3 500	3 500	3 700	3 860
5. Central Hospital									
Services	867	498	1 117	940	940	940	940	990	1 040
6. Health Training and									
Sciences	23 222	28 821	25 918	38 300	38 300	38 300	43 000	45 200	47 200
7. Health Support									
Services	50	23	17						
8. Health Facilities									
Management	10		52						
Total expenditure									
on training	30 381	43 026	46 122	51 285	51 285	51 285	55 985	58 938	61 550

The table on training shows the expenditure and budget on training within the respective budget programmes. The table, however, excludes the expenditure and budget for the following sub programmes in Programme 6: Health training and sciences, nurse training colleges, ambulance training college and bursaries. It also excludes the allocation for the Health Professionals Training conditional grant.

TABLE 29: INFORMATION ON TRAINING: GAUTENG: DEPARTMENT OF HEALTH

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		ates
R thousand	2005/06	2006/07	2007/08		2008/09		2009/10	2010/11	2011/12
Number of staff	42 460	45 239	45 239	50 053	50 053	50 053	50 053	50 473	51 052
Number of personnel trained	22 524	20 428	10 346	31 082	31 082	31 082	32 118	30 338	30 338
of which									
Male	5 264	4 559	1 024	550	550	550	583	583	583
Female	17 260	15 896	9 322	2 428	2 428	2 428	2 573	2 573	2 573
Number of training opportunities				23 085					
of which									
Tertiary	7 081	3 379	342	8 727	8 727	8 727	7 626	5 446	5 446
Workshops	13 818	11 630	36	12 618	12 618	12 618	13 375	13 375	13 375
Seminars		950	15	1 400	1 400	1 400	2 200	2 600	2 600
Other ABET			165	340	340	340	340	340	340
Number of bursaries offered	378	378	60	645	645	645	785	785	785
Number of interns appointed	2 395	2 395	461	3 546	3 546	3 546	3 759	3 759	3 759
Number of learnerships appointed	1 085	3 697	549	620	620	620	669	669	669
Number of days spent on training			261	208	208	208	208	208	208





8. CROSS-CUTTING ISSUES

OUTCOMES AND OUTPUTS WHICH SPECIFICALLY TARGET 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 zero-prevalence rate	HIV and AIDS pandemic	Prog 2	HIV and AIDS
	Female condom distribution	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			
	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	Prog 2	Nutrition
Improve women's health	Caring for survivors of violence	Number of women seen at existing medico-legal centres	Domestic violence and rape	Prog 2, 4 and 5	Disease Control
	Post Exposure Prophylaxis (PEP) implemented in all facilities	The number of health facilities implementing PEP for sexual assault	Reproductive health	Prog 2	District management, community health centres and clinics and community based services
	Cervical cancer screening	Number of women screened			
	Breast cancer screening	Number of women reached during breast cancer month			
	Reduced teenage pregnancy rate	Percentage reduction in teenage pregnancy	Youth health	Prog 2	
Healthy lifestyles	Youth-friendly services	Number of youth-friendly services	Reproductive health	Prog 2	As above
Quality of care	Access for people with disabilities at all facilities	Percentage of hospitals and clinics with access for the disabled		Prog 8 Prog 2,4,5	
		Percentage hospitals and clinics with a programme on assistive devices			

^{*}Budget for outputs is not provided separately but included as part of relevant programmes or sub-programmes. The process of costing each output has commenced.





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OUTCOMES OF THE THREE LARGEST SUB-PROGRAMMES AND THEIR IMPLICATIONS FOR GENDER EQUALITY

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

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OUTCOMES AND OUTPUTS WHICH WILL BENEFIT WOMEN / PROMOTE GENDER EQUALITY

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme
Gender equality and mainstreaming	Improved gender representation	Percentage women (including women with disabilities) in middle and senior management	Recruitment and selection of women in Management positions to achieve representation	Prog 1	Management
	Increased number of people with disabilities	Percentage / number of people with disability recruited		Prog 1	
	Gender mainstreaming	Implementation of the Employment Equity Act	Retention of women in decision making positions	Prog 1	
		Percentage institutions implementing gender policy guidelines	Policy guidelines for gender mainstreaming	Prog 1	
	Economic support of women in Business	Percentage of women granted tenders particularly on CAPEX Projects	Economic empowerment of women through BBBEE	Prog 8	
		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	Prog 1	Management
	Departmental Gender Steering Committee	Functional Gender Steering Committee	Strategic support, monitoring and evaluation of gender mainstreaming	Prog 1	
	Monitoring and evaluation mechanisms established	Number of gender mainstreaming quarterly reports submitted at provincial and national level	Monitoring and evaluation of gender mainstreaming	Prog 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	Prog 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	Prog 1	

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

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