



GAUTENG DEPARTMENT OF HEALTH

ANNUAL REPORT 2004/2005

In terms of the Public Finance Management Act and Rule 9.4 (1) of the Gauteng Legislature Standing Rules.

AUGUST 2005

Publisher Gauteng Department of Health
Private Bag X085
Marshalltown 2107
South Africa
Tel: (011) 355 3503
Fax: (011) 838 3613

PR. 142/2005
ISBN: 0-621-36079-1





Contents

	Page
SECTION 1: EXECUTIVE SUMMARY	1
1.1 Foreword by the MEC for Health	1
1.2 Submission of the Annual Report to the Executive Authority by the Accounting Officer	5
SECTION 2: DEPARTMENTAL OVERVIEW	9
2.1 Organisation of the Department	9
2.2 Constitutional, National and Provincial Legislative Mandates	10
2.3 Good Governance Legislative Responsibilities	11
2.4 Strengthening Accountability	12
SECTION 3: REPORT ON PERFORMANCE IN BUDGET PROGRAMMES	17
3.1 Budget Programme 1: Administration	18
3.2 Budget Programme 2: District Health Services	35
3.3 Budget Programme 3: Emergency Medical Services	60
3.4 Budget Programme 4: Provincial Hospital Services	62
3.5 Budget Programme 5: Academic Hospital Services	68
3.6 Budget Programme 6: Health Sciences and Training	74
3.7 Budget Programme 7: Health Care Support Services	85
3.8 Budget Programme 8: Health Facilities Management	87
SECTION 4: DEPARTMENTAL PERFORMANCE AT A GLANCE	93
SECTION 5: OUTLOOK FOR THE COMING YEAR	99
SECTION 6: FINANCIAL REQUIREMENTS	103
Report of the Audit Committee	103
Report of the Accounting Officer	105
Report of the Auditor - General	133
Annual Financial Statements	141
ADDENDUM	197
Addendum A: Medical Supplies Depot	197
Addendum B: Human Resource Oversight Report	227
Addendum C: National Department of Health Indicators (In terms of National Department of Health and National Treasury requirements)	275
Addendum D: Service Excellence Awards, Post Exposure Prophylaxis (PEP) and Mandates	291





Acknowledgements

We acknowledge the inputs of senior managers in the Department, the hospital chief executive officers, managers of other institutions and all our staff members for the development and compilation of the annual report.

We remain indebted to our key stakeholders and partners in health for their active participation in and contribution to improving our health service for the better. We have no doubt that they will remain committed to improved health outcomes that will change the lives of the most vulnerable in the province.

Special thanks to Sellinah Dumela and the Strategic Support and Performance Measurement Directorate for coordinating the annual report, Patrick Cockayne for editorial assistance and Niran Singh and the staff of Shereno printers for layout, design and printing of the annual report.



SECTION 1: EXECUTIVE SUMMARY



**WHEN IT COMES TO
YOUR HEALTH CARE
WE PROMISE THE BEST**

**OUR PLEDGE TO YOU
OUR PLEDGE TO ALL**



HEALTH DEPARTMENT

HEALTH FOR A BETTER LIFE



Section 1: EXECUTIVE SUMMARY

1.1 Foreword by the MEC for Health: Dr GM Ramokgopa

It is with pleasure that I table the Annual Report of the Gauteng Department of Health for the financial year 2004/2005. The report reflects on the progress we have made in the first year of our third term of democratic government.

As this year marks the 50th anniversary of the adoption of the Freedom Charter, the report will also show the efforts we have made to implement the ideals of the Charter and build a province whose people are healthy, skilled and productive, whose government is caring and responsive to the needs of its citizens and where democracy and citizenship are deepened.

When I tabled the Department's budget vote for 2004/2005, I outlined six strategic priorities that form the basis of the Five-year Programme of Action that the Department will implement in this term of government. I also made certain commitments to the achievement of targets set for each of the strategic priorities.

I promised that in this term of government we would make it easier for communities and individuals to give us regular feedback, to strengthen performance audits and the accreditation systems, and to train community health workers.

I also promised that we would tackle diseases of poverty and lifestyle, HIV and AIDS and other preventable illnesses, and that we would replace all old ambulances. I further committed the Department to introduce a toll-free patient helpline, to address decisively the critical issue of recruitment and retention of staff, to continue to build sustainable relationships with stakeholders, and to improve the capacity of hospital boards and health committees to exercise their oversight role in our facilities.

I am pleased to report that good progress has been made in the first year of implementing the Programme of Action and that a solid foundation has been laid on which we will build incrementally until we have fully met all our goals.

The free primary health care services (PHC) have improved the Gauteng community's access to health care, with an increase of visits from 10.4 million in 2003/2004 to more than 13 million in the 2004/2005 financial year. We have trained the first 1 000 of an eventual 3 000 community health workers to assist in health promotion, home-based care and directly observed treatment support for TB. Close to 80 000 people have already benefited from this programme.



Children continue to enjoy our primary focus. The Department's efforts to improve child health have been recognised by the World Health Organisation and the United Nations Children Fund (WHO/UNICEF). Four additional facilities received the Baby-Friendly Hospital Initiative Awards bringing to eight the number of health facilities accredited thus far.

During the 2004/2005 financial year, 151 457 school learners were screened for obstacles to learning and over 15 000 of these learners were referred appropriately. More than 2 000 learners with visual challenges were given spectacles.

The Expanded Programme of Immunisation (EPI) is continuing and the Department conducted a mass immunisation campaign in July and August 2004 in line with the goal set by the World Health Organisation for global polio eradication by 2005.

Women's health continues to be one of our priority programmes. In pursuit of our aim of helping women to avoid preventable disease and detect diseases early, we performed 50 033 pap smears and 9 580 mammograms in the 2004/2005 financial year.

Since the inception of the Post Exposure Prophylaxis (PEP) programme, 25 808 clients have benefited. In response to a low treatment completion rate (30%), we commissioned a study to investigate factors affecting adherence to PEP and we have started implementing the recommendations of that study, which we hope will lead to an improvement in the adherence rate.

TB and HIV and AIDS remain as challenges, placing a heavy burden on the health system. In the year under review, we launched the TB Free Centre, in partnership with Sanofi-Aventis and the Nelson Mandela Foundation, to improve training of DOTS supporters and to achieve greater social mobilisation. The province provided care and treatment to a total of 38 688 patients, 34 548 (89%) of whom are on Directly Observed Treatment (DOT) support.

The 2004 HIV sero-prevalence rate amongst pregnant women in Gauteng is 33.1 %, an increase of 3% over the 2003 figure, and higher than the national prevalence rate of 29.6%. In April 2004 we commenced with the implementation of the comprehensive HIV and AIDS care and treatment including ART programme. By the end of the financial year the programme was implemented in 23 targeted health facilities and exceeded the target of 10 000 patients on treatment.

The province has managed to treat over 2.5 million patients with chronic diseases in this financial year, an increase of 500 000 from last year. Sight was restored to 8 221 people from public and private hospitals in the province.

Several large-scale quality improvement projects to improve our infrastructure have



commenced. The Best Practice Programme, which aims to improve relationships between health care workers and health care users, was piloted at Heidelberg and South Rand Hospitals with encouraging results. The programme is now being rolled out in Dr. George Mukhari and Natalspruit Hospitals and all the Tshwane clinics.

Our complaints system is being used by an increasing number of people as their faith in the system improves. We received about 800 written complaints in the 2004/2005 financial year. The toll free line is now open 24 hours a day, including weekends and public holidays. Over 90% of complaints received have been dealt with.

The project for training hospital boards was completed in October 2004. Sixty percent of hospital board members were trained.

Implementation of our recruitment strategy resulted in the appointment of 5 024 staff members, of whom 2 275 are health professionals. For the first time in three years, the number of appointments exceeded terminations and this bodes well for our efforts to retain more staff.

The Department is making positive strides in the implementation of the Employment Equity Act. During the 2004/2005 financial year, we have appointed more women to strengthen the executive component of corporate services and financial management. Employment of disabled people remains a challenge - their numbers did not change in the year under review.

The implementation of the Employee Assistance Programme (EAP) services through an external service provider has resulted in 10 000 (25%) of our staff having access to an EAP with a utilisation rate of 13%.

Progress from the Folateng units has also been pleasing. The number of beds for Folateng increased from 95 in 2002/2003 to 184 in 2004/2005. The revenue collected also increased from R4.8 million in 2002/2003 to R38 million in the 2004/2005 financial year.

The Department invested more than R100 million in medical equipment, including the purchase of CT scanners for Johannesburg, Helen Joseph, Sebokeng, Coronation and Kalafong hospitals.

The construction of Hillbrow, Stanza Bopape and Soshanguve Block L Community Health Centres is nearing completion, while work on building the new Mamelodi Hospital has commenced. The revitalisation of Chris Hani Baragwanath Hospital proceeded in the year under review and the construction of the stores was completed and handed over.



The progress outlined above would not have been possible without the support of the Premier, the national Minister of Health, my colleagues in the Executive, the National Health Council, and the Provincial Health Council. I also want to thank the Portfolio Committees on Health and Finance, the Head of Department, all managers, staff, trade unions and our partners who supported our endeavours to make Gauteng a province whose people are healthy, skilled and productive.



1.2 Submission of the Annual Report to the Executive Authority: Accounting Officer Dr L Rispel

I hereby submit the Gauteng Department of Health's Annual Report and Annual Financial Statements for the 2004/2005 financial year in my capacity as accounting officer for the Gauteng Department of Health.

The year 2004 saw the nation celebrate the first Decade of Democracy and provided an opportunity to reflect on what had been achieved in these first 10 years. In the Gauteng Department of Health, we were able to report on considerable success in addressing the distortions and injustices of the apartheid era. In particular, we have laid the legislative and policy framework for a democratic health service serving the whole population and in particular the poorest and most vulnerable sections of the community, and we have ensured that our staff complement reflects the demographics of our society. We have also put in place the structures and processes for a health system based on Primary Health Care, while at the same time strengthening the centres of excellence at regional and tertiary hospital levels.

As we enter the second decade of democracy there can, however, be no complacency based on past successes with transformation. The challenges that lie ahead are formidable and include the one posed by the HIV and AIDS epidemic, the increasing burden of chronic diseases and conditions affecting the poorest members of society, the further consolidation of the District Health system, and improvements in management systems and processes for improved health outcomes and quality of care. More work remains to be done, too, on transformation to achieve increased representation of women and black African professionals in the specialist clinical disciplines.

This annual report is the first to outline the achievements of the Department in terms of the strategic goals and objectives contained in the 2004/2007 Strategic Plan and the 2004/2005 Budget Statement that derives from this. It can be seen at a glance that the emphasis is squarely on delivery and continuous quality improvement. Our focus on child and women's health has seen encouraging results, the details of which are contained in the annual report. The Department has redoubled its efforts to address chronic diseases of lifestyle, through both prevention campaigns for stroke, obesity, heart conditions and diabetes.

While prevention remains a primary focus in the fight against HIV and AIDS, one of the significant achievements was the implementation of the comprehensive prevention, treatment and care programme, including anti-retroviral treatment (ART). Importantly, the targets were exceeded for the number of people on treatment. Gauteng Province



took a significant step to prevent and mitigate the impact of the epidemic on provincial government services, by setting up the Employee Assistance Programme (EAP) through the Gauteng Shared Service Centre. The Gauteng Department of Health participates in this innovative programme, and in the next financial year 100% of our staff will be covered.

The criticism has often been levelled that, in the balancing act of reconciling needs and resource availability, insufficient money is allocated to infrastructure and equipment. The year under review saw significant investment in purchasing medical equipment, with more than R100 million spent on vital new equipment, including 3 MRI scanners. The new Pretoria Academic Hospital was handed to the Department at the end of August 2004. The bulk of a new fleet of ambulance vehicles has also been delivered in the various municipalities with the balance due in 2005/2006. Ongoing partnerships with the private sector have seen the sod turning ceremony for the new Hand Surgery Unit at Chris Hani Baragwanath Hospital, which will be partly financed by the mining sector.

A number of new initiatives, albeit in their infancy, have been put in place across the health care system, in line with our Service Improvement Plan. The latter aims to ensure the widest possible access to care, and that patients enter the health care system at the appropriate level for their needs, and are appropriately referred up or down the system.

As is the case in any major transformation process, the year saw major challenges that we had to grapple with. Natalspruit Hospital was in the eye of the storm, and required significant investment and intervention from the central office. Strategies to stabilise the hospital included strengthening management, improving systems, filling vacant health professional posts and purchasing equipment. The key lessons we learned from the incident were the need for a dedicated hospital focal point at the central office, and the need to improve supervision, internal communication and monitoring and evaluation of our strategic imperatives.

Management has been strengthened with the filling of key senior posts, including the appointment of black African women to the posts of Corporate Services Manager and Chief Finance Officer and the appointment of a woman chief information officer. By the end of the financial year, additional chief director posts had also been created for hospital, district, and information, communication services.

Unlike previous financial years, the year under review saw a major under-spending of the allocated budget, mainly in capital expenditure. Actions have already been taken



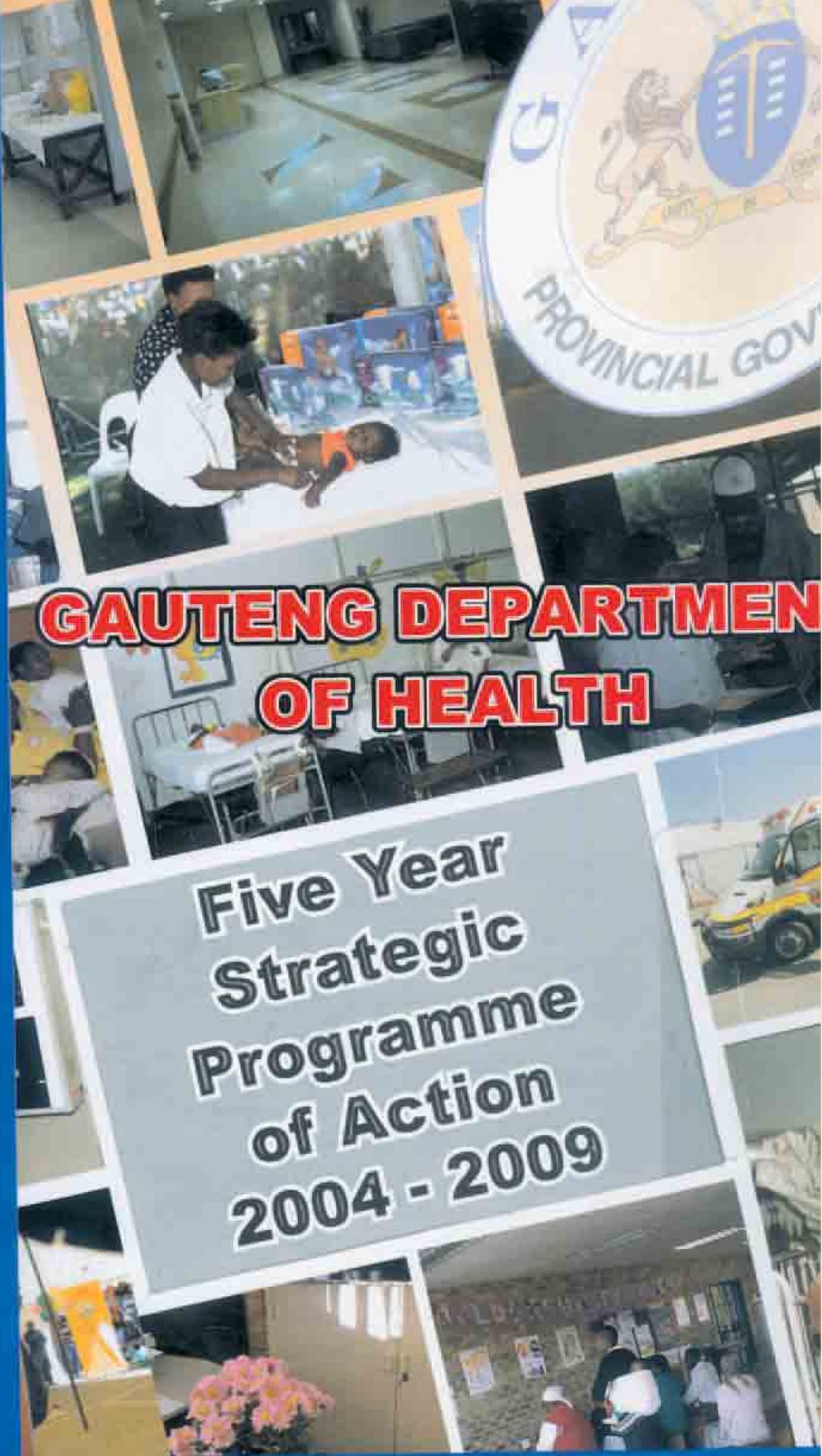
to prevent a recurrence in the next financial year. These include the appointment of an Executive Support Programme Manager, central management of the equipment budget, improved quality control and monitoring and evaluation.

Significant efforts were made to address the matters of emphasis raised by the Auditor-General and the Standing Committee for Public Accounts. Staff and management support and action was rallied through four *imbizos* that focused on implementation of corrective measures. In addition, internal task teams were set up to ensure that all assets were recorded, and these were supported by an outside consultant team. A total of 28 *person-years in time* was spent on fixed asset verification. It is therefore somewhat disappointing that the corrective measures were insufficient to obtain an unqualified audit report. However, we are encouraged by the unqualified audit report for the medical supplies depot for the second year in succession. Hence, we shall learn from the experiences gained from the audit process for the year under review and evaluate our strategies critically towards the achievement of an unqualified audit report.

Key departmental initiatives to improve recruitment of health care professionals got underway. Eye-catching block adverts were placed to attract more than 1 000 health professionals, including retired nurses. As part of the efforts to retain staff, work commenced on the revised uniform allowance and on implementation of the Employee Assistance Programme. All nursing graduates were guaranteed employment in our services, and about 1 000 nursing assistants joined the Department as part of the learnership and internship programme. The Department has also standardised nursing training, in accordance with the Higher Education Act. Nursing colleges have a co-operation agreement with the Johannesburg, Witwatersrand, Limpopo and Pretoria Universities to ensure implementation of norms and standards for nursing education at tertiary level.

As we enter year two of implementation of the Strategic Programme of Action, we are able to assess shortfalls against targets set, and redouble our efforts to ensure that these are met in 2005/2006.

May I take this opportunity to thank the Premier of Gauteng, the MEC for Health, health managers, and the thousands of committed health professionals and support workers tasked with delivering quality health care to the people of Gauteng. On behalf of all of us, may I thank also those members of the community who work for little or no personal reward to support and strengthen the health services in our province - the volunteers who carry our health promotion messages into the communities, those who provide home-based care, colleagues from national, provincial and local government, universities, organised labour and non-governmental organisations and the private sector who contribute in so many ways to our vision - *Health for a Better Life*.



GAUTENG DEPARTMENT OF HEALTH

**Five Year
Strategic
Programme
of Action
2004 - 2009**

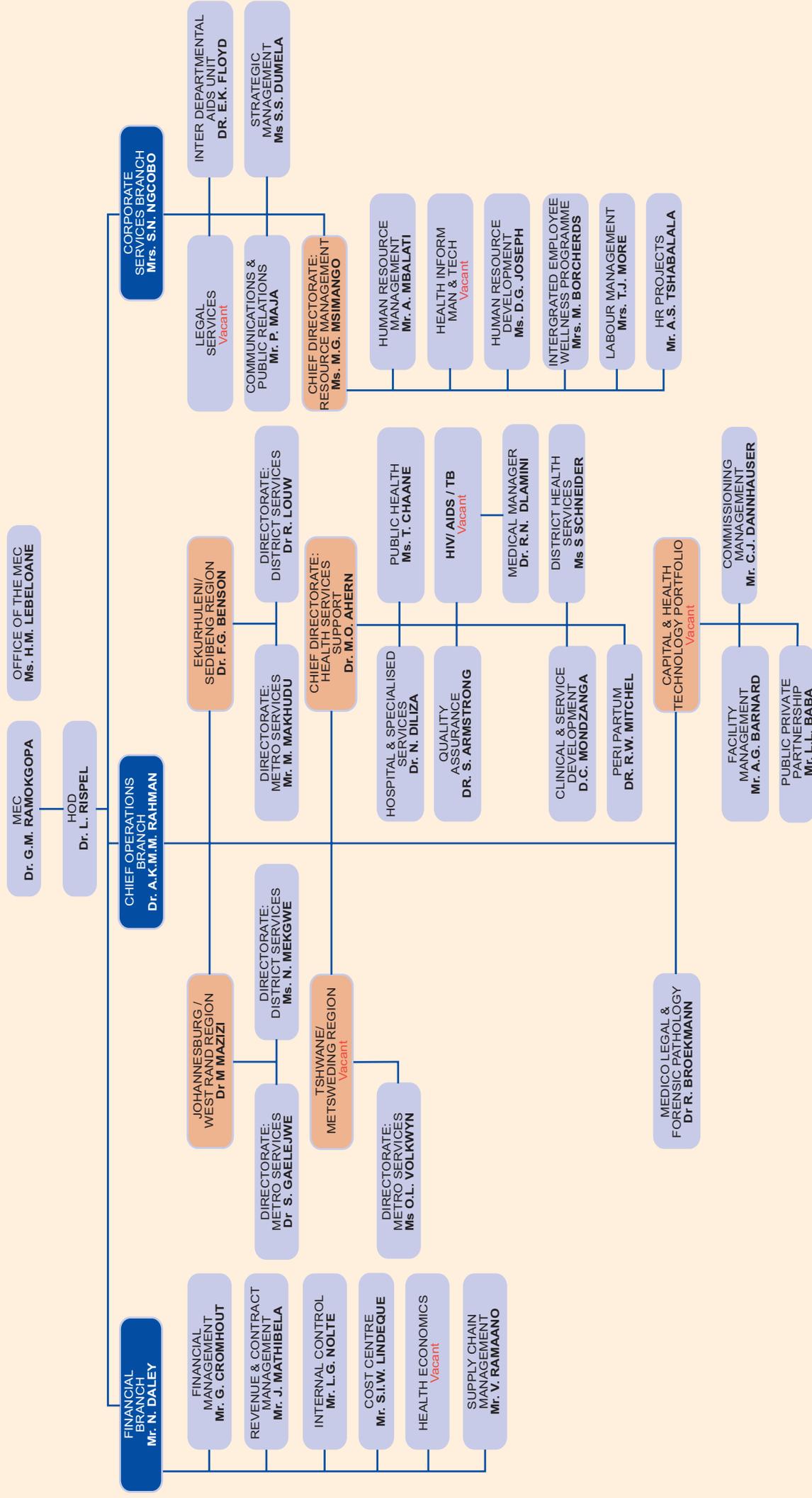
Health for a Better Life

SECTION 2:

DEPARTMENTAL OVERVIEW



Approved Gauteng Department of Health Organisational Structure as at 31 March 2005





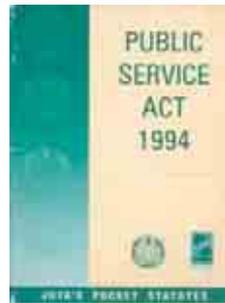
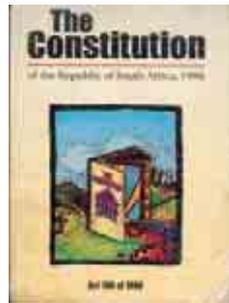
SECTION 2: DEPARTMENTAL OVERVIEW

2.1 Organisation of the Department

A new staff establishment in line with service delivery needs has been approved and is currently being implemented on the PERSAL system. More Senior Management posts have been created to strengthen the organisation and support to regions, hospitals, clinics and other service delivery institutions.

Departmental Structure and Functions

The functions of the actors responsible for implementing the mandate and goals of the Department during the 2004/2005 financial year are reflected under item 2.4.2. The organisational structure as at 31 March 2005 is shown in the diagram indicated on the previous page.



2.2 Constitutional, National and Provincial Legislative Mandates

The mandate is to improve the health status of the population of Gauteng, improve health services and secure better value for money and effective organisation. This mandate is aligned with the legislative mandate summarised below.

- The Department receives its mandate from Section 27 of the Constitution.
- The functions of the Department were governed by the Health Act (63 of 1977), until 2 May 2005 when it was replaced by the New National Health Act (61 of 2003) that regulates national health and provides uniformity in respect of health services across the nation.
- The Public Service Act and all related regulations and prescripts impact on the work of the Department.
- The Public Finance Management Act (PFMA) promotes improved financial management and ensures increased accountability for public monies spent.
- The National Health Sector Strategic Framework (Ten Point Plan) informs the work of the Gauteng Department of Health.
- The Batho Pele principles of consultation, service standards, access, courtesy, information, openness, transparency and redress form the core of social service delivery.
- The Mental Health Act (17 of 2002) ensures provision of care, treatment and rehabilitation with emphasis on community-based services and promotion of rights for mental health care users.

In order to comply with the Department's legislative mandates, various structures and programmes have been put in place over the last ten years. These include:

- Child health policies and programmes
- Women's health policies and programmes
- Environmental and Occupational health services
- Rehabilitation policies and programmes
- Integrated Nutrition Programme (INP)
- District Health Services
- Revitalisation of Hospital Services
- Clinical support services policies and programmes
- Emergency Medical Services
- HIV and AIDS inter-sectoral programme
- Other public health policies and programmes
- Mental health care services

The national and provincial mandates are implemented at provincial, regional, district



and institutional levels. The Department has established units that are responsible for coordination of policy development, implementation and monitoring and development of legislation in the Department. These initiatives are aimed at improved public policy formulation and implementation. The detailed Constitutional, national and provincial legislative mandates are outlined in Addendum D 3.

2.3 Good Governance Legislative Responsibilities

Good governance in the Department is ensured inter alia, through guidance from, and compliance with, the following legislation and policies:

- The Public Service Act
- The Public Finance Management Act
- The Promotion of Access to Information Act
- National Health Act
- The Gauteng Hospital Ordinance Amendment Act
- The Batho Pele principles
- Patients' Right Charter and the Department of Health pledge of service

The Department has established structures and/or mechanisms to ensure accountability and participative governance.

2.3.1 Inter-governmental Structures

The MEC for Health continues to chair the quarterly meetings of two political structures: the Provincial Health Authority (PHA) and the EMS Inter-governmental Forum (EMSIGF). Both forums bring together local government councillors responsible for health and emergency services portfolios respectively and officials attend in an *ex officio* capacity.

The Provincial Health Advisory Committee (PHAC) a technical forum consisting of the Heads of Health in the provincial and local government health departments, meets on a quarterly basis and supports the work of the PHA. A similar forum for the EMS brings together officials responsible for emergency health services in provincial and local government. In addition to these structures, the MEC for Health has a monthly roving meeting with all municipalities, which involves a formal meeting with the relevant mayor and health councillors, visits to institutions and meetings with stakeholders.

At a national level, the minister and nine provincial MECs meet on a 6 weekly basis to discuss sectoral policy and related issues. The MinMEC now called the national health council is supported by the Public Health Restructuring Committee that consists of the national director- general for health and the nine provincial heads of health.



2.3.2 Community Participation

- Hospital boards and ward-based health sub-committees enhance community participation in hospitals and primary health care services respectively.
- The AIDS Council strengthens partnerships with civil society and assists with the leveraging of private sector resources.
- The Accreditation Committee consists of independent experts who monitor the quality of services in the province and advise the MEC.
- There is a range of community based activities from mass-based immunisation campaigns to launch of specific health promotion initiatives in communities.
- Invitation of stakeholders to the legislature for tabling of the budget and annual report of the Department.
- Gauteng Department of Health Imbizos, annual summit and roving meetings in municipalities and sub-districts further enhance participation.

2.4 Strengthening Accountability to Stakeholders

- The implementation of the Public Finance Management Act (PFMA) has facilitated efficiency gains and improved accountability to different stakeholders.
- The structures mentioned above have also strengthened accountability.
- Accountability is further enhanced through regular consultative meetings, the sharing of information through newsletters, and the publication of quarterly and annual reports.
- Public meetings and specific health promotion events.
- Annual consultative summits for HIV and AIDS programme, radio messages and campaigns, annual health and youth summits are mechanisms to strengthen accountability.
- Community participation as outlined above.



2.4.1 Stakeholders

Internal customers

Staff of the Gauteng Department of Health

External customers	Involvement of stakeholders in the Department's business
Communities	Utilisation and provision of health services Utilisation of Patients' Rights Charter and Service Pledge
Patients and clients	As above
Traditional Leaders	Partnerships around strategic priorities e.g. HIV and AIDS
Legislature	Strategic plan, Annual Report oversight functions and questions etc.
Treasury	Budget and expenditure management, Budget Statements, quarterly and annual reports, strategic financial support, Bilateral discussions, annual ten by ten meeting
Auditor-General	Audit of financial statements, performance audits and reports
Local government	Integrated planning, governance structures and serves as agency service providers
National departments	Joint planning, strategic plan, conditional grants, annual reports
Other Provincial Government departments	Social Service Cluster and inter-sectoral activities
Media	Media releases, media conferences and highlighting achievements and challenges/problems
Non-Governmental Organisations/ Community Based Organisations and Other strategic partners	Partnership in health service delivery
Private Health sector	Partnership in health service delivery and health promotion Joint activities (in some instances)
Private sector (general)	Provision of external capacity and expertise to deliver health services
Provincial AIDS Council and other governance structures	Planning and monitoring, advocacy, partnerships and collaboration
Universities	Training of health professionals and/or joint staff for service provision, strategic partnerships
Labour movement	Consultative forums, staff representation, participation in strategic and/or joint activities multi-laterals



2.4.2 Functions and Monitoring Mechanisms and Implementation of the Mandate by Key Actors

Key Actors	Function	Branch/Chief Directorate /Directorate	Monitored By	Mechanism
MEC	<p>Executive authority of the Department</p> <p>Political accountability to the legislature and the public</p> <p>Policy direction</p> <p>Appeals authority</p> <p>Inter-governmental collaboration</p>		Premier/ Executive Council/ Legislature	<p>Strategic and budget priorities</p> <p>Monthly reports</p> <p>Quarterly reports</p> <p>Annual reports</p> <p>Budget Speech</p>
Head of the Department (HOD)	<p>The accounting officer of the Department</p> <p>Head of administration</p> <p>Perform functions in terms of existing legislation</p> <p>Provides leadership to the Department</p> <p>Technical advice, support and expertise</p>	<p>Chief Operations Branch</p> <p>Financial Branch</p> <p>Corporate Services Branch</p> <p>Executive programme management support</p>	MEC/ Auditor General/ Legislature/ Treasury	<p>Strategic Plan and Budget Statements 1,2,3</p> <p>Monthly financial reports</p> <p>Quarterly reviews (quarterly reports)</p> <p>Annual reviews (Annual reports)</p> <p>Hospital Boards and Accreditation reports</p> <p>Auditor General reports</p> <p>Performance Management Agreements (PMAs)</p> <p>Other reports based on needs/requirements</p>



Key Actors	Function	Branch/Chief Directorate /Directorate	Monitored By	Mechanism
Chief of Operations (COO)	<p>Ensure efficient, cost-effective and comprehensive health services in Gauteng</p> <p>Provide strategic direction, technical advice and guidance to direct reports</p> <p>Support to ensure implementation of programmes</p>	<p>Health Services Support</p> <p>Health Regions: Tshwane, Metsweding, Johannesburg/ Westrand, Ekurhuleni/ Sedibeng</p>	HOD	<p>High level business plans</p> <p>Monthly reports and quarterly reviews</p> <p>Annual reports</p> <p>Delegations reports</p> <p>PMA's</p> <p>Branch meetings</p> <p>Senior Management meetings</p>
Chief Financial Officer (CFO)	<p>Assist the Accounting Officer in discharging the duties prescribed in PFMA and annual Division of Revenue Act related to:</p> <ul style="list-style-type: none"> • Effective financial management, sound budgeting and budgetary practices • The operation of internal controls and the timely production of financial reports 	<p>Management Accounting</p> <p>Revenue and Contract Management</p> <p>Internal Control</p> <p>Financing Accounting</p>	HOD	<p>High level business plans</p> <p>Monthly reports and quarterly reviews</p> <p>Annual reports</p> <p>Delegations reports</p> <p>PMA's</p> <p>Branch meetings</p> <p>Senior Management meetings</p>



Key Actors	Function	Branch/Chief Directorate /Directorate	Monitored By	Mechanism
DDG Corporate Services	<p>Provide a cost-effective system for corporate services</p> <p>Provide strategic direction, technical advice and guidance to direct reports</p>	<p>Legal Services</p> <p>Strategic Support and Performance Measurement</p> <p>Communications and Public Relations</p> <p>Resource Management</p>	HOD	<p>High level business plans</p> <p>Monthly reports and quarterly reviews</p> <p>Annual reports</p> <p>Delegations reports</p> <p>PMA's</p> <p>Branch meetings</p> <p>Senior Management meetings</p>
Executive Support programme manager	<p>Provide executive programme management support for CAPEX, Supply chain management, Health care waste management and Public Private partnerships</p> <p>Provide strategic direction, technical advice and guidance to direct reports</p>	<p>Health care waste management</p> <p>Supply chain management</p> <p>Public Private partnership</p> <p>Facility management</p>	HOD	<p>High level business plans</p> <p>Monthly reports and quarterly reviews</p> <p>Annual reports</p> <p>Delegations reports</p> <p>PMA's</p> <p>Branch meetings</p> <p>Senior Management meetings</p>

SECTION 3:

REPORT ON PERFORMANCE IN BUDGET PROGRAMMES







SECTION 3: REPORT ON PERFORMANCE IN BUDGET PROGRAMMES

In compliance with both the Legislature and Treasury reporting frameworks, this section outlines the performance of the eight budget programmes of the Department, namely:

- Programme 1: Administration
- Programme 2: District Health Services
- Programme 3: Emergency Medical Services
- Programme 4: Provincial Hospital Services
- Programme 5: Academic Hospital Services
- Programme 6: Health Sciences and Training
- Programme 7: Health Care Support Services
- Programme 8: Health Facilities Management

The Department's performance in each of the budget programmes is outlined against the following six strategic goals which address the delivery priorities of the Department.

Strategic goals

1. Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence, and psychosocial factors
2. Effectively implement the comprehensive HIV and AIDS strategy
3. Strengthen the district health system and provide caring, responsive and quality health services at all levels
4. Implement the people's contract through effective leadership and governance
5. Become a leader in human resource development and management for health
6. Operate smarter and invest in health technology, communication and management information systems

It should be noted that the six strategic goals are cross-cutting in all programmes. Certain goals are addressed more intensively in certain programmes or parts of programmes. Where possible, the specific strategic goal being addressed in a particular budget programme is indicated in the narrative.

For a rapid overview of achievements against the strategic goals and their specific objectives, see the tables at the end of the sections of each of the eight budget programmes. Additional information on finance, indicators and targets, as required in terms of National Health and Treasury requirements, is presented in Addendum C of this annual report.



3.1 BUDGET PROGRAMME 1: ADMINISTRATION

The administration programme has two sub-programmes - the Office of the Provincial Minister (or MEC) and Management. The purpose of this programme is to provide political and strategic direction and leadership and ensure implementation of all goals according to accepted norms and standards.

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

3.1.1 Rehabilitation services

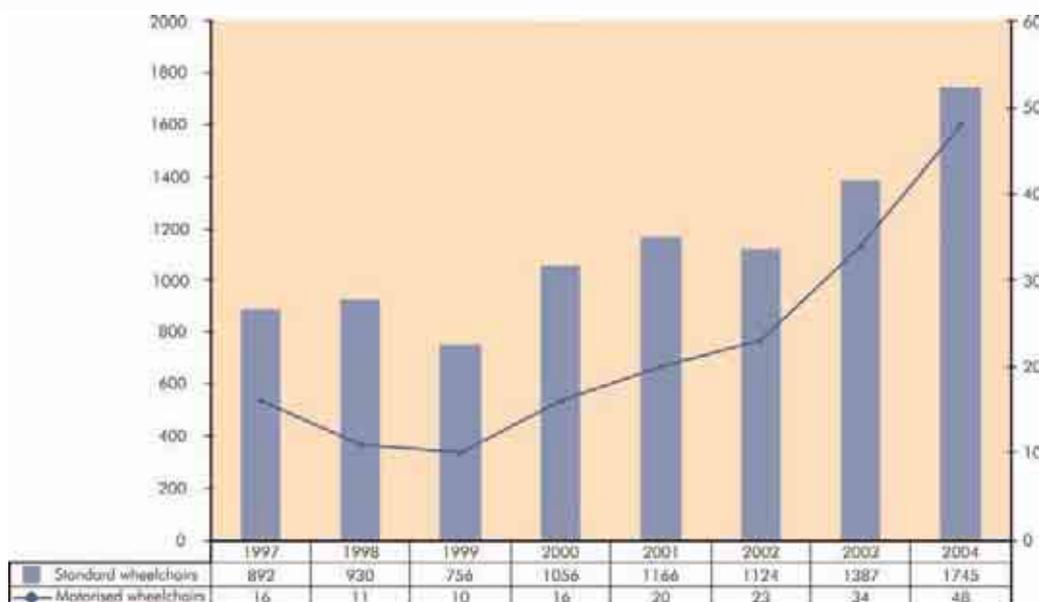
Provision of free health services

The Department continues to implement free health services for people with disabilities, and those receiving disability grants. Patients on social grants qualify automatically for free health care services. In-service training with administration personnel was held in all the districts to ensure uniform implementation of the streamlined disability grant system across the province.

Provision of assistive devices

The introduction of free health care for people with disabilities has resulted in more people with access to assistive devices. In the year under review we issued 1 244 hearing aids, 504 artificial limbs and 1 793 wheelchairs. The provision of wheelchairs was advanced from the past focus of ensuring that each person who requires a wheelchair was provided with one to the availability of a wide range of wheelchairs to meet the specific needs of patients.

Number of wheelchairs provided by the GDOH 1997 -2004





The Department implemented the national wheelchair repair project, funded by the Flemish government, by purchasing equipment and spare parts for the workshops and identifying people with disabilities for training in small business management and practical skills in wheel chair repairs. We opened three additional wheelchair repair centres bringing the total to eight. Every wheelchair user now has an easy access to a repair centre. In 2004/2005, 834 wheelchairs were repaired.

During the 2004/2005 financial year, braille writers, white canes and magnifying glasses were made available to people with visual impairments for the first time. In November 2004 a joint project with the South African National Council of the Blind (SANCOB) was launched at their head office in Tshwane. A contract was signed, ensuring the provision of assistive devices to visually impaired people.

Strategic Goal: Strengthen the district health system and provide caring, responsive and equality health services at all levels

3.1.2 Clinical Support Services

A draft provincial formulary which seeks to promote rational prescribing and cost-effective utilisation of drugs has been developed by the provincial pharmacy and therapeutic committee for implementation throughout the province.

An orientation day for allied medical services was held and was attended by 380 physiotherapists, occupational therapists, speech therapists, clinical psychologists, environmental health officers, radiographers, dieticians, social workers and pharmacists. This was done to ensure appropriate utilisation of allied medical professionals and to improve their awareness of all resources available to them and the relevant Acts and policies. The annual survey on community service indicated an overwhelmingly positive response on the part of community service health professionals.

Pharmaceuticals

As a result of the restructuring of central office, the directorate of clinical support services was created by bringing under one roof pharmaceutical, laboratory and blood transfusion services in order to strengthen the management of these services.

The main achievement of the past year has been the implementation of project Tokiso which seeks to ensure the compliance of all Gauteng institutions with relevant legislation.

An audit was conducted with the assistance of Rational Pharmacy Management, an NGO



working in partnership with the Department, to assess the status of pharmacies in all the facilities. The aim was to establish baseline information against legislative standards relating to compliance with the Pharmacy Act. The results show that 80% of pharmacies are in full compliance with the Act. We will continue to implement the Project Tokiso to ensure full compliance of the Act.

Highlights of Project TOKISO

- A comprehensive audit of all pharmacies facilities conducted
- Various degrees of refurbishment completed or underway. At Carletonville Hospital the pharmacy is fully renovated as part of the construction of the new casualty and OPD areas, at Dr George Mukhari Hospital the waiting area for patients at the pharmacy has been extended, and at Pretoria Academic Hospital there is a brand new pharmacy in the new hospital
- In instances where a completely new hospital will be relocated, as in the case of Natalspruit Hospital, minor alterations have been undertaken in order to obtain a temporary license to enable the pharmacy to operate
- 78 community service pharmacists and 28 pharmacy interns joined the Department in January 2005
- A total of 1 500 nurses and doctors completed the dispensing license course
- 163 pharmacist assistants have been enrolled for basic assistant training

Laboratory services

Substantial progress has been achieved in negotiating a service level agreement with National Health Laboratory Service a (NHLS), the provider of laboratory services in the country. The Service Level Agreement (SLA) will be signed in the new financial year.

Radiology

In September 2000 new conditions for quality assurance for conventional fluoroscopic X-ray and mammography equipment came into effect. In line with these new conditions, the province has implemented quality assurance measures for radiation control. In 2004, 26 Radiographers were trained in quality assurance for conventional equipment and mammography equipment with 92% coverage of institutions with X-ray equipment. Test equipment has been purchased for all 36 institutions. In the year ahead we plan to have 100% quality assurance programme implementation.



3.1.3 Improved Quality of Care

Great strides were made in the year under review. There is an increasing number of people who are sending complimentary letters. Projects to reduce pressure sores and to improve clinical record keeping continue to show encouraging results. A new project commenced in January 2005 to improve the quality of care in the Community Health Centres.

Several large-scale quality improvement projects have commenced and/or continued. The Best Practice Programme, which aims to improve relationships between health care workers and health care users, was piloted at Heidelberg and South Rand Hospitals with encouraging results. The programme is now being rolled out in George Mukhari and Natalspruit Hospitals and all the Tshwane clinics, including local authority clinics. Comments by participants indicate that the intervention is yielding positive results:

- *"This programme is so simple but it works,"*
- *"The staff have a more positive attitude now - they even offer to do things instead of waiting to be told what to do,"*
- *"We are getting more compliments and fewer complaints now,"*
- *"People are happier now; they are more motivated and look forward to the next session,"*
- *"We are going to be changed people."*

Clinical Audit

In line with the national quality assurance policy, the Department implements the adverse event reporting system, which ensures that all adverse events are reported on and investigated. Feedback from the system assists clinical staff to avoid future problems by making adjustments to systems and/or practices, where necessary. More than 100 adverse clinical events were reported to the Department in the 2004/2005 financial year as a result of which several sets of clinical guidelines have been developed.

Clinical audit committees have been established at 15 hospitals. These committees choose specific aspects of clinical care to research and improve such as the management of diabetic patients with co-existing hypertension, and the peri-natal mortality rate. Knowledge resulting from these projects is shared with others to improve care in all our services.

A system of appraising the comprehensive quality of clinical care in hospitals commenced and 10 hospitals were audited by the end of the financial year. The results of these audits are invaluable in identifying areas of strength and weakness and assist hospital management in their continuous quality improvement efforts. An important innovation has



been the incorporation of the results of the clinical appraisal into the requirements for accreditation in hospitals. The clinical tool will be expanded in the next few months to include additional areas such as food services, allied health services and pharmaceutical services.

Customer care

The complaints system is being used by an increasing number of people as their faith in the system improves. More than 800 written complaints were received in the 2004/2005 financial year as compared to 134 complaints received in 2003/2004. The toll-free hotline introduced by the Department in 2003/2004 received 1 600 complaints or enquiries since its inception. The line is now open 24 hours a day including weekends and public holidays. Over 90% of complaints received have been dealt with to the satisfaction of the complainant.

A project manager has recently been appointed to drive the project to reduce waiting times. A tool has been developed to measure waiting times at all hospitals and clinics. The tool enables the Department to determine a baseline for the different levels of hospitals. Interventions are being planned to reduce the waiting times in the next financial year, including the contracting of a service provider for the distribution of chronic medicines.

Dr Yusuf Dadoo hospital has introduced a mini-pharmacy to dispense acute medication. Initial results indicate a marked improvement in waiting times.

Accreditation process

Two hospitals, namely Edenvale Hospital and South Rand Hospital have now been fully accredited by the Accreditation Committee having met the minimum standards laid down by the department. 64% of the remaining hospitals and 22% of the Community Health Centres have reached stage three of the accreditation process and several of these institutions are expected to be accredited during 2005/2006 financial year.

Service excellence awards

Recognition of excellence is an essential part of effective human resource management. The annual National and Provincial Cecilia Makiwane nurses' recognition awards honour outstanding nurses who embody, through impeccable performance beyond the call of duty, the universal principles of nursing, nurturing not only the individuals in their care but also the community at large. The 2004 winner of the Provincial Cecilia Makiwane nurses' recognition awards was Maria Seabi, a chief professional at Levai Mbatha community



health centre, managing a maternity and obstetric unit (MOU). Ms Seabi was also the first runner-up in the National awards.

The Department continues to participate and excel in the Premier's Service Excellence Awards that recognise, encourage and motivate service delivery and entrench the Batho Pele culture within the provincial government. In 2004 the Botsalano victim-friendly service in Soshanguve clinic 3 won the Gold award for the exemplary service they provided for survivors of violence and the Dumisani Mzamane African Institute for Kidney Disease at Chris Hani Baragwanath Hospital won the Silver award for developing a chronic disease outreach programme. These were in the Face of Government category. The Westrand regional pharmacy also won a silver award, in the Service Delivery Innovation category, for ensuring that the poorest of the poor receive the best quality medication for their ailments.

This year saw an increase in both the quality and quantity of entries for the Khanyisa Awards, as outlined in Addendum D1.

An exciting innovation this year was the introduction of the Quality Showcase event where institutions with quality improvement projects that are not ready for short-listing for the Khanyisa Awards prepared a poster presentation for adjudication. In addition to providing a platform for these projects to be presented to members of the community and to peers from other institutions, through the process of adjudication, prospective candidates were able to learn how their presentations could be improved for submission in the following year's Khanyisa Awards. In the next financial year the number of awards will be increased to include the emergency services, sub-districts and best health care facility awards.

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

3.1.4 Community participation structures

Functioning and capacitated hospital boards are the key to the structured participation of communities in the management of hospitals. Ninety seven percent of the hospitals now have functioning hospital boards, with the exception of Heidelberg hospital where nominated candidates did not meet the requirements. The process of appointing board members for the new term of office has commenced.

Training for hospital board members was completed in October 2004 with 60% of hospital board members trained. The remainder will be trained in June 2005 and certificates will be awarded at the July 2005 hospital boards' annual meeting.



Hospital Open Days, which have become an important part of our efforts to foster community participation in hospital services, were celebrated in almost 50% of hospitals. The Johannesburg Hospital Open Day focused on showcasing the hospital's services and improving communication with the public. There was also an exhibition at the Johannesburg Hospital open day to encourage scholars and students to consider embarking on a career in the health sector. On the lighter side, the Krugersdorp South African Police Service Brass Band entertained people at the Dr Yusuf Dadoo hospital while at Leratong hospital the community rolled up their sleeves to prepare food for the celebrations.

3.1.5 Partnerships

Partnerships are a key part of the Department's strategy to continuously improve service delivery. We have established partnerships with Sanofi Aventis and the Nelson Mandela Foundation at Sizwe Hospital to establish the TB free centre for improving training of DOTS supporters and to achieve greater social mobilisation; with the mining sector for the establishment of the hand unit at Chris Hani Baragwanath; Italian government for provision of support for information systems; Mindset for the health channel in partnership with the National Department of Health and The Star Smile Fund for providing corrective surgery to children with facial deformities. The George Mukhari Hospital partnership programme is a good example of co-operation between health institutions and their stakeholders. Bilateral meetings are held regularly with representatives of the Medunsa Campus, the Ga-Rankuwa Nursing College, trade unions, the hospital board, the Department of Public Works, the GSSC, Legae Private Clinic and the South African National Blood Transfusion Service (SANBS).

Become a leader in human resource development and management for health

3.1.6 Human resource management

Implementation of the staff establishment

Considerable progress has been made in the implementation of the new approved staff establishment of 47 563 posts. We will ensure recruitment and training of personnel in line with the service improvement plan with emphasis on recruiting health professionals.

Quantitative overview of human resource capacity

The table below outlines the total number of people employed as at 31 March 2005. These figures include permanent, sessional, and temporary appointments and exclude Hospital Board and Accreditation Committee members.



Gauteng Health Service Personnel, 31 March 2005

Category	Number of employees	Percentage total employees
Medical officers	1 593	3.8 %
Medical interns	391	0.9 %
Medical specialists	1 824	4.3 %
Dentists/Dental specialists	298	0.7 %
Professional nurses	8 012	18.9 %
Staff nurses	3 038	7.2 %
Nursing assistants	5 120	12.1 %
Student nurses	2 138	5.0 %
Senior managers	84	0.2 %
Managers (levels 9-12) excluding professional group	238	0.6 %
Allied health professionals and technical staff	2 226	5.2 %
Pharmacists	314	0.7 %
Administrators and support staff	17 199	40.5 %
Total	42 475	100 %

Recruitment and retention of staff

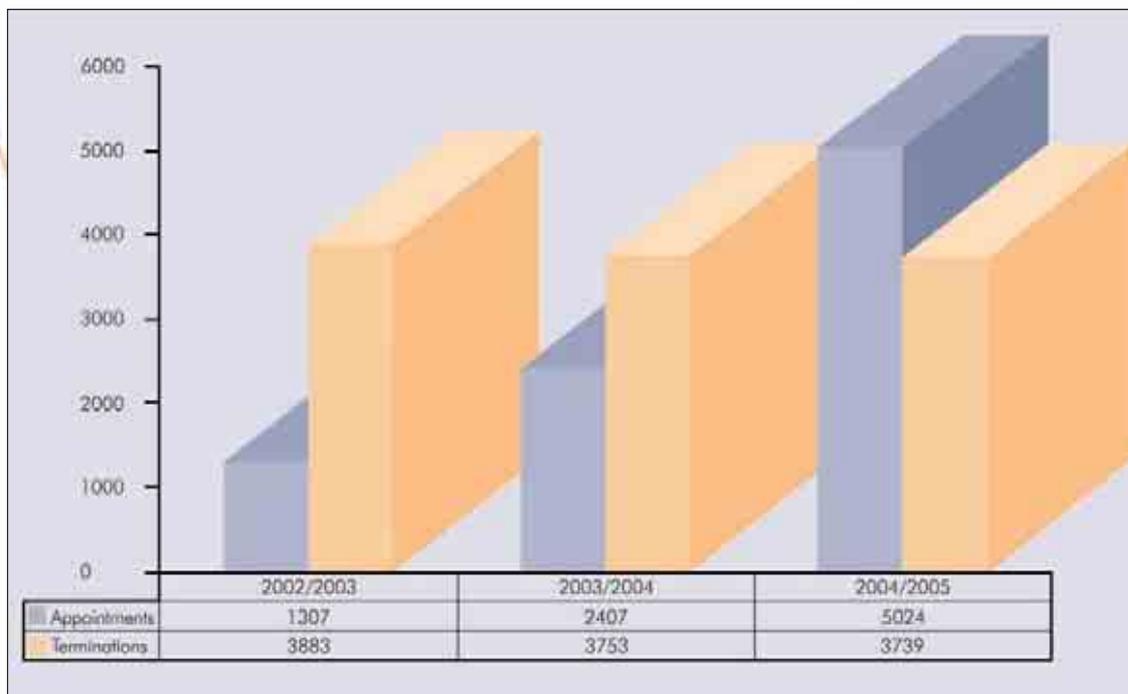
The recruitment and retention of staff has been an ongoing challenge for the Department and a strategy has been developed and is being implemented to address this. Block advertisements were placed in newspapers resulting in a total of 5 024 staff members being employed, 2 275 of whom were health professionals. The Department has made significant gains in appointments, which consequently impacted on the reduction in turnover rate as shown in the graph below.

We have strengthened the executive management component during 2004/2005 financial year with the creation of more key posts at Deputy Director-General level, namely the posts of Chief of Corporate Services and Executive Support Projects Manager. In addition, a Chief Information Officers, five Chief Executive Officers for hospitals and many middle managers have been appointed to improve service delivery at all levels.



The filling of key posts in the Department has increased by more than 50% as compared to the previous financial year. A total of 15 retired nurses were also re-appointed on a contract basis for a maximum of six months as part of our effort to re-instil the ethics and ethos of nursing among younger nurses.

GPG attrition rate 2002/2003 to 2004/2005



Best practice for motivation of Staff at Sterkfontein hospital

In this reporting period, as part of a programme to build staff motivation and morale, management rolled up their sleeves and prepared a series of special lunches for the staff. At one of these functions, every staff member was given a certificate as a token of appreciation for their dedication to public service and to the hospital. The Hospital Board was invited to these occasions. At the end of this year, the hospital will host its own awards ceremony to reward those who have excelled throughout the year.



International twinning to build capacity

The Department continues to establish relationships with other countries on health related issues. During October 2004 health professional delegates from the Department visited France to establish a twinning programme with the Maison Blanche Hospital. The agreement, which is still being finalised by the Department, is to have a twinning programme from 2005 to 2007 for the Sterkfontein and Tara Hospitals and the Johannesburg/Westrand region Community Mental Health services that will focus on rehabilitation, medical records, financial management and staff retention and recognition. As part of the programme three annual conferences/training sessions are envisaged on topics ranging from HIV to violence and psychiatry.

Employment equity

The Department is making positive strides in the implementation of the Employment Equity Act across the province. Our staff composition is 87% black, which exceeds the equity target, and 77% female of whom 68% are black.

Women account for 48% of senior and middle management positions. In the 2004/2005 financial year, more women were appointed to strengthen the executive component of corporate services and financial management. The figure of 110 for people with disabilities employed remains static and below target. Interventions to attract more people with disabilities into the organisation are being implemented across the Department.

In addition to the mainstreaming of gender through our Gender Focal Point unit, a Provincial Gender Steering Committee has been established to manage issues of gender and gender equality and in December 2004 the first Health Worker Women's Dialogue was held.

Three hundred (300) women from all categories of staff participated in the dialogue. The events of the two days included sharing experiences and inputs to make the department a better work environment for women, e.g. mentoring and coaching, stress management, projecting a positive image and parenting skills. Delegates perceived the event as very empowering and one which gave them a platform to contribute towards improved service delivery.

Performance management

The compliance with, and the quality of, Performance Management Agreements (PMAs) has improved as a result of institutional visits. Compliance by all senior managers will be further



enhanced through the development and implementation of a standardised tool for senior clinicians during the 2005/2006 financial year.

All the institutions have implemented the second phase of the Performance Management and Development System (PMDS) for levels 1 to 12. Our focus will be to ensure that performance is not driven by incentives alone but rather by a culture of performance management and continuous quality improvement by all personnel throughout the organisation.

A focus for the Human Resource division going forward will be to address ongoing challenges relating to recruitment and retention, notably the recruitment of people with disabilities to meet equity targets, and the recruitment and retention of black clinical specialists. The outstanding notching dispute will also receive urgent attention, as will the staffing arrangements for the transfer of mortuaries from the South African Police Services (SAPS).

3.1.7 Workplace HIV and AIDS and Employee Wellness Programme

A significant achievement for the year under review is the roll-out of the Department's Employee Wellness Programme which, includes Employee Assistance Programme (EAP), HIV and AIDS work place and Occupational Health and Safety (OHS) programmes. This programme will greatly enhance the well-being of staff and, by extension, of our customers. The programme is now being implemented in all institutions though work remains to be done to ensure that the full programme is offered at all sites. The programme focuses on areas such as Incapacity Management, Fitness for any Lifestyle, Nutrition and Art, Emotional Intelligence, OHS and the links between the EAP and performance management. A consultative process with all stakeholders including organised labour led to the formation of the Provincial Wellness Committee which oversees the programme across the province, in accordance with national norms and standards. Regional task teams and forums have been established to assist in the formulation, implementation and communication of the Wellness Programme. At an institutional level a rationalisation of structures is under way with amalgamation of the EAP, the Workplace HIV and AIDS, and the OHS committees to form one Wellness Committee.

Dedicated and skilled staff to co-ordinate the implementation of the Wellness Programme is a challenge to be addressed in the coming year.

A pilot project to outsource provision of EAP services began in four pilot sites in February 2005 and has already resulted in 10 000 (25%) of our staff having access to an EAP, with a utilisation rate of 13%. The results of the pilot will inform decisions around the future roll-out of EAP to all sites.



We commenced the review and development of the Employee Wellness Policy that will encompass all three components of HIV and AIDS Workplace, OHS as well as EAP. The notion of an integrated model as well as looking at a broader policy than HIV and AIDS in the Workplace is an important strategy in addressing stigma and discrimination and creating an environment that promotes the health and welfare of all employees.

3.1.8 Labour Relations Management

The Department has finalised strike management guidelines that are shared with the Office of the Premier. With the Minimum Service Level Agreement still before the Health and Welfare Sectoral Bargaining Council (PHWSBC), the Department continues to be designated as 'essential' and thus, by law, employees are not permitted to strike.

Partnership with organised labour

The Department has appointed a manager responsible for Collective Bargaining, who liaises with both the Office of the Premier, the Department of Public Service and Administration (DPSA) and the PHWSBC to ensure that departmental issues are tabled at the forum.

Recognising the importance of proper communication for building sound relations between management and staff, all hospitals have appointed full-time labour relations practitioners to support and add value to management in terms of:

- Co-ordination of grievances (PSCBC Resolution 14 of 2002);
- Information and consultation with institutional structures for organised labour;
- Training on the Labour Relations Act and collective agreements; and
- The building of sound labour relations.

During 2004/2005 financial year, the Department reached agreements with organised labour on the employment equity plan, the workplace skills plan, and guidelines for regional multilaterals, performance management and skills development implementation plans.

Grievances, misconduct and disputes

The number of grievances handled by institutions has increased from 31 in 2003/2004 to 180 in 2004/2005 due to improved reporting system and understanding of grievance procedures. The appointment of labour relations practitioners will improve the management of grievances handled at institutions.

Misconduct cases have increased from 189 in 2003/2004 to 216 in 2004/2005. A high number of these are financial misconduct cases involving theft, fraud and misuse of



government vehicles. To address this problem, a committee comprising the Gauteng Audit Services (GAS), GSSC labour management, and the Departmental Internal Audit and Labour Management units, now conducts monthly meetings to monitor progress on financial misconduct cases and facilitate speedy resolution or prosecution. We also participate in broader provincial initiatives around prevention and education.

During 2004/2005 financial year 464 staff and managers received specific labour relations training.

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

3.1.9 Health information

During the year under review we have appointed a Chief Information Officer, who is a woman, to manage Information Technology and Management Information Systems of the Department. The Department is finalising the Information Technology and Management Information strategic plan for implementation in all the institutions during the 2005/2006 financial year. The strategic plan aims to ensure the harmonisation of the various health information systems and databases and the streamlining of information flows to deliver data that is reliable and capable of supporting sound planning and decision making.

The Department maintained 100% implementation of the National Minimum Data Set in provincial hospitals and clinics as well as the revised and rationalised Primary Health Care (PHC) Minimum Data Set. Approximately 60% of managers have been trained on the system and training will continue in 2005/2006. The DHIS is further supported by the Geographic Information System (GIS) intranet project, in partnership with the Italian government. The system captures valuable facility-level spatial information for health status and service provision indicators.

In addition, the latest version of the electronic TB register was implemented in October 2004 in all the 25 sub-districts, and the Vital Registration working group was re-established with representation from the Department, Statistics South Africa, the Department of Local Government and the Department of Home Affairs, with the aim of enhancing the province's birth and death registration processes.

3.1.10 Implementation of the Communications Strategy

In September 2004 the Department launched an internal newsletter aimed at enhancing internal communication with and between staff. Since August 2004 all staff members' birthdays are acknowledged in the newsletter and with a card personally signed by the Head of Department.



The Department's resource centre was revamped with the addition of a coffee shop - the "Café Biblioteche". The aim is to create a congenial atmosphere, conducive to learning, in which staff can access the library's resources, browse through journals, magazines, and daily newspapers and surf the internet.

In the year under review, our media monitoring system picked up 72 positive and 24 negative reports. The Chris Hani Baragwanath hospital has also featured in a series of international documentary film productions, including those by such prestigious companies as National Geographic, ITV and the German ARD. A very positive image was portrayed through Chris Hani Baragwanath Hospital's participation in the international production "World Birth Day" on the Discovery Channel.

3.1.11 Financial management

The Department managed to stay within its budget for the first time since the 2000/2001 financial year. However, there was a significant under-spending on the capex programme. Strategies have been put in place to deal with the challenges experienced. Since September 2004, user-friendly monthly financial reports as feedback to managers were introduced. The reports are available to support decision-making, thereby helping to re-enforce a culture of cost consciousness to ensure the alignment of expenditure with the budget.

The new Standard Chart of Accounts (SCOA) was successfully implemented from 1 April 2004. This forms part of National Treasury's drive to standardise the Chart of Accounts in the Basic Accounting System for all Government and Provincial Departments in accordance with Public Finance Management Act.

The Department was able to prepare and submit all reports as required and prescribed by the Public Finance Management Act (PFMA) and Division of Revenue Act (DORA).

There remains room for improvement in the accuracy and reliability of statistics used for the calculation of budgets and trends and in building financial management capacity in terms of skills and numbers.

3.1.12 Implementation of cost centres

The process of cost centre accounting commenced in 2002 with funding from European Union. The aim of cost centre accounting is to develop detailed financial management information to ward level to allow for better budget control. We envisage completing the implementation of cost centre accounting at all institutions by 2009/2010.



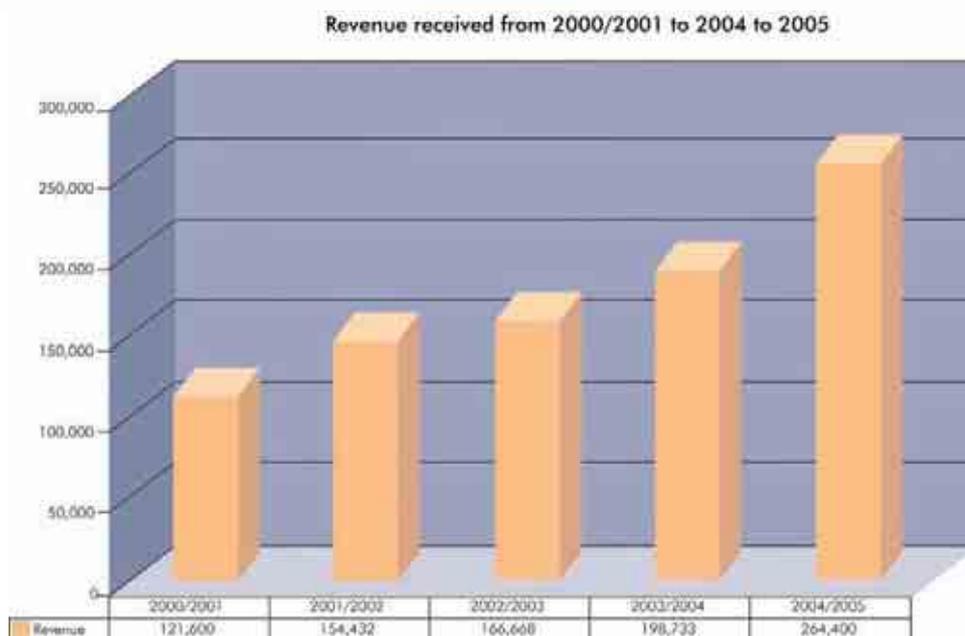
Various hospitals were visited to train the management and staff on the basic principles of cost centre accounting. Manual cost centre systems is being implemented in 16 hospitals to record the spending at ward level.

A standard cost centre accounting structure and coding system was developed in conjunction with National Health and the other provinces to form the basis for development of the computerised cost centre management system.

The National Health Department appointed a service provider to implement a centralised national computerised cost centre accounting system. This cost centre accounting system was implemented at Far East Rand Hospital as a pilot during 2004/2005 financial year.

3.1.13 Revenue generation

Patient fees are the main source of income for the Department. The Department has a revenue retention agreement with the Provincial Treasury. Over the past five years revenue has increased by 117.4% from R121, 6 million in 2000/2001 to R264.4 million in 2004/2005 financial year as indicated in the graph below.





Total revenue received by the Department for the financial year 2004/2005 was R264.4 million. This represents a 33% increase from the previous financial year. Patient fees alone amounted to R181 million.

A debt management team was established in 2004/2005 financial year to assist institutions on a rotational basis to improve debt management procedures, including administration and collection rates resulted in the increase revenue received as indicated in the above graph.

Folateng is part of revenue strategy to encourage and attract private patients to public hospitals to improve revenue collection. At present there are four operational Folateng units at Johannesburg, Helen Joseph, Pretoria West and Sebokeng Hospitals. The number of beds for Folateng increased from 95 in 2002/2003 to 184 in 2004/2005 of which 100 beds are at Johannesburg hospital. The revenue collected also increased from R4.8 million in 2002/2003 to R38 million in 2004/2005 financial years.

The units at the hospitals are still in the pilot phase and plans to strengthen the business and management processes are being developed on a continuous basis. At the Johannesburg Hospital a 20 bed Intensive Care Unit/High Care ward is being established to cater for the increased demand. Equipment is being purchased and systems developed for all Folateng units in the province. A major success has been the building of the Folateng brand in the province.

3.1.14 Budget statement outputs and service delivery trends for Administration

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Implementation of Management Information System (MIS) in all hospitals and clinics	Percentage of provincial hospitals and clinics implementing the national minimum data set	90	100 Target exceeded
Implementation of the prescribed staff performance management system	Percentage of provincial hospitals and clinics implementing the prescribed system	80	100 Target exceeded
Inventory and asset recording system in place at all institutions	Percentage of institutions with an inventory and asset system	100	100 Target exceeded



Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Increase in revenue generation	Percentage increase in revenue collected from previous year	5	<ul style="list-style-type: none"> • 33 • Target exceeded
Increased utilisation of Folateng facilities	Number of Folateng units established	4	<ul style="list-style-type: none"> • 4 • Target achieved
Cost centres implemented in hospitals	Number of hospital implementing cost centres (POA)	14	<ul style="list-style-type: none"> • 16 • Target exceeded
Implementation of patient focussed quality accreditation system in all Clinics and hospitals	Percentage of provincial hospitals and Community Health Centres evaluated	100	<ul style="list-style-type: none"> • 100 • Target achieved
Assistive devices to people with disabilities	Number of assistive devices issued	1 000	<ul style="list-style-type: none"> • 3 541 1 793 = wheelchairs 1 244 = hearing aids 504 = artificial limbs • Target exceeded
Improved pharmaceutical management	Percentage compliance of hospital pharmacies with annual stock taking	100 Annual target	<ul style="list-style-type: none"> • 100 • Target achieved
Availability of medicines on the EDL	Percentage of hospital pharmacies with EDL medicines ✓(POA)	100	<ul style="list-style-type: none"> • 90 • High demand for certain EDL drugs across the country caused a shortage from drug suppliers
Strengthened community based services	Number of community health workers trained (POA)	1 000 ✓	<ul style="list-style-type: none"> • 1 000 • Last group of CHWs completing training end of April 2005 • Target achieved

✓ Revised outputs and targets



3.2 BUDGET PROGRAMME 2: DISTRICT HEALTH SERVICES

District Health Services has four sub-programmes: comprehensive primary health care services, district hospital services, comprehensive HIV and AIDS care, and nutrition, including the delivery of priority health programmes.

The achievements of this programme are measured against the specific strategic goals of strengthening the district health system, promoting health and preventing and managing illness, implementing comprehensive HIV and AIDS strategy, and “implementing the people’s contract”.

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

3.2.1 Planning and monitoring of district health services

Joint District Health Service Plans for 2004/2005 were signed. The 2004/2005 targets for ensuring appropriate planning and monitoring of district health services at sub-district level have been met. All District Hospitals have appointed CEOs and performance workplans are in place. All large Community Health Centres (CHCs) have designated facility managers. A high level business plan to strengthen the District Health System has been developed and implementation will commence during the 2005/2006 financial year.

We continue to implement the Primary Health Care Minimum Data set, revised in line with the National District Health Information System (DHIS). The capacity of the district level managers to use the DHIS is being improved.

3.2.2 Improved quality and efficiency of PHC service provision

The Clinic Supervisory Manual has been fully implemented in all sub-districts; this has ensured that monthly monitoring reports are submitted for PHC services, priority programmes and drug supply, and that quarterly reviews of services are undertaken in each district. In addition a Quality Assurance manager to ensure quality of care in primary health facilities has been appointed.

A draft Service Level Agreement (SLA) detailing how Local Government is to provide the full package of PHC services in Gauteng was developed in the period under review. The SLA will replace the previously Memoranda of Understanding (MOU) signed with all the six municipalities. The Department subsidises the local government contribution to the provision of PHC through cash transfers to cover costs of drugs on the Essential Drugs List (EDL),



surgical sundries, specific laboratory investigations, and salaries of personnel seconded to work in local government facilities. Additional funding will be allocated to district municipalities to support service levels in the 2005/2006 financial year, and discussions to ensure adequate funding for PHC services will continue.

3.2.3 Extended clinic hours

The number of people accessing the core package of PHC services exceeded targets, increasing from 10.4 million in 2003/2004 to more than 13 million in the 2004/2005 financial year.

A total of 65% of sub-districts now have clinics with extended operating hours. Staff shortages are the main reason why the Department did not reach its target of 70% of sub-districts. New/extended PHC services include:

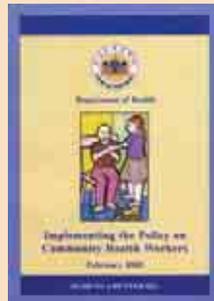
- All clinics in the Lesedi sub-district, which now provide services until 19h00 on weekdays. These services are in addition to the extended hours of service provided in all Sedibeng sub-district.
- Seven clinics in the Ekurhuleni district, now provide Saturday services.
- The MidVaal CHC, was extended and renovated to expand services and improve quality of care.
- New Maternity and Obstetric Units, opened in Esangweni and Phola Park, in line with the Safe Motherhood programme.
- The new 24-hour Levai Mbatha Community Health Centre in Emfuleni, the largest of the 3 sub-districts.

3.2.4 Providing quality care at district level

Merafong sub district won the overall district category on "Project Bua" for promoting and enforcing the rights of, people with disabilities especially women. The Westrand regional pharmacy won in the support category for its work regarding the supply of medicine to hospitals and clinics. Chris Hani Baragwanath won the Khanyisa hospital category award for providing education and information about tuberculosis.

The annual Prakash Vallabh Primary Health Care (PHC) Research Conference held in September brings together 600 staff from all districts. The focus areas of the research papers were health promotion, HIV and AIDS, TB and STIs, maternal health, child health, occupational health, environmental health, medico-legal, health service delivery, mental and chronic health and disability, and human resource issues.

The conference aims to develop a culture of research among PHC health workers in both



provincial and local government facilities. Since inception in 1998 some 230 oral and poster research papers have been presented.

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

3.2.5 Community health workers programme

Great strides have been made with Gauteng's new Community Health Worker (CHW) programme, which brought health care services into the homes of close to 80 000 people in the period under review. A total of 1 000 community health workers have been trained to offer services including health promotion, home-based care and directly observed treatment support (DOTS) for TB in individual homes. R1 000 is given as a stipend, once training is complete. The Department is supporting NGOs to implement outreach programmes for TB, DOTS, prevention of mother-to-child-transmission (PMTCT) and voluntary counselling and testing (VCT) for the HIV and AIDS programme. A further 1 000 community health workers will be trained in the 2005/2006 financial year.

3.2.6 Community Participation Structures

The Department was pleasantly surprised to receive a commendation in the Public Service Commission (PSC) state of the public service report on our efforts in community participation.

Ward-based health committees have been established in 60% of municipal wards, in accordance with the National Health Act and Municipal Structures Act of 1998. A capacity building project for Ward-based health sub-committees commenced in the 2004/2005 financial year. Formal training will be done by the contracted service provider during 2005/2006 financial year.

In the year under review the MEC visited 26 sub-districts in the province, as part of EXCO imbizos and departmental community events, to interact with communities and understand their experiences, needs and opinions on how we can further improve their health and the health care system.

3.2.7 Modernise and revitalise district hospitals

Gauteng has eight Level One District Hospitals, with a total of 1 321 approved beds. In terms of the Service Improvement Plan the bulk of patient care is being shifted from Central to Regional and District hospitals, with Regional hospitals providing support for District hospitals and helping to prevent unnecessary referrals to Central hospitals.



During the 2004/2005 financial year, District hospitals showed a bed occupancy rate (BOR) of 66% (2003/2004: 67%) - which is still below the target of 78%. The average length of stay (ALOS) of 3 days is on target.

As indicated below, the hospitals have made other strides towards achieving priorities set for the year under review.

3.2.8 District Hospitals (Level 1) 2004/2005 Achievements

Hospital	Key achievements at a Glance
South Rand Hospital	<ul style="list-style-type: none"> • Opened two renovated wards for awaiting-trial prisoners in collaboration with Department of Correctional Services • Established a permanent referral route for ante-natal care with Rosettenville Clinic to meet community needs • Piloted a Best Practice Programme to improve relationships between health care workers and users • Received full Departmental accreditation in January 2005
Carletonville Hospital	<ul style="list-style-type: none"> • Established a clinic to provide comprehensive HIV and AIDS treatment (including ART) • Completed the pharmacy renewal project to comply with the Pharmacy Act • Reduced pharmacy waiting time to a maximum of eight minutes • Performed ENT surgery with support from Anglo Gold health service specialists, thus reducing ENT referrals to Leratong Hospital • Contracted black owned companies to perform 96% of facility management contracts



<p>Mamelodi Hospital</p>	<ul style="list-style-type: none"> • Held staff motivation ceremony to encourage staff to provide quality care • Implemented a food parcel and clothing project called "Tlakukane" from May 2004 to assist needy families • Established Operation "Re ka se palelwe" to improve teamwork among OPD professional and administrative staff, greatly reducing waiting times, and improving patients satisfaction • Tshwane North College adopted the paediatric ward, re-painting and re-decorating it and installing audio-visual equipment
<p>Kopanong Hospital</p>	<ul style="list-style-type: none"> • Established a gateway clinic in July 2004 • Established Ithemba lethu ART clinic in July 2004, staffed by a middle manager, medical officer, professional nurse, social worker, dietician and data capturers • Drastically reduced admission for septic circumcision by training 11 traditional initiation school heads • Established a multi-disciplinary Quality Assurance committee
<p>Pretoria West Hospital</p>	<ul style="list-style-type: none"> • Established a Voluntary Counselling and Testing (VCT) site • Awarded first prize in the Khanyisa award for quality of care in the maternity unit, and the runner up in the Kirk Start prize for treatment of pressure sores
<p>Dr Yusuf Dadoo Hospital</p>	<ul style="list-style-type: none"> • Extended casualty operating hours from 07h00 to 19h00 daily, including weekends and public holidays



Dr Yusuf Dadoo Hospital (contd)

- Established a Crisis Centre for survivors of sexual assault
- Established a Termination of Pregnancy (TOP) clinic
- Established a Wound Care clinic, with specially trained nurses and surgeons
- Reduced pharmacy waiting times by introducing a mini pharmacy to dispense acute medication and referring patients to surrounding clinics to obtain chronic medication
- Established an Integrated Wellness Clinic and (OHS, HIV and AIDS, EAP) committee
- Won an award for Baby Friendly Hospital Initiative

Germiston Hospital

- Opened 24 hours emergency services from 1 April 2004
- Initiated PEP and VCT services including step down beds
- Conducted organisational re-organisation and development projects
- Set up a mini-clinic at the Golden Walk shopping centre for the Pregnancy Education Week, to raise community awareness of the need for pregnant women to attend antenatal clinics

Heidelberg Hospital

- Opened a gateway clinic, providing a 24 hour service for Lesedi sub-district
- Opened a 12-bed step down unit
- Introduced Kangaroo Mother Care



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

3.2.8 Health Promotion

The Department is committed to promoting healthy lifestyles by implementing social mobilisation programmes to address key risk factors associated with preventable disease and deaths. The **provincial Health Promotion Framework**, aligned with the 1986 Ottawa Charter, has been finalised and a number of innovative programmes, detailed below, were initiated or expanded in the period under review.

Health promotion radio programmes, in the form of early-morning “Health Hour” talks, are broadcast to more than one million people through local community radio stations. The talks aim to inform the public about preventing illness and disability, managing health problems and promoting health. Additional information on topical health issues is also given, for example on outbreaks of disease and upcoming events. Community radio stations used for this initiative are:

- Jozi FM, which reaches Soweto and much of the West Rand;
- Soshanguwe Community Radio, which reaches Soshanguwe and some areas beyond;
- Technikon Northern Gauteng and
- Vaal Technikon, which has an estimated 1.3 million people listening to its weekly radio programmes.

The Gauteng Department of Health, in partnership with the National Health Department and Mindset, launched the **Mindset Health Channel** in the 2004/2005 financial year. A total of 60 sites have been identified, 40 of which were operational by financial year end. The Mindset Health Channel aims to make quality education programmes available to the public and health care workers on a mass scale. The programmes can be viewed on DSTV channel 82.

3.2.9 Improving Mother and Child Health

Improving child and maternal health remains a high priority of the Department and a number of interventions are in place to ensure that improvements in the health status of mothers and their babies is becoming a reality.

Primary obstetric causes of death were identified in the 2003 Saving Babies report. The **Maternal and Neonatal Clinical Care Unit** became operational during 2004, to implement the strategies identified as a means to prevent and reduce avoidable maternal deaths, and deaths of babies in the first month of life. Monthly Maternal Mortality and Morbidity



meetings are held in all institutions, monitored by the Clinical Care team from central office to ensure that the Maternal and Neonatal Clinical Care programme is fully implemented.

The **Perinatal Problem Identification Programme (PIIP)**, launched in 1998 to identify key health indicators for the province, was implemented in 20 hospitals by the end of the 2004/2005 financial year.

Kangaroo Mother Care (KMC), which was launched in 2001 to reduce the perinatal mortality rate, average length of stay and hospital costs, is now in place in 17 provincial hospitals, with Tembisa and Dr George Mukhari Hospitals becoming operational during the 2004/2005 financial year. Further expansion of these units is limited by high staff turnover.

The strategy for **Integrated Management of Childhood illnesses (IMCI)** continues to be implemented. During the period under review 149 health professionals were trained in case management and 81 health promoters were trained in the IMCI community component. They are stationed at clinics across the province to assist with child care. In total, 134 of Gauteng's health care facilities are now implementing IMCI. The Ann Lasky, Chris Hani Baragwanath and S.G Lourence Nursing Colleges have integrated IMCI into their curricula as well as the University of Witwatersrand and MEDUNSA. Continuing challenges for this programme are the staff turnover, the need to increase the number of facilities implementing IMCI and to have IMCI trained nurses in all the facilities.

The **Expanded Programme of Immunisation (EPI)** is continuing. The Department's **mass immunisation** campaign in July and August 2004 administered more than two million doses of vaccines to children under five, achieving **more than 90% coverage** for both polio and measles in the first round of the mass campaign. The campaign, in line with the World Health Organisation goal for global polio eradication by 2005, aimed to reach all children under five with a booster vaccine. The second round of the polio campaign obtained 72% coverage, and mopping up campaigns were conducted in the Westrand and Metsweding districts during Polio Eradication Week. Gauteng also commenced implementation of strategies to prevent and contain outbreaks of measles, by immunising all children between the age of 6 months and 15 years at our hospital in-and outpatient departments and children's homes.

The Department continues to promote the message that an immunised child is a healthy child, to encourage parents to support immunisation and so help to stop measles and eradicate polio.

During the 2004/2005 financial year the **School Health Services** screened 151 457 learners for obstacles to learning; more than 15 000 were found to have problems and referred appropriately. More than 2 000 learners with visual challenges were given



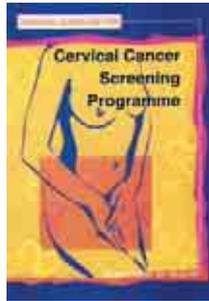
spectacles. The School Health Services also distributed the third edition of the school health manual, the “Classroom Health Guide for Teachers”. The guide aims to assist teachers in their role as guardians of children by providing basic knowledge about common health conditions, including promoting health, immunisation, nutrition and adolescent sexual health. This guide, which was developed in partnership with teachers and health personnel, also helps teachers to recognise common causes of ill health, and provides advice on practical interventions and when to seek professional assistance.

The Department continues to expand **youth friendly services** to improve youth access to health services and reduce high risk behaviour among youth; these facilities increased from 34 in 2003/2004 to 38 in the 2004/2005 financial year and the services offered include nutrition, HIV and AIDS, and support to address mental health issues and substance abuse in partnership with the National Adolescent Friendly Clinic Initiative (NAFCI). The Annual Youth Summit, held in March 2005, was attended by 500 participants. The challenges to expanding the programme are the need to strengthen partnerships with youth organisations, to train more staff in youth friendly services, and to expand and strengthen monitoring and evaluation of youth friendly health services.

3.2.10 Improving the nutritional status of vulnerable groups

The Department provides nutrition supplementation interventions to people with TB and HIV and AIDS, as these conditions worsen malnutrition and result in micronutrient deficiencies, weight loss and wasting. In the 2004/2005 financial year 11 000 Philani food supplements for adults and 3 000 for children were distributed across the province. The Department’s nutrition supplementation strategy focuses on nutritional screening for persons with TB and HIV and AIDS, providing nutrition and education to affected persons, and nutrition therapy as part of treatment and prevention plans.

The Department’s efforts to improve child health have been recognised by the World Health Organisation and the United Nations Children Fund (WHO/UNICEF) which granted the **Baby Friendly Hospital Initiative** award to an additional four facilities during the year under review. This brings the total baby-friendly accredited facilities in the province to eight. The WHO/UNICEF programme recognises the achievements of facilities which encourage breastfeeding and aims to stimulate similar programmes in hospitals and facilities which have less than optimal support for breastfeeding. Other routine services to support the nutritional status of children under five have continued; these include routine weighing, and referral of children who fail to thrive to the Supplementary Feeding Scheme, and the funding of 1 695 crèches, benefiting 58 219 children across the province.



The Department also celebrated the National Nutrition Week in October 2004, and World Food Day on 16 October 2005. The focus of the week's activities was on food fortification, the South African Food Based Dietary Guidelines, and childhood obesity.

3.2.11 Improving early detection and prevention of Cervical and Breast Cancer

To improve the health of women, the Department has further developed its **cervical and breast cancer screening services** and campaigns. The number of women who present themselves for cervical cancer screening has increased by over 100% in the past five years, from 24 204 in 2001 to 50 033 in 2004/2005. Cervical cancer screening campaigns were also held in farming communities in all six districts with the aim of increasing awareness and use of services by communities. The campaigns reached 1 200 women; 115 pap smears were performed and 149 breast examinations conducted. Cervical cancer screening policy was communicated to primary health care workers to strengthen the programme. Of the 50 033 pap smears conducted by the primary health services during the period under review, 3 882 were detected as abnormal, and the women referred for appropriate treatment.

The number of mammograms performed increased from 7 506 in 2003/2004 to 9 580 in the 2004/2005 financial year. Mammograms are currently done at the Pretoria Academic, Chris Hani Baragwanath, Dr George Mukhari, Johannesburg, Helen Joseph and Kalafong hospitals.

3.2.12 Medico Legal Services

In the year under review, departmental interventions to further strengthen the capacity of health workers to manage the health of victims of trauma included the training of 33 health care workers in basic counselling skills and VCT, and 132 in adherence counselling. A further 116 health care workers attended debriefing sessions. In addition four clinical conferences, attended by 377 health care workers, were held and 21 doctors and nurses attended sessions on medical forensic examination. The medico legal programme covers examinations following sexual or physical assaults, examinations of persons driving under the influence of drugs or alcohol, and specific ex officio duties. Its main aim is to reduce the health impact of trauma and violence and to establish victim-friendly centres, assist in the process of examination of survivors and improve health management of victims of trauma.

This programme also deals with the provision of medical boarding services in the department. More than 250 applications were received and processed in the year under review.



3.2.13 Interventions to reduce the impact of Violence against Women

The **Programme for post-exposure-prophylaxis (PEP) for survivors of sexual assault** started in July 2002 and is now implemented in 52 facilities, compared to 45 in 2003/2004. Of these, 54% now provide a 24-hour service. A full list of facilities and opening times are outlined in the Addendum D 2. Since its inception, 25 808 clients have benefited from the programme, but the treatment completion rate remains low at 30%. The completion rate for the year under review is an improvement on the 27% completion rate of the previous year, but the challenge of improving adherence rates remains substantial. In addition, 25% of clients still present more than 72 hours after the incident; 60% of these clients are children who are victims of chronic abuse.

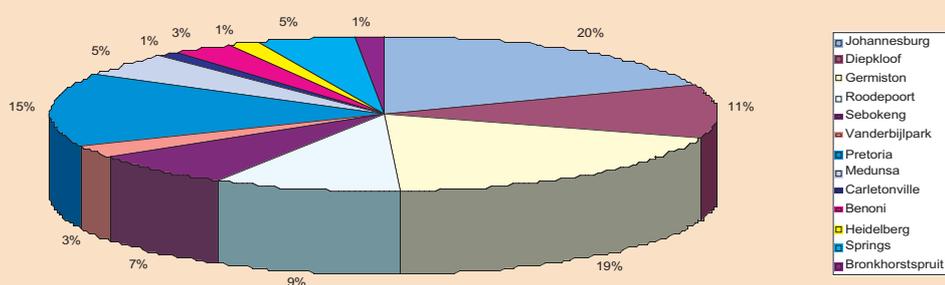
A study by the Centre for the Study of Violence and Reconciliation on factors affecting adherence to PEP following sexual assault was completed during the year under review, and its recommendations are being implemented. These include measures to improve the understanding of survivors of sexual assault on how to take the prescribed drugs, and to strengthen health workers' support to sexual assault survivors. The study also recommended that the Department institute support groups and follow up calls.

The Department celebrated the **16 Days of Activism of No Violence against Women and Children** at Zoo Lake on 10 December 2004, with an event on the theme of "Celebrating Life beyond Domestic and Sexual Violence". More than 900 people attended.

Forensic Pathology

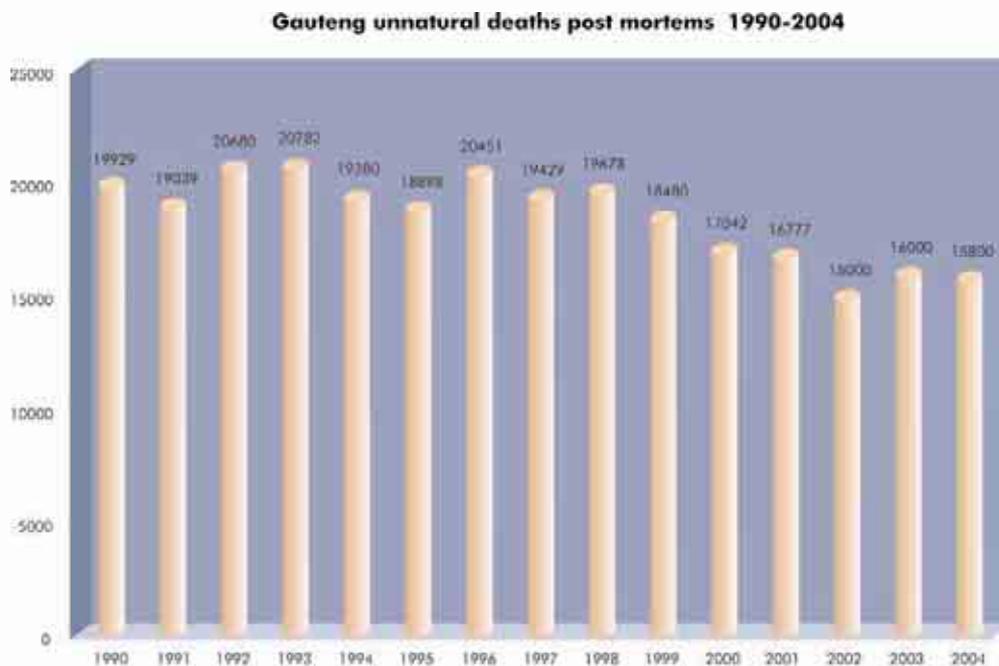
A downward trend in the numbers of people dying from unnatural causes has been noted in the province since 1996, and this has continued over the last financial year. The Department performed 15 224 medico legal investigations of deaths in 2004/2005, with the highest number in Germiston, Johannesburg and Pretoria as indicated below.

Gauteng Medico Legal Investigations 2004/2005





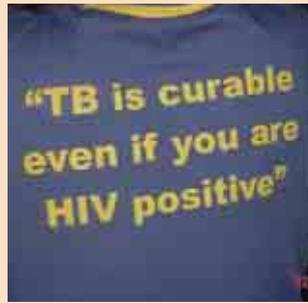
The graph below illustrates how this figure represents a 4,6% decrease in the number of deaths from unnatural causes over the last financial year, and a decrease of 10.7% over the last 5 years. The figures do not take into account Gauteng population growth.



It is the Department's responsibility to ensure that all unnatural causes of death are fully evaluated and investigated through post mortem examinations. At present, the mortuary section of the work is under the control of the South African Police Services while the medical component is managed by Gauteng Department of Health. It is envisaged that the mortuary transfer to the Health Department will commence in the next financial year and the necessary preparations are being made for this new service.

In the year under review we embarked on marketing the clinical forensic medical services, by distributing more than 10 000 posters across the province and organising the Zoo Lake rally for survivors of domestic and sexual violence.

The Gauteng Department of Health joined the international community in responding to the Tsunami disaster; pathologists from the Department were sent to join the National Support Team working to assist with the identification of bodies in Thailand and the Maldives.



3.2.14 Reducing the Prevalence and Complications of Communicable Diseases

Tuberculosis (TB) Control Programme

TB remains a major challenge to the Department and it has adopted an aggressive response to meet the targets set in the previous financial year in an effort to lighten the heavy burden TB places on the health system.

A TB electronic register has been implemented in all districts. Staff have been trained to use the programme, and are supported by the local health information manager. There is continuous and intensive monitoring of the programme, which ensured that a 100% TB reporting rate was achieved by facilities during the year under review. The reporting was based on the headcounts, number of suspected cases, number of positive patients and the number put on treatment. During the financial year under review the province provided care and treatment to 38 688 patients, with 34 548 (89%) on a Directly Observed Treatment (DOT) support and 11% self supervised.

The TB cure rate of 58% remains a challenge. In an effort to address this challenge we launched the TB Free Centre, in partnership with Sanofi-Aventis and the Nelson Mandela Foundation in March 2005, to improve training of DOTS supporters and to achieve greater social mobilisation. Training DOTS supporters on the 69 day comprehensive community health worker programme will enable them to qualify for the stipend, and is an incentive to motivate and attract more DOTS supporters into the programme.

The TB/HIV collaboration programme funded by the Belgian Technical Co-operation commenced in 16 sub-districts in the 2004/2005 financial year. Since about 50% of HIV patients have TB, all TB patients are offered VCT and all HIV patients are screened for TB.

As undertaken in 2003/2004, Service Level Agreements (SLAs) were signed with three Gauteng Anti-Tuberculosis Association (SANTA) hospitals and three Life Care hospitals. The process of provincialising 1 495 of TB beds from SATA and Life Care hospitals, using a phased approach and consultation with the Department of Labour, trade unions and other key stakeholders, has commenced.

Other communicable diseases

The Department remains alert to the potential of other communicable diseases in the province.



We launched a pioneering Provincial Infection Control programme in January 2005 in response to growing concerns about the prevalence of hospital acquired infections. Infection control has been an ongoing process in all institutions. However, with assistance from the United Kingdom's Hospital Infection Control Services, the province has now adopted innovative ways of dealing with infection control, and established a Committee to oversee the implementation of the new programme. Infection control guidelines have been developed and distributed to all health facilities, and District Outbreak Response Teams established to respond promptly to all outbreaks.

As part of the new Provincial Infection Control Programme, a pilot infection control survey was launched in January 2005 at the Johannesburg, Pretoria Academic, Tembisa and Leratong public hospitals, and the Union, and Eugene Marais private hospitals to investigate hospital-acquired infection of all patients in the pilot hospitals.

Environmental Health Services

The Department provides services with a focus on high risk areas such as Health Care Waste Management, enforcement of the Hazardous Substances Act of 1973, the Tobacco Control Act and water pollution. There is a continuous process to assess high risk areas and to determine the specific interventions required. During the year under review the Department:

- Issued 102 hazardous substances licences
- Audited 27 public hospitals for health care waste management
- Collected and analysed 1 420 food samples to ensure food safety control
- Collected and analysed 540 water samples to prevent water pollution
- Collected maize and wheat flour samples from 20 (33%) of mills in the province to verify the presence of Vitamin A and Iron in fortified foods
- Collected 222 samples from prisons and hospitals to determine whether aflatoxin was present in peanut butter. All samples taken were negative

In addition, a surveillance system for the recent outbreak of Marburg Fever was successfully established, and all hospital and district staff were trained on how to deal with any reported or suspected cases. Their adequate preparation was demonstrated by the quick response from our Port Health staff in disinfecting the airplane carrying the suspected patient. In addition a specimen of Marburg from the Eastern Cape was safely transported through Lanseria International Airport to the National Institute for Communicable Diseases.

Departmental **Port Health Services** are the first line of defence against the spread of communicable diseases such as Marburg, Ebola and Yellow Fever. Persons suspected of carrying these infections must be identified and isolated at their points of entry into the country, and any imported goods confiscated if they are not properly labelled or do not



conform to prescribed quality standards. Port Health Services disinfect all flights departing from Johannesburg and Lanseria International Airports to ensure control of communicable diseases and maintain vector free areas. In the year under review, the Port Health Services handled more than 95 000 consignments of foodstuffs, cosmetics, hazardous substances, tobacco products, medicines, human remains and alcohol.

Gauteng has been free of measles for many years, but began recording increases in the number of suspected measles cases in 2002, when 304 cases were recorded. In the 2003/2004 financial year the number of suspected measles cases reached 2 246, but in the period under review, this dropped to 1 432 suspected cases, of which 566 were confirmed. A total of 28 deaths were reported during this period. Analysis has revealed that some of the causes were "imported" in that they were associated with people migrating between provinces and from other countries, whilst a number were associated with HIV co-infection. The World Health Organisation is assisting the National Department of Health with a nationwide analysis of the measles outbreak, and recommendations will be implemented as a matter of priority.

3.2.15 Non-Communicable Diseases

The Department is redoubling its efforts to address the spread of non-communicable diseases which, although often preventable, impose a very high burden on health services. The focus has been both on how to prevent chronic diseases of lifestyle, and conditions such as stroke, cardiovascular disease, obesity and diabetes, and on providing effective treatment and support.

Regarding **prevention**, campaigns about stroke, heart conditions, diabetes and obesity were held to raise awareness and stress the importance of preventing and managing these conditions. These included World No Tobacco Day, Vuka South Africa - Move for your Health, to highlight the importance of physical activity in maintaining healthy lifestyles, and World Heart Day, which was celebrated with children at the Pretoria Academic Hospitals to encourage them to eat healthy food. Obesity, poor diet and physical inactivity are emerging as major risk factors threatening the cardiovascular health of children. The Department will continue to identify strategic partners, such as the media and community-based organisations, to help improve public understanding of key risk behaviours and how healthy lifestyles can prevent chronic, non-communicable diseases.

Regarding **treatment**, more than 2.5 million patients with chronic diseases were treated by provincial health services in the 2004/2005 financial year, an increase of 500 000 from the previous period. There are currently 99 functioning support groups for people with chronic disease across the province, and in particular, support groups for people with



diabetes are active in all districts. A register for Chronic Diseases and Abuse of Older Persons has been developed.

A Epidemiology study was conducted during 2000 by the Foundation for Alcohol Related Research (FARR) South Africa for Fetal Alcohol Syndrome (FAS) in underprivileged communities of Westbury, Lenasia South, Soweto and Diepsloot. The aim of the study was to compare alcohol consumption during pregnancy in four provinces of South Africa including Gauteng. The study has shown that the frequency of FAS was unexpectedly high (eight children out of a 1 000 will have FAS) amongst grade 1 school entry children and that Lenasia South, Soweto and Westbury were severely affected. Out of 809 pregnant women interviewed, 128 (16%) admitted to a history of drinking before pregnancy, and 126 (15.6%) were found to be drinking during pregnancy. As a result, the Department has initiated a pilot programme in the four affected areas targeting the youth, pregnant women and partners to create awareness of the effect of drinking alcohol during pregnancy and counselling to discourage pregnant women from drinking. We will intensify our programme efforts based on the outcomes of our pilot interventions.

Draft regulations with regard to labelling of alcohol beverages have been published for comment.

Restoring sight

The prevention of blindness is also a Departmental priority, and the elderly, in particular, are benefiting. In the year under review 4 500 pensioners were screened for cataracts by optometrists from the South African Optometric Association, and a further 570 patients by hospitals. During the year under review, a total of 3 297 people had their sight restored by cataract surgery from public hospitals, 207 cataract procedures were performed during the "World Sight Day" while private hospitals performed 4 717 cataract operations for the population of Gauteng.

The Department also organised a Diabetic and Eye Care Day in October 2004 in Tswane/Metsweding region, together with the Diabetic Association of South Africa, National Council for the Blind and Novo Nordisk. The event aimed to empower staff to adopt healthy lifestyles, and included a stress management workshop, and visual and diabetes screening.



3.2.16 Promote Mental Well-being and Improve Early Diagnosis, Treatment of and Support to People with Mental Illness

The promulgation of the Mental Health Care Act no 17 of 2002, and its strong focus on the rights of people with mental illness, has required the Department to take a number of steps to ensure compliance with the new legislation during the year under review. These have included:

- Identifying assessment centres and casualty departments capable of providing a 24 hour service to determine the mental health status of the patient.
- Designating health establishments under the auspices of the state as psychiatric hospitals or care and rehabilitation centres to provide 72 hour assessment for assisted and involuntary service users, as well as chronic care, and care to state patients and mentally ill prisoners.
- Undertaking the licensing of community facilities: non profit organisation/non governmental organisations (NPOs/NGOs) providing day or residential care.
- Establishing four Mental Health Review Boards, and training members.
- Filling posts and ensuring staff, including those of NPOs and NGOs, are trained on the implementation of the New Mental Health Act.
- Liaising with the South African Police Service and the Emergency Medical Services regarding the crucial role they play in the implementation of the Act.

The Department pays tribute to Ms Sibongile Khwela, our Patient Registry Supervisor at Sterkfontein Hospital. Ms Khwela's excellent work received special recognition from Mental Health Review Board member Ms Nonceba Sennelo, who wrote a letter to hospital management commending Ms Khwela for the exceptional manner in which she ensured that all staff in the hospital and our referring hospitals had complied with the provisions of the Mental Health Care Act. We appreciate her exemplary work.

De-institutionalisation of mental health patients is progressing. The process includes interventions to strengthen community mental health services, by providing management and financial support to NGOs. A priority process is the review of the composition of the residents at the Cullinan Care and Rehabilitation Centre. The realignment of the centre to drive the de-institutionalisation of the patients has commenced.

The Department has reduced by a further 150 the number of chronic mental health care user beds, bringing the total to 2 850 beds across the province. The Sterkfontein Psychology Department is rendering outreach psychological services to adults through PHC Clinics in the Mogale City, Randfontein and Merafong City sub-districts. The services include support to discharged and new patients, and are an effort to bring services closer to communities. In addition the Psychology Department renders Child Mental Health services at Dr Yusuf



Dadoo and Carltonville Hospitals in the Kagiso and Randfontein sub-districts respectively. A child psychiatric clinic is available in Mogale City at the Fanyana Nhlapo clinic.

A new and appropriately equipped ward has been opened for mentally ill patients at the Leratong Hospital. A number of activities to promote mental well being have also been undertaken by staff and patients. These include a patient's choir, which performs at functions and special events, T shirts with a mental well being message worn for special occasions, and special celebrations of Mental Health Day.

Strategic Goal: Effective implementation of the comprehensive HIV and AIDS strategy

The HIV and AIDS epidemic remains a critical health and developmental challenge for the Department, and the Province. Gauteng has a well established, multisectoral and Interdepartmental AIDS Programme, led by the Provincial Premier and the Department of Health is the lead Department. The Programme is being implemented by all the Government Departments in the province.

3.2.17 Multi-sectoral AIDS response in Gauteng

The Premier continues to lead the Gauteng inter-sectoral programme through the Premier's Committee on AIDS (PCA), in which all Gauteng MECs and HODs are involved. The civil society response is led by the Premier and the Gauteng AIDS Council, which was re-convened with new members following elections. The Gauteng AIDS Summit has become an annual event to bring together all partners from government and civil society to share information and expertise, review progress and identify priorities for the coming period. The October 2004 summit was attended by 500 delegates from 22 government departments, 15 civil society sectors, and NGOs funded by selected academic and research units. The Summit deliberations resulted in the declaration that provides the AIDS programme priorities for the 2005/2006 year.

Gauteng co-hosted the national Partnership against AIDS event with the National Department of Health under the leadership of Premier Shilowa and Minister Tshabalala-Msimang. The event involved all civil society sectors, including youth, people with disabilities, traditional healers, local councillors, sex workers, faith based groups, women and men. Local AIDS Councils across Gauteng were also represented.

The Gauteng HIV and AIDS Workplace and Wellness programme

All 12 government departments have designated staff members coordinating the HIV and AIDS programme. As reported fully in Programme 1, a new Employee Assistance



Programme (EAP) was set up in 2004 by the Gauteng Shared Service Centre (GSSC) and a conference was held to orientate departments on this service. The GSSC EAP service is now used by eight Government departments and covers 25% of Gauteng government employees. EAP utilisation is around 10% and increasing. Unions have also responded positively, and collaborations with the three labour federations in the province Congress of South African Trade Unions (COSATU), Federation of Democratic unions of South Africa (FEDUSA) and National Council of Trade Unions (NACTU) have improved and the first two of these federations are represented in the Gauteng AIDS Council.

Other key achievements of inter-sectoral programme

- Comprehensive health care for HIV and AIDS with ART by the Department of Health
- Children services by the Department of Social Development
- The Employee Assistance Programme was set up by the Gauteng Shared Service Centre
- Municipalities increased co-ordination and support for community efforts on AIDS supported by the Department of Local Government
- Education (drama and peer education) was provided for prisoners in all 12 prisons, coordinated by the Department of Correctional Services
- Steps were taken to introduce the United Nations AIDS Programme (UNAIDS) system for monitoring and evaluation of multi-sectoral AIDS programmes
- The Department of Education conducted research on learner and educator needs and initiated an evaluation of the Lifeskills programme implemented in 87% of Gauteng schools

The detailed Multi-sectoral AIDS programme annual report will be presented separately to the Legislature.

3.2.18 Implementation of the comprehensive HIV and AIDS by Health

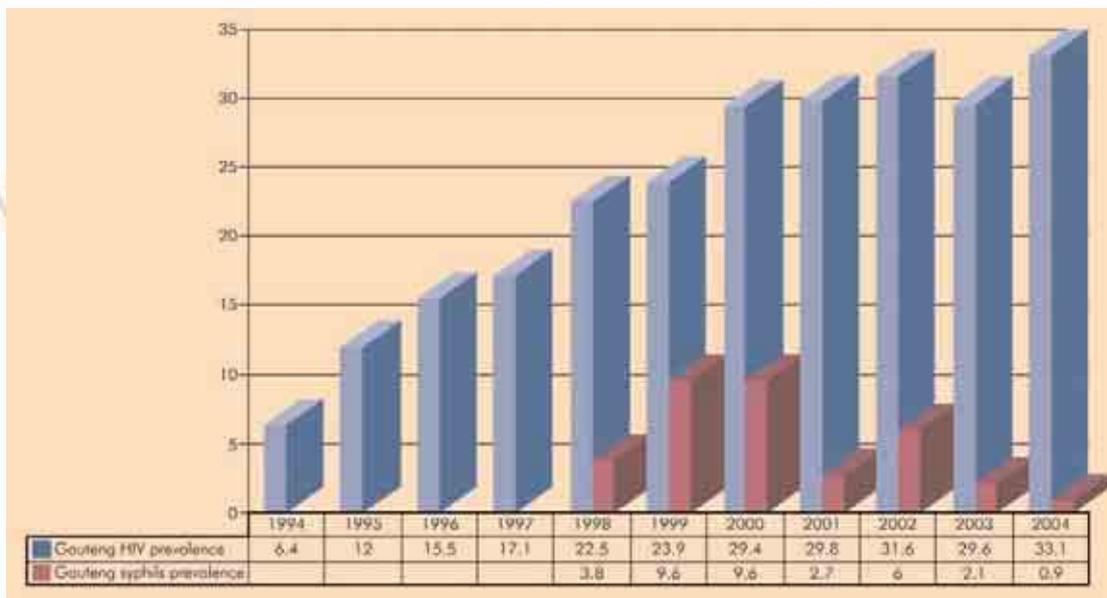
HIV Sero-prevalence Among Women

The Department continues to track the HIV epidemic through participation in, and co-ordination of the annual HIV survey of women attending antenatal services. The 2004 HIV sero-prevalence rate amongst pregnant women attending these services in Gauteng is approximately 33.1 %, an increase of 3% from 2003 and higher than the national prevalence rate of 29.5%. However the Gauteng syphilis rate has decreased dramatically from 2.1% in 2003, to 0.9% in 2004.



The recent HIV trend in Gauteng shows that prevalence varies, and countrywide the rate is higher between the ages of 20-34 particularly among older teenagers and young adults in their twenties. As can be seen in the graph below there appears to be a levelling off of the epidemic over the last two years and a sudden increase in 2004.

Antenatal HIV Sero-Prevalence for Gauteng (1994-2004) and Syphilis (1998-2004)



Prevention

Ongoing social mobilisation and communication around AIDS is a fundamental and acclaimed element of the Gauteng AIDS Campaign. The intervention uses a carefully selected mix of media tools and communication activities to reach the provincial population. The annual Gauteng World AIDS Day (WAD) campaign is a significant event in this process. It is implemented in partnership with government departments, NGOs and community groups, and is coordinated by municipalities in all local areas in Gauteng, but prioritising the areas of greatest need. The 2004/2005 WAD campaign focused on mass door-to-door education, supported by advertising and selected events; the campaign educated 2 161 632 people through visiting 881 864 homes, and referred 24 000 people to local services for further assistance. This is a 55% reduction in referrals from the 2003 campaign, and together with volunteer feedback, suggests that communities have better access to services, and also now understand and utilise local services provided by government and NGOs.

Voluntary Counselling and Testing (VCT) is the entry point in the continuum of care for HIV and AIDS and also re-enforces safe sexual behaviour. The number of facilities providing



VCT increased from 202 in 2003/2004 to 295 in 2004/2005 and a total of 168 191 people were tested, with 53 461 testing positive. The programme is supported by 857 trained lay VCT counsellors.

The Department has started implementation of a project for counsellor mentorship aimed at supporting lay counsellors, improving their skills and reducing stress and burnout. Seven mentors have been appointed and placed in four health districts and the project will be implemented in other health districts during 2005/2006.

During the year under review an additional 110 lay counsellors were trained in basic HIV and AIDS counselling skills, and 262 in VCT. A total of 132 health professionals and community health workers were trained in medico legal services, and 9 in mentorship. We have also trained 529 professional health care workers in basic counselling skills, VCT, or mentorship in adherence counselling.

The Prevention of Mother to Child Transmission (PMTCT) programme was first implemented in 2001 in two pilot sites, and has now met the target of operating in all hospitals (22) and community health centres (22) with obstetric units. The programme also operates from 63% of clinics offering antenatal care (127), which is just 2% short of the target set for this financial year. This is a significant increase in coverage as compared with the previous year's 83 clinics. A total of 98 053 pregnant women agreed to test for HIV with an uptake of 70%. A total of 23 143 mothers and 16 757 babies on the programme received nevirapine, compared to 13 130 and 10 469 respectively in the previous financial year. Follow up of babies has improved, due to the combined effects of the coding identification system, the National Communication Analysis Design Action (ACADA) communication strategy and improved reporting.

The Department supplied an average of 8.5 million male **condoms** per month, from 50 primary sites, up from 8 million supplied monthly in the previous financial year. A total of 181 000 female condoms were distributed from 24 primary sites, a decrease from the 300 000 distributed in 2003/2004. This was due to a delay in the supply of female condoms, which resulted in a lower distribution during the second and third quarter of the year under review. However the average female condoms distribution rate of the months where condoms were available of from the 24 sites was 30 000. An expansion and action plan has been developed to empower women to use female condoms, and to increase distribution, strengthen reporting and management of female condoms distribution at district level. The plan will be implemented in the 2005/2006 financial year.

As part of its continued drive to focus resources where they will have the most impact, the Department has funded 16 NGOs to provide services in **high transmission areas for special risk groups** in the 2004/2005 financial year.



These NGOs reached more than 385 000 people in mines, hostels, hotels, commercial sex hot spots, taverns, truck stops and communities.

Syndromic management of sexually transmitted infections is implemented in 97% of health facilities and the number of professional nurses trained in syndromic management increased from 495 in 2003/2004 to 604 in 2004/2005. A total of 195 748 STI episodes were treated at the sentinel sites. Male urethral discharges were most common. The partner notification rate has improved from 33% in 2003/2004 to 89% in this financial year. The partner tracing rate was reported as 30% in the year under review due to successful implementation of the partner notification and tracing project.

STI are monitored through 29 functional sentinel surveillance sites. During the year under review a full scale District Quality Assessment Tool was implemented in six of the sentinel sites. In addition, 18 trainers and 161 professional nurses were trained in STI surveillance, and pilot training on the Integrated HIV and AIDS/STI/TB reference booklet for clinicians was conducted at Ekurhuleni district.

Care and Treatment

Implementation of the **HIV and AIDS comprehensive care and treatment programme, including anti-retroviral treatment (ART)**, commenced on 1 April 2004 in the Johannesburg, Chris Hani Baragwanath, Helen Joseph, Coronation and Kalafong hospitals. Comprehensive care includes counselling, testing, support, education, medical care, treatment of acute infections, including TB and palliative care. By the end of the financial year the programme was implemented in 23 targeted health facilities, and the target of 10 000 patients on treatment had been exceeded. In total, 125 871 new patients have been seen, 12 983 of whom are on treatment, including 1 543 children. All sites supply the nutritional supplement Philani to patients on ART.

Pregnant women are being staged both clinically and with CD4 counts to assess their eligibility for triple therapy and comprehensive care through the PMTCT programme. Accordingly the National Health Laboratory Service (NHLS) conducted 96 941 laboratory tests on CD4, viral load and Polymerase chain reaction (PCR) amongst others in 2004.

During the 2005/2006 financial year the Department will increase the number of health facilities offering comprehensive care including ART to 45, and the target of patients on treatment to 25 000. Preparation and accreditation of identified facilities is ongoing.



In many instances additional improvements are required before a facility can be accredited as the programme strengthens the entire health system and does not only focus on ART programme implementation. A task team has been established to plan and implement the down referral of stable patients from the tertiary hospitals to CHC to reduce overcrowding and long hospital waiting times. Sites that are about to open are given priority for the monthly training sessions. No drug shortages have been experienced.

Palliative care is provided through both home-based care (HBC) services and hospice care. A total of 132 NGOs are contracted to provide HBC. Community health workers made 410 373 visits to care for 51 994 home bound patients during the year under review. The Department funded 236 of the 549 hospice beds supplied in 23 hospices across the province. A total of 2 854 terminally ill patients were cared for at their homes.

A task team was established to develop a management system for step down facilities, which established the space required, the billing system and minimum standard of care. The Department funded 276 step down beds in seven hospitals, in the year under review. These facilities cared for 6 865 patients, with an ALOS of 12 days, and bed occupancy rate of 40.4%.

3.2.19 Budget Statement outputs and service delivery trends for District Health services

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Strengthened hospital and facility management	Percentage of hospitals with appointed CEOs	100	<ul style="list-style-type: none"> • 100 • Target achieved
	Percentage of large CHCs with designated facility managers ✓	100 ✓	<ul style="list-style-type: none"> • 100 • Target achieved
Development of performance work plans for all CEOs ✓	Percentage of hospital CEOs with performance work plans ✓	100	<ul style="list-style-type: none"> • 100 • Target achieved
Development of high level business plan for strengthening of the District Health system	Availability of high level business plan	1	<ul style="list-style-type: none"> • 1 • Target achieved



Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Access to the core package of primary care services available in each sub-district through the DHS	Number of visit (head count) at public PHC facilities	11 million	<ul style="list-style-type: none"> • 13 669 320 • Target exceeded
	Percentage of sub-districts offering the full package of primary care services	85✓	<ul style="list-style-type: none"> • 85 • Target achieved
	Percentage of sub-districts with access to extended hours of service ✓	70✓	<ul style="list-style-type: none"> • 65 • Shortage of staff remains a challenge
Availability of EDL drugs	Essential drugs out of stock at PHC facilities	2✓	<ul style="list-style-type: none"> • 1.98 • Target exceeded
Feeding programmes in crèches	Number of crèches, with feeding programmes	1 800✓	<ul style="list-style-type: none"> • 1 718 • Crèches did not meet the certification criteria
	Number of pre –scholars fed	58 500✓	<ul style="list-style-type: none"> • 58 219 • Target is based on number of crèches funded
Immunization coverage among children under 1 year increased	Immunisation coverage for under 1 year (%) (POA)	90 Overall	<ul style="list-style-type: none"> • 90 Polio • 90 measles • Based on the first round of the campaign • Target achieved
Reduced new infections among antenatal care women	Antenatal sero-prevalence rate (%) (POA)	Stabilise 32	<ul style="list-style-type: none"> • 33.1



Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Strengthened HIV and AIDS programme implementation in all districts	Percentage of Regions and health districts with dedicated HIV and AIDS coordinators	100	<ul style="list-style-type: none"> • 100 • Target achieved
Rollout of ARV in public health facilities	Number of health facilities offering comprehensive HIV and AIDS programme	23✓	<ul style="list-style-type: none"> • 23 • Target achieved
Maintaining full coverage of PMTCT	Percentage hospitals, large community health centres and clinics with maternity services implementing the programme	100 hospitals and CHCs and 65% clinics with ANC services	<ul style="list-style-type: none"> • 100% Hospital and CHC's • 63% Clinics with ANC services • Target achieved in Hospital and CHC's
Support for victims of sexual assault	The number of health facilities implementing PEP for victims of sexual assault	47	<ul style="list-style-type: none"> • 52 • Target exceeded
Improved TB cure rate in new positive cases	Percentage of new positive TB cure rate (POA)	70	<ul style="list-style-type: none"> • 58 • TB remains a major challenge
Shorter waiting times for patients	Percentage reduction in waiting times for pharmacy, casualty and Outpatients Department per annum ✓ (POA)	5✓ (of the baseline)	<ul style="list-style-type: none"> • 5 • Target achieved
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards (POA)	100	<ul style="list-style-type: none"> • 87.5 • Heidelberg hospital outstanding appointment to be done in 2005/2006 financial year
Improved hospital efficiency	Average length of stay (ALOS)	3	<ul style="list-style-type: none"> • 3 days • Target achieved
	Bed Occupancy Rate (BOR)	70	<ul style="list-style-type: none"> • 66

✓ Revised outputs, unit of measure and targets



3.3 BUDGET PROGRAMME 3: EMERGENCY MEDICAL SERVICES

The purpose of the Emergency Medical Services (EMS) programme is to ensure rapid and effective emergency medical care and transport, and efficient, planned patient transport in accordance with provincial norms and standards, within the strategic goal of strengthening the District Health System and providing caring, responsive and quality health services at all levels.

The Ambulance Services in Gauteng are provided by Local Authorities on an agency basis. All District and Metropolitan Municipalities with the exception of the City of Tshwane have signed memorandums of agreements with the Department and are currently within the second year of the three-year agreement. The City of Tshwane EMS currently operates with an interim agreement.

Staffing

At the end of the review period there were 1 709 operational EMS staff employed by Local Authorities of which 61 are Advanced Life Support (ALS) Paramedics, 522 are Intermediate Life Support (ILF) (Ambulance Emergency Assistants) and the rest are Basic Life Support (BLF) qualified.

Extent of service

A total of 11 047 135 km were driven in the provision of the service and the Gauteng EMS assisted the neighbouring provinces with 366 incidents. In 2004/2005 a total of 404 544 incidents were responded to and 403 283 patients transported by our Ambulance Services. Of these 15 246 were critically ill or injured, 220 687 were classified as serious but not in immediate life-threatening condition and the remainder had minor injuries or illness.

New equipment

The Department has replaced 56 ambulances and have ordered another 25 new ambulances to complete the total replacement of the old ambulance fleet. Five rescue vehicles were also delivered to be utilised in the District Municipalities.

Response times

The percentage of Priority One (life threatening) calls responded to within 15 minutes at present is 43% which is lower than the target of 75% set for the year. However, this figure is somewhat misleading as it includes responses to non-urban calls for all Local Authorities



except Metsweding. The target set for response to non-urban calls was 40 minutes. A method to distinguish between urban and non-urban calls is at present being investigated. The Department is also in the process of auditing the Control Centres to identify potential delays in the processing of calls to improve the response times specifically for Priority One case

Ambulance services for obstetric emergencies

With maternal deaths and the reduction of maternal mortality a major priority, ways are always being sought to improve response times for obstetric emergencies. The introduction of a Flying Obstetric Ambulance in the Sedibeng district aims to achieve a reduction in emergency response times.

3.3.1 Budget statement outputs and service delivery trends for Emergency Medical Service

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Priority one patient (critically ill or injured patients) responded to within 15 minutes	Percentage of priority one patients responded to within 15 minutes in urban areas and 40 minutes in rural areas (POA)	75 [✓]	• 43
Increased number of qualified ambulance personnel with life support training	Percentage of emergency care staff trained to Basic Life Support Level	73	• 67
	Percentage of emergency care staff trained for Intermediate Life Support	22 [✓]	• 30 • Target exceeded
	Percentage of emergency care staff trained for Advance Life Support	5	• 4
	Number of vehicles replaced per year	80	• 56 delivered • 25 ordered

According to EMS norms and standards the staff complement should be BLS 73%, ILS 18% and ALS 9%

[✓] Revised outputs, unit of measure and targets



3. 4 BUDGET PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

The **purpose** of this programme is to render level two hospital services provided by specialists through the Regional Hospitals, Tuberculosis, Psychiatric/Mental, Dental Training Hospitals, and other Specialised Hospitals sub-programmes.

The Provincial Hospital Services Programme is informed by all the Department's strategic goals with a special focus on the objective of modernisation, re-organisation and revitalisation of all public hospitals into cost-effective referral centres aligned to the Service Improvement Plan (SIP). The SIP aims to reorganise services to improve health status and affordability including creating affordable and equitable staff establishments.

In terms of the SIP the bulk of patient care is being shifted from Central to Regional and District hospitals, with Regional hospitals providing support for District hospitals and helping to prevent unnecessary referrals to Central hospitals.

Gauteng has 11 Regional hospitals, three academic oral and dental schools, four psychiatric hospitals, one infectious diseases hospital, and contracted TB and psychiatric beds. Together these provincial hospital facilities render level 2 specialist services.

3.4.1 Provincial hospitals key achievements

Hospital	Key achievements at a glance
Sizwe Tropical Diseases Hospital	<ul style="list-style-type: none"> • Second MDR ward opened increasing bed capacity from 26 to 79 beds • Opened palliative care ward to provide care for 20 patients • Established a gateway clinic in March 2005 • Awarded first prize for cost centres in the quality show case competition



Hospital	Key achievements at a glance
Tara Hospital (Psychiatric)	<ul style="list-style-type: none"> • Successful implementation of the New Mental Health Act • Second runner up in Khanyisa Kick Start awards for the management of patients' records
Weskoppies Hospital (Psychiatric)	<ul style="list-style-type: none"> • Implementation of the new improved meal distribution system • Specialists extended services for adults and children to the community • Exceeded revenue target by 12% • Dietician received first runner up and facility management unit came second at the Khanyisa awards
Sterkfontein Hospital (Psychiatric)	<ul style="list-style-type: none"> • Established outreach clinics in three sub-districts in the West Rand • Child and Adolescent services provided at Dr Yusuf Dadoo and Carletonville hospitals and two clinics • Integrated Wellness Committee constituted and gym for staff established • Psychology Department won awards in both Khanyisa and regional service excellence competitions
Cullinan Hospital (Rehabilitation)	<ul style="list-style-type: none"> • Hospital used as a benchmark for best management practices by professional nurses from Correctional Services • Psychiatric registrars from Weskoppies instituted bi-annual psychological assessments of patients



Hospital	Key achievements at a glance
Cullinan Hospital (Rehabilitation)	<ul style="list-style-type: none"> • Established complaints and Pharmacy and Therapeutic committees • Introduced the new Cullinan Care and Rehabilitation Centre (Montessori) approach to enable the mental health care users to choose activities appropriate for their mental age • Won Khanyisa ABET award, used money to purchase computers for ABET learners and camping equipment for patients
Kalafong Hospital	<ul style="list-style-type: none"> • Established an HIV and AIDS comprehensive care clinic in the first quarter of 2004/2005 • Immunology clinic won a national tender for HIV and AIDS management training on ART roll out • Commissioned new CT scan machine
Tembisa Hospital	<ul style="list-style-type: none"> • Launched Kangaroo Mother care • Established an Integrated Wellness committee • Improved access for people with disabilities
Natalspruit Hospital	<ul style="list-style-type: none"> • Opened gateway clinic operating nine hours per day • Introduced manual booking system, an electronic file tracking system and monitoring system to reduce waiting times • Received full accreditation • Hospital board and senior management revived community meetings with ward committee members • Established an HIV and AIDS comprehensive care clinic



Hospital	Key achievements at a glance
Leratong Hospital	<ul style="list-style-type: none"> • Received full accreditation • Accredited by WHO/UNICEF as a mother and baby friendly hospital • Established a referral task team to address streamlining of referrals up and down • Established frontline forum to discuss challenges and constraints and develop strategies to improve hospital services • Established an Integrated Wellness programme • Established a patient's choir • Received donation of Intensive Care Unit equipment from Krugersdorp Private Hospital
Tambo Memorial Hospital	<ul style="list-style-type: none"> • Streamlining of referrals between Tambo Memorial and Germiston hospitals has increased utilisation of step-down beds from 55% to 75% • Invested R1.5 million in equipment • Established an admission ward • Conducted a baseline study on effective utilisation of theatres to maximise utilisation • Established a pain management clinic • Established an ART clinic and a clinic for HIV infected staff



Hospital	Key achievements at a glance
Helen Joseph Hospital	<ul style="list-style-type: none"> Established a fully functional Occupational Health and Safety committee Established a vetting committee to look at purchasing and budget control issues
Coronation Hospital	<ul style="list-style-type: none"> Purchased three new anaesthetic machines for theatres Held an open day for career information for the community
Far East Rand Hospital	<ul style="list-style-type: none"> Established an ART clinic Kangaroo Mother Care and maternity unit completed
Sebokeng Hospital	<ul style="list-style-type: none"> Folateng ward officially opened Installed security cameras Restructured Orthopaedic department
Edenvale Hospital	<ul style="list-style-type: none"> Received full accreditation Hospital Board actively involved in fund raising
Pholosong Hospital	<ul style="list-style-type: none"> Eliminated backlog on elective surgery Decreased bed occupancy rate from 105% in 2003/2004 to 80% in 2004/2005 Appointed a State Accountant to improve financial management Closed corridors leading to Theatre, OPD, casualty and allied services as an intervention to control infection



3.4.2 Budget statement outputs and service delivery trends for Provincial Hospital Services

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Strengthened and capacitated management team in hospitals	Percentage of hospitals with appointed CEOs	100	• 89% in posts and remainder advertised and interviews conducted
	Percentage filled top management posts	100	• 80% Posts advertised and post filling process in progress
Development of performance work plans for all hospital CEOs	Percentage of hospital CEOs with performance work plans	100	• 100 • Target achieved
Improve monitoring of SANTA and Life Care hospitals	Number of contracts signed	6	• 6 signed • Target achieved
Reduction of beds in private institutions for patients with chronic mental illness	Number of beds for chronic mentally ill patients	3 200	• 3 000 • Target exceeded
Maintain number of beds for TB patient cared for by private institutions	Number of beds for TB patients	1 495	• 1 495 • Target achieved
Shorter waiting times for patients	Percentage reduction in waiting times for pharmacy, casualty and Outpatients Department per annum \surd (POA)	5 \surd (of the baseline)	• 5 • Target achieved
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards (POA)	100	• 100 • Target achieved
Improved hospital efficiency	Average length of stay (ALOS)	4	• 4 Target achieved
	Bed Occupancy Rate (BOR)	75	• 75 • Target achieved

\surd Revised outputs, unit of measure and targets



3.5 BUDGET PROGRAMME 5: ACADEMIC HOSPITAL SERVICES

The **purpose** of this programme is to provide a highly specialised health care service, a platform for the training of health workers and research and serve as specialist referral centres for regional hospitals and neighbouring provinces through the Dr. George Mukhari, Pretoria Academic, Chris Hani Baragwanath and Johannesburg Hospitals sub-programmes.

The Academic Hospital Services Programme is informed by all the Department's strategic goals with a special focus on the objective of modernisation, re-organisation and revitalisation of all public hospitals into cost-effective referral centres aligned to the Service Improvement Plan (SIP). The SIP aims to reorganise services to improve health status and affordability including creating affordable and equitable staff establishments.

In the year under review, improved monitoring of the institutions to enhance performance has been a key focus. In a further effort to improve the quality of care, strategies to stabilise selected hospitals that meet standardised risk identification criteria are being implemented. These strategies include management support, re-deployment (where necessary) and systems strengthening.

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

3.5.1 Modernisation and re-organisation initiative

Gauteng's four Central Hospitals, with 6 774 approved beds, provide services for the provincial population and neighbouring provinces; they also serve as referral centres for many African countries. In practice Central Hospitals are a "walk-in" service for all patients in the province and from other provinces. This means that the primary care support services in the inner cities, and in much of the area covered by this cluster of hospitals, require strengthening. Departmental strategy, spelled out in the Service Improvement Plan, is to shift 1 400 beds from Central Hospitals (level 3) to lower levels of care (levels 1 and 2) in a phased approach.

The process of de-linking level 1 patients from central hospitals has commenced with the establishment of Gateway clinics at Kalafong and Dr George Mukhari hospitals. The Johannesburg, Chris Hani Baragwanath, and Pretoria Academic Hospitals have all started to strengthen the 'triage' (sorting) of walk-in patients at their emergency units and down-referring those with minor ailments to appropriate levels of care.



3.5.2 Centres of Excellence

Highly specialised services to the people of Gauteng and the neighbouring countries are provided through the Department's world-renowned centres of excellence, including the:

- Wound, Neurosurgery and Ophthalmology, units in the Dr George Mukhari Hospital
- Renal and Hand units and Telesurgery in the Chris Hani Baragwanath Hospital
- Trauma, Oncology and Paediatric Nephrology units and Haemophilia Centre in the Johannesburg Hospital
- Neurophysiology unit and Medical-Oncology units in the Pretoria Academic Hospital

During 2004/2005 we continued to expand centres of excellence in the province. Chris Hani Baragwanath, the largest referral center for hand surgery in South Africa, conducted 120 operations per month and celebrated the sod-turning of the new hand surgery unit in partnership with leading mining and engineering companies. The donation from the private sector amounts to over R5.3 million while the Department of Health is supporting the project by providing trained staff, equipment and donations in kind. The unit is expected to be another centre of excellence dedicated to restoring the function of hands and upper limbs through corrective surgery. The unit will contain two theatres, physiotherapy and occupational therapy areas, outpatient rooms, X-ray, wards for hand surgery, dispensary and administration sections to centralise all hand surgery services for the hospital in one unit for improved patient care. In addition breast disease services have been consolidated at Helen Joseph hospital.

There has been a further reduction in the surgical backlog for joint, cardiac and cataract surgery: 4 200 operations were performed of which 134 were spinal operations, 411 knee and hip joints operations, 467 cardiac and 3 188 cataract operations.

All four academic hospitals continue to provide outreach programmes to 10 health facilities in the province and other provinces. This includes Dr George Mukhari hospital's outreach services to Rustenburg, Brits and Odi in the North West Province and Mankweng hospital in Limpopo province. The departments of family medicine and psychiatry also provide services at district level in the Soshanguve clinics.



Best Practice at Chris Hani Baragwanath Hospital

The Dumisane Mzamane African Institute of Kidney Disease - Division of Nephrology has launched an initiative to promote a culture of organ donation in the community.

The Baragwanath Hospital Renal Dialysis Unit is one of the largest in the country, with up to 150 patients receiving dialysis at a time. The National Kidney Foundation (NKF) estimates that dialysis costs up to R250 000 per patient each year. A kidney transplant costs only R60 000 per patient and is five times more effective. However, the lack of potential donors means that many patients awaiting transplants have to make the journey to the unit three times a week to remain alive. At present patients can wait up to three years for a suitable organ to be found.

The renal unit has therefore appointed a nephrology nurse who will work closely with the doctors at the renal unit in the harvesting of kidneys and at the same time go out to the Soweto community to advocate for the donation of organs for those in need.

Best practice at Pretoria Academic Hospital

Multi-disciplinary efforts to re-attach the traumatically amputated arm of a two year old baby boy

A two year old baby boy was admitted to the Pretoria Academic Hospital on the morning of Friday 25 February 2005 following an accident on the Mabopane highway. He had sustained a traumatic amputation of his left upper arm at the level of the humerus (upper arm), numerous bruises, and soft tissue facial injuries including full thickness lip lacerations and alveolar fractures.

The paramedics had preserved the baby's arm in a plastic bag with ice and had brought it along to the Emergency Unit where it was prepared for theatre by the portfolio of doctors.

The operation lasted twelve hours, and involved bone plate fixation, arterial anastomoses, primary suturing of main nerves, re-attachment of muscles and tendons, extensive fasciotomy of the whole arm and hand, partial skin suturing and extensive skin grafting. The child was cared for post-operatively in the Paediatric ICU. He progressed slowly but well.

This story is but one example of the dedicated multi-disciplinary team work, expertise and excellent nursing care which the hospital is justifiably proud of. It is not everyday that a traumatically amputated limb is successfully re-attached.



3.5.3 Central Hospitals 2004/2005 key achievements

Hospital	Key achievements at a glance
Chris Hani Baragwanath	<ul style="list-style-type: none"> • Sod turning of the new hand unit in February 2005 • Introduced a number system at the Glyn Thomas Pharmacy to reduce waiting times • Introduced a "Back Class" to reduce waiting list for patients suffering from chronic backache at the OPD • Officially launched an intranet website using MphoN2@gpg.gov.za as an address in February 2005 to publicise information on such items as drugs stocks and treatment protocols <p>Ms Naomi Mashalani, the head of Physiotherapy Department and winner of the "Public Sector Innovator of the Year Award" in 2003, was appointed by Minister Fraser-Moleketi to serve as one of the four Innovation Ambassadors to champion the cause of sustainable innovation across South Africa's public and private sectors</p>
Pretoria Academic Hospital	<ul style="list-style-type: none"> • New building for Pretoria Academic Hospital handed over • Established a comprehensive HIV and AIDS care clinic • Re-attachment of a traumatically amputated arm of a two year old boy through a multi-disciplinary efforts in February 2005
Johannesburg Hospital	<ul style="list-style-type: none"> • Voted Best Hospital in Gauteng in a survey conducted by the Star newspaper in 2004 • The Speech & Audiology Therapy Department was awarded the Khanyisa Service Excellence Awards for the Early Intervention Project • Established an Employee Wellness Centre



Hospital	Key achievements at a glance
Johannesburg Hospital	<ul style="list-style-type: none"> • One of first implementation sites for comprehensive HIV and AIDS care, including ART with a support group • Partnership with the Star Smile Fund resulted in cranio-facial and burns backlogs reduced • The Wits Health Consortium developed a detailed database for the Academic Research Units
Dr. George Mukhari Hospital	<ul style="list-style-type: none"> • Established a Bed Allocation Task Team to identify and allocate level 1 beds • Established a booking system in almost all clinical departments • Established a Employees Wellness Programme (EWP) • Established an ART programme Clinic called Tshepang for adults and a paediatric clinic • Established a Trauma Unit managed by a principal specialist to care for multi-trauma patients • Established an electronic linkage between the hospital and the NHLS that resulted in an easy and quicker access to blood test results • Established training and labour relations units which resulted in eradication of backlog in labour relations cases



3.5.4 Outputs and service delivery trends for Central Hospital Services

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Strengthened hospital management	Percentage of hospitals with appointed CEOs	100	<ul style="list-style-type: none"> • 75 • Appointment of Johannesburg (JHB) CEO outstanding
Development of performance work plans for all hospital CEOs	Percentage of hospital CEOs with performance work plans	100	<ul style="list-style-type: none"> • 75 • Awaiting JHB hospital post to be filled
Gate way clinics established at central hospitals	Number of Gate way clinics established	2	<ul style="list-style-type: none"> • 1 • Establishment of Lillian Ngoyi CHC to provide 24hrs for Chris Hani Baragwanath (CHB) hospital commenced
Re-organised highly specialised units for improved efficiency e.g. Cardio thoracic, Oncology Orthopaedic, ICU high care	Number of units completed✓	1 per year✓	<ul style="list-style-type: none"> • 1- a breast clinic at Helen Joseph hospital • Target achieved
Outreach programmes by academic medical staff to secondary and other hospitals	Number of outreach programmes maintained	10	<ul style="list-style-type: none"> • 10 • Target achieved
Shift ambulatory care patient from central hospitals to level 1 facilities	Percentage shift completed	60	<ul style="list-style-type: none"> • 75 • CHB hospital outstanding • Target exceeded
Shorter waiting times for patients	Percentage reduction in waiting times for pharmacy, casualty and Outpatients Department per annum✓ (POA)	5✓ (of the baseline)	<ul style="list-style-type: none"> • 5 • Target achieved
Reduced waiting list for surgical backlog	Percentage of reduction in waiting list for surgical backlog✓ (POA)	10	<ul style="list-style-type: none"> • 30%, include cardiac, hip and cataract surgery • Target exceeded
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards (POA)	100	<ul style="list-style-type: none"> • 100 • Target achieved
Improved hospital efficiency	Average length of stay (ALOS)	6	<ul style="list-style-type: none"> • 5 • Target achieved
	Bed Occupancy Rate	75	<ul style="list-style-type: none"> • 75 • Target achieved

✓ Revised outputs, unit of measure and targets



3.6 BUDGET PROGRAMME 6: HEALTH SCIENCES AND TRAINING

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

The **purpose** of this programme is to provide education, training and development for all personnel within the Department of Health through:

- Producing appropriate levels of nurses and emergency care personnel
- Training health workers to provide an efficient primary health care service at clinics, community health centres and at the home-based care level;
- Providing bursaries at tertiary institutions for Nursing, Medical, Allied Personnel and scarce skills development in the Health Sciences;
- Providing bursaries for management, administrative and support personnel;
- Improving the skills of senior, middle and emerging managers through leadership and management development programmes;
- Building the capacity of frontline managers and health care workers to strengthen service delivery; and
- Special Projects for training and capacity building related to strategic priorities such as strengthening District Health Systems and Comprehensive Primary Health Care between Province and Local Government, Performance Management, HIV and AIDS, in Financial Management and Adult Basic Education and Training.

The Health Sciences and Training performance review is based on the activities identified to achieve the Department's strategic goal of becoming a leader in human resource development and management. There is a special focus on the provision of a service platform for high quality education, training, development and clinical research that is responsive to the needs of the country. This includes training support for health status and health services improvements.

3.6.1 Providing the service platform for high quality training and development

The Gauteng Department of Health provides the service platform for the high quality training of health care professionals, training approximately one third of the country's doctors and a quarter of its nurses.

For this reason the Department continues to forge strategic alliances and partnerships with institutions of higher learning in the health sciences, so that health professionals can be appropriately trained to meet the need to both provide services at national, provincial and



local level, and to comply with legislative and statutory frameworks, such as those of the Health Professions Council of South Africa (HPCSA), and the HWSETA.

In particular Nursing Education programme, which coordinates management and administration of the Department's four nursing colleges has established a strategic alliance with the South African Nursing Council, the South African Qualifications Authority (SAQA), HWSETA, universities, technikons and private nursing training institutions. Also, in accordance with the Higher Education Act, the colleges have a co-operation agreement with the Johannesburg, Witwatersrand, Limpopo and Pretoria Universities to ensure implementation of norms and standards for nursing education at tertiary level.

Similarly, the Department's Gauteng Emergency Medical Services College has developed strategic alliances with the Johannesburg and Witwatersrand Universities. The College currently assists the Department of Emergency Medicine at the University of Witwatersrand with their undergraduate training programme, and a formal cooperative educational agreement between the two institutions will be finalised by the end of 2005.

The number of students registered with higher education institutions and colleges who used the Department's clinical facilities for their undergraduate professional training in the period under review are as follows:

Registered students with higher education 2004/2005

Health Professionals	Number
Medical	4 322
Oral and dental	735
Nursing	3 584
Dental dental therapy/ dental technician students	130
Oral hygiene	59
Allied health professionals	3 651

Nursing Education Programme

In the year under review the Department's four Nursing Colleges have taken strides in ensuring that appropriate levels of nurses are produced.

In the 2004/2005 the total number of 1194 nursing graduates were trained exceeding a target of 1 148. Specifically:

- 317 nursing graduates completed the four year diploma and degree course and were appropriately placed in districts and hospitals to meet the urgent staffing needs.



- 594 post-basic professional nurses were trained in various targeted scarce skills in the health and clinical science fields.
- 283 enrolled nurses completed the two year certificate course and were successfully placed in hospitals based on need and demand of expanding services.

Overall, there were 3 219 nursing students in training in the colleges, across all years and all levels.

In addition 197 nurse educators completed the assessor training, in preparation for the introduction of the recognition of prior learning policy (RPL) for nursing education. The Gauteng Department of Health's RPL policy has been accepted in principle by South African Nursing Council (SANC), and an RPL Committee will implement the policy as a pilot in 2007. However selection of appropriate candidates will commence in 2006. We also provide quality assurance training in the four Nursing Colleges for champions who will ensure quality control of human resource management, education and training standards and best practices.

Emergency Medical Services (EMS) training

Gauteng's Emergency Medical Care College plays an important role in EMS delivery in the Province through training personnel to provide effective and efficient emergency medical care. The College is also expected to impact on the development of outpatient emergency department staff.

Training and development targets for EMS personnel for the 2004/2005 financial year were mostly achieved or exceeded.

The Gauteng EMS College trained the targeted 20 personnel in advanced life support personnel; the graduates obtained a 100% pass rate, the first in the history of the college.

The College far exceeded targets for EMS personnel trained in intermediate life support, training 54 individuals in this level of care. A further 51 EMS personnel were trained in basic life support through the College's ambulance emergency assistance and basic ambulance assistance courses respectively. This represents 96% of the target set for this category for the 2004/2005 financial year.

A monthly continuing medical education seminar programme was successfully initiated during the period under review. The programme offered an advanced life support refresher training initiative targeting casualty and pre-hospital advanced life support EMS staff.



Continuing Professional Development Programme

The Department liaises with higher education institutions offering health science training for all groups of health professionals, the HWSETA, and Health Professions Council of South Africa (HPCSA) to ensure that the health professionals offering services within GDH are retrained on priority programmes and transformation issues through the Professional Development programme. Quality of the training is protected by ensuring all short courses are SAQA-accredited and comply with HPCSA regulations.

Continuing professional development for the year under review was guided by the findings of a rapid skills audit, conducted by the Department's training work group and professional forum. The audit identified training needs aligned to the strategic priorities of the Department and resulted in training of 3 014 health professionals in areas that include Anti-Retroviral and Wellness programmes, dispensing, assessors, EMS and various clinical practice areas. The training improved the patient care provided by frontline services.

Comprehensive HIV and AIDS training programme, including ART

The Programme which started in the 2003/2004 financial year, aimed to train 1 000 health professionals to render effective treatment and care. The target was exceeded in that 1 078 health professionals were trained. Staff and students from the four nursing colleges were active participants in the training on Anti-Retroviral Therapy, VCT, Occupational Health and Safety (OHS) and Employee Assistance Programme (EAP) clinics. Staff affected by HIV or AIDS are also able to utilise the sites to access treatment.

Integrated Health and Wellness Training Framework

The Integrated Health and Wellness Training Framework was conceptualised and designed over a two year period in collaboration with the HIV and AIDS workplace committee, regions, institutions, organised labour and extensive consultation with key stakeholders. The training is targeted at senior, middle and emerging managers from Central Office, HIV and AIDS and EAP coordinators, regions and institutions. A service provider to implement the programme was appointed in January 2005 and the first cohort of 100 staff members was trained by March 2005. The second cohort of 100 staff members were in training at the time of this report.



Dispensing Training

The Pharmacy Act requires that medical, dental and nursing professionals must undergo a training course in dispensing before they can be licensed to dispense medications. As a result 1 500 health professionals in Gauteng were trained for licensing by the National Department of Health during the year under review.

Improving frontline services

A number of different initiatives have remained in place during the year under review to increase general access to health care services and improve frontline services. These include

- **Community service**, through which 127 medical doctors, and 273 allied health professionals, including pharmacists, clinical psychologists and speech therapists, are placed in health facilities and districts across the province.
- Employing **foreign health professionals**; 21 were offered employment and six obtained permanent residence in Gauteng.
- Placing **medical interns**; 354 medical interns have been placed in various hospitals.
- The Cuban Doctor Support Programme: 21 medical students are studying in Cuba, funded by the Gauteng Department of Health bursary scheme. Nine South African students completed their 5th year medical studies in Cuba, and returned to continue their 6th year programme at Pretoria and Medunsa Universities. These students will be contractually bound to serve the Gauteng Health Department for six years. Ten of the original 33 Cuban doctors employed in Gauteng through the bilateral agreement with the Cuban Government are still employed by the Department; another four are working in provincial services under other contract arrangements.

General staff training

In order to improve management practices and utilisation of state resources, a further 8 866 general staff members received training around hospital management, primary health care management, emerging and advanced management, advanced labour management, situational leadership, supervisory orientation, customer care, facilitation skills, computer skills, communication skills, stress and time management, mentoring and coaching and related fields. In addition 461 support staff members wrote the adult basic education and training examinations.

Orientation and induction programmes, regarded as an essential for ensuring the recruitment and retention of human resources, have also been strengthened. An orientation and induction video has been developed for new employees and a train-the-trainer



programme implemented so as to cascade the orientation and induction programme to regions and institutions.

In the next financial year the Department is planning to implement a milestone training programme to build **staff competencies** for health care. The new three-year training programme has been developed and approved for senior, middle and emerging managers, as well as frontline and support staff. The programme aims to impact on service delivery by building coherence, competence, behaviour change, and it is anticipated it will take the Department to greater heights in building competencies for health care.

Leadership and management development

The period under review has seen the Department take a number of steps to help improve the skills of senior, middle and emerging managers, and to build the capacity of staff in general.

A total of 722 **senior and middle management** were trained in strategic leadership and change management, project management, financial management, policy development, research methodology, effective supervision and delegation and strategic planning. The training was organised in partnership with the Office of the Premier and the Gauteng Shared Services Centre. In addition, the Gauteng Management Development Programme (GMDDP) ran well-attended networking sessions for senior managers throughout the year.

Bursaries

A budget of R11 million was allocated for the 2004/2005 financial year to cover bursaries for part-time and full-time tertiary education at institutions of higher learning in South Africa. The funding will focus on maintaining current bursary holders, training South African medical students studying in Cuba, and new bursary holders.

Gauteng Department of Health bursaries have been awarded to 308 new candidates: 113 full-time and 195 part-time students. Of the bursary holders, 183 are studying scarce skills professions such as medicine and allied health professions, (including the students studying in Cuba), clinical engineering technicians, senior and middle managers for advanced labour law, and health promoters. The Department has also maintained 827 bursaries during the year under review.

All bursary funded students are contractually bound to work for the Gauteng Department of Health after graduation. This is a sound investment in human capital and of substantial benefit to the Department as, for example, students studying through the Clinical



Engineering Technicians Programme are bound to work for a continuous period of two years for each individual year of study. This means the Department secures the services of the new clinical engineering graduates for an effective six years after their studies are complete.

The Department's bursary fund has met its own priorities and the Employment Equity numeric targets for tertiary education and scarce skills development.

Since 2002/2003 bursaries have been awarded to 874 Africans, 30 Indians, 39 Coloureds and 60 Whites. In the 2004/2005 financial year, the profile of beneficiaries was thus 91% African males, 85% African females, 2% Indian males, 4% Indian females, 2% Coloured males, 5% Coloured females, 5% White males and 6% White females.

3.6.2 Compliance with legislation

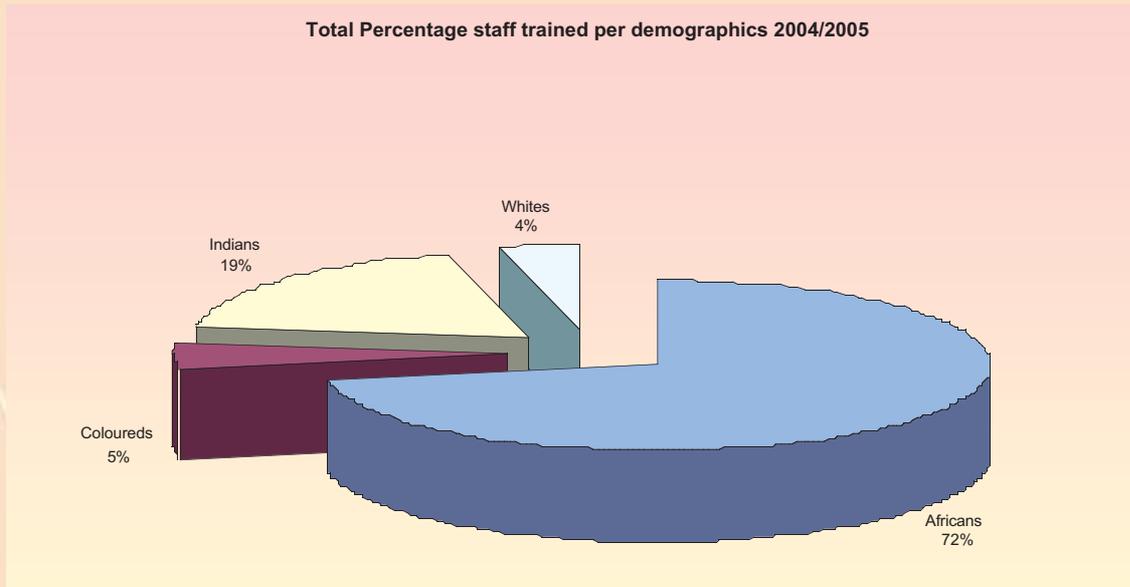
The Department has fulfilled its obligations to comply with the key legislative and statutory frameworks that govern and regulate health sciences training and skills development. These include the Skills Development Act, Employment Equity Act, Higher Education Act, New Health Act, Nursing Act and other national legislative and policy imperatives. At the same time the Department is constantly mindful of the need for health sciences and training interventions to impact service delivery, and thus the need for leadership and management development skills programmes that emphasise competency based learning and continuing professional development.

Implementation of the **Skills Development Act** has been mainstreamed to meet the performance targets and outputs for skills development in the Department. A Departmental Skills Development Facilitator was nominated, and worked with established provincial and regional training committees to develop a workplace skills plan and the Learnership/Internship programmes.

In 2004/2005, 27 512 of the Department's 42 475 employees (65%) received some form of training.



Demographic profile of GDH staff trained 2004/2005



The Department was commended by the Health and Welfare Sector Education and Training Authority (HWSETA) for its high level of participation in the Expression of Interest for Skills Development and Learnerships in South Africa, and especially, its commitment and active collaboration with the various SETAs. A comparison between the Department's performance and that of other provinces can be seen in the graph below.





Learnership and internship programmes

Special mention should be made of the Department's efforts to achieve the workplace skills planning and implementation of the 18.1 and 18.2 Learnerships for health workers. The development and implementation of these learnerships is a significant achievement, and is regarded as a best practice in the health care sector, because of the high level of commitment, cooperation and participation between the key stakeholders and role-players involved. The process began in January 2005 when the Department facilitated a provincial consultative workshop to prepare workplaces for the effective implementation of its Learnership and Internship Programme. By the end of February 2005 a series of learning and development sessions had been held provincially to build capacity of human resource and institutional managers for the implementation. Project teams were established and each sector skills priority was project managed between the central office and the regions. The Department has provided learnerships and internships to 1 840 individuals.

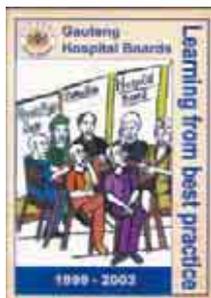
Gauteng Department of Health Learnership/Internship Programme

Internship		Learnership			Degree of Compliance
No.	Type	Type	Type of Learnership	No.	100%
895	Nursing Assistants	18.2 - Learners not employed by the Department	IT (ISETT)	60	
24	Dental Assistants	18.1 - Learners employees of the Department	Pharmacist Assistant Basic and Post Basic (HWSETA)	163	
		18.2 - Learners not employed by the Department	Nursing Auxiliary (HWSETA)	100	
		18.2 - Learners not employed by the Department	Radiography (HWSETA)	31	
14	Occupational Therapists Assistants	18.1 - Learners not employed by the Department	Food Services (Services SETA)	48	
405	General Administration: HRM, HRD, LM, Finance, Procurement	18.2 - Learners not employed by the Department	Cleaning (Services SETA)	100	
Sub-Total	1 338		502		
GRAND - TOTAL			1 840		



3.6.3 Budget statement outputs and service delivery trends for Health Sciences and Training

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs for 2004/2005
Increase number of Ambulance personnel with life support training	Number of emergency care staff trained to Basic Life Support Level (POA)	54	96% of target achieved
	Number of emergency care staff trained to Intermediate Life Support Level (POA)	20✓	<ul style="list-style-type: none"> • 54 • Target exceeded
	Number of emergency care staff trained to Advanced Life Support Level (POA)	20	<ul style="list-style-type: none"> • 20 • Target achieved
Health Sciences Graduates	Number of nursing students all years	3 121	<ul style="list-style-type: none"> • 3 219 • Target exceeded
	Number of all nursing graduates (POA)	1 148	<ul style="list-style-type: none"> • 1 194 • Target exceeded
Bursaries granted	Number of all bursaries granted and /or maintained	1 072	<ul style="list-style-type: none"> • 1 135 • Target exceeded
Training of clinical practitioners in HIV/AIDS/ART	Number of clinical practitioners trained on comprehensive HIV and AIDS/ART	1 000	<ul style="list-style-type: none"> • 1 078 • Target exceeded
Training of supervisors in comprehensive PHC	Number of health managers trained in comprehensive PHC	52	<ul style="list-style-type: none"> • 52 • Target achieved



Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs for 2004/2005
Implementation of supervisors manual	Percentage PHC facilities with monthly supervisory visits ✓	85	80
	Percentage of supervisory modules implemented ✓	80	<ul style="list-style-type: none"> • 80 • Target achieved
Strengthened and capacitated management	Number of middle and emerging managers trained ✓	200 ✓	<ul style="list-style-type: none"> • 583 • Target exceeded
Capacitated senior, middle and supervisors in labour management	Number of senior, middle and supervisors trained in labour management ✓	200 ✓	<ul style="list-style-type: none"> • 295 • Target exceeded
Establishment of hospital board best practice manual	Availability of hospital board best practice manual	1	<ul style="list-style-type: none"> • 1 • Target achieved
Retraining of health professionals on priority programmes, transformation issues and content of new syllabus	Number of tutors trained	80	<ul style="list-style-type: none"> • 97 • Target exceeded
Implementation of learnership/internship programme	Number of people trained in learnership/internship programme ✓ (POA)	865 ✓	<ul style="list-style-type: none"> • 1 840 • Target exceeded

✓ Revised outputs, unit of measure and targets



3.7 BUDGET PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

The **purpose** of this programme is to render support services, non-clinical services as may be applicable for research, laundry, food supply services and medical supplies depot; and efficient and effective support services to hospitals and clinics. The achievements of this programme will focus on implementation of supply chain management including Broad Based Black Economic Empowerment strategy and supporting the other five strategic goals of the Department.

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

3.7.1 Supply Chain Management

The Department has demonstrated the effectiveness of improvements to its supply chain management system over a number of different initiatives during the year under review. Of particular mention were the following:

- The Department is in the process of forging strong relationship with suppliers to encourage social responsibility for the benefit of the hospitals.
- Completed a fixed asset verification process at all hospitals and clinics and bar coded all items. An electronic log sheet system has been implemented for the Government vehicles throughout the Department.
- The Service Level Agreement for provision of Department's procurement services between the GSSC and the Department is being monitored and evaluated monthly.

Broad-based black economic empowerment

The Department commenced implementation of its Broad Based Black Economic Empowerment framework during the period under review, and reached its target of spending 38% on goods and services procured from the Black Economic Empowerment Companies.

Food Supply Service

The Masakhane Cookfreeze Factory functions as an autonomous unit, tasked with supplying and delivering a nutritious food service. It provides food supply for Johannesburg, Pretoria Academic (Orthopaedic), Kalafong, and Pretoria West Hospitals. It also supplies four CHCs. The efficiency and effectiveness of the unit was further improved during the year under review by the purchase of equipment able to obtain the Hazard Analytical Critical Control Point (HACAP) health safety standards and to improve the general appearance of the food delivered.



Laundry Service

During the year under review two laundries were upgraded through the installation of new equipment. The process of rationalising the number of provincial laundries from seven to five commenced. This process will be finalised during the 2005/2006 financial year. Efficient and effective running of laundries requires ongoing vigilance. All hospitals now have a full linen inventory, which can monitor linen availability in each hospital.

Medical Supplies Depot

The Medical Supplies Depot is responsible for the effective and efficient procurement, storage and distribution of medicines and medical related items to all the provincial health care facilities. As the only trading entity within the Department it provides a shared supply chain for 80% of stock for all Gauteng hospitals and clinics. In the year under review the Depot received between 40 and 50 deliveries a week, and was able to make weekly deliveries available to its 70 delivery points around the province. In total, the Depot dispatched more than 58 million individual items, and was able to supply 98% of institutions with their orders on the first request. The implementation of a Pre-pack Unit through a service provider commenced during the year under review. This means that medicines can be distributed from the Depot in patient-ready packs, allowing hospital pharmacists to focus their resources on patient care.

3.7.2 Budget statement outputs and service delivery trends for Health Support Services

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs 2004/2005
Comprehensive linen inventory register	Percentage of hospitals with an inventory register	100	<ul style="list-style-type: none"> • 100 • Target achieved
Efficient supply of Pharmaceuticals and surgical sundries	Percentage orders supplied to institutions on first request	94	<ul style="list-style-type: none"> • 98 • Target exceeded
Improved security over assets	Percentage of assets bar-coded	100	<ul style="list-style-type: none"> • 100 • Target achieved



3.8 BUDGET PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

The **purpose** of this programme is to plan, provide and equip new facilities/assets, and to upgrade, rehabilitate and maintain community health centres, clinics, district, provincial, specialised and academic hospitals and other health-related facilities. This programme is implemented through the strategic goal of operating smarter including provision of support to strengthening the district health system.

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

3.8.1 Constructing, renovating or rehabilitating the infrastructure

The Department has invested significantly in revitalising the health care infrastructure, through either construction, renovation or rehabilitation, within the overall provincial strategy of promoting labour intensive projects. However the Department has under-spent for the Facility Management Programme for the year under review. The reasons and proactive measures to overcome under-spending in the next financial year have been outlined in the management report in Section 6 of the annual report.

During the year under review a large number of tenders have been awarded for labour-intensive projects, Small, Medium and Micro Enterprises (SMME) and Previously Disadvantaged Individuals (PDI) contractors, creating large numbers of jobs. Day-to-day projects at institutions, such as maintenance of facilities are fairly small and many contractors from the surrounding areas are requested to quote for work. The quality of the work is relatively good and the Department's support for the community encourages a sense of ownership in their community institutions.

A pilot project for monitoring and payment of maintenance projects accounts of the Carltonville, Sizwe, Far East Rand and Weskoppies Hospitals was implemented in the 2004/2005 financial year. The Service Level Agreements (SLAs) that regulate the relationship between the Department of Health and Department of Public Transport, Roads and Works will be reviewed and finalised, so that capital expenditure projects can be monitored.

During the year under review we have completed the construction of Sizwe Hospital's new kitchen, ventilation and electrical ringfeed and new maternity unit at Far East Rand Hospital. Construction of Stanza Bopape and Soshanguve Block L Community Health Centres and conversion of Hillbrow hospital to a Community Health Centre is at the final building phase and will be completed in the 2005/2006 financial year. The progress for the other new,



upgraded and revitalised facilities for CAPEX projects is provided in the management report in section 6 of the annual report and as part of the service delivery outputs of this programme.

Equipment

In the year under review the Department bought or ordered more than R100 million worth of medical equipment.

- CT scanners for the Johannesburg, Coronation, Sebokeng, Helen Joseph and Kalafong hospitals.
- Gamma cameras for the George Mukhari, Pretoria Academic and Johannesburg Hospitals.
- MRI scanners for the Chris Hani Baragwanath, Pretoria Academic and Johannesburg Hospitals.
- Radiological equipment at Pretoria Academic, Far East Rand, Heidelberg and Tembisa Hospitals.
- Linear accelerators at Johannesburg and Pretoria Academic Hospitals.

Public Private Partnership (PPP)

The Department appointed a dedicated Public Private Partnership (PPP) project manager in 2004. Thereafter the Department identified the need to investigate the feasibility and affordability to finance, procure, replace and maintain medical equipment through PPPs for the New Pretoria Academic Hospital and Johannesburg Hospital; preliminary investigations were also conducted into the feasibility of using a PPP to address the revitalization of Chris Hani Baragwanath Hospital.

The two PPP projects for procurement of equipment were approved for the new Pretoria Academic Hospital and New Radiation Oncology for Johannesburg Hospital in November 2004. The Chris Hani Baragwanath Hospital PPP project is still at the inception phase of the PPP project cycle. The project will be registered with National Treasury PPP Unit in Pretoria during the 2005/2006 financial year.



3.8.2 Budget statement outputs and service delivery trends for Health Facility Management

Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs for 2004/2005
Upgrading and refurbishment of Tshwane District Hospital✓	Percentage completed	30	<ul style="list-style-type: none"> • 20 • Master plan prepared and submitted to role players
Conversion of Hillbrow hospital to a Community Health Centre✓	Percentage completed	100	<ul style="list-style-type: none"> • 90 • Project delayed due to revised requirements for the Pharmacy. Expected completion August 2005
Construction of New Mamelodi Hospital	Percentage completed	30✓	<ul style="list-style-type: none"> • 45 • Target exceeded
Construction of Stanza Bopape Community Health Centre	Percentage completed	90	<ul style="list-style-type: none"> • 90 • Target achieved
Construction of Soshanguve Block L Community Health Centre	Percentage completed	90	<ul style="list-style-type: none"> • 90 • Target achieved
Construction of Stretford Community Health Centre: Phase 2	Percentage completed	100	<ul style="list-style-type: none"> • 80 • Project delayed due to under-performance of contractor. 1st delivery expected in October 2005
Revitalisation of Chris Hanani Baragwanath - Stores and relocation of Trauma and OPD✓	Percentage completed	50	<ul style="list-style-type: none"> • 50 • Target achieved



Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs for 2004/2005
Upgrading of Zola CHC to level 1 hospital for Johannesburg south area	Percentage completed	30✓	<ul style="list-style-type: none"> • 30 • Target achieved. Contractor expected on site in January 2006
Upgrading of Lenasia CHC to level 1 hospital	Percentage completed	20✓	10
Upgrading of existing and new Community Health Centres in CHB catchment area	Percentage completed	50	30 <ul style="list-style-type: none"> • Brief and needs list finalised. Planning proceeding
Relocation of Natalspruit Hospital	Percentage completed	25✓	<ul style="list-style-type: none"> • 10 • Business case approved by NDoH. Brief submitted to DPTR&W
Construction of new psychiatric ward at Sterkfontein Hospital	Percentage completed	50	<ul style="list-style-type: none"> • 25 • Contractor not yet on site, awaiting Heritage Council decision
Construction of Sizwe Hospital new kitchen, ventilation and electrical ringfeed	Percentage completed	100	<ul style="list-style-type: none"> • 100 • Target achieved
Construction of new maternity unit at Far East Rand Hospital✓	Percentage completed	100	<ul style="list-style-type: none"> • 100 • Target achieved
Renovation of OPD and casualty Sebokeng Hospital	Percentage completed	30✓	<ul style="list-style-type: none"> • 30 • Target achieved
Upgrading of Germiston Hospital	Percentage completed	25	<ul style="list-style-type: none"> • 20 • First drawing being finalised



Description of output	Unit of Measure	2004/2005 Target	Progress made towards the achievement of the outputs for 2004/2005
Upgrading of theatres and new CSSD at Kalafong Hospital✓	Percentage completed	40✓	<ul style="list-style-type: none"> • 50 • Target exceeded
Replacement of Casualty and OPD at Tembisa Hospital✓	Percentage completed	31✓	<ul style="list-style-type: none"> • 35 • Target exceeded

Performance indicators: 10% Development of Brief; 20% Preparation and finalisation of Sketch Plans; 25% Tender Stage; 30% Contractor on site; 31%-89% Progress on Site; 90% Final building phase; 100% Handover to user
 ✓Revised outputs and targets

