

**FREE STATE DEPARTMENT OF HEALTH
STRATEGIC PLAN 2003/2004 TO 2005/2006**

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PART A STRATEGIC OVERVIEW

ENDORSEMENT BY MEMBER OF EXECUTIVE COUNCIL

In the quest to meet the constitutional imperatives, the Free State Department of Health will implement this Strategic Plan for the 2003/2004 to 2005/2006 MTEF period.

The Strategic Plan is an endeavour to achieve the progressive realisations of Rights in the Constitution of the Republic of South Africa, 1996, Act 108 of 1996. In particular Sections 24 (a), 27 (1)(a), 28(1)(c) notwithstanding all the other Rights.

The Strategic Plan is based on relevant National and Provincial legislation and policy, in particular the Free State Development Plan 2002-2004 and the National Health Sector Strategic Framework 1999-2004. The Strategic Plan is also informed by various reviews and audits done in the Free State Department of Health as well as recommendations of various provincial conferences.

I, as the Executive Authority of the Free State Health Department endorse this strategic plan and will ensure its implementation by the Department through the departmental performance management framework.

MRS. M.A. TSOPO
MEC: FREE STATE DEPARTMENT OF HEALTH
31 March 2003

COMMITMENT BY HEAD OF DEPARTMENT

It is estimated that about 85% of the 2 857 519 people living in the Free State are dependent on the public sector for their health care needs. Although the province is mainly urban, the Free State has the 2nd lowest population density in the country. The provision of health services to these pockets of communities remains a challenge. The outcome indicators such as Tuberculosis cure rate, immunisation coverage, infant mortality and maternal mortality rate; remind us of this challenge.

The Free State Executive Council established clusters for each of the 5 goals of the Free State Development Plan. The Free State Department of Health, as part of the People Development Cluster, contributes mainly to the “investing in the development of people” goal of the Free State Development Plan. The Departmental Strategic Plan augments the Free State Development Plan.

The Free State Department of Health is committed to the attainment of this Strategic Plan by managing resources effectively and efficiently, marketing services effectively, providing appropriate infrastructure, developing personnel and stakeholders and developing a functional District Health System in order as to reduce the burden of HIV/AIDS and Tuberculosis as well as to provide accessible quality services at all levels of care.

The performance agreements of the Head of the Department and all members of the Senior Management Service will be in line with this Strategic Plan. The Performance Development Management System will be implemented to ensure that personnel of the Free State Department of health are focussed on the implementation of this Strategic Plan.

A detailed, costed Business Plan, linked to the budget, will be developed for each of the 3 financial years.

I as the Head of the Department and Accounting Officer of the Free State Department of Health therefore commit the department to the implementation of this Strategic Plan within available resources.

DR. V. LITLHAKANYANE

HEAD: HEALTH

31 March 2003

PREAMBLE

This 2003/2004 to 2005/2006 Strategic Plan is in line with the Medium Term Expenditure Framework.

The Corporate Management structure was reviewed and is in line with the strategic thrust of the Department.

This document gives strategic direction to all planning and prioritisation of resources within the Free State Department of Health.

VISION

“A Healthy and Self-reliant Free State Community”.

MISSION

The Free State Department of Health,

- Provides a quality, accessible and comprehensive Health Care Service to the Free State community.
- Optimally utilise health care resources to provide a caring and compassionate service.
- Endeavours to empower and develop all personnel and stakeholders to the best of their potential.

VALUE SYSTEM

The Free State Department of Health believes in the following values:

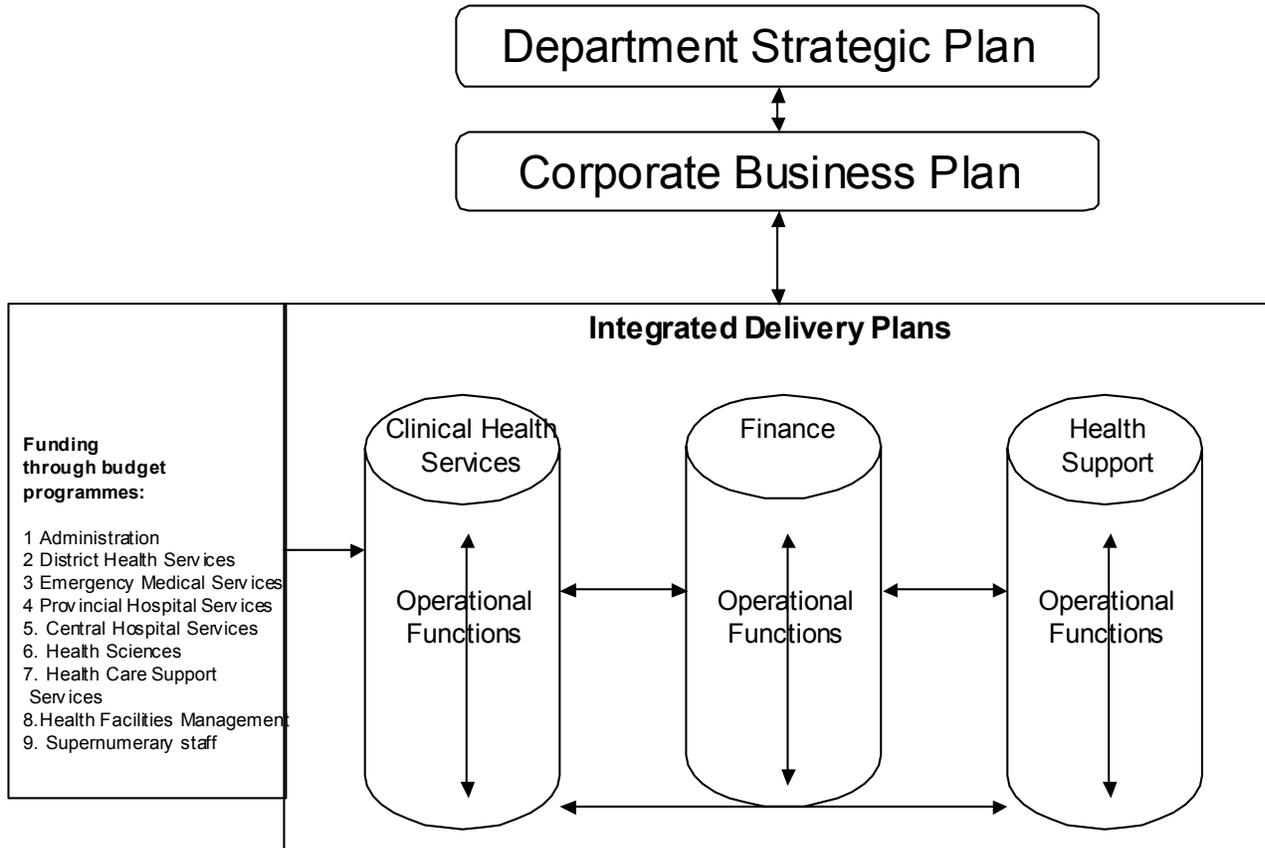
- Commitment
- Botho
- Batho Pele
- Culture of accountability
- Interdependence
- Integrity

KEY ENABLERS

- Team approach
- Learning organisation

- Communication (Internal and external)
- Innovation
- Honesty

STRATEGIC PLAN DELIVERY MODEL



The management structure of the Free State Department of Health consists of 3 clusters as illustrated above.

This structure gives effect to the requirement to decentralise and ensure accountability at all levels of management. The Public Finance Management Act (Act 1 of 1999 as amended by Act 29 of 1999) stipulates these requirements.

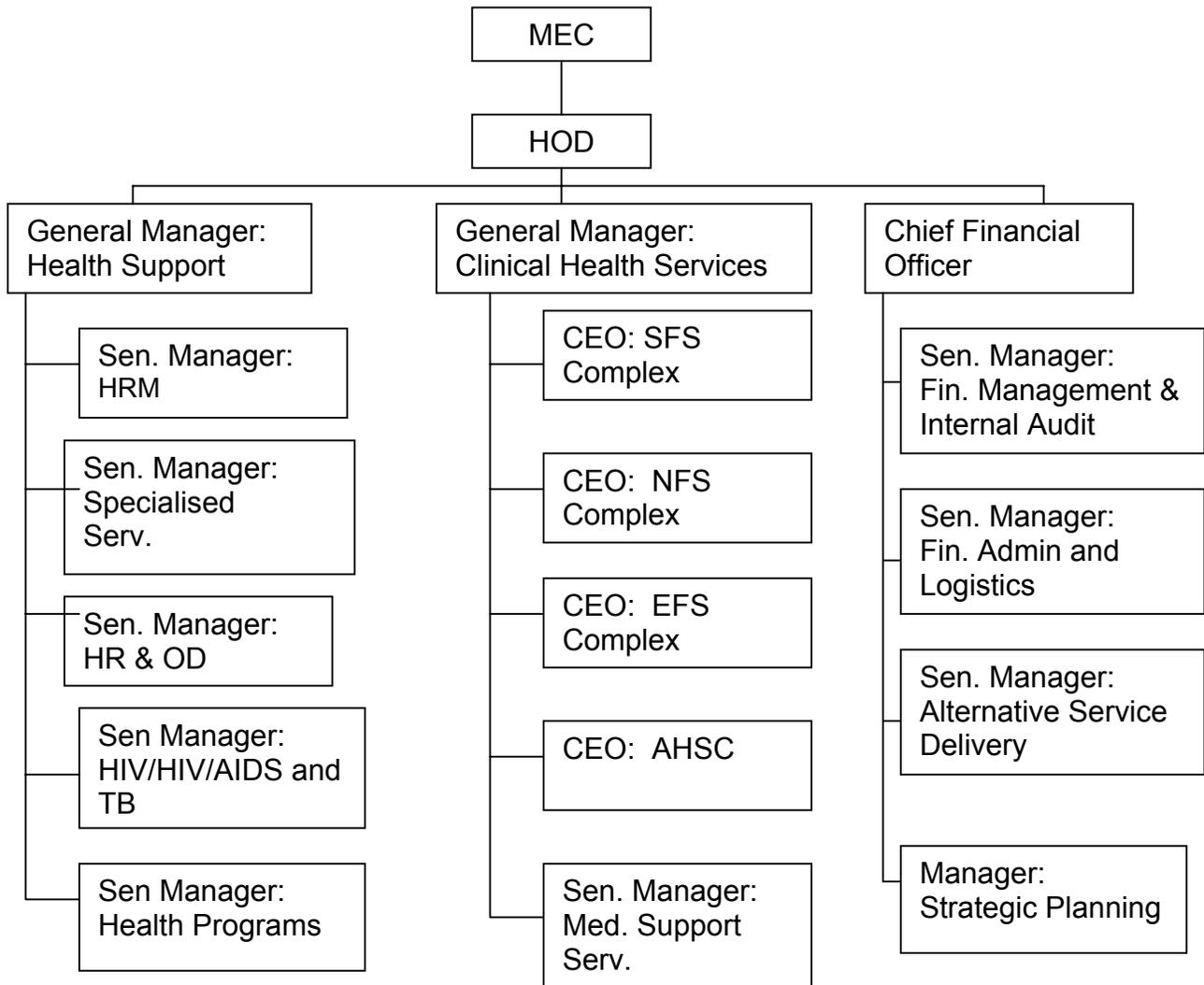
These clusters co-ordinate their work to achieve the strategic intentions of the department, in an integrated manner. Funds are allocated in vote 5 in terms of 9 Budget Programmes but each cluster manages funds, to deliver the mandated service as well as to achieve corporate goals and strategic objectives set out in the Strategic Plan.

The **Clinical Health Services Cluster** is responsible to ensure the provision of health services at all levels of care. It is divided into 3 geographic service areas called regional complexes and the Academic Health Service Complex. The bulk of the personnel are in this cluster.

The **Finance Cluster** is a financial support service to the other clusters regarding logistics, financial administration, financial management, audit functions and strategic management.

Health Support Cluster is responsible for policy formulation, monitoring and evaluation of specialised services and health programmes. The cluster also renders a support service to Clinical Health Services cluster in terms of implementation and management of health programmes. Other components in this cluster provide logistical support to the entire Free State Department of Health regarding all personnel matters and specialised health services.

ORGANOGRAM OF THE DEPARTMENT

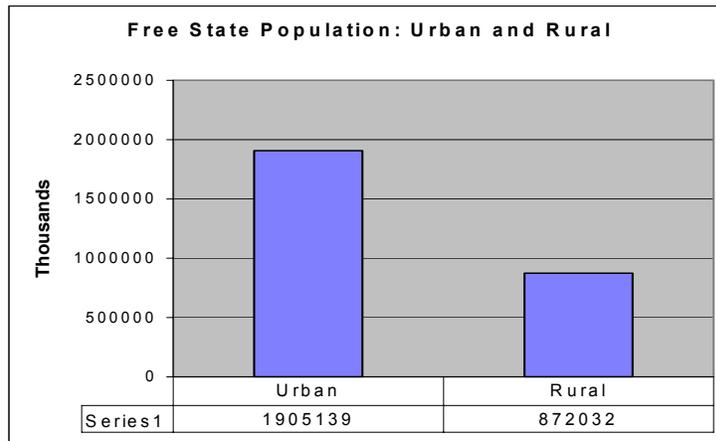


SECTORAL SITUATION ANALYSIS

To ensure that the Strategic Plan remains relevant, an analysis was done of the environment as well as applicable strategic obligations and direction. This was related to analysis of the financial situation and options to determine priorities.

DEMOGRAPHIC INFORMATION

Population: rural and urban population Free State province



Source: Statistics South Africa

The Free State is ranked the 3rd most urbanised province in the country. 71% of the population live in urban settlements and 29% in rural areas.

Population density

The population density in the province is 22 per km²

Average Household size is 4.4.

Source: White Paper on Disaster Management

Electricity

Districts in the Free State have between 70% and 90% access to electricity.

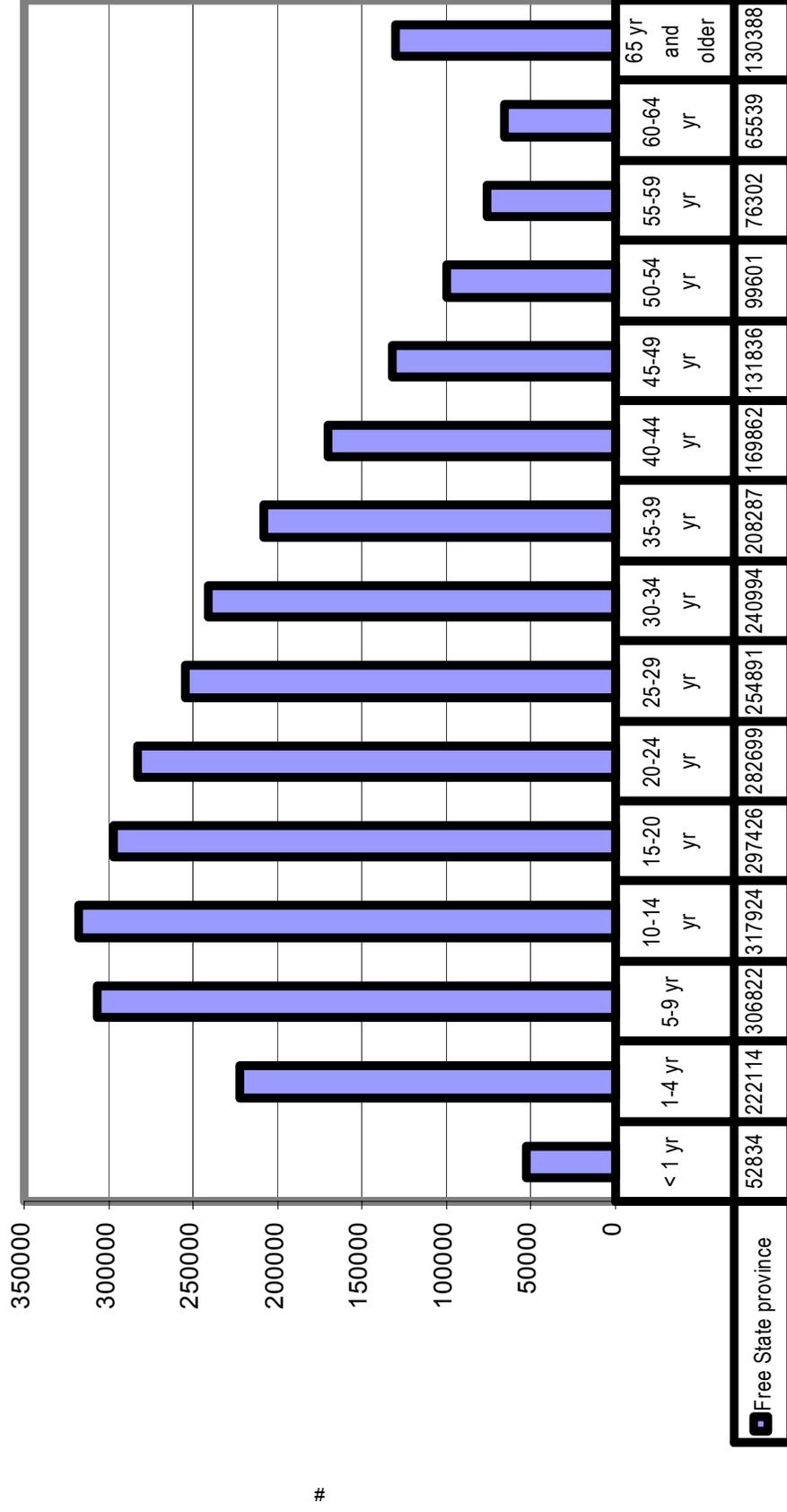
Water

Households in all districts have above 70% access to water

Source : Strategic Position Statement report.

Age distribution
 Source: *Statistics South Africa*

Age distribution Free State province
 2002 mid-year estimates



ECONOMIC PROFILE

Income from employment is a critical factor in determining overall living standards as well as the level of dependence on state health facilities.

Employment level of Free State province.

| District Municipalities | % unemployment |
|-------------------------|----------------|
| Thabo Mofutsanyana | 36,55% |
| Motheo | 30,83% |
| Xhariep | 28,91% |
| Lejweleputswa | 26,99% |
| Northern Free State | 26,77% |
| Free State | 34% |

Source: Free State Strategic Position Statement

Index of disposable income per month (Free State levels are below the national average)

| Income level in R | Motheo | Lejweleputswa | Thabo Mofutsanyana | Xhariep | Northern Free State |
|--------------------|--------|---------------|--------------------|---------|---------------------|
| 0,00 | 53,89% | 59,68% | 70,90% | 63,88% | 63,09% |
| 1.00 to 1000,00 | 26,04% | 22,63% | 21,71% | 27,79% | 23,17% |
| 1001,00 to 2500,00 | 11,00% | 12,27% | 4,31% | 4,86% | 8,18% |
| 2501,00 plus | 9,06% | 5,42% | 3,08% | 3,47% | 5,56% |

Source: Free State Strategic Position Statement

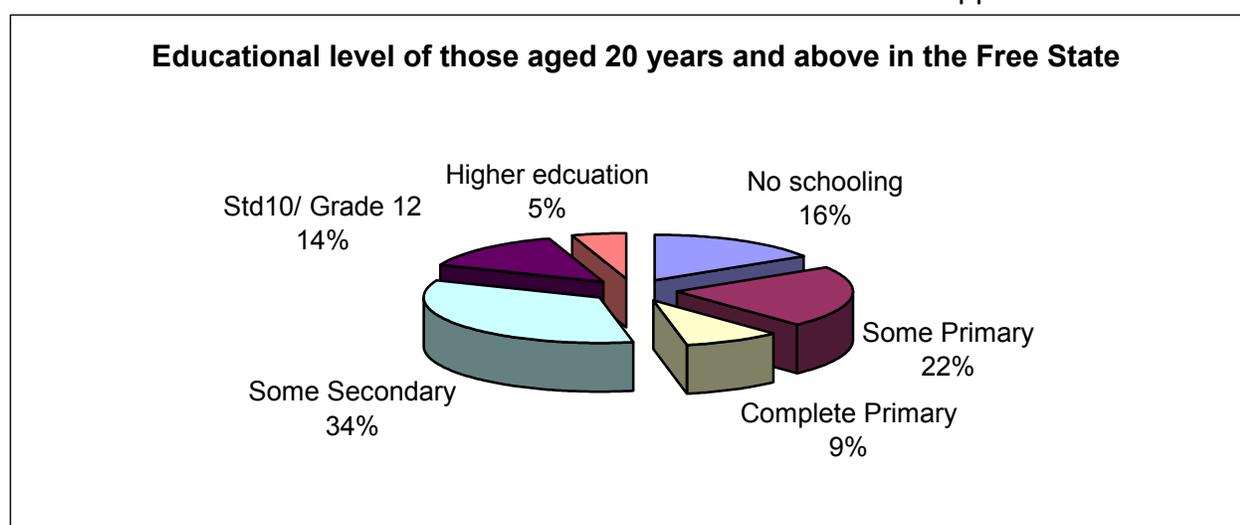
Poverty

The number of persons living in poverty in the Free State in 1996 was 1 415 000 or 54.1%

Source: Strategic Position Statement Report

EDUCATIONAL PROFILE (Census 1996)

Levels of education to some extent determine access to economic opportunities.



Source: Statistics South Africa

Literacy Rate

The Free State has a literacy rate of 85,2%, which is 3rd highest among the provinces. This constitutes an opportunity for dissemination of health promotion literature.

Teacher pupil ratio

Teacher pupil ratio is 45 children per teacher, which equals the national average.

Source: Strategic Position Statement Report

INFRASTRUCTURE

Access to sanitation

Free State is rated the 2nd lowest province with regard to access to sanitation.

This has major implications for health status of the community and their need for health care services.

Source: Draft framework Free State Development Plan

EPIDEMIOLOGICAL PROFILE

Teenage mothers in the Free State

Percentage of women aged 15 to 19 who were mothers at the time of the survey is 14,8%

Source: 1998 South African Demographic and Health survey

Disability prevalence

Free State Disability prevalence is 5,8

Source: 1998 South African Demographic and Health survey

Mortality and causes of mortality

Under 5 mortality rate per 1000 live births

According to the 1998 South African Demographic and Health survey, the Free State Under 5-mortality rate per 1000 live births is 50,1

Infant mortality rate Free State province 2001 (reported cases)

| Health district | Cases | Population under 1 year* | Per 1 000 population |
|----------------------------|-------------|--------------------------|----------------------|
| Xhariep | 40 | 2513 | 15.9 |
| Motheo | 442 | 13374 | 33.0 |
| Lejweleputswa | 1123 | 13428 | 83.6 |
| Thaba Mofutsanyana | 675 | 14340 | 47.1 |
| Northern Free State | 407 | 8432 | 48.3 |
| Free State province | 2687 | 52087 | 51.6 |

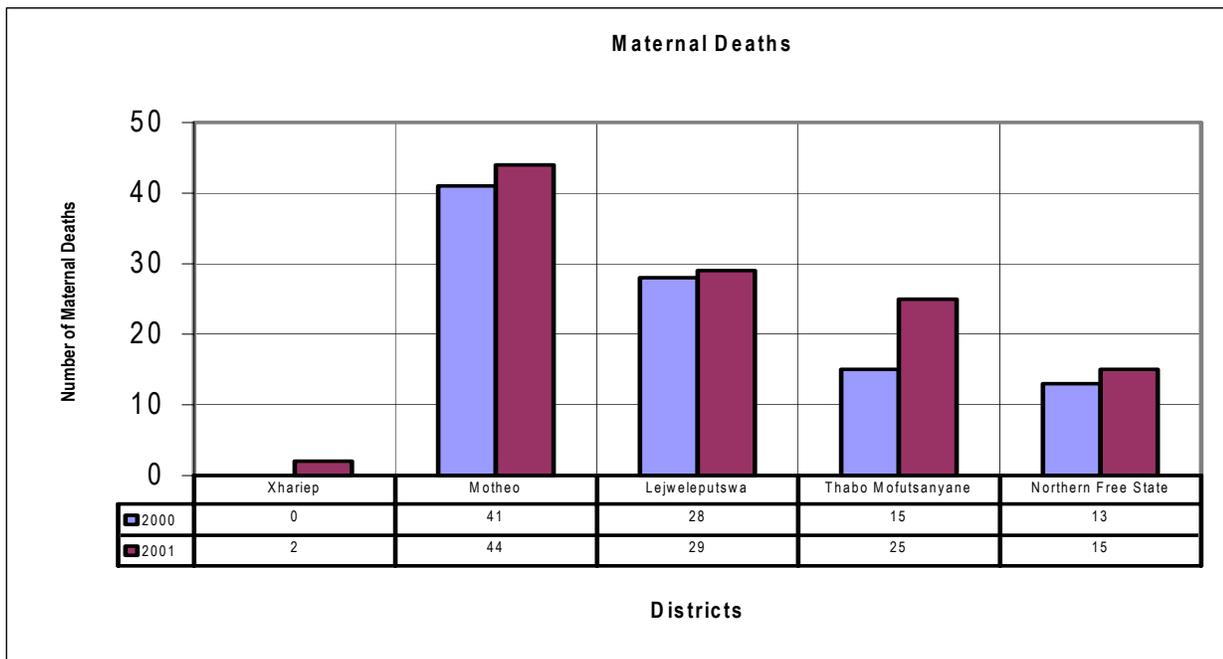
Free State Department of Health Information system 2001 mid-year estimates were used

Top 5 causes of death under 1 year in Free State (reported cases)

| Causes of death | Cases | % of total cases (total 2687 cases) |
|-----------------------------------|-------|-------------------------------------|
| Preterm delivery | 589 | 21.9 |
| Pneumonia (unspecified) | 351 | 13.1 |
| Broncho-pneumonia | 325 | 12.1 |
| Diarrhoea & Gastro | 302 | 11.2 |
| Ill-defined and unspecified cases | 226 | 8.4 |

Free State Department of Health Information system 2001 mid-year estimates were used

Number of Maternal Deaths per District (reported cases)



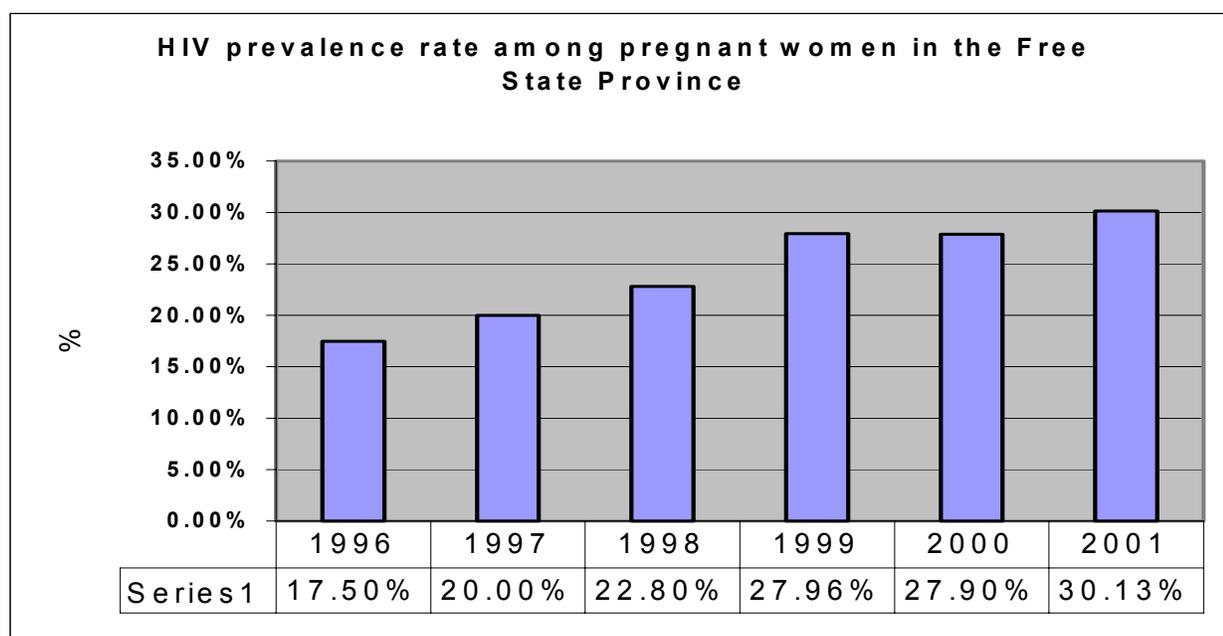
Free State Department of Health Information system

Maternal deaths are deaths of a woman during pregnancy, childbirth or the puerparium.

Top 10 causes of death in Free State 2001 (Reported deaths)

| | Cases | % of total cases (21583 total cases) | Per 100 000 population* |
|--|-------|---|-------------------------|
| Respiratory system | 5534 | 25.6 | 196.4 |
| Infectious & parasitic diseases | 4970 | 23.0 | 176.4 |
| Circulatory system | 3575 | 16.6 | 126.9 |
| Symptoms, signs & ill-defined causes | 2953 | 13.7 | 104.8 |
| Neoplasms | 914 | 4.2 | 32.4 |
| Endocrine, nutritional & metabolic disorders | 661 | 3.1 | 23.5 |
| Pregnancy, childbirth & puerperium | 656 | 3.0 | 23.3 |
| External causes | 654 | 3.0 | 23.2 |
| Nervous system | 626 | 2.9 | 22.2 |
| Digestive system | 347 | 1.6 | 12.3 |
| Genito-urinary system | 347 | 1.6 | 12.3 |

*Free State Department of Health Information system 2001 mid-year estimates were used
Free State population is 2 817 066*



Source: Free State province Antenatal survey (comparison 1996 – 2001)

BROAD STRUCTURE OF PUBLIC HEALTH SERVICE

| Categories | Number employed | Total Number of posts for the category | % of total number employed | Number per 1000 people ² | Number per 1000 uninsured people ² | Vacancy rate | % of total personnel budget | Average annual cost per staff member |
|--------------------------------|-----------------|--|----------------------------|-------------------------------------|---|--------------|-----------------------------|--------------------------------------|
| Medical Officers | 412 | 672 | 2.89 | 0.14 | 0.16 | 38.69 | Data not available | Data not available |
| Medical Specialists | 112 | 190 | 0.78 | 0.04 | 0.05 | 41.05 | Data not available | Data not available |
| Dentists | 36 | 80 | 0.25 | 0.01 | 0.01 | 55 | Data not available | Data not available |
| Professional Nurses | 3011 | 3603 | 21.10 | 1.05 | 1.23 | 16.43 | Data not available | Data not available |
| Staff Nurses | 628 | 749 | 4.40 | 0.22 | 0.26 | 16.15 | Data not available | Data not available |
| Nursing Assistants | 2093 | 3527 | 14.67 | 0.73 | 0.86 | 40.66 | Data not available | Data not available |
| Student Nurses | 177 | 1540 | 1.24 | 0.06 | 0.07 | 88.51 | Data not available | Data not available |
| Pharmacists | 69 | 174 | 0.48 | 0.02 | 0.02 | 60.34 | Data not available | Data not available |
| Allied Professionals | 522 | 982 | 3.66 | 0.18 | 4.30 | 46.84 | Data not available | Data not available |
| Managers | 238 | 429 | 1.67 | 0.08 | 1.96 | 44.52 | Data not available | Data not available |
| Administrators | 1803 | 2471 | 12.63 | 0.63 | 14.82 | 27.03 | Data not available | Data not available |
| Logistical support (All other) | 5004 | 6575 | 35.08 | 1.75 | 41.17 | 23.89 | Data not available | Data not available |
| Sessional Workers | 164* | 70 | 1.15 | 0.06 | 1.35 | -134.29 | Data not available | Data not available |
| Total | 14 269 | 21 062 | 100 | 4.99 | 5.86 | 32.25 | Data not available | Data not available |

Source: Free State Department of Health Personnel database as at 24 March 2003

Total personnel budget: R 1 277 031 309

Calculations:

- % of total number employed = Number employed per category / Total number employed * 100
- number per 1 000 people = number employed / population * 1 000
- number per 1 000 uninsured people = value of previous column * 100 / 85.2 [85.2% was taken as the percentage uninsured people]
- vacancy rate = (total number of posts for the category - total employed) / total number of posts for the category * 100

- $\% \text{ of total personnel budget} = \text{expenditure on personnel per category} / \text{expenditure on all personnel} * 100$
- $\text{average annual cost per staff member} = \text{annual cost per category} / \text{number employed per category}$

Human Resource Plan

A draft Human Resource Plan was developed. This will now have to be reviewed. The reasons include:

- the guidelines of the Department of Public Service Administration on management of Supernumerary personnel
- a reviewed staff structure to accommodate the transformation of the department, including creation of staff establishments to enable District Health System development.
- a new approach to Human Resource management and development. This includes a reviewed structure for the Human Resource component itself.

Physical Facilities

| Fixed public primary health care facilities (clinics plus community health centres) ¹ | | |
|--|---------|--------------------------------------|
| PHC facilities ¹ | Number | Population ² per facility |
| Province wide | 234 | 11244 |
| Least served health district | Xhariep | |
| Best served health district | Motheo | |

Based on analysis of population per facilities and also per capita expenditure

Public Hospitals

| Hospital type | Number of hospitals 2002/03 | Number of beds | Beds per 1000 people ^{2,3} | Beds per 1000 uninsured people ² |
|---------------------------------------|-----------------------------|----------------|-------------------------------------|---|
| District | 24 | 2072 | 0.72 | 0.82 |
| General (regional) | 5 | 1930 | 0.67 | 0.76 |
| Central | 1 | 647 | 0.22 | 0.25 |
| Sub-total acute hospitals | 30 | 4649 | 1.62 | 1.84 |
| Tuberculosis | 0 | | | |
| Psychiatric | 1 | 864 | Data not requested | |
| Chronic medical and other specialised | 0 | 0 | | |
| Total | 31 | 5513 | | |

Free State Department of Health Information system

Population is 2 857 519.)

Physical Facilities plan

Part B contains a comprehensive plan aligned with the Medium Term Expenditure Framework.

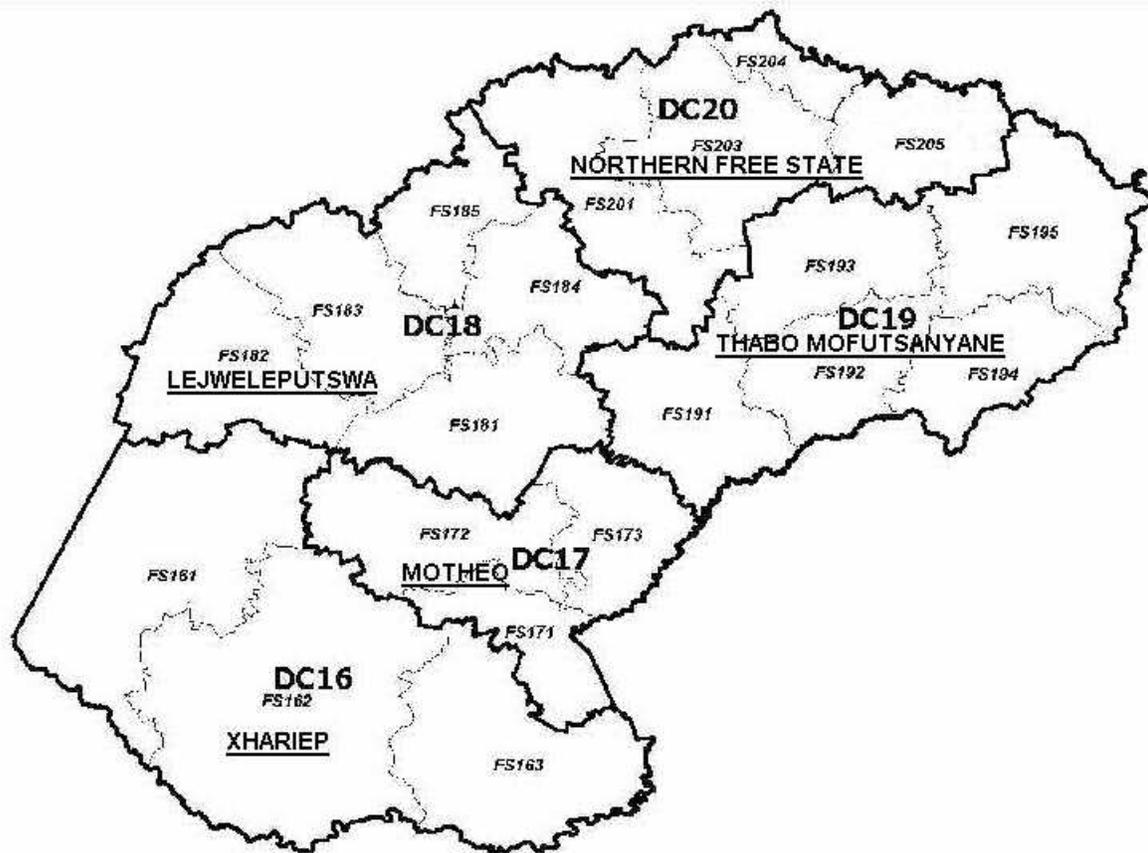
EXTENT OF PRIVATE HEALTH CARE ACTIVITY

The extent of private health care activity disclosed here only covers hospitals, clinics and theatres. This excludes all other private practice activities by medical officers and private nursing homes.

| Southern Health Complex private Hospitals | Number of beds |
|--|-----------------------|
| Rosepark Hospital | 222 |
| Pasteur Hospital | 64 |
| Cairnhall Hospital | 21 |
| Medi Clinic | 296 |
| City Med (Theatre) | 4 |
| Southern Health Complex private Hospitals (continued) | Number of beds |
| MEDOVS | 4 |
| Subtotal | 611 |
| Northern Health Complex | |
| Hydromed Hospital | 120 |
| Oppenheimer Mine Hospital | 695 |
| Harmony Mine Hospital | 290 |
| St Helena Mine Hospital | 131 |
| Beatrix Mine Hospital | 44 |
| Oryx Mine Hospital | 20 |
| Subtotal | 1300 |
| Northern Health Complex | |
| Kroon Hospital | 80 |
| Polifin | 1 |
| Vaalpark Hospital | 19 |
| New Vaal Colliery | 10 |
| Van Wyk Theatre | 10 |
| Subtotal | 120 |
| Eastern Health Complex | |
| Hoogland Medi Clinic | 107 |
| Bethlehem Medical Centre (Theatre) | 4 |
| Pepangwana (maternity - low risk) | 4 |
| Subtotal | 115 |
| Total | 2146 |
| Average private beds per 1000 population | 0.74 |

Source: Free State Department of Health Information system 2001 mid-year estimates were used

Free State Province and Districts



Xhariep district is predominantly an agricultural area where mining activity has greatly declined and is localised. Poor road conditions and inadequate public transport infrastructure make access to health care problematic. N1 and N6 roads contribute to high accident rates.

Motheo is the most urbanised district. A functional economic corridor along adequate road networks (N1 and N5) strengthens trade relations with Lesotho and other provinces. There is also a good manufacturing infrastructure.

Lejweleputswa is a major mining area. The district has a well-established infrastructure and roads network. Limited agricultural activity also takes place.

Thabo Mofutsanyana is mountainous with a large proportion of fertile rural areas. The terrain limits access to health services. Cross border trade relations with Lesotho and other provinces. It is supported by 2 major road links. ((N3 and N5)

Northern Free State district has natural resources in the form of coal deposits, which support the largest petrochemical industry in the country. There is stable agricultural production. Because of it's strategic location the district has economic links with Gauteng province.

MAJOR HEALTH SERVICE CHALLENGES

The following issues derived from the analysis, gave direction to the review and add on a year process.

FREE STATE DEVELOPMENT PLAN

The Mission of the Free State Provincial Government is:

- Enhancing economic development and job creation
- Providing and facilitating sustainable infrastructure development
- Investing in the development of people of the province
- Ensuring a safe and secure environment

To support these, the major thrusts of the Free State Department of Health remain:

- Strengthening the Primary Health Care services
- Implementation of District Health System
- Improvement of quality care in all facilities
- Decisively dealing with HIV/ AIDS and other communicable diseases
- Efficient and Effective management of resources including personnel

COMMENTS ON STRATEGIC POSITION STATEMENTS

Strategic framework and sustainability model

This department participated in the national initiative to produce a Strategic Position Statement for the Free State Department of Health.

The “sustainability model” used in the project, was designed for National health and is a bed-based model, which is geared to the determination of “affordable beds” within a predicted funding envelope. This proved difficult to use for decision making within a strategic planning process.

The model was adjusted to bring out both supply and demand issues relevant to the province. This was necessary as actual demand is functionally related to the supply of services.

A high level analysis of Primary Health Care service delivery was attempted to reveal whether the existing service provision was adequate for the province.

The adjusted model allowed for:

- Demand analysis
- Supply analysis (current)
- The application of target norms as a benchmark
- The quantification of a supply plan generated by the project

Caution was necessary in the interpretation of recommended options based on this analysis, due to among others the following factors, which influence decision-making:

- The province has many small towns where it might not be practical to close down or reduce services without an adverse effect on access to hospital services.
- Insufficient supply of general practitioners in some areas leads to bypass of certain District Hospitals.
- Some Regional Hospitals have to refer all level III and many level II patients to the Academic Health Services Complex.
- Inequities exist in resource allocation in health services. Spending currently favours urban areas and hospitals. The Primary Health Care approach should drive resource allocation. In order to implement the Strategic Plan, key areas need to be prioritised and addressed accordingly. Existing patient services must, over time be aligned with emerging trends.

Population change is a key driver of health service need.

Broad implications of this evaluation, for the province, are that service standards can be improved by reprioritisation of existing expenditure.

Conclusions include:

- Under utilisation of level III services is likely to continue
- Target Population growth over the 10 year period is predicted to be slight (3 percent)
- Actual Primary Health Care visits over the 10 year period are predicted to decrease
- Measures need to be put in place to reduce the level I to level II service ratio
- Provision of additional casualty services in District Hospitals will result in increased demand for services
- Further strengthening of Primary Health Care is a priority
- The cost of introducing Home Based Care and step down facilities must be funded from additional National Government funds
- The central strategic intervention for HIV/AIDS will be the introduction of Home Based Care and step down facilities

Options

The options considered were to adjust supply to demand or the normative supply plan option. The normative supply plan option was adapted to suit the needs of the province.

To put in place key strategic options, service areas to be prioritised include:

- District Health System
- Emergency Medical Services
- HIV/AIDS
- Support systems and logistics including:
 - Human Resources
 - Financial Management
 - Information Management
- Infrastructure Resources

The objectives of reprioritisation are:

- Improve access to health services for the majority of the population
- Offer comprehensive services for example Home Based Care and step down facilities
- Align resources with policy demand for example shifting 2% per annum of the budget for Regional and Central hospitals to Primary Health Care
- Ensure efficient management of all resources and all activities.

Way forward in response to the report

- Address under utilisation of beds at various levels by reducing beds to functional levels according to the normative supply plan
- Reduce Hospital costs
- Increase Primary Health Care service levels in line with actual need
- Expansion of integrated Step Down and Home Based Care services

Implications include the following:

- Effective, efficient and economical utilisation of funding
- Restructuring from service level 2 and 3 to Primary Health Care level (level1)
- To some extent Service improvements and future services can be financed from Internal reprioritisation
- Through reprioritisation of hospital services the cost of additional needs will be equivalent to the savings generated by restructuring
- Primary Care, Home based Care and Step Down Facilities to be phased in according to the identified need and reprioritised resources

CHALLENGES IDENTIFIED BY THE ANALYSIS OF HEAD OF DEPARTMENT AND CLUSTER MANAGERS

In addition to what has been mentioned the following imperatives were identified:

Funding Issues

Budget pressures which impact on the implementation of the Strategic Plan

- Analysis of allocation versus expenditure trends reveals projected shortfalls. Prioritisation and re-alignment of budgets and plans is being done to address this situation.
- Analysis of expenditure trends of standard items reveals among other things the impact of medical inflation and slowing of economic growth, on health care delivery. Funds are being shifted from certain planned projects to cover the cost of essential items
- "Unfunded mandates" increase the burden. Examples include Post Exposure Prophylaxis for rape victims and Prevention of Mother to Child Transmission
- Due to limited allocations it has become necessary to identify projects or strategies, which must be discontinued in order to implement new ones.
- Transformation imperatives impose additional burdens on existing health care budgets.
- Projects of the Free State Development Plan would require funding.
- The cost of dealing with supernumerary personnel needs to be managed downwards.
- Staff establishments are to be reviewed. The required staffing levels will be determined in line with transformed service needs and affordability.

Access to Alternate Sources of Funding

Various options are being considered. Some examples include:

Revenue retention

This could be a means to pursue alternative sources of funding and support decentralised management.

Use of assets of the department to generate additional funding

Assets like iCam and telemedicine stations could be managed to generate additional funding

Public Private Partnerships

Pelonomi and Universitas Hospitals embarked on major Public Private Partnership (PPP) initiatives. Spare bed capacity in public hospitals was opened to the private sector. Benefits include funding for upgrading of some blocks of wards and a theatre at Pelonomi Hospital. In addition, revenue will eventually be retained. This can be used to fund other projects.

The agreement was finalised and signed in November 2002. The total benefit in nominal terms is R206 million over 16 years.

The major challenges regarding the Public Private Partnership's are:

- Capacitating managers to manage PPP contracts.
- To ensure that procurement procedures do not cause the department to incur penalties.
- To ensure that the anticipated revenues are gained
- To ensure that revenue gained can be retained by the participating institutions and used for improving quality of services and equipment.

Impact of environmental factors

Analysis of the environmental factors, which impact on the health status of the population, as well as on the demand for public health care services reveals a number of trends which increase the burden on health care resources.

A significant proportion of the Free State population lives in rural areas. Poor socio-economic conditions further increase the need. The HIV/ AIDS and TB epidemics exacerbate all the problems identified. The status of health indicators is deteriorating.

The impact on options for the management of clinical health services are also affected by for example:

- The high cost of essential transformation initiatives such as implementation of the District Health System
- Other departments share responsibility for interventions, which affect the causes of the problems listed. It is a challenge to align intersectoral and inter departmental plans.
- Currently personnel expenditure constitutes 62% of the budget. This limits the resources available for services.
- Impact assessment of various policies and projects such as the Essential Drug List are necessary. The efficiency of these strategies could be measured.
- The assumptions of models, which are used for planning, need to be interrogated.

Proposals to address these needs include:

- Efficient systems are being developed to support information based decisionmaking
Creative means will be explored to improve efficiency and effectiveness.
- Information and Communication technology will support initiatives like implementation of District Health System. (For example iCam)

QUALITY OF CARE IMPROVEMENTS

Hospital Accreditation

Hospital Accreditation is a process whereby quality care and quality services of the hospitals are being assessed in terms of their excellence. The COHSASA accreditation process was implemented during August 2001.

A provincial Quality Assurance unit was created to develop Quality Improvement Programmes and also to co-ordinate the accreditation process at the identified hospitals. Council For Health Service Accreditation of Southern Africa (COHSASA) accreditation process is in place at 12 selected institutions.

18 Hospitals will be enrolled for the accreditation program during 2003

CORPORATE GOALS AND STRATEGIC OBJECTIVES

The corporate goals and strategic objectives are not reflected in order of priority. They are all interrelated and are equally important

| CORPORATE GOALS | STRATEGIC OBJECTIVES | RESPONSIBLE CLUSTER |
|--|---|----------------------------|
| 1. Reduced burden of HIV/AIDS AND TB | 1.1 . Develop and maintain Home Based Care and step down facilities 1.2 Develop and implement policy for cadres of community workers who will assist with services such as home-based care, step down facilities, VCCT 1.3. Appropriate management of HIV/AIDS at all levels of care 1.4 Increase Tuberculosis cure rate of new Tuberculosis cases to 85%. 1.5 Introduce a food security programme for patients and their families | Health Support |
| 2. Effective and Efficient Management of Resources | 2.1 Implement Public Finance Management Act (Act 1 of 1999 as amended Act 29 of 1999) according to the Treasury Regulations 2.2 Facilitate the establishment of a caring culture between and for health personnel. 2.3 Develop and implement an asset management and maintain and replacement system 2.4 Develop and implement a system to ensure and monitor value for money 2.5. Actively explore and raise additional sources of funding | Finance and Health Support |

| CORPORATE GOALS | STRATEGIC OBJECTIVES | RESPONSIBLE CLUSTER |
|---|--|----------------------------------|
| 3. Functional District Health System | 3.1 Implement District Health System according to legislation 3.2 Delegate functions in line with legislation | Clinical Health Services |
| 4. Effective Marketing and Communication of Health Services | 4.1. Develop and implement a services marketing plan 4.2. Develop and implement Health Promotion and School Health Services programmes 4.3. Develop and implement an integrated communications strategy | Clinical Health Services Cluster |
| 5. Developed and empowered personnel and stakeholders | 5.1 Ensure all occupational classes of staff are trained in line with service delivery plan 5.2 Ensure the availability of health professionals at appropriate service delivery levels 5.3 Train and empower stakeholders. | Health Support |
| 6. Appropriate infrastructure | 6.1 Implement revitalisation of health facilities according to approved plans. 6.2 Implement clinic building and upgrading plans 6.3 Implement an electronic health information system at all levels of care | Health Support |
| 7. Accessible and quality service at all levels of care | 7.1 Provide comprehensive health care services to communities at all levels of care. 7.2 Develop and implement a health care risk management plan. 7.3 Improve the management capacity of institutions 7.4 Ensure accessibility to services at all Local Municipality areas on a 24-hour basis. 7.5 Ensure that all hospitals are accredited according to COHSASA standards. | Clinical Health Services |

GOALS, OBJECTIVES AND SUCCESS INDICATORS PER YEAR

| | SUCCESS INDICATORS PER YEAR | | |
|--|---|---|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 1 | | | |
| Reduce the burden of HIV/AIDS and TB | | | |
| Objective 1.1 Develop and maintain integrated Home Based Care and Step Down Facilities | Home Based Care initiatives implemented and marketed in 70% of towns. Cost and efficiency of step down facilities evaluated 2 additional functional step down facilities established per district | Home Based Care initiatives implemented and marketed in 100% of towns 2 additional functional step down facilities established per district | Functional step down facilities established in each of the remainder of District Hospitals |
| Objective 1.2. Develop and implement a policy for cadres of community workers who will assist the Department with services, such as home-based care, step down facilities, VCCT. | The policy developed and implemented. NGOs manage 50% of existing and future community workers, independently. 70% existence of treatment protocols at all levels of care. 60% of health personnel trained to implement treatment protocols 60% of staff trained and implementing Syndromic Management of Sexually Transmitted Infections (STI) in all districts VCCT rolled out to 60% of facilities within piloting districts. PMTCT programme maintained | The policy revised and updated. NGOs manage 100% of community workers, independently. 100% Existence of treatment protocols at all levels of care. 100% of health personnel trained to implement treatment protocols 100% of staff trained and implementing Syndromic Management of Sexually Transmitted Infections (STI) in all districts VCCT rolled out to 100% facilities within piloting districts. | |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| Goal 1 | SUCCESS INDICATORS PER YEAR | | |
|---|---|---|---|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Reduced the burden of HIV/AIDS and TB | | | |
| Objective 1.4 | | | |
| Increase TB cure rate of new cases to 85% | 75% Smear conversion rate achieved. 60% Passive case detection rate achieved. Treatment Interruption Rate reduced to 10% | 80% Smear conversion rate achieved. 65% Passive case detection rate achieved. Treatment Interruption Rate reduced to 8% | 85% Smear conversion rate achieved. 70% Passive case detection rate achieved. Treatment Interruption Rate reduced to 5% |
| Objective 1.5 | | | |
| Introduce a food security programme to patients and their families. | 75% Cure rate of new TB cases Food security programme provided to 40% of known patients and their families according to need | 80% Cure rate of new TB cases Food security programme provided to 60% of known patients and their families according to need | 85% Cure rate of new TB cases Food security programme provided to 80% of known patients and their families according to need |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|--|---|---|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| <p>Goal 2. Effective and Efficient Management of Resources</p> <p>Objectives 2.1 Implement PFMA according to Treasury Regulations.</p> | <p>85% decrease in identified redundant items</p> <p>Discrepancy rate between stock cards and actual stock decreased to 1.3%</p> <p>All Loss Control Committees monitored and evaluated</p> <p>Cases of fraudulent cheques decreased by half</p> <p>75% Improvement in the availability of transport</p> <p>Functioning of stock taking teams at institutions and offices monitored and evaluated</p> <p>100% of revised tender documents implemented and monitored to ensure compliance by all institutions/offices</p> <p>10% Increase in revenue collection</p> <p>30% Increase in debt collection</p> | <p>100% of identified redundant items eliminated</p> <p>Discrepancy rate between stock cards and actual stock decreased to 1 %</p> <p>Manual for Loss Control Committees revised</p> <p></p> <p>100% Improvement in the availability of transport</p> <p>Stocktaking procedures revised and implemented</p> <p>Continuous adherence to tendering policy by all institutions /offices ensured</p> <p>10% Increase in revenue collection</p> <p>30% Increase in debt collection</p> | <p>100% of identified redundant items eliminated</p> <p>Discrepancy rate between stock cards and actual stock decreased to 0,5%</p> <p>80% reduction in losses from current levels</p> <p>.</p> <p>100% Improvement in the availability of transport maintained</p> <p>Stocktaking procedures monitored and revised to ensure that value of stores and livestock is accounted for.</p> <p>Tendering policies revised and implemented</p> <p>10% Increase in revenue collection</p> <p>40% Increase in revenue collection</p> |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | | SUCCESS INDICATORS PER YEAR | | |
|---|--|--|---|--|
| | | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 2. Effective and Efficient Management of Resources | Objectives 2.1 (Continued) | 100% of departmental expenditure monitored | 100% of departmental expenditure monitored | 100% of departmental expenditure monitored |
| | Implement PFMA according to Treasury Regulations | 60% of finance personnel in Institutions and offices trained in financial management Internal Control checklist implemented in all institutions Internal audits conducted in 45% of institutions and offices All reported cases of financial fraudulent activities investigated Strategic Plan, Business Plan and Annual Report reviewed and updated in line with treasury regulations in all institutions | 75 % of finance personnel in Institutions and offices trained in financial management Monitor the compliance to the internal control checklist Internal audits conducted in 50% of institutions and offices All reported cases of financial fraudulent activities investigated Strategic direction reviewed in line with treasury regulations | 80% of finance personnel in Institutions and offices trained in financial management Monitor the compliance to the internal control checklist Internal audits conducted in 50% of institutions and offices All reported cases of financial fraudulent activities investigated Strategic direction reviewed in line with treasury regulations |
| | | 75% of managers trained to implement PFMA (To the level of Deputy Director and above) | 100% of managers trained to implement PFMA | Compliance and implementation of the PFMA Monitored. |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|---|--|--|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| <p>Goal 2 Effective and Efficient Management of Resources</p> <p>Objective 2.2 Facilitate the establishment of a caring culture between and for health personnel.</p> | <p>100 % of new recruits given induction training and regular orientation</p> <p>Human Resource Call Centre established for supervisors</p> <p>Implementation of Performance Development Management System for 80% of staff</p> <p>70% of existing supernumeraries cleared in line with policy</p> <p>80% Implementation of the Employee Assistance Program.</p> | <p>Human Resource Call Centre for supervisors maintained</p> <p>Implementation of Performance Development Management System for 100% of staff</p> <p>100% of existing supernumeraries cleared in line with policy</p> <p>100% Implementation of the Employee Assistance Program.</p> | <p>Human Resource Call Centre for supervisors maintained</p> <p>100% implementation of Medical Equipment Management System</p> |
| <p>Objective 2.3 Develop and implement an asset management, maintenance and replacement infrastructure system</p> | <p>Electronic Asset Management System implemented in 80% of institutions and offices where applicable</p> <p>50% implementation of Medical Equipment Management System</p> <p>100% Implementation of Helpdesk for Medical Equipment Management System.</p> | <p>Electronic Inventory Management System implemented in 100 % of institutions and offices</p> <p>80% implementation of Medical Equipment Management System</p> | <p>100% implementation of Medical Equipment Management System</p> |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | | SUCCESS INDICATORS PER YEAR | | |
|---|--|--|--|----------------|
| | | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| <p>Goal 2. Effective and Efficient Management of Resources</p> <p>Objectives 2.4 Develop and implement a system to ensure and monitor value for money</p> | 2% of existing program 3 and 4 budget re-aligned towards Primary Health Care (program 2) | Additional 2% of program 3 and 4 budget re-aligned towards Primary Health Care (program 2) | Additional 2% of program 3 and 4 budget re-aligned towards Primary Health Care (program 2) | |
| | Develop efficiency rate indicator s | Efficiency rate determined for 100% of institutions. | 100% | |
| | Costing of existing activities in all hospitals | Costing of all existing activities maintained | Costing of all existing and additional activities in the Vote finalised | |
| | Zero-based costing with regard to all additional activities commenced | Zero-based costing of all regional hospitals commenced. | Zero-based costing of all district hospitals and the academic health complex commenced. | |
| | Personnel cost as percentage of total budget per level/institution determined | Human Resource Management plan developed to determine percentage personnel cost per level/institution. | Applicable Human Resource Management plan implemented. | |
| | Percentage revenue to be retained by qualifying institutions determined | Percentage revenue to be retained by qualifying institutions determined. | Percentage revenue to be retained by qualifying institutions determined. | |
| | Public Service Cost Factor (PSCF) determined | Public Service Cost Factor revised to ensure credibility | Public Service Cost Factor revised to ensure credibility | |
| | 80% of allocated service providers (suppliers) comply with the specifications to prevent costly cancellations. | 100% Compliance with the specifications to prevent costly cancellations. | 100% Compliance with the specifications to prevent costly cancellations. | |
| | 100% effective management of contracts in institutions and offices to achieve value for money | | | |
| | | | | |
| | | | | |

| | | SUCCESS INDICATORS PER YEAR | | |
|--|---|--|--|--|
| | | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 2. Effective and Efficient Management of Resources | Objectives 2.4 Develop and implement a system to ensure and monitor value for money (continued) | 80% Service level of pharmaceutical supplies achieved. | 85% Service level of pharmaceutical supplies achieved | 90% Service level of pharmaceutical supplies maintained. |
| | | Internal control measures on inventory implemented in 100% of institutions. | 100% of institutions submit stores and livestock in time to ensure that valuable stock is not wasted. | Stores and livestock critically controlled for the budgets in 100% of institutions. |
| | | SUCCESS INDICATORS PER YEAR | | |
| Goal 3 Functional District Health System Objective 3.1 Implement District Health System (DHS) according to legislation. | | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| | | Governance structures functional according to an approved program based on the Provincial Health Act (Act 8 of 1999) | Governance structures functional according to an approved program based on the Free State Health Act (Act 8 of 1999) | New Governance structures and structures functioning according to an approved program based on the Act |
| | | Provincial Health Authority has monitored District Plans | | |
| | | District Health Authority: Service Plans implemented | | |
| | | Annual reports produced and reviewed. | Annual reports produced and reviewed. | Annual reports produced and reviewed. |
| | | | | |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|---|--|--|---|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 3 Functional District Health System | | | |
| Objective 3.2 Delegate functions in line with legislation. | Primary Health Care services delegated to 1 District Municipality according to set criteria. Service Level Agreements implemented and monitored according to District Plans in all local municipalities | Primary Health Care services delegated to 2 District Municipalities, according to set criteria. Service Level Agreements implemented and monitored according to District Plans in 2 District municipalities | Primary Health Care services delegated to all 5 District Municipalities, according to set criteria. Service Level Agreements implemented in all 5 District Municipalities. |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|--|---|---|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 4 Effective marketing and communication of health services | | | |
| Objective 4.1 Develop and implement a services marketing plan. | Services Marketing plan implemented in at least 1 pilot site per Health Complex. | Services Marketing plan implemented in at least 2 sites per District. | Services Marketing plan extended to other institutions in every Health Complex. |
| Objective: 4.2. Develop and implement Health Promotion and School Health Services programmes. | An integrated Health Promotion strategy implemented in 3 Districts. School Health Services implemented in at least 1 Local Municipality per District | An integrated Health Promotion strategy implemented in 2 other Districts. School Health Services implemented in at least 2 Local Municipalities per District | Impact of the integrated Health Promotion Programme in the 5 Districts, evaluated. School Health Services implemented in at least all Local Municipalities per District |
| Objective: 4.3 Develop and implement an integrated communication strategy. | Integrated communication strategy developed in line with the Services Marketing Plan | Integrated communication strategy evaluated in line with the revised Services Marketing Plan | Integrated communication strategy in line with the developments in the Services Marketing Plan |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|--|---|--|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| <p>Goal 5</p> <p>Developed & empowered personnel & stakeholders</p> <p>Objective 5.1</p> <p>Ensure all occupational classes of staff are trained in line with service delivery plans.</p> | <p>Implementation of the workplace skills program at 30% of institutions</p> | <p>Implementation of the workplace skills program at 60% of institutions</p> | <p>Implementation of the workplace skills program at 100% of institutions</p> |
| <p>Objective 5.2</p> <p>Ensure the availability of health professionals at appropriate service delivery levels</p> | <p>Minimum staffing levels developed and included in the revised human resources plan</p> <p>100% allocation of Bursaries according to service delivery needs</p> | <p>100% allocation of Bursaries according to service delivery needs</p> | <p>100% allocation of Bursaries according to service delivery needs</p> |
| <p>Objective 5.3</p> <p>Train & empower the stakeholders</p> | <p>Governance structures trained and supported to manage 60% of their functions effectively</p> <p>Empower 30% NGOs that are working in partnership with Dept of Health</p> | <p>Governance structures trained and supported to manage 100% of their functions effectively</p> <p>Empower 50% NGOs that are working in partnership with Dept of Health</p> | <p>Newly inducted Governance structures trained and supported to manage 60% of their functions effectively</p> <p>Empower 80% NGOs that are working in partnership with Dept of Health</p> |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| Goal 6 | SUCCESS INDICATORS PER YEAR | | |
|---|---|--|---|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| <p>Appropriate Infrastructure</p> <p>Objective 6.1</p> <p>Implement the Revitalisation of Health Facilities according to approved 5-year plan.</p> | <p>Business Plans have been developed for Boitumelo, Pelonomi, Bethlehem, Trompsburg and Ladybrand.</p> <p>50% of plans for revitalisation of services per complex have allocated funding and are being implemented</p> <p>Dedicated fund for CUBP has been established</p> | <p>Continued implementation commenced where funding is available for the revised projects</p> <p>100% of plans for revitalisation of services per complex have allocated funding and are being implemented</p> | <p>Continued implementation where funding is available for the revised projects</p> |
| <p>Objective 6.2</p> <p>Implement Clinic Building & Upgrading Plans</p> | | | |
| <p>Objective 6.3</p> <p>Implement an Electronic Health Information System to all levels of care according to approved plans</p> | <p>Free State Department of Health and stakeholder IT strategy developed</p> | | |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|--|---|---|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 7 Accessible and quality services at all levels | Base-line study done on the service output | Service output indicator developed | Service delivery measured based on targeted indicators |
| Objective 7.1 Provide comprehensive health care services to communities at all levels of care. | Clinical guidelines for the 48 most common conditions developed. | Clinical guidelines for the 48 most common conditions implemented in 5 Regional hospitals | Clinical guidelines for the 48 most common conditions implemented in 13 District hospital Complexes. |
| Objective 7.2 Develop and implement a health care risk management plan. | Treatment protocols for 1 - 2 specialities developed and implemented in 5 Regional hospitals Occupational Health and Safety committees functional in all institutions in 5 Districts Facility risk management plans implemented | Treatment protocols for another 2 specialities developed and implemented in Regional and District hospitals Functioning of Occupational Health and Safety committees in all institutions in 5 Districts reviewed Facility risk management plans monitored | Treatment protocols extended to all specialities and reviewed Functioning of Occupational Health and Safety committees in all institutions in 5 Districts maintained Facility risk management plans reviewed |

GOALS, OBJECTIVES AND SUCCESS INDICATORS

| | SUCCESS INDICATORS PER YEAR | | |
|--|--|--|--|
| | Year 2003/2004 | Year 2004/2005 | Year 2005/2006 |
| Goal 7 Accessible and quality services at all levels | | | |
| Objective 7.3 Improve management capacity of institutions | Targeted management training programme developed and implemented | | |
| Objective 7.4 Ensure accessibility to services at all Local Municipality areas on a 24-hour basis. | District Service Plans based on Local Municipality needs have been developed Services implemented according to the comprehensive District Plans | District Service Plans, based on Local Municipality needs, monitored Services implemented and monitored according to the comprehensive District Plans | District Service Plans, based on Local Municipality needs, reviewed Services implemented and monitored according to the comprehensive District Plans reviewed |
| Objective 7.5 Ensure that all hospitals are accredited according to the COHSASA standards. | 20 % of institutions have implemented Quality circles at middle management level Continue process of accreditation at all 31 institutions | 40 % of institutions have implemented Quality circles at middle management level Complete process of accreditation | 60% of institutions have implemented Quality circles at middle management level Maintain accreditation standards |

**FREE STATE DEPARTMENT OF
HEALTH STRATEGIC PLAN PART B
2003/2004 TO 2005/2006
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STRATEGIC PLAN

Part B

STRATEGIC PLAN

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Introduction

Implementation plans of the Free State Department of Health are in line with the management structure of the department. This complies with the Public Finance Management Act (Act 1 of 1999 as amended by Act 29 of 1999) requirement to link accountability for strategic management to financial management.

Budget programmes are linked to the management structure by means of the cost centres.

The following table links budget programme and management structures. for the Free State Department of Health for the financial year 2003/2004.

| Program | Sub-program | Management cluster |
|--|--|---|
| 1. Administration | <ul style="list-style-type: none"> • Office of the MEC • Management | Office of Head of Department Office of General Manager Health Support Cluster Office of General Manager Clinical Health Services Cluster Office of General Manager Finance Cluster |
| 2. District Health Services | District Management Community Health Clinics Community Health Centres Community-based Services Other Community Services HIV/Aids Nutrition Coroner Services District Hospitals | <ul style="list-style-type: none"> • Clinical Health Services Cluster |
| 3. Emergency Medical Services | Emergency Transport Planned Patient Transport | Clinical Health Services Cluster |
| 4. Provincial Hospital Services | General (Regional) Hospitals Tuberculosis Hospitals Psychiatric/Mental Hospitals | Clinical Health Services Cluster |
| 5. Central Hospital Services | Central Hospital Services | Clinical Health Services Cluster |
| 6. Health Sciences and Training | Nurse Training Colleges EMS Training Colleges Bursaries Primary Health Care Training Training Other | Health Support Cluster |
| 7. Health Care Support | Laundries Medicine Trading Account Departmental Vehicles (Capital) | Health Support Cluster Finance Cluster |

| Programme | Sub-programme | Management cluster |
|--|--|--|
| 8. Health Facilities Management | <ul style="list-style-type: none"> • Community Health Facilities • Emergency Medical Rescue Services • District Hospital Services • Provincial Hospital Services • Central Hospital Services • Other Facilities | <ul style="list-style-type: none"> • Health Support Cluster |
| 9. Supernumerary Staff | <ul style="list-style-type: none"> • Administration • District Health Services • Emergency Medical Services • Provincial Hospital Services • Central Hospital Services • Health Sciences and Training • Health Care Support | <ul style="list-style-type: none"> • Health Support Cluster |

CORPORATE GOALS AND STRATEGIC OBJECTIVES

Part A contains the corporate structure as well as the corporate goals and strategic objectives and success indicators summarised for the department as a whole

Strategic plans of each of the management clusters in part B reveal how the corporate goals will be implemented and link these to the budget for each cluster. All of the top managers have signed performance agreements, which commit them to achievement of the goals of the departmental Strategic Plan. The Performance Development and Management System ensures that the implementation of the Strategic Plan is rolled out to all levels of management within the department.

The priorities and strategies of the National Health Strategic Framework (1999 to 2004) and the Free State Development Plan give direction to and are incorporated into the Strategic Plan of the department.

Budget allocation trends as well as facility planning take cognisance of the recommendations of the Strategic Position Statements. (SPS)

CLINICAL HEALTH SERVICES CLUSTER

Introduction

The Clinical Health Services cluster provides health services to the people of the Free State. These services (at all levels of care) are delivered within the four Health Complexes and the Medical Support directorate:

The Regional Health Complexes are: Southern Free State (SFS), Northern Free State (NFS), and Eastern Free State (EFS). They are responsible for service delivery of:

- Level I health care services based on the Primary Health Care package and the District Hospital Package in each district.
- Emergency Medical Services in all the health districts
- Level II health care services based on a district based health care delivery system and a strong referral system.

The Academic Health Services Complex (AHSC) comprises:

- Universitas hospital that renders level III, and IV services to the Free State and the neighbouring provinces.
- The Free State Psychiatric Hospital Complex that renders services up to tertiary level, to the Free State Communities.
- The Faculty of Health Sciences of the University of the Free State provides training and some service delivery. Research is also done.

The Medical Support Services support the following service components:

- Corporate Communication Services
- Services Marketing and Health Promotion Services
- Legal Services
- Governance Structures and Quality of Care Services
- Emergency Medical Services and Disaster Planning Services

Clinical Health Services has to ensure the transformation of health services through implementation of the District Health System and coordination of provincial hospital services.

BUDGET PROGRAMME AND SUB-PROGRAMME

The delivery of services in Clinical Health Services is organised based on the Health complexes as indicated above. The budget of the Clinical Health Services cluster is derived mainly from the following programmes:

| | |
|-------------|----------------------------|
| Programme 1 | Health Administration |
| Programme 2 | District Health Services |
| Programme 3 | Emergency Medical Services |
| Programme 5 | Central Hospital Services |

PROGRAMME 1: HEALTH ADMINISTRATION

This programme is responsible for overall management and administration of the Department of Health.

Sub Programme: Provincial Top Management

Provides strategic direction and leadership with regard to overall management of the Department of Health.

Sub Programme: General Manager Clinical Health Services Cluster

Provides strategic direction and leadership with regard to overall management of the Clinical Health Services Cluster

Sub Programme: Medical Support Services

Provides strategic direction and leadership with regard to overall management of the Corporate Communication Services, Legal Services, Private Hospitals and governance structures and Health Services Marketing.

Sub Programme: Health Complexes

Provides strategic direction and leadership with regard to overall management of the SFS, NFS, EFS and the AHSC Health Complexes, to ensure management and coordination of resources.

Sub Programme: District Management

Provides for the management of the health district and implementation of the District Health Plans. Overall management, monitoring, organisation and rendering of District Health services

PROGRAMME 2: DISTRICT HEALTH SERVICES

Aim

Responsible for the overall management and administration of District Health Services

Sub Programme: Primary Health Care Services

Responsible for the overall management, monitoring, organisation and service rendering the Primary Health Care Services.

Sub Programme: District Hospital Complexes

Responsible for the overall management, monitoring, organisation and service rendering of the District Hospital Complexes.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Aim

Responsible for the overall management , administration, monitoring, organisation and rendering of Emergency Medical Services in the province

PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITALS

Aim

Overall management, monitoring, organisation and rendering of the Level II Services to the Free State

Sub programme: Pelonomi Regional Hospital

Rendering of the Level II Services to the Southern Free State Health Complex and special level III services to the Free State communities.

Sub programme Goldfields Regional Hospital

Rendering of the Level II Services to the Northern Free State Health Complex and provision of the Satellite campus of the Medical School

Sub programme: Boitumelo Regional Hospital

Rendering of the Level II Services to the Northern Free State Health Complex

Sub programme: Manapo Regional Hospital

Rendering of the Level II Services to the Eastern Free State Health Complex

Sub programme: Bethlehem Regional Hospital

Rendering of the Level II Services to the Eastern Free State Health Complex

Sub programme: Psychiatric Services

Overall management, monitoring, organisation and rendering of Psychiatric Services to the Free State Province.

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Aim

Overall management, monitoring, organisation and rendering of level III and IV tertiary health services in the province.

Sub Programme: Universitas Hospital

Rendering of level III and IV services to the Free State and neighbouring provinces.

Sub Programme: Faculty of Health Sciences

Monitoring, and organising of training, education, research and service delivery of the medical school and other schools in the faculty.

SITUATION ANALYSIS

EPIDEMIOLOGICAL INFORMATION FOR THE CURRENT YEAR TO DATE.

(Other relevant information was included in part A).

Data covers the period January to December 2002

Tuberculosis

TB cure rate of new cases is 71.8%

Sexually transmitted Infectious

- Sexually transmitted Infectious (STI) incidence is 4.4 per 1000 population
- Male urethral discharge incidence is 2.7 per 1000 population
- Proportion of Male urethral discharge of STI is 28.7%

Immunisation

Immunisation coverage under 1 year is 85.7%

Nutrition

- % of children under 5 years weighed is 84.8%
- Not gaining weight under 5 years, rate is 2.4%
- Severe malnutrition incidence under 5 years is 0.4 per 1000 population

Underweight for age under 5 years is 1.0%

Termination of pregnancies (TOP)

Number of TOP performed =5511 for the period January to December 2002

Table: Personnel in District Health Services by Health District¹

| Health district ² | Personnel category | Number employed | Number per 1000 people ³ |
|------------------------------|---|-----------------|-------------------------------------|
| Xhariep | Medical officers | 10 | 0.07 |
| | Professional nurses | 50 | 0.37 |
| | Pharmacists | 1 | 0.007 |
| | Dentists | 3 | 0.02 |
| | Allied professionals and technical staff | 22 | Data not strategically useful |
| | Administrative and logistical support staff (including all other) | 64 | |
| Motho | Medical officers | 19 | 0.02 |
| | Professional nurses | 331 | 0.21 |
| | Pharmacists | 13 | 0.01 |
| | Dentists | 7 | 0.009 |
| | Allied professionals and technical staff | 32 | Data not strategically useful |
| | Administrative and logistical support staff (including all other) | 189 | |
| Lejweleputswa | Medical officers | 26 | 0.03 |
| | Professional nurses | 152 | 5.0 |
| | Pharmacists | 1 | 0.001 |
| | Dentists | 7 | 0.009 |
| | Allied professionals and technical staff | 38 | Data not strategically useful |
| | Administrative and logistical support staff (including all other) | 132 | |
| Northern Free State | Medical officers | 7 | 0.01 |
| | Professional nurses | 140 | 0.28 |
| | Pharmacists | 4 | 0.008 |
| | Dentists | 6 | 0.01 |
| | Allied professionals and technical staff | 14 | Data not strategically useful |
| | Administrative and logistical support staff (including all other) | 105 | |
| Thabo Mofutsanyana | Medical officers | 25 | 0.03 |
| | Professional nurses | 284 | 0.38 |
| | Pharmacists | 8 | 0.01 |
| | Dentists | 12 | 0.01 |
| | Allied professionals and technical staff | 32 | Data not strategically useful |
| | Administrative and logistical support staff (including all other) | 217 | |
| Province | Medical officers | 87 | 0.03 |
| | Professional nurses | 957 | 0.33 |
| | Pharmacists | 27 | 0.009 |
| | Dentists | 35 | 0.01 |
| | Allied professionals and technical staff | 138 | Data not strategically useful |
| | Administrative and logistical support staff (including all other) | 707 | |

- Only provincial personnel on District staff establishments included. This does not include District Hospital staff establishments
- Numbers per category; of municipal services is not available. Numbers in private sector not available
- Some Doctors, Pharmacists etc. work in both District Health Services and District Hospitals. Those personnel allocated only on District Hospital staff establishments, are not included here
- Some of the pharmacists on District staff establishments are in management posts. They oversee the services rendered within the pharmacy component. The same is true of other professional groups listed. These figures thus do not reflect accurately the ratio of service rendering professionals per 1000 population
- Formula per 1000= Population = Number per category X 1000 divided by population

Strategic Plan part B 2003/2004 to 2005/2006

Table: Performance Indicators for District Health Services as a whole*

| Indicator | Province wide value | Health district | | | | | National target |
|--|--|-----------------|--------|--------------------|---------------|---------------------|--------------------|
| | | Xhariep | Motheo | Thabo Mofutsanyana | Lejweleputswa | Northern Free State | |
| Input | | | | | | | |
| 1. Population served per fixed public PHC facility** | 11 140 | 7 139 | 10 828 | 9 323 | 15 569 | 12 841 | Max. 10 000 people |
| 2. Provincial District Health System expenditure per person | 151.67 | 309.28 | 97.5 | 227.71 | 67.95 | 55.90 | |
| 3. Provincial District Health System expenditure per uninsured person | R148 | R159 | R197 | R170 | RR91 | RR122 | |
| <i>FS Medical Aid 14.. 8% = 422 913 persons 1999 (Source: October Household survey) calculated on Expenditure per prog 2 per 1000 uninsured</i> | | | | | | | |
| 4. Total DHS expenditure (provincial plus local government) per person (if data available) | R239 | 385.11 | 114.70 | R281 | R195 | R219 | |
| 5. Total DHS expenditure (provincial plus local government) per uninsured person (if data available) | R310 | R447 | R288 | R330 | R229 | R258 | |
| Input | | | | | | | |
| 6. Number of professional nurses in fixed public PHC facilities per 1000 people | 0.73 | 0.8 | 0.4 | 0.35 | 1 | 1.12 | |
| 7. Number of professional nurses in fixed public PHC facilities per 1000 uninsured people | 0.86 | 0.94 | 0.47 | 0.41 | 1.17 | 1.31 | |
| 8. Percentage of fixed public PHC facilities offering the full package of PHC services | 87% | 80% | 65% | 100% | 100% | 90% | 100% by 2004 |
| Facilities graded according to types of service available . Referral system ensures that all persons in each town have access to comprehensive Primary Health Care | | | | | | | |
| Process | | | | | | | |
| 9. Percentage of health districts with appointed manager | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 10. Percentage of health districts with formal plan | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 11. Percentage of fixed public PHC facilities with functioning community participation structure | 78% | 75% | 60% | 95% | 100% | 60% | 100% |
| Output | | | | | | | |
| 12. Number of visits (headcount) at public PHC facilities per person per year | 2.1 | 2.5 | 2.1 | 2.3 | 1.8 | 2.0 | |
| 13. Number of visits (headcount) at public PHC facilities per uninsured person per year | Data not available | | | | | | 3.5 |
| 14. Percentage of children under one year fully immunised | 86.4% | 72.7% | 95% | 85.7% | 77.3% | 92.7% | 90% |
| Quality | | | | | | | |
| 16. Percentage of fixed public PHC facilities in facility audit condition 4 or 5 | Primary Health Care facilities audit was not done. Provincial assessment information reported elsewhere in this document | | | | | | |
| 17. Percentage of public PHC facilities visited at least once per month by a supervisor who produces a written report | 83% | 100% | 65% | 100% | 100% | 50% | 100% |
| 18. Percentage of public PHC facilities supported by a doctor at least once a week | 51.15% | 100% | 51.2% | 11.7% | 70% | 68% | 100% by 2004 |

Strategic Plan part B 2003/2004 to 2005/2006

| Indicator | Province wide value | Health district | | | | | Nat target |
|---|---------------------|-----------------|--------|--------------------|----------------|---------------------|------------|
| | | Xhariep | Motheo | Thabo Mofutsanyana | Lejwele-putswa | Northern Free State | |
| 19. Proportion of health districts with a formal quality improvement plan | In process | 100% | 100% | No data | No data | No data | |
| 20. Percentage of public PHC facilities without vaccines at any time of year | 4.86% | 24.3% | 0% | 0% | 0% | 0% | 0% |
| Efficiency | | | | | | | |
| 21. Provincial expenditure per visit (headcount) at provincial Primary Health Care facilities | 85.77 | 154.78 | 68.28 | 81.95 | 55.90 | 67.95 | |
| 22. Total expenditure (provincial plus local government) per visit (headcount) at public PHC facilities (if data available) | | 192.73 | 70.58 | 44.01 | No data | No data | |
| Outcome | | | | | | | |
| 23. Number of measles cases | 1 | 0 | 0 | 0 | 0 | 0 | 0 |

Note: Virology department confirms that of all the "measles" cases notified only 1 was serologically confirmed

- Fixed means clinics plus community health centres.
- Public means provincial plus local government facilities.
- Calculation of ratios per insured and uninsured populations is based on the 1999 October household survey figures for persons with medical aid. There are certain problems with this
- Province wide ratios are calculated as average of the data per district

Table: Baseline data on HIV/AIDS/STI/TB control programme

| Condition | 1999 | | 2000 | | 2001 | |
|------------------------------|---|------------|-------|------------|-----------|-------|
| | No. | Percentage | No. | Percentage | No. | % |
| HIV antenatal seroprevalence | | 27.96% | | 27.93% | | 30.13 |
| VCT uptake | A total of 13 564 VCCT tests were administered in the Free State Province | | | | | |
| PMCT | | | | | | |
| HIV positive | | | | | 66 | |
| HIV negative | | | | | 116 | |
| Counselled | | | | | 288 | |
| Tested | | | | | 163 | |
| Mother on Neverapine | | | | | 44 | |
| Baby on Neverapine | | | | | 29 | |
| STIs (new cases) | | | | | 112 511 | |
| 2001 | | | | | | |
| 2002 | | | | | 1 000 193 | |
| Syphilis cases | | | | | | |
| New smear positive TB cases | 4702 | | 5545 | | 6455 | |
| All TB cases reported | 8886 | | 10591 | | 13027 | |
| PTB cases reported | 7779 | | 8705 | | 9979 | |

Other data not available

Not all data received for 2002

Table: Performance indicators for the HIV/AIDS/STI/TB control programme*

| Indicator | Province wide value | Xhariep | Motheo | Lejwelep-utswa | Thabo Mofutsanyana | Northern FS | National target by 2005 |
|---|---------------------|---------|---------|----------------|--------------------|-------------|-------------------------|
| Input | | | | | | | |
| Total dedicated expenditure on HIV/AIDS activities R as at 25 March 2003 | 12 951 906 | 218 | 902 000 | 1 523 | 468 104 | 943 | |
| This includes: HIV/AIDS prevention, NGO transfers, ATTICs, Prevention of Mother to Child Transmission, VCCT, Home Based Care and step down facilities | | | | | | | |

Strategic Plan part B 2003/2004 to 2005/2006

| Indicator | Province wide value | Xhariep | Motheo | Lejwelep-utswa | Thabo Mofutsanyana | Northern FS | National target by 2005 |
|---|--|--|----------|----------------|--------------------|-------------|-------------------------|
| Percentage of public PHC facilities** where condoms are freely available | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Percentage of provincial hospitals and fixed PHC facilities** offering VCT | ✓30.2% | ✓ | | | | | |
| Percentage of facilities of all types offering syndromic management of STIs | 100% | All 5 Districts implement Syndromic Management | | | | | |
| Number of health districts using DOTS (with names) | ✓100% | All 5 districts see names above the tables | | | | | All districts |
| Number of TB/HIV health districts (with names) | 20% | ✓ | | | | Mafube | |
| Percentage of TB cases with a DOT supporter 2001 | 91.55% | 94.6% | 91.4% | 90.4% | 91.5% | 95.2% | |
| Percentage of TB cases with a DOT supporter 2002 | 93.8% | 93.4% | 94.2% | 92.7% | 95.0% | 93.4% | |
| Process | | | | | | | |
| HIV/AIDS plan formulated with stakeholders | 95% | All districts involve stakeholders in their plan | | | | | |
| Number of TB cases reported on 2002 | 13404 | 714 | 4653 | 3881 | 3069 | 1087 | 100% |
| Output | | | | | | | |
| Number of people trained in Syndromic management of STIs | 50% | All Districts have people trained but cannot specify | | | | | |
| Smear positive PTB cases as percentage of all PTB cases 2002 | 83.2% | 88.7% | 85.1% | 81.7% | 75.1% | 93.9% | 50-70% |
| New smear positive PTB cases as percentage of expected number of cases | | No data | | | | | 70% |
| Quality | | | | | | | |
| Average TB specimen turn around time 2002 | 3-7 days | 3-7 days | 3-7 days | 1-2 days | 3-7 days | 1-2 days | < 48 hours |
| Percentage of TB cases who are being re-treated 2001 | 16.0% | 20.8% | 16.5% | 16.8% | 13.5% | 14.5% | 6-8% |
| Percentage of new smear positive PTB cases who interrupt treatment 2001 | 10.3% | 8.2% | 9.7% | 12.5% | 8.8% | 9.8% | <10% |
| Efficiency | | | | | | | |
| Percentage of dedicated HIV/AIDS budget spent | 60.32 | >100% | 100% | >100% | 182% | >100% | |
| Outcome | | | | | | | |
| Antenatal HIV seroprevalence rate 2001 | 30.13% | Not done | 28.5% | 41.14 % | 27.8% | 29.5% | |
| Syphilis prevalence rate at sentinel sites 2001 | 1.98% | Not done | 1.55% | 3.16% | 2.25% | 0.98% | |
| PTB smear conversion rate at 2 months for new cases 2002 | 58.9% | 56.4% | 65.0% | 61.1% | 57.0% | 44.4% | > 85% |
| PTB smear conversion rate at 3 months for re-treated cases 2002 | 58.0% | 46.8% | 62.5% | 56.3% | 60.2% | 52.1% | > 80% |
| Percentage of new smear positive PTB cases cured at first attempt 2001 | 71.8% | 66.7% | 75.2% | 71.8% | 72.15 | 65.8% | > 85% |
| Percentage of TB cases that are MDR | 1% (MDR in patients = 57, out patients 120) | | | | | | |

Instructions for this table

**The symbol ✓ means that the indicator value should be reported.*

*** 'Public' means provincial plus local government facilities.*

'Fixed' means clinics plus community health centres

Table: Baseline Nutrition Indicators*

| Indicator | Provincial Status | National Status |
|-----------------------------|-------------------|-----------------|
| Infant mortality rate (IMR) | 53/1 000 | 45/1000 |
| Child mortality rate (U5MR) | 72/1 000 | 59.4/1000 |

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| | | |
|---|--------------------------|--|
| Low birth weight | 11.5% | 8.3% |
| Stunting (Under 3 years of age) | 39.8% | 21.6% |
| Nutrition Indicators (Continued) | | |
| Indicator | Provincial Status | National Status |
| Wasting (Under 3 years of age) | 3.2% | 3.7% |
| Underweight(1 to 9 years) Moderate | 14.3% | 10.3% |
| Severe: | 1.2% | 1.4% |
| VAD (Vitamin A deficiency) | 26.8% | 33.3% |
| Iron deficiency: | | |
| Anaemic | 17.1% | 21.4% |
| Iron depleted | 6.8% | 10% |
| Iron deficiency anemia | 3.9% | 5% |
| Iodine deficiency | 16.7% | 10.6% |
| Obesity Adults (>15 years) | | |
| Female | 29.2% | 29.4 |
| Male | 8.1% | 29.4 % |
| Adolescents (15 to 19 years) | | |
| Females | 5.1% | 9.1% |
| Males | 1% | 5.9% |
| Children (1 to 9 years) | ? | 2% |
| Overweight Adults (>15 years) | | |
| Female | 26% | 55% |
| Male | 16.3% | 29% |
| Adolescents (15 to 19 years) | | |
| Females | 19% | 17.6% |
| Males | 4.1% | 5.3% |
| Children (1 to 9 years) | 6.4% | 6% |
| Household food insecurity | 43 – 54% | 75% of households |
| Food consumption | ? | 10% of children 6 to 15 years don't eat breakfast |
| | ? | 50% of children 1 to 9 years consume less than half of the RDA for key vitamins and minerals |
| Consumption of iodised salt | 71% of households | 62.4% of households |
| Exclusive Breastfeeding | | |
| 0 – 3 months | ? | 10% |
| 0 – 5 months | ? | 7% |
| "Road to Health Card" coverage | ? | 75% |
| Poverty | 54.1% | 57% of population live in poverty |

? = No information available for the Free State.

Table: Performance indicators for the integrated nutrition programme*

| Indicator | Province wide value | By health district | National target by 2005 |
|--|---|--|-------------------------|
| Input | | | |
| Percentage of nutrition posts filled at all levels against nutrition staff establishments | 100% | ✓ | 100% |
| Process | | | |
| Provincial business plan submitted and approved by national department by 15 March each year | Approved by National office | NA | Each province |
| Provincial monthly financial reports in terms of Division of Revenue Act submitted to national department by 10th working day of following month | Done each month before the 10 th | Done each month before 5 th | Each province |
| Provincial quarterly progress reports submitted to national department by 10th working day of following quarter | Before 10 th of each quarter | Done quarterly | Each province |
| Output | | | |
| Percentage of newborn babies given road to health chart** | 73% | ? | 85% |
| Percentage of targeted primary schools with feeding programmes against total targeted primary schools | 60 | ? | 96% |
| Number of actual school feeding days as percentage of target number of school feeding days | 119 | 119 | 156 days |
| Quality | | | |

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| | | | |
|--|-------------------|-------------------|-------|
| Percentage of facilities with maternity beds certified as baby friendly against total facilities with maternity beds <i>Joan this should rather read the number of hospitals not beds.)</i> | 1 | 1 | 15% |
| Percentage of targeted schools where actual servings for school feeding comply with requirements and specifications of the standardised menu options | 100 | 100 | 100% |
| Efficiency | | | |
| Percentage of INP conditional grant spent | 85% | 85% | 100% |
| Percentage of special allocation for poverty relief spent | 90% | 90% | 80% |
| Outcome | | | |
| Average percentage of children under five years of age monitored for nutrition status in district health facilities showing faltering or failure of weight gain (DHIS monthly data aggregated over the year) | No info available | No info available | |
| Average percentage of children under five years of age monitored for nutrition status in district health facilities diagnosed as suffering from severe malnutrition (DHIS monthly data aggregated over year) | ? | ✓ | |
| Percentage of stunted children under five years*** | 25 | | < 20% |
| Percentage of underweight children under five years*** | 7 | | < 10% |
| Percentage of wasted children under five years*** | 5 | | < 2% |
| Percentage of severely underweight children under five years*** | ? | | < 1% |
| Percentage of vitamin A deficient children under five years*** | 26.8 | | 0% |
| Percentage of iron deficient children under five years*** | 9.3 | | 0% |
| Percentage of iodine deficient children under five years*** | 16.7 | | 0% |
| Percentage of infants exclusively breast fed at six months** | No info | | 10% |

STATUS OF DISTRICT HEALTH SERVICES

Table: District health service facilities by health district

These are the number of facilities as on 27-02-2003

| Health district ¹ | Facility type | No. | Average population per facility ² | District hospital beds (no.) (Approved beds) | District hospital beds per 1000 people ² | District hospital beds per 1000 uninsured people ³ |
|---|---------------------------------|------|--|--|---|---|
| Xhariep Population 132 070 Uninsured population 112 524 | Visiting points ⁴ | 1431 | 7 337 | 80 | 0.6 | 0,7 |
| | Clinics ⁵ | 17 | | | | |
| | CHCs | 1 | | | | |
| | Sub-total clinics + CHCs | 18 | | | | |
| | District hospitals | 3 | | | | |
| Motheo Population 736 292 Uninsured population 627321 | Visiting points ⁴ | 881 | 9 688 | 559 | 0.75 | |
| | Clinics ⁵ | 69 | | | | |
| | CHCs | 7 | | | | |
| | Sub-total clinics + CHCs | 76 | | | | |
| | District hospitals | 4 | | | | |
| Lejweleputswa Population 762 858 Uninsured population 649 955 | Visiting points ⁴ | 950 | 16 231 | 428 | 0.58 | 0.65 |
| | Clinics ⁵ | 46 | | | | |
| | CHCs | 1 | | | | |
| | Sub-total clinics+ CHCs | 47 | | | | |
| | District hospitals | 5 | | | | |
| Thabo Mofutsanyana Population 738 328 Uninsured population 629 055 | Visiting points ⁴ | 897 | 10 548 | 568 | 0.76 | 0.9 |
| | Clinics ⁵ | 69 | | | | |
| | CHCs | 1 | | | | |
| | Sub-total clinics + CHCs | 70 | | | | |
| | District hospitals | 8 | | | | |

Table: District health service facilities by health district (continued)**These are the number of facilities as on 27-02-2003**

| Health district ¹ | Facility type | No. | Average population per facility ² | District hospital beds (no.) (Approved beds) | District hospital beds per 1000 people ² | District hospital beds per 1000 uninsured people ³ |
|--|---------------------------------|------|--|--|---|---|
| Northern Free State Population 487 971 Uninsured population 415 751 | Visiting points ⁴ | 599 | 11 902 | 336 | 0.68 | 0.8 |
| | Clinics ⁵ | 35 | | | | |
| | CHCs | 6 | | | | |
| | Sub-total clinics + CHCs | 41 | | | | |
| | District hospitals | 4 | | | | |
| Province Population 2 857 519 Uninsured population 2 434 606 | Visiting points ⁴ | 4758 | 11 339 | 1971 | 0.68 | 0.8 |
| | Clinics ⁵ | 236 | | | | |
| | CHCs | 16 | | | | |
| | Sub-total clinics + CHCs | 252 | | | | |
| | District hospitals | 24 | | | | |

Instructions for this table:

A breakdown to sub-district level should be made where data are available. Data on rural development nodes and urban renewal nodes should be identified specifically.

Populations should be those of resident people. Any major cross boundary flow of patients should be explained in the text.

The uninsured population need be used only for the province wide value.

Satellite clinics should be included with visiting points.

5. Fixed clinics; both provincial and local government facilities should be included.

Assumptions

Populations per facility not available

Assumptions based on 1999 October household survey: 14.8% of population has medical Aid therefore 85.2% of population uninsured.

Visiting points are those points where no facilities exist. Services are delivered from a mobile clinic. These were thus not included in the facilities per population calculation

Facilities = clinics plus CHC

Formula for calculation: Facilities/ beds X 1000 divided by relevant section of the population

Population per facility not available

STATUS OF PHYSICAL FACILITIES**Table: Basic Infrastructural Services in District Facility Network by Health District**

| Health district ¹ | Facility type | No. | No. (%) with electricity supply from grid | No. (%) with piped water supply | No. (%) with fixed line telephone |
|------------------------------|----------------------|-----|---|---------------------------------|-----------------------------------|
| Lejweleputswa | Clinics ² | 47 | | | |
| | CHCs | 2 | 2 | 2 | 2 |
| | District hospitals | 5 | 5 | 5 | 5 |
| Northern FS | Clinics ² | 41 | | | |
| | CHCs | 4 | 4 | 4 | 4 |
| | District hospitals | 4 | 4 | 4 | 4 |
| Motheo | Clinics ² | 76 | | | |
| | CHCs | 3 | 3 | 3 | 3 |
| | District hospitals | 4 | 4 | 4 | 4 |
| Thabo Mofutsanyana | Clinics ² | 70 | | | |
| | CHCs | 1 | 1 | 1 | 1 |
| | District hospitals | 8 | 8 | 8 | 8 |
| Xhariep | Clinics ² | | | | |
| | CHCs | 1 | 1 | 1 | 1 |
| | District hospitals | 3 | 3 | 3 | 3 |
| Province | Clinics ² | 252 | | | |
| | CHCs | 11 | 11 | 11 | 11 |
| | District hospitals | 24 | 24 | 24 | 24 |

Instructions for this table:

A breakdown to sub-district level should be made where data are available. Data on rural development nodes and urban renewal nodes should be identified specifically.

Fixed clinics; both provincial and local government facilities should be included.

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Table: Numbers of Beds in Central Hospitals by Level of Care

| Central hospital (or complex) | No. of level 3 / 4 beds | No. of levels 1 and 2 beds | Total no. of beds |
|-------------------------------|-------------------------|----------------------------|-------------------|
| Pelonomi | 193 | 527 | 720 |
| Boitumelo | | 340 | 340 |
| Goldfields | | 460 | 460 |
| Manapo | | 266 | 266 |
| Bethlehem | 10 | 125 | 135 |
| Universitas (C) | 634 | | 634 |
| Universitas (N) | 158 | | 158 |

Universitas (C) refers to central hospital

Universitas (N) refers to that part of Universitas placed at National Hospital

PHYSICAL CONDITION OF DISTRICT FACILITY NETWORK

| Hospitals by type | Average 1996 NHFA condition grading | Any later provincial audit grading | Outline of major rehabilitation projects since last audit |
|-------------------------|-------------------------------------|------------------------------------|---|
| GENERAL | | | |
| Bethlehem Hospital | 4 | | Replace roofs Waiting area |
| Boitumelo Hospital | 4 | | Replace roofs phase 1 General upgrade Replace roofs phase 2 Paint selected areas |
| Manapo Hospital | 3 | | Phase 1a (Medical gas) Phase b Boiler house Psychiatric ward |
| Pelonomi Hospital | 3 | | New Mortuary Upgrade CSSD Upgrade Block M Upgrade Part of Block I New Boilers New Parking area Lifts upgrade Upgrade Block N Upgrade Block U |
| CENTRAL | | | |
| Universitas Hospital | 4 | | <ul style="list-style-type: none"> • New Aircon towers and controls • Functional upgrade of maternity • New roof over X-rays |
| PSYCHIATRIC | | | |
| Oranje Hospital | 4 | | <ul style="list-style-type: none"> • New Maximum security |
| DISTRICT | | | |
| Bothaville Hospital | 2 | | <ul style="list-style-type: none"> • Total Renovations and upgrading |
| Clocolan Hospital | 2 | | <ul style="list-style-type: none"> • Upgrading of certain areas • Replace Boilers |
| Elizabeth-Ross Hospital | 2 | | <ul style="list-style-type: none"> • Upgrading Phase 2 (Laundry, TB Ward) • Upgrading Phase 3a (New Maternity) • Upgrading Phase 3b (New Admin) |
| Ficksburg Hospital | 4 | | <ul style="list-style-type: none"> • Replace Boilers |
| Frankfort Hospital | 3 | | <ul style="list-style-type: none"> • New Emergency power • Replace boilers • Upgrade kitchen |
| Harrismith Hospital | 2 | | <ul style="list-style-type: none"> • Upgrading Phase 1 (General wards) • Upgrading Phase 2 (New Maternity) |
| Heilbron Hospital | 2 | | <ul style="list-style-type: none"> • Upgrading Phase 1 (New Kitchen and Theatres) • Upgrading Phase 2 (New Maternity and Paediatrics) |
| Hoopstad Hospital | 4 | | <ul style="list-style-type: none"> • Lagging of pipes |
| Ladybrand Hospital | 2 | | <ul style="list-style-type: none"> • New Roofs |
| Moroka Hospital | 3 | | <ul style="list-style-type: none"> • Upgrading Phase 1 (OPD) • Upgrading Phase 2 (New Entrance) • Upgrading Phase 3 (Paediatrics ward and Maternity) |

PHYSICAL CONDITION OF DISTRICT FACILITY NETWORK (Continued)

| Hospitals by type | Average 1996 NHFA condition grading | Any later provincial audit grading | Outline of major rehabilitation projects since last audit |
|---------------------------------|-------------------------------------|------------------------------------|--|
| DISTRICT (Continued) | | | |
| National Hospital | 3 | | <ul style="list-style-type: none"> • Re-opened Casualties • Renovate White Block • Renovate Wards 3 & 14 • Renovate Physio and Occupational • New 11Kv Switchgear |
| Odendaalsrus Hospital | 4 | | <ul style="list-style-type: none"> • New water supply • Replace roofs |
| Phekolong Hospital | 3 | | <ul style="list-style-type: none"> • Renovation and upgrading • Fencing |
| Sasolburg Hospital | 4 | | <ul style="list-style-type: none"> • Maintenance on roofs and paint |
| Senekal Hospital | 4 | | <ul style="list-style-type: none"> • Upgrading (Floors, paint and roofs) • New emergency power |
| Smithfield Hospital | 3 | | <ul style="list-style-type: none"> • Renovations and Upgrading (Paint) • Replace boilers |
| Virginia Hospital | 3 | | <ul style="list-style-type: none"> • Replace roofs • Upgrade sanitary ware |
| Winburg Hospital | 4 | | <ul style="list-style-type: none"> • Replace boilers |
| Zastron Hospital | 4 | | <ul style="list-style-type: none"> • Renovations and Upgrading (Roofs and paint) • Replace boilers |
| COMMUNITY HEALTH CENTRES | | | |
| Kopano CHC | 3 | | None |
| Ventersburg CHC | 3 | | None |
| Koppies CHC | 4 | | None |
| Kroonstad CHC | 3 | | None |
| Pax CHC | 4 | | None |
| Vredefort CHC | 3 | | None |
| National CHC | 3 | | None |
| Heidedal CHC | 3 | | None |
| Marquard CHC | 4 | | None |
| Petrusburg CHC | 4 | | None |

Definitions of NHFA condition grading categories

| Category | Description |
|----------|---|
| 5 | As new; appropriate (purpose designed) for proposed use; requires almost no attention; annual maintenance allowance should be 1% of budget; zero backlog maintenance |
| 4 | Good condition; generally suitable for use; needs normal maintenance, or minor repairs or alterations to remain in use; annual maintenance allowance should be 3% of budget; zero backlog maintenance |
| 3 | Poor condition; requires major repairs and/or is unsuitable for its proposed use, but rehabilitation or alterations will not exceed 65% of replacement cost; annual maintenance allowance should be 8% of budget; average cost of refurbishment 50% of replacement cost |
| 2 | Replace; requires major repairs or is unsuitable for its current function, such that renovation costs would exceed 70% of replacement cost; annual maintenance allowance should be at least 8% of budget, but may not be worthwhile unless no replacement will be available |
| 1 | Condemn; should be demolished and replaced; effectively no useful value |

INFORMATION ON HOSPITALS

District Hospitals

| Indicator | Province wide value | Jagersfontein | Smithfield | Zastron | Botshabelo | Moroka | National | Ladybrand | Winburg | Hoopstad | Oendaalsrus | Virginia | Bothaville | Clocolan | Ficksburg | Senekal | Phekolong | Reitz | Elizabeth Ross | Harrismith | Vrede | Heilbron | Parys | Sasolburg | Frankfort | Hospital range | National target | |
|---|---------------------|------------------|------------|---------|----------------|--------|----------|-----------|------------------------|----------|-------------|----------|------------|----------|-----------|---------|-----------|-------|-----------------------------|------------|-------|------------------------------|--------|-----------|-----------|----------------|-----------------|--|
| Input | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.Expenditure on hospital staff as percentage of total hospital expenditure | 76.2% | 80.99% | 82.9% | 87% | 77% | 76% | 60.04% | 65% | 86.9% | 69% | 69% | 86.9% | 69% | 88.99% | 84.25% | 85.48% | 60% | 73% | 84% | 79.4% | 83.2% | 75% | 69.51% | 69.51% | 75% | | | |
| | | Xhariep = 83.63% | | | Motho = 69.51% | | | | Lejweleputswa = 76.16% | | | | | | | | | | Thabo Mofutsanyana = 79.42% | | | Northern Free State = 72.26% | | | | | | |
| 2.Expenditure on drugs for hospital use as percentage of total hospital expenditure | 12.2% | 3.36% | 4.49% | 1.9% | 4.5% | 7% | 14.82% | 5% | 11.34% | 3.6% | 3.6% | 11.34% | 3.6% | 10.10% | 9.27% | 9.45% | 8% | 5% | 70% | 53% | 100% | 5.5% | 6.05% | 6.05% | 5.5% | | | |
| | | Xhariep = 3.25% | | | | | | | Lejweleputswa = 6.7% | | | | | | | | | | Thabo Mofutsanyana = 35.60% | | | Northern Free State = 5.78% | | | | | | |
| 3.Expenditure on hospital maintenance as percentage of total hospital expenditure | 3.12% | 1.11% | 1.5% | 5% | 1.5% | 1.5% | 1.17% | 2.5% | 1.96% | 3.8% | 3.8% | 1.96% | 3.8% | 9.39% | 9.39% | 9.39% | 2.4% | 2% | 2.3% | 1.6% | 2.9% | 1.57% | 3.7% | 3.7% | 1.57% | | | |
| | | Xhariep = 2.54% | | | | | | | Lejweleputswa = 3.06% | | | | | | | | | | Thabo Mofutsanyana = 5.67% | | | Northern Free State = 2.64% | | | | | | |
| 4.Useable beds per 1000 people* | 0.88 | 0.59 | 1.22 | 1.22 | 1.22 | 0.79 | 0.79 | 0.86 | 0.77 | 1.04 | 0.50 | 0.50 | 0.65 | 1.07 | 1.07 | 1.07 | 0.86 | 0.79 | 0.41 | 0.41 | 0.55 | 1.21 | 1.21 | 1.21 | 0.78 | | | |
| | | Xhariep = 1.01 | | | | | | | Lejweleputswa = 0.69 | | | | | | | | | | Thabo Mofutsanyana = 0.78 | | | Northern Free State = 1.09 | | | | | | |

Strategic Plan part B 2003/2004 to 2005/2006

District Hospitals (continued)

| Indicator | Province wide value | Jagersfontein | Smithfield | Zastron | Botshabelo | Moroka | National | Ladybrand | Winburg | Hoopstad | Oendaalsrus | Virginia | Bothaville | Ciocolan | Ficksburg | Senekal | Phekolong | Reitz | Elizabeth Ross | Harrismith | Vrede | Heilbron | Parys | Sasolburg | Frankfort | Hospital range | National target | | | |
|--|---------------------|---------------|----------------|---------|------------|------------|---------------|-----------|---------|----------|-------------------|----------|------------|----------|-----------|---------|-----------|-------|----------------|------------------------|-------|----------|-------|-----------|-----------|-------------------------|-----------------|------|------|------|
| 5. Useable beds per 1000 uninsured people* | 1.03 | 0.69 | 1.43 | 1.43 | 0.92 | 0.92 | 0.92 | 1.02 | 0.90 | 1.21 | 0.58 | 0.58 | 0.76 | 1.07 | 1.25 | 1.01 | 1.01 | 0.93 | 0.48 | 0.48 | 0.64 | 1.42 | 1.42 | 1.42 | 1.35 | 0.78 | | | | |
| 6. Hospital expenditure per person* | | R 2023 | R1 114 | R 2 033 | R 130 | R457 | R454 | R887 | | R662 | R871 | | R579 | R683 | R683 | R683 | R1021 | R789 | R92 | R1036 | R1077 | R 3998 | | R 798 | R365. | | | | | |
| | | Xhariep = R | | | | Motheo = R | | | | | Lejweleputswa = R | | | | | | | | | Thabo Mofutsanyana = R | | | | | | Northern Free State = R | | | | |
| 7. Hospital expenditure per uninsured person* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Percentage of hospitals with operational hospital board | 92.48% | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | | | Xhariep = 100% | | | | Motheo = 100% | | | | | | | | | | | | | | | | | | | | | | | |

Strategic Plan part B 2003/2004 to 2005/2006

| Indicator | Province | Wide Value | Lagers- fontein | Smithfield | Zastron | Botshabelo | Moroka | National | Ladybrand | Winburg | Hoopstad | Oendals- rus | Virginia | Bothaville | Clocolan | Ficksburg | Senekal | Phekolong | Reitz | Elizabeth Ross | Harrismith | Vrede | Heilbron | Parys | Sasolburg | Frankfort | Hospital range | National target | |
|--|------------------|---|--------------------|------------|---------|-----------------|-----------------|------------|-----------|----------|----------|-----------------------|----------|------------|----------|-----------|---------|-----------|-----------|-----------------------------|------------|---------|-----------------------|------------------------------|-----------|-----------|-------------------|--------------------|--|
| 13. Separations per 1000 people*2002 | 553.7 | Note: Statistics only available per district Xhariep = 198.2 | | | | | Motheo = 679.8 | | | | | Lejweleputswa = 682.2 | | | | | | | | Thabo Mofutsanyana = 443.3 | | | | Northern Free State = 608.9 | | | | | |
| 14. Separations per 1000 uninsured people* | 649.8 | Xhariep = 232.63 | | | | | Motheo = 797.89 | | | | | Lejweleputswa = 800.7 | | | | | | | | Thabo Mofutsanyana = 520.31 | | | | Northern Free State = 714.67 | | | | | |
| 15. Patient day equivalents per 1000 people* | 18.74 | 7.08 | 9.44 | 6.473 | 7.08 | 59.88 | 49.1 | 30.64 | 8.80 | 25.05 | 8.59 | 25.67 | 36.34 | 13.36 | 7.43 | 7.24 | 10.0 | 23.88 | 14.35 | 23.51 | 14.02 | 5.46 | 9.12 | 16.58 | 24.97 | 6.28 | | | |
| 16. Patient day equivalents per 1000 uninsured people* | 22 | 7.59 | 11.08 | 7.59 | 7.08 | 70.28 | 57.63 | 33.96 | 10.33 | 29.4 | 10.08 | 30.13 | 42.65 | 15.68 | 8.72 | 8.52 | 11.85 | 28.03 | 16.84 | 27.59 | 16.46 | 6.41 | 10.70 | 19.46 | 29.31 | 7.37 | | | |
| 17. Patient fee income per separation | Revenue = 65 320 | 17.64 | R65 320. | R 91 547 | | R151 267 | R452 293 | R1 087 755 | R286 671 | R285 012 | R 94622 | R 63 056 | R285 012 | R169 795 | R25 007 | R 185 047 | R77 492 | R259 454 | R 183 770 | | R195 744 | R74 239 | R288 436 | R569 976 | R 266 437 | R288 436 | | | |
| | | Xhariep = | | Motheo = | | Lejweleputswa = | | | | | | | | | | | | | | Thabo Mofutsanyana = | | | Northern Free State = | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Note: Revenue from patient fees reflected per hospital

Strategic Plan part B 2003/2004 to 2005/2006

| Indicator | Province | Jagersfontein | Smithfield | Zastron | Botshabelo | Moroka | National | Ladybrand | Winburg | Hoopstad | Oendandaalsrus | Virginia | Bothaville | Clocolan | Ficksburg | Senekal | Phekolong | Reitz | Elizabeth Ross | Harrismith | Vrede | Heilbron | Parys | Sasolburg | Frankfort | Hospital range | National target | | |
|---|---|-----------------|------------|--------------|------------|--------|---------------------|-----------|---------|----------|----------------|----------|--|----------|-------------------|------------|-----------|-------|---------------------------|------------|-------|----------|-------|-----------|---------------------|----------------|-----------------|--|--|
| Quality | Note: This information is provided per hospital elsewhere in this document | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Percentage of hospitals in facility audit condition 4 or 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Percentage of hospitals that have conducted and published a patient satisfaction survey in last 12 months | | No | No | | 0% | 100% | | 100% | | | | | | Ongoing | Continual process | Continuous | 0% | 100% | 460 | 77% | 77% | 100% | | | Commmenced Dec 2002 | 100% | | | |
| | | Xhariep = | | Motheo = | | | Lejweleputswa = | | | | | | Thabo Mofutsanyana = | | | | | | Northern Free State = | | | | | | | | | | |
| 20. Percentage of hospitals with designated official responsible for coordinating quality management | Note: All hospitals are part of Council for Health Service Accreditation of South Africa (COHSASA) accreditation process. They do thus have paersons with this designated function | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Percentage of hospitals with clinical audit (M&M) meetings at least once a month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Xhariep = 33.3% | | Motheo = 50% | | | Lejweleputswa = 0% | | | | | | Thabo Mofutsanyana = 28.57% (Monthly meetings) | | | | | | Northern Free State = 0% | | | | | | | | | | |
| Efficiency | Note: Peer reviews are gradually being replaced by clinincal audit in terms of COHSASA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Average length of stay | 5.7 | 4 | 3.3 | 3.12 | 5.89 | 6 | 4.22 | 6 | 5.7 | 1.3 | 1.3 | 5.7 | 1.3 | 3 | 2.5 | 2.5 | 3.4 | 3.83 | 3 | 3.3 | 2.74 | 2.74 | 2.74 | 5.2 | 5.2 | 2.5 | | | |
| | | Xhariep = 8 | | Motheo = 10 | | | Lejweleputswa = 4.2 | | | | | | Thabo Mofutsanyana = 3.2 | | | | | | Northern Free State = 3.7 | | | | | | | | | | |

Strategic Plan part B 2003/2004 to 2005/2006

District Hospitals (Continued)

| Indicator | Province wide value | Jagersfontein | Smithfield | Zastron | Botshabelo | Moroka | National | Ladybrand | Winburg | Hoopstad | Oendaarsrus | Virginia | Bothaville | Clocolan | Ficksburg | Senekal | Phekolong | Reitz | Elizabeth Ross | Harrismith | Vrede | Heilbron | Parys | Sasolburg | Frankfort | Hospital range | National target |
|--|---------------------|-----------------|------------|---------|------------|----------------|----------|-----------|-----------------------|----------|-------------|----------|------------|----------|-------------|------------|----------------------------|-------|----------------|------------|------------|-----------------------------|-------|-----------|-----------|----------------|-----------------|
| 23. Bed utilisation rate (based on useable beds) | 76.3% | 55% | 77.7% | 64.91% | 92% | 85% | 69.34% | 85% | 70% | 67% | 67% | 70% | 67% | 55% | 67% | 55% | 60.5% | 80.2% | 60% | 50% | 45.5% | 68% | | | 68% | | |
| | | Xhariep = 67.1% | | | | Motheo = 85.3% | | | Lejweleputswa = 71.5% | | | | | | | | Thabo Mofutsanyana = 56.5% | | | | | Northern Free State = 76.9% | | | | | |
| 24. Expenditure per patient day equivalent | | R350 | R702 | R691 | R869 | R685 | R1 151 | R214 | R450 | R711 | R676 | R450 | R580 | R548 | R161 927.00 | R70 849.59 | R818 | R553 | R663 | | R73 283.00 | R801 | R695 | R695 | R915 | | |
| | | Xhariep = | | | | Motheo = | | | Lejweleputswa = | | | | | | | | Thabo Mofutsanyana = | | | | | Northern Free State = | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. Case fatality rate for surgery separations | | Xhariep = 0.08% | | | | Motheo = 0.3 | | | Lejweleputswa = 0.2% | | | | | | | | Thabo Mofutsanyana = 0.2% | | | | | | | | | | |
| Data only available per district | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Regional/ General/ Specialised Hospitals

| Indicator | Province wide value | Regional Hospital range | | | | | | | | | | Specialised Hospital | |
|--|---------------------|-------------------------|-----------|------------|-----------|-----------|----------------|--|--|--|--|----------------------|--|
| | | Pelonomi | Bethlehem | Goldfields | Manapo | Boitumelo | Oranje (Psych) | | | | | | |
| Input | | | | | | | | | | | | | |
| 1. Expenditure on hospital staff as percentage of total hospital expenditure | 68.73% | 81.79% | 65.7% | 67% | 59.91% | 69.25% | 80% | | | | | | |
| 2. Expenditure on drugs for hospital use as percentage of total hospital expenditure | 6.88% | 6.10% | 4.68% | 11% | 6.58% | 6.02% | 1.55% | | | | | | |
| 3. Expenditure on hospital maintenance as percentage of total hospital expenditure | 2.3% | 0.84% | 2.53% | 3.4% | 3% | 1.75% | 1% | | | | | | |
| 4. Useable beds per 1000 people* | | | 66 | | 0.48 | 0.7 | | | | | | | |
| 5. Useable beds per 1000 uninsured people* | | | | | | 0.871 | | | | | | | |
| 6. Hospital expenditure per person* | | | R1 105 | | R1 154.70 | R133.02 | | | | | | | |
| 7. Hospital expenditure per uninsured person* | | | | | | R166.28 | | | | | | | |

Strategic Plan part B 2003/2004 to 2005/2006

| Indicator | Province wide value | Regional Hospital range | | | | | | Specialised Hospital Oranje (Psych) |
|---|---------------------|-------------------------|--|------------|-------------|-----------|---------|-------------------------------------|
| | | Pelonomi | Bethlehem | Goldfields | Manapo | Boitumelo | | |
| Process | | | | | | | | |
| 8.Percentage of hospitals with operational hospital board | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 9. Percentage of hospitals with appointed (not acting) CEO in place | 60% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 10.Percentage of hospitals with business plan agreed with provincial health department | 60% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| 11.Percentage of hospitals with up to date asset register | 92% | 60% | 100% | 100% | 100% | 100% | 100% | 100% |
| 12.Maximum permitted value of procurement at discretion of hospital CEO without reference to provincial level | | R200 000 | R100 000 | 2% | R50 000 | 100% | R80 000 | |
| Output | | | | | | | | |
| 13.Separations per 1000 people* | | 31 | | | | | 27.895 | |
| 14.Separations per 1000 uninsured people* | | | | | | | 34.87 | |
| 15.Patient day equivalents per 1000 people* | | 218 460 | 29 939 | 137 304 | 57 509 | 87 748 | 55 026 | |
| 16.Patient day equivalents per 1000 uninsured people* | | | | | | | | |
| 17.Patient fee income per separation | | R252.89 | Actual revenue / separations R1056979-75 / separations | 48% | | | R53.53 | |
| Quality | | | | | | | | |
| 18.Percentage of hospitals in facility audit condition 4 or 5 | | | | | | | | |
| 19.Percentage of hospitals that have conducted and published a patient satisfaction survey in last 12 months | 80% | 100% | 100% Conduct a survey, but do not publish | | 100% | 100% | 100% | 0% |
| 20.Percentage of hospitals with designated official responsible for coordinating quality management | 60% | 100% | 100% | | 100% | 100% | 100% | 100% |
| 21.Percentage of hospitals with clinical audit (M&M) meetings at least once a month | 20% | 100% | 0% | | 0% | | 100% | 100% |
| Efficiency | | | | | | | | |
| 22.Average length of stay | 5.25 | 6.4 | 4.54 | 5 | 5.03 | 5.3 | 30 | |
| 23.Bed utilisation rate (based on useable beds) | 70.37% | 79.2% | 54.14% | 80% | 67.7% | 70.8% | 100 | |
| 24.Expenditure per patient day equivalent | R290 823.58 | R1 064.00 | R29 939 | R817.00 | R999 910.25 | R733.66 | | |
| Outcome | | | | | | | | |
| 25.Case fatality rate for surgery separations | | 4.29% | 0% | 13% | 8 | 3.6% | na | |

Central Hospitals

| Indicator | Province wide value | Hospital range | National target |
|--|---------------------|--------------------|-----------------|
| | | Universitas | |
| Input | | | |
| 1. Expenditure on hospital staff as percentage of total hospital expenditure | | 68% | |
| 2. Expenditure on drugs for hospital use as percentage of total hospital expenditure | | 13% | |
| 3. Expenditure on hospital maintenance as percentage of total hospital expenditure | | 2.8% | |
| 4. Useable beds per 1000 people* | | | |
| 5. Useable beds per 1000 uninsured people* | | | |
| 6. Hospital expenditure per person* | | | |
| 7. Hospital expenditure per uninsured person* | | | |
| Process | | | |
| 8. Percentage of hospitals with operational hospital board | | 100% | |
| 9. Percentage of hospitals with appointed (not acting) CEO in place | | 100% | |
| 10. Percentage of hospitals with business plan agreed with provincial health department | | 100% | |
| 11. Percentage of hospitals with up to date asset register | | 100% | |
| 12. Maximum permitted value of procurement at discretion of hospital CEO without reference to provincial level | | R80 000 | |
| Output | | | |
| 13. Separations per 1000 people* | | | |
| 14. Separations per 1000 uninsured people* | | | |
| 15. Patient day equivalents per 1000 people* | | 144 056 | |
| 16. Patient day equivalents per 1000 uninsured people* | | | |
| 17. Patient fee income per separation | | | |
| Quality | | | |
| 18. Percentage of hospitals in facility audit condition 4 or 5 | | | |
| 19. Percentage of hospitals that have conducted and published a patient satisfaction survey in last 12 months | | 100% | |
| 20. Percentage of hospitals with designated official responsible for coordinating quality management | | 100% | |

Central Hospitals (Continued)

| Indicator | Province wide value | Hospital range | National target |
|--|---------------------|--------------------|-----------------|
| | | Universitas | |
| 21. Percentage of hospitals with clinical audit (M&M) meetings at least once a month | | 100% | |
| Efficiency | | | |
| 22. Average length of stay | | 5.8 | |
| 23. Bed utilisation rate (based on useable beds) | | 71.5 | |
| 24. Expenditure per patient day equivalent | | | |
| Outcome | | | |
| 25. Case fatality rate for surgery separations | | N/a | |

* Not to be filled in for individual central hospitals.

How the data was calculated

| | |
|--|--|
| Total personnel expenditure / Total expenditure Question 2 Total expenditure on drugs / Total expenditure Question 3 Total expenditure on maintenance / Total expenditure Question 4 Beds / total population * 1000 Question 5 Previous value * 85.2 / 100 | Question 6 Total expenditure / Headcount (in and out patients) Question 14 Value of question 13 * 85.2 / 100 Question 16 Value of question 15 * 85.2 / 100 Question 17 Actual revenue collected for patient fees (added for the whole district) / separations per district Question 24 Total expenditure / PDE |
|--|--|

/ = Divide * = Multiply

FACILITY CONSTRUCTION UPGRADES AND REHABILITATION**NEW CONSTRUCTION CLINIC**

| | 2000/01-(actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 | 2005/06 | Total project |
|-----------------------|------------------|----------------|-------------------|--------------------|---------|---------|---------------|
| PROGRAM 2 | | | | | | | |
| Botshabelo Block N | 1,250,000.00 | | | | | | 1,250,000.00 |
| Blugumbush | 1,500,000.00 | | | | | | 1,500,000.00 |
| Tseki | | 1,500,000.00 | | | | | 1,500,000.00 |
| Clarens | | 1,480,000.00 | | | | | 1,480,000.00 |
| Vrede | | 1,400,000.00 | | | | | 1,400,000.00 |
| Warden | | 1,760,000.00 | | | | | 1,760,000.00 |
| Koffiefontein | | 2,800,000.00 | | | | | 2,800,000.00 |
| Thabo Patchoa | | 500,000.00 | | | | | 500,000.00 |
| Theunissen | | 2,300,000.00 | | | | | 2,300,000.00 |
| Thabo Nchu (Planning) | | 322,361.00 | | | | | 322,361.00 |
| Kroonstad CHC | | 2,500,000.00 | | | | | 2,500,000.00 |
| KRD Seisoiville | | 1,000,000.00 | | | | | 1,000,000.00 |
| Welkom Matjhabeng | | 2,500,000.00 | | | | | 2,500,000.00 |
| Boshof | | | 2,925,000.00 | | | | 2,925,000.00 |
| Smithfield | | | 2,600,000.00 | | | | 2,600,000.00 |
| Thabo Nchu | | | 1,783,260.00 | | | | 1,783,260.00 |

NEW CONSTRUCTION CLINIC

| | 2000/01-(actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 | 2005/06 | Total project |
|----------------------|------------------|----------------|-------------------|--------------------|--------------|---------|---------------|
| Botshabelo Block H3 | | | 1,875,000.00 | | | | 1,875,000.00 |
| Botshabelo Block L | | | 1,875,000.00 | | | | 1,875,000.00 |
| Steynsrus | | | 2,125,000.00 | | | | 2,125,000.00 |
| Sasolburg Leitrim | | | 1,875,000.00 | | | | 1,875,000.00 |
| Ladybrand | | | 1,750,000.00 | | | | 1,750,000.00 |
| Thabo Nchu | | | 1,460,000.00 | | | | 1,460,000.00 |
| Bethlehem | | | | 4,100,000.00 | | | 4,100,000.00 |
| Bethulie | | | | 5,800,000.00 | | | 5,800,000.00 |
| Brandfort | | | | 3,800,000.00 | | | 3,800,000.00 |
| Reitz | | | | | 3,480,000.00 | | 3,480,000.00 |
| Sasolburg (Vaalpark) | | | | | 3,480,000.00 | | 3,480,000.00 |
| Jacobsdal | | | | | 5,800,000.00 | | 5,800,000.00 |

Free State Department of Health: Clinical Health Services Cluster

Strategic Plan part B 2003/2004 to 2005/2006

| TOTAL NEW CLINICS | 2,750,000.00 | 18,062,361.00 | 18,268,260.00 | 13,700,000.00 | 12,760,000.00 | 65,540,621.00 |
|-------------------------------------|-------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| NEW CONSTRUCTION HOSPITAL | | | | | | |
| PROGRAMME 2 | | | | | | |
| Dealesville CHC | | | 3,000,000 | 1,700,000 | 1,500,000 | 6200000 |
| Ladybrand New Hosp | | | 900,000 | | | 900000 |
| MUCPP (Funded Health) | 9,536,995 | | | | | 9,536,995 |
| Trompsburg New Hosp | | | 300,000 | 2,000,000 | | 2300000 |
| TOTAL NEW HOSPITALS | 9,536,995 | | 4,200,000 | 3,700,000 | 1,500,000 | 18,936,995 |
| GRAND TOTAL NEW CONSTRUCTION | 12,286,995 | 18,062,361 | 22,468,260 | 3,700,000 | 15,200,000 | 84,477,616 |

| | | | | | | |
|---|-----------------|----------------|-------------------|-----------------|-------------------------|----------------------------------|
| FACILITY CONSTRUCTION CUBP | | | | | | |
| UPGRADING AND REHABILITATION CLINICS | | | | | | |
| | 2000/01-actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 MTEF projection | 2005/06 MTEF projection estimate |
| Botshabelo Block J | 190,000.00 | | | | | 190,000.00 |
| Botshabelo Block K | 190,000.00 | | | | | 190,000.00 |

Strategic Plan part B 2003/2004 to 2005/2006

| UPGRADING AND REHABILITATION CLINICS (Continued) | | | | | | | | | |
|--|-----------------|----------------|-------------------|--------------------|-------------------------------|----------------------------|---------------------------|--|--|
| | 2000/01-actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 MTEF projection | 2005/06 MTEF projection | Total project estimate | | |
| Botshabelo Block C | 345,000.00 | | | | | | 345,000.00 | | |
| Kgalala (Thabo'Nchu) | | 909,646.00 | | | | | 909,646.00 | | |
| Gaungalelwe (Thabo'N) | | 667,993.00 | | | | | 667,993.00 | | |
| Eva-mota | | 870,000.00 | | | | | 870,000.00 | | |
| Tsirella | | 660,000.00 | | | | | 660,000.00 | | |
| Phabalong | | 77,000.00 | | | | | 77,000.00 | | |
| Monontsha | | 1,042,000.00 | | | | | 1,042,000.00 | | |
| Thabong | | 172,000.00 | | | | | 172,000.00 | | |
| Phuthadijhaba | | 148,000.00 | | | | | 148,000.00 | | |
| Makwane | | 691,000.00 | | | | | 691,000.00 | | |
| Bhm. Bakenpark | | 225,000.00 | | | | | 225,000.00 | | |
| Bhm Bohlakong | | 500,000.00 | | | | | 500,000.00 | | |
| Bhm Mphohadi | | 520,000.00 | | | | | 520,000.00 | | |
| Arlington | | 880,000.00 | | | | | 880,000.00 | | |
| Lindley | | 770,000.00 | | | | | 770,000.00 | | |
| Botshabelo Block B | | | 225,000.00 | | | | 225,000.00 | | |
| Botshabelo Block D | | | 687,500.00 | | | | 687,500.00 | | |
| Bfn Bayswater | | | 550,000.00 | | | | 550,000.00 | | |
| Bfn Thusong | | | 625,000.00 | | | | 625,000.00 | | |
| Oranjeville, Metsimaholo | | | 687,500.00 | | | | 687,500.00 | | |
| Wepener, Quibing | | | | 1,619,584.00 | | | 1,619,584.00 | | |
| Hennenman | | | | 1,886,250.00 | | | 1,886,250.00 | | |
| Weikom Tshepong | | | | 886,250.00 | | | 886,250.00 | | |
| Weikom Bophelong | | | | 752,916.00 | | | 752,916.00 | | |
| Kroonstad_GHC | | | | | 870,000.00 | | 870,000.00 | | |
| Rouxville | | | | | 3,300,000.00 | | 3,300,000.00 | | |
| Hobhouse | | | | | 800,000.00 | | 800,000.00 | | |
| Qwaqwa, Bolata | | | | | | 2,900,000.00 | 2,900,000.00 | | |

Strategic Plan part B 2003/2004 to 2005/2006

| UPGRADING AND REHABILITATION CLINICS (Continued) | | | | | | | |
|---|-------------------|---------------------|---------------------|---------------------|-------------------------------|----------------------------|---------------------------|
| | 2000/01-actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 MTEF projection | 2005/06 MTEF projection | Total project estimate |
| Reddersburg | | | | | | 1,700,000.00 | 1,700,000.00 |
| Bfn, Hilton | | | | | | 1,100,000.00 | 1,100,000.00 |
| Total Upgrading And Rehab Clinics | 725,000.00 | 8,132,639.00 | 2,775,000.00 | 5,145,000.00 | 4,970,000.00 | 5,700,000.00 | 27,447,639.00 |
| UPGRADING / REHABILITATION HOSPITALS PROGRAMME 2 | | | | | | | |
| | 2000/01-actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 MTEF projection | 2005/06 MTEF projection | Total project estimate |
| Boilers 6 Hosp | 1,254,607 | 1,900,000 | | | | | 3,154,607 |
| Ciocolan Roofs Completed | | | | | | | |
| Elizabeth Ross Phase 3 A | 27,719 | 7,586,011 | 2,611,736 | | | | 10,225,466 |
| Elizabeth Ross Phase 3B | | 230,000 | 5,876,745 | 5,452,709 | | | 11,559,454 |
| Ficksburg Boilers | | | | 350,000 | | | 350,000 |
| Harrismith Phase II | 232,880 | 4,151,943 | 3,648,443 | | | | 8,033,266 |
| Heilbron Phase II | 1,032,978 | | 3,500,000 | 3,656,633 | | | 8,189,611 |
| Itumeleng Upgrade | | 250,000 | 160,654 | 2,949,346 | | | 3,360,000 |
| Jagersfontein Upgrade | | | | 2,000,000 | 3,000,000 | | 5,000,000 |
| Ladybrand Roofs | | 100,000 | 1,097,897 | | | | 1,197,897 |
| Moroka Upgrade (Phase III Paed) | | 1,500,000 | 2,500,000 | | 2,431,674 | | 6,431,674 |
| Moroka Upgrade Phase II | 159,851 | 1,636,039 | 1,122,489 | | 320,389 | | 3,238,768 |
| National 11 Kv Switchgear Completed | | 61,539 | 1,017,786 | 50,385 | | | 1,129,710 |
| National Physio & Occup | | 646,143 | 2,383,497 | | | | 3,029,640 |
| National Ward 3 & 14 | 138,193 | 1,447,200 | 829,454 | | 180,617 | | 2,595,464 |
| National White Block | 195,574 | 636,963 | 793,676 | | 223,506 | | 1,849,719 |
| Odendaalsrus Roofs | 3,044,450 | | | | | | 3,044,450 |
| Phekelong (Completed) | | | | | | | |
| Regional Laundry E-Ross | | | | | | | |
| Sasolburg Roofs | | | 1,500,000 | | | | 1,500,000 |
| Senekal Genset | | | 750,000 | | | | 750,000 |

Strategic Plan part B 2003/2004 to 2005/2006

UPGRADING / REHABILITATION HOSPITALS (continued)

PROGRAMME 2

| | 2000/01-actual) | 2001/02-actual | 2002/03 -estimate | 2003/04- budget | 2004/05 MTEF projection | 2005/06 MTEF projection | Total project estimate |
|--|-------------------|-------------------|-------------------|--------------------|-------------------------------|----------------------------|---------------------------|
| Virginia Roofs (Completed) | 3,118,411 | | | | | | 3,118,411 |
| Virginia Sanitary | | 34,318 | 1,242,993 | | | | 1277311 |
| Winburg Boilers | | | | 350,000 | | | 350000 |
| Virginia Replace Prefabs | | | | 500,000 | 2,500,000 | 3,500,000 | 6500000 |
| Odendaalsrus Replace Prefabs | | | | 500,000 | 2,500,000 | 3,500,000 | 6500000 |
| Harrismith Final Phase | | | | 2,500,000 | 4,000,000 | 4,000,000 | 10500000 |
| E Ross Final Phase | | | | 1,500,000 | 7,000,000 | 11,000,000 | 19500000 |
| Heilbron Final Phase | | | | 2,000,000 | 4,000,000 | 5,000,000 | 11000000 |
| National Hosp Further Upgrade | | | | 1,000,000 | 3,000,000 | 5,000,000 | 9000000 |
| PROGRAMME 3 | | | | | | | |
| Boitumelo Paint (Completed) | | | | | | | |
| Boitumelo Roofs | 381,278 | 494,409 | 3,658,835 | 4,605,371 | 882,424 | | 10,022,317 |
| Boitumelo Phase 1 Revitalise | | | | 31,000,000 | 41,500,000 | 33,000,000 | |
| Manapo Boilers (Completed) | 8,963,530 | | | | | | 8,963,530 |
| Manapo Psych Ward | | 610,732 | 5,852,287 | 1,664,342 | | | 8127361 |
| Manapo Upgrade Lifts | | | | 3,000,000 | | | 3000000 |
| Pelonomi N Block | 1,014,528 | 5,618,091 | 7,111,885 | | | | 13,744,504 |
| Pelonomi U Block | | 184,455 | 2,628,909 | | | | 2813364 |
| Pelonomi B Block Trauma | | 939,590 | 500,000 | 16,000,000 | | | 17439590 |
| Pelonomi Theatre Aircon | | | 250,000 | 2,250,000 | | | 2500000 |
| Pelonomi Entrance and Gate | | | | | | | |
| Pelonomi Further upgrade | | | | | 10,000,000 | 20,000,000 | |
| Bethlehem Maternity | | | | | 5,000,000 | | |
| Programme 4 | | | | | | | |
| Universitas New Roof X Ray | | 140,473 | 2,701,393 | | | | 2841866 |
| Universitas New Chiller | | | 3,200,000 | | | | 3200000 |
| Total Upgrading and Rehab Hospitals | 10,359,336 | 7,987,750 | 25,903,309 | 58,519,713 | 86,538,610 | 85000000 | 215,037,980 |
| UPGRADING+ REHAB | 11,084,336 | 16,120,389 | 28,678,309 | 63,664,713 | 91,508,610 | 90,700,000 | 242,485,619 |

Free State Department of Health: Clinical Health Services Cluster

Appraisal of Existing Services and Performance during the Past Year

The Clinical Health Services Cluster is responsible for rendering of health services to the population of the province and on contractual basis certain services are rendered to Northern Cape, Eastern Cape and the Kingdom of Lesotho. This includes implementation of policy, management, monitoring and the evaluation of health services.

During the 2002/2003 financial year, the Clinical Health Services Cluster achieved the following goals:

Public Private Partnership (PPP). The Co-Location of Beds Project was established at Universitas and Pelonomi Hospitals and the agreement signed.

The Provincial District Health Services conference was hosted. This ensured the participation in decision making of all stakeholders. The participation of Local government ensured the principle of cooperative-governance in this strategically important transformation. This further extends the development of the District Health System in the province.

Service Level Agreements were signed with all twenty local Municipalities. This will enable efficient management of transfer payments for the rendering of Primary Health Care services.

Collaboration with the Health Support Cluster in the establishment of integrated Home Based Care and Step-Down Facilities. In this way community based care involves trained lay people in the care of community members. This is part of the affordable Primary health Care approach to promoting a healthy and self-reliant community.

Access to 24-hour services has been extended to the entire population of the province. Some clinics and Community Health Centres have extended service hours. Others have on-call systems operating after hours. By means of the referral system and an extensive network of the commuter transport system; patients are referred to the appropriate level of care.

An Integrated Rural Health Care strategy was developed. In this way the department ensures the development of health facilities and extension of services to rural communities

Community Service health care practitioners (this year including also pharmacists) have enabled provision of more comprehensive health services also to rural communities.

A service marketing strategy workshop was held to develop a services marketing strategy. This strategy has since been finalised and Health Complex implementation plans have been developed.

A quality assurance unit was launched. They will implement the recommendations of COHSASA and influence the quality of hospital care

Key Challenges over the Strategic Plan Period

- Delivery of Health Services at all levels of care within available resources
- Management and monitoring of Service Level Agreements to ensure delivery of quality health services to communities
- Decentralisation of health services to municipalities as the next phase of the implementation of the District Health System.
- Implementation of the services marketing plan
- Implementation of the Integrated Rural Health Care Strategy
- Development of information systems to support information based decision-making
- Use of technology to support development of the District Health System
- Efficient management of resources to afford the delivery of essential health services
- To increase the Tuberculosis (TB) Cure Rate of new TB Cases to 75%.

- Ensure that all staff establishments are reviewed and that the required staffing levels are determined in line with transformed service needs and affordability.

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

- Implementation of the Primary Health Care package, and packages of identified services the District Hospital Package and Level II hospital pack
- Modernisation of Tertiary Services
- Implementation of the selected options of the Strategic Position Statements
- Implementation of the District Health System
- National TB Control Programme
- Transfer of Mortuaries from the South African Police Services (SAPS) to the Provincial Departments of Health
- Implementation of new policies and guidelines on HIV/AIDS and revised protocols on Sexually Transmitted Infections (STI's). These are described in more detail under Health support Services Cluster.
- Emergency Medical Services and Disaster preparedness

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Economic factors

- Implementation of key transformation initiatives (e.g. District Health System) without additional transaction (transformation costs)
- Health inflation is estimated at 4.5 % above the normal inflation rate (CPIX). This is to some extent influenced by the fact that equipment and consumables used by health services are predominantly imported
- The value of the Rand further affects the ability of the department to afford health services
- Personnel expenditure constitutes 62% of the budget

Environmental factors

- A significant proportion of the community in the province lives in rural areas
- 34% of the Free State community is unemployed.
- 54.1 % of the community live in poverty
- In the Free State the estimated average of the community who cannot afford medical aid or private health services is 87%.
- This is calculated using the assumption that only people who earn more than R3500 per month can afford medical aid or private sector service, The estimated % of people dependant on public health services in various districts are as follows: Xhariep - 91%, Motheo – 81%, Lejweleputswa - 86%, Thabo Mofutsanyana - 91%, Northern Free State - 84%

These factors influence the number of persons who are wholly or partially dependant on the department for health care. The Free State is the second the poorest province. The equitable share allocation does /does not take these factors into consideration

Burden of disease

Poor socio economic conditions further influence the HIV/AIDS and TB epidemics in the province

The status of health indicators is deteriorating

These issues further exacerbate the burdens already described

Analysis of expenditure

- An analysis of allocation versus expenditure trends in the Clinical Health Services Cluster reveals projected shortfalls. In order to address this situation, the cluster is prioritising and re-aligning budgets.
- “Unfunded Mandates” within the cluster, increase the burden e.g. the provisioning of Post Exposure Prophylaxis for rape victims and the expansion of the Prevention of Mother to Child Transmission Project.
- Due to the fact that staff establishments need to be reviewed, the required staffing levels have to be determined in line with transformed service needs and affordability.

Strategic Plan part B 2003/2004 to 2005/2006

Goal 1: Reduce the burden of HIV/AIDS and TB

| Objective 1.1 | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|---|--|-------------------------------|------------------------------------|-----------------------------------|-------------------------------|--|
| Develop and maintain integrated Home Based Care and Step Down Facilities | Indicator | | | | | |
| | Percentage of towns where Home Based Care initiatives are implemented and marketed. | 20% | 50% | 70% | 100% | Maintained |
| | Cost- and efficiency of step down facilities evaluated. | | | Evaluated. | | |
| Objective 1.2 Develop and implement a policy for cadres of community workers who will assist the Department with services such as HBC, SDF and VCCT | Number of additional functional step down facilities established per district. | 4 | 7 of which 6 are functional | 2 per district | 2 per district | In the remainder of District Hospitals |
| | Policy for cadres of community workers implemented. (who will assist the Department with services such as Home Based Care, Step Down Facilities and VCCT) implemented. | | | Policy developed and implemented. | Policy revised and updated. | |
| | Percentage of existing and future community workers managed by NGOs independently. | 10% | 20% | 50% | 80% | 100% |

| Goal 1: Reduce the burden of HIV/AIDS and TB | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|--|--|--|---|--|--|--|
| Objective 1.3 Appropriate Management of HIV/AIDS and TB patients at all levels of care | Indicator | | | | | |
| | Percentage of treatment protocols that exist at all levels of care | 10% | 20% | 70% | 100% | Maintained |
| | Percentage of health personnel trained to implement treatment protocols. | Not measurable | Not measurable | 60% | 100% | Maintained |
| | Percentage of staff trained and implementation of Syndromic Management of Sexually Transmitted Infections (STIs) in all districts. | 10% | 40% | 60% | 100% | Maintained |
| | Percentage of facilities within piloting districts that VCCT was rolled out to. | 0% | 45% | 60% | 100% | Maintained |
| | PMTCT rolled out as agreed upon by MINMEC (Expansion Project) | Only at 2 sites | Only at 2 sites | 30% | 60% | 100% |
| | (PMTCT Research Sites established to inform Policy) | 2 sites introduced | 2 sites maintained | 2 sites maintained | 2 sites subjected to National Review | 2 sites maintained |
| | (Provision of HIV/AIDS post exposure prophylactic treatment to Rape Victims) | 0% | Provision of drugs at all hospitals. | Counseling service established at 40% of facilities. | Counseling service established at 60% of facilities. | Counseling service established at 80% of facilities. |

Strategic Plan part B 2003/2004 to 2005/2006

| Goal 1: Reduce the burden of HIV/AIDS and TB | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|--|--|--|---|--|--|--|
| Indicator | | | | | | |
| Objective 1.4 | Percentage achieved for Smear Conversion Rate. | | | | | |
| Increase TB Cure Rate of new cases to 85% | Percentage achieved for Passive Case Detection Rate. | | | | | |
| | Percentage reduction in Treatment Interruption Rate | 12.3% | 12% | 10% | 8% | 5% |
| | Percentage Cure Rate of new TB cases. | 68.5% | 70% | 75% | 80% | 85% |
| | (TB Electronic Register?) | | | | | |
| | (Payment of Stipends to DOT Supporters and Recruitment of DOT Supporters?) | | | | | |
| Objective 1.5 | Percentage of known patients and their families that the Food security programme is provided to – according to the need. | | | 40% | 60% | 80% |
| Introduce a food security programme to patients and their families | | | | | | |

Strategic Plan part B 2003/2004 to 2005/2006

| Goal 2 Effective and Efficient Management of Resources | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|--|--|--|---|--|--|--|
| Objective 2.2 Facilitate the establishment of a caring culture between and for health personnel. | Indicator | | | | | |
| | Percentage of new recruits given induction training and regular orientation. | | | 100% | - | - |
| | Percentage of staff participating in the Performance Development Management System | | | 80% | 100% | - |
| | Percentage of existing supernumeraries cleared in line with policy. | | | 70% | 100% | - |
| | Percentage implementation of the Employee Assistance Program. | | | 80% | 100% | |
| Objective 2.3 Develop and implement an asset management, maintenance and replacement infrastructure system | Existence of an Electronic Inventory Management System. | | | Implemented | Maintained and Improved. | Maintained and Improved. |
| | Percentage of institutions and offices – where applicable- that the Electronic Asset Management System has been implemented. | | | 80% | 100% | |
| | Implementation percentage of the Medical Equipment Management System. | | | 50% | 80% | 100% |
| | Implementation percentage a Helpdesk for Medical Equipment Management System. | | | 100% | | |

| Goal 3: Functional District Health System | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|---|---|--|---|--|--|--|
| Objective 3.1 Implement District Health System (DHS) according to legislation | Indicator | | | | | |
| | Governance structures according to an approved programme based on the Provincial Health Act (Act 8 of 1999) | | | Functional aligned with programme | Functional aligned with programme | Functional aligned with programme |
| | Provincial Health Authority | | | District Plans monitored | - | - |
| | District Health Authority | | | Service plans implemented | - | - |
| Objective 3.2 Delegate functions in line with legislation | Annual reports produced and reviewed | | | Produced and reviewed | - | - |
| | Primary Health Care services delegated to District Municipalities according to set criteria | | | 1 x District Municipality | 2 x District Municipality | 5 x District Municipality |
| | Service Level Agreements implemented and monitored according to District Plans in all local municipalities | | | Implemented and monitored | | |
| | Electronic District Health Information System (e-DHS) developed | | | | | Planning phase completed |

Goal 4: Effective marketing and communication of health services

| Objective | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|--|---|-------------------------|------------------------------|--|--|--|
| Objective 4.1 Develop and implement a services marketing plan | Services Marketing plan implemented | | | 2 pilot sites | Extended to other institutions in Every Health Complex. | |
| Objective 4.2 Develop and implement Health Promotion and School Health Services programmes | An integrated Health Promotion strategy implemented School health services implemented | | | 3 Districts | 2 other District | All 5 Districts |
| Objective 4.3 Develop and implement an integrated communication strategy | Integrated communication strategy developed in line with the Services Marketing plan | | | In 1 Local Municipality per District Plan developed and implemented | In 2 other Local Municipality per District Strategy evaluated | In all Local Municipality per District |

Goal 5 Developed and empowered personnel and stakeholders.

| Objective | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
|--|---|-------------------------|------------------------------|-------------------------|-------------------------|--|
| Objective 5.3 Ensure all occupational classes of staff are trained in line with service delivery plans | Governance structures trained and supported to manage functions effectively Percentage of NGOs that are working in partnership with the Department of Health, empowered. | | | 60% | 100% | Newly inducted Governance structures trained and supported to manage 60% of their functions effectively 80% |

| Goal 7 Accessible and quality services at all levels | | | | | | |
|---|--|---|--|--|---|----------------|
| Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) | |
| Objective 7.1 Provide comprehensive health care services to communities at all levels of care | Measurement of total service delivery per level of care | Finalised package of services per institution | Baseline determined | Norms of Output indicator developed and agreed | Service delivery measured based on targeted indicators | |
| Objective 7.2 Provide comprehensive health care services to communities at all levels of care | Health care risk management plan developed Treatment protocols for 1-2 specialities developed Occupational Health and Safety committees established in all Districts Facility risk management plans developed | | Guidelines developed Implemented in 5 Regional Hospitals Committees functional in all 5 districts Plans implemented | Implemented in 5 Regional Hospitals Another 2 specialities developed and implemented in Regional and District Hospitals | Implemented in 13 District Hospital Complexes Extended to all specialities and reviewed Plans monitored | Plans reviewed |

| Goal 7 Accessible and quality services at all levels | | | | | | |
|---|--|--|---|---|--|--|
| Objective 7.3 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
| Improve management capacity of institutions | Training programme developed | | | Targeted management training identified and implemented | | |
| Objective 7.4 | District Service Plans based on Local Municipality needs | | | Plans developed | | |
| Ensure accessibility to services at all Local Municipality areas on a 24-hour basis | Services implemented | | | According to the comprehensive district plan | | |
| Objective 7.5 | Institutions have implemented Quality circles at middle management level | | | 20% | 40% | 60% |
| Ensure that all hospitals are accredited according to the COHSASA standards | Ensure continuation of accreditation process | | | At 32 institutions | Complete process of accreditation | Maintain accreditation standards |

HEALTH SUPPORT CLUSTER

Introduction

The Health Support Cluster is responsible for overseeing, policy formulation, co-ordination, monitoring and the evaluation of health programmes within the Free State Department of Health.

The cluster further renders a support service to the Clinical Health Services Cluster and the Finance Cluster

BUDGET PROGRAMMES AND SUB PROGRAMMES OF THE HEALTH SUPPORT CLUSTER

The budget of the Health Support Cluster is organized in the following programme- and sub-programme structures:

| | |
|-------------|-------------------------------------|
| Programme 1 | Health Administration |
| Programme 2 | District Health Services |
| Programme 5 | Health Sciences |
| Programme 6 | Regional Laundries |
| Programme 7 | Health Facilities and Capital Stock |
| Programme 8 | Excess Personnel |

PROGRAMME 1: HEALTH ADMINISTRATION

Programme 1 is responsible for the overall management and administration of the Department of Health.

Sub-programme: MEC

The sub-programme serves as a link between the Head of Department and the Political Authority.

Sub-programme: Provincial Top Management

The sub-programme provides strategic direction and leadership with regard to overall management of the Department of Health.

The sub- programmes within the Health Support Services Cluster include:

Sub-programme: Facility Planning

The sub-programme is responsible for the overall coordination of facility planning for the department.

Sub-programme: Clinical Engineering

The sub-programme is responsible for the management of the safety of medical equipment, Radiographic Services as well as policy and planning on Health Technology.

Sub-programme: Pharmaceutical and Clinical Services

The sub-programme is responsible for the overseeing and co-ordination of a comprehensive Pharmaceutical Service in line with legislation and national policies.

Sub-programme: Information and Research

The sub-programme is responsible for the management of Security Services, Intranet, Web Development, Information Technology, Computer Training as well as Data Analysis.

Sub-programme: Conditions of Services

The sub-programme is responsible to render and maintain a support service with regard to service benefits of all employees of the Department.

Sub-programme: Human Resource Provisioning

The sub-programme is responsible for rendering a staffing function to the Department and to ensure the effective evaluation and re-location of employees of the Free State Department of Health within the boundaries of the approved staff establishment.

Sub-programme: Employment Relations

The sub-programme is responsible for promoting and maintaining good employment relations within the Department.

Sub-programme: HR Advisory Services

The sub-programme is responsible for promoting an effective human resource advisory service by contributing towards efficient Human Resource Project Management and by ensuring that officials are well informed.

Sub-programme: Special Programs

The sub-programme is responsible for implementation, monitoring and evaluation of youth-, gender-, and disability- and transformation programs.

Sub-programme: Personnel Development

The sub-programme is responsible for formal and informal training in the province.

Sub-programme: Organisational Development

The sub-programme is responsible for job evaluations and management of staff establishments in the province.

PROGRAMME 2: DISTRICT HEALTH SERVICES

The aim of Programme 2 is to provide District Health Services. Health programmes within the Health Support cluster contribute to the following:

Sub-programme: Nutrition and Child Health

The sub-programme is responsible for overseeing of Nutrition, Child Health, Dietetic Services as well as Expanded Programme on Immunisation.

Sub-programme: Disabilities, Rehabilitation and Orthotic and Prosthetic Services

The sub-programme is responsible for the overseeing of Orthotic and Prosthetics, Disabilities- and Rehabilitation programs.

Sub-programme: Non Personal Health

The sub-programme is responsible for the overseeing of Environmental Health and Occupational Health programs.

Sub-programme: Personal Health

The sub-programme is responsible for the overseeing of Eye Care, Oral Health, Mental Health, as well as, Substance Abuse Programs.

Sub-programme: Reproductive Health

The sub-programme is responsible for the overseeing of Maternal Health, Contraception, Termination of Pregnancy, Genetics, Prevention of Mother to Child Transmission of HIV/AIDS, as well as, Cervical and Breast Cancer programs.

Sub-programme: Occupational and Research Units

The sub-programme is responsible for rendering a specialist Occupational Health Service and the Research Unit is responsible to assist in conducting objective research for the Free State Department of Health.

Sub-programme: Communicable Diseases

The sub-programme is responsible for the overseeing of Disease Surveillance and Tuberculosis programs.

Sub-programme: Communicable Transfers (SANTA and Mine Hospitals)

The sub-programme is responsible to transfer funds to private institutions and assist in the management of Tuberculosis in the province.

Sub-programme: HIV/AIDS Prevention

The sub-programme is responsible for the overseeing of STI's, Condoms, HIV/AIDS Partnerships, Voluntary Confidential Counseling and Testing (VCCT) programmes, internal/external liaison as well as information, education and communication on HIV/AIDS.

Sub-programme: Care and Support

The sub-programme is responsible for the overseeing of step-down facilities, Home-Based Care, Palliative Care, Chronic Diseases, as well as, Geriatric programs.

Sub-programme: HIV/AIDS Transfers of NGOs

The sub-programme is responsible for providing capacity building of Non Governmental- and Community-based Organisations. The sub-programme further provides technical support to NGOs and CBOs.

Sub-programme: HIV/AIDS Conditional Grants

The sub-programme provides funding for the smooth running of VCCT, Community Home- Based Care, step-down facilities and Prevention from Mother-to-Child Transmission.

PROGRAMME 5: HEALTH SCIENCES

The aim of Programme 5 is to provide training to nursing and ambulance personnel, promote research and the development of health systems.

Sub-programme: Free State School of Nursing

The sub-programme is responsible for the training of student nurses.

Sub-programme: Ambulance Training College

The sub-programme is responsible for the training of ambulance personnel.

Sub-programme: Training

The sub-programme is responsible for the training of skilled health professionals and supporting staff, based on the staffing needs of the Department.

Sub-programme: Bursaries

The sub-programme is responsible for financial assistance to applicants who qualify in terms of the Human Resource Plan of the department.

PROGRAMME 6: REGIONAL LAUNDRIES

Programme 6 is responsible for the management of the Laundry Service within the Free State Province by means of an approved Trading Entity.

PROGRAMME 7: HEALTH FACILITIES AND CAPITAL STOCK

The aim of Programme 7 is to ensure appropriate and adequate health care facilities within the Free State Province.

Sub-programme: Hospital Rehabilitation Programme

The sub-programme is responsible for:

the rehabilitation and reconstruction of hospitals in terms of the conditional grants.

ensuring the success of technical projects and rehabilitation in close collaboration with the Department Public Works, Roads and Transport and the private sector.

Sub-programme: Infrastructure Grant

The sub-programme is a specific grant to ensure the maintenance of existing buildings.

Sub-programme: Clinic Building Programme

The sub-programme is responsible to increase access to good quality Primary Health Care Services through the construction of community-based health care facilities in the Free State Province.

PROGRAMME 8: EXCESS PERSONNEL

Programme 8 is responsible for the management of excess personnel in accordance with the Public Service Central Bargaining Council Resolution 7 of 2002. This programme is responsible for the placement strategy and the appropriate absorption of staff additional to the establishment.

SITUATION ANALYSIS

Epidemiological Information

Addressed in the Strategic Plan.

Appraisal of existing services

The Health Support Cluster is responsible for policy formulation, monitoring and evaluation of health programmes within the Free State Department of Health. The cluster further delivers a support service to the Clinical Health Services Cluster in terms of implementation and management of health service programmes in the Free State Province.

The responsibilities of the five directorates within the Health Support Cluster are as follows:

Health Programmes: Responsible for Personal Health Care, Non Personal Health, Nutrition and Child Health, Reproductive Health and Disabilities and Rehabilitation.

Specialised Health Services: Responsible for Laundry Services, Facility Planning, Clinical Engineering, Information and Research and Pharmaceutical Services.

Human Resource Management: Responsible for Human Resource Provisioning, Labour Relations, Conditions of Service and Service Benefits.

Human Resources and Organisational Development: Responsible for Organisational Development, Human Resource Development, Free State School of Nursing, Specialised Programmes and the Ambulance College.

HIV/AIDS and Communicable Diseases: Responsible for Communicable Diseases, HIV/AIDS and Care and Support.

Performance during the past year

During the 2002/2003 financial year, the Health Support Cluster achieved the following goals:

- Implemented and marketed Home-Based Care initiatives in 60% of towns in the Free State Province and trained a total of 878 caregivers. A total of 563 contracted Home- Based Caregivers were paid stipends.
- Implemented 7 step-down facilities in the Free State Province.
- Implemented Syndromic Management of STIs in all the districts of the Free State Province.

- Rolled out the VCCT Programme to 45% of facilities within piloting districts and established 5 Lay Counsellor Forums.
- Built 13 new clinics and upgraded 13 existing clinics by means of the CUBP Program.
- Upgraded and built 31 capital projects in order to ensure health care facilities in line with prioritised need.
- A total of 293 community service health professionals were placed.
- Trained 2 923 officials within the Department of Health during the 1st and 2nd quarter of 2002/2003 in the Performance Development Management System.
- The training budget was successfully devolved to all the districts in the province. An amount of R13 million was allocated to improve training within the Department of Health.
- An amount of R9.8 million was allocated to full- and part-time bursaries in the Free State Province for the 2002/2003 financial year.
- The Employment Equity Report for 2002 was compiled and reported to the Department of Labour.

Key challenges over the Strategic Plan period

The following key challenges will be facing the Health Support Cluster :

A policy has to be developed and implemented to guide the management of cadres of community workers, who will assist with services such as home- based care, step-down facilities, DOTS and Voluntary Confidential Counselling and Testing.

Integrated Step-Down and Home-Based Care Services have to be expanded.

The Prevention of Mother-to-Child Transmission (PMTCT) and VCCT programmes have to be expanded.

HIV/AIDS, TB and home-based care programmes have to be integrated.

HIV/AIDS post-exposure prophylactic treatment has to be provided to rape victims in the province.

The TB cure rate for new TB Cases has to be increased to 75% and the TB Interruption Rate has to be reduced below 10%.

A food security programme has to be introduced and sustained.

A caring culture is to be established between, and for, health personnel.

The draft Human Resource Plan will be reviewed.

All staff establishments are to be reviewed and the required staffing levels are to be determined in line with the transformed service needs and affordability.

Minimum staffing levels for institutions have to be developed. These will be used as the basis for development of affordable staff establishments.

Effective management and reduction in the number of excess personnel must be ensured. A social plan has to be developed for excess personnel.

A Skills Development Plan, as well as an Employee Assistance Programme, has to be developed and implemented. The current Employment Equity Plan is to be reviewed.

The implementation of the Performance Development Management System, as well as the PMDS for SMS, will be monitored and evaluated.

iCAM has to be accredited with SETA as a training institution.

The possible decentralization of the Ambulance Training College has to be considered.

An asset management, maintenance and replacement system for buildings and medical equipment has to be developed and implemented.

An electronic Health information System needs to be implemented at all levels of care in the Free State Province.

A dedicated budget has to be established to ensure the availability of funds for CUBP projects

A trading entity for the Laundry Services has to be approved and implemented.

Clinical engineering workshops, that are adequately staffed, have to be established in the districts.

A provincial Mental Health Review Board has to be established.

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

Policies and strategies, which impact on this Strategic Plan, include:

Provincial Strategic Position Statements

The National Department of Health has embarked on a programme to transform health service delivery systems to address the health care demands of the nation as a whole in an equitable, affordable and sustainable manner. The allocation of Physical Facilities is based on the Provincial Strategic Position Statements. The Department of Health is following a more aggressive restructuring process to ensure that it will stay within the allocated MTEF budget.

National Health Strategic Framework (1999 to 2004)

Each health programme within the Health Support Cluster has already based its priorities on the National Health Ten Point Plan.

The Health MINMEC decision on implementing post-exposure prophylaxis of HIV in instances of sexual assault.

A MINMEC discussion in accordance with the Cabinet decision of 17 April 2002 that the option of anti-retroviral post-exposure prophylaxis should be extended to survivors of sexual assault within a comprehensive package of care. The option of anti-retroviral drug therapy should be an added element of this package. A task team for the Free State Province was established to develop a policy document on the provision of anti-retroviral drugs (post-exposure prophylaxis) for rape survivors. Administration of AZT and 3TC should only be in the context of using the comprehensive National Policy and Standardised Management Guidelines for Rape Survivors.

Protocol for HIV/AIDS testing of children

A policy protocol for HIV/AIDS testing of children was also developed and is in line with the constitutional rights of all persons, but particularly children. The Child Care Act, Section 14 (a) No 74 of 1983, defines a child as any person under the age of 18.

The court order concerning the issuing of Nevirapine to HIV positive pregnant mothers in order to prevent maternal-to-child transmission of HIV. In terms of the court order, government was ordered to:

remove the restrictions that prevent Nevirapine from being made available for the purpose of reducing the risk of mother-to-child transmission of HIV at public hospitals and clinics that are not research and training sites.

permit and facilitate the use of Nevirapine for the purpose of reducing the risk of mother-to-child transmission of HIV and to make it available for this purpose at hospitals and clinics when, in the judgment of the attending medical practitioner acting in consultation with the medical superintendent of the facility concerned, this is medically indicated. If necessary, it will include that the mother concerned has been appropriately tested and counselled.

make provision if necessary for counsellors, based at public hospitals and clinics other than the research and training sites, to be trained for the counselling necessary for the use of Nevirapine.

take reasonable measures to extend the testing and counseling facilities at hospitals and clinics throughout the public health sector to facilitate and expedite the use of Nevirapine for the purpose of reducing the risk of mother-to-child transmission of HIV.

A policy on the Malnutrition Program has been developed and implemented. It replaced the previously known Protein Energy Malnutrition (PEM) Scheme Policies. The purpose of the Malnutrition Program is to reduce and prevent the high incidence of underweight and micronutrient deficiencies through education and food supplementation. The target groups of the Malnutrition Program are malnourished individuals or those individuals at risk of becoming malnourished. The main target groups are:

Underweight infants: birth to \leq 6 months

Underweight infants and children: $>$ 6 months to 60 months

Underweight pregnant and lactating women

Underweight individuals over 60 months, including underweight individuals suffering from chronic diseases, and

Underweight elderly persons.

The Health Support Cluster also prioritises the following Acts/Policies/Notices/Decisions

Revive the training of Nursing Assistants and Enrolled Nurses, based on the decision taken by Top Management.

Implement the New Mental Health Care Act.

Implement the policy on Management of HIV/AIDS in the workplace.

Implement the PSBC Resolution 7 of 2002 on the restructuring and transformation of the Public Service.

Implement the government notices on the extension of community service to other health professionals.

Establish Occupational Health and Safety Committees at facilities and Head Office in the Free State Province, as stipulated by the Occupational Health and Safety Act.

The National Policy Framework for Health Technology Management that was approved by the Provincial Health Restructuring Committee (PHRC) is prioritised.

ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

Finance

Budget pressures facing the cluster, which might have an impact on the implementation of the Corporate Business Plan

An analysis of allocation versus expenditure trends in the Health Support Cluster has revealed projected shortfalls. In order to address this situation, the cluster is in the process of prioritizing and re-aligning its budgets.

- “Unfunded Mandates” within the cluster are increasing the burden, for example the provisioning of post-exposure Prophylaxis for rape victims and the expansion of the Prevention of Mother-to-Child Transmission Programme.
- The management of excess personnel will require additional funding to provide voluntary severance packages.
- Staff establishments need to be reviewed, the required staffing levels have to be determined in line with transformed service needs and affordability.
- Funding needs to be secured in order to sustain the following projects:
- Filling of vacant posts for placement of community service health professionals;
- Payment of rewards as determined by the PMDS for SMS;
- Payment of stipends to DOT Supporters ;
- Revitalisation projects, Rehabilitation and Renovation Projects, as well as Clinic Building and Upgrading projects.

OPERATIONAL BUSINESS PLAN OF THE HEALTH SUPPORT CLUSTER

| Goal 1: Reduce the burden of HIV/AIDS and TB | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
|--|---|--|---|--|--|--|
| Objective 1.1 Develop and maintain integrated Home-Based Care and Step-Down Facilities. | Indicator | | | | | |
| | Percentage of towns where Home-Based Care initiatives implemented and marketed. | 20% | 50% | 70% | 100% | Maintained |
| | Cost- and efficiency of step-down facilities evaluated. | | | Evaluated | | |
| | Existing Step Down Facilities strengthened | | | Strengthened | | |
| | Number of additional functional step down facilities established per district. | 8 | 5 | 2 per district | 2 per district | In the remainder of District Hospitals |
| Objective 1.2 Develop and implement a policy for cadres of community workers who will assist the Department with services such as HBC, SDF, DOTS and Voluntary Confidential Counselling and Testing. | Implementation of a policy for cadres of community workers who will assist the Department with services, such as Home- Based Care, Step-Down Facilities, DOTS and VCCT. | | | Policy developed and implemented. | Policy revised and updated. | |
| | Percentage of existing and future community workers managed independently by NGOs. | 10% | 20% | 50% | 80% | 100% |

| Goal 1: Reduce the burden of HIV/AIDS and TB | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
|---|--|--|---|--|--|--|
| Objective 1.3 Appropriate Management of HIV/AIDS and Tuberculosis patients at all levels of care. | Indicator | | | | | |
| | Percentage of treatment protocols existing at all levels of care. | 10% | 20% | 70% | 100% | Maintained |
| | Percentage of health personnel trained to implement treatment protocols. | Not measurable | Not measurable | 60% | 100% | Maintained |
| | Percentage of personnel trained in implementing Syndromic Management of Sexually Transmitted Infections (STIs) in all districts. | 10% | 40% | 60% | 100% | Maintained |
| | Percentage of facilities within districts, some of which will be rural sites, that VCCT was rolled out to. | 0% | 45% | 60% | 80% | 100% |
| | PMTCT fully rolled out as agreed upon by MINMEC to district health complex facilities (Expansion Project) | Only at 2 sites | Only at 2 sites | 30% | 60% | 100% |
| | PMTCT research sites established. | 2 sites introduced | 2 sites maintained | 2 sites maintained | 2 sites subjected to National Review | 2 sites maintained |
| Information Management System for rape victims who used Antiretroviral established at the sites | 0% | Provision of drugs at all hospitals. | 100% of sites | | | |

| Goal 1: Reduce the burden of HIV/AIDS and TB | | | | | | |
|---|--|--|---|--|--|--|
| Objective 1.3 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
| Appropriate Management of HIV/AIDS and Tuberculosis patients at all levels of care. | Provision of HIV/AIDS post-exposure prophylactic treatment to rape victims. | 0% | Provision of drugs at all hospitals. | Counseling service established at 40% of facilities. | Counseling service established at 60% of facilities. | Counseling service established at 80% of facilities. |
| Objective 1.4. | Percentage of smear conversion rate achieved. | 72,4% | | 75% | 80% | 85% |
| Increase TB cure rate of new cases to 85% | Treatment interruption rate reduced to the following target percentage. | 12.3% | 12% | 10% | 8% | 5% |
| | Percentage cure rate for new TB cases. | 68.5% | 70% | 75% | 80% | 85% |
| | TB Electronic Register implemented at district level. | | | 60% | 80% | 100% |
| | 100% Payment of Stipends to Volunteers when conformed to the Departmental Policy. | 100% Payment. | 100% Payment. | 100% Payment. | 100% Payment. | 100%. |
| | Payment of Stipends to Volunteers when conformed to the Department of Health's Policy. | | | 100% | 100% | 100% |
| | MDR TB Unit at Moroka Hospital is fully functional. | | | 100% | Maintained. | Maintained. |

| Goal 1: Reduce the burden of HIV/AIDS and TB | | | | | | |
|---|---|--|---|--|--|--|
| Objective 1.5 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
| Introduce and sustain a food security programme. | Percentage of known patients and their families that the Food Security Programme is provided to, according to the need. | | | 40% | 60% | 80% |
| | Implementation of the Malnutrition Program in all clinics in the Free State. | | | 100% | Maintained. | |
| | Number of learners fed per school day, through the Primary School Nutrition Programme (PSNP). | | | 1 000 school learners fed | | Transfer to Department of Education. |
| Goal 2: Effective and efficient management of resources | | | | | | |
| Objective 2.2 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
| Facilitate the establishment of a caring culture between, and for, health personnel | Percentage of new recruits given induction training and regular orientation. | | | 100% | | |
| | Human Resource Call Centre established for supervisors. | | | 100% | Maintained | Maintained |
| | Implementation of the Human Resource Training System. | | | Tender awarded | 100% implemented | Maintained |
| | Percentage implementation of Performance Development Management System for staff. | | | 50% | 100% | Maintained |

| Goal 2: Effective and efficient management of resources | | | | | | |
|--|--|--|---|--|--|--|
| Objective 2.2 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
| Facilitate the establishment of a caring culture between, and for, health personnel | Percentage of implementation of Performance Management Development System (PDMS) for Senior Management Services. | | | 100% | Maintained | Maintained |
| | Successful implementation of Resolution 7 of 2002 – Restructuring of the Public Sector. | | | 70% | 100% | Maintained |
| | Implementation of the Employee Assistance Program. | | | Policy Developed. | 100% Implemented | Policy Impact Reviewed |
| | Implementation of Policy to monitor and control Absenteeism within the Department. | | | Implemented | Policy Impact Reviewed. | |
| Goal 2 Effective and Efficient Management of Resources | | | | | | |
| Objective 2.3 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
| Develop and implement an asset management, maintenance and replacement infrastructure system | Existence of a Medical Equipment Management System (MEMS) | | | 50% | 80% | 100% |
| | Implementation of Helpdesk for Medical Equipment Management (MEMS) | | | 5% | 20% | 40% |
| | Existence of a Building Management Maintenance System (BMMS) | | | 10% | 20% | 30% |

| Goal 2 Effective and Efficient Management of Resources | | | | | | |
|--|--|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Objective 2.3 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
| Develop and implement an asset management, maintenance and replacement infrastructure system | Percentage of institutions and offices – where applicable- that the Electronic Asset Management System has been implemented. | | | 80% | 100% | Maintained |

| Goal 5: Developed and empowered personnel and stakeholders | | | | | | |
|---|---|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Objective 5.1 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
| Ensure all occupational classes of staff are trained in line with service delivery plans. | % institutions where the Workplace Skills Program has been implemented. | | | 30% | 60% | 100% |

| Goal 5: Developed and empowered personnel and stakeholders | | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 3 2005/06 (target) |
|---|--|-------------------------------|------------------------------------|-------------------------------|-------------------------------|---|
| Objective 5.2 | Indicator | | | | | |
| Ensure the availability of health professionals at appropriate service delivery levels. | Translated the minimum staffing levels into the revised Human Resource Plan | | | | | |
| | Percentage allocation of Bursaries according to service delivery needs | | | 100% | 100% | 100% |
| | Implementation of the Retention & Recruitment Strategy | | | 100% | Maintained | Maintained |
| Objective 5.3 | | | | | | |
| Train and empower stakeholders | Governance structures trained and supported to manage functions effectively | | | 60% | 100% | Newly inducted Governance structures trained and supported to manage 60% of their functions effectively |
| | Percentage of NGOs that are working in partnership with the Department of Health, empowered. | | | 30% | 50% | 80% |

| Goal 6 Appropriate Infrastructure | | | | | | |
|---|---|--|---|--|--|--|
| | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
| Objective 6.1 Implement the Revitalisation of Health Facilities according to approved 5-year plan | Percentage of plans for revitalisation of services per complex that have allocated funding and are being implemented. | | | 100% | 100% | 100% |
| Objective 6.2 Implement Clinic Building & Upgrading Plans | Number of new clinics built and upgraded according to dedicated budget. | 11 new clinics built and 12 upgraded. | | 8 new clinics built and 9 upgraded. | | |
| Objective 6.3 Implement an Electronic Health Information System to all levels of care, according to approved plans. | Implementation of a Meditech System at Boitumelo Hospital | | | | | |
| | Percentage implementation of a Free State Department of Health IT Strategy | | | 10% | 20% | 30% |

| Goal 7 Accessible and quality services at all levels | | | | | | | |
|---|---|--|---|--|--|--|--|
| | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) | |
| Objective 7.1 Provide comprehensive health care services to communities at all levels of care | New Mental Health Act Implemented | | | | | | |
| | Implementation of the Healthy Cities Concept at Local Municipalities | | | 5 Local Municipalities | 10 Local Municipalities | 15 Local Municipalities | |
| | Integrated Environmental Health Business Plans for all Local Municipalities | | | 100% | | | |
| | Occupational Health and Safety committees established in all Districts | | | Committees functional in all 5 districts | | | |
| | Facility risk management plans developed | | | Plans implemented | Plans monitored | Plans reviewed | |

FINANCE CLUSTER

INTRODUCTION

The aim of the Finance Cluster is to deliver a financial support service to the other clusters regarding logistics, financial administration, financial management, audit functions and strategic management.

The Finance Cluster consists of three (3) directorates and one (1) sub-directorate, which report to the general manager, namely:

- Financial Administration and Logistics (Directorate)
- Finance and Internal Audit (Directorate)
- Alternative Service Delivery (Directorate) which has not been implemented yet
- Strategic Planning (Sub-directorate)

The Financial Administration and Logistics directorate consists of the following sub-directorates:

- Salary Administration
- Tenders and Contract Administration
- Provisioning Administration System
- Medpharm Systems and Supplies

Finance and Internal Audit consists of the following sub-directorates, namely:

- Financial Planning Control and Revenue
- Internal Audit
- Financial Systems

Strategic Planning Sub-directorate reports to the CFO

BUDGET PROGRAMMES AND SUB PROGRAMMES OF THE FINANCE CLUSTER The budget of the Finance Cluster is organized in the following structures:

PROGRAMME 1: HEALTH ADMINISTRATION

Aim

Programme 1 is responsible for the overall management and administration of the Department of Health.

The office of the Chief Financial Officer (CFO) is located within the top management structure. The CFO also functions as general manager of the Finance Cluster.

The entire functioning of the Finance cluster is funded within programme 1. Objective and cost centre structures are linked to the management structure of the cluster.

SITUATION ANALYSIS

Appraisal of Existing Services

The management structure and functions of the Finance Cluster is described within the component systems described below.

DIRECTORATE: FINANCIAL MANAGEMENT AND INTERNAL AUDIT

Aim

To ensure that sound financial management practices are established and maintained in the department.

Sub-directorate: Financial Planning and Control

Aim

To render an effective, efficient revenue-, expenditure- and budget management support service in line with recognized standards.

Sub-directorate: Financial Systems

Aim

To render professional and efficient financial systems service

Sub-directorate: Internal Audit

Aim

To identify and monitor risks, in terms of the Public Finance Management Act (Act 1 of 1999 as amended by Act 29 of 1999), and support management to achieve strategic goals.

The responsibilities of the Directorate: Financial Management and Internal Audit are to:

- assist management with policy formulation and implementation relating to revenue management, expenditure management and budgetary control in terms of the PFMA and Treasury Regulations
- deliver efficient, professional and support services with regard to Financial Systems within the department
- assist management to achieve objectives by bringing a systematic disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
- ensure timely execution of all departmental accountant functions.

DIRECTORATE: FINANCIAL ADMINISTRATION AND LOGISTICS

This directorate is responsible to ensure effective and efficient financial administration and logistics by providing optimum support to clients, both internal and external.

The directorate carries out its responsibilities through the following sub-directorates:

Sub-directorate: Salary Administration

Aim

Ensures that effective and efficient salary administration is provided to all employees of the Free State Department of Health, as well as to all the external customers of the department, relating to salary administration.

Sub-directorate: Tenders and Contract Administration

Aim

Ensures effective and efficient control over the handling and finalisation of tenders, compliance to tendering practices and exercise control over contract administration, as well as the improvement of the procurement system in the Free State Department of Health

Sub-directorate: Provisioning Administration

Aim

Handles all the provisioning functions of the head office and is responsible for policy formulation around provisioning for the department. Other responsibilities are loss control, accounting, asset management and the transport division.

Sub-directorate: Medpharm Systems and Supplies

Aim

Renders an effective and efficient provisioning service of pharmaceutical and medical supplies to support primary, secondary and tertiary service delivery systems in the Free State Department of Health. This also has the implication of optimal utilisation of available resources.

DIRECTORATE: ALTERNATIVE SERVICE DELIVERY

This directorate has not been established yet.

SUB-DIRECTORATE: STRATEGIC PLANNING

Aim

This sub-directorate is responsible for the facilitation of strategic planning in line with the Free State Development Plan and the National Health Strategic Framework. It is also responsible for monitoring and evaluation reports which track progress with implementation.

Performance during the past year

The main strategic responsibility of the finance cluster is overseeing the implementation of the Public Finance Management Act (PFMA). In this regard much has been achieved during the year.

- Circulars were issued to improve financial internal controls within the department.
- Personnel were trained to improve the quality of financial services rendered.
- Internal audit section has been established and is fully functional.
- Audit committee has been appointed

An internal control checklist has been developed for all institutions to implement, but the audits performed revealed that the institutions have not fully implemented it yet.

- The objective to perform audits at 40% of the institutions will be achieved.
- MTEF for the three year period 2003/2004 up to 2005/2006 was submitted during July 2002.
- Annual financial statements for 2001/2002 were finalized within the due dates as set by the PFMA. This was part of the integrated the Annual Report in the reviewed approved format.
- Strategic Plan part A and B, was reviewed and submitted in the reviewed formats and within deadlines
- Debt collection service was outsourced to a private agency from 1 July 2002. The aim is to increase revenue collection.
- The pilot project to submit hospital claims to the Road Accident Fund was implemented.
- A revenue action plan was implemented. This is aimed at improved revenue management and collection.
- Departmental financial report (in year monitoring) was submitted within deadlines.
- The risk management plan was developed and implemented
- Audit personnel were trained to be able to perform their functions
- Investigations were conducted for all reported financial fraudulent cases.
- Out of a planned fourteen audits, eleven were conducted.

Key challenges over the strategic plan period

The following key challenges face the Finance Cluster over the strategic plan period

- The financial statements have to be submitted on the 31st May to the office of the provincial Auditor-General. The challenge is to achieve this within the available time.
- MTEF has to be co-ordinated in the department and all documentation has to be submitted timeously to the Provincial Treasury.
- Institutions hoping to qualify for revenue retention benefits, need to focus on increased their revenue collection and effective management of that revenue. Revenue retention benefits can improve patient care.
- Expenditure control reporting has to be maintained at a high level. This can assist management decision-making.
- Credible projections have to be compiled to enable the department to reflect estimated expenditure realistically.
- Ledger and control suspense accounts have to be cleared to acceptable levels.
- Requests for payment have to be processed within 30 days after they are received.
- Financial management training has to be prioritised.
- Personnel within the sub-directorate Internal Audit have to register and comply with the code of ethics of the Institute of Internal Auditors.
- Foster a greater awareness of the importance of internal controls

- 100% of the institutions need to be audited in accordance with the annual audit plan. This is a 20% increase on the achievement current year.
- The auditor's report was an unqualified audit report due to the contribution made by the directorate. This situation needs improvement.
- Reduction and awareness of risk is vital. Management must analyse and control risks that may hamper service delivery. All personnel must realise why adherence to controls is important.
- Expenditure must be closely monitored to prevent any irregular, unauthorised, fruitless and wasteful expenditure.
- All clusters have to be supported to implement the PFMA. In order to improve the quality of financial management in the department. The aim is to focus on the basics of financial management, like introducing effective financial systems. Budgets must be managed in a manner which ensures that all officials remain accountable for effective, efficient, economical and transparent use of financial and other resources .
- Labour relations have to be normalised within MEDVAS.
- The supply and demand chain between MEDVAS and institutions has to be aligned and stabilised to enable cost efficient management and to minimise stock losses.
- Paymasters have to be trained and controlled.
- PADS2 has to be implemented effectively.

Starting points relevant to the policies, priorities and objectives

The following guide this cluster:

- Public Finance Management Act
- Treasury Regulations
- Internal control checklist
- Financial directives
- Financial delegations
- Standards of Professional Practice of Internal Auditors

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

The Provincial Strategic Position Statement, with regard to the key strategic priorities for the implementation of the PFMA, within the Finance Cluster, is to:

- ensure that the department's system of financial management and internal control is carried out.
- utilise resources effectively, efficiently, economically and in a transparent manner.
- prevent unauthorised, irregular, fruitless or wasteful expenditure and any under-collection of due revenue.
- manage and safeguard the assets and liabilities of the department.

IMPLEMENTATION PLAN OF THE FINANCE CLUSTER

| Goal 2: Effective and efficient management of resources | | 2001/02 (actual) | 2002/03 (estimate) | 2003/04 (target) | 2004/05 (target) | 2005/06 (target) |
|--|---|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Objective 2.1 Implement Public Finance Management Act (Act 1 of 1999, as amended Act 29 of 1999) according to the Treasury Regulations | Indicator | | | | | |
| | Percentage of effective and efficient management of revenue in accordance with the targets set by institutions. | | | 100% | | |
| | Percentage of the budget process managed within the budget cycle. | | | 100% | | |
| | Percentage of departmental expenditure monitored and controlled on a monthly basis. | | | 100% | | |
| | Percentage of all ledger accounts monitored monthly and relevant ledger accounts cleared. | | 100% | | | |
| | Percentage of FMS payments, receipts and journals processed daily. | | 100% | | | |
| | Percentage of payment errors reduced. | | 50% | 60% | 75% | 80% |
| | Percentage of payments processed within 30 days after the date of receipt of the request for payment | | | 80% | 90% | 100% |
| | Total percentage of all finance personnel in the department trained | | | 50% | 75% | 80% |

| Goal 2: Effective and efficient management of resources | | 0% | 5% | 25% | 50% | 75% |
|--|---|------|----|------|-----|------|
| Objective 2.1 Implement Public Finance Management Act (Act 1 of 1999, as amended Act 29 of 1999) according to the Treasury Regulations | Percentage implementation of the internal control checklist by all institutions | | | | | |
| | Percentage of internal audits conducted in institutions according to an annual audit plan. | 100% | | | | |
| | Percentage of investigations performed for all reported financial fraudulent cases. | 100% | | 100% | | |
| Objective 2.2 Facilitate the establishment of a caring culture between and for health personnel. | Personnel able to work in teams effectively and peacefully. | | | 75% | 85% | 100% |
| | Improved communication | | | 100% | | |
| | Staff performing their work optimally and efficiently according to their job description. | | | 70% | 85% | 100% |
| | 100% of new recruits given induction training and regular orientation according to the orientation program. | | | 100% | | |

| Goal 2: Effective and efficient management of resources | | | | | | |
|--|--|--|---|--|--|--|
| Objective 2. 4 | Indicator | Year 1 2001/02 (actual) | Base Year 2002/03 (estimate) | Year 1 2003/04 (target) | Year 2 2004/05 (target) | Year 1 2005/06 (target) |
| Develop and implement a system to ensure and monitor value for money | Develop and implement efficiency rate indicators | | | Indicators developed | | |

BUDGET STATEMENT NO. 2

**BUDGET STATEMENT NUMBER 2
VOTE 5
DEPARTMENT OF HEALTH**

| | |
|----------------------------|------------------------|
| To be appropriated by Vote | R2 474 912 |
| Statutory amount | R722 418 |
| Responsible MEC | MEC of Health |
| Administrating department | Department of Health |
| Accounting officer | Superintendent-General |

1. OVERVIEW

Part A of the Strategic Plan contains the vision, mission, key enablers of the department. The corporate Strategic Plan section of this document reflects the corporate goals, Strategic objectives (output) and success indicators (service delivery indicators) per year.

Core functions and responsibilities of the Department

The Free State Department of Health provides comprehensive health services, which include the prevention of disease, promotion of health, curative and rehabilitation services. The Department delivers an integrated comprehensive health service at levels I to IV to the population of the Free State Province as well as persons visiting the province. This includes a referral system between levels of care and the required support services. In terms of co-operation agreements certain level II, III and IV services are also delivered to Northern Cape residents and Lesotho citizens.

2. REVIEW OF THE CURRENT FINANCIAL YEAR

Infrastructure Spending

Twenty six projects to the amount of R28 428 million are on track of which thirteen will be new clinics and thirteen be upgraded. Most of the projects commenced during January 2002 with the construction phase. It is envisaged to have all these projects completed by the end of the 2002/2003 financial year. The total expenditure at the end of November 2002 on the current CUBP projects amount to R16 925 700. The construction of a further twelve clinics to the value of R22,5 million will commence in January 2003.

Home Based Care

Home Based Care has been implemented in 50% of towns in the Free State Province. A database of Home Based Care is being reviewed. There are seven Step Down Facilities established that are operational at the following sites:

- Goldfields Hospital: Lejweleputswa
- Elizabeth Ross Hospital: Thabo Mofutsanyana
- Smithfield Hospital: Xhariep
- Botshabelo Hospital: Motheo
- National Hospital: Motheo
- Petrusburg Hospital: Xhariep
- Sasolburg Hospital: Northern Free State

Prevention of Mother to Child Transmission

The PMTCT research program as well as initiatives towards an Expansion Program has been established. All public health maternity facilities provide Nevirapine.

Challenges from the past financial year that, are ongoing:

- “Unfunded Mandates” within the Health Support Cluster which increase the burden e.g. the provisioning of Post Exposure Prophylaxis for rape victims and the expansion of the Prevention of Mother to Child Transmission Programme.
- The outreach programmes by the Academic Hospital Complex to Regional Hospitals.
- Increase the number of qualified and competent primary health care trained professional nurses.
- Reduction of supernumerary staff.
- Comprehensive accessible Rural Health Services.

3. OUTLOOK FOR THE COMING FINANCIAL YEAR

The Department has reviewed the strategic goals for the next three years. This ensures that the priorities of the Department are clearly defined. The department is however faced with operational challenges, which also play an important role in the smooth running of the Department.

Challenges for the coming financial year include amongst others:

- Moving to a new Head Office building;
- Cure rate for new TB patients in Xhariep and Thabo Mofutsanyana
- Payment of stipend to DOTS supporters and Home Based Caregivers.
- Appropriate staffing of health institutions.
- Implementation of the EMS action plans including the appointment of casual workers.
- Commencement of 2002/2003 CUBP projects and the procurement of mobile clinics.
- Appropriate appointment of critical staff, especially EMS staff;
- Rendering of 24-hour clinic services at identified clinics;
- The establishment of a trauma unit at Pelonomi Regional Hospital in Bloemfontein;
- Replacement, purchasing and maintenance of medical equipment.
- Development and training of health workers and staff of the Department;

4. REVENUE AND FINANCING

4.1. Summary of revenue

The following sources of funding are used for the Vote:

Table 4.1: Summary of revenue: Health

| R 000 | 2000/01 Actual | 2001/02 Actual | 2002/03 Est. actual | 2003/04 Voted | 2004/05 MTEF | 2005/2006 MTEF |
|----------------------|-------------------|-------------------|------------------------|------------------|------------------|-------------------|
| Equitable share | 1,405,933 | 1,526,216 | 1,645,390 | 1,752,970 | 1,886,180 | 2,037,240 |
| Conditional grants | 371,270 | 444,260 | 551,693 | 646 144 | 750 341 | 812 577 |
| Other (Own Revenue) | 51,122 | 63,423 | 68,015 | 75,798 | 83,220 | 85,410 |
| Total revenue | 1,828,325 | 2,033,899 | 2,265,098 | 2,474,912 | 2,719,741 | 2,935,227 |

4.2 . Departmental revenue collection

Table 4.2: Departmental revenue collection: Health

| R 000 | 2000/01 Actual | 2001/02 Actual | 2002/03 Voted | 2003/04 MTEF | 2004/05 MTEF | 2005/06 MTEF |
|-----------------------------|-------------------|-------------------|------------------|-----------------|-----------------|-----------------|
| Current revenue | 51,122 | 63,423 | 68,105 | 62,072 | 64,989 | 67,991 |
| Tax revenue | - | - | - | - | - | - |
| Non-tax revenue | 51,122 | 63,423 | 68,105 | 62,072 | 64,989 | 67,991 |
| Capital revenue | - | - | - | - | - | - |
| Departmental revenue | 51,122 | 63,423 | 68,105 | 62,072 | 64,989 | 67,991 |

5. EXPENDITURE SUMMARY

5.1 Programme summary

Table 5.1: Summary of expenditure and estimates: Health

| | 2000/01 Actual | 2001/02 Actual | 2002/03 Est. actual | 2003/04 Voted | 2004/05 MTEF | 2005/06 MTEF |
|--|-------------------|-------------------|------------------------|------------------|------------------|------------------|
| 1. Administration | 63,952 | 78,732 | 91,690 | 155,203 | 171,542 | 185,755 |
| 2. District Health Services | 627,346 | 655,357 | 771,378 | 860,912 | 954,501 | 1,032,906 |
| 3. Emergency Medical Services | 74,722 | 89,143 | 90,066 | 113,404 | 125,342 | 135,728 |
| 4. Provincial Hospital Services | 519,880 | 567,621 | 650,762 | 677,834 | 751,200 | 812,987 |
| 5. Central Hospital Services | 335,549 | 383,376 | 419 660 | 426,317 | 471,195 | 510,240 |
| 6. Health Sciences and Training | 50,779 | 60,318 | 45 302 | 78,517 | 86,800 | 93,993 |
| 7. Health Care Support | 21,104 | 18,414 | 26,534 | 37,342 | 41,272 | 44,692 |
| 8. Health Facilities Management | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |
| 9. Supernumerary Staff | 75,972 | 73,796 | 65,738 | 65,679 | 54,641 | 51,371 |
| Less: Internal charges | (20,268) | (19,770) | (19,428) | (24,187) | (24,187) | (24,187) |
| Plus: Authorised Losses | 6,323 | 11,077 | 135 | | | |
| Total: Health | 1,777,203 | 1,953,423 | 2,257,623 | 2,474,912 | 2,719,741 | 2,935,227 |

5.2 . Summary of economic classification

Table 5.2: Summary of expenditure and estimates: Health

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 1,176,138 | 1,236,695 | 1,387,327 | 1,563,948 | 1,716,219 | 1,850,670 |
| Transfer | 112,861 | 100,115 | 113,645 | 83,055 | 91,798 | 99,404 |
| Other current | 457,460 | 553,944 | 713,009 | 784,160 | 863,372 | 932,793 |
| Total: Current | 1,746,459 | 1,890,754 | 2,213,981 | 2,431,163 | 2,671,389 | 2,882,867 |
| Capital | | | | | | |
| Acquisition of capital assets | 30,744 | 62,669 | 43,642 | 43,749 | 48,352 | 52,360 |
| Transfer payments | | | | | | |
| Total: Capital | 30,744 | 62,669 | 43,643 | 43,749 | 48,352 | 52,360 |
| Total GFS classification | 1,777,203 | 1,953,423 | 2,257,623 | 2,474,912 | 2,719,741 | 2,935,227 |

6. PROGRAMME DESCRIPTION

The Health Vote consists of nine Programmes.

Programme 1 Administration

Is responsible for the overall management and administration of the Department. The programme consists of two Sub programme: Office of the MEC and Management

Programme 2 District Health Services

Is responsible for the rendering of Primary Health Care Services at district level. Programme 2 provides for District Management, Community Health Clinics, Community Health Centres, Community-Based Services, Other Community Services, HIV/AIDS, Nutrition and District Hospitals.

Programme 3 Emergency Medical Services

Is responsible for the rendering an efficient and optimal emergency medical service to all patients in the Free State who need emergency medical care, and also for the provision of Emergency Transport and Planned Patient Transport.

Programme 4 Provincial Hospitals

Is responsible for the delivery of Level II hospital services at General Hospitals (regional hospitals) and the Psychiatric Hospital Complex. The programme renders health services in support to Primary Health Care based on a district health system.

Programme 5 Central Hospitals

Is responsible for academic and specialised health care services (Level III and IV) rendered at Universitas Hospital and to provide a platform for the training of health workers.

Programme 6 Health Sciences and Training

Is primarily responsible for the provision of training to emergency medical and nursing personnel (primary health care training included), as well as the promotion of research and development of health systems. The Programme consists of five Sub Programmes: Nurse Training College, EMS Training College, Bursaries. Primary Health Care Training and "Training Other".

Programme 7 Health Care Support

Is primarily responsible for rendering the support services required by the department to fulfil its aims. The Programme consists of three Sub Programmes: Non Clinical Services (Laundry services), and the capital augmentation of the MEDPAS Trading Account.

Programme 8 Health Facilities Management

Is responsible for the provision of adequate health facilities and infrastructure. The Programme consists of six Sub Programmes – Community Health Facilities, Emergency Medical Rescue Services, District Hospital Services, Provincial Hospital Services, Central Hospital Services and Other Facilities.

Programme 9 Supernumerary Staff

Is responsible for the funding of supernumerary staff in the Department of Health and manages the reduction of personnel through retraining and placement so as to eventually phase out the programme.

6.1 PROGRAMME 1: ADMINISTRATION

Table 6.1: Summary of expenditure and estimates: Programme 1: Administration

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|-----------------------|---------------|---------------|---------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| MEC | 1,086 | 1,283 | 1,355 | 2,257 | 2,496 | 2,701 |
| Provincial Management | 62,866 | 77,449 | 90,335 | 152,946 | 169,046 | 183,054 |
| Total | 63,952 | 78,732 | 91,690 | 155,203 | 171,542 | 185,755 |

Table 6.2: Summary of expenditure and estimates: Programme 1: Administration

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------------|---------------|---------------|---------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 43,201 | 50,045 | 59,040 | 93,050 | 102,846 | 111,367 |
| Transfer | | | | | | |
| Other current | 13,169 | 22,951 | 22,512 | 52,168 | 57,660 | 62,437 |
| Total: Current | 56,370 | 72,996 | 81,552 | 145,218 | 160,506 | 173,804 |
| Capital | | | | | | |
| Acquisition of capital assets | 7,582 | 5,736 | 10,138 | 9,985 | 11,036 | 11,951 |
| Transfer payments | | | | | | |
| Total: Capital | 7,582 | 5,736 | 10,138 | 9,985 | 11,036 | 11,951 |
| Total GFS classification | 63,952 | 78,732 | 91,690 | 155,203 | 171,542 | 185,755 |

Description and objectives

The aim of the Programme is to render overall management and administrative functions to the department.

Service delivery measures Programme 1: Administration

| Goal 2. Effective and Efficient Management of Resources | |
|--|--|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 2.1 Implement Public Finance Management Act (Act 1 of 1999, as amended Act 29 of 1999) according to the Treasury Regulations | Percentage of effective and efficient management of revenue in accordance with the targets set by institutions. |
| | Percentage of the budget process managed within the budget cycle. |
| | Percentage of departmental expenditure monitored and controlled on a monthly basis. |
| | Percentage of all ledger accounts monitored monthly and relevant ledger accounts cleared. |
| | Percentage of FMS payments, receipts and journals processed daily. |
| | Total percentage of all finance personnel in the department trained |
| | Percentage of effective and efficient management of revenue in accordance with the targets set by institutions. |
| | Percentage of the budget process managed within the budget cycle. |
| | Percentage of departmental expenditure monitored and controlled on a monthly basis. |
| | Percentage implementation of the internal control checklist by all institutions |
| Objective 2.2 Facilitate the establishment of a caring culture between and for health personnel | Percentage of internal audits conducted in institutions according to an annual audit plan. |
| | Improved communication |
| | Staff performing their work optimally and efficiently according to their job description. |
| Objective 2.3 Develop and implement an asset management, maintenance and replacement infrastructure system | 100% of new recruits given induction training and regular orientation according to the orientation program. |
| | Existence of an Electronic Inventory Management System |
| | Percentage of institutions and offices – where applicable- that the Electronic Asset Management System has been implemented. |
| Objective 2.4 Develop and implement a system to ensure and monitor value for money | Implementation percentage of the Medical Equipment Management System. |
| | Develop and implement efficiency rate indicators |
| Goal 4: Effective marketing and communication of health services | |
| Objective 4.1 Develop and implement a services marketing plan | Services Marketing plan, implemented |
| | Objective 4.3 Develop and implement an integrated communication strategy |
| Integrated communication strategy developed in line with the Services Marketing plan | |

6.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

Table 6.3: Summary of expenditure and estimates: Programme 2: District Health Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|--------------------------|----------------|----------------|--------------------|----------------|----------------|------------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| District Management | 26,378 | 27,646 | 36,221 | 23,907 | 42,395 | 45,908 |
| Community Health Clinics | 48,371 | 46,401 | 53,183 | 109,719 | 66,590 | 72,108 |
| Community Health Centre | 13,416 | 12,870 | 14,751 | 30,432 | 18,451 | 19,980 |
| Community Based Services | 101,468 | 97,334 | 111,562 | 230,156 | 139,714 | 151,290 |
| Other Community Services | 574 | 551 | 632 | 1,303 | 784 | 849 |
| HIV/AIDS | 15,356 | 14,731 | 16,884 | 34,832 | 21,169 | 22,923 |
| Nutrition | 24,516 | 23,517 | 26,954 | 55,954 | 33,765 | 36,563 |
| Coroner Services | | | | 1 | 1 | 1 |
| District Hospitals | 397,267 | 432,307 | 511,191 | 374,955 | 631,632 | 683,284 |
| Total | 627,346 | 655,357 | 771,378 | 860,912 | 954,501 | 1,032,906 |

Table 6.4: Summary of expenditure and estimates: Programme 2: District Health Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|------------------|
| R' 000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 334,312 | 351,716 | 426,381 | 504,379 | 557,476 | 603,670 |
| Transfer | 112,861 | 100,115 | 113,645 | 83,055 | 91,798 | 99,404 |
| Other current | 168,194 | 181,726 | 255,378 | 266,699 | 297,766 | 321,753 |
| Total: Current | 615,367 | 633,557 | 765,404 | 854,133 | 947,040 | 1,024,827 |
| Capital | | | | | | |
| Acquisition of capital assets | 11,979 | 21,800 | 5,974 | 6,779 | 7,461 | 8,079 |
| Transfer payments | | | | | | |
| Total: Capital | 11,979 | 21,800 | 5,974 | 6,779 | 7,461 | 8,079 |
| Total: GFS classification | 627,346 | 655,357 | 771,378 | 860,912 | 954,501 | 1,032,906 |

Description and objectives

The aim of the Programme is to render primary health care services to the Free State community.

Service delivery measures Programme 2: District Health Services

| Goal 1: Reduce the burden of HIV/AIDS and TB | |
|---|--|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 1.1 Develop and maintain integrated Home Based Care and Step Down Facilities | Percentage of towns where Home Based Care initiatives are implemented and marketed Number of additional functional step down facilities established per district |
| Objective 1.2 Develop and implement a policy for cadres of community workers who will assist the Department with services such as HBC, SDF and VCCT | Policy for cadres of community workers implemented. (who will assist the Department with services such as Home Based Care, Step Down Facilities and VCCT) implemented. Percentage of existing and future community workers managed by NGOs independently. |
| Objective 1.3 Appropriate Management of HIV/AIDS and TB patients at all levels of care | Percentage of treatment protocols that exist at all levels of care Percentage of health personnel trained to implement treatment protocols. Percentage of staff trained and implementation of Syndromic Management of Sexually Transmitted Infections (STIs) in all districts. Percentage of facilities within piloting districts that VCCT was rolled out to. PMTCT rolled out as agreed upon by MINMEC (Expansion Project) Provision of HIV/AIDS post exposure prophylactic treatment to Rape Victims |
| Objective 1.4 Increase TB Cure Rate of new cases to 85% | Percentage achieved for Smear Conversion Rate. Percentage achieved for Passive Case Detection Rate. Percentage reduction in Treatment Interruption Rate Percentage Cure Rate of new TB cases. |
| Objective 1.5 Introduce a food security programme to patients and their families | Percentage of known patients and their families that the Food security programme is provided to, according to the need. |
| Goal 3: Functional District Health System | |
| Objective 3.1 Implement District Health System (DHS) according to legislation | Governance structures functional according to an approved programme based on the Provincial Health Act (Act 8 of 1999) |
| Objective 3.2 Delegate functions in line with legislation | Primary Health Care services delegated to District Municipalities according to set criteria Service Level Agreements implemented and monitored according to District Plans in all local municipalities |
| Goal 4: Effective marketing and communication of health services | |
| Objective 4.2 Develop and implement Health Promotion and School Health Services programmes | An integrated Health Promotion strategy implemented School health services implemented |
| Goal 5 Developed and empowered personnel and stakeholders | |
| Objective 5.3 Ensure all occupational classes of staff are trained in line with service delivery plans | Governance structures trained and supported to manage functions effectively Percentage of NGOs that are working in partnership with the Department of Health, empowered. |

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| | |
|---|---|
| Goal 7 Accessible and quality services at all levels | |
| Objective 7.1 Provide comprehensive health care services to communities at all levels of care | Measurement of total service delivery per level of care |
| Goal 7 Accessible and quality services at all levels continued | |
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 7.2 Provide comprehensive health care services to communities at all levels of care | Health care risk management plan guidelines developed Treatment protocols for 1-2 specialities developed and implemented in 5 Regional Hospitals |
| Objective 7.3 Improve management capacity of institutions | Training programme developed |
| Objective 7.4 Ensure accessibility to services at all Local Municipality areas on a 24-hour basis | District Service Plans based on Local Municipality needs Services implemented |
| Objective 7.5 Ensure that all hospitals are accredited according to the COHSASA standards | Institutions have implemented Quality circles at middle management level Ensure continuation of accreditation process |

6.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Table 6.5: Summary of expenditure and estimates

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------|---------------|---------------|---------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Emergency Transport | 68,468 | 82,012 | 82,861 | 104,618 | 115,631 | 125,212 |
| Planned Patient Transport | 5,954 | 7,131 | 7,205 | 8,786 | 9,711 | 10,516 |
| Total | 74,722 | 89,143 | 90,066 | 113,404 | 125,342 | 135,728 |

Table 6.6: Summary of expenditure and estimates: Programme 3: Emergency Medical Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 41,753 | 50,011 | 50,530 | 63,623 | 70,320 | 76,147 |
| Transfer | | | | | | |
| Other current | 26,435 | 31,664 | 31,991 | 40,281 | 44,522 | 48,211 |
| Total: Current | 68,188 | 81,675 | 82,521 | 103,904 | 114,842 | 124,358 |
| Capital | | | | | | |
| Acquisition of capital assets | 6,234 | 7,468 | 7,545 | 9,500 | 10,500 | 11,370 |
| Transfer payments | | | | | | |
| Total: Capital | 6,234 | 7,468 | 7,575 | 9,500 | 10,500 | 11,370 |
| Total: GFS classification | 74,422 | 89,143 | 90,066 | 113,404 | 125,342 | 135,728 |

Description and objectives

The aim of the programme is to render an efficient and optimal emergency medical service to all patients in the Free State.

Service delivery measures Programme 3: Emergency Medical Services

| | |
|---|---|
| Goal 7 Accessible and quality services at all levels | |
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Provide pre-hospital emergency care (Ambulance service) to all the residents of Free State when needed. | Number of emergency calls received and successfully attended. |
| Provide on the road emergency care and emergency transport to all the victims of accident | Number of road accidents attended annually |

| | |
|---|--|
| Goal 7 Accessible and quality services at all levels | |
| Establish and maintain Emergency Medical Service Stations in all towns with more than 1000 population to increase the access to service | Number of Emergency Medical Service stations integrated with the District Health System. |
| Integrate Emergency Medical Services into the District Health System service delivery. | Average Response time |
| Goal 7 Accessible and quality services at all levels continued | |
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Provide inter-hospital transport to patients in need of intensive care | Number of inter-hospital transport provided to patients in need of intensive care annually |
| Establish, maintain and regularly review the non-emergency patient transport (Planned patient transport) for the population of Free State | Number of patient transport routes established and reviewed. |
| | Number of patients transported |

6.4. PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Table 6.7: Summary of expenditure and estimates: Programme 4: Provincial Hospital Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|-------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| General Hospitals | 445,824 | 498,329 | 539,730 | 572,245 | 634,494 | 686,610 |
| Psychiatric / Mental Hospital | 74,115 | 69,292 | 112,032 | 105,589 | 116,706 | 126,377 |
| Total | 519,939 | 567,621 | 650,762 | 677,834 | 751,200 | 812,987 |

Table 6.8: Summary of expenditure and estimates: Programme 4: Provincial Hospital Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 396,785 | 419,777 | 460,964 | 511,922 | 565,811 | 612,696 |
| Transfer | | | | | | |
| Other current | 119,800 | 133,071 | 177,962 | 157,469 | 176,043 | 190,170 |
| Total: Current | 516,585 | 552,848 | 638,926 | 669,391 | 741,854 | 802,866 |
| Capital | | | | | | |
| Acquisition of capital assets | 3,354 | 14,773 | 11,836 | 7,443 | 9,346 | 10,121 |
| Transfer payments | | | | | | |
| Total: Capital | 3,354 | 14,773 | 11,836 | 7,443 | 9,346 | 10,121 |
| Total: GFS classification | 519,939 | 567,621 | 650,762 | 677,834 | 751,200 | 812,987 |

Description and objectives

The aim of the Programme is to render Level 11 hospital services in support of Primary Health Care based on a district health system.

Service delivery measures Programme 4: Provincial Hospital Services

| | |
|---|--|
| Goal 7 Accessible and quality services at all levels | |
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 7.5 Ensure that all hospitals are accredited according to the COHSASA standards | Institutions have implemented Quality circles at middle management level |
| | Ensure continuation of accreditation process |

6.5. PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Table 6.9: Summary of expenditure and estimates: Programme 5: Central Hospital Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Central Hospital Services | | | | | | |
| Universitas Hospital | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |
| Total | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |

Table 6.10: Summary of expenditure and estimates: Programme 5: Central Hospital Services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 230,750 | 243,247 | 273,343 | 269,787 | 298,187 | 322,896 |
| Transfer | | | | | | |
| Other current | 103,735 | 134,528 | 139,165 | 153,621 | 169,794 | 183,862 |
| Total: Current | 334,485 | 377,775 | 411,508 | 423,408 | 467,981 | 506,758 |
| Capital | | | | | | |
| Acquisition of capital assets | 1,064 | 5,601 | 6,251 | 2,909 | 3,214 | 3,482 |
| Transfer payments | | | | | | |
| Total: Capital | 1,064 | 5,601 | 6,251 | 2,909 | 3,214 | 3,482 |
| Total: GFS classification | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |

Description and objectives

The aim of the Programme is to render Central medical health care services (Level 111 and 1V) and to provide a platform for the training of health workers.

Service delivery measures Programme 5: Central Hospital Services

| Goal 7 Accessible and quality services at all levels | |
|---|--|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 7.5 Ensure that all hospitals are accredited according to the COHSASA standards | Institutions have implemented Quality circles at middle management level Ensure continuation of accreditation process |

6.6 PROGRAMME 6: HEALTH SCIENCES

Table 6.11: Summary of expenditure and estimates: Programme 6: Health Sciences

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Nurse Training College | 36,084 | 32,649 | 37,301 | 40,985 | 45,305 | 49,060 |
| EMS Training College | 1,205 | 2,815 | 3,363 | 3,612 | 3,994 | 4,325 |
| Bursaries | 7,789 | 8,840 | 5,012 | 10,466 | 11,567 | 12,526 |
| Primary Health Care Training | | | | 1 | 1 | 1 |
| Other Training | 7,789 | 16,014 | 78,261 | 23,392 | 25,933 | 28,081 |
| Total | 50,755 | 60,318 | 53,937 | 78,517 | 86,800 | 93,993 |

Table 6.12: Summary of expenditure and estimates: Programme 6: Health Sciences

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 40,850 | 36,396 | 33,061 | 39,644 | 43,817 | 47,448 |
| Transfer | | | | | | |
| Other current | 9,658 | 17,456 | 19,599 | 37,092 | 40,996 | 44,395 |
| Total: Current | 50,508 | 53,852 | 52,660 | 76,736 | 84,813 | 91,843 |
| Capital | | | | | | |
| Acquisition of capital assets | 271 | 6,466 | 1,277 | 1,781 | 1,987 | 2,150 |
| Transfer payments | | | | | | |
| Total: Capital | 271 | 6,466 | 1,277 | 1,781 | 1,987 | 2,150 |
| Total: GFS classification | 50,779 | 60,318 | 53,937 | 78,517 | 86,800 | 93,993 |

Description and objectives

The aim of the Programme is to provide training to emergency medical and nursing personnel, promote research and development of health systems.

Service delivery measures Programme 6: Health Sciences

| Goal 5: Developed and empowered personnel and stakeholders | |
|---|---|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 5.1 Ensure all occupational classes of staff are trained in line with service delivery plans | % Implementation of Workplace Skills Program at institutions |
| Objective 5.2 Ensure the availability of health professionals at appropriate service delivery levels. | Minimum staffing levels in the revised Human Resource Plan. |
| | Percentage of bursaries allocated according to service delivery needs. |
| | Percentage of implementation of the Retention and Recruitment Strategy. |

6.7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Table 6.13: Summary of expenditure and estimates: Programme 7: Health Support services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Laundries | 17,604 | 18,414 | 25,534 | 35,342 | 39,062 | 42,299 |
| MEDPAS Trading Account | 3,500 | | 1,000 | 2,000 | 2,210 | 2,393 |
| Total | 21,104 | 18,414 | 26,534 | 37,342 | 41,272 | 44,692 |

Table 6.14: Summary of expenditure and estimates: Programme 7: Health Support services

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 13,524 | 11,986 | 18,534 | 21,161 | 23,388 | 25,326 |
| Transfer | | | | | | |
| Other current | 7,320 | 5,603 | 7,379 | 11,829 | 13,076 | 14,159 |
| Total: Current | 20,844 | 17,589 | 25,913 | 32,990 | 36,464 | 39,485 |
| Capital | | | | | | |
| Acquisition of capital assets | 260 | 825 | 621 | 4,352 | 4,808 | 5,207 |
| Transfer payments | | | | | | |
| Total: Capital | 260 | 825 | 621 | 4,352 | 4,808 | 5,207 |
| Total: GFS classification | 21,104 | 18,414 | 26,534 | 37,342 | 41,272 | 44,692 |

Description and objectives

The aim of the Programme is to render support services required by the department to fulfil its aims.

Service delivery measures Programme 7: Health Support services

| Goal 2 . Effective and Efficient Management of Resources | |
|--|---|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 2.3 Develop and implement a system to ensure and monitor value for money | Satisfy the needs within the allocated budget |

6.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Table 6.15: Summary of expenditure and estimates: Programme 8: Health Facilities Management

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------------|---------------|---------------|----------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Community Health Services | | 14,567 | 44,732 | 5,145 | 24,156 | |
| District Hospitals | 111,613 | 20,644 | 38,617 | 36,309 | | |
| Emergency Medical Services | | | | | | |
| Provincial Hospital Services | 10,472 | 8 | 19,802 | 16,120 | 6,882 | |
| Central Hospital Services | | 140 | 5,901 | 26,317 | 56,397 | 91,742 |
| Other Services | | | | | | |
| Total | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |

Table 6.16: Summary of expenditure and estimates: Programme 8: Health Facilities Management

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|----------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | | | | | | |
| Transfer | | | | | | |
| Other current | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |
| Total: Current | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |
| Capital | | | | | | |
| Acquisition of capital assets | | | | | | |
| Transfer payments | | | | | | |
| Total: Capital | - | - | - | - | - | - |
| Total: GFS classification | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |

Description and objectives

The aim of the Programme is to provide adequate health facilities and infrastructure.

Service delivery measures Programme 8: Health Facilities Management

| Goal 2 . Effective and Efficient Management of Resources | |
|--|---|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 2.3 Develop and implement an asset management, maintenance and replacement infrastructure system | <i>Existence of a Medical Equipment Management System (MEMS).</i> |
| | Implementation of a helpdesk for the Medical Equipment Management System. |
| | Existence of a Building Management Maintenance System (BMMS). |

6.9. PROGRAMME 9: SUPERNUMERARY STAFF

Table 6.17: Summary of expenditure and estimates: Programme 9: Supernumerary Staff

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Administration | 1,014 | 891 | 515 | 1,123 | | |
| District Health Services | 17,915 | 28,490 | 27,075 | 16,864 | 15,673 | 14,735 |
| Provincial Hospital Services | 36,644 | 28,501 | 24,656 | 28,922 | 26,879 | 25,270 |
| Central Hospital Services | 16,689 | 14,659 | 12,425 | 13,008 | 12,089 | 11,366 |
| Health Sciences and Training | 1,318 | 1,161 | 1,067 | 762 | | |
| Health Care Support Services | 2,392 | 94 | | | | |
| Total | 75,972 | 73,796 | 65,738 | 60,679 | 54,641 | 51,371 |

Table 6.18: Summary of expenditure and estimates: Programme 9: Supernumerary Staff

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 74,963 | 73,517 | 65,474 | 60,382 | 54,374 | 51,120 |
| Transfer | | | | | | |
| Other current | 1,009 | 279 | 264 | 5,297 | 267 | 251 |
| Total: Current | 75,972 | 73,796 | 65,738 | 65,679 | 54,641 | 51,371 |
| Capital | | | | | | |
| Acquisition of capital assets | | | | | | |
| Transfer payments | | | | | | |
| Total: Capital | - | - | - | - | - | - |
| Total: GFS classification | 75,972 | 73,796 | 65,738 | 65,679 | 54,641 | 51,371 |

Description and objectives

The aim of the Programme is to provide for staff additional to the need of the department.

Service delivery measures Programme 9: Supernumerary Staff

| Goal 2 . Effective and Efficient Management of Resources | |
|---|--|
| Output/ Strategic Objectives | Service delivery / Success indicators |
| Objective 2.2 Facilitate the establishment of a caring culture between, and for, health personnel. | Percentage of existing excess personnel decreased in line with policy Reduce staff numbers in line with Human Resource Plan |

6.3. Other programme information

Table 6.19: Personnel numbers and estimates: Health

| Programme | At 31 March 2002 | At 31 March 2003 | At 31 March 2004 |
|---------------|------------------|------------------|------------------|
| Programme 1 | 477 | 443 | 443 |
| Programme 2 | 4,639 | 5,535 | 4,853 |
| Programme 3 | - | - | 682 |
| Programme 4 | 4,930 | 4,776 | 4,776 |
| Programme 5 | 2,137 | 2,074 | 2,074 |
| Programme 6 | 572 | 414 | 414 |
| Programme 7 | 342 | 325 | 325 |
| Programme 9 | 1,413 | 1,017 | 1,017 |
| Total: | 14,510 | 14,584 | 14,584 |

Table 6.20: Reconciliation of structural changes: Health

| Current programme | 2001/02 Actual | 2002/03 Voted | 2003/04 MTEF | 2004/05 MTEF | 2005/06 MTEF | New Programme |
|--|----------------|---------------|--------------|--------------|--------------|-----------------------|
| Decentralised of Payroll function from Dept. Finance and Expenditure | 94 | - | - | - | - | Programme 1 |
| Security Function | | 24,597 | - | - | - | Programmes 2, 3 and 4 |
| R293 | | 1,582 | - | - | - | Programme 2 |
| Central Registry | | 21 | - | - | - | Programme 1 |
| | 94 | 26,200 | - | - | - | |

MTEF FIGURES

4. REVENUE AND FINANCING

4.1 SUMMARY OF REVENUE

The following sources of funding are used for the Vote:

TABLE 4.1: SUMMARY OF REVENUE: HEALTH

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Equitable share | 1,405,933 | 1,526,216 | 1,645,390 | 1,752,970 | 1,886,180 | 2,037,240 |
| Conditional grants | 371,270 | 444,260 | 551,693 | 646,144 | 750,341 | 812,577 |
| Own Revenue | 51,122 | 63,423 | 68,015 | 75,798 | 83,220 | 85,410 |
| Total revenue | 1,828,325 | 2,033,899 | 2,265,098 | 2,474,912 | 2,719,741 | 2,935,227 |

4.2 DEPARTMENTAL REVENUE COLLECTION
TABLE 4.2: DEPARTMENTAL REVENUE COLLECTION: HEALTH

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|-----------------------------|---------|---------|---------|---------|---------|---------|
| R 000 | Actual | Actual | Voted | MTEF | MTEF | MTEF |
| Current revenue | 51,122 | 63,423 | 68,105 | 62,072 | 64,989 | 67,991 |
| Tax revenue | - | - | - | - | - | - |
| Non-tax revenue | 51,122 | 63,423 | 68,105 | 62,072 | 64,989 | 67,991 |
| Capital revenue | - | - | - | - | - | - |
| Departmental revenue | 51,122 | 63,423 | 68,105 | 62,072 | 64,989 | 67,991 |

5 EXPENDITURE SUMMARY
5.1 PROGRAMME SUMMARY
TABLE 5.1: SUMMARY OF EXPENDITURE AND ESTIMATES: HEALTH

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| 1. Administration | 63,952 | 78,732 | 91,690 | 155,203 | 171,542 | 185,755 |
| 2. District Health Services | 627,346 | 655,357 | 771,378 | 860,912 | 954,501 | 1,032,906 |
| 3. Emergency Medical Services | 74,722 | 89,143 | 90,066 | 113,404 | 125,342 | 135,728 |
| 4. Provincial Hospital Services | 519,880 | 567,621 | 650,762 | 677,834 | 751,200 | 812,987 |
| 5. Central Hospital Services | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |
| 6. Health Sciences and Training | 50,779 | 60,318 | 53,937 | 78,517 | 86,800 | 93,993 |
| 7. Health Care Support | 21,104 | 18,414 | 26,534 | 37,342 | 41,272 | 44,692 |
| 8. Health Facilities Management | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |
| 9. Supernumerary Staff | 75,972 | 73,796 | 65,738 | 65,679 | 54,641 | 51,371 |
| Less: Internal charges | (20,268) | (19,770) | (19,428) | (24,187) | (24,187) | (24,187) |
| Plus: Authorised Losses | 6,323 | 11,077 | 135 | | | |
| Total: Health | 1,777,203 | 1,953,423 | 2,257,623 | 2,474,912 | 2,719,741 | 2,935,227 |

5.2 SUMMARY OF ECONOMIC CLASSIFICATION
TABLE 5.2: SUMMARY OF EXPENDITURE AND ESTIMATES: HEALTH

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 1,176,138 | 1,236,695 | 1,387,327 | 1,563,948 | 1,716,219 | 1,850,670 |
| Transfer | 112,861 | 100,115 | 113,645 | 83,055 | 91,798 | 99,404 |
| Other current | 457,460 | 553,944 | 713,009 | 784,160 | 863,372 | 932,793 |
| Total: Current | 1,746,459 | 1,890,754 | 2,213,981 | 2,431,163 | 2,671,389 | 2,882,867 |
| Capital | | | | | | |
| Acquisition of capital assets | 30,744 | 62,669 | 43,642 | 43,749 | 48,352 | 52,360 |
| Transfer payments | | | | | | |
| Total: Capital | 30,744 | 62,669 | 43,643 | 43,749 | 48,352 | 52,360 |
| Total GFS classification | 1,777,203 | 1,953,423 | 2,257,623 | 2,474,912 | 2,719,741 | 2,935,227 |

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6.1 PROGRAMME 1: ADMINISTRATION

| TABLE 6.1: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 1: ADMINISTRATION | | | | | | |
|---|---------------|---------------|---------------|----------------|----------------|----------------|
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| MEC | 1,086 | 1,283 | 1,355 | 2,257 | 2,496 | 2,701 |
| Provincial Management | 62,866 | 77,449 | 90,335 | 152,946 | 169,046 | 183,054 |
| Total | 63,952 | 78,732 | 91,690 | 155,203 | 171,542 | 185,755 |

TABLE 6.2: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 1: ADMINISTRATION

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|---------------------------------|---------------|---------------|---------------|----------------|----------------|----------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 43,201 | 50,045 | 59,040 | 93,050 | 102,846 | 111,367 |
| Transfer | | | | | | |
| Other current | 13,169 | 22,951 | 22,512 | 52,168 | 57,660 | 62,437 |
| Total: Current | 56,370 | 72,996 | 81,552 | 145,218 | 160,506 | 173,804 |
| Capital | | | | | | |
| Acquisition of capital assets | 7,582 | 5,736 | 10,138 | 9,985 | 11,036 | 11,951 |
| Transfer payments | | | | | | |
| Total: Capital | 7,582 | 5,736 | 10,138 | 9,985 | 11,036 | 11,951 |
| Total GFS classification | 63,952 | 78,732 | 91,690 | 155,203 | 171,542 | 185,755 |

6.2 PROGRAMME 2: DISTRICT HEALTH SERVICES

| TABLE 6.3: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 2: DISTRICT HEALTH SERVICES | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|------------------|
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| District Management | 26,378 | 27,646 | 36,221 | 23,907 | 42,395 | 45,908 |
| Community Health Clinics | 48,371 | 46,401 | 53,183 | 109,719 | 66,590 | 72,108 |
| Community Health Centre | 13,416 | 12,870 | 14,751 | 30,432 | 18,451 | 19,980 |
| Community Based Services | 101,468 | 97,334 | 111,562 | 230,156 | 139,714 | 151,290 |
| Other Community Services | 574 | 551 | 632 | 1,303 | 784 | 849 |
| HIV/AIDS | 15,356 | 14,731 | 16,884 | 34,832 | 21,169 | 22,923 |
| Nutrition | 24,516 | 23,517 | 26,954 | 55,954 | 33,765 | 36,563 |
| Coroner Services | | | | 1 | 1 | 1 |
| District Hospitals | 397,267 | 432,307 | 511,191 | 374,955 | 631,632 | 683,284 |
| Total | 627,346 | 655,357 | 771,378 | 860,912 | 954,501 | 1,032,906 |

| TABLE 6.4: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 2: DISTRICT HEALTH SERVICES | | | | | | |
|---|-------------------|-------------------|------------------------|------------------|-----------------|------------------|
| R' 000 | 2000/01 Actual | 2001/02 Actual | 2002/03 Est. actual | 2003/04 Voted | 2004/05 MTEF | 2005/06 MTEF |
| Current | | | | | | |
| Personnel | 334,312 | 351,716 | 426,381 | 504,379 | 557,476 | 603,670 |
| Transfer | 112,861 | 100,115 | 113,645 | 83,055 | 91,798 | 99,404 |
| Other current | 168,194 | 181,726 | 255,378 | 266,699 | 297,766 | 321,753 |
| Total: Current | 615,367 | 633,557 | 765,404 | 854,133 | 947,040 | 1,024,827 |
| Capital | | | | | | |
| Acquisition of capital assets | 11,979 | 21,800 | 5,974 | 6,779 | 7,461 | 8,079 |
| Transfer payments | | | | | | |
| Total: Capital | 11,979 | 21,800 | 5,974 | 6,779 | 7,461 | 8,079 |
| Total: GFS classification | 627,346 | 655,357 | 771,378 | 860,912 | 954,501 | 1,032,906 |

| 6.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES | | | | | | |
|---|-------------------|-------------------|------------------------|------------------|-----------------|-----------------|
| TABLE 6.5: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 3: EMERGENCY MEDICAL SERVICES | | | | | | |
| R '000 | 2000/01 Actual | 2001/02 Actual | 2002/03 Est. actual | 2003/04 Voted | 2004/05 MTEF | 2005/06 MTEF |
| Emergency Transport | 68,468 | 82,012 | 82,861 | 104,618 | 115,631 | 125,212 |
| Planned Patient Transport | 5,954 | 7,131 | 7,205 | 8,786 | 9,711 | 10,516 |
| Total | 74,722 | 89,143 | 90,066 | 113,404 | 125,342 | 135,728 |

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| TABLE 6.6: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 3: EMERGENCY MEDICAL SERVICES | | | | | | |
|---|---------------|---------------|---------------|----------------|----------------|----------------|
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 41,753 | 50,011 | 50,530 | 63,623 | 70,320 | 76,147 |
| Transfer | | | | | | |
| Other current | 26,435 | 31,664 | 31,991 | 40,281 | 44,522 | 48,211 |
| Total: Current | 68,188 | 81,675 | 82,521 | 103,904 | 114,842 | 124,358 |
| Capital | | | | | | |
| Acquisition of capital assets | 6,234 | 7,468 | 7,545 | 9,500 | 10,500 | 11,370 |
| Transfer payments | | | | | | |
| Total: Capital | 6,234 | 7,468 | 7,575 | 9,500 | 10,500 | 11,370 |
| Total: GFS classification | 74,422 | 89,143 | 90,066 | 113,404 | 125,342 | 135,728 |

| 6.3 PROGRAMME 4: PROVINCIAL HOSPITALS | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| TABLE 6.7: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 4: PROVINCIAL HOSPITALS | | | | | | |
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| General Hospitals | 445,824 | 498,329 | 539,730 | 572,245 | 634,494 | 686,610 |
| Psychiatric / Mental Hospital | 74,115 | 69,292 | 112,032 | 105,589 | 116,706 | 126,377 |
| Total | 519,939 | 567,621 | 650,762 | 677,834 | 751,200 | 812,987 |

| TABLE 6.8: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 4: PROVINCIAL HOSPITALS | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 396,785 | 419,777 | 460,964 | 511,922 | 565,811 | 612,696 |
| Transfer | | | | | | |
| Other current | 119,800 | 133,071 | 177,962 | 157,469 | 176,043 | 190,170 |
| Total: Current | 516,585 | 552,848 | 638,926 | 669,391 | 741,854 | 802,866 |
| Capital | | | | | | |
| Acquisition of capital assets | 3,354 | 14,773 | 11,836 | 7,443 | 9,346 | 10,121 |
| Transfer payments | | | | | | |
| Total: Capital | 3,354 | 14,773 | 11,836 | 7,443 | 9,346 | 10,121 |
| Total: GFS classification | 519,939 | 567,621 | 650,762 | 677,834 | 751,200 | 812,987 |

| 6.4 PROGRAMME 5: CENTRAL HOSPITAL SERVICES | | | | | | |
|--|----------------|----------------|----------------|----------------|----------------|----------------|
| TABLE 6.9: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 5: CENTRAL HOSPITAL SERVICES | | | | | | |
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Central Hospital Services | | | | | | |
| Universitas Hospital | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |
| Total | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |

| TABLE 6.10: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 5: CENTRAL HOSPITAL SERVICES | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 230,750 | 243,247 | 273,343 | 269,787 | 298,187 | 322,896 |
| Transfer | | | | | | |
| Other current | 103,735 | 134,528 | 139,165 | 153,621 | 169,794 | 183,862 |
| Total: Current | 334,485 | 377,775 | 411,508 | 423,408 | 467,981 | 506,758 |
| Capital | | | | | | |
| Acquisition of capital assets | 1,064 | 5,601 | 6,251 | 2,909 | 3,214 | 3,482 |
| Transfer payments | | | | | | |
| Total: Capital | 1,064 | 5,601 | 6,251 | 2,909 | 3,214 | 3,482 |
| Total: GFS classification | 335,549 | 383,376 | 417,759 | 426,317 | 471,195 | 510,240 |

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6.5 PROGRAMME 6: HEALTH SCIENCES AND TRAINING

TABLE 6.11: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Nurse Training College | 36,084 | | 37,301 | 40,985 | 45,305 | 49,060 |
| EMS Training College | 1,205 | 32,649 | 3,363 | 3,612 | 3,994 | 4,325 |
| Bursaries | 7,789 | 2,815 | 5,012 | 10,466 | 11,567 | 12,526 |
| Primary Health Care Training | | 8,840 | | 1 | 1 | 1 |
| Other Training | 7,789 | 16,014 | 78,261 | 23,392 | 25,933 | 28,081 |
| Total | 50,755 | 60,318 | 53,937 | 78,517 | 86,800 | 93,993 |

TABLE 6.12: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 40,850 | 36,396 | 33,061 | 39,644 | 43,817 | 47,448 |
| Transfer | | | | | | |
| Other current | 9,658 | 17,456 | 19,599 | 37,092 | 40,996 | 44,395 |
| Total: Current | 50,508 | 53,852 | 52,660 | 76,736 | 84,813 | 91,843 |
| Capital | | | | | | |
| Acquisition of capital assets | 271 | 6,466 | 1,277 | 1,781 | 1,987 | 2,150 |
| Transfer payments | | | | | | |
| Total: Capital | 271 | 6,466 | 1,277 | 1,781 | 1,987 | 2,150 |
| Total: GFS classification | 50,779 | 60,318 | 53,937 | 78,517 | 86,800 | 93,993 |

6.6 PROGRAMME 7: HEALTH CARE SUPPORT

TABLE 6.13: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 7: HEALTH CARE SUPPORT

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Laundries | 17,604 | 18,414 | 25,534 | 35,342 | 39,062 | 42,299 |
| MEDPAS Trading Account | 3,500 | | 1,000 | 2,000 | 2,210 | 2,393 |
| Total | 21,104 | 18,414 | 26,534 | 37,342 | 41,272 | 44,692 |

TABLE 6.14: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 7: HEALTH SUPPORT

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 13,524 | 11,986 | 18,534 | 21,161 | 23,388 | 25,326 |
| Transfer | | | | | | |
| Other current | 7,320 | 5,603 | 7,379 | 11,829 | 13,076 | 14,159 |
| Total: Current | 20,844 | 17,589 | 25,913 | 32,990 | 36,464 | 39,485 |
| Capital | | | | | | |
| Acquisition of capital assets | 260 | 825 | 621 | 4,352 | 4,808 | 5,207 |
| Transfer payments | | | | | | |
| Total: Capital | 260 | 825 | 621 | 4,352 | 4,808 | 5,207 |
| Total: GFS classification | 21,104 | 18,414 | 26,534 | 37,342 | 41,272 | 44,692 |

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6.7 PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

TABLE 6.15: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------------|---------------|---------------|----------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Community Health Services | | 14,567 | 44,732 | 5,145 | 24,156 | |
| District Hospitals | 111,613 | 20,644 | 38,617 | 36,309 | | |
| Emergency Medical Services | | | | | | |
| Provincial Hospital Services | 10,472 | 8 | 19,802 | 16,120 | 6,882 | |
| Central Hospital Services | | 140 | 5,901 | 26,317 | 56,397 | 91,742 |
| Other Services | | | | | | |
| Total | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |

TABLE 6.16: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|----------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | | | | | | |
| Transfer | | | | | | |
| Other current | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |
| Total: Current | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |
| Capital | | | | | | |
| Acquisition of capital assets | | | | | | |
| Transfer payments | | | | | | |
| Total: Capital | - | - | - | - | - | - |
| Total: GFS classification | 22,085 | 35,359 | 109,052 | 83,891 | 87,435 | 91,742 |

6.8 PROGRAMME 9: SUPERNUMERARY STAFF

TABLE 6.17: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 9: SUPERNUMERARY STAFF

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Administration | 1,014 | 891 | 515 | 1,123 | | |
| District Health Services | 17,915 | 28,490 | 27,075 | 16,864 | 15,673 | 14,735 |
| Provincial Hospital Services | 36,644 | 28,501 | 24,656 | 28,922 | 26,879 | 25,270 |
| Central Hospital Services | 16,689 | 14,659 | 12,425 | 13,008 | 12,089 | 11,366 |
| Health Sciences and Training | 1,318 | 1,161 | 1,067 | 762 | | |
| Health Care Support Services | 2,392 | 94 | | | | |
| Total | 75,972 | 73,796 | 65,738 | 60,679 | 54,641 | 51,371 |

TABLE 6.18: SUMMARY OF EXPENDITURE AND ESTIMATES: PROGRAMME 9: SUPERNUMERARY STAFF

| | 2000/01 | 2001/02 | 2002/03 | 2003/04 | 2004/05 | 2005/06 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| R '000 | Actual | Actual | Est. actual | Voted | MTEF | MTEF |
| Current | | | | | | |
| Personnel | 74,963 | 73,517 | 65,474 | 60,382 | 54,374 | 51,120 |
| Transfer | | | | | | |
| Other current | 1,009 | 279 | 264 | 5,297 | 267 | 251 |
| Total: Current | 75,972 | 73,796 | 65,738 | 65,679 | 54,641 | 51,371 |
| Capital | | | | | | |
| Acquisition of capital assets | | | | | | |
| Transfer payments | | | | | | |
| Total: Capital | - | - | - | - | - | - |
| Total: GFS classification | 75,972 | 73,796 | 65,738 | 65,679 | 54,641 | 51,371 |

Strategic Plan part B 2003/2004 to 2005/2006

| GRANTS | BUDGET 2002/2003 | ADJ BUDG 2002/2003 | |
|-----------------------------------|------------------|--------------------|----------------|
| National Tertiary Services | 287,424 | 4,721 | 292,145 |
| Professional Training Development | 88,192 | 2,360 | 90,552 |
| PSNP | 39,394 | 1,149 | 40,543 |
| Hospital rehabilitation | 17,000 | 34,800 | 51,800 |
| HIV/AIDS | 13,953 | 4,704 | 18,657 |
| Infrastructure Grant | 18,000 | 12,000 | 30,000 |
| Infrastructure Grants (Floods) | 14,210 | | 14,210 |
| Financial Management Grant | 11,000 | 333 | 13,786 |
| Provincial Conditional Grant | 35000 | | 35000 |
| | 524,173 | 60,067 | 584,240 |

REVENUE ACTION PLAN

REVENUE ACTION PLAN 2002/2003

INSTITUTIONS/OFFICES

| CONCERNS | KEY INDICATOR | ACTIVITIES | RESPONSIBLE ROLE PLAYERS | TARGET DATE |
|--|--|--|--|--------------------------------------|
| 1. Increase in revenue - outstanding | Write-off of all irrecoverable revenue | Write off those amounts identified as irrecoverable revenue in terms of Financial Delegations item 24 and Financial Directives paragraph d.13 on a monthly basis. | Heads of institutions | Immediately |
| | | Amounts that need to be written off at Head Office level must be submitted to the Revenue Control Division on a monthly basis. | Heads of institutions | Monthly |
| | | Submit monthly write-offs per prescribed schedules. (Health Finance Circular no 28 of 1997). | Heads of institutions | Monthly |
| | | Debt older than 60 days must be handed over for collection (Health Finance Circular No.32 of 2002) | CEOs and SEOs | Immediately |
| 2. Outstanding accounts not followed up regularly | Increased revenue collection and reduce amounts to be written off. | Measures must be in place to control/ensure that regular follow-up of outstanding accounts are done on a monthly basis. (Treasury Regulations 11.2.1) | Heads of institutions. | Continuous |
| | | Institutions must certify on a monthly basis that follow-up of outstanding accounts is done. The prescribed certificate must be signed by the SEO and submitted to Revenue Control Division. | Heads of institutions. | Continuous |
| 3. Low morale of personnel in admissions sections | Investigate the feasibility to provide corporate clothing that will enhance the morale of admissions personnel. | Visits to institutions to monitor and assist with the effective and efficient management of revenue. | Manager: Financial Planning and Control | Monthly |
| | | Appoint a task team to investigate and recommend a process to acquire corporate clothing for admissions personnel. | Me. M.A. Makhalema, Me. H.M. Crause, Me. P. Tlali, Me. M. Muller, Me. D. Mokotjo | 22 August 2002 |
| | | Prepare submission to HRM Directorate for approval to include this as a service condition. | Revenue Control Division | 30 September 2002 |
| 4. Patients referred from PHC are not aware or informed of the need to pay for services rendered at hospitals. | Identify appropriate training modules. Support from institutional management must be stepped up. Referred patients will be informed of the financial implications of services rendered at hospitals. | Develop modules on communication skills, conduct, presentations on motivation, telephone etiquette and relationship with clients. | Sen. Manager: HRD Manager: Financial Planning and Control | 31 August 2002 |
| | | Include admissions personnel in the management team. | CEOs and SEOs | Immediately |
| | | Ensure that measures are in place to safeguard personnel and admission offices. | CEOs and SEOs | Immediately |
| | | Update and develop informational posters on the need to pay for services. | Senior Manager: Medical Support Services Manager: Corporate Communications | Not later than 1 July of every year. |
| | | Display informational posters at clinics and hospitals in consultation with Corporate Communications on the need to pay for services rendered at hospitals. | CEOs and SEOs Manager: Corporate Communications | Immediately |

Strategic Plan part B 2003/2004 to 2005/2006

| CONCERNS | KEY INDICATOR | ACTIVITIES | RESPONSIBLE ROLE PLAYERS | TARGET DATE |
|--|--|--|--|--|
| 4. Patients referred from PHC are not aware or informed of the need to pay for services rendered at hospitals. (continued) | | <p>When Health Workers refer patients referred they should be informed that they will have to pay for services rendered at hospitals.</p> <p>Audio-visual facility to be available in waiting-areas to inform patients of the payment for services.</p> <p>Presentations on iCAM to inform patients at clinics/wards/waiting areas of the need to pay for services.</p> <p>Involvement of members of hospital boards to inform the community of the need to pay for health services.</p> | <p>General Manager: Clinical Health Services CEOs and SEOs</p> <p>Manager: Corporate Communication</p> <p>Senior Manager: Human Resource Development Manager: Corporate Communications CEOs and SEOs</p> | <p>Continuous</p> <p>30 Sep. 2002</p> <p>30 Sep. 2002</p> <p>30 September 2002</p> |
| 5. Non-referred patients that prefer another level of care but refuses to be billed accordingly. | Adherence of non-referred patients to the referral system. | Develop leaflets with illustrations relating to the different levels of care in the referral system that can be issued with patient's files at the admissions office. | Manager: Corporate Communication | 30 September 2002 |
| 6. Unpaid accounts due to insufficient or depleted benefits of patients with medical aid. | Reduced unpaid accounts returned from medical aids. | <p>Outreach to community via radio regarding the referral system.</p> <p>Arrange slots for broadcasting during airtime.</p> <p>Obtain prior confirmation from medical aids regarding the status of benefits to ensure that accounts rendered will be paid.</p> <p>Heads of admission offices must ensure that medical aids are contacted to obtain a confirmation number.</p> <p>Persal link to verify ID numbers, gross income and medical aid particulars.</p> <p>Re-classify patients whose benefits are depleted.</p> <p>Investigate the feasibility to submit patient account electronically to medical aid schemes.</p> <p>Ensure that accounts are submitted electronically to medical aid schemes.</p> <p>IT to make internet access feasible to institutions.</p> | <p>Manager: Corporate Communication</p> <p>Manager: Corporate Communication</p> <p>CEOs and SEOs</p> <p>CEOs and SEOs</p> <p>Senior Manager: Financial Administration and Logistics CEOs and SEOs</p> <p>Senior Manager: Specialized Health Services CEOs and SEOs</p> <p>Senior Manager: Specialized Services</p> | <p>30 September 2002</p> <p>September 2002</p> <p>Continuous</p> <p>Continuous</p> <p>30 Aug. 2002</p> <p>Monthly</p> <p>30 September 2002</p> <p>31 October 2002</p> <p>31 October 2002</p> |
| 7. Implementation of the PADS with UPFS incorporated. | Fast-tracked computerized patient admission, discharge and billing system. | Identify training needs as it arises and nominate officials for training. Submit list of nominations to Information and Technology: Training Sub Directorate Monitor PAD and UPFS implementation. | CEOs and SEOs | Continuous |

Strategic Plan part B 2003/2004 to 2005/2006

| CONCERNS | KEY INDICATOR | ACTIVITIES | RESPONSIBLE ROLE PLAYERS | TARGET DATE |
|------------------------------------|---|---|---|---|
| 8. Unavailability of patient files | Availability of files | Investigate the feasibility of a uniform filing system. Develop a uniform filing system. | Gen. Manager: Health Support Gen. Manager: Health Support | 31 March 2003 Before 1 April 2004 |
| 9. Annual revision of User Fees | Revised fees in line with Treasury Regulation 7.3.1 | Implement a uniform filing system Obtain the revised UPFS from the National Department. Adjust fees for H1, H2 and H3-hospital patients in accordance with the Manual for the application of the Uniform Fees System for Health Services. Present revised fees to Top Management and MEC for recommendation for approval Request Treasury approval for implementation. Gazette the revised fees. Prepare circular for implementation Implement the revised fees. | CEOs and SEOs Manager: Financial Planning and Control Manager: Financial Planning and Control CEOs and SEOs | When available 31 July 2002 6 August 2002 31 August 2002 15 September 2002 15 September 2002 1 October 2002 |

Note: Many of the activities are ongoing. For this reason although completed in 2002 they are also relevant to other periods