NORTHERN CAPE – DEPARTMENT OF HEALTH
STRATEGIC PLAN 2003 – 2006

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Foreword by Member of Executive Council

For the past nine years since the advent of democracy in our country we have resolved to restore back the dignity of our people through the provision of quality health service in all fields. We have made giant strides in the formulation of policies and strategies that will lead and direct us in effecting a positive impact on the lives of all citizens in the Northern Cape Province.

This strategic document is informed by the ANC health plan and commitment made by our Honourable State President during the State of the nation address 2003 and further by our Premier during the opening of the fifth session of the Legislature 2003.

As the people's government we have made significant interventions in various health areas including combating and arresting the spread of HIV/Aids, TB and other preventable communicable diseases. Improving our services in the rehabilitation, chronic diseases and geriatrics. We have also improved our attempts to reduce maternal and child mortality rate throughout our province through timeous intervention.

Great strides have been made in the revitalization of our health facilities in line with international recommended standards including the building of community health centres and clinics closer to our people in order to meet our objective of creating a better healthy life for all our people.

Through our interdepartmental cooperation we have improved the school nutrition program, raised the level of awareness amongst our people about living positively and healthy.

We have also resolved to invest in the development of our health personnel in order for them to overcome any hurdle impeding them in our quest to restore back the dignity of our people through the provision of quality health care service as informed by the "Patients Right charter".

Whilst it is true that we are succeeding in reversing the frontiers of poor health care services of the past, we are conscious of the enormous challenges ahead of us.

These challenges call upon us to continuously explore new methods and tools which will enable us to find a fit between available resources and the needs of our people thus realising the universal goal of " a better healthy life for all".

This strategic plan presents itself as one of the tools available at our disposal to assist us in bridging the gap between policy management and budgets for the purpose of realising our shared vision namely: creating a healthy Northern Cape Province.

I believe that with foresight and decisive action, we can create a better healthy Northern Cape Province for all our people.

Given the balance between our achievements and challenges facing us, I hereby commit that my office will provide an oversight to the Northern Cape Province Department of Health Strategic plan as presented hereunder.

Ms E.D Peters
HONOURABLE MEC FOR HEALTH

Introduction and sign off by Head of Department

This Strategic document is a product of strategic planning session held at Savoy Hotel on 19 / 20 July 2002 attended by employees from the Department of Health.

The document is guided by Health Sector Strategic Framework (1999 – 2004) ANC health plan, the President State of the Nation Address of 14th February 2003, State of the Province Address by the Premier of the Northern Cape on the opening of the fifth session of the second legislative sitting of the Northern Cape Province, 28th February 2003 and MEC for Finance Budget Speech for 2003 / 2004 .

The new strategic plan format assist in presenting a comprehensive evidence based planning that is aligned to the budget.

Northern Cape Province has made significant strides in delivering quality health care, within the limited resources. We have tried to balance the demand for health care with equitable distribution of services.

Continuous infrastructural development has been matched with skilled and competent employees.

The destructive HIV / AIDS epidemic will be fought with an equally aggressive intersectoral strategy.

We have fostered a great partnership with community structures, government departments to efficiently and effectively implement the strategic plan.

Dr MH Hendricks
HEAD OF DEPARTMENT OF HEALTH

1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

The content of this document is guided by the input of colleagues during the two-day work session at the Savoy Hotel. This document was further guided by:

- Health Sector Strategic Framework of 1999-2004
- Provincial 5-year strategic plan
- ANC Health Plan
- Speech by the Premier of the Northern Cape Province on the occasion of the forth session of the second legislature sitting of the Northern Cape Province, 22 February 2002.
- SPS Document (Strategic Position Statement).
- National Programme Plans.
- Public Service Regulations
- Treasury Regulations

This document is to serve as the broad strategic framework for this department over the next three years.

The statistics depicting the demographic profile of the Northern Cape were sourced from Statistics South Africa, population census of 1996.

The disease profile of the people of the Northern Cape is obtained from the following sources:

- Information Management sub-directorate of the Department
- Medical Research Council (Violence and Injury Surveillance report)
- District Home Affairs Offices
- Peri-natal Problem Identification Programme

1.2 VISION

Excellent, holistic, people- centered and affordable health care in the Northern Cape.

1.3 MISSION

We are committed to achieving our vision through a decentralized, accountable, accessible and constantly improving health care system within available resources. Our caring, multi- skilled effective personnel will use evidence- based, informative health care and maturing partnerships for the benefit of our clients and patients.

PART A STRATEGIC OVERVIEW

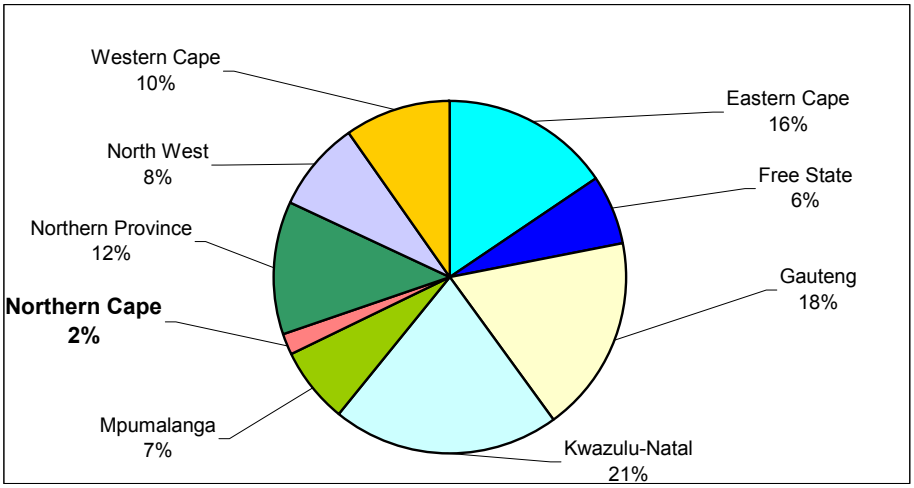
2 SECTORAL SITUATION ANALYSIS

2.1 DEMOGRAPHY

The population of the Northern Cape in 1996 was 840 323. In 2000 it was estimated to be between 870 000 and 900 000 persons.

The Province is renowned for its large area (it is the largest province having 29.7 % of the total land area of South Africa). It has a very low population density (only 2.3 people per km2, whilst the average for South Africa is 34.4) and a high urban percentage (70.1%). The literacy rate is below the national average, but employment is above the national average.

Population per province

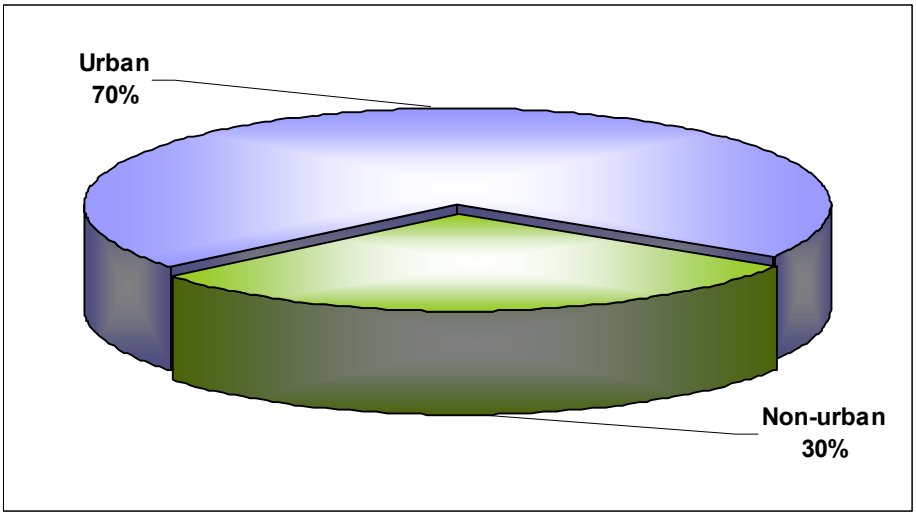


Province	Eastern Cape	Free State	Gauteng	Kwazulu-Natal	Mpumalanga	Northern Cape	Limpopo	North West
Population	6,302,525	2,633,504	7,348,423	8,417,021	2,800,711	840,321	4,929,368	3,354,825

The Northern Cape Department of Health, using the Census 1996 population data, estimates that 80% of the population is uninsured i.e. persons who are not covered by medical aid.

The Abt Associates data for Northern Cape reports an uninsured population of 539 196 persons in 2000. This might imply that approximately 65% of the Northern Cape population are making use of public facilities.

Urban versus Non- urban



The province has a high urban percentage (70.1%).

	Urban	Non-urban	Total
Population	588,906	251,415	840,321

70% of the Northern Cape population is deemed to be urban.[11] Towns in the Northern Cape are still experiencing influx from the rural and commercial farming areas. The housing of farm employees on farms is declining in favour of small towns. This is expected to increase with the increasing importance of access to health and education facilities as pull factors. Among the push factors are technology changes in irrigation areas (mechanisation), which leads to a decline in the number of jobs available.

Housing and engineering services.

According to the Census 1996, 70% of households lived in formal houses while almost 12% occupied shacks in informal settlements.

10% of household had no toilet facilities in 1996. 16

Vast improvements in health have been recorded but this is being threatened by the increasing prevalence of HIV related disease, growing inequity, environmental degradation and economic crisis. The next section details health status indicators of the Northern Cape.

Socio- Economic Status

Socio- Economic Indicator for Northern Cape and South Africa

		Northern Cape	South Africa
Area as a % of total SA		29.7	100
Population density (1996) people per km		2.3	34.4
% Urban 1996		70.1	53.7
% Non- Urban 1996		29.9	46.3
Literacy rate	1991	67.6	61.4
	1996	58.9	65.8
% Non school attendance (20+)	1991	7.3	9.6
	1994	16.7	19.4
	1996	21.7	19.3
Labour dependency ratio 1994		1.6	1.9
Age dependency ration 1996		62.3	64.4
Per capita income (Rands) 1994		2.865	2.566
Unemployment rate (official definition)	1998	17.9	25.2
	1999	18.1	23.3
Unemployment rate (expanded definition)	1998	29.8	37.5
	1999	29.1	36.2
% Households with piped water inside	1996	50	44.7
	1999	48.1	38.8
% Households with no toilet	1996	10.6	12.5
	1999	10.7	9.7
% Households using electricity for cooking	1996	70.7	59.4
% Households with telephone	1996	30.9	28.6

Literacy rates

Of the population aged 20 years and older, 21% have no schooling; 21% have some primary school education, 9% completed primary school, 12% completed Grade 12 and only 6% have a higher education.

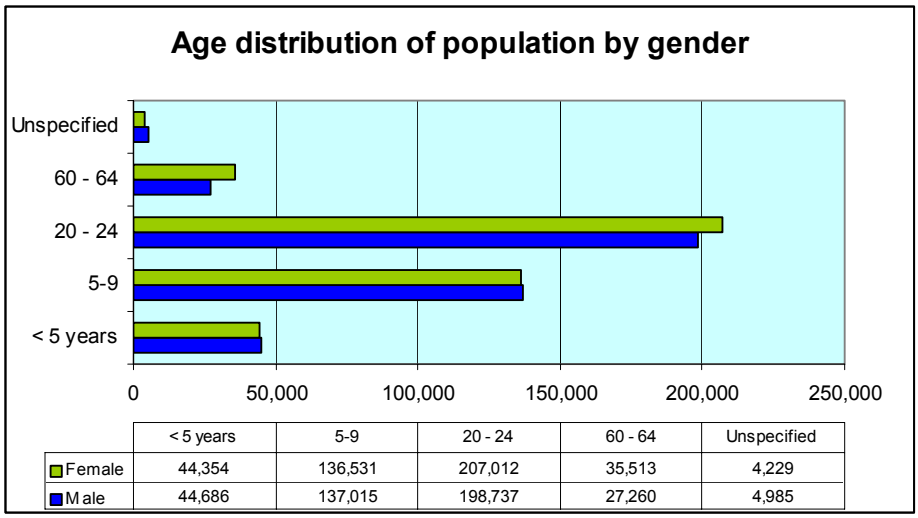
[12] South African Health Review 2000.
[13] Labour dependency ratio: the number of people supported by every member of the labour force excluding him or herself.
14 Age dependency ratio: the ratio of the combined child population (0-14 years) and the aged population (65+years) to the intermediate age population (15-<65 years).

Population Size

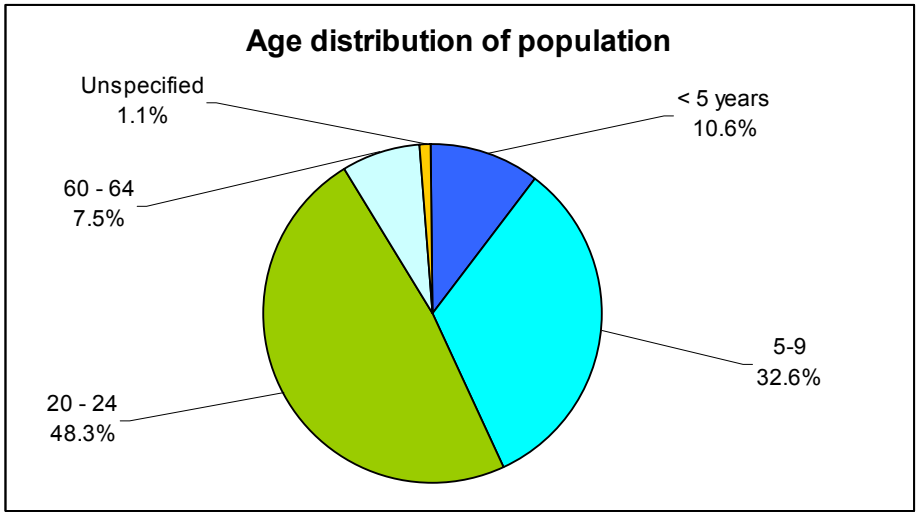
The population of the Northern Cape in 1996 is 840 323.[1] In 2000 is estimated to be between 870’000 and 900’000 persons. The table below shows a breakdown of the population by District.

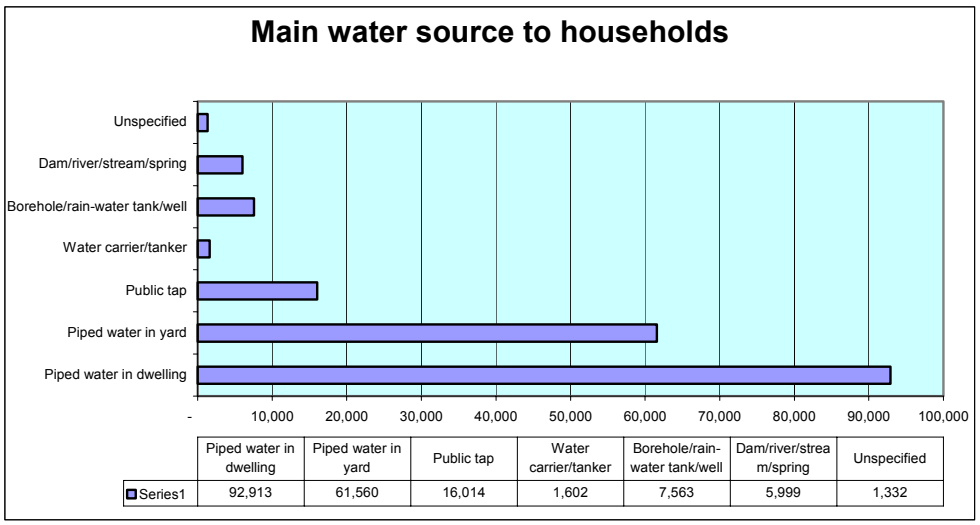
District	Population	Percentage
Kgalagadi	36 313	4.2%
Namakwa	109 147	12.8%
Karoo	178 046	20.9%
Siyanda	210 454	24.7
Frances Baard	306 657	36

Total		



	< 5 years	5-9	20 - 24	60 - 64	Unspecified
Female	44,354	136,531	207,012	35,513	4,229
Male	44,686	137,015	198,737	27,260	4,985





2.2 EPIDEMIOLOGICAL PROFILE

According to ASSA 2000 it is estimated that 26% of all deaths in South Africa in 2000 were HIV / AIDS related.

Causes of Death

The table below indicates the causes of death in 2000[21] The major difference in cause of death between men and women is the "non – natural" category (e.g. murder) which claimed the lives of 205 men. Liver disease is also more prevalent among men while women are much more likely to succumb to immune suppression and multi-organ failure. However, the primary causes of total deaths is respiratory, cardiovascular ranks second and tuberculosis third.

Causes of Death

	Disease category	Percentage
1	Respiratory	22%
2	Cardiovascular	15.5%
3	Tuberculosis	8.9%
4	Cerebro-vascular	8.9%
5	Natural causes	8.5%
6	Non natural caused	7.7%
7	Carcinoma	6.9%
8	Gastro-intestinal	4.7%
9	Renal	3.6%
10	Liver	1.9%

Chronic Conditions

Based on self-reported chronic conditions, major conditions in the Northern Cape are blood pressure, Ischaemic Heart Disease and Tuberculosis. Asthma and chronic bronchitis also appear to be particular problems for men. For women blood pressure, emphysema and tuberculosis are predominant. Men receiving treatment for hypertension in the Northern Cape is double that of the

national average (21,5% compared to 10,7%), whilst the figure for women taking medication is 35% compared to 27,7% nationally.

The most prevalent chronic conditions in the Northern Cape are hypertension and diabetes:

- Hypertension at an incidence of 52.9 per 1000 of the population over 45 years.
- Diabetes mellitus at 11.1 per 1000 of the population over 45 years.
- Chronic Obstructive Airways Disease at 2.7 per 1000 o the population.
- Epilepsy at 1.5 per 1000 of the population.

According to last official census results (1996), 45% of the Northern Cape's population are disabled.

Tuberculosis

In the top ten killer diseases tuberculosis has moved up by 1.9% and from 6th position to 3rd position since 1999. Tuberculosis incidence per District and overall provincial average is the following:

Year	Siyanda	Karoo	Frances Baard	Kgalagadi	Namaqua	Province
2001	734	512	366	562	453	509
2000	692	525	371	551	573	518
1999	722	540	328	559	508	505

These figures are per 100 000 of the population. The provincial new smear positive cure rate is presently 64%. This rate is obtained from outcome reports for quarters one to three for the year 2000 and is way below the national target of 85%. TB tops the list of five main notifiable medical conditions for the Province followed by, pesticide poisoning, hepatitis A, measles and hepatitis B.

Health care services play an important role in combating TB. Rates of TB infection are affected by socio-economic factors including housing, income, education and nutritional status. To be effective in this regard, inter departmental coordination is imperative. The prevalence of TB, which is appreciably higher in the Northern Cape (360 per 100 000) than the national average (254 per 100 000)25, is expected to rise with the increase in HIV / AIDS prevalence.

A study conducted by Samson Kironde researched TB in the Northern Cape. It concluded that the distance from a clinic was less that 2km for 225 person sampled.

25 South African Health Systems Trust. 1996 – 1998 data

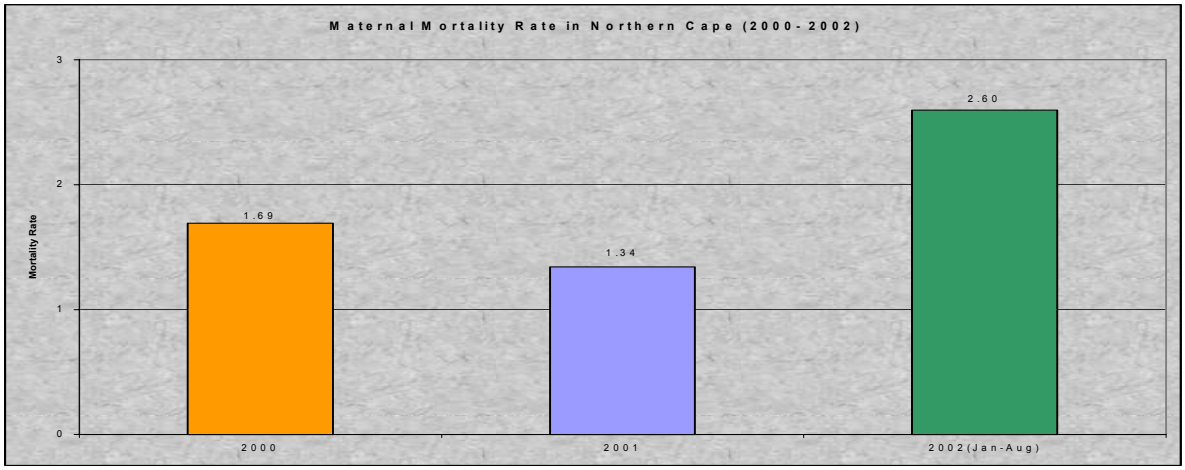
Distance from clinic of persons receiving TB treatment

Less than 2 km	67%
2-5 km	24%
6 – 10 km	7%

Greater than 10 km	2%

The same study found that the 1st point of attendance was private medical practice (19%) and government health unit (81%). The majority was unemployed and 73% were single. The mean average was 34 years while the youngest was 15 and oldest 70 years. 735 of respondents lived in brick homes. The person making the diagnosis: 10% private doctor; 20% hospital doctor; 66% clinic nurse and the remainder were undefined.

Maternal Deaths



The Province recorded 29 maternal deaths for 2000 and 24 for 2001. This amounted to the following maternal mortality rates:

	Maternal Mortality
2000	1.69
2001	1.34
2002(Jan-Aug)	2.60

	Raw data	
	Maternal Deaths	Total live births
2000	29	17,141
2001	24	17,881
2002	32	12,315

Teenage Pregnancy

Unplanned parenthood is an issue amongst the youth in the Province. Twenty –two per cent of the youth have experienced unplanned parenthood (includes males hence the use of the word

parenthood rather than pregnancy). Teenage pregnancy is cited as the major reason for young woman leaving school.

Access to Health Care Services.

In the Northern Cape, persons living in towns are all within 5km of a health facility. It is in the rural areas where this is not the case and mobiles service these areas. However, according to the National Health Care Facilities Survey 2000, the Northern Cape mobile service had the lowest frequency nationally for mobile clinic visits at once in 6.7 weeks average. The Northern Cape is the largest Province and only has 47 mobile clinics.

Access to health services has an important role to play in supporting health promotion activities, taking a lead in caring and support to people living with HIV, and in supporting appropriate home-based care.

Access to health facilities by the youth in the Province (based on time taken to reach a medical facility) does not appear to be poor. 35% of the youth have access to a facility closer than 15 minutes away and 36% have access between 15 – 30 minutes. Youth, especially those living in rural settlements tend to use clinics more than private general practitioners.
However, the facility used by such youths is dependent on whether they belong to medical aid schemes or not. A high number of youth from farms use private general practitioners rather than clinics.

Primary Health Care facilities

PHC facilities	Number	Population per facility
Province wide	96	8’753
Least served Health District	23	13’320
Best served Health District	19	5’745

Public Hospitals

Hospital type	Number	Number of beds March 2001	Number of beds March 2002	Beds per 1000 Uninsured people
District	23	1’017	789	1.3
General (Regional)	1	525	541	2.0
Central				
Sub-total acute hospitals	**24**	**1’542**	**1’550**	**24.7**
Tuberculosis	2	176	176	6.0
Psychiatric	1	106	106	9.9
Chronic medical and other specialized	1	120	120	8.8
Total	**28**	**1’944**	**1’733**	**28**

Public Health Personnel

Categories	Number employed	%of total number employed	Number per 1000 people	Number per 1000 uninsured people	Vacancy rate	%of total personnel budget	Average annual cost per staff member
Medical officers	182	4.3%	0.20	0.95			148'445
Medical Officers (Intern)	23	0.5%	0.02	0.12	31%	17%	
Medical Specialists	10	0.3%	0.01	0.05	50%	0.7%	216'157
Dentists	12	0.3%	0.01	0.06	43%	0.6%	148'445
Dental Specialists							
Professional Nurses	863	21.8%	0.89	4.49	26%	27%	100'103
Staff Nurses	274	6%	0.29	1.48	Nil	5%	64'915
Nursing assistants	610	16%	0.63	3.17	28%	10%	54'873
Pharmacists	24	0.5%	0.02	0.12	11%	0.7%	102'103
Allied Health Professionals and technical staff	39	0.5%	0.04	0.20	29%	1%	100'103
Emergency Care Practitioner	197	4.7%	0.20	1.02	21%	5%	80'363
Managers, Administrators and logistical support staff	1'941	45%	2.02	10.11	37%	75%	124'320
Total	**4'175**	**100%**	**4.33**	**21.77**	**29%**	**142%**	**76'990**

2.3 MAJOR HEALTH SERVICE CHALLENGES

Hospital Revitalization

- Facilities are not located where required, thus requires expensive building programme.
- Upgrading of Health facilities.

Problem with referral chain

- Implementation of the two-crew ambulance system.
- Dealing with cross boundary self referrals.

Public Private interaction

- Provision of comprehensive service for clients at home through NGO's. Co-ordination of the services establishing of sound referral pathways and paying stipends to volunteers.

Quality of Care

- Implementation of the 24-hour Primary Health Care Service Policy. There is an increased brain drain marked through the Province with an increase depletion of Human Resources from Rural to urban areas.

- Emergency Medical Services – implementation of the 2-crew ambulance service.

Provision of Care

- A steady rise in maternal and infant mortality and morbidity including the youth with regard to HIV related and other diseases leading to a depletion of economic active sector of the population.

- A dramatic rise in HIV Prevalence in the Province and provision of a comprehensive HIV / AIDS service and linking it to the provision of other services.

Staff Mix

- Recruitment and retention of skilled personnel to the Province especially to the most remote areas of the Province.

2.4 BROAD POLICIES, PRIORITIES AND STRATEGIC GOALS

ADDENDUM 1 highlights the options considered by the Northern Cape for sustainable health service delivery. Drawn from the Provincial Strategic Position Statement it serves as a guiding document to the 3- year strategic plan.

CONCLUSIVE RECOMMENDATIONS

The NCDoH needs to achieve the following objectives in order to make the option work:

- A downscaling from 1807 to 1512 acute beds.
- An additional 350 step down beds are required divided according to adjusted public sector population numbers in all five Districts.
- An additional 86 Level I are required at Kimberley Hospital.

Beds to be shifted to different levels of care as follows:

- 493 Level I beds, mainly smaller, less efficient District Hospitals to CHC and step down beds.
- 72 Level two beds to level three beds at Kimberley Hospital.
- 59 CHC beds from CHC hospitals to be shifted to step down beds.
- The above shifts need to be very sensitive for community needs / convenience and political development priorities.
- A total of 62 psychiatric beds and 42 TB beds will have to be closed.
- An increase in admissions of 15% or 28,3 admissions per 1000 population.
- A total of not more than 9,21 / 1000 admissions for tertiary care.
- Provision should be made for an increase in 40% outpatient admission toward 2010 of which 21% will be AIDS outpatient's visits mainly at CHC's and District hospitals.
- An amount of R17,1 million will be required to be spent on HBC based on the National costing model. This amount may be considerably less if the NCDoH HBC model is implemented.
- Efficiencies will have to be improved to accommodate an average decline AvLOS with increasing admissions.

The net annual saving on transformation of R11,4 million may help fund the gap created by the model.

PROGRAMME 1: ADMINISTRATION

Introduction

This programme is aim at conducting the overall management and administration of the Department of Health.

Formulation of policy, overall management and administration of the Department and the respective Regions and Institutions within the Department in accordance with the Public Service Act, 1994 as amended, the public Finance Management Act 1 of 1999 (as amended by Act 29 of 1999) and other applicable legislation.

Situation Analysis

Human Resource

Process of development of the Human Resource Plan for 2003 is going and reaching its final stages.

Inter-department process is ongoing.

Sub-programme 1: Office of the MEC

Objective	Indicator	2001/2	2002/3	2003/4	2004/5	2005/6
1. Decentralize 100% District Health services to local Government / Authorities	Percentage of systems delegated to Local Authority	15%	15%	18%	38%	
2. Establish 124 of Health Services facility Boards by March 2006.	Percentage of facilities to have hospital boards.	0	0	12,09 Upington, Kimberley hospital	46,4%	100%
3. Develop systems to improve monitoring and evaluation by March 2005	Proportion of strategic plan implemented.			100%	100%	100%

Sub-programme 2: Management

Objective	Indicator	2001/2	2002/3	2003/4	2004/5	2005/6
1. Develop and implement effective financial management systems by March 2004.	• Compliance to the budget.					Zero budget deficit 100%
2. Develop and implement policies, clinical protocols and guidelines.	Proportion of policies developed and effectively implemented.	5%	5%	20%	30%	40%
3. Develop norms to manage resources across programmes and services.	• Human Resource Plan in Place	0		100%	100%	

Summary of expenditure and estimates: Programme 1 - Administration

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Sub-programmes						
Office of the MEC	1,000	1,172	2,602	2,204	2,477	3,316
Management	18,692	27,364	38,345	35,971	39,928	44,908
Programme Total	**19,692**	**28,536**	**40,947**	**38,175**	**42,405**	**48,224**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 MTEF	2005-06 MTEF
Current Expenditure						
Personnel	12,110	13,916	17,190	20,775	21,859	23,036
Transfers	-	-		-		
Other Current	7,198	11,797	19,134	16,400	19,576	23,688
Total: Current	**19,308**	**25,713**	**36,324**	**37,175**	**41,435**	**46,724**
Capital Expenditure						
Acquisition of capital assets	384	2,823	4,623	1,000	970	1,500
Transfers						
Total: Capital	**384**	**2,823**	**4,623**	**1,000**	**970**	**1,500**
Total GFS classification	**19,692**	**28,536**	**40,947**	**38,175**	**42,405**	**48,224**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Programme One - Administration

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	22	24	23	31	41	17%	36
Total per person	26	27	26	35	46	16%	40
Total per uninsured person	32	34	33	44	57	16%	50

PROGRAMME 2: DISTRICT HEALTH SERVICES.

Introduction

District health System is regarded as the most effective way of delivering District Health Services.

Tremendous progress has been made, challenges will still remain for many years ahead. Northern Cape Province is still faced with challenges of creating equitable access to services, efficient allocation of resources and provision of quality health care. Services are being improved through the introduction of comprehensive Primary Health Care Package.

The services offered are:

- Preventative and promotive
- Curative
- Rehabilitation

Situation Analysis

2.1 District Health System

Nurse Supervisor visits

Nationally nurse supervision visits to fixed clinics have declined slightly since 1997, i.e. by twelve percent (12%) of patients. The decline in the Northern Cape in this respect was a dramatic 43% (from 68,0% in 1997 to 25,0% in 2000)[1].

Presently nurses at fixed clinics in the Northern Cape have patient loads in excess of 600 per month or 25 per day, which is substantially more than the National average[2].

The load of mobile clinic nurses is only half the patient load (313) of their counterparts at fixed clinics (612). This may be explained by sparse distribution of the rural population in the Province.

Policies, Priorities and Broad Strategic Objectives.

- **Delegation of District Health Services.**

The investigations into delegation of primary Care Services to local Authorities are still continuing. The Interim Provincial Health Authority (IPHA) reconstituted the investigation task team into the implementation task team.

Decisions taken by IPHA will relate to:

- Implementation date.
- Possible Phased Implementation
- Process

- Expansion of District facility Network and Rehabilitation

This includes the expansion of VCT, PMTCT, CHBC Programme and gives a detailed account of capital projects envisaged.

- Service Level Agreement
  Completion of Service Level Agreements between the Department and NGO's, municipalities.

- Development of District based planning, functional integration and mechanisms for community participation.

  - Establishment of District Health Authorities.
  - Alignment of structures to National Health Bill.

- Promulgation of the Provincial Health Bill

- Further implementation of all elements of comprehensive Primary Health Care Package.

Analysis of Constraints and Measures Planned To Overcome Them.

Analysis of Constraints	Measures planned to overcome them.
• Cross border service delivery issues between Kgalagadi District in the Northern Cape and North West Province.	• Ongoing discussions with North West Province on cross border issues.
• Difficulty in fully implementing 24-hour PHC policy due to difficulty in retaining and recruiting skilled personnel.	• Introduction of contracts for student nurses undergoing training. • Incentive packages
• Accessibility of services in some areas.	Capital Plan in Annexture 8.
• Loss of skilled / trained volunteers (CHBC, DOTS, VCT and PMTCT) to more permanent jobs.	• Payment of stipends to volunteers. • Revisit the issue of stipends paid out.
• Provision of quality patient care and change in mindset of the employees.	• Quality improvement strategy

2.2 HIV/ AIDS, Sexually Transmitted Infections and Tuberculosis Control

Situational Analysis

Results from National Primary Health Care Facilities survey conducted in 2000 showed that in contrast to the 56,2 HIV testing sites available Nationally fixed clinics in South Africa, the Province has a 100% availability of HIV testing at fixed clinics and this has been maintained since 1998.

There is an insufficient number of trained Lay Counsellors, to improve this we are training a generic lay community Health workers that can be utilized across a range of programmes including DOTS, VCT, HCBC and PMTCT. There is a total of 600 volunteers.

The Departments of Social Services & Population Development and Health pays stipends to volunteers through NGO's. Contracts have been signed with the NGO's. The Department of Health provides the Kits.

TABLE 1: Baseline data on HIV/AIDS, STI and TB control programme

Condition	1999		2000		2001	
	No.	No. per 100 000 people	No.	No. per 100 000 people	No.	No. per 100 000 people
HIV antenatal seroprevalence rate	58	10.1%	57	11.2%	84	15.9%
Syphilis cases	22	3.8%	26	5.1%	33	6.2%
New smear positive TB cases	2 509	299	2 655	316	2 693	320
All TB cases reported	5 417	645	5 528	658	5 760	685
PTB cases reported	4 083	486	4 273	508	4 355	518

Table: Performance Indicators for the HIV/AIDS/STI/TB control Programme

PRIORITY AREA – 1: Awareness and Prevention

Goal: Reduction of HIV/AIDS/STI and TB incidence rate in the province especially amongst 15 – 49 year olds

Objective	[redacted]	2001/2 (Actual)	2002/3 (Estimate)	2003/2004 (Target)	2004/5 (Target)	2005/6 (Target)	National Target
To increase the HIV/Aids testing rate amongst pregnant women to 100%	- HIV testing amongst pregnant women	70%	80%	92%	95%	100%	100%
	- Number of health professionals trained on Diflucan programme	200	650	1 300	2 000	2 600	-
To ensure provision of Post exposure Prophylaxis to all victims of sexual assault in all districts the province	- Number of health care professionals trained on PEP treatment	-	350	600	900	1 300	-
	Process - HIV/AIDS Plan formulated and agreed with all stakeholders	ALL	ALL	ALL	ALL	ALL	-

Improve the management of STIs at all facilities	**Output** - Number of people trained in syndromic management of STIs	313	400	500	600	2600	
	- Smear positive PTB cases as percentage of all PTB cases	81.8%	78.0%	76.0%	73.0%	70.0%	50 – 70%
Detect a minimum of 70% of New smear positive PTB cases in the Province	- New smear positive PTB cases as percentage of expected number of cases	71.6%	72.0%	73.0%	74.0%	75.0%	70.0%
Ensure that TB specimen turn around time does not exceed more than 48 hours	- Average TB specimen turn around time	<48	<48	<48	<48	<48	<48
Reduce TB re - treatment cases	- Percentage of TB cases on re-treatment	23.9%	23.0%	21.0%	20.05	18.0%	6 – 8%
Reduce the treatment interruption rate	- Percentage of new smear positive PTB cases who interrupt treatment	19.1%	19.0%	18.0%	15.0%	10.0%	<10.0%
Increase the smear conversion rate of new cases to 85% in the Province	- PTB smear conversion rate at 2 months for new cases	52.8%	60.0%	65.0%	70.0%	75.0%	<85%
Increase the smear conversion rate among retreated cases to 80% in the province	- PTB smear conversion rate at 3 months for retreated cases	50.0%	60.0%	65.0%	70.0%	75.0%	<80.0%
Cure 85% of new smear positive TB cases at first attempt	- Percentage of new smear positive PTB cases cured at first attempt	64.0%	70.0%	75.0%	80.0%	85.0%	<85.0%

VCT sites have increased from:

- 42 - 2001
- 85 - 2002

Rolling out of PMTCT commenced on 1st December 2002 to Kimberley, Upington and De Aar Hospitals.

With respect to management of TB, the provincial smear conversion rate is 64% and thus fall short of the National Department of Health ‘s target of 85%. In the top 10 killer diseases in the Northern Cape Province (death data for year 2000), Tuberculosis has moved up 1,9% from 6th to 3rd position. The TB incidence is as follows:

- 1999 - 505 / 100, 000
- 2000 - 518 / 100, 000
- 2001 - 509 / 100,000

Three (3) Districts have been declared Demonstration and Training Districts (DTD).

Management TB has been decentralized to District level. MDR is still managed at West End Hospital.

There are 6 female condom distribution sites only in Galeshewe (Francis Baard District).

Table: Baseline data on HIV/AIDS/STI/TB control programme						
Condition	1999		2000		2001	
	No.	No. per 100,000 people	No.	No. per 100,000 people	No.	No. per 100,000 people
HIV antenatal sero-prevalence*	58	10.1%	57	11.2%	84	15.9%
VCT uptake**	-	-	-	-	1,848	220
PMCT						
-HIV positive						
-HIV negative						
- counselled/tested						
- on nevirapine						
STIs (total cases)						
Syphilis cases*	22	3.8%	26	5.1%	33	6.2%
New smear positive TB cases	2,509	299	2,655	316	2,693	320
All TB cases reported	5,417	645	5,528	658	5,760	685
PTB cases reported	4,083	486	4,273	508	4,355	518
Northern Cape Provincial population - 840,323 (Stats SA - census 1996)						

* Annual Antenatal Survey		
**Period : July-December 2001		
. - No data		

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES.

Retention of skilled and trained Community Health Workers.

PMTCT Services

- **Policies**

Implementation of National Policy, this guides the Provincial Policy.

- **Priorities and broad objectives**

Full roll out of PMTCT services.

Tuberculosis Services

- **Policies**

  Management of tuberculosis is guided by National DOTS strategy, Provincial Tuberculosis Advocacy Plan. Provincial 5-year strategic framework 1999 – 2004.

- **Priorities and broad objectives**
  - Community mobilisation around the DOTS programme.
  - Strengthening, support and sustainance of the Partnerships with all stakeholders in the Province.
  - Reduction in MDR TB cases.
  - Improve Information Management.

    HIV / AIDS Policy guideline – TB and HIV / AIDS.

Community Home Based Care

- **Policies**
  - National curriculum for training HCBC providers.
  - National Guideline – HCBC.

- **Priorities and broad objectives**
  - Community mobilization.
  - Re-visit amount of stipends paid to volunteers.
  - Expansion of CHBC services and strengthening of care and support structures.

KEY CONSTRAINTS AND CHALLENGES

- Reduction of HIV infection rate.
- Expansion of the femidome distribution sites to the other 4 Districts.
- Lack of skilled, appropriately trained and dedicated information Officers to ensure effective information management at District level.
- Poor referral system in some areas.
- Loss of trained, skilled counsellors and Community Health Workers.
- Increase smear conversion rates.

- Rolling out of PMTCT sites.
- Insufficient Human Resource to ensure effective implementation of programmes.

Objectives and performance indicators: HIV / AIDS / TB/ STD.

Objective	Indicator	2001 / 02	2002 / 03	2003 / 04	2004 / 05	2005 / 06
To reduce the incidence of TB	Number of TB / HIV Health Districts	1	1	2	3	5
	Percentage of new smear positive PTB cases who interrupt treatment	19,0%	19,0%	18,0%	15,0%	10,0**%**
	Increase smear conversion rate among retreated cases to 80% in the Province	50%	60%	65%	70%	75%
Improve management of STI's at all facilities	Ensure effective syndromic management of STI's in the facilities					
	Improve the management of STI's at all facilities.	313				

2.3 DISTRICT HOSPITALS

Addendum 3: gives a breakdown of the number of PHC facilities per District with population per facility.

Out-patient total head count from April 2001 to March 2002. Provincially the total has increased substantially from 21,871 in April 2001 to 24,352 in March 2002.

L1 Hospitals in Northern Cape Province: 13

District	Facility	Usable beds 2001	Usable beds 2002	% inc / dec	Beds/1000 Uninsured people
Siyanda	Kakamas Hospital	36	36	0	0.05
	Keimoes Hospital	30	30	0	0.04
	Postmasburg Hospital	40	40	0	0.06
Karoo	Colesberg Hospital	25	35	40	0.05
	De Aar Hospital	51	51	0	0.08
	Prieska Hospital	28	24	-14	0.04
	Douglas Hospital	37	25	-32	0.04
Frances Baard	Barkly West Hospital	30	36	20	0.05
	Warrenton Hospital	47	47	0	0.07
	Hartswater Hospital	40	40	0	0.06
Kgalagadi	Kuruman Hospital	62	62	0	0.09
Namakwa	Springbok Hospital	40	40	0	0.06
	Calvinia Hospital	30	30	0	0.04
	Total	**496**	**496**	**0**	**0.74**

Specialized Hospitals in Northern Cape Province: 4

District	Facility	Usable beds 2001	Usable beds 2002	% inc / dec	Beds/1000 Uninsured people
Siyanda	Upington TB Hospital	36	36	0	0.05
Frances Baard	Jan Kempdorp Hospital	-	30	n/a	0.04
	West End Psych Hospital	107	107	0	0.16
	West End TB Hospital	30	30	0	0.04
	Total	**173**	**203**	**17**	**0.30**

Community Health Centres in Northern Cape Hospital: 11

District	Facility	Usable beds 2001	Usable beds 2002	% inc / dec	Beds/1000 Uninsured people
Siyanda	Kenhardt CHC	12	12	0	0.02
Frances Baard	Galeshewe Day Hospital	18	19	6	0.03
Karoo	Vosburg CHC	8	8	0	0.01
	Griekwastad CHC	14	14	0	0.02
Namakwa	Brandvlei CHC	6	6	0	0.01
	Fraserburg CHC	6	6	0	0.01
	Loeriesfontein CHC	6	6	0	0.01
	Pofadder CHC	6	6	0	0.01
	Port Nolloth CHC	6	6	0	0.01
	Sutherland CHC	6	6	0	0.01
	Williston CHC	6	6	0	0.01
	Total	**94**	**95**	**1**	**0.14**

Community Hospitals in Northern Cape Province: 7

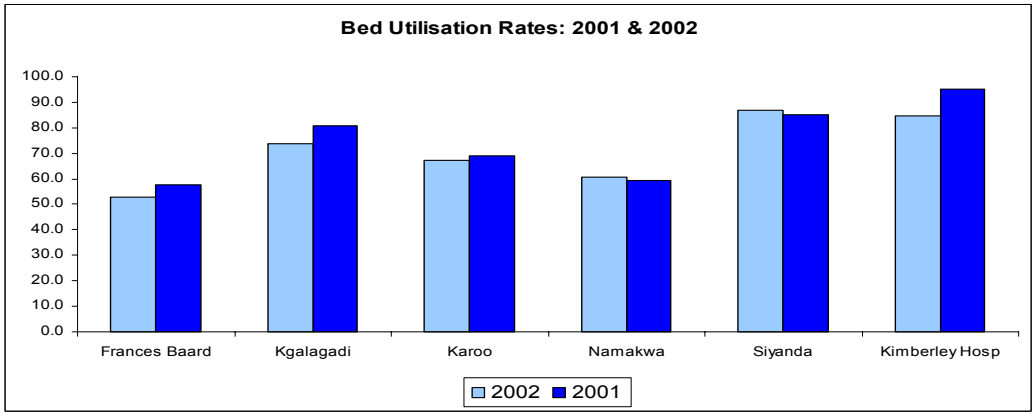
District	Facility	Usable beds 2001	Usable beds 2002	% inc / dec	Beds/1000 Uninsured people
Siyanda	Olifantshoek Hospital	12	12	0	0.02
Karoo	Richmond Hospital	22	22	0	0.03
	Victoria West Hospital	21	21	0	0.03
	Hopetown Hospital	22	22	0	0.03
	Carnarvon Hospital	18	25	39	0.04
Frances Baard	J Kempdorp Hospital	17	16	-6	0.02
Namakwa	Garies Hospital	15	15	0	0.02
	Total	**127**	**78**	**-39**	**0.12**

Percentage increase and decrease in useable beds

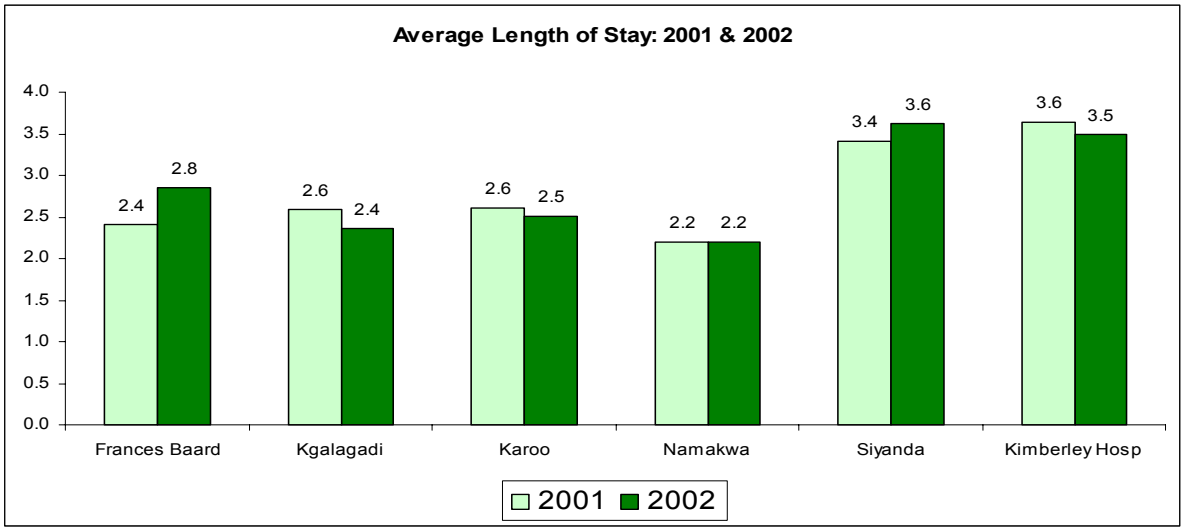
Over the period 2000 to 2001 the useable beds in most of the hospitals and CHC's have not changed significantly. The only hospitals to experience a change are Kimberley Hospital with a 5% increase, Gordonia Hospital with a 15% increase, Barkly West, Carnarvon and Colesberg Hospitals with increases of 20%, 39% and 40% respectively. Similarly, Prieska and Douglas had a decrease of 14% and 32% respectively.

Jan Kempdorp Hospital is an anomaly as it shows both an increase and a decrease. This is because it is in the process of becoming a dedicated TB Hospital but still admits patients for acute care. The hospital will acquire 30 beds for TB, hence a 17 % increase in the total useable beds for Specialized Hospitals. The initial 17 beds used for acute care have decreased to 14 thus the 18% decrease.

Bed Occupancy



Bed Occupancy rates for three Districts and Kimberley Hospital in the Northern Cape have decreased from 2001 to 2002 with the exception of Namakwa and Siyanda which show slight increases. This is inspite of the 15% increase in beds at Gordonia Hospital.



Comparisons of average length of stay for the two years show a fluctuation from district to district. Frances Baard indicates an increase from 2.4 to 2.8 this is being influenced by Jan Kempdorp's dual role of admitting TB patients as well as delivering level I Care. Long stay TB patients was part of Kimberley Hospital Complex.

Karoo and Kgalagadi both show decreases while Namakwa remains constant.

There has been a 0,1 decrease in average length of stay at Kimberley Hospital.

OBJECTIVE AND PERFORMANCE INDICATORS

Objective	Indicator	2001 / 02	2002 / 03	2003 / 04	2004 / 05	2005 / 06
Ensure equal accessibility of PHC services for all communities	Number of professional nurses in fixed public PHC facilities per 1000 people	3.54	4,05	6,36	6,36	6.08
	Number of visits (headcount) at public PHC facilities per person per year.	15,61	13.99	15.9	17.5	15
	Number of professional nurses in fixed public PHC facilities per 1000 uninsured people.	6.86	3,86	8.74	6.88	7,03

2.4 INTEGRATED NUTRITION

Situation Analysis

Introduction

The Integrated Nutrition Programmes (INP) in the Northern Cape Province is located within the Department of Health.

The Protein Energy Malnutrition (PEM) Scheme is in operation at all clinics in the Province. It is a nutrition intervention programme targeted at clients who attend health facilities and are found to be malnourished or at risk of becoming malnourished. These clients are then supplemented with specialised products, which include enriched cereal, full cream milk powder and a breast milk substitute.

The PEM scheme policy guidelines have been revised last year. The High dose Vitamin A supplementation now forms part of the policy. Regular Growth Monitoring and Promotion, Nutrition Counselling especially the promotion, protection and support of breastfeeding is emphasised. In communities where the Community Home Based Care is established the TB patients will be serviced through them and will not receive any supplements from the PEM scheme. In other communities TB patients will still receive a glass of milk at the clinic when they take their treatment.

The Baby Friendly Hospital Initiative (BFHI) has been launched by WHO and UNICEF to encourage hospitals, health care facilities, particularly maternity wards to adopt practices that fully protect, promote and support exclusive breastfeeding from birth. Olifantshoek CHC has been declared Baby Friendly last year, bringing the total for the province now to four hospitals.

Intersectoral collaboration approach is a key to household food security. Department of Health, Agriculture, Social Services and Population Development, Education, Local Government & Housing and The Premier's Office integrate to ensure maximum benefit for the communities. This platform is also used to co-ordinate the Integrated Food Security and Nutrition Programme that was developed by the Social Cluster Departments. This is a government response to provide interim relief measures to households and beneficiaries severely affected by food insecurity and the price escalation of basic food items.

Eight projects are funded from the Department of Health as a contribution to household food security. Most of the projects are doing vegetable gardens and nutrition education to TB patients and caretakers of malnourished children.

320 schools and 117 082 primary school learners will participate in the Primary School Nutrition Programme. The budget for the coming year is R 18 000 000. Learners will receive a cooked meal or brown bread, peanut butter, jam and milk. All learners in targeted schools will be fed from April to November. From April 2004 Department of Education will take over this Programme.

EPIDEMIOLOGY

The nutrition situation in the Northern Cape Province.

INDICATOR	PROVINCIAL STATUS	DATA SOURCE
Stunting (1-9 years)	29,6%	National Food Consumption Survey 1999
Wasting (1-9 years)	9,6%	National Food Consumption Survey 1999
Underweight (1-9 years) Severe	23,7% 8,9%	National Food Consumption Survey 1999
Iodine deficiency	0%	National Iodine Deficiency Disorders Survey 1998
Obesity Adults (>15 years) ♦ Females ♦ Males	 24,8% 7,6%	South African Demographic and Health Survey 1998

South African Health Review 2001.

APPRAISAL OF EXISTING SERVICES

75% of new-born babies are currently estimated to have road to health charts. The department envisages ensuring that 85% of them have the charts.

KEY CHALLENGES

Human Resource

- Filling of vacant nutritionist post in the District.
- Improvement of data capturing and information systems.
- Improvement of household food security through Primary School Nutrition Programme and supporting departments with household food security.

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES.

Policies

The integrated Nutrition programme (INP) in the province will be based on:

- The National INP Policy and Strategic Framework and will be implemented within the Strategic Framework of the Provincial Department of Health.

- Provincial Food Service Policy

  To ensure the provision of balanced economical meals for institutionalised clients.

Priorities and broad strategic objectives

Increase and improve on household food security through the Primary School Nutrition programme and supporting departments dealing with household food security.

- Contribute to the reduction and prevention of morbidity and mortality due to malnutrition, nutrition related diseases of lifestyle, communicable and infectious diseases and debilitating conditions.

- Improved nutritional knowledge, behaviour, perceptions and attitudes of the population.

- Elimination of micro-nutrient deficiencies among the population, focusing on vulnerable populations or groups.

- Contribution to child survival and maternal health.

  - Contribution to the improvement of household food security.

ANALYSIS OF CONSTRAINTS AND MEASURES TO OVERCOME THESE CONSTRAINTS

Human Resource

Struggle to fill posts, because dieticians do not want to come to the Northern Cape. The devolution of services prevented the filling of posts in the Frances Baard District. Two community dieticians have been appointed for this year only. Human Resource is in the process of developing an incentive package to allow for positive recruitment of Dieticians to the Province.

A new management structure has been approved for the Districts. Each District is to appoint Information Management Officers and they will play an important role in data capturing and co-ordination thereof.

Logistics

The remoteness of our Province remains a constraint. To travel takes a lot of time and money.

DESCRIPTION OF PLANNED QUALITY IMPROVEMENT MEASURES.

Training

All baby care staff will be trained on the implementation of nutrition related policies. Food Service Managers will be trained on the implementation of the Food Service Management Policy.

Customer Satisfaction

Together Quality Assurance Unit will develop a questionnaire to measure the customer's satisfaction.

Monitoring and supervision

Customer's progress on the PEM scheme and vitamin A supplement will be monitored continuously. Primary schools participating in the Feed scheme will be monitored. Poverty relief Projects will be monitored.

OBJECTIVES AND PERFORMANCE INDICATORS

Objective	Indicator	2001/ 02 Prov	2002/ 03	2003/ 04	2004/ 05	2005/ 06	2005/06 National
To ensure that 100% of posts are filled	Percentage of nutrition posts filled at all levels	40%	705	75%	80%	85%	100%
To ensure that the provincial business plan is submitted and approved by National Department by the 15 March.	Provincial business plan submitted and approved by National Department by the 15 March each year	30 June	15 March	15 March	15 March	15 March	15 March
To ensure that Provincial monthly financial reports in terms of Division of Revenue Act submitted to National Department by the 15th working day of the following month	Provincial monthly financial reports in terms of Division of Revenue Act submitted to National Department by the 15th working day of the following month	100%	100%	100%	100%	100%	100%
To ensure that quarterly progress	Provincial quarterly progress reports submitted to national	¾	4/4	4/4	4/4	4/4	4/4

reports submitted to national department by the 15th working day of the following quarter	department by the 15th working day						
To ensure that targeted primary schools have feeding projects	Percentage of targeted primary schools with feeding projects against targeted primary schools	100%	100%	100%	100%	100%	96%
To ensure that health facilities with maternity beds be accredited as baby friendly	Percentage of health facilities with maternity beds accredited as baby friendly against total health facilities with maternity beds.	12%	30%	505	70%	90%	15%
To ensure that targeted schools where actual servings for school feeding comply with requirements and specifications of the standardised menu options.	Percentage of targeted schools where actual servings for school feeding comply requirements and specifications of the standardised menu options	0%	60%	70%	90%	100%	100%
To ensure that 100% of the special allocation for poverty relief is spent	Percentage of special allocation for poverty relief spent in previous financial year.	100%	100%	100%	100%	100%	80%
To ensure that all Primary school feed for 156 school days	# of actual school feeding days as percentage of target number of school feeding days.	135	156	139	145	150	156
To prevent and reduce growth faltering amongst children <5 years.	Percentage of children <5 years of age weighed at health facilities during a specific month who had an episode of growth faltering against children <5years of age weighed at health facilities during that	New data field (2002 only)	26%	24%	22%	20%	

	month.						
To contribute to the reduction of severe underweight	Percentage of children <5 years of age with severe malnutrition (Child <5 years excluding new born babies, weighing less that 60% of the estimated weight for age of suffering from marasmus / kwashiork or / clinically undernourished.	10%	8%	7%	6%	5%	<1%
To provide all new born babies with a road to health card.	Percentage of new born babies provided with a road health card		75%	80%	83%	85%	85%
To reduce the incidence of stunting amongst <5 years	Percentage of stunted children <5 years	29,6%	27%	25%	23%	20%	<20%
To reduce the # of children < 5years that are under weight for age.	Percentage of underweight children <5 years	23,7%	21%	19%	17%	15%	<10%
To reduce the # of children <5 years that are wasted	Percentage of wasted children <5 years	9,6%	8%	7%	6%	5%	<2%
To reduce the # of children <5 years that are severely underweight	Percentage of severely underweight children <5 years.	8,9%	8%	7%	6%	5%	<1%
To reduce the # of vitamin A deficient children	Percentage of Vitamin A deficient children <5 years.	18,5%	15%	10%	5%	0%	0%
To reduce the # of iodine deficient children <5 years	Percentage of iodine deficient children <5 years			0%	0%	0%	0%
To reduce the # of iodine deficient children <5 years	Percentage of iron deficient children <5 years.	6,5%	5%	4%	3%	2%	0%
To increase the # of infants that are exclusively breast fed for 6 months	Percentage of infants exclusively breastfed for 6 months		5%	6%	8%	105	10%

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 Estimate	2005-06 Estimate
Sub-programmes						
District management	21,438	14,076	14,558	13,992	13,674	14,836
Community health clinic services	52,526	51,233	47,042	81,599	85,037	98,059
Community health centres	33,535	26,409	31,893	53,428	66,866	70,590
Community based services			1,500	1,600	1,760	1,936
Other community services	23,340	21,540	12,367	23,117	16,929	19,863
HIV/AIDS		252	5,727	11,268	17,318	18,924
Nutrition	10,075	9,228	13,096	22,059	25,834	28,591
Coroner services				799	942	1,163
District hospitals	113,416	128,658	140,883	134,189	152,424	166,355
Programme Total	**254,330**	**251,396**	**267,066**	**342,051**	**380,784**	**420,317**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Current Expenditure						
Personnel	155,759	164,394	177,562	209,656	220,899	233,241
Transfers	20,448	16,794	18,251	32,308	39,067	42,786
Other Current	77,887	69,221	66,972	95,974	116,318	139,290
Total: Current	**254,094**	**250,409**	**262,785**	**337,938**	**376,284**	**415,317**
Capital Expenditure						
Acquisition of capital assets	236	987	4,281	4,113	4,500	5,000
Transfers						
Total: Capital	**236**	**987**	**4,281**	**4,113**	**4,500**	**5,000**
Total GFS classification	**254,330**	**251,396**	**267,066**	**342,051**	**380,784**	**420,317**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Programme Two - District Health Services

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	299	312	295	272	267	-3%	322
Total per person	348	361	337	307	299	-4%	356
Total per uninsured person	435	451	422	384	374	-4%	445

Transfers to Local Government

R'000 Category	Municipality	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 MTEF	2005-06 MTEF
Category B	Gammagara	9	17	16	47	52	57
	Ga-Segonyane	197	83	108	106	117	129
	Nama Khoi	14	264	15	17	19	21
	Hantam	33	536	57	63	69	76
	Karoo Hoogland	20	21	24	26	29	32
	Khai-Ma	43	4	-	-	-	-
	Ubuntu	70	70	80	89	98	108
	Umsobomvu	25	97	20	22	24	26
	Emthanjeni	522	448	378	578	636	700
	Kareeberg	126	24	15	17	19	21
	Renosterberg	3	17	17	17	19	21
	Siyathemba	19	19	16	17	19	21
	Siyancuma	23	1	23	22	24	26
	Mier	-	-	-	9	10	11
	Kai !Garib	366	359	193	438	482	530
	//Khara Hais	633	583	502	727	799	879
	!Kheis	6	7	8	9	10	11
	Tsantsabane	190	418	206	541	595	654
	Kgatelopele	141	223	172	278	306	337
	Sol Plaatje	1,120	1,030	1,271	1,499	1,649	1,814
	Phokwane	130	112	108	157	173	190
Category C	Kgalagadi	34	19	16	24	26	29
	Namakwa	2,383	91	83	91	100	110
	Karoo	30	32	25	28	31	34
	Siyanda	130	94	48	40	44	48
	Frances Baard	51	451	56	62	68	75
Total: Transfers to Local Government		**6,318**	**5,020**	**3,457**	**4,924**	**5,418**	**5,960**

Donations & Subsidies to Institutions

R'000 Institution	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 MTEF	2005-06 MTEF
Planned Parenthood Association of SA	-	-	1,080	1,600	1,760	1,936
Helen Bishop Orthopaedic After Care Home	1,417	1,879	1,750	1,900	1,980	2,178
Harmony Hursing Home	2,723	1,337				
Association of Persons with Disabilities		14				
Multi-Purpose Centre	60					
SA National Tubercolosis Association	229	250	75	250	250	250
Aggenys Hospital	-	-	2	-	-	-
Alexander Bay Hospital	217	250	310	-	-	-
Nababeep Hospital	18	8	19	-	-	-
Non-Government Organisations	-	-	1,232	5,634	8,659	9,462
Schools-Nutrition Programme	9,545	8,564	10,326	18,000	21,000	23,000
Total standard item classification	**14,209**	**12,302**	**14,794**	**27,384**	**33,649**	**36,826**

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

SITUATIONAL ANALYSIS

Introduction

An assessment of the Emergency Medical Services has been done over a period of three (3) years. The Service needs to restore faith and confidence in the Northern Cape. We need to reverse the negative image the EMS has by implementing an EMS system that will not tolerate the abuses of the past and still deliver an affordable and efficient EMS system. The EMS system is established and functional in all Health Districts.

63 new ambulances were purchased during 2001 and 25 more were purchased during January 2003. This allows for allocation of ambulances to Centres that previously had no ambulances.

15 PTV have been introduced which will allow for the implementation of a three-year replacement policy:

- No vehicles should have travelled more than 250, 000 kilometres and be more than 3-years old.

Tenders are being prepared for a Central Provincial Control Centre. This will allow for:

- Co-ordination of ambulances
- Real time tracking of vehicles.
- Voice communications
- Recording of conversation.

45 posts of Emergency Care practitioners will be filled in 3 phases from January to April 2003. This will allow us to move towards a two-crew ambulance system.

Equipment

A critical shortage of equipment is marked and no life saving equipment was purchased over the reporting period.

Appraisal of services and performance during the past year as described in the Provincial Strategic analysis

- Posts vacated through dismissals and unsuccessful appeals will be interviewed as these become available.
- Allocation of Emergency Care Practitioners to towns that never had any resident ECP will continue to receive our attention.
- The 2 crew system has been commenced and posts will be filled over the next 3-years.

Vehicles

- Procured 20 Emergency Vehicles (Ambulances) (R1 875 545,10)

- Procured 15 Patient Transport vehicles (R3 448 480,00)
- A total of R5 323 825, 10 spent on the procurement of vehicles alone.
- Purchase of vehicles excludes Signage, Registration and Equipment.

District health Information System

- EMS Northern Cape the lead Province in the implementation of the DHIS.
- Data turned into information will have a positive influence on management and resource allocation.

- Phase One (final minimum data set MDS) of the implementation of the DHIS is already complete.
- Phase Two (computer and software training) is scheduled for March 2003.

Central Control Centre

An efficient Central control Centre system was managed by the District Councils / Local Authorities.

KEY CHALLENGES

Personnel

- The establishment of a two-crew ambulance in all major centres (De Aar, Springbok, Kuruman, Upington and Jan Kempdorp).
- Recruitment of appropriate personnel to realise objectives.
- The finalising of a 12 hour shift system for these centres.
- Adequate number of drivers to realise a 60% separation of the EMS / Planned Patient Transport (PPT)- Patient Transport Vehicle (PTV).

Planned Patient Transport Key

- Fully implement Planned Patient Transport.

Equipment

- Procurement of appropriate equipment.

Health Promotion and Marketing

- Establish and implement a sustainable Marketing and Health Promotion Strategy for the EMS in the Province.

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES.

Priorities

- Separate the cold cases from the emergencies through implementation of the Patient Transport System.
- Roll-out the two person crew system.
- Establishing a fully functional training centre.
- Establish a fully functional Central Control Centre.

The broad objective

- To ensure an efficient, well-resourced and functional EMS system.

Policies

- The National Health Act.
- The Provincial Health Act.
- The Disaster Management Act.
- National Emergency Medical Services Regulations.
- National Emergency medical Services Norms and Standards.

ANALYSIS OF CONSTRAINTS AND MEASURES TO OVERCOME THEM.

- EMS Human Resource Development, vehicle, equipment are expensive.
- Limited funding hampers effective implementation making our 2006 target more unrealistic to achieve.

PLANNED QUALITY IMPROVEMENT MEASURES.

- Implementation of the EMS Quality Assurance Process.
- The others are alluded to earlier (separation of EMS / PPT).

The Control Centre / Live Vehicles Tracking.

OBJECTIVES AND PERFORMANCE INDICATORS

Objective	Indicator	2001 / 02	2002 / 03	2003 / 04	2004 / 05	2005 / 06
Increase the proportion of the population with access to Emergency Medical Services on a 24-hour basis.	Number of vehicles per 1000 people	0.19	0.18	0.18	0.16	0.15
	Total kilometres travelled per year.	13,944,932	14,642,179	12,885,117	11,900,000	10,500,000
	Number of patients transported.	162,490	170,615	150,141	135,000	110,000
	Number of vehicles replaced per year.	63	25		30	20
	Cost per patient transported	165,55	181,21	199,64	220	240
	Cost per kilometre	1,93	2,11	2,33	2.51	2.70
Eradication of one person teams	Proportion of EMS teams that consist of more than one person.					

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 Estimate	2005-06 Estimate
Sub-programmes						
Emergency transport	20,536	37,643	36,558	45,974	51,313	57,785
Planned patient transport			-	713	776	792
Programme Total	**20,536**	**37,643**	**36,558**	**46,687**	**52,089**	**58,577**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Current Expenditure						
Personnel	10,195	14,733	17,968	23,958	25,102	26,392
Transfers	79	528	-	-	-	-
Other Current	10,243	11,640	12,949	16,729	19,987	24,185
Total: Current	**20,517**	**26,901**	**30,917**	**40,687**	**45,089**	**50,577**
Capital Expenditure						
Acquisition of capital assets	19	10,742	5,641	6,000	7,000	8,000
Transfers						
Total: Capital	**19**	**10,742**	**5,641**	**6,000**	**7,000**	**8,000**
Total GFS classification	**20,536**	**37,643**	**36,558**	**46,687**	**52,089**	**58,577**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Programme Three - Emergency Medical Services

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	16	19	24	41	37	23%	43
Total per person	19	22	27	46	41	22%	48
Total per uninsured person	23	27	34	57	51	22%	60

PROGRAMME 4: PROVINCIAL HOSPITALS

SITUATIONAL ANALYSIS

Kimberley hospital, which was previously a level II Regional Hospital has been upgraded to provide tertiary services and covers the largest geographic area.

The Hospital is situated in Kimberley and lies on the Eastern border with the Free State.

Patients from all 5 Districts follow several referral chains to Kimberley hospital. Kimberley Hospital serves as the only tertiary referral facility for the Northern Cape. A large component of patients seen at Kimberley Hospital is level I patients from the Frances Baard District, specifically Kimberley, since no other Level I hospital facility exists at present. Jan Kempdorp Hospital has been developed into a chronic hospital for TB patients to relieve West End Hospital of this burden. TB MDR services are still rendered at West End Hospital

Step-down facilities

Hospital Indicators (as derived from the hospital module of the DHIS)

Indicators for hospitals per District

District	Average length of stay	Usable beds utilisation rate – all patients	Separations – all patients	Normal delivery rate	Caesarian section	Live birth rate	Still birth rate	Teenage delivery rate
Siyanda	3.8	83.5	271.5	92.5	6.1	97.3	2.7	15.4
Karoo	2.6	55.9	168.2	89.8	7.6	97.9	2.1	16.0
Frances Baard	2.5	59.3	219.3	95.3	4.2	98.4	1.6	12.2
Kgalagadi	2.7	81.6	567.7	81.6	17.3	99.3	0.7	9.7
Namaqua	2.0	50.4	95.0	86.4	8.8	98.0	2.0	7.4
Kimberley Hospital	6.0	76.3	1,0004.2	92.7	7.3	64.4	33.4	9.6

Indicators for KHC can thus be difficult to compare to those of the Districts. The higher average length of stay, and separations for KHC compared to those in the Districts are thus acceptable. Separations are discharges, transfers, deaths and day patients, added together, in other word your admissions plus your day patients. Separations represent a good indication of a hospital'' workload. When comparing the District indicators it is noted that Siyanda has the highest average length of stay (ALOS). This too is acceptable since Gordonia Hospital in Siyanda District performs some secondary hospital services.

Harmony Home has been Provincialised and renamed Rehabilitation Centre serving as an amenities ward. It is providing 100 additional beds for Kimberley hospital patients in need of care but not hospitalisation, it is therefore utilised as step-down facility as well as a Rehabilitation Centre.

Based on the conclusive recommendations of SPS, additional 350 Step-down beds are required. A total of 142 have been established.

Process of referral

In the Western part of the Province, Community Health Clinics may refer patients to identified hospitals according to communicated referral pathway. They may further directly refer to tertiary hospital if:

- Kimberley Hospital is contacted and services are available or if an authorization number for the referral to Western Cape was obtained.

Number of Beds					
	Community Hospitals	**District Hospitals**	**Upington Hospital**	**Kimberley Complex**	**TOTAL**
Level 3	-	-	-	88	**88**
Level 2	-	-	58	331	**389**
Level 1	212	496	93	150	**951**
Chronic	-	30	35	137	**202**
TOTAL	**212**	**526**	**186**	**706**	**1630**

Beds / 1000 Population		
National	**Northern Cape**	
Hospital Strategy Project Recommendation	**'96 Census Data (Pop 840 323)**	***2001 Estimates (Pop 911 000)***
0.10	0.10	*0.10*
0.50	0.46	*0.43*
1.30	1.13	*1.04*
0.40	0.24	*0.22*
2.30	**1.94**	***1.79***

Kimberley Hospital Complex

Level of Care	**Current Beds**	**Bed / 1000 Population**	**Admissions / Year**	**Admission Rate (adm/1000)**	**Inpatient Days**	**Ave Length of Stay**	**Ave Bed Utilisation**
Level 1	80						
Level 2	379	0.68	49121	58.5	162787	3.1	87.2
Level 3	110						
Psychiatry	107	0.13	287	0.3	23835	83.0	67.5
MDR TB	30	0.04	295	0.4	16896	79.7	43.8
Step Down Facility	110	0.13	3867	4.6	22950	2.9	71.4
TOTAL	**816**	**0.97**	**53 570**	**63.8**	**226 468**		
National HSP Rec.				*85.0*			

Hospital beds in the Northern Cape classified according to the highest level of care offered. There are thirteen hospitals that provide only level one services to the districts in which they are situated. Upington Hospital and Kimberley Hospital Complex provide level one and level two services to neighbouring Districts and Kimberley Hospital Complex provides a package of level services to the entire Province. In addition to these there are smaller Community Health Centres and Community Hospitals that provide Level 1 services to local communities.

Kimberley Hospital Complex is made up of three facilities:

1. Kimberley Hospital

- Full package of Primary and Secondary Services as well as many Tertiary Services.

2. West End Hospital

- Psychiatric Services and a MDR Tuberculosis Unit.

3. The Rehabilitation Centre

- Step Down Services and Chronic Care Services.

Table: Summary of Provincial Beds (Excluding Chronic Care / Step Down Facilities)

Level Three	Level Two	Level One		1428 Beds
Kimberley Hospital Complex				569
	Upington Hospital			151
		District (Level 1) Hospitals		
		Namakwa District	Springbok Hospital	40
			Calvinia Hospital	30
		Karoo District	De Aar Hospital	51
			Colesberg Hospital	35
			Douglas Hospital	25
			Prieska Hospital	24
		Kgalagadi District	Kuruman Hospital	62
		Siyanda District	Postmasburg Hospital	40
			Keimoes Hospital	30
			Kakamas Hospital	36
		Frances Baard District	Barkley West Hospital	36
			Warrenton Hospital	47
			Hartswater Hospital	40
		Community Health Centres		212

Specialised chronic care hospital

Decentralisation of TB treatment to district level has taken place, thus KHC is now providing a service for first level TB in Kimberley area only. Patients are referred from local clinics and from Kimberley Hospital.

Mental Health Services

Community Mental Health Services are delivered on a decentralised district health systems model. Although the district hospitals do not admit psychiatric inpatients, each of the 5 district hospitals has a specialised psychiatric community service staffed by trained psychiatric nurses. Kimberley Hospital Complex provides 107 psychiatric inpatient beds at the West End Hospital, Kimberley. However, this hospital is becoming outdated and does not allow adequately for observation due to overcrowding and limited secure facilities.

A small Psychiatric facility is provided within the Kimberley Hospital Accident and Emergency Department.

ADMISSIONS	Year 2000	Year 2001	Year 2002
Section 3	35	72	
Section 4	23	70	
Section 9	183	170	

A forensic unit was opened at Kimberley Hospital.

Telemedicine

A telemedicine pilot project between Kuruman and Kimberley was established in 1999.

Northern Cape Specialist Outreach Services.

Kimberley Hospital sponsors an Outreach Specialist Service to District facilities that prevents a substantial number of costing referrals to Kimberley Hospital.

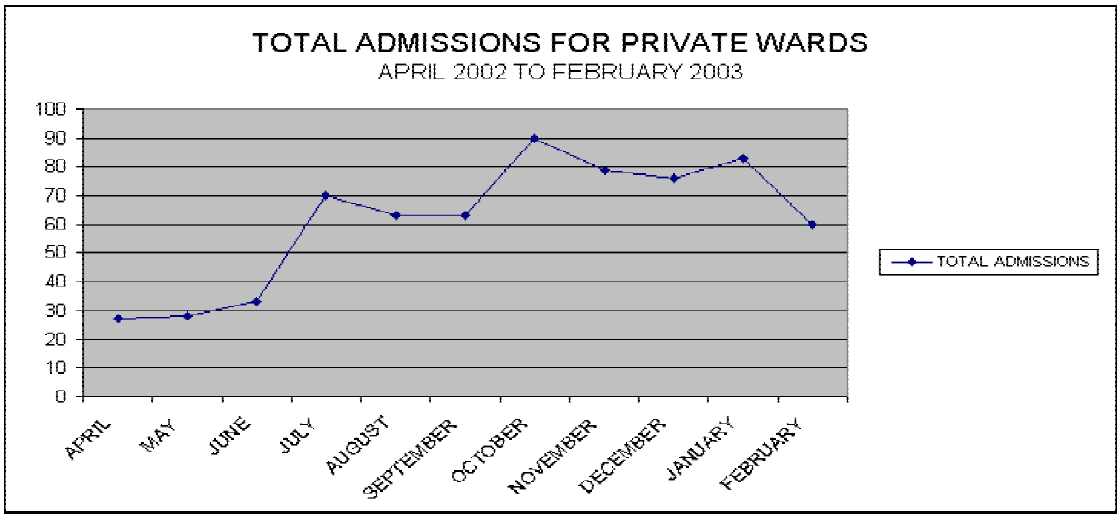
Kimberley Hospital has its services upgraded to level III.

Private Patients

Private Patients Outpatients and Inpatients services are available 24 hours a day, seven days a week. Provided by the same dedicated team of professionals that provide services throughout the hospitals.

Private Ward Admissions

	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB
TOTAL ADMISSIONS	27	28	33	70	63	63	90	79	76	83	60



Tertiary Services

Kimberley Hospital Complex has dramatically increased specialist services offered during the last three years. This has required both recruitment of specialised staff but also procurement of appropriate equipment to support the services.

Table: Kimberley Hospital Designated Tertiary Services Package

SERVICE	DEDICATED BEDS
General Cardiology	4
Dermatology	3
Lipidology	**As Needed**
Clinical Immunology	3
Clinical Haematology	3
Medical Oncology	7
Nephrology (Renal Dialysis)	4
Burns Unit	6
Colorectal Surgery	2
Hepatobiliary Surgery	2
Vascular Surgery	4
Complex ENT Surgery	4
Neurosurgery	5
Complex Ophthalmology	4
Complex Orthopaedic Surgery	5
Spinal Injury Management	2

Plastic and Reconstructive Surgery	4
Tertiary Obstetrics and Gynaecology	7

Adult Intensive Care Unit	6
Neonatal Intensive Care Unit	5

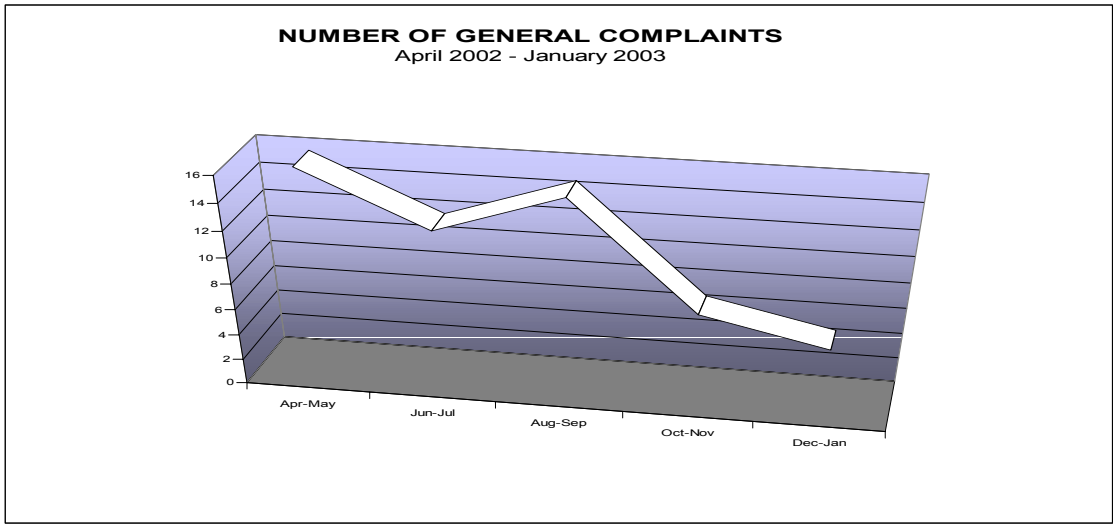
Complex and Interventional Radiology (CT Scans)	**As Needed**

TOTAL	100

Quality Assurance

A Compliance Officer has been appointed. This officer is an advocate for the patient and is responsible for supporting the complaints process, ensuring that patients have access to complaint processes and that successful resolution of any complaint is achieved. The officer is also responsible for actively informing patients of their rights within the Health Care Service.

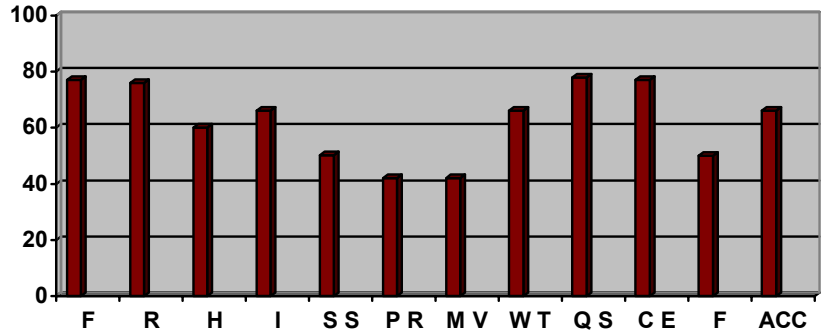
Bath Pele and the Patient Rights Charter are displayed throughout the hospital.



Client Satisfaction Baseline Survey

A survey was conducted at the Kimberley Hospital Complex between March and April 2002 in the Surgical, Medical, Gynaecology, Obstetrics, Paediatrics, Pharmacy, Rehab Centre, Out Patients Specialized Clinics and West End Hospital.

Table: Results of Baseline Customer Service Survey



ABBREVIATIONS:

F = Friendliness; R = Respect; H = Helpfulness; I = Identification; S S = Service Standards; P R = Patient's Rights; M V = Managers Visibility; W T = Waiting Time; Q S = Quality Service; C E = Clean Environment; F = Food; Acc = Accessibility

KEY CHALLENGES

- State patients are currently still in prisons.

POLICIES PRIORITY AND BROAD OBJECTIVES

- After the representavity of the Kimberley Hospital Board to realign it to the representavity / demography of the Northern Cape Province.
- Implementation of performance and output based budget.
- Strengthening of cost centre financial management.

- **Organisational Development**

Human Resource Management

This unit consists of three components - Personnel, Human Resource Development and Labour Relations.

Personnel

- The job descriptions of all employees are being finalised.
- Staff members attended regular workshops on relevant HR and labour issues.

Table: Summary of Personnel as at February 2003

Unit	Staff	Vacancies	Total Establishment
C E O	6	0	6
Medical Director	6	2	8
Nursing Manager	2	0	2
Internal Medicine	165	13	178
Surgical Services	200	10	210
A & E	119	0	119
Rehabilitation	43	0	43
O & G	167	33	200
Paediatrics	100	15	115
Theatre	100	20	120
Occupational Health	1	3	4
Radiology	45	10	55
Registrars	4	12	16
Psychiatry	82	56	138
TB	54	88	142
Pharmaceutical Services	26	7	33
C S S D	17	8	25
Professions Allied to Medicine	39	18	57
Kitchen	31	22	53
HR	22	5	27
Finance and Procurement	41	12	53
Records and Admissions	24	2	26
Engineering	66	19	85
Porters	45	1	46
Cleaners	47	39	86
Auxiliary Support	80	41	121
I C T & Informatics	12	2	14
Quality Assurance	6	0	6
Specialised Clinics	31	0	31
TOTAL	**1581**	**438**	**2019**

Human Resource Development

Human Resource Development has become an important component of Human Resource Management as a means to improve performance and organisational effectiveness.

The following key responsibility areas have been identified:

- Skills Development (including ABET)
- Career and Professional Development
- Organisational Development.
- Induction and Orientation

- Policy Co-ordination
- Performance Management

Human Resource Development focuses on development at several levels.

- Individual effectiveness
- Interpersonal effectiveness
- Team effectiveness
- Managerial effectiveness
- Organisational effectiveness
- All Managers have been trained on Batho Pele principles. There is a roll over programme for the entire staff.
- All Procedure Manual for Induction has been developed and implemented.
- A Workplace Skills Plan has been developed and the Skills Levy Fund has been accessed for training.
- A Succession Planning document has been developed and is awaiting discussion and approval by a broader forum.
- A training Committee comprising the HRD Unit, training facilitators and organized labour, has been established.
- A Service Contract document has been developed that addresses issues of service obligation after training.
- A Task team has been established to look at HIV / AIDS Policy development and co-ordination.

QUALITY IMPROVEMENT MEASURES

- Revival of the caring ethos of health service delivery reset standards that would re-engineer procedures and to capacitate staff.
- Maintain and monitor complaints mechanism to regularly ascertain the views and expectations of users.
- Introduction of peer review and clinical audit.
- Development of norms and standards for quality improvement.
- Establishment of boards and committees in the facility through which teams and users can change
- The way in which health services are provided in the public sector.
- Evaluation tool/system to monitor the effectiveness of the patient charter.
- Implementation of the ten-point plan of the National Department of Health.

Increased Efficiency

- Reduction of waiting times in the following areas:

- Casualty
- Theatre
- Specialized clinics

- Deliver effective Outreach Services to the Province.

Delivery Improvement Plan

Kimberley Hospital Complex Management, along with representatives of all areas within the organisation, take part in an annual strategic planning review. During this exercise current strategic objectives are reviewed and adapted to emerging strategic priorities within the organisation.

The 2003 process is currently under way. A detailed document including action plans, performance indicators and targets will be available early in April 2003.

Table: Strategic statements from the KHC Strategic Planning Workshop February 2003

SERVICE	STRATEGIC STATEMENTS FOR 2003
Auxilliary Support	• Streamline services • Improve Customer Care (Int and Ext clients) • Set Service standards
Human resource	• Improve Performance Management, Development and Review. • Review staffing requirements • Review recruitment and Retention programmes. • Increase professional development. • Review Compensation Management • Strengthen Decentralised Management.
Finance	• Ensure mechanisms are in place to support and manage of the organisation within available resources. • Explore strategies to increase income generation.
Quality Improvement and Clinical Support	• Revise quality measures. • Accelerate the implementation of Quality Improvement Plans.
Health Care Technology	• Audit the appropriateness and sufficiency of current health care technology. • Ensure systems are available for optimal image diagnosis. • Ensure clinicians have optimal access to radiographic images. • Review the health care technology management plan. • Review mechanisms in place to ensure a safe access to clients and staff. • Implement and integrate the Hospital Information system and Digital Imaging System.
Mental Health Service	• Review the Provision of Integrated mental Health Service in • terms of the new Mental health Act. • Implement new Psychiatric Services.
Maternal, Child and Women's Health	• Reduce Maternal, Perinatal and Child Mortality. • Explore mechanisms to improve Nutritional Status of mothers and children. • Develop a well informed mother. • Review the extent of provision of a quality service for mother and child (Child Friendly Hospital). • Increase necessary tools to provide a state of the art maternal, child and women's health service. • Review targets and performance indicators.

Service	Strategic Statements for 2003
Medical Services	• Explore ways to provide a more integrated, comprehensive medical service (integrating Family Medicine, Oncology, Cardiology, Nephrology, General Medicine, Infectious Disease). • Improve management beds.
Surgical Services	• Create High Care Units. • Reduce inappropriate referrals • Improve Bed Management • Create Day Theatres • Explore ways to improve staff morale. • Create a Pain Free Hospital.

OBJECTIVE AND PERFORMANCE INDICATORS

Table: Kimberley Hospital Complex Indicators

Objective	Indicator	2001/02 (actual)	2002/3 (est.)	2003/4 (target)	2004/5 (target)	2005/4 (target)	National Target
	Input						
Ensure appropriate proportioning of hospital expenditure on staff, dugs and maintenance.	1. Expenditure on hospital staff as percentage of total hospital expenditure	70.55	70.04	68.47	68.09	67.96	-
	2. Expenditure on drugs for hospital use as percentage of total hospital expenditure	-	4.81	4.83	4.82	4.82	-
	3. Expenditure on hospital maintenance as percentage of total hospital expenditure	-	1.6	2.0	2.2	2.5	-
Ensure that an appropriate number of beds are available relative to the population served.	4. Useable beds per 1000 people	1.15	1.15	1.15	1.20	1.25	-

	5. Useable beds per 1000 uninsured people	1,44	1,44	1,44	1,48	1,50	-
Ensure appropriate total expenditure, relative to the population served.	6. Hospital expenditure per person	222.24	222.46	246.41	269.00	295.90	-
	7. Hospital expenditure per uninsured person	277.79	278.08	308.01	336.25	369.87	-
	Process						
Ensure there is an operational hospital board.	8. Percentage of hospitals with operational hospital board	100%	100%	100%	100%	100%	100%
Ensure that provincial hospitals have an appointed CEO	9. Percentage of hospitals with appointed (not acting) CEO	100%	100%	100%	100%	100%	100%
Ensure that hospitals have a business plan agreed with the provincial health department	10. Percentage of hospitals with business plan agreed with provincial health department	100%	100%	100%	100%	100%	100%
Ensure that hospitals have up to date asset register	11. Percentage of hospitals with up to date asset register	100%	100%	100%	100%	100%	100%

Ensure that CEO's have appropriate procurement discretion.	12. Maximum permitted value of procurement at discretion of hospital CEO without reference to provincial level	Limited only by annual budget	Limited only by annual budget	Limited only by annual budget	Limited only by annual budget	Limited only by annual budget	-
	Output						
Ensure hospital work load is maintained at appropriate levels.	13. Separations per 1000 people	70.71	76.44	77.0	78.5	80.0	85
	14. Separations per 1000 uninsured people	88.39	95.55	-	-	-	-
	15. Patient day equivalents per 1000 people	216,60	222,11	230	238	250	
	16. Patient day equivalents per 1000 uninsured people	270,75	277,64	280	290	300	
Ensure appropriate income generation from patient fees.	17. Patient fee income per separation	36.12	41.42	44,00	50,00	56,00	
	Quality						
Maintain facilities in facility audit condition 4 or 5.	18. Percentage of hospitals in facility audit condition 4 or 5	0%	0%	0%	100%	100%	100%

Conduct annual patient satisfaction surveys	19. Percentage of hospitals that have conducted and published a patient satisfaction survey in last 12 months	0%	100%	100%	100%	100%	100%
Designate an official responsible for coordinating quality management.	20. Percentage of hospitals with designated official responsible for coordinating quality management	100%	100%	100%	100%	100%	100%
Conduct monthly clinical audit meetings	21. Percentage of hospitals with clinical audit (M&M) meetings at least once a month	-	100%	100%	100%	100%	100%
	Efficiency						
Maintain appropriate levels of hospital efficiency	22. Average length of stay	3.2	5.0	4.0	3.8	3.2	5 - 8
	23. Bed utilisation rate (based on useable beds)	96.2	95%	92%	90%	90%	-
Ensure efficient levels of expenditure	24. Expenditure per patient day equivalent	927,14	1001,75	1018	1120	1240	-
	Outcome						
Ensure case fatality rates are as low as possible.	25. Case fatality rate for surgery separations	0,56	0,44	0,43	0,43	0,42	-

Summary of expenditure and estimates: Programme 4 - Provincial Hospital Services

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Sub-programmes						
General hospitals	146,403	157,446	212,871	204,015	221,954	244,718
TB hospitals	8,172	7,288	9,200	8,601	9,699	10,148
Psychiatric/Mental hospitals	7,591	7,857	9,413	8,800	9,009	9,701
Programme Total	**162,166**	**172,591**	**231,484**	**221,416**	**240,662**	**264,567**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Current Expenditure						
Personnel	110,646	121,291	139,043	158,016	166,261	175,217
Transfers						
Other Current	42,131	47,206	89,245	59,569	70,901	85,350
Total: Current	**152,777**	**168,497**	**228,288**	**217,585**	**237,162**	**260,567**
Capital Expenditure						
Acquisition of capital assets	9,389	4,094	3,196	3,831	3,500	4,000
Transfers						
Total: Capital	**9,389**	**4,094**	**3,196**	**3,831**	**3,500**	**4,000**
Total GFS classification	**162,166**	**172,591**	**231,484**	**221,416**	**240,662**	**264,567**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Total Programme Four - Provincial Hospital Services

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	175	185	188	186	231	7%	208
Total per person	204	213	215	211	259	6%	231
Total per uninsured person	255	267	269	264	324	6%	288

PROGRAMME 5: HEALTH SCIENCES AND TRAINING

HUMAN RESOURCE DEVELOPMENT

Situational Analysis

Training needs Assessment and Gap Analysis, consultation process used to inform the needs Assessment.

- Needs analysis are linked to the Departmental Strategic Plan
- Consultation was initiated with institutional training committees
- Training is linked to organisational objectives of Health Workers
- The challenge is to train Health Workers to address equity in terms of Human Resources for health.
- The Medical Practitioner programme (Cuban) is an intervention to address the mal-distribution of scarce Human Resources in Health in the Province
- Number and types of institutions for Health professional education; categories trained; availability of faculty staff.

TYPE OF INSTITUTION	PROGRAMMES AND COURSES	CATEGORIES OF HEALTH PROFESSIONALS TRAINED	AVAILABILITY OF APPROPRIATE STAFF
Nursing college X 1	Basic and Post Basic programmes Basic – 4 year Diploma - 2 year Bridging course - 1year Auxiliary Nursing - Post Basic – 1 year Primary Health Care - Community Health Care Nursing	Nurses	Nurse Educators X 13, with at least a basic Degree - 1 AD - Principal - 12 CPN's - Educators

APPRAISAL OF TRAINING PROGRAMMES DURING THE PAST YEAR

Programme	No. In Training	No. Qualified	Attrition
Diploma in General Nursing Science (Psychiatry community and) Midwifery	107	28	2 in 3 year only
Diploma in Midwifery	30	17	None
Diploma in Community Health Nursing 18/12	5	17	-

Diploma in General Nursing Bridging Course	98	43	4
Certificate in Primary Clinical Care	23	-	2
Certificate Short Courses in Forensic Nursing	19	23	0
Depam (Advanced Midwifery)	13	6	-
Integrated Management of Childhood Illnesses			
Auxillary nursing	103	none	3
Pharmacy Assistants (level 3 Basic)	22	-	-
Hospital Management (level 8-12)	7	7	-
Ambulance Emergency Assistant – Level 4	2	2	-
Human Resource Planning (DD Level)	2	2	-
Skill Development Strategy	6	-	-
Perinatal Education Programme	87	87	-
Health Information Management (level 7-8)		-	-
Pharmacy Assistants (level 3 Basic)	22	-	-
Programme in Public Service Management Oliver Tambo Management Programme	83 2	77 2	0 none

Curriculum revision for:

- Revision for the Diploma in General Nursing Science (Psychiatry Community) and Midwifery.
- Diploma in clinical Nursing Science, Health Assessment, treatment and care
- Diploma in community Health Nursing is completed.
- Community based Education implemented.
- Forensic curriculum approved and implemented.
- Quality assurance by moderating bodies (University of Free State and the South African Nursing Council).
- No Capacity or Policy /Procedure in place to evaluate post training competencies/ relevance of training.

KEY CHALLENGES OVER STRATEGIC PLAN PERIOD

- To link all training to Departmental Strategic Plan and the needs of Institutions, concurrently support personal development of employees.
- To attempt to achieve equity in admission of candidates for training.
- To strike a balance between service demands and upgrading of skills of staff especially Enrolled Nurses.
- To link the output of Nurse Training to Departmental HR needs, specifically in the face of the impact of HIV/AIDS.

- To develop evidence based care among Health Care Workers in order to improve the quality of care.

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

Policies & Strategies Informing Human Resource Development

SAQA ACT

- Facilitates the Implementation of the NQF and Establishment of SAQA

Higher Education Act

- Guides the placement and Governance of institutions of Higher Leaning.

Nursing Act & Related Regulations

- Promotion and maintenance of professionalism and effective standards for Education and practice.

Skills Development Act and Skills Development Levies Act

- Encourages Employees to use the workplace as an active leaning environment

To Develop Departmental Policy on HRD

- Co-ordination of Training Policy Bursaries and grants

Employment Equity and Employment Equity Plan

- Promotes Equality in the Work Place
- Audits inform appointment plans

Departmental Workplace Skills Plan

- Links Training Plans with Strategic Plan

Workplace HIV/AIDS Policy

Guides and harmonise HIV/AIDS programmes of the Department.

Primary Health Care Nurses Training is a priority for delivery of service

- Resident training in spite of no institution of higher learning.
- To ensure that all professional nurses working in PHC settings are trained in PHC Skills
- Target – to train 40 professional nurses per annum
- All clinics to be staffed with PHC trained nurses by 2005

Training Programmes For (Mid-Level) Workers

- To accelerate the training of Pharmacy Assistants.
- Upgrade Auxilliary workers e.g. Nursing Auxillaries
- To Accelerate ABET programme to upgrade ancillary workers. To the main stream of Education.
- To accelerate ABET and NQF4 programme to the main stream of Education

Skills Development and Other Training Programmes (Targets For 2003/06

To Train at Least:

- 40 Employees as assessors
- 20 Employees Moderators
- 60 Employees in Pharmacy Assistants Learnerships
- 5 Employees in Medical Technician Leanerships

- To Accelerate the Training of VCT Councillors and Training of Home Based Care givers

- To target at least 200 ABET learners over the next 3 years

- To Accelerate IMCI Training

- To accelerate PMTCT Training

- Training Nurses in the effective use of the partogram for effective monitoring of women during Labour

- Currently IMCI, Counselling are incorporated into the curriculum for Basic and Post Basic training of Nurses in Stages.

- In-service Training is dealt differently to Skills Development structured programs exist per District or institution

- Skills Development Plan exist and co-ordinated by Province

CURRICULUM INNOVATION AND DEVELOPMENT

- Community Based Education incorporating the problem based learning approach has been implemented in the Basic 4 year Diploma in Nursing

- All post basic programmes need to be reviewed to be in line with CBE and PBL and outcome Based approach.

			PROVINCIAL					NATIONAL
Objective	Indicator	By main	2001/02	2002/03	2003/04	2004/05	2005/06	Nation

		category	(actual)	(estimate)	(target)	(target)	(target)	al target
	Input							
Improve representation of disadvantaged groups and students of rural origin.	Number (and % change) in intake of students by main categories (at least medical courses, basic courses and mid-level worker training	BASIC						
		Students	163	141	183	221	241	
		Enrolled nurses (Bridging)	153	136	130	100	100	
		Nursing Auxillaries		100				
		Midwifery	18	30	35	40	40	
		POST BASIC						
		DEPAM Adavanced		19	25	20	25	
		Community Post Basic	28	5	30	30	40	
		Home Based Care					25	
		Primary Health Care	-	22	40	40	50	
		Forensic Nursing	22	19	25	25	40	
		IMCI	18	17	20	25	25	
		Pharmacy Assistants	0	25	33	45	45	
		EMS						
		MID LEVEL						
		Oliver Thambo Fellowship	2	2	2	3	3	
		IIP	0	79	80	-	-	
		MPH	2	2	3	8	10	
		MBA	1	1	0	0	0	
		Hospital Management	10	0	10	10	10	
		HR Planning	4	0	6	6	6	
		Skills Development	10	10	12	12	12	
		Health Information Management	60	60	0	0	0	
		Perinatal Education Programme	73	50	25	25	25	
	Process							
	Proportion of mid level training programmes accredited	4	6	8	10	12		
	Number of students recruited on the programme	Cuba programme	2	5	10	15	20	
	Output							
	Number (per and % change) of basic graduates by main categories	BASIC						

		Students (Nurses)	19	23	18	22	40	
		Nursing Auxillaries		100	120	120	120	
		Enrolled nurses (Bridging)	39	26	153	136	140	
	Number (per and % change) of post basic graduates by main categories	POST BASIC						
		DEPAM Advanced	13	19	25	20	25	
		Community Post Basic	17	28	5	30	30	
		Home Based Care						
		Primary Health Care	86	63	21	40	40	
		Forensic Nursing		22	19	25	25	
		IMCI	0	18	17	20	25	
		Pharmacy Assistants		22	33	45	45	
		EMS						
	Quality							
To reduce attrition rate per course per year for formal training by main category	Attrition rate per year for formal training courses by main category pf course	BASIC						
		Students (Nurses)		0,84%	0	0	0	
		Nursing Auxillaries		3%	0	0	0	
		Enrolled nurses (Bridging)		15%	0	0	0	
		POST BASIC						
		DEPAM Advanced		None	0	0	0	
		Community Post Basic		None	0	0	0	
		Home Based Care						
		Primary Health Care		9%	0	0	0	
		Forensic Nursing		None				
		IMCI		None				
		Pharmacy Assistants		None				
		EMS		None				
MANAGEMENT TRAINING								
To ensure capacity building for health managers	Percentage of managers trained per year per main category in various fields	Health management Training (Oliver Thambo Fellowship)		None				
		MPH	1	5	5	-	-	

Ensure quality training programme	Percentage of 1st year entrants who graduate from formal training courses by main category of course	BASIC						
		Students (Nurses)	84	88	100	100	100	
		Nursing Auxillaries	-	-	100%	100%	100%	
		Enrolled nurses (Bridging)	100%	77%	100%	100%	100%	
		POST BASIC						
		DEPAM Advanced	100%	100%	100%	100%	100%	
		Community Post Basic	33%	100%	100%	100%	100%	
		Home Based Care						
		Primary Health Care	100%	100%	100%	100%	100%	
		Forensic Nursing	100%	100%	100%	100%	100%	
		IMCI	100%	100%	100%	100%	100%	

Summary of expenditure and estimates: Programme 5 - Health Sciences and Training

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Sub-programmes						
Nursing training college	6,059	6,586	7,853	10,030	10,596	11,290
Other training				4,201	4,420	4,663
Programme Total	**6,059**	**6,586**	**7,853**	**14,231**	**15,016**	**15,953**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Current Expenditure						
Personnel	5,677	6,174	7,343	9,550	10,022	10,597
Transfers	-	-				
Other Current	382	404	495	4,656	4,964	5,321
Total: Current	**6,059**	**6,578**	**7,838**	**14,206**	**14,986**	**15,918**
Capital Expenditure						
Acquisition of capital assets	-	8	15	25	30	35
Transfers						
Total: Capital	**-**	**8**	**15**	**25**	**30**	**35**
Total GFS classification	**6,059**	**6,586**	**7,853**	**14,231**	**15,016**	**15,953**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Total Programme Five - Health Sciences and Training

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	8	7	7	7	8	1%	13
Total per person	9	8	8	8	9	0%	15
Total per uninsured person	11	10	10	10	11	0%	19

PROGRAMME 6: HEALTH CARE SUPPORT SERVICES

Orthotic & Prosthetic Centre

The Orthotic and Prosthetic Centre is the only rehabilitation centre that manufactures and fits pre-manufactured assistive devices to people with disabilities in the province.

In the coming year, it is intended to make the service accessible to all people with disabilities in a cost effective way, without compromising on quality of care.

The Orthotic and Prosthetic Department is responsible for ordering wheelchairs and measuring and providing prosthesis for the Province.

Assistive Devices

The Orthotic Centre issued 1726 assistive devices for the year 2001,as compared to 1719 for the year 2000.

- Wheelchairs issued were 122 from a budget allocated for wheelchairs of R80.000.
- Wooden crutches issued to the wards and regional hospitals =1420.
-
- Corsets issued for back related conditions =406.

Outreach Clinics

The Centre has conducted clinics for the year 2001.
Patients seen at the outreach = 1736.

Complaints Procedure

- The Centre has a complaints form available at the service point.
- The Centre has an information brochure in place informing clients about the service available.

CHALLENGES

- Adequate assistive devices are still a problem, due to financial constraints.
- The reduction of the waiting period for assistive devices to a reasonable waiting period of one month for manufactured assistive devices.
- Timeous availability of resources when needed from suppliers.
- Limited budget allocation.
- Distances travelled by patients prohibited prompt servicing of appliances leading to purchasing of new ones, which is not cost effective.

Statistics for Assistive Devices

	Application Received	Application cancelled	Number of devices issued	Backlog
2000				
2001				
2002				

Plant Engineering

The main function of the department is to:

- Maintain the plant, building and equipment of Kimberley Hospital Complex.
- The Department is divided into five section:

    - Electrical
    - Plumbing
    - Mechanical
    - Carpentry
    - Painting

Plant Engineering can be referred to as the heart of Kimberley Hospital Complex.
They maintain and repair equipment.

- Also responsible for supplier information on parts of equipment.
- Contractor information for repairs, quotation, alterations, quality control, etc.
- Procurement, Tenders and purchases department of works liaison for tender, services contracts, major / minor capital works.
- Supplies steam to the laundry, CSSD etc.

Clinical Engineering

This Department renders a service to Kimberley Hospital Complex and the province. The Department's main responsibility is to do routine fault-finding on anaesthetic machines, dialysis machines, repairs to different kinds of diagnostic sets and clinical equipment.

Clinical Engineering Department has to respond to:

- Call outs from various Hospitals in the Province.
- Training staff on equipment operation.
- Drawing up specifications and service contracts.
- Giving assistance to the project office with input on various projects.
- Random visit to province to identify user problem resulting in equipment being faulty.
- Supplying hospitals with medical gas.

Laundry

The Kimberley Hospital Laundry is the largest laundry in the Northern Cape province, and renders a linen service to 12 Institutions within the Frances Baard District.

- Kimberley Hospital Complex
- Helen Bishop Home
- Barkly West Hospital
- Galeshewe hospital
- Bloemanda Masakhane Clinic
- Hartswater Hospital
- Ritchie Clinic
- Jan Kempdorp Hospital
- Douglas Hospital
- Warrenton Hospital

New equipment has revolutionised the efficiency of the laundry:

- An 8 stage sinking continuous batch washer with an output of 800kg / h in comparison with the 420kg/h of old equipment.
- Jansen Tilt Table Drier 100kg x3 in comparison with the 45kg old ones.
- A Kannegieser stand with folder and stacker to process 1200 sheets an hour, three times the speed of the three old ironers together.

Since the launch of this equipment, the problems of the backlogs were eradicated, low morale of staff lifted, and overtime is something of the past.

Challenge

- To make the Institutions take ownership and responsibility for the linen in order to minimize losses and theft.
- The linen removal process is now under way, together with more patient clothing.

Objective	Indicator	2001/02	2002/03	2003/04	2004/05	2005/06
Render specialised orthotic, prosthetic services to 80% of the population served.	Percentage of patients requiring prosthesis supplied.	40%	40%	50%	60%	80%
	Percentage of assistive devices requirement met.	40%	40%	50%	60%	80%
Optimize the outreach rehabilitation services.	Number of satelite orthotic and prosthesis centre establishment.	-	-	2 centres	-	-
	Mobile unit in place	-	-	1 Unit	-	-
Rendering minor maintenance service to buildings, engineering installations and medical equipment.	Percentage of maintenance requests successfully addressed.					80%

Summary of expenditure and estimates: Programme 6 - Health Care Support Services

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Sub-programmes						
Laundries	2,094	2,315	3,630	2,452	2,633	2,864
Engineering				1,499	1,503	1,927
Orthotic & prosthetic services	1,403	1,565	1,649	1,747	1,928	2,150
Programme Total	**3,497**	**3,880**	**5,279**	**5,698**	**6,064**	**6,941**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Current Expenditure						
Personnel	2,771	2,898	2,836	3,159	3,318	3,511
Transfers	-	-				
Other Current	726	982	1,492	2,539	2,746	3,430
Total: Current	**3,497**	**3,880**	**4,328**	**5,698**	**6,064**	**6,941**
Capital Expenditure						
Acquisition of capital assets			951			
Transfers						
Total: Capital	**-**	**-**	**951**	**-**	**-**	**-**
Total GFS classification	**3,497**	**3,880**	**5,279**	**5,698**	**6,064**	**6,941**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Total Programme Six - Health Care Support Services

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	4	5	4	4	5	5%	5
Total per person	5	5	5	5	6	4%	6
Total per uninsured person	6	7	6	6	7	4%	7

PROGRAMME 7: HEALTH FACILITIES MANAGEMENT

SITUATION ANALYSIS

The Northern Cape Strategic Position Statement form the basis of upgrading and rebuilding of health facilities.

The aim is to render professional and technical services within the Department in respect of buildings and related structures.

The population of the Northern Cape is distributed in relatively small concentrations with towns situated great distances from each other. The geographic reality presents an enormous challenge to efficient referral corridors.

Kimberley Hospital Complex has been upgraded to render Level 3 services (including level I and II).

The maintenance costs are escalating to such an extent that over the long term, a new hospital may yield considerable savings.

A submission to build a new hospital has already been made to secure presidential funding for this purpose.

Gordonia Hospital forms part of the HR&R, the intention is to develop it to level II hospital to serve the Western half of the Province. Planning for upgrading or building of a new hospital depending on the cost and functionality. 2003 / 2004 financial year – business case and planning process to be embarked upon.

Construction of Calvinia Hospital has commenced. Target date for completion is April / June 2004.

BASIC INFRASTRUCTURAL SERVICES IN DISTRICT FACILITY NETWORK BY HEALTH DISTRICT

Health District	Facility type	No	No. % with electricity supply from grid	No. % with piped water supply	No. % with fixed line telephone
Karoo	Clinics	30	100%	100%	Fixed 100% Visiting Points 60% 100%
	CHC	7	100%	100%	100%
	Hospitals	4	100%	100%	
Siyanda	Clinics				
	CHC				
	District				
Frances Baard	Clinics	29	100%	100%	Fixed 100%
	CHC	1	100%	100%	100%
	District	4	100%	100%	100%
Namaqua	Clinics	22	96%	96%	100%
	CHC	7	100%	100%	100%
	District				
Kgalagadi	Clinics	6	100%	100%	Fixed 100% Points 60%
	CHC	-	-	-	-
	District	1	100%	100%	100%

REVITALIZATION

As part of the HR&R Programme, the following were identified for upgrading:

- Postmasburg Hospital
- Garies Hospital
- Hartswater Hospital
- Colesberg Hospital
- Gordonia Hospital
- Calvinia Hospital

Cost comparisons between upgrading or new hospitals in Colesberg, Calvinia produced costs of R12,5 million and R15 million respectively.

A decision was made that in these areas new facilities was the most cost efficient options in-spite of higher estimated expenditure.
These decisions have not changed the initial decisions on the six hospitals that were identified. It did however, impact on the time frames. Colesberg Hospital on the N1 route required improved trauma services, new facility will address the need.

OBJECTIVE AND PERFORMANCE INDICATOR

Objective	**Indicator**	**2001 / 02 (Actual)**	**2002 / 03 estimate**	**2003 / 04 Target**	**2004 / 05 target**	**2005 /06 target**
To revitalise and upgrade health facilities and infrastructure throughout the Province in accordance with the Strategic Position Statement.	% of clinics with piped and regular water supply	98%	98%	100%	100%	100%
	% of progress in the erection of PHC facilities (5 clinics)	-	-	-	-	-
	% of progress in the erection and revitalisation of hospitals (7 hospitals)	-	-	28%	64%	90%

Project Name and Details	**PROJECT COST**				
	Cost	**2002 / 03**	**2003 / 04**	**2004 / 05**	**2005/ 06**
Upgrading casualties					
• De Aar	3,5 million		3,5 million		
• Springbok	2,5 million		2,5 million		
Construction of a Psychiatric Hospital	7 5 million		4,7 million	30 million	40 million
Construction of KHC	500 million		-	1,5 million	30million
Construction / Upgrade					
• Gordonia Hospital	135 million		750 million	20 million	50 million
Construction					
• Colesberg Hospital	26 million		26 million		
Construction					
• Calvinia Hospital	26 million		26 million		
Construction					
• Garies				8 million	
Construction clinics					
• Noupoort 1			700, 000		
• Galeshewe 1			4 million		
• Kuyasa			1,2 million		
• Galeshewe CHC					
Barkly West				8 million	

Installation of Laundry equipment	R4,5 million
Neuro-surgery equipment	R500 000,00
Clinical engineering equipment	R400 000, 00
Restructuring of finance offices	R15 000,00
Cat Scan	R11 million
Upgrading of official accommodation (state houses)	R459 760,00

ADDENDUM 1: SPS OPTIONS CONSIDERED FOR THE NORTHERN CAPE.

	Option 1	Option 2	Option 3	Option 4	Preferred optic
Average Length of Stay					
Step Down	0	2.6	5	6	10
CHC	1.74	1.74	3	4	2.5
Level 1	3.6	3.6	4	0	3
Level2	5.4	5.4	4	6	4
Level 3	7.1	7.1	6	8	5
Psychiatry	104	104	70	90	60
TB	66	66	60	60	30
Bed Occupancy					
Step Down	85%	85%	85%	85%	80%
CHC	85%	85%	85%	85%	80%
Level 1	85%	85%	85%	85%	80%
Level2	85%	85%	85%	85%	80%
Level 3	85%	85%	85%	85%	80%
Psychiatry	95%	95%	95%	95%	90%
TB	95%	95%	95%	95%	90%
Total Admission Rate					
Step Down	6.89	6.45	31.34	35.41	13.41
CHC	27.07	20.64	25.80	33.75	27.60
Level 1	80.81	77.40	34.83	11.25	49.54
Level2	22.51	19.38	25.80	29.38	
Level 3	22.51	8.17	8.64	7.28	
Psychiatry	22.51	0.30		0.29	24.68
TB	22.51	0.80		0.78	9.21
Beds			0.30		
Step Down	0	-41	0.80	-522	-350
CHC	123	151	49	-93	59
Level 1	166	196	539	881	493
Level2	31	73	76	-103	72
Level 3	-94	-109	-94	-109	-86
Psychiatry	39	39	61	50	66
TB	-58	51	-58	51	42
Excess 2000/01 Actual Beds over Model Predicted Beds	**207**	**361**	**188**	**155**	**295**

Estimated Cost	**Option 1**	**Option 2**	**Option 3**	**Option 4**	**Preferred optic**
	R'000	**R'000**	**R'000**	**R'000**	**R'000**
General Acute Care	478,938	411,593	397,624	359,433	402,797
PHC (incl. Home Based Care)	111,362	111,362	111,362	143,723	160,850
EMS	23,915	23,915	23,915	23,915	23,915
Management	22,038	22,038	22,038	22,038	22,038
Training	6,305	6,305	6,305	6,305	6,305
Capital Transformation	17,240	15,681	13,696	11,279	13,748
Total	**659,798**	**590,895**	**574,940**	**566,692**	**629,653**
Funding Envelope	577,637	577,637	577,637	577,637	577,637
Surplus / Deficit	**(82,161)**	**(13,258)**	**2,697**	**10,945**	**(52,016)**

Option 1: Expanded hospitals massive use of resources, massive preventative focus in addition to curative PH

Option 2: Slightly reduced hospitals, ignore impact of HIV / AIDS minimum preventative health focus in addition to curative PHC.
Option 3: Nodal hospital service, 50 / 50 mix of HBC and Institution based care (with strong focus on step down facilities), massive preventative focus in addition to curative PHC.
Option 4: Outback service, 50 / 50 mix of HBC and Institution based care, massive preventative focus in addition to curative PHC.
Option 5: (preferred option): Fewer hospitals 60 / 40 mix of HBC and Institution based care, moderate preventative focus in addition PHC.

The preferred option is option 5.

Option Description

Fewer Hospitals, 60/40 mix of HBC and Institution based care, moderate preventative focus in addition to curative PHC.

Principles underlying the option

The principles underlying the preferred option are:

A more affordable and sustainable spatial configuration needs to be developed to bring the number of level I hospital beds in line with the national norm. Some spatial rationalisation of services is therefore necessary. The extreme options towards a highly centralised (outback) or even the nodal hospital option did not find favour in the Northern Cape with its sparsely populated, vast geographic layout.

The need for the more than 80% of government dependent population to have access to basic PHC and level I packages of services is strongly supported by the Northern Cape politicians as well as Northern Cape Department of Health (NCDoH) officials.

There is a strong sense of awareness and responsibility to utilise government resources towards prevention and cure of HIV / AIDS, without committing too much of very limited health care resources to this pandemic and in the process denying HIV negative people access to basic health care. This made for the decision to commit 60% of departmental resources to HBC and only 40% to institutionalised care, rendered mainly from step down facilities.

Primary Health Care (PHC) is seen as the foundation of the District Health Care System the NCDoH is developing. Because of the high demand for curative PHC from clinics and CHC's, preventative and promotive PHC was not given the priority it deserves according to the Ama Ata declaration and the longstanding policy of the National Health Department. Due to the financial constraints of the funding envelope, a moderate preventative and promotive focus for PHC was decided upon.

Primary Health Care Support structure

The increased focus of preventative care and the shift to HBC require increased resources at PHC level.

Factors affecting the cost.

Primary Cost drivers:

Average length of stay (AvLOS) and the rate of admissions at the various levels of care.

There is a direct relationship between AvLOS and the admission rate. Higher admission rates would result in shorter AvLOS and vice versa.

Bed occupancy rates were set realistically at minimum levels.
Other factors affecting the cost are:

Cost of Staffing

The preferred option for the cost of staffing is determined by the extent of the staff establishment filled is linked to the cost of personnel per PDE.

Capital Transformation costs.

Capital Transformation costs were determined by using variables required to build, equip and maintain hospitals for latest hospitals. Appropriate levelling of services is the most important cost driver for the cost of capital transformation.

Disease profile

Disease profile of the Province will also drive cost. The model has catered separately for the impact of HIV / AIDS and TB. The preferred scenario.

Summary of expenditure and estimates: Programme 7 - Health Facilities Management

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Sub-programmes						
District health services			13,480	62,265	13,510	54,188
Provincial hospital services	1,737	16,763	10,486	5,989	58,435	20,226
Programme Total	**1,737**	**16,763**	**23,966**	**68,254**	**71,945**	**74,414**

R'000	2000-01 Actual	2001-02 Actual	2002-03 Est. Actual	2003-04 Voted	2004-05 Estimate	2005-06 Estimate
Current Expenditure						
Personnel				-		
Transfers				-		
Other Current	1,737	1,206	5,148	3,700	5,510	5,993
Total: Current	**1,737**	**1,206**	**5,148**	**3,700**	**5,510**	**5,993**
Capital Expenditure						
Acquisition of capital assets		15,557	18,818	64,554	66,435	68,421
Transfers						
Total: Capital	**-**	**15,557**	**18,818**	**64,554**	**66,435**	**68,421**
Total GFS classification	**1,737**	**16,763**	**23,966**	**68,254**	**71,945**	**74,414**

Table: Evolution of expenditure of budget programme in constant 2002/03 prices (R million)
Total Programme Seven - Health Facilities Management

Expenditure	1998/99 Actual	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Est. Actual	Average annual change (%)	2003/04 Estimate
Total	4	5	2	18	24	53%	64
Total per person	5	5	2	20	27	52%	71
Total per uninsured person	6	7	3	26	34	52%	89

ADDENDUM 2 – PROGRAMME 2:

SUB- PROGRAMME 4: PERFORMANCE INDICATORS: INTEGRATED NUTRITION PROGRAMME.

INDICATOR	PROVINCIAL STATUS	NATIONAL STATUS
Infant mortality rate (IMR)	41.8/1000	45/1000
Child mortality rate (U5MR)	55.5/1000	59.4/1000
Low Birth weight	13%	8%
Stunting (1-9 years)	29,6%	21,6%
Wasting (1-9 years)	9,6%	3,7%
Underweight (1-9 years) Severe	23,7% 8,9%	10,3% 1,4%
VAD	18,5%	33,3%
Iron deficiency: Anaemic Iron depleted Iron deficiency anaemia	 21,5% 10,9% 6,5%	 21,4% 10% 5%
Iodine deficiency	0%	10,6%
Obesity Adults (>15 years) ♦ Females ♦ Males Adolescents (15 to 19 years) ♦ Females ♦ Males Children (1 to 9 years)	 24,8% 7,6% 2,1% 0%	 29,4% 9,1% 5,9% 2%
Overweight Adults (>15 years) ♦ Females ♦ Males Adolescents (15 to 19 years) ♦ Females ♦ Males Children (1to 9 years)	 24,9% 14,4% 12,9 0% 4,4%	 55% 29% 17,6% 5,3% 6%
Household food security	68 – 84%	75% of households
Food consumption		10% of children 6 to 15 years don't eat breakfast 50% of children 1 – 9 years consume less that half of the RDA for key vitamins and minerals.
Consumption of iodised salt		62,4% of households
Exclusive Breastfeeding ♦ 0 – 3 months ♦ 0 –5 months		 10% 7%
RTHC coverage		75%
Poverty		57% of population live in poverty.

ADDENDUM 3: PROGRAMME 2

SUB-PROGRAMME 3: OPD STATS 2001 - 2002

District	B Municipality	Field	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total OPD	OPD/ day
Frances Baard	Dikgatlong M	**OPD total head count**	398	313	306	332	347	376	365	410	644	424	386	455	**4,756**	13
	Sol Plaatje M	**OPD total headcount**	11,764	12,375	11,714	11,209	12,112	10,403	12,692	12,397	11,831	11,771	11,554	12,752	**142,574**	400
	Magareng M	**OPD total headcount**	314	271	342	347	352	375	329	369	471	384	377	399	**4,330**	12
	Pokwani M	**OPD total headcount**	190	191	199	191	217	203	252	263	315	247	274	264	**2,806**	8
Frances Baard District			**12,666**	**13,150**	**12,561**	**12,079**	**13,028**	**11,357**	**13,638**	**13,439**	**13,261**	**12,826**	**12,591**	**13,870**	**154,466**	**434**
Kalahari-Kgalagadi	Ga-Segonyana M	**OPD total headcount**	**332**	**283**	**334**	**312**	**290**	**309**	**270**	**264**	**450**	**363**	**318**	**437**	**3,962**	**11**
Karoo	Kareeberg M	**OPD total headcount**	126	119	149	158	167	144	184	191	262	157	231	202	**2,090**	6
	Enthanjeni M	**OPD total headcount**	723	595	658	672	774	683	806	899	1,072	860	858	1,005	**9,605**	27
	Umsobomvu M	**OPD total headcount**	325	295	263	289	281	345	319	328	462	346	310	376	**3,939**	11
	Siyancuma M	**OPD total headcount**	408	367	375	426	418	271	448	521	684	819	847	770	**6,354**	18
	Thembelihle M	**OPD total headcount**	167	185	128	162	172	190	208	181	257	184	203	227	**2,264**	6
	Siyathemba M	**OPD total headcount**	347	340	351	398	434	391	297	547	401	253	353	417	**4,529**	13
	Ubuntu M	**OPD total headcount**	171	195	166	136	180	205	330	239	295	212	86	222	**2,437**	7
Karoo District			**2,267**	**2,096**	**2,090**	**2,241**	**2,426**	**2,229**	**2,592**	**2,906**	**3,433**	**2,831**	**2,888**	**3,219**	**31,218**	**88**
Namakwa	Richtersveld M	**OPD total headcount**	233	125	197	161	210	173	140	209	260	184	169	218	**2,279**	6

	Hantam M	**OPD total headcount**	408	358	364	384	498	564	409	386	531	380	353	463	**5,098**	14
	Karoo Hoogland M	**OPD total headcount**	261	205	129	220	235	181	289	199	244	260	239	182	**2,644**	7
	Kamiesberg M	**OPD total headcount**	132	161	59	64	76	95	85	81	118	93	71	104	**1,139**	3
	Nama Khoi M	**OPD total headcount**	1,037	1,454	609	536	418	451	518	522	618	320	393	461	**7,337**	21
	Khâi-Ma M	**OPD total headcount**	12	7	38	35	31	13	30	95	12	30	10	50	**363**	1
Namakwa District			**2,083**	**2,310**	**1,396**	**1,400**	**1,468**	**1,477**	**1,471**	**1,492**	**1,783**	**1,267**	**1,235**	**1,478**	**18,860**	**53**
Siyanda	Khara Hais M	**OPD total headcount**	3,226	3,656	3,890	3,119	3,865	3,521	3,806	3,781	3,423	3,696	3,667	3,926	**43,576**	122
	Kai !Garib M	**OPD total headcount**	851	861	771	825	863	881	1,143	1,013	1,335	1,211	668	822	**11,244**	32
	Tsantsabane M	**OPD total headcount**	446	372	451	356	342	463	505	537	813	557	571	600	**6,013**	17
Siyanda District			**4,523**	**4,889**	**5,112**	**4,300**	**5,070**	**4,865**	**5,454**	**5,331**	**5,571**	**5,464**	**4,906**	**5,348**	**60,833**	**171**
Grand Total			**21,871**	**22,728**	**21,493**	**20,332**	**22,282**	**20,237**	**23,425**	**23,432**	**24,498**	**22,751**	**21,938**	**24,352**	**269,339**	**757**

District	Municipality	Total PHC facilities
Frances Baard DM	Dikgatlong M	11
	Magareng M	7
	Pokwani M	5
	Sol Plaatje M	19
Karoo DM	Enthanjeni M	8
	Kareeberg M	6
	Renosterberg M	3
	Siyancuma M	12
	Siyathemba M	5
	Thembelihle M	6
	Ubuntu M	5
	Umsobomvu M	7
Kgalagadi DM	Gamagara M	6
	Ga-Segonyana M	7
Namakwa DM	Hantam M	9
	Kamiesberg M	19
	Karoo Hoogland M	6
	Khâi-Ma M	10
	Nama Khoi M	22
	Richtersveld M	8
Siyanda DM	!Khara Hais M	17
	!Kheis M	7
	Kai !Garib M	20
	Kgatelopele M	4

	Mier M	5
	Tsantsabane M	12
Grand Total		246

These sheets refer to only public facilities reporting hospital data

DC 6: Namakwa

District Council	B Municipality	Towns	Total Population	Unserved Population (20 % of Population)	Population per PHC facility
DC 6	**NC061 :**				
		Alexander Bay	2566	513	
		Sanddrif	761	152	
		Kuboes	797	159	
		Richtersveld-Baken	487	97	
		Eksteenfontein	440	88	
		Vioolsdrif			
		Lekkersing	476	95	
		McDougalls Bay	188	38	
		Port Nolloth	4839	968	
		Total	**10554**	**2111**	**1319**
	NC062 :				
		Steinkopf	7174	1435	
		Concordia	4180	836	
		Carolusberg	1363	273	
		Nababeep	6332	1266	
		Okiep	3424	685	
		Springbok	2845	569	
		Bergsig	6412	1282	
		Matjieskloof	1451	290	
		Buffelsrivier	1040	208	
		Komaggas	3460	692	
		Kleinzee	1900	380	
		Total	**39581**	**7916**	**1799**
	NC064 :				
		Kamieskroon	1019	204	
		Koiingnaas	182	36	
		Hondeklipbaaai	377	75	
		Leliefontein	5632	1126	
		Garies	1460	292	
		Total	**8670**	**1734**	**456**
	NC065 :				
		Brandvlei	2368	474	
		Loeriesfontein	2061	412	
		Calvinia	8358	1672	
		Calvinia NU	5576	1115	
		Nieuwoudtville	1255	251	
		Total	**19618**	**3924**	**2180**
	NC066 :				
		Williston	3069	614	
		Williston NU	1429	286	

		Fraserburg	2637	527	
		Fraserburg NU	1696	339	
		Sutherland	2023	405	
		Sutherland NU	1796	359	
		Total	**12650**	**2530**	**2108**
	NC067 :				
		Aggeneys	2515	503	
		Onseepkans	1235	247	
		Pella	1461	292	
		Pofadder	2935	587	
		Total	**8146**	**1629**	**815**
	NCDMA06:				
		Fonteintjie	126	25	
		Namaqualand NU	9429	1886	
		Lepelsfontein	373	75	
		Total	**9928**	**1986**	
Grand Total			**109147**	**21829**	

DC 7: Karoo

District Council	B Municipality	Towns	Total Population	Unserved Population (20 % of Population)	Population per PHC facility
DC 7	**NC071 :**				
		Victoria West	8413	1683	
		Victoria West NU	3339	668	
		Loxton	837	167	
		Richmond NU	2213	443	
		Richmond	4391	878	
		Total	**19193**	**3839**	**3839**
	NC072 :				
		Colesberg NU	3424	685	
		Colesberg	1478	296	
		Norvalspont	1453	291	
		Lowryville	2880	576	
		Kuyasa	8380	1676	
		Noupoort	6795	1359	
		Noupoort NU	959	192	
		Total	**25369**	**5074**	**3624**
	NC073 :				
		De Aar NU	1233	247	
		De Aar	5813	1163	
		Barcelona	15476	3095	
		Nomzwakazi	5953	1191	
		Waterdal	405	81	
		Hanover NU	1079	216	
		Hanover	3668	734	
		Britstown	4278	856	

		Britstown NU	1788	358	
		Total	**39693**	**7939**	**4962**
	NC074				
		Carnarvon	5935	1187	
		Carnarvon NU	2343	469	
		Van Wyksvlei	1454	291	
		Vosburg	1433	287	
		Total	**11165**	**2233**	**1861**
	NC075				
	RENOSTERBERG	Petrusville	3450	690	
		Phillipstown	2755	551	
		Vanderkloof	875	175	
		Phillipstown NU	2356	471	
		Total	**9436**	**1887**	**3145**
	NC076				
		Hopetown	7905	1581	
		Strydenburg	1982	396	
		Orania	330	66	
		Hope Town NU	3353	671	
		Total	**13570**	**2714**	**2262**
	NC077				
		Prieska NU	5431	1086	
		Copperton	41	8	
		Prieska	11527	2305	
		Marydale	1704	341	
		Niekerkshoop	1537	307	
		Total	**20240**	**4048**	**4048**
	NC078				
		Schmidtsdrif		0	
		Salt Lake		0	
		Campbell	1574	315	
		Herbert NU	17409	3482	
		Douglas	3626	725	
		Bongani	577	115	
		Breipaal	5669	1134	
		Hay NU	5237	1047	
		Griekwastad	5288	1058	
		Total	**39380**	**7876**	**3282**
Grand Total			**178046**	**35609**	

DC 8: Siyanda

District Council	**B Municipality**	**Towns**	**Total Population**	**Unserved Population (20 % of Population)**	**Population per PHC facility**
DC 8	**NC081**				
		Rietfontein	1558	312	
		Askham			
		Mier	2725	545	
		Total	**4283**	**857**	**857**
	NC082				
		Cillie	1850	370	
		Lutzburg	1660	332	
		Kanoneiland			

		Keimoes	7123	1425	
		Kakamas	7021	1404	
		Marchand	1708	342	
		Augrabies	1375	275	
		Riemvasmaak	775	155	
		Kenhardt	4012	802	
		Kenhard NU	5946	1189	
		Total	**31470**	**6294**	**1574**
	NC083				
		Upington	41233	8247	
		Paballelo	13491	2698	
		Raaswater	2037	407	
		Karos	1498	300	
		Leerkrans	1349	270	
		Kalksloot	2179	436	
		Louisvale	5454	1091	
		Total	**67241**	**13448**	**3955**
	NC084				
		Grootdrink	2146	429	
		Wegdraai	1548	310	
		Groblershoop	2855	571	
		Brandboom	1468	294	
		Total	**8017**	**1603**	**1145**
	NC085				
		Beeshoek	927	185	
		Jenn Haven	2154	431	
		Olifantshoek	7742	1548	
		Postdene	5129	1026	
		Boichoko	6035	1207	
		Newton	3991	798	
		Postmasburg NU	7029	1406	
		Postmasburg	2237	447	
		Groenwater			
		Total	**35244**	**7049**	**2937**
	NC086				
		Danielskuil	9842	1968	
	KGATELOPELE	Lime Acres	4721	944	
		Total	**14563**	**2913**	**3641**
	NCDMA08:				
		Alheit	595	119	
		Gordonia NU	48753	9751	
		McTaggertscamp	288	58	
		Swartkop			
		Total	**49636**	**9927**	
Grand Total			**210454**	**42091**	

			DC 9: Frances Baard		
District Council	**B Municipality**	**Towns**	**Total Population**	**Unserved Population (20 % of Population)**	**Population per PHC facility**
DC 9	**CBLC7**				

		Hartswater	4782	956	
		Vaalharts Nedersetting	17030	3406	
		Jan Kempdorp	2092	418	
		Valspan	10817	2163	
		Andalusia Park	1528	306	
		Total	**36249**	**7250**	**7250**
	NC093				
		Hartswater NU	591	118	
		Hartsvallei	1535	307	
		Ganspan	911	182	
		Bullhill	955	191	
		Warrenton NU	2334	467	
	MAGARENG	Warrenton	2014	403	
		Warrenvale	2754	551	
		Ikhutseng	13739	2748	
		Total	**24833**	**4967**	**3548**
	NC092				
		Ulco	1309	262	
		Barkly-West NU	13133	2627	
		Barkly-West	1267	253	
		De Beershoogte	2680	536	
		Windsorton	5452	1090	
		Mataleng	7975	1595	
		Delportshoop	7394	1479	
		Longlands			
		Total	**39210**	**7842**	**3565**
	NC091				
		Ritchie	1612	322	
		Rietvale	3058	612	
		Kimberley NU	8815	1763	
		Kimberley	187685	37537	
		Total	**201170**	**40234**	**10588**
	NCDMA09				
		Motswedimosa	4901	980	
		Total	**4901**	**980**	
Grand Total			**306363**	**61273**	

			CBDC 1: Kgalagadi		
District Council	**B Municipality**	**Towns**	**Total Population**	**Unserved Population (20 % of Population)**	**Population per PHC facility**
CBDC1	**NC01B1**				
	GAMAGARA	Dibeng/Deben	3902	780	
		Didibeng			
		Dingleton	1979	396	
		Kathu	7381	1476	
		Total	**13262**	**2652**	**2210**
	CBLC1				

		Kuruman NU	9071	1814		
		Wrenchville	4231	846		
		Bodulong/Bankhara	1531	306		
		Kuruman	5096	1019		
		Total	**19929**	**3986**		**2847**
	NCDMACB1					
		Van Zylsrus	385	77		
	KGALAGADI	Hotazel	1390	278		
		Blackrock	1347	269		
		Total	**3122**	**624**		
Grand Total			**36313**	**7263**		

ADDENDUM 4: PROGRAMME 8

HEALTH FACILITIES MANAGEMENT
Transfer to local Government

	Municipality	**2000 / 01 Actual**	**2001 / 02 Actual**	**2002/ 03 Est. Actual**	**2003 /04 Voted**	**2004/05 MTEF**	**2005/06 MTEF**
Category B	Gammagara	9	17	16	47	52	57
	Ga-Segonyane	197	83	108	106	117	129
	Nam Khoi	14	264	15	17	19	21
	Hantam	33	536	57	63	69	76
	Karoo Hoogland	20	21	24	26	29	32
	Khai-Ma	43	4	-	-	-	-
	Ubuntu	70	70	80	89	98	108
	Umsobomvu	25	97	20	22	24	26
	Emthanjeni	522	448	378	578	636	700
	Kareeberg	126	24	15	17	19	21
	Renosterberg	3	17	17	17	19	21
	Siyathemba	19	19	16	17	19	21

	Siyancuma	23	1	23	22	24	26
	Mier	-	-	-	9	10	11
	Kai-Garib	366	359	193	438	482	530
	Khara Hais	633	583	502	727	799	879
	Kheis	6	7	8	9	10	11
	Tsantsabane	190	418	206	541	595	654
	Kgatelopele	141	223	172	278	306	337
	Sol plaatjie	1,120	1,030	1,271	1,499	1,649	1,814
	Phokwane	130	112	108	157	173	190
Total: Category B		**3,690**	**4,333**	**3,229**	**4,679**	**5,149**	**5,664**
Category C	Kgalagadi	34	19	16	24	26	29
	Namakwa	2,383	91	83	91	100	110
	Karoo	30	32	25	28	31	34
	Siyanda	130	94	48	40	44	48
	Frances Baard	51	451	56	62	68	75
Total : Category C		**2,628**	**687**	**228**	**245**	**269**	**296**

Donations and subsidies to Institutions

Institution	**2000/01**	**2001/02**	**2002/03**	**2003/04**	**2004/05**	**2005/06**
Planned parenthood Association of SA	-	-	1,080	1,600	1,760	1,936
Helen Bishop Orthopaedic After Care Home	1,417	1,879	1,750	1,900	1,90	2178
Harmony Nursing Home	2,723	1,337				
Association of persons with Disabilities		14				
Multi-purpose Centre	60					
SA national Tuberculosis Association	229	250	75	250	250	250
Aggenys Hospital	-	-	2	-	-	-
Alexander Bay Hospital	217	250	310	-	-	-
Nababeep Hospital	18	8	19	-	-	-
Non-Government Organizations	-	-	1,232	5,634	8,659	9,462
Schools-Nutrition programme	9,545	8,564	10,326	18,000	21,000	23,000
Total standard item classification	14,209	12,302	14,794	27,384	33,649	36,826