

VOTE 4: DEPARTMENT OF HEALTH

To be appropriated:	R 9 257 806 000
Responsible MEC:	MEC for Health
Administering Department:	Department of Health
Accounting Officer:	Head of Department

1. OVERVIEW

Vision

"Health for a better life"

Mission

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

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

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

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

Values and principles

Underpinning our vision, mission and strategic priorities are a set of guiding values and principles:

- Listening to, communicating and working with the people
- Putting the poor and vulnerable groups at the centre of our initiatives
- A strong commitment to Batho Pele, service excellence and quality of care
- Entrenching the Patients' Rights Charter and our own Service Pledge
- Efficient and effective use of public resources
- Implementing the people's contract, share experiences and building partnerships with the private sector, universities, trade unions, other spheres of government and community based organisations to make our Province, our continent and the world a better place
- Equity in resource allocation and service provision
- Ensuring access to services, with an emphasis on the following key determinants:
 - Distance
 - Personnel attitudes and skills
 - Condition of facilities and equipment
 - Availability of medicines and supplies
- Ensuring sustainability and affordability of all initiatives
- Creating a conducive work environment and caring for our staff to enable them to deliver on our mandate

Core functions of the Department of health

The Department renders the following services:

- Primary health care (PHC) is rendered through the district health system. A network of provincial clinics and community health centres provide ambulatory care through doctors, nurses and other professionals; and local

government clinics are also subsidized to render care.

- Ambulance services throughout the province
- Secondary health care services are rendered through regional hospitals that provide outpatient and in-patient care at general specialist level.
- Specialised health care services provide specialised inpatient care for psychiatric and infectious diseases, while tuberculosis and chronic psychiatric care are provided on an outsourced basis.
- Academic health care services (both inpatient and outpatient) are rendered through our four central hospitals as well as the three Dental hospitals. (Teaching also takes place within other service levels).
- Health sciences teaching colleges provide training for future health care professionals.

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

Constitutional and Legislative Mandate of the Department

- Specific National Legislation and Policies including
- National Mandate

The following national legislation and policy documents form the legal and policy framework for the work of the Gauteng Department of Health:

- The National Health Act 61 of 2003
- The Public Service Amendment Act 14 of 1996
- The Labour Relations Act 65 of 1995 as amended
- The Public Finance Management Act 1 of 1999
- The Employment Equity Act 55 of 1998
- The Skills Development Act 97 of 1998
- The Access to Information Act 2 of 2000
- The Criminal Procedure Act 51 of 1977
- The Inquest Act 58 of 1959
- The Mental Health Care Act 17 of 2002
- The Medical, Dental and Supplementary Health Services Professions Act 87 of 1995
- The Child Care Amendment Act 96 of 1996
- Domestic Violence Act 116 of 1998
- The Human Tissue Act 21 of 1983
- The Sterilisation Act 44 of 1988
- The Choice on Termination of Pregnancy Act 92 of 1996
- The Nursing Act 5 of 1995
- The Medicines and Related Substance Control Act 101 of 1965 as amended in 1997
- The Pharmacy Act 53 of 1953 as amended in 1997
- The Medical Schemes Act 131 of 1998
- The Patients' Rights Charter, 2000
- The White Paper on the Transformation of the Health Sector in SA 1997
- The Batho Pele principles of social service delivery
- Preferential Procurement Policy Framework Act 5 of 2000

- Specific Provincial Health Legislation including

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

- Executive Council and Provincial legislature resolutions
- The Gauteng District Health Services Act of 2000
- The Gauteng Ambulance Services Act, 2002
- The Hospital Ordinance No 14 of 1958, as amended.
- The 5 year Strategic Programme of Action (POA) for GPG
- Gauteng 5 year strategic plan for health

Strategic Goals and Strategic Objectives

Each of the six strategic goals of the Department has a number of strategic objectives formulated through a consultative process. The goals and objectives serve as the platform for the individual budget programme and business plans of the department for the MTEF cycle. Collectively the programme plans form the blueprint on which

implementation towards the achievement of the goals can take place. Table 1 below shows the alignment of Departmental strategic goals with strategic objectives and the challenges faced in achieving the five-year priorities (2004-2009).

Departmental strategic priorities and corresponding strategic objectives

<p>OVERALL STRATEGIC GOALS</p> <p>1. Promote health, prevent and manage illnesses or conditions with emphasis on poverty, lifestyle, trauma and violence and psychological factors</p> <p>Key Challenges</p> <ul style="list-style-type: none"> • Understanding and responding to the needs of the poor and vulnerable groups • Providing information, education, communication (health literacy) to the community at large, emphasizing key risk factors that contribute to disease and deaths • Health outcomes that are not commensurate with health care spending • Complex and wide burden of conditions or illnesses related to poverty, malnutrition, emerging and re-emerging communicable diseases such as HIV/AIDS, tuberculosis, severe acute respiratory syndrome; trauma and violence; chronic diseases of lifestyle such as hypertension, diabetes etc. • Addressing the problem of violence, including sexual abuse against women and children • Addressing the burden of mental illness 	<p>STRATEGIC OBJECTIVES</p> <ul style="list-style-type: none"> • Increase public understanding of practicing healthy lifestyles and key risk behaviours with a special focus on vulnerable groups and disadvantaged communities • Improve the health and well being of children under six years and those at risk due to poverty • Improve the nutritional status of vulnerable groups, with special emphasis on people with chronic and debilitating conditions • Reduce preventable causes of maternal deaths • Improve early detection and intervention for cervical and breast cancer • Reduce high risk behaviour among youth with a focus on teenage pregnancy, smoking, alcohol and drug abuse • Reduce the prevalence and complications of TB and other communicable diseases • Reduce the prevalence and complications of common non-communicable diseases • Promote mental well-being and improve early diagnosis, treatment and support for people with mental illness • Provide rehabilitation and support to people with disabilities • Interventions to reduce impact of violence against women and children
<p>OVERALL STRATEGIC GOALS</p> <p>2. Effective implementation of the comprehensive HIV and AIDS strategy</p> <p>Key Challenges</p> <ul style="list-style-type: none"> • Ensuring that prevention remains the foundation of the management of HIV/AIDS • Mainstreaming the HIV and AIDS strategy, while ensuring other priority programmes continue as planned • Successful implementation of comprehensive care and treatment programme including Antiretroviral Treatment (ART) • Managing an increased number of AIDS patients (acute) at health care facilities • Implementing the workplace HIV and AIDS programme and reducing the impact of AIDS in the workplace • Ensuring adequate AIDS programme management and administrative system capacity • Strengthening monitoring and evaluation systems • Training and supporting community health workers through Non Governmental Institutions (NGOs) • Improving the nutritional status of People Living with Aids (PLWAs) 	<p>STRATEGIC OBJECTIVES</p> <ul style="list-style-type: none"> • Prevent and reduce new HIV infections • Reduce the incidence of sexually transmitted infections (STIs) • Provide HIV and AIDS comprehensive care and treatment including Antiretroviral Treatment (ART) in all sub districts by 2009 • Implement effective HIV and AIDS workplace programme in all service delivery units • Provide universal access to palliative care (home based care, hospice, step down facilities) to the population of Gauteng

OVERALL STRATEGIC GOALS

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

Key Challenges

- Higher than average growth in the Gauteng population largely due to in-migration with concomitant pressures on health service provision
- Implementation of the provisions of the National Health Act
- Weaknesses in the implementation of the District Health System and insufficient joint activities in the key areas of service delivery, human resources and financing between different spheres of government
- Implementation of community based services and those activities that will result in the greatest health returns
- Implementation of the Departmental Service Improvement Plan to ensure appropriate utilisation of services
- Providing effective emergency services for the entire population
- Greater demands for quality assurance with special focus on improving perception and actual quality of frontline service
- Reduction in waiting times
- Ensuring implementation of Batho Pele principles and that poor people are not further disadvantaged by the system
- Improving the ethos of health care, politeness and ethics
- Overcoming bureaucratic inertia and impotence and disempowering impact thereof especially on the poor and vulnerable Weaknesses in hospital management, accountability and responsibility
- Transfer of South African Police Services (SAPS) mortuaries to the Department
- Ensuring that various levels of health system function as an integrated whole
- Finalisation of Service Level Agreement between Local Government and Province regarding devolution process
- Devolution of PHC services to Local Government
- Implementation of Mental Health and Pharmacy Acts

STRATEGIC OBJECTIVES

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

OVERALL STRATEGIC GOALS

4. Implement the people's contract through effective leadership and governance

Key Challenges

- Ensuring that managers provide leadership and strategic direction to achieve departmental goals
- Clarify roles, responsibilities and accountability among central office, regions and all institutions
- Fostering partnerships between the department and academic institutions, the health professional councils, hospital boards, ward committees, non-governmental and community based organisations, the private sector, etc
- Ensure optimal departmental configuration of structure, people, systems and processes to support the execution of the strategy
- Leveraging the potential benefits of public and private partnerships, without sacrificing public sector goals of equity and redress
- Capacity to provide support to local government in playing a leadership role in service delivery
- Increased innovation around value adding processes within the department eg. increasing share of African health tourism market

STRATEGIC OBJECTIVES

- Improve the capacity of managers and staff to manage and steer health sector transformation
- Build a broad coalition for change and forge partnerships between the department and academic institutions, the health professional councils, unions, hospital boards, ward committees, non-governmental and community based organisations, the private sector, etc
- Implementation of a comprehensive community health worker programme
- Strengthen community participation at all levels of the health system
- Ensure responsiveness to the Legislature
- Ensure implementation of relevant policies and legislative framework

OVERALL STRATEGIC GOALS

5. Become a leader in human resource development and management for health

Key Challenges

- Mainstreaming of gender and disability as part of the employment equity plan
- Retention of scarce and highly skilled professionals in public sector
- Recruitment and deployment of human resources that effectively addresses the needs of poor and vulnerable groups
- Implementation of a culture and practice of performance management
- Improving relationships with unions and professional organizations
- Regain the pride in, and re-commitment to, the oaths of the health profession and getting all staff to live by the Batho Pele principles
- Impact of HIV/AIDS on staff and the workplace at large
- Low staff morale and productivity
- Senior management feeling overwhelmed due to inadequate middle management capacity
- Ensuring the desired return on training investment (including from academic institutions)
- Developing an affordable service and teaching platform at all levels of the health system
- Implementation of learnerships/internship programmes

STRATEGIC OBJECTIVES

- Revise current staff establishment
- Ensure the recruitment and retention of human resources
- Provide the service platform for high quality training and development and clinical research that is responsive to the needs of the country
- Implementation of the learnership/internship programme
- Implement an effective Performance Management System
- Ensure adherence to recognised human resource and labour relations management standards
- Implement strategies to achieve employment equity and to manage adverse work force
- Implementation of the Gauteng health integrated wellness programme (EAP, HIV and AIDS workplace and Occupational health and safety programmes)
- Building capacity of frontline managers

OVERALL STRATEGIC GOALS

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

Key Challenges

- Development of an Integrated Management Information System (MIS) to support decision-making, monitoring and clinical care
- Need to re-gear the communication strategies to be responsive to the needs of poor people
- Internal communication needs significant development and strengthening
- Inherited backlog of equipment exacerbated by high costs and lack of cost-effective procurement practices
- Medical inflation and currency fluctuations
- Reduction in certain national conditional grants and shifts of money for health from municipalities
- Planning processes linked to budgets and implementation capacity
- Increased leverage of preferential procurement to contribute towards Black Economic Empowerment (BEE)
- Management of migration to the GSSC and monitoring of SLAs to institutions that has already migrated
- Implementing Cost Centre management strategy to reinforce allocation of equitable and appropriate budgets
- Re-enforcing a culture of cost consciousness to ensure alignment of expenditure with budget
- Financial management capacity (skills and numbers)
- Management of the service level agreement with Works department

STRATEGIC OBJECTIVES

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

2. REVIEW OF THE FINANCIAL YEAR 2004/05

A summary of progress in the key areas highlighted in the budget statement is given below.

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

Promotion of Child health

The Expanded Programme of Immunisation (EPI) is aimed at reducing the risk of children dying from vaccine-preventable conditions. The immunisation coverage for children less than 1 year of age has increased from 72% in 1998 to 79% in 2003. From July 2004, we participated in a mass Immunisation campaign that reached 1.4 million children and obtained coverage of 90% for Polio and 91% measles. We have exceeded our Acute Flaccid Paralysis (AFP) polio eradication target of 22 cases per annum by 2 cases and are on track for declaring Gauteng "Polio free" by 2005.

The Department continues to prioritise the Perinatal Problem Identification Programme (PPIP). This programme assists hospitals to identify avoidable patient, personnel and administrative factors that contribute to perinatal deaths and primary obstetric causes of perinatal deaths that can be corrected early. The programme has been implemented in 19 public hospitals (91% coverage rate) in Gauteng.

The Saving Mothers Campaigns have been launched and key recommendations are being marketed and implemented. The department is in the process of developing standardised protocols and norms for all institutions including Universities.

The Kangaroo Mother Care Programme, which is now operational in 16 hospitals, has led to a reduction in the perinatal mortality rate, the average length of stay in hospitals and hospital costs, and has improved bonding between mothers and babies.

The implementation of Integrated Management of Childhood Illness (IMCI) continues to reduce childhood illnesses and prevent child deaths in Gauteng, and is being implemented in all health districts. 160 nurses trained on IMCI and currently training 250 health promoters on IMCI community component.

The Department continues to feed 58 404 children in 1 695 crèches. Vitamin A supplementation is implemented in all the facilities in Gauteng, and will continue to target 0-60 months children as well as women post delivery. The Department continues to improve early childhood development focusing on monitoring Early Childhood Centres, growth and development, training of child minders. Breast-feeding week campaign held successfully to raise awareness on benefits of breast feeding. Healthy lifestyles pilot project is being implemented in 22 primary schools looking at exercises, healthy eating and bringing lunch boxes to school.

Reducing Maternal Mortality

The Department has established a new Peri-Partum unit headed by an obstetrician to implement strategies for the prevention and reduction of avoidable maternal deaths and avoidable deaths of babies younger than 1 month. Maternal Mortality and Morbidity meetings are held every month in all institutions; these meetings are monitored by the Peri-Partum, Maternal and Neonatal team from central office to ensure implementation of the National Key Recommendations for Saving Mothers.

The implementation of the Choice on Termination of Pregnancy Act (CTOP) has remained a priority of the Department. During 2004/05 15 407 TOPs, were performed in 26 public health facilities and 12 private facilities in Gauteng. The Department is planning to highlight contraception week each February commencing in 2005/2006 for information and education to communities to increase the usage of services.

The Post Exposure Prophylaxis (PEP) Programme for Survivors of Sexual Assault is operational in 47 facilities, 58% provide a 24-hour service. Since inception 21 024 clients have benefited from the program. Statistics show high number of sexual assaults on children is often discovered late by parents or legal guardians. We will develop interventions to raise awareness of child abuse in the communities, in conjunction with other departments. 116 staff members attended a 2 day debriefing sessions. The study of Violence and Reconciliation has been completed. The aim of the study was to investigate factors affecting adherence to Post Exposure Prophylaxis in the aftermath of sexual assault. The recommendations are to increase understanding amongst survivors of sexual assault on how to

take drugs and strengthening health workers' support on sexual assault survivors in relation to emotional and psychological support, support groups and follow up calls. The department has already started implementing the recommendations by adding more PEP sites to cover all sub-districts and an eight 3 day training courses on adherence counselling for service providers started in November. 2004 and is continuing.

The Department continues to provide cervical cancer and breast cancer screening programmes, reaching more than 42 000 women per annum. 2 633 mammograms performed since April 2004.

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

The Department's focus is on the promotion of mental well-being and the strengthening of early diagnosis, treatment and support to people with mental illness. The implementation of Mental Health Act is underway. The department has made all the necessary appointments for the Mental Health review board in order to comply with the New Mental Health Act. Child and adolescent Psychiatry is being treated as a priority, with a special budget set aside to establish inpatient units for this service in Tara and Chris Hani Baragwanath hospitals to strengthen the outpatient service. Tara hospital is busy with renovations and motivation for posts to be advertised has been submitted for both hospitals. The District Psychiatry services are also being strengthened by ensuring that each district has a dedicated Mental Health coordinator.

As a legal requirement for the Department from this financial year, the department is taking responsibility for quality assurance for radiation control. We have commenced training of Radiographers in quality control, to date a total of 15 staff members were trained on conventional Radiography and 5 people in mammography at 15 facilities.

2.2 Effective implementation of the comprehensive HIV and AIDS strategy

The Premier continues to provide political leadership that both profile the epidemic and a comprehensive response to it. The Premier's Committee on AIDS and Gauteng AIDS Council continue to meet quarterly and provide the leadership necessary to fight the epidemic.

The Department participates in, and co-ordinate the annual HIV survey of women attending antenatal services annually, which is one of the indicators, used to track the epidemic. The 2003 HIV sero-prevalence rate among pregnant women in Gauteng shows 2% reduction, from 31.6% in 2002, to 29.6% in 2003.

Results of the National HIV and Sexual Behaviour Survey among 15 to 24 year olds conducted in 2003 shows the prevalence of HIV for youth living in Gauteng province at 9.2%, placing Gauteng in sixth position in the country. Awareness of HIV appears to be relatively high among Gauteng youth, with 91% of young people in the province, - the highest percentage in the country, found by the survey to have an awareness of the loveLife programme. The Behavioural Sentinel Survey (BSS) study shows that 80% of youth understand how HIV is transmitted and the prevention of transmission.

The implementation of anti-retroviral treatment (ART) programme started in April 2004. Twenty-three facilities were identified for implementation and a target was set of 10 000 patients by the end 2004/2005 financial year. As at 15 November 2004, 19 hospitals and Community Health Centres (CHC's) are implementing ART and about 6 000 clients are on ART programme. 1 335 adults and 275 children are on food supplements. Since the inception of the programme, 710 service providers have been trained. The partnership with National Health Laboratory Service (NHLS) has been strengthened. They have put systems in place to cope with the additional load and tests are being done as needed.

The Department continues to expand the Voluntary Counselling and Testing (VCT), sites that have increased from 202 in 2003 to 298 in 2004. Since April 2004, 51 336 clients were counselled, 45 685 were tested and 17 272 tested positive.

Prevention of Mother to Child Transmission (PMTCT) is provided in all hospitals and all community health centres as well as in the 47% of the clinics that provide antenatal care. To date 134 PMTCT sites are functional.

The Department continues to distribute 8.5 million male condoms per month in 50 sites and 22 000 female condoms per month in 19 functional sites.

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

The previous financial year saw six Memorandums of Understanding signed between the MEC for Health and the Executive Mayors of the three metropolitans and the three District Councils.

The Joint implementation of the Clinic Supervisory Manual, a tool used by Primary Health Care (PHC) managers to assess the quality of PHC services in the clinics, allows for monthly monitoring and has improved the overall quality of supervision.

The implementation of the Community Health Workers (CHW) Programme was strengthened in the 2004/05 financial year. The Provincial CHW policy and guidelines developed by the department are being implemented. To date we have trained 319 CHWs and on track for reaching the target of 1 000 CHWs by the end of this financial year. Certificate presentation by the MEC for Health was held in recognition of unselfish contributions of CHW.

The process of implementing our Service Improvement Plan is underway. Since April we have reduced waiting list for surgical backlog by 30%. Two of the central hospitals have started to implement the system of reliance on referrals through counselling and education of patients to use district health service and down referral of the patients to appropriate levels of care. However this is done in a way that ensures that no patient is denied access to health care. The concept of centres of excellence is being expanded to more of the central and large regional hospitals.

An additional Sebokeng Hospital's Folateng Unit aimed at providing quality medical services at public hospitals for privately insured and funded patients and generating revenue will become operational in January 2005.

Provision of rapid, effective and quality emergency medical services (EMS) remains a major priority in the department. 42 vehicles were delivered since April 2004 and currently in service and 40 ambulances were ordered to add to the 42 and a total of 82 vehicles will be available by end of the financial year. Medical Officers were appointed in all the regional EMS offices to improve quality assurance and service delivery. A system of improving data collection for priority one patients has started; this would give quality data to measure response times.

A new and improved healthcare waste management system is in the process of being implemented in Environmental Health Services.

In order to improve quality of care, all hospitals and Community Health Centres (CHC) have received at least one baseline visit by the Accreditation Committee. Peer Group accreditation visits have been established, whereby a group of staff members from a similar hospital audits another hospital. This process provides for interim evaluation of standards and the sharing of best practice ideas and has proved very useful as a developmental tool.

The monitoring activities of the Accreditation Committee continue and phase three visits have now commenced. A system of peer group quality audits has been introduced which has proved most useful as they provide for an interim evaluation of standards and peers who serve on these teams learn from one another, share best practice ideas with one another and learn about quality monitoring and improvement in the process.

The Department is currently piloting a "Best Practice" programme in 2 health institutions; this is aimed at improving relationships between health care users and health care workers, by bringing about behavioural and attitude change. A clinical audit tool to evaluate the quality of clinical care was designed and 8 hospitals have been evaluated. The customer care hotline is proving a useful mechanism for patients and their relatives to lodge complaints and make enquiries, with the number of calls from customers increasing due to the publicity given to this service.

2.4 Implement the people's contract through effective leadership and governance

Ninety six percent of our hospitals have functional hospital boards with strong leadership that has resulted in building of mutual respect between the hospital board, management and staff. Fifty one percent of Primary Health Care facilities have functioning community participation structures. Some of our hospitals have gone the extra mile in structuring their boards in accordance with the King 2 report on Corporate Governance and Protocol on Corporate Governance in the Public Sector such as the introduction of committees like audit committee, human resource committee etc.

By the end of October 2004 60% of the hospital boards were trained in a special programme for board members.

The other 40% of the members will be trained by the end of March 2006. Hospitals in conjunction with their boards are regularly holding Open Days to strengthen their relationship with the communities. Some hospital boards hold monthly meetings with the ward-based health sub-committees and other stakeholders in the area. One of our significant achievements is the training of all our boards on Corporate Governance Principals. This has resulted in some boards like Pretoria Academic drawing up their own business plans.

Gauteng Department of Health organized an Imbizo during the month of April 2004 to share ideas with the private sector on how to forge partnerships. Some projects such as Pretoria Academic Hospital medical equipment acquisition have been identified for possible consideration as Public Private Partnership projects. A transaction adviser has been appointed to conduct a feasibility study on phase one of the said project.

2.5 Become a leader in human resource development and management for health

The new Gauteng provincial government's (GPG) uniform performance management system that came into effect on 1 April 2003 is being implemented in all the institutions. More than 30 000 staff members received in-house training on the revised GPG performance management system. 96% of staff members were assessed for the 2003/04 financial year and the programme is continuing. The Senior Manager Service (SMS) performance management system training sessions are currently conducted in all the regions and central office in order to improve the quality of the reports. Human Resource managers at institutional level were also trained on the SMS performance management system to ensure improvements in the implementation of the system.

As part of the national strategy on recruitment and retention of health professionals, the implementation of the scarce skills allowance continues for certain categories of health professionals. The Professional nurses exchange programme with Kings College Hospital in the United Kingdom began in August 2003 and 18 professional nurses are currently working at Kings College Hospital.

A departmental Orientation and Induction Programme that was launched at the end of March 2004 has commenced for new employees in the Department. The feedback on the programme is extremely positive, and the programme is growing from strength to strength.

A senior manager was appointed to oversee the departments Integrated Wellness Programme (HIV/AIDS Workplace Programme, Occupational Health and Safety).

The Department has exceeded its employment equity targets, especially in the appointment of women in management positions. Currently, we have 81% black staff and 77% female staff. Forty percent of senior and middle management positions are held by women. We employ 110 people with disabilities, but special attention needs to be paid to this area in order to meet the national target. The newly created transformation unit will ensure a greater emphasis on gender mainstreaming in the Department. A draft Gender Policy has been developed. Employment Equity Committees have been established at all levels and training has commenced.

The Gauteng Department of Health provides the service platform for the training of health care professionals and produces 21% of the country's nurses and 31.5% of the country's doctors.

The Department has commenced implementation of learnerships/internships programme targeting 865 beneficiaries for 2004/05 financial year that will include 70 Nursing Assistants commencing learnership programme in February 2005, 730 Nursing Assistants commencing Internship programme in March 2005 and 100 Pharmacist Assistants. The Business plan for learnerships/internships programme has been developed. During 2004/05 financial year the Department has placed 37 interns in different units and 60 learnerships in Management Information System/Information Technology directorate.

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

Cost centre development has commenced in 16 hospitals, but need further development. We have also established a Provincial cost centre steering committee. Staff training of the basic concept of cost centre accounting was done at 13 institutions.

The risk management policy, strategy and plan, aligned to the strategic thrusts and objectives of the Department and incorporating the Fraud Prevention Plan, was submitted to the Provincial Treasury.

The Department is in the process of re-gearing our communication strategies to make language and content accessible to the people of Gauteng. Plans are in place to have slots in the national and community radio stations.

The process of developing departmental information management and technology strategy is underway. The Primary Health Care Essential Data Sets aligned with the National Health Information System, have been implemented in all Primary Health Care (PHC) clinics. The National Hospital Minimum Data Set has been implemented in all hospitals. A computerised Patient Information System (MEDICOM) is now operational in 9 hospitals and 5 clinics.

The implementation of CAPEX is according to plan. Detailed report is provided in budget statement 3.

3. OUTLOOK FOR THE FINANCIAL YEAR 2005/06

During 2004/05 The Department has identified priorities for the coming 10 years including its 5-year priorities through a 2014 visioning process. The 2005/2008 Departmental Strategic Plan, has been developed focusing on the priorities for the Medium Term Expenditure Framework (MTEF).

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

- The Department will ensure basic prevention and care of common childhood illnesses through an Integrated Management of Childhood Illness (IMCI) with strengthened community component, Expanded Programme on Immunisation (EPI), Prevention of Mother to Child Transmission Programmes (PMTCT), Perinatal Problem Identification Programme (PPIP), Kangaroo mother care and consolidation and strengthening of strategies and programmes with special emphasis on children with special needs.
- Continue with implementation of an integrated food security programme in conjunction with other departments through improving school feeding programmes for Early Childhood Development Centres and provision of dietary support and monitoring of food safety in primary schools. Reduce and control micronutrient deficiencies through vitamin A supplementation and food fortification.
- Establish and implement social mobilisation and health promotion programme; implement programmes to reduce or alleviate the impact of trauma and violence on the health sector; collaborate with other departments on implementation of priority inter-sectoral programmes (Poverty Alleviation, Childhood Development, Protection of Women and Children, Youth Development).
- We will reduce preventable causes of maternal deaths through implementation of key recommendations of the Saving Mothers Report. Strengthening TB advocacy and treatment programmes to improve detection, cure rates and reduce treatment interruption rate.

3.2 Effective implementation of the comprehensive HIV and AIDS strategy

The Department will continue to implement the comprehensive HIV and AIDS strategy through

- Provision of HIV and AIDS comprehensive care and treatment including ART rollout in public health facilities
- Ongoing social mobilisation, communication and prevention to reduce new HIV infection rates especially in babies and groups at special risk, maintaining of 100% PMTCT coverage in the public hospitals and CHCs and improving follow up of babies, Improving collaboration between HIV and AIDS and TB programmes
- Implementation of GPG AIDS workplace and well-ness programme
- Implementation of the consolidated home-based care programmes with an overall community health worker programme through NGOs. Implement home-based care programmes within an overall community health worker programme through Community Based Organisations, NGOs and in conjunction with other departments

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

- The Department will continue to strengthen the primary health care with special focus on implementing the provisions of the memorandum of understanding with local government, develop and implement Service Level Agreements (SLAs), strengthen management at community health centres.
- The process of devolution of PHC services to local government will continue and this will include proper allocation of budgets in line with National PHC costing.
- We will monitor implementation of the clinic supervisory manual at all PHC facilities, provision of full PHC package in all sub districts and provision of 24 hour access to PHC and emergency medical services in all sub-districts.
- We will ensure compliance with the emergency medical services basic norms and standards by agents including

monitoring and evaluation and 100% access to ambulance services for obstetric emergencies.

- The key projects to improve quality of care will focus on the re-enforcement of Batho Pele principles and patients' rights, recognition and rewarding public servants who serve people with distinction, strengthening implementation of consumer/patients complaints policy, implementation of best practice strategies to address attitudes and improve morale of frontline staff, specific interventions to reduce waiting times at pharmacies and out-patient departments and ensuring that all hospital and CHCs have full accreditation.
- We will implement the Service Improvement Plan with special focus on reorganisation of highly specialised units for improved efficiency, and reducing elective surgery backlog.
- Implementation of the plan for transfer of South African Police Services (SAPS) Mortuaries to the Department.

3.4 Implement the people's contract through effective leadership and governance

- Signing and implementing the revised memorandums of understanding with universities
- Implementation of the middle managers and CEO capacity building/ leadership programme
- Implementation of the comprehensive community health worker programme
- Establish, maintain and capacitate community participation structure with special focus on hospital boards and Ward Based Health Sub-Committees through development of guidelines and training
- Implementation of target response times for legislature and public enquiries

3.5 Become a leader in human resource development and management for health

The Department will strengthen the human resource practices through the following key strategies

- Implementation of revised staff establishment linked to service plans and in line with new mandate
- Implementation of the comprehensive retention strategy to reduce attrition rate of health professionals in line with national norms including provision of scarce skills allowance
- Implementation of performance management system that incorporates clear rewards, sanctions and enforcement of discipline
- Provision of learnerships/internship to staff and beneficiaries outside the public service in areas such as auxiliary nursing, diagnostic radiography, pharmacy assistant course, customer care management, office administration, human resource management, public service finance and state accounting. We will train 860 beneficiaries by 2009 (2% of the workforce)
- Training of about 2 000 frontline staff in customer care
- Further increase in the appointment of women and blacks in management positions and implement strategies to integrate disabled people in the workforce.

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

We will achieve more from our resource base and invest in our systems through:

- Implementation of the preferential procurement strategy and the broad based black economic empowerment policy
- Implementation of CAPEX programme including participation in the Zivuseni project with special focus on building, expanding or renovating clinics or community health centres
- Improving financial management by ensuring PFMA reporting through cost centres, strengthening financial controls and implementation of a risk management strategy.
- Develop and implement Information Management Strategic Plan and provision of training to support the increased utilization of accurate and timely information to aid decision making processes
- Ensuring implementation of an effective internal communication strategy and re-gearing the communication strategy with a focus on the poor and (other) vulnerable groups.

4. REVENUE AND FINANCING

Table 1: SUMMARY OF REVENUE: DEPARTMENT OF HEALTH

Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Equitable Share	4,407,892	4,939,406	5,551,911	6,055,595	6,268,428	6,268,428	6,636,501	6,976,892	7,314,006
Conditional Grants	2,363,482	2,528,638	2,614,231	2,675,412	2,675,412	2,675,412	2,621,305	2,922,662	3,041,390
Tertiary Services	1,568,945	1,629,313	1,679,760	1,727,736	1727736	1727736	1,760,465	1,866,094	1,959,399
Health Professions									
Training and Development	529,186	528,317	539,330	560,778	560,778	560,778	554,039	554,039	581,741
Hospital Revitalisation	102,000	135,000	87,939	155,126	155,126	155,126	17,955	148,664	133,093
New Pretoria Academic									
Hospital	50,000	70,000	92,356						
HIV/AIDS	3,500	32,249	64,288	134,231	134,231	134,231	185,048	252,695	265,330
Integrated Nutrition									
Programme	61,679	65,968	74,273	10,307	10307	10,307	11,333		
Infrastructure	16,172	31,142	47,160	66,458	66,458	66,458	73,955	81,549	81,225
Hospital management	32,000	36,554	29,125	20,776	20,776	20,776	18,510	19,621	20,602
Total revenue: Vote 4	6,771,374	7,468,044	8,166,142	8,731,007	8,943,840	8,943,840	9,257,806	9,899,554	10,355,396

Table 2: DEPARTMENTAL RECEIPTS: DEPARTMENT OF HEALTH

Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Tax receipts									
Sale of goods and services other than capital assets	149,313	161,899	197,597	169,300	169,300	191,126	179,516	190,508	204,156
Fines, penalties and forfeits	2	3							
Interest, dividends and rent on land	5,117	4,329	1,136	6,308	6,308	1,442	1,203	1,204	1,205
Transfers received						18			
Sales of capital assets	3,048	436		1,985	1,985	671	72	77	86
Financial transactions in assets and liabilities						15,235	5,682	5,872	6,050
Total Departmental receipts: Vote 4	157,480	166,667	198,733	177,593	177,593	208,492	186,473	197,661	211,497

Table 3: DETAILS OF DEPARTMENTAL RECEIPTS: DEPARTMENT OF HEALTH

Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Tax receipts									
Casino taxes									
Motor vehicle licenses									
Horsereading									
Other taxes									
Sale of goods and services other than capital assets	149,313	161,899	197,597	169,300	169,300	191,126	179,516	190,508	204,156

Sale of goods and services produced by department	149,313	161,899	197,597	169,300	169,300	190,587	179,358	190,343	203,982
Sales by market establishments	19,203	13,666					7	7	6
Administrative fees						59			
Other sales	130,110	148,233	197,597	169,300	169,300	190,528	179,351	190,336	203,976
Of which									
Patient fees	107,019	106,502	171,177	124,166	124,166	153,841	167,326	178,087	191,361
Other revenue	23,091	41,731	26,420	45,134	45,134	20,707	12,025	12,249	12,615
Sales of scrap, waste arms and other used current goods (excluding capital assets)						539	158	165	174
Fines, penalties and forfeits	2	3							
Interest, dividends and rent on land	5,117	4,329	1,136	6,308	6,308	1,442	1,203	1,204	1,205
Interest	589	414	1,136	79	79	1,442	1,203	1,204	1,205
Dividends									
Rent on land	4,528	3,915		6,229	6,229				
Transfers received from:						18			
Other governmental units									
Universities and technikons									
Foreign government									
International organisations									
Public corporations and private enterprises						18			
Households and non-profit institutions									
Sales of capital assets		3,048	436	1,985	1,985	671	72	77	86
Land and subsoil assets									
Other capital assets	3,048	436		1,985	1,985	671	72	77	86
Financial transactions in assets and liabilities						15,235	5,682	5,872	6,050
Total Departmental receipts: Vote 4	157,480	166,667	198,733	177,593	177,593	208,492	186,473	197,661	211,497

5. PAYMENT SUMMARY

Table 4: PROGRAMME SUMMARY

	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
Programme R thousand	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
1: Administration	328,675	271,790	263,215	220,800	257,836	257,836	267,090	280,250	292,500
2: District health services	1,306,577	1,573,435	1,743,927	2,012,090	1,972,643	1,972,643	2,351,981	2,474,906	2,602,500
3: Emergency medical services	206,787	214,480	247,900	280,600	295,600	295,600	309,772	325,100	341,100
4: Provincial hospital services	1,368,349	2,115,906	2,292,408	2,471,502	2,499,193	2,499,193	2,591,850	2,723,402	2,865,700
5: Central hospital services	3,092,936	2,831,224	2,857,212	2,841,282	2,999,335	2,999,335	2,970,988	3,119,950	3,239,710
6: Health Training and Sciences	94,420	121,139	159,851	187,283	200,783	200,783	217,040	230,575	244,400
7: Health care support services	83,566	89,056	74,637	98,771	89,771	89,771	96,000	100,020	106,320
8: Health facilities management	354,120	493,361	547,941	618,679	628,679	628,679	453,085	645,351	663,166
9: Special function	4,347	1,181	8,726			11,092			
10: Internal charges	(2,201)	(23,533)				(11,906)			
Total Payments & Estimates: Vote 4	6,837,576	7,688,039	8,195,817	8,731,007	8,943,840	8,943,026	9,257,806	9,899,554	10,355,396

Table 5: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current Payments	5,859,264	6,603,447	7,011,355	7,423,498	7,700,578	7,649,090	7,881,197	8,315,052	8,783,219
Compensation of employees	3,659,829	3,906,729	4,219,065	4,535,600	4,590,577	4,591,775	4,864,549	5,099,608	5,319,093
Goods and services	2,199,435	2,696,718	2,792,290	2,887,898	3,110,001	3,052,646	3,016,648	3,215,444	3,464,126
Interest and rent on land									
Financial transactions in assets and liabilities						4,669			
Unauthorised expenditure									
Transfers and subsidies to:	486,397	614,307	695,875	760,880	747,322	803,885	913,402	952,925	1,002,330
Provinces and municipalities	236,665	290,061	303,395	382,340	331,617	392,107	433,382	453,030	476,645
Departmental agencies and accounts	124,933	123,586	155,147	193,420	193,520	179,028	208,160	218,690	229,260
Universities and technikons	397	449	501	600	597	597	650	700	735
Public corporations and private enterprises						3			
Foreign governments and international organisations									
Non-profit institutions	124,402	200,211	236,832	184,520	214,598	220,158	264,200	273,200	288,000
Households					6,990	11,992	7,010	7,305	7,690
Payments for capital assets	491,915	470,285	488,587	546,629	495,940	490,051	463,207	631,577	569,847
Buildings and other fixed structures	323,156	297,147	359,085	287,009	207,009	207,154	237,212	394,522	331,847
Machinery and equipment	168,759	173,138	129,502	259,620	288,931	282,754	225,995	237,055	238,000
Cultivated assets									
Software and other intangible assets						143			
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification: Vote 4	6,837,576	7,688,039	8,195,817	8,731,007	8,943,840	8,943,026	9,257,806	9,899,544	10,355,396

Table 6: SUMMARY OF DEPARTMENTAL TRANSFERS TO DEPARTMENTAL AGENCIES

Programme R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Lifecare - Mental Hospitals	124 933	123 586	155 147	165 500	165 500	162 346	178 000	187 000	196 000
Alexander Health Care Centre				20 000	20 000	11 162	21 600	22 700	23 800
Witkoppen Clinic				1 400	1 400	1 000	1 520	1 600	1 700
Phillip Moyo				6 520	6 520	4 520	7 040	7 390	7 760
Other									
Total Departmental Transfers : Vote 4	124 933	123 586	155 147	193 420	193 420	179 028	208 160	218 690	229 260

Table 7: SUMMARY OF DEPARTMENTAL TRANSFERS TO LOCAL GOVERNMENT

Programme R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Primary Health Care	108,612	153,578	145,656	200,340	200,340	200,340	221,920	233,030	244,690
Category A	68,995	117,590	109,576	154,680	154,680	154,680	171,350	179,920	188,920
Johannesburg City Metro	26,848	46,103	40,092	56,050	56,050	56,050	62,110	65,220	68,480
Ekurhuleni Metro	31,430	58,017	62,770	75,000	75,000	75,000	83,050	87,200	91,560
City of Tshwane Metro	10,717	13,470	6,714	23,630	23,630	23,630	26,190	27,500	28,880
Category C	39,617	35,988	36,080	45,660	45,660	45,660	50,570	53,110	55,770
West Rand District Council	21,107	9,413	11,216	15,480	15,480	15,480	17,150	18,010	18,910
Sedibeng District Council	18,510	25,570	21,856	28,280	28,280	28,280	31,320	32,890	34,540
Metsweding District Council		1,005	3,008	1,900	1,900	1,900	2,100	2,210	2,320
EMS-All									
Emergency Medical Services	128,053	136,484	157,740	182,000	182,000	182,000	211,462	220,000	231,955
Category A	86,713	97,401	113,427	133,669	133,669	133,669	158,966	165,380	174,365
Johannesburg City Metro	35,459	34,084	39,960	46,593	46,593	46,593	56,467	58,730	61,915
Ekurhuleni Metro	32,469	43,161	23,426	60,017	60,017	60,017	72,635	75,570	79,680
City of Tshwane Metro	18,785	20,156	50,041	27,059	27,059	27,059	29,864	31,080	32,770
Category C	34,886	39,083	44,313	48,331	48,331	48,331	52,496	54,620	57,590
West Rand District Council	14,177	15,355	17,631	18,939	18,939	18,939	20,874	21,710	22,890
Sedibeng District Council	14,352	16,641	19,072	20,625	20,625	20,625	23,407	24,360	25,680
Metsweding District Council	6,357	7,087	7,610	8,767	8,767	8,767	8,215	8,550	9,020
Unallocated	6,454								
Total transfers to									
Local Government: Vote 4	236,665	290,062	303,396	382,340	382,340	382,340	433,382	453,030	476,645

6. PROGRAMME DESCRIPTION AND INPUT

PROGRAMME 1: ADMINISTRATION

1.1 Programme description and objectives

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

Table 8: PROGRAMME SUMMARY

Sub Programme R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Office of the Provincial Minister	2,287	2,607	2,869	4,090	4,090	4,090	4,050	4,250	4,500
Management	326,388	269,183	260,346	216,710	253,746	253,745	263,040	276,000	288,000
Special function						1			
Total Payments & Estimates:									
Administration	328,675	271,790	263,215	220,800	257,836	257,836	267,090	280,250	292,500

Table 9: ECONOMIC CLASSIFICATION SUMMARY

Economic Classification R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current Payments	237,757	250,850	246,269	202,640	239,226	239,016	247,040	259,195	270,440
Compensation of employees	63,077	88,538	97,275	94,300	100,300	98,581	103,000	108,700	114,300
Goods and services	174,680	162,312	148,994	108,340	138,926	140,434	144,040	150,495	156,140
Interest and rent on land									
Financial transactions in assets and liabilities						1			
Unauthorised expenditure									
Transfers and subsidies to:	29,073				150	858	50	55	60
Provinces and municipalities						228			
Departmental agencies and accounts					100				
Universities and technikons	397								
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions	28,676					629			
Households					50	1	50	55	60
Payments for capital assets	61,845	20,940	16,946	18,160	18,460	17,962	20,000	21,000	22,000
Buildings and other fixed structures									
Machinery and equipment	61,845	20,940	16,946	18,160	18,460	17,961	20,000	21,000	22,000
Cultivated assets									
Software and other intangible assets						1			
Land and subsoil assets									
Total economic classification:									
Administration	328,675	271,790	263,215	220,800	257,836	257,836	267,090	280,250	292,500

1.2 Service delivery measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05	2005/06
		Estimated actual	Estimate
Health promotion programme to address key risk factors	Number of hospitals and PHC facilities with multimedia health promotion programme	6	12
Signed district health plans in all districts according to the district health planning guidelines	% of districts with district health plans according to the district health planning guidelines	100	100
Provide assistive devices to people with disabilities	Number of assistive devices issued	2,000	2,500
Improved pharmaceutical management of stock	Percentage compliance of hospital pharmacies with annual stock taking	100	100
Availability of medicines on Essential Drug List (EDL)	Percentage of hospital and regional pharmacies with EDL medicines	98	98
Implementation of integrated Health wellness programme	Percentage of institutions with a dedicated Health and wellness programme champion/coordinator	#	100

Implementation and maintenance of the prescribed staff performance management system	Percentage of provincial hospitals and clinics implementing the prescribed system	100	100
Recruitment and retention of staff	Attrition rate for		
	- Permanent Doctors (excluding interns and community service medical officers)	34,4	30
	- Professional nurses	9,8	7
Employment equity	Percentage of women in senior management positions	40	42
	Percentage of people with disabilities in the department	0,05	1
Implementation of the Inventory and asset recording system	Percentage of hospitals and districts with an asset management system and register (BAUD)	85	100
Cost Centre system implemented in hospitals	Percentage of hospitals implementing cost centre accounting systems	5	25
Implementation of Management Information System (MIS) in all hospitals and clinics	Percentage of provincial hospitals and clinics implementing the national minimum data set	100	100

New indicators, Information not available

PROGRAMME 2: DISTRICT HEALTH SERVICES

2.1 Programme description and objectives

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

Table 10: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
District management	550,813	566,390	444,855	357,540	365,040	364,321	279,930	295,000	310,000
Community health clinics	272,945	524,063	324,627	401,940	403,940	403,940	572,000	603,000	634,000
Community health centres	85,147		233,126	272,060	274,060	274,060	277,000	313,000	329,000
Community based services			168,991	232,500	234,500	234,500	238,000	250,000	264,000
HIV/AIDS		64,725	118,043	334,142	275,442	275,442	435,048	457,000	480,000
Nutrition	64,601	70,453	82,544	10,307	12,307	12,307	27,403	5,106	5,000
District hospitals	333,071	347,641	370,534	403,601	407,354	407,354	522,600	551,800	580,500
Thefts and Losses									
Special function		163	1,207			719			
Total Payments & Estimates:									
District Health Services	1,306,577	1,573,435	1,743,927	2,012,090	1,972,643	1,972,643	2,351,981	2,474,906	2,602,500

Table 11: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current payments	1,088,455	1,205,635	1,341,627	1,569,310	1,561,017	1,502,361	1,796,025	1,901,346	2,004,870
Compensation of employees	666,839	743,062	791,820	878,000	881,001	877,497	998,789	1,064,533	1,115,553
Goods and services	421,616	462,573	549,807	691,310	680,016	624,505	797,236	836,813	889,317
Interest and rent on land									
Financial transactions in assets and liabilities						359			
Unauthorised expenditure									
Transfers and subsidies to:	204,338	353,789	382,488	412,780	382,216	440,872	517,080	538,760	566,830
Provinces and municipalities	108,612	153,578	145,656	200,340	138,899	202,466	221,920	233,030	244,690
Departmental agencies and accounts				27,920	27,920	16,682	30,160	31,690	33,260
Universities and technikons									
Public corporations and private enterprises						3			
Foreign governments and international organisations									
Non-profit institutions	95,726	200,211	236,832	184,520	214,598	219,305	264,200	273,200	288,000
Households					799	2,416	800	840	880
Payments for capital assets	13,784	14,011	19,812	30,000	29,410	29,410	38,876	34,800	30,800
Buildings and other fixed structures						6			
Machinery and equipment	13,784	14,011	19,812	30,000	29,410	29,328	38,876	34,800	30,800
Cultivated assets									
Software and other intangible assets						76			
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
District Health Services	1,306,577	1,573,435	1,743,927	2,012,090	1,972,643	1,972,643	2,351,981	2,474,906	2,602,500

2.2 Service delivery measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05 Estimated actual	2005/06 Estimate
Immunisation coverage for children under 1 year	Immunisation coverage for children under 1 year (%)	80	85
Increased TB cure rate in new smear positive cases	New smear positive TB cure rate	55%	65%
Availability of condoms	Number of male condoms distributed per month	8,5 million	8,5 million
	Number of female condoms distributed per month	22 000	25 000
HIV sero-prevalence rate among antenatal attendees	Antenatal sero-prevalence rate (%)	29,6%	Maintain between 27,1- 32,1
Providing HIV and AIDS comprehensive care and treatment including ART in all sub districts	Percentage implementation in		
	• Public hospitals	38	90
	• CHCs	45	70
	• Districts	83	100

PMTCT access	Percentage implementation of the programme in • Hospitals, • CHCs and • Clinics with antenatal care services	100 100 60	100 100 65
Health facilities implementing PEP for victims of survivors of sexual assault	Number of health facilities implementing PEP for victims of survivors of sexual assault	47	55
STI prevention and treatment	Percentage of facilities offering syndromic management	95	97
Access to the core package of primary care services available in each sub-district through the DHS	Percentage of sub-districts offering the full package of primary care services Percentage of sub-districts with access to extended hours of service	85 70	90 75
Availability of EDL drugs	Essential drugs out of stock at PHC facilities	5	2
Strengthened hospital and facility management	Percentage of hospitals with appointed CEO, Nurse manager, superintendent and administration manager Percentage of CHCs with appointed facility managers	# #	100 80
Shorter waiting times for patients	Percentage reduction in overall waiting times for pharmacy, casualty and outpatient Departments (cumulative)	5	10
Improved hospital efficiency	Average length of stay (ALOS) Bed Occupancy Rate (BOR)	3 70	3 75
Community health workers trained	Number of fully trained community health workers	1 000	2 000
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards	87.5	100
Capacitated community participation structure	Percentage of Ward based health sub committees trained	#	100

New indicator, information not available

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

3.1 Programme description and objectives

- Ensure rapid and effective Emergency Medical care and transport
- Ensure efficient planned patient transport
- Ensure implementation of provincial norms and standards

Table 12: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Emergency transport	206,787	214,480	244,537	280,500	295,500	295,466	306,772	315,100	326,100
Planned patient transport			3,363	100	100	100	3,000	10,000	15,000
Special functions						34			
Total Payments and Transfers:									
Emergency Medical Services	206,787	214,480	247,900	280,600	295,600	295,600	309,772	325,100	341,100

Table 13: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current payments	78,661	77,992	73,054	54,600	60,390	65,688	75,688	82,045	87,145
Compensation of employees	443	445	1,329	7,400	7,400	6,852	8,760	9,100	9,640
Goods and services	78,218	77,547	71,725	47,200	52,990	58,802	66,928	72,945	77,505
Interest and rent on land									
Financial transactions in assets and liabilities						34			
Unauthorised expenditure									
Transfers and subsidies to:	128,053	136,483	157,739	182,000	182,000	182,232	211,462	220,000	231,955
Provinces and municipalities	128,053	136,483	157,739	182,000	182,000	182,042	211,462	220,000	231,955
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions						172			
Households						18			
Payments for capital assets	73	5	17,107	44,000	53,210	47,680	22,622	23,055	22,000
Buildings and other fixed structures									
Machinery and equipment	73	5	17,107	44,000	53,210	47,680	22,622	23,055	22,000
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Emergency Medical Services	206,787	214,480	247,900	280,600	295,600	295,600	309,772	325,100	341,100

3.2 Service Delivery Measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05 Estimated actual	2005/06 Estimate
Priority one patient (critically ill or injured patients) responded to within 15 minutes	Percentage of all priority one patients responded to within 15 minutes in urban areas and 40 min for rural areas	50	80
Training of staff in call centres, triage and call centre management	Number of staff trained in call centres, triage and call centre management in each district	#	2 per district
Annual public campaign on EMS services	Annual public campaign conducted	#	1
Increased number of Ambulance personnel with life support training	Percentage of emergency care staff trained to Basic Life Support Level	75	75
	Percentage of locally based staff with training in life support at intermediate level	20*1	20
	Percentage of locally based staff with training in life support at advanced level	5	5
	Percentage of vehicles replaced per year	49	33

*According to Emergency Medical Services norms and standards staff complement should be Basic Life Support (73%), Intermediate Life Support (18%), and Advanced Life Support (9%)

In some districts staff complements provides joint fire and EMS services

#New indicator, information not available

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

4.1 Programme description and objectives

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

Table 14: PROGRAMME SUMMARY

Sub	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
Programme	Audited outcomes			Main	Adjusted	Revised	Medium-term estimates		
R thousand				appropriation	appropriation	estimate			
General hospitals	906,466	1,639,179	1,753,596	1,881,461	1,892,587	1,892,584	1,986,900	2,085,202	2,195,200
Psychiatric//mental hospitals	322,557	341,840	388,692	431,341	440,833	440,833	428,650	450,200	472,500
Other specialised hospitals	31,836	30,444	35,832	45,700	43,213	43,213	45,500	51,000	54,000
Dental training hospitals	107,490	104,443	114,288	113,000	122,560	122,560	130,800	137,000	144,000
Special functions						3			
Total Payments and									
Estimates: Provincial									
Hospital Services	1,368,349	2,115,906	2,292,408	2,471,502	2,499,193	2,499,193	2,591,850	2,723,402	2,865,700

Table 15: SUMMARY OF ECONOMIC CLASSIFICATION

Economic	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
Classification	Audited outcomes			Main	Adjusted	Revised	Medium-term estimates		
R thousand				appropriation	appropriation	estimate			
Current payments	1,211,916	1,938,353	2,096,109	2,228,002	2,259,005	2,263,046	2,337,193	2,446,502	2,574,770
Compensation of employees	914,776	1,360,083	1,469,329	1,590,500	1,587,715	1,587,715	1,667,182	1,735,400	1,810,200
Goods and services	297,140	578,270	626,780	637,502	671,290	671,061	670,011	711,102	764,570
Interest and rent on land									
Interest									
Rent on land									
Financial transactions in assets and liabilities						4,270			
Unauthorised expenditure									
Transfers and subsidies to:	124,933	123,586	155,147	165,500	170,569	166,528	178,660	187,700	196,730
Provinces and municipalities					4,416	3,091			
Departmental agencies and accounts	124,933	123,586	155,147	165,500	165,500	162,346	178,000	187,000	196,000
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions						52			
Households					653	1,039	660	700	730
Payments for capital assets	31,500	53,967	41,152	78,000	69,619	69,619	75,997	89,200	94,200
Buildings and other fixed structures									
Machinery and equipment	31,500	53,967	41,152	78,000	69,619	69,597	75,997	89,200	94,200

Cultivated assets									
Software and other intangible assets						22			
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Provincial Hospital Services	1,368,349	2,115,906	2,292,408	2,471,502	2,499,193	2,499,193	2,591,850	2,723,402	2,865,700

4.2 Service Delivery measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05 Estimated actual	2005/06 Estimate
Kangaroo Mother Care	Percentage of hospitals with Kangaroo Mother Care (KMC)	90	100
Implementation of Perinatal Problem Identification Programme (PPIP)	Percentage of hospitals with PPIP	90	100
Providing HIV and AIDS comprehensive care and treatment including ART	Percentage of hospitals implementing ARV	80	100
Quality assurance programme in hospitals	Percentage of hospitals implementing quality assurance programme	#	100
Clinical audit in hospitals	Percentage of hospitals conducting Clinical audit (M&M) meetings at least once a month	95	100
Shorter waiting times for patients	Percentage reduction in overall waiting times for pharmacy, casualty and outpatients Department (cumulative)	5	10
Improved hospital efficiency	Average length of stay (ALOS)	4,4	4,3
	Bed Occupancy Rate (BOR)	75	75
Strengthened hospital management	Percentage hospitals with appointed CEOs, superintendent, Nursing manger and administrative manager	#	100
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards	100	100

#New indicator, Data not available

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

5.1 Programme description and objectives

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

Table 16: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Chris Hani Baragwanath									
Hospital	755,702	903,503	909,998	882,200	912,500	911,989	956,528	997,500	1,031,870
Johannesburg Hospital	681,301	798,858	818,135	776,800	862,125	862,025	826,350	865,900	900,600
Pretoria Academic Hospital	572,706	579,509	592,943	636,250	662,378	662,278	602,660	636,300	660,650

Dr George Mukhari									
Hospital	488,102	530,391	532,339	546,032	562,332	562,943	585,450	620,250	646,590
Incorrect allocations	595,125	18,963	3,797						
Special functions						100			
Total Payments & Estimates:									
Central Hospital Services	3,092,936	2,831,224	2,857,212	2,841,282	2,999,335	2,999,335	2,970,988	3,119,950	3,239,710

Table 17: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current payments	3,036,341	2,753,942	2,837,899	2,761,282	2,877,572	2,878,613	2,904,088	3,052,350	3,171,810
Compensation of employees	1,887,647	1,565,415	1,673,938	1,770,000	1,799,940	1,799,598	1,836,728	1,918,000	1,990,000
Goods and services	1,148,694	1,188,527	1,163,961	991,282	1,077,632	1,079,010	1,067,360	1,134,350	1,181,810
Interest and rent on land									
Financial transactions in assets and liabilities						5			
Unauthorised expenditure									
Transfers and subsidies to:					11,010	9,969	5,400	5,600	5,900
Provinces and municipalities					5,610	3,859			
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households					5,400	6,110	5,400	5,600	5,900
Payments for capital assets	56,595	77,282	19,313	80,000	110,753	110,753	61,500	62,000	62,000
Buildings and other fixed structures									
Machinery and equipment	56,595	77,282	19,313	80,000	110,753	110,753	61,500	62,000	62,000
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Central Hospital Services	3,092,936	2,831,224	2,857,212	2,841,282	2,999,335	2,999,335	2,970,988	3,119,950	3,239,710

5.2 Service Delivery measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05 Estimated actual	2005/06 Estimate
Kangaroo Mother Care	Percentage hospitals with Kangaroo Mother Care (KMC)	75	100
Implementation of Perinatal Problem Identification Programme (PPIP)	Percentage hospitals with PPIP	100	100
Providing HIV and AIDS comprehensive care and treatment including ART in all sub districts	Percentage of hospitals implementing ARV	100	100

Quality assurance programme in hospitals	Percentage hospitals implementing quality assurance programme	#	100
Clinical audit in hospitals	Percentage of hospitals conducting Clinical audit (M&M) meetings at least once a	100	100
Shorter waiting times for patients	Percentage reduction in overall waiting times for pharmacy, casualty and outpatients Departments (cumulative)	5	10
Reduced surgical backlog for surgical procedures	Percentage reduction in surgical backlog	20	30
Improved hospital efficiency	Average length of stay (ALOS)	6,2	6
	Bed Occupancy Rate (BOR)	75	75
Strengthened hospital management	Percentage of hospitals with appointed CEO, directors and nursing manager	#	100
Hospital boards established and maintained	Percentage of hospitals with operational hospital Boards	100	100

#New indicator, data not available

PROGRAMME 6: HEALTH TRAINING AND SCIENCES

6.1 Programme description and objectives

- Training of nursing and ambulance personnel
- Granting of bursaries and promoting research and development of health systems

Table 18: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Nurse training colleges	79,814	100,495	132,362	155,933	169,433	169,293	184,500	195,575	207,100
EMS training colleges	1,267	3,530	3,158	4,750	4,750	4,750	4,700	5,000	5,300
Bursaries	2,078	5,761	7,250	11,000	11,000	11,000	11,000	12,000	13,000
Primary health care training			(1)						
Training other	11,261	11,353	17,082	15,600	15,600	15,600	16,840	18,000	19,000
Special functions						140			
Total Payments and Estimates:									
Health Training and Sciences	94,420	121,139	159,851	187,283	200,783	200,783	217,040	230,575	244,400

Table 19: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Current payments	90,293	114,880	154,498	178,083	193,047	190,899	210,390	223,875	237,665
Compensation of employees	75,834	98,599	131,112	136,000	154,591	162,236	182,390	192,875	205,200
Goods and services	14,459	16,281	23,386	42,083	38,456	28,663	28,000	31,000	32,465
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:		449	501	600	1,107	3,255	650	700	735
Provinces and municipalities					510	353			

Departmental agencies and accounts									
Universities and technikons	449	501		600	597	597	650	700	735
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households						2,305			
Payments for capital assets	4,127	5,810	4,852	8,600	6,629	6,629	6,000	6,000	6,000
Buildings and other fixed structures									
Machinery and equipment	4,127	5,810	4,852	8,600	6,629	6,585	6,000	6,000	6,000
Cultivated assets									
Software and other intangible assets						44			
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Health Training and Sciences	94,420	121,139	159,851	187,283	200,783	200,783	217,040	230,575	244,400

6.2 Service Delivery measure

Description of outputs	Performance Measures	Performance Targets	
		2004/05 Estimated actual	2005/06 Estimate
Increased number of Ambulance personnel with life support training.	Number of emergency care staff trained to Basic Life Support Level	54	100
	Number of emergency care staff trained to Intermediate Life Support Level	52	48
	Number of emergency care staff trained to Advanced Life Support Level	20	20
Health Sciences Graduates	Number of new nursing entrants	718	800
	Number of nursing students all years	3,121	3,020
	Number of all nursing graduates	1,148	1,100-1 300!
	Number of new registered entrants	200-232!	200-250!
	Number of medical interns	346	*358
Senior/middle and frontline managers trained	Percentage of senior/middle and frontline managers trained	10	12,5
Implementation of learnership/internship programme	Number of people trained on learnership/internship (cumulative)	1,720	2,000
Bursaries granted	Number of bursaries granted and / or maintained	1,135	1,135

* Includes 1 and 2 year internship

- The number of nursing students all years includes all levels of diploma and degree basic nursing students, enrolled pupil nurses and the post basic students

- The number of all nursing graduates includes graduates from the 4 year degree and diploma basic nursing, enrolled nursing and post basic nursing courses. Includes students who exit from the 4 year course if they meet requirements for registration as auxiliary or enrolled nurses

!Takes into account attrition rate and circumstances beyond our control

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES**7.1 Programme description and objectives**

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

Table 20: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Laundries	70,919	71,039	51,182	81,310	72,270	72,270	77,149	80,209	85,319
Food supply services	12,647	18,017	13,455	17,460	17,500	17,500	18,850	19,810	21,000
Medical trading account			10,000	1	1	1	1	1	1
Total Payments and Estimates:									
Health Care Support Services	83,566	89,056	74,637	98,771	89,771	89,771	96,000	100,020	106,320

Table 21: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Current payments	82,731	87,933	64,317	97,911	88,651	88,750	94,900	98,910	105,200
Compensation of employees	51,213	50,587	54,262	59,400	58,130	57,935	61,500	64,400	67,200
Goods and services	31,518	37,346	10,055	38,511	30,521	30,815	33,400	34,510	38,000
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:					270	171	100	110	120
Provinces and municipalities					182	68			
Departmental agencies and accounts									
Universities and technikons									
Foreign governments and international organisations									
Non-profit institutions									
Households					88	103	100	110	120
Payments for capital assets	835	1,123	10,320	860	850	850	1,000	1,000	1,000
Buildings and other fixed structures									
Machinery and equipment	835	1,123	10,320	860	850	850	1,000	1,000	1,000
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Health Care Support Services	83,566	89,056	74,637	98,771	89,771	89,771	96,000	100,020	106,320

7.2 Service Delivery Measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05 Estimated actual	2005/06 Estimate
Implementation of BEE framework	Percentage of total procurement budget spent on BEE	30	40
Ensure efficient supply of pharmaceuticals and surgical sundries	Percentage orders supplied to institutions on first request	94	98
Further expanding of the Remote Demand Module at all hospitals	Number of hospitals with Remote Demand Module implemented	18	25
Strengthened management at the Medical Supplies Depot	Percentage of top management posts filled	40	100
Commissioning of the pre-pack unit at Medical Supplies Depot	Percentage of bulk medication pre-packed	0	60
Expanding Cookfreeze food supplies to hospitals and clinics	Number of hospitals and clinics supplied food by Cookfreeze	8	12
Rationalization of laundries	Number of laundries in Gauteng Province	7	5
Upgrading of tunnel washing machine	Number of Laundries with upgraded tunnel wash machines	2	5

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

8.1 Programme description and objectives

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

Table 22: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Community health facilities			69,461	63,619	98,000	98,000	35,167	40,731	38,625
Emergency medical rescue services			616	4,785	4,785	4,785	500	500	500
District hospital services			35,574	126,232	103,000	103,000	69,862	172,377	165,365
Provincial hospital services			127,438	176,649	149,500	149,500	121,884	118,343	129,883
Central hospital services			293,272	146,845	170,894	170,894	162,852	149,666	162,263
Other facilities	354,120	493,361	21,580	100,549	102,500	102,500	62,820	163,734	166,530
Total Payments and Estimates:									
Health Facilities Management	354,120	493,361	547,941	618,679	628,679	628,679	453,085	645,351	663,166

Table 23: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification R thousand	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
Current payments	30,964	196,214	188,856	331,670	421,670	421,531	215,873	250,829	331,319
Compensation of employees					1,500	1,361	6,200	6,600	7,000
Goods and services	30,964	196,214	188,856	331,670	420,170	420,170	209,673	244,229	324,319
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:									
Provinces and municipalities									
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households									
Payments for capital assets	323,156	297,147	359,085	287,009	207,009	207,148	237,212	394,522	331,847
Buildings and other fixed structures	323,156	297,147	359,085	287,009	207,009	207,148	237,212	394,522	331,847
Machinery and equipment									
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Health Facilities Management	354,120	493,361	547,941	618,679	628,679	628,679	453,085	645,351	663,166

8.2 Service Delivery Measures

Description of outputs	Performance Measures	Performance Targets	
		2004/05	2005/06
		Estimated	actual
			Estimate
Construction of Randfontein Community Health Centre	Percentage completed	5	30
Construction of Stanza Bopape Community Health Centre: Phase 2	Percentage completed	90	100
Construction of Soshanguve Block L Community Health Centre	Percentage completed	90	100
Construction of Stretford Community Health Centre: Phase 2	Percentage completed	85	100
Upgrading of Zola CHC to level 1 hospital for Johannesburg south area	Percentage completed	50	50
Upgrading of Lilian Ngoyi CHC to level 1 hospital for Johannesburg south area	Percentage completed	50	50

Upgrading of Lenasia CHC to Level 1 hospital	Percentage completed	20	50
Relocation of Ntalspruit Hospital	Percentage completed	15	40
Upgrading of Germiston Hospital	Percentage completed	25	40
Revitalisation of Chris Hani Baragwanath	Percentage completed	40	45
Construction of Tshwane district Hospital	Percentage completed	10	40
Construction of New Mamelodi Hospital	Percentage completed	30	60
Construction of New Daveyton Hospital	Percentage completed	0	10
Modernisation of high tech equipment	Percentage of hospitals on revitalisation programme with equipment	#	100
	Percentage of hospitals on revitalisation programme with equipment plan committees established	#	100
	* Percentage reduction in backlog of high tech equipment	5	12
Planned prevention maintenance budget	Percentage of budget allocated to maintenance	3%	3%

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

PROGRAMME 9: SPECIAL FUNCTION

Table 24: PROGRAMME SUMMARY

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Theft and losses	4,347	1,181	8,726			11,092			
Total Payments and Estimates:									
Special Function	4,347	1,181	8,726			11,092			

Table 25: SUMMARY OF ECONOMIC CLASSIFICATION

Economic Classification	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
Current payments	4,347	1,181	8,726			11,092			
Compensation of employees									
Goods and services	4,347	1,181	8,726			11,092			
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:									
Provinces and municipalities									
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									

Non-profit institutions				
Households				
Payments for capital assets				
Buildings and other fixed structures				
Machinery and equipment				
Cultivated assets				
Software and other intangible assets				
Land and subsoil assets				
Of which: Capitalised compensation				
Total economic classification:				
Special Function	4,347	1,181	8,726	11,092

PROGRAMME 10: INTERNAL CHARGES

Table 26: Internal Charges

Sub Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main	Adjusted	Revised	Medium-term estimates		
R thousand				appropriation	appropriation	estimate			
Internal charges	(2,201)	(23,533)				(1,906)			
Total Payments and Estimates:									
Internal Charges	(2,201)	(23,533)				(11,906)			

Table 27: Internal Charges

Economic Classification	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main	Adjusted	Revised	Medium-term estimates		
R thousand				appropriation	appropriation	estimate			
Current payments	(2,201)	(23,533)				(11,906)			
Compensation of employees									
Goods and services	(2,201)	(23,533)				(11,906)			
Interest and rent on land									
Financial transactions in assets and liabilities									
Unauthorised expenditure									
Transfers and subsidies to:									
Provinces and municipalities									
Departmental agencies and accounts									
Universities and technikons									
Public corporations and private enterprises									
Foreign governments and international organisations									
Non-profit institutions									
Households									
Payments for capital assets									
Buildings and other fixed structures									
Machinery and equipment									
Cultivated assets									
Software and other intangible assets									
Land and subsoil assets									
Of which: Capitalised compensation									
Total economic classification:									
Internal Charges	(2,201)	(23,533)				(11,906)			

7. CROSS CUTTING ISSUES

OUTCOMES AND OUTPUTS WHICH TARGET WOMEN AND GIRLS

OUTCOME	OUTPUT	INDICATOR	GENDER ISSUE	PROGRAMME	SUB PROGRAMME	BUDGET 2005/06 R'000	BUDGET 2006/07 R'000	BUDGET 2007/08 R'000
Reduce the Impact of HIV and AIDS	Reduced new HIV infections among women and youth	Antenatal seroprevalence rate	HIV and AIDS pandemic	Prog. 1, 4 and 2 District Health Services	HIV and AIDS	See identified Programmes		
	Female condom distribution	Number of female condom distribution sites	HIV and AIDS pandemic		HIV and AIDS	See identified Sub-Programme		
		Number of female condoms distributed						
	Prevention of mother to child transmission (PMTCT)	Percentage hospitals, large community health centres and clinics with maternity services implementing the programme	HIV and AIDS pandemic	Prog. 1, 4, 5 and 2 District Health Services	HIV and AIDS	See identified Programmes		
		Number health facilities offering ARV						
Improve women health		Number of people on ARV						
	Caring for survivors of violence	Number of women seen at existing medico-legal centres	Domestic violence and sexual abuse	Prog 1, 2, 4 and 5.	HIV and AIDS	See identified Programmes		
	Post Exposure Prophylaxis (PEP) implemented in all facilities	The number of health facilities implementing PEP for sexual assault						
		Average completion rate for clients on PEP						
	Cervical cancer screening	Number of women screened for cervical cancer	Reproductive health	Prog 2. District Health Services	District Management Community Health Centres and Clinics and Community Based services (DCCC)	See identified sub programme		
	Breast cancer screening	Number of mammograms performed						
		Number of women reached during breast cancer month						

OUTCOME	OUTPUT	INDICATOR	GENDER ISSUE	PROGRAMME	SUB PROGRAMME	BUDGET 2005/06 R'000	BUDGET 2006/07 R'000	BUDGET 2007/08 R'000
Health lifestyles	Reduced teenage pregnancy rate	Percentage of teenage delivery	Youth health	Prog 2. District Health Services	As above	See identified sub programme		
	Youth friendly services	Number of fixed PHC facilities certified as youth-friendly	Reproductive health	Prog 2. District Health Services	As above	See identified Programme		
Quality of care	Access for disabled at all facilities	Percentage of hospitals and clinics with disabled access		Prog. 8. Health facility Management		See identified Programmes		
		Number of assistive devices supplied to people with disabilities		Programme 1,2,4,5				

OUTCOMES OF THE THREE LARGEST SUBPROGRAMMES AND THEIR IMPLICATIONS TO GENDER EQUALITY

OUTCOME	OUTPUT	INDICATOR	GENDER ISSUE	PROGRAMME	SUB PROGRAMME	BUDGET 2005/06 R'000	BUDGET 2006/07 R'000	BUDGET 2007/08 R'000
Women's health	MOU services	Number of deliveries	Reproductive health	Prog 2, 4 and 5.	District management, community health centres and clinics and community based services (DCCC)	See identified sub programmes		
		Percentage health districts with MOUs implementing NCEMD recommendations			General hospitals All central hospitals			
	Antenatal services	Number of antenatal visits			DCCC			
	Contraception services	Number of women benefiting from contraceptive services	Reproductive health	Programme 2	DCCC			
	PEP programme	As above	Domestic violence and sexual assault	Prog 2, 4 and 5.	DCCC General hospitals			
	STI prevention and treatment programme	Antenatal seroprevalence rate (%) for syphilis Percentage facilities offering syndromic management	STI prevalence	Prog 2, 4 and 5.				

OUTCOME	OUTPUT	INDICATOR	GENDER ISSUE	PROGRAMME	SUB PROGRAMME	BUDGET 2005/06 R'000	BUDGET 2006/07 R'000	BUDGET 2007/08 R'000
	Health education and promotion programme	Number of hospitals and PHC facilities with multimedia health promotion programme Number of health promoting schools	Women empowerment	Prog 2	DCCC			
	Obstetric and Gynaecology services	Number of outpatients visits and admissions Caesarian section rate		Prog. 4 and 5	All central hospitals General hospitals			

OUTCOMES AND OUTPUTS, WHICH WILL BENEFIT WOMEN / PROMOTE GENDER EQUALITY

OUTCOME	OUTPUT	INDICATOR	GENDER ISSUE	PROGRAMME	SUB PROGRAMME	BUDGET 2005/06 R'000	BUDGET 2006/07 R'000	BUDGET 2007/08 R'000
Gender equality and mainstreaming	Improved gender representativity	Percentage of women (including women with disabilities) in middle and senior management	Strengthen HR policies and procedures to be sensitive to gender issues	Programme 1: Administration	Management	See identified programmes		
	Recruitment and retention strategy implemented	Implementation of the Employment Equity Act	Retention of women in decision making positions	Programme 1: Administration	Management			
	Gender policy guideline	Availability of gender policy	Policy guideline for gender mainstreaming					
	Departmental Gender Steering Committee	Availability of functional Departmental gender committee	Strategic support, monitoring and evaluation of gender mainstreaming					

OUTCOMES AND OUTPUTS, WHICH WILL BENEFIT WOMEN EMPLOYEES WITHIN THE DEPARTMENT OF HEALTH

OUTCOME	OUTPUT	INDICATOR	GENDER ISSUE	PROGRAMME	SUB PROGRAMME	BUDGET 2005/06 R'000	BUDGET 2006/07 R'000	BUDGET 2007/08 R'000
Human Resource Development	Bursaries granted	Number of female beneficiaries	Empowerment of women through financial assistance	Prog. 6: Health sciences and training and prog 1	Management	See identified programmes		
	Mentoring or coaching programmes for women in management positions	Availability of plan focusing newly appointed senior managers, particularly women and blacks Number of women coached and mentored	Provision of support (mentoring or coaching) to women in senior management positions					
	Training of staff in Gender awareness, gender analysis and gender planning	Number of new staff attending orientation programmes on gender mainstreaming	To sustain capacity for addressing gender inequity as new people are recruited					
Gender mainstreaming	Zero tolerance for sexual violence	Availability of Departmental sexual harassment prevention policy	Prevention of sexual violence amongst staff members	Programmes 1-6				

NUMBER OF MEN AND WOMEN EMPLOYED AT DIFFERENT LEVELS IN THE DEPARTMENT OF HEALTH

Level	Total	Women	% Woman	Black	% Black	Black Women	% Black Woman
Superintendent-General	1	1	100.0	1	100.0	1	100.0
Deputy Director General	2	0	0	1	50.0	0	0
Chief Director	89	7	7.9	33	37.1	6	6.7
Management	9	5	55.6	7	77.8	3	33.3
Professionals	80	2	2.5	26	32.5	3	3.8
Director	177	51	28.8	74	41.8	23	13.0
Management	42	17	40.5	25	59.5	11	26.2
Professionals	135	34	25.2	49	36.3	12	8.9
Deputy Director	1431	551	38.5	726	50.7	234	16.4
Management	87	30	34.5	63	72.4	21	24.1
Professionals	1344	521	38.8	663	49.3	213	15.8
Assistant Director	1798	1030	57.3	1058	58.8	612	34.0
Management	216	143	66.2	166	76.9	109	50.5
Professionals	1582	887	56.1	892	56.4	503	32.7
Sub Total Management	3498	1640	46.9	1893	54.1	876	25.0
Non-Management	38,390	30678	79.9	34,247	89.2	27,579	71.8
Total	41888	32318	77.2	36140	86.3	28455	67.9

Note: Data as on PERSAL end of September 2004

8. OTHER PROGRAMME INFORMATION

Table 28: PERSONNEL NUMBERS AND COSTS

Personnel numbers	As at 31 March 2002	As at 31 March 2003	As at 31 March 2004	As at 31 March 2005	As at 31 March 2006	As at 31 March 2007
1: Administration	440	440	408	460	470	490
2: District health services	5,715	5,715	8,352	9,112	9,412	9,550
3: Emergency medical services			36	38	40	42
4: Provincial hospital services	13,732	13,732	14,871	14,989	15,265	15,500
5: Central hospital services	22,753	22,753	15,366	15,272	15,412	15,500
6: Health Training and Sciences	832	832	2,252	2,281	2,197	2,500
7: Health care support services	1,091	1,091	959	834	834	890
8: Health facilities management			9	4	17	22
Total personnel numbers: Vote 4	44,563	44,563	42,253	42,990	43,647	44,494
Total personnel costs (R thousand)	3,659,829	3,906,729	4,219,065	4,591,775	4,864,549	5,099,608
Unit cost (R thousand)	82	88	99,9	106,8	11,5	114,6

1. Full time equivalent

Table 29: EXPENDITURE ON TRAINING

Programme	2001/02	2002/03	2003/04	2004/05			2005/06	2006/07	2007/08
	Audited Outcomes			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand									
1: Administration	23,465	14,130	2,871	3,200	3,200	3,200	3,500	3,650	3,850
2: District health services	1,024	2,688	6,436	3,200	3,200	3,200	3,500	3,650	3,850
3: Emergency medical services			6	30	30	30	40	40	40
4: Provincial hospital services	228	455	1,589	2,700	2,700	2,700	2,920	3,070	3,220
5: Central hospital services	4,321	925	455	720	720	720	780	820	860
6: Health Training and Sciences	2,331	6,578	20,305	26,000	26,000	26,000	28,500	30,000	32,000
7: Health care support services		26		65	65	65	70	70	70
8: Health facilities management					7				
Total expenditure on training: Vote 4	31,369	24,802	31,662	35,915	35,922	35,915	39,310	41,300	43,890

1. The figures above excludes the expenditure regarding the Health Professions and Training Development grant as well as the Nursing College expenditure