

**FREE STATE DEPARTMENT OF
HEALTH
STRATEGIC PLAN
2005/2006 TO 2007/2008**

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FREE STATE DEPARTMENT OF HEALTH STRATEGIC PLAN 2005/2006 TO 2007/2008

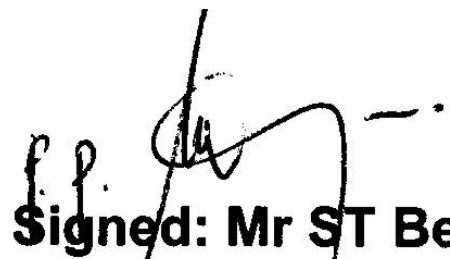
PART A - STRATEGIC OVERVIEW

ENDORSEMENT BY MEC

The first ten years of democracy have been years of tremendous growth and development in the Free State Department of Health. This Strategic Plan heralds the next ten years. The plan is characterised by stabilisation and maturing of the excellent systems established to promote efficient management and quality services. The Free State Department of Health is more than ever poised to deliver accessible quality health services

This plan encapsulates the required goals and objectives and allocates funds to ensure implementation of the political direction prescribed by the ruling party the ANC, National government and the Free State provincial government.

I hereby personally endorse the strategic direction of the department as set out in this Strategic Plan.

A handwritten signature in black ink, appearing to be 'ST Belot', is written over the printed name.

Signed: Mr ST Belot
MEC for Health Free State Provincial Government
Date: 15 July 2004

COMMITMENT BY HEAD OF DEPARTMENT

Focal points of the 2005/2006 to 2007/ 2008 Strategic Plan are compassionate and quality health services, reducing the burden of disease, optimal management of facilities and equipment, improved information management in support of effective decision making and monitoring, strategic and innovative partnerships to enhance the use of resources to the benefit of the entire health service sector and appropriate and effective governance. To implement this the department will need to recruit and retain appropriate and skilled personnel.

The vision, mission, value system and key enablers were revisited and for the most part largely confirmed and reinforced.

The vision remains "A healthy and self-reliant Free State community".

To achieve this vision through it's mission, the department provides quality, accessible and comprehensive Health Services to the Free State community, optimally utilizes resources to provide caring and compassionate services and empowers and develops all personnel and stakeholders.

The department values accountability, Batho Pele, Botho, commitment, integrity and inter-dependence as key determinants of relationships

Key characteristics that enable effective functioning are seen as a team approach, recognition that the department is a learning organisation, communication (internal and external), innovation and partnership.

The National Department of Health 2004/2005 to 2006/ 2007 as well as the Free State Development Plan informs this plan.

I hereby endorse this Strategic Plan. As accounting Officer in terms of the PFMA, I have a statutory obligation to implement the plan.

Implementation of this Strategic Plan is entrenched in the performance agreements of the Senior Management as well as the Performance Development and Management System for each member of staff in the department. Quarterly reviews monitor and evaluate the implementation of the Strategic Plan together with the status of the budget and financial management.



pp Signed: Dr VL Litlhakanyane
Head Health
Date: 15 July 2004

SECTORAL SITUATION ANALYSIS

To ensure that the Strategic Plan remains relevant to the needs of the communities we serve, an analysis was done of the environment as well as of the applicable strategic obligations and direction.

This was related to analysis of the financial situation and options to determine strategic priorities for the Medium Term Expenditure Framework

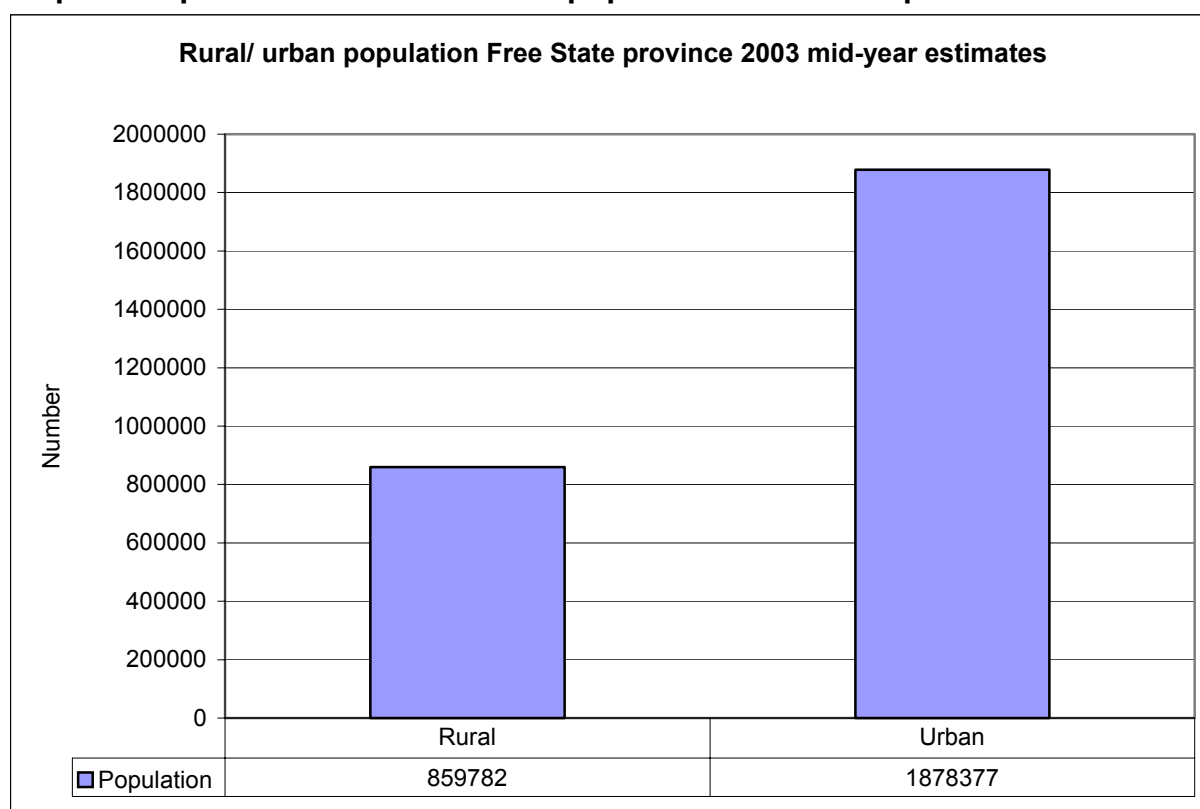
DEMOGRAPHIC INFORMATION

Table 1. Population

Free State population	2001 census	2003 mid-year estimates
Male	1 297 605	1 302 523
Female	1 409 170	1 435 636
Total	2 706 755	2 738 159

Source Stats SA

Graph 1. Population: rural and urban population Free State province



Urban population is 68,6% and rural 31.49%. The province is large and sparsely populated with most of its people living in urban areas.

The health challenges of an urban population

Informal settlements can precipitate the following health risks:

- Housing and infrastructure is often inadequate. Poor ventilation, air pollution and overcrowded living rooms lead to respiratory diseases.
- Where sanitation and hygiene is inadequate the spread of communicable diseases occur. Diseases such as gastro enteritis are common in such circumstances among other reasons due to contamination of the environment.
- Accidental deaths occur due to e.g. paraffin poisoning

The population is also a transitional population, which is changing from underdeveloped and rural to a more developed and urban population. The types of diseases emerging are the diseases related to lifestyle such as hypertension, strokes, diabetes and cancers.

Lifestyle related health risks include:

- Violence
- Teenage pregnancy
- Sexually Transmitted Infections
- HIV and AIDS
- Substance and alcohol abuse

Age distribution

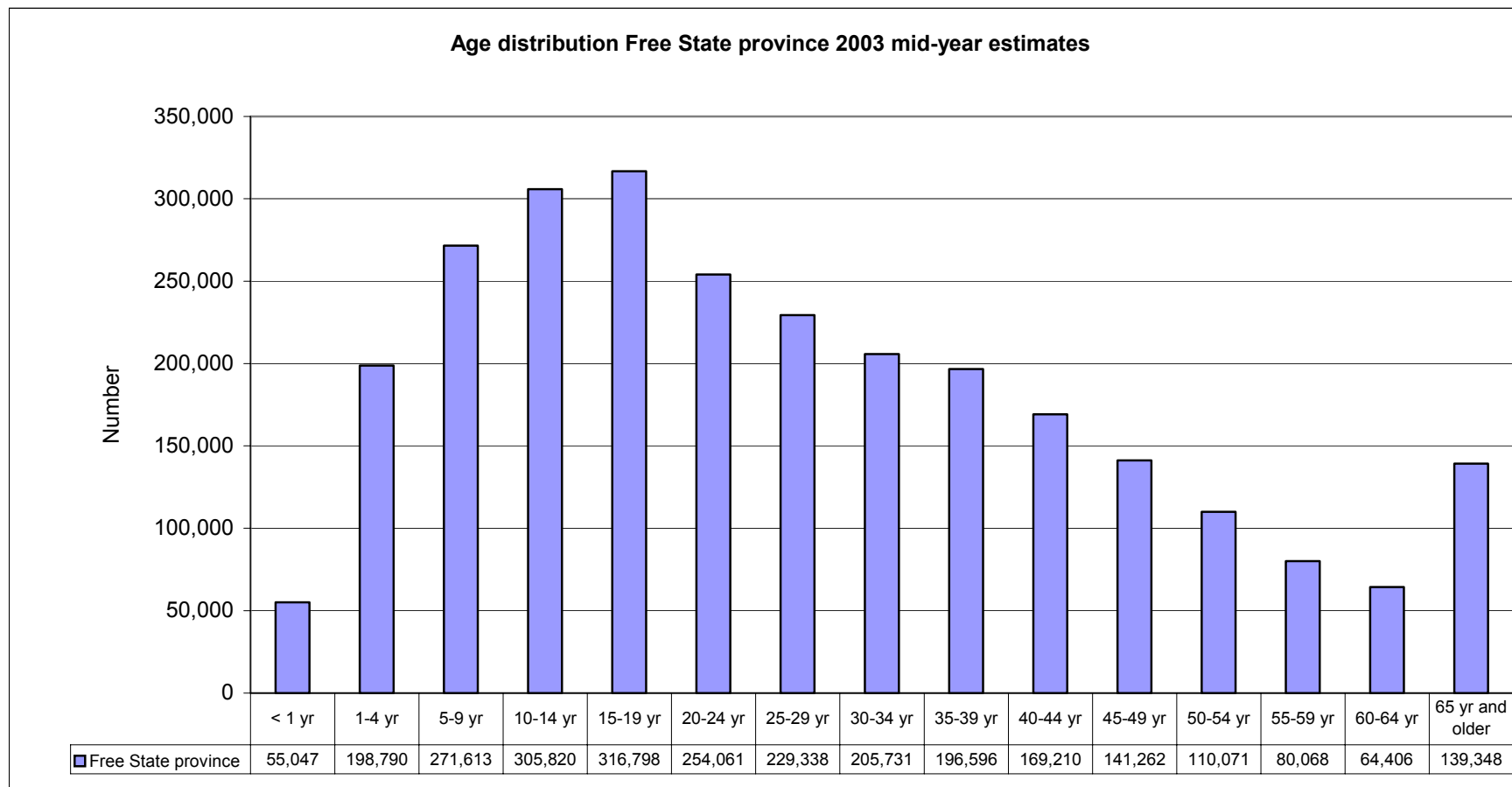
Graph 2 below shows the age distribution of the population.

This reflects a population structure that is characteristic of developing countries namely a large young, middle sized adult and relatively small older population.

Challenges in providing health care services to the younger population includes the prevalence of infective disorders such as gastro enteritis, Tuberculosis, pneumonia and HIV and AIDS

Graph 2. Age distribution

Source: Statistics South Africa



INFRASTRUCTURE

Average household size in the Free State is 3,6.

Source: Census in brief 2001

Access to adequate water and sanitation

This is defined in terms of the constitution as a basic human right. It is also an essential requirement to ensure and protect human health.

Table 2. Current status of sanitation needs

Situation	National Status	Status of the Free State Province
People without basic sanitation.	± 18 million people	± 1,3 million people (± 35% of population)
Schools with no sanitation facilities.	± 11% of schools	34 Urban Schools, 464 Rural Schools
Clinics without adequate sanitation facilities.	± 15% of clinics	2 clinics

Source: Census in brief 2001

Table 3. Level of service per District Municipality in the Free State

District Municipality	Level of Service			Total households without adequate sanitation
	Urban		Farms	
	Buckets	None or unimproved pit	None or unimproved pit	
Lejweleputswa	41,928	6,406	15,180	63,514
Thabo Mofutsanyana	34,090	14,996	16,528	65,614
Motho	31,744	31,001	8,702	71,447
Xhariep	3,077	3,455	10,140	16,672
Northern Free State	20,398	1,318	15,010	36,726
Total	131,237	57,176	65,560	253,973

Source: Census in brief 2001

Health challenges related to use of the bucket system

It occurs that buckets are not emptied frequently enough and that spillage can occur. The resultant pollution exposes the surrounding communities to flies and infections.

Table 4. Refuse removal in the Free State

Category of refuse removal	Number of households	% of total
Removed at least weekly by local authority	429 474	58%
Removed less than weekly by local authority	23 334	10%
Communal refuse dump	26 057	4%
Own refuse dump	184 555	25%
No rubbish disposal	69 880	3%
Total	733 302	100%

Source: Stats SA 2001 Census in brief: Excludes all collective living quarters

The management of medical waste becomes a challenge to the department, in terms of the handling, transportation and disposal of primary health care

risk waste. The department has outsourced the management of medical waste.

Safe drinking water

95.64% of the Free State population has access to relatively safe drinking water (piped water in dwelling, piped water inside yard, piped water on community stand more and less than 200 meter away). 4.3% of the population has access to water from not necessarily safe sources (borehole, spring, rainwater tank, dam/ pool /stagnant water, river/ stream, water vendor, other). The implications of this group are the risks they experience in terms of waterborne disease. At present waterborne diseases do not occur in significant ratios in the province.

Source: Stats SA 2001 Census in brie

ECONOMIC PROFILE

Table 5. Free State labour market status of population of working age (15-65)

Labour market status	Labour Force Survey (LFS) September 2001	Census 2001
Employed	42,9	33,7
Unemployed	17,6	25,5
Not economically active	39,5	40,8
Total	100	100

Source Census in brief 2001.

The 85.2% of the Free State population, which has no medical insurance and therefore is mainly dependent on public health services numbers 2 306 172 people.

Source 2002 midyear estimates.

The high burden on resources is further increased by increased risk of the diseases related to poverty such as:

- Malnutrition especially children and adults who suffer from pulmonary Tuberculosis, HIV and AIDS,
- Teenage pregnancy with the concomitant risks e.g. Babies are more at risk for prematurity and infections. Mothers can experience psycho social effects

EPIDEMIOLOGICAL PROFILE

Teenage pregnancy

The teenage pregnancy rate as a % of all deliveries at hospitals and clinics in the Free State during 2003/2004 was 24.6%.

Free State Department of Health information system

The health risks of teenage pregnancy

- Underdeveloped babies
- Deliveries at risk for cerebral palsy
- Psychological consequences.

The psychosocial risks relate to:

Often teenagers have to terminate or delay their education due to unplanned pregnancy. This can have serious consequences for their total development. At this life stage young mothers are also not usually equipped to deal with the responsibilities of pregnancy and motherhood.

The strategic focus for the department is to reduce the risk to mothers and babies. School health programmes are being planned (when funds are available) to provide essential guidance to scholars wishing to avoid pregnancies.

Table 6. Disabled population in the Free State per type of disability

Type of disability	Number of persons	% of total
Sight	59 965	32.35
Physical	36 305	19.58
Hearing	26 270	14.17
Multiple	24 982	13.48
Emotional	19 751	10.65
Intellectual	13 015	7.02
Communication	5 088	2.75
Total	185 376	100%

Source: Stats SA 2001 Census in brief

Disabled persons are an isolated and vulnerable section of the population. They have restricted access to health information and services. They are often dependant on others. They are thus at risk for ill health. The incidence of HIV and AIDS is high within this group because of their restricted access to essential information.

EPIDEMIOLOGICAL PROFILE

**Table 7. Top 10 causes of death in the Free State
(Apr 2003 – Mar 2004: reported deaths)**

	Cases	% of total cases (total = 30 818)	Per 100 000 population
*Infectious and parasitic diseases	8338	27.1	304.5
Respiratory system	7187	23.3	262.5
Circulatory system	4640	15.1	169.5
Symptoms, signs and ill-defined causes	3919	12.7	143.1
Endocrine, nutritional and metabolic disorders	1087	3.5	39.7
Neoplasms	1076	3.5	39.3
Nervous system	1055	3.4	38.5
Pregnancy, childbirth and puerperium	1014	3.3	37.0
External causes	914	3.0	33.4
Digestive system	497	1.6	18.2

Source 2003 midyear estimates based on 2001 Census
*** Infectious and parasitic diseases include HIV AND AIDS and TB**

In table 7 the two main causes of death are related to pneumonia, tuberculosis and HIV AND AIDS

Under-5 mortality rate per 1000 population under 5 year

According to the data captured on the Free State morality database, the Free State

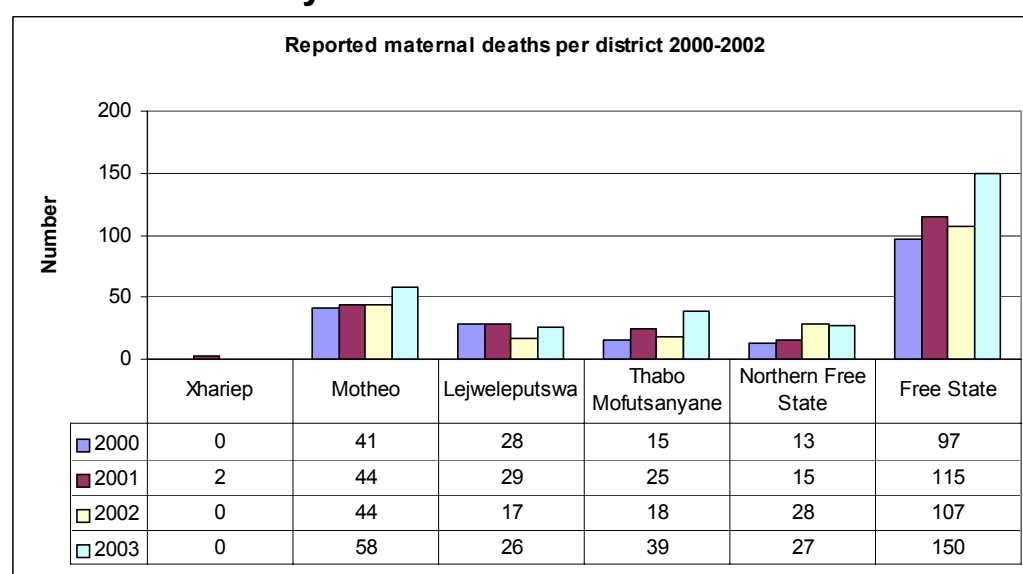
Under-5 mortality rate is 18.4 per 1000 population under 5 year

**Table 8 Top 5 causes of deaths under 1 year in Free State
(Apr 2003 – March 2004)**

Causes of death	Reported Cases	% of total cases (total = 3805)
Preterm delivery	931	24.5
Pneumonia (unspecified)	510	13.4
Diarrhoea and gastroenteritis	466	12.2
Broncho-pneumonia (unspecified)	326	8.6
Other ill-defined and unspecified causes of mortality	324	8.5

Source 2003 midyear estimates based on 2001 Census

Maternal mortality



Free State Department of Health Information system

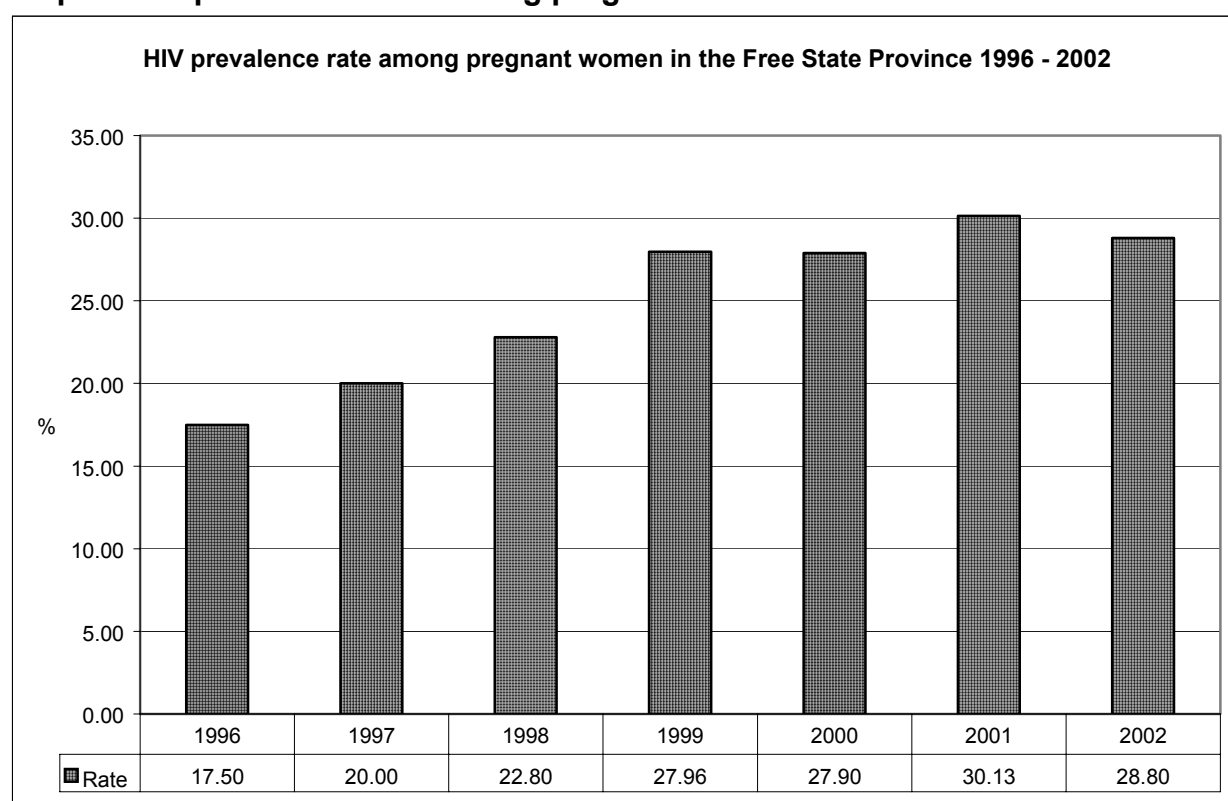
The Maternal Death Notification Programme aims to reduce the rate of maternal deaths without HIV and AIDS by 50% and to reduce those with HIV and AIDS by 25%

For the period 1999 - 2001, the five main causes of maternal deaths in the Free State were as follows:

- Non-pregnancy - related infections: 31.8%
- Hypertension: 22.2%
- Pre - existing medical diseases: 8%
- Pregnancy related sepsis: 7.3%
- Postpartum haemorrhage: 6.9%

Non-pregnancy related infections are probably due to HIV AND AIDS

Graph 5 HIV prevalence rate among pregnant women in the Free State



Source: Free State Antenatal survey (comparison 1996 – 2002)

Figures from the 2003 survey have not yet been released for publication

Graph 5 illustrates that the rate of increase from 1996 to 1999 was high and is less for the period 1999 to 2002

Table 9. Trends in key provincial mortality indicators

Indicator	SADHS 2003	Free State Mortality database (Apr 03 – Mar 04)	Target
Infant mortality (under 1)	68.3 per 1000	68.3 per '000 pop under 1yr	45 per 1,000 live births by 2005
Child mortality (under 5)	18.4 per 1000	18.4 per '000 pop under 5yr	59 per 1,000 live births by 2005
Maternal mortality	150		100 per 100,000 live births by 2005

Source Free State Department of Health Mortality database

PROGRESS TOWARD EQUITY

The total budget for the year 2004/2005 provides a public health service allocation of R2,730,596 million. The costly tertiary care for the whole province and beyond is provided at Bloemfontein and the secondary care is distributed across the province; at least one Secondary Care hospital in each district except for the sparsely populated Xhariep district which shares the Pelonomi provincial hospital with Motheo District.

Table 10. Comparison of District Health Services budget per district

District	% of total Free State population	2003/2004	% of total District budget	2004/2005	% of total District budget
Xhariep	5.11	50,546,947	6.31	59,451,680	6.99
Motheo	27.23	247,907,572	30.94	271,983,287	31.99
Lejweleputswa	23.63	161,591,740	20.17	152,510,499	17.94
Northern Free State	16.94	121,158,629	15.12	127,093,868	14.95
Thabo Mofutsanyane	27.09	220,001,320	27.46	239,248,996	28.14
Total	100	801,206,208	100	850,288,330	100

The amounts above include the budgeted amounts for District Health Services and also District Hospitals and Admin costs

Table 10 indicates that Primary Care allocation per capita is similar in all districts except Motheo district.

Table 11 illustrates that Primary Care services are distributed equitably to the five districts to a large extent.

Visits to public Primary Care facilities range between 7 and 9 per 1000 population per day across the province. Rural areas and the farming community, specifically, the farm laborers still remains a concern as far as the equitable distribution of health resources and access to service are concerned. Mobile clinics visit these areas.

Similarly, the availability of health professionals and medical personnel are around 9 and 2 per 1000 population respectively in 4 districts and Motheo District shows a slight advantage.

Table 11. Service delivery per district

Health district	Facility type	No.	Population	Indicators of service use	Rates
Xhariep	Non fixed clinics	20	139 914	Primary Health Care total headcount	366 137
	Fixed Clinics	17			
	CHCs	1		Utilisation rate Primary Health Care	2.6
	Sub-total clinics + CHCs	38		Utilisation rate Primary Health Care under 5 years	3.6
	District hospitals	3			
Motheo	Non fixed clinics	20	745 601	Primary Health Care total headcount	1 547 017
	Fixed Clinics	71			
	CHCs	2		Utilisation rate Primary Health Care	2.1
	Sub-total clinics + CHCs	93		Utilisation rate Primary Health Care under 5 years	3.5
	District hospitals	4			
Lejweputswa	Non fixed clinics	23	647 049	Primary Health Care total headcount	1 291 366
	Fixed Clinics	47			
	CHCs	1		Utilisation rate Primary Health Care	2.0
	Sub-total clinics + CHCs	71		Utilisation rate Primary Health Care under 5 years	2.8
	District hospitals	5			
Thabo Mofutsanyana	Non fixed clinics	20	741 716	Primary Health Care total headcount	1 870 131
	Fixed Clinics	68			
	CHCs	1		Utilisation rate Primary Health Care	2.5
	Sub-total clinics + CHCs	89		Utilisation rate Primary Health Care under 5 years	4.5
	District hospitals	8			
Northern Free State	Non fixed clinics	22	463 879	Primary Health Care total headcount	1 038 767
	Fixed Clinics	32			
	CHCs	5		Utilisation rate Primary Health Care	2.2
	Sub-total clinics + CHCs	59		Utilisation rate Primary Health Care under 5 years	3.6
	District hospitals	4			
Province	Non fixed clinics	105	2 738 159	Primary Health Care total headcount	6113418
	Fixed Clinics	235			
	CHCs	10		Utilisation rate Primary Health Care	2.2
	Sub-total clinics + CHCs	350		Utilisation rate Primary Health Care under 5 years	3.6
	District hospitals	24			

Source Free State Department of Health information systems

Table 12. Trends in key provincial service volumes

Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)
PHC headcount in PHC facilities			6113418
Hospital separations	550.7	556.3	594.8

PAST EXPENDITURE TRENDS AND RECONCILIATION OF MTEF PROJECTIONS WITH PLAN

Past expenditure trends and reconciliation of MTEF projections with plan

Table A3: Trends in provincial public health expenditure (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	1,953,423	2,194,141	2,563,410	2,730,596	2,972,196	3,184,012	3,343,211
Total	No data	No data	No data	No data	No data	No data	No data
Total per person	1.46	1.30	1.11	1.05	0.96	0.90	1.17
Total per uninsured person	1.24	R1.11	0.95	0.90	1.22	1.31	1.37
Constant (2004/05) prices	2 379 269	2 433 302	2 696 707	2 730 596	2 792 196	3 184 012	3 343 211
Total	No data	No data	No data	No data	No data	No data	No data
Total per person	1.20	1.17	1.05	1.05	0.96	0.90	0.85
Total per uninsured person	1.02	1.00	0.90	0.90	0.82	0.76	0.72
% of Total spent on:-							
DHS	34%	35%	36%	38%	39%	39%	
PHS	29%	28%	27%	26%	25%	25%	
CHS	20%	19%	18%	17%	17%	16%	
All personnel	1,236,695	1,375,267	1,495,541	1,653,751	1,770,514	1,876,744	
Capital	62,669	35,688	107,848	177,013	189,403	200,740	
Health as % of total public expenditure	24%	23%	22%	22%	22%	22%	

BROAD STRATEGIC DIRECTION PER BUDGET PROGRAMME AND SUBPROGRAMME
Financial years 2005/2006 to 2007/2008

PROGRAMME 1 ADMINISTRATION

Sub Programme Provincial management

GOAL 1: COMPASSIONATE AND QUALITY HEALTH SERVICE								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 1.1 Implement and monitor continuous quality improvement programme	Quality improvements programmes implemented according to provincial strategy				Strategy finalised (5 % of institutions)	30 % of institutions	75 % of institutions	90 % of institutions
	Annual surveys on impact of quality improvement programmes				5 % of institutions	30 % of institutions	75 % of institutions	90 % of institutions
Objective 1.2 Implement and monitor disease prevention and health promotion	EPI coverage					85%	87%	90%

GOAL 1: COMPASSIONATE AND QUALITY HEALTH SERVICE								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 1.2 Implement and monitor disease prevention and health promotion	Health promotion programmes implemented according to provincial strategy				Strategy finalised	70%	80%	90%
	Disease prevention programmes implemented in line with provincial strategy				Strategy finalised	70%	80%	90%
GOAL 2. REDUCED BURDEN OF DISEASE								
Objective 2.2 Strengthen partnerships through twinning and sharing of best practices	Existence and maintenance of relevant exchange programmes			Database developed	2	2	Maintain	Maintain
	Best practice initiatives shared and implemented			Database developed	10	15	Maintain	Maintain

GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 3.1 Develop and implement multi-year building, replacement, upgrading and maintenance plans	For each Sub Programme: Develop & implement a strategy to ensure optimal use of the multi-year budget					90% utilisation of budget	100% utilisation of budget	100% utilisation of budget
Objective 3.2 Develop and implement multi year procurement, replacement and maintenance plans for IT, Vehicles, and Equipment.	For each Sub Programme: Develop & implement a strategy to ensure optimal use of the multi-year budget.					90% utilisation of budget	100% utilisation of budget	100% utilisation of budget
Objective 3.3. Develop and implement multi year procurement, replacement and maintenance plans for: Vehicles (Fleet at corporate level	Develop policy for the Department.							

GOAL 3: OPTIMAL FACILITIES AND EQUIPMENT								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 3.4 Develop and implement a comprehensive policy on governance structures	Governance structures implemented according to provincial strategy			Strategy developed	100%	Maintain	Maintain	Maintain
	Provincial policy on the new role of health department in community development			Policy developed				
	Community development programmes implemented according to provincial policy			Policy developed				
GOAL 4: APPROPRIATE AND SKILLED PERSONNEL								
Objective 4.1 Develop and maintain a core staff establishment for all levels of service	Develop an affordable staffing model for all levels of service.					100%	Maintain	Maintain
Objective 4.2 Provide, develop and re-train personnel.	Develop and implement a Human Resource Plan within the Departmental Framework, per region / head office.					Develop	Maintain	Maintain

Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 5.1. Expand alternative service delivery initiatives	Implement partnership agreement between the department and private sector and other departments				R45 000	60%	70%	75%

GOAL6 VALUE FOR MONEY								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.1. Compliance with the Public Finance Management Act	Improve stocktaking in line with PFMA and Treasury Regulations.				R3 221 497	50%	60%	70%
	Monitor the implementation of Loss Control Policy				Implemented			
	Implementation of electronic asset register.				Implemented			
	Implement Supply Chain Management Regulations within the Department					Demand Management 100% Acquisition Management 75% Risk Assessment and Supply Chain performance 80%	100% 100%	100% 100%
	Annual Report in line with prescripts			Comply	Comply	Comply	Comply	Comply
	Strategic Plan in line with prescripts			Comply	Comply	Comply	Comply	Comply

GOAL6 VALUE FOR MONEY								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.2. Compilation and finalisation of the Departmental Financial Statements	Timely submission of credible financial statements					Final annual financial statements submitted to the Auditor General on 31 May	As previous	As previous
Objective 6.3 Monitor the implementation of the Internal Control Checklist within the Finance Cluster	Timely and accurate reporting					Quarterly feedback report	As previous	As previous
Objective 6.4 Management of departmental revenue	Analysis of revenue report (figures) during bi-monthly Revenue Management Team meetings.					Monitor departmental revenue collection trends and submit monthly report on the 15th of each month and when required	As previous	As previous
Objective 6.5 Efficient and effective banking and cash management	Availability of sufficient cash on a daily basis					Monitor and process all banking transactions and ensure availability of cash on a daily basis	As previous	As previous

GOAL6 VALUE FOR MONEY								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.6. Effectively and efficiently monitor the budget and expenditure of the Department	Accurate and balanced budget according to budget statement no 2.					Management of budget process within the budget cycle	As previous	As previous
	Timely and accurate reports as required by Provincial Treasury, Legislature and other Stakeholders					Monitor the Departmental expenditure on a monthly basis and supply required reports	As previous	As previous
Objective 6.7 Effective and Efficient Management of Financial Systems	Monitor and evaluate the utilization of BAS at all institutions and offices					BAS training to all BAS users at Institutions/Offices	As previous	As previous
	Clearing of all zero balance Ledger Accounts and monitoring and clearing of all control Ledger Accounts					Monthly clearing of all zero balance Ledger Accounts. Control Ledger Accounts cleared within 90 days	As previous	As previous
	Control and coordinate the annual external audit and PROPAC Resolutions					Answering of all Audit Management Letters and handling PROPAC Resolutions	As previous	As previous

GOAL6 VALUE FOR MONEY								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.8. Implement and maintain a systematic disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes by performing: <ul style="list-style-type: none"> • Compliance Audit • Performance Audit • Special investigations/ Forensic Audits • Specialized Clinical Audit • IT Audit • Risk Management 	Conduct Audits according to the annual audit plan					Conduct Audits according to the audit plan	As previous	As previous

GOAL6 VALUE FOR MONEY								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.9. Develop and implement efficiency measurements	Effective and efficient Salary Administration service delivery to all clients of the Department of Health (continued)					Effective PERSAL information unit as well as effective handling of all PERSAL exception reports.		
						Processing of all salary and deductions transactions on a monthly basis.		
Objective 6.9. Develop and implement efficiency measurements	Effective and efficient Salary Administration service delivery to all clients of the Department of Health (continued)					All pension documents finalized within 14 working days.		
						Payrolls distributed within 3 working days as well as regular payroll visits to paymasters.		
						Monthly reconciliation between PERSAL and BAS as well as the handling of all PERSAL/BAS exceptions.		
						30% increase in personnel debt recovery from the previous year		
						Service level of the Medical Depot average 83%		

GOAL6 VALUE FOR MONEY								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.9. Develop and implement efficiency measurements	Ensure the continuous availability of pharmaceutical and medical consumable items to all levels of care.					Service level of the Medical Depot averages 83%		

Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
GOAL 7 APPROPRIATE AND EFFECTIVE GOVERNANCE								
Objective 7.1. Develop and implement a comprehensive provincial policy on governance structures	Provincial policy on governance structures					Policy developed		
	Training of governance structures					Governance structures Trained		
Objective 7.2. Expand government-civil society cooperation towards community development	Community development					Plan in place		
	Service marketing and liaison plan implemented and evaluated			Marketing plan developed	Marketing plan implemented	Marketing plan evaluated		

GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 8.1 Provide timeous, quality information at all relevant levels	Develop an Integrated Information Requirements Model.					Model exists	Model maintained	Model maintained
	Develop and implement a plan to ensure collection and processing of the information.					A plan exists	40% on Database	60% on Database
Objective 8.2 Develop & implement a functional integrated Health Information System.	All health facilities are electronically linked on the department Virtual Private Network.					50% of facilities	75% of facilities	100% of facilities
	Develop and implement an integrated Systems Plan.					A plan exists	50% integration	70% integration
Objective 8.3 Develop health staff skills to use information to manage health services efficiently & effectively	Determine categories of management information at all levels of care.					Categories identified	Maintained	Maintained
	Implement a Skills Development Plan to train managers in the use of information.					A plan exists	40% of managers trained	80% of managers trained

PROGRAMME 2 DISTRICT HEALTH SERVICES:

GOAL 1: COMPASIONATE AND QUALITY HEALTH SERVICES								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Sub programme District Management								
Objective 1.3 To implement District Health Services according to District Health Plan	District health plan implemented and monitored				100%	Maintained	Maintained	Maintained
Sub programme Clinics								
Objective 1.4 Implementation of PHC package and norms and standards	Daily average headcounts for: <ul style="list-style-type: none"> fixed clinics mobile clinics Cost per head count Fixed Clinic. Average consultation per nurse in fixed clinics HISP indicators 				Analyse trends	Analyse trends	Analyse trends	

GOAL 1: COMPASIONATE AND QUALITY HEALTH SERVICES								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Sub programme Community Health Centres								
Objective 1.3 Implementation of PHC package and norms and standards	<ul style="list-style-type: none"> HISP indicators. Daily average headcount- CHC. Cost per head count of CHC. Average consultation per nurse in CHC. 				Analyse trends	Analyse trends	Analyse trends	

GOAL 1: COMPASIONATE AND QUALITY HEALTH SERVICES								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Sub programme District Hospitals								
Objective 1.4 Implementation of district hospital package (level 1 services) in support of PHC clinics and CHCs	<ul style="list-style-type: none"> Level 1 Admission per 1000 population of the drainage area. Daily average PDE of District hospitals. Cost per PDE of District hospitals. Bed occupancy rate per approved beds at District hospitals Average length of stay for district hospitals. Percentage of back referrals to the clinics. Implementation of the District Health Plan. 				Analyse trends	Analyse trends	Analyse trends	
	Back referrals				Policy developed	100%	Maintained	Maintained
	Implementation of The District Health Plan				100%	Maintained	Maintained	Maintained

GOAL 1: COMPASIONATE AND QUALITY HEALTH SERVICES								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Sub programme Community Based Services								
Objective 1.5 Implement Community based services in support of PHC	Implementation according to the district health plan				50%	70%	75%	80%
Sub programme Other Community Services								
Objective 1.6 To implement other community services in support of PHC	Successful implementation according to the developed guidelines and funding.				70%	80%	85%	90%
Sub programme Coroner services								
Objective 1.7 To render forensic pathology ser	Implementation according to the provincial policy				Policy developed	1 mortuary functional 1 Crisis centres per district	2 mortuaries functional 2 Crisis centres per district	3 mortuaries functional 3 Crisis centre per district

GOAL 2: REDUCE THE BURDEN OF DISEASE								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
HIV and /AIDS sub programme								
Objective 2.1 Implement and monitor comprehensive plan on management, care & treatment of HIV and AIDS	Implement an additional ARV Site per district.					10 ARV Sites	15 ARV Sites	20 ARV Sites
	Render the comprehensive treatment & care program for HIV and AIDS patients in all towns.					40% of towns	70% of towns	100% of towns
Objective 2.2 Implement and monitor disease prevention and health promotion programs	Implement the Primary Health Care Core Package in all the towns.					60% of towns	80% of towns	100% of towns
Nutrition sub programme								
Objective Contribute to the reduction of malnutrition for children under five	Reduce the total % of children weighed during the year who suffer from severe malnutrition			1.6	1.4%	1.3 %	1.2 %	1%
	Reduce the total % of children weighed during the year who are under weight					11.5%	11%	10.5%

PROGRAMME 3 EMERGENCY MEDICAL SERVICES

GOAL 1: COMPASIONATE AND QUALITY HEALTH SERVICES								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Sub Programme Emergency Transport								
Objective 1.8 To provide medical rescue, pre- and inter-hospital emergency services	Average response time (rural and urban)				1 and 1/2 (rural) 30 min (urban)	45 min (rural) 15 min (urban)	Maintain	Maintain
	Number of emergency calls attended				Examine trends	Examine trends	Examine trends	Examine trends
Sub programme Planned Patient Transport								
Objective 1.9 To provide pre and inter-hospital non-emergency services	Availability of vehicles / staff				20%	50%	75%	100%

PROGRAMME 4 PROVINCIAL HOSPITALS

GOAL 1: COMPASSIONATE & QUALITY HEALTH SERVICES								
Objective	Indicator	Year 1 2001/02 (actual)	Base Year 2002/03 (estimate)	Year 1 2003/04 (target)	Year 2 2004/05 (target)	Year 3 2005/06 (target)	Year 4 2006/07 (target)	Year 4 2006/07 (target)
Sub programme General (Regional) Hospitals								
Objective 1. 10 Render level 2 services in support of the District Health Services	Outreach programme per regional complex developed and implemented			Strategy developed	40%	60%	80%	
	<ul style="list-style-type: none"> • Level 2 Admission per 1000 population of the drainage area. • Daily average PDE of Regional hospitals. • Cost per PDE of Regional hospitals. • Theatre utilization rate of regional hospitals. • Bed occupancy rate per approved beds of regional hospitals. • Average length of stay for regional hospitals. • Number of non-referred patients in secondary hospitals. 			Analyse trends	Analyse trends	Analyse trends	Analyse trends	

GOAL 1: COMPASSIONATE & QUALITY HEALTH SERVICES								
Objective	Indicator	Year 1 2001/02 (actual)	Base Year 2002/03 (estimate)	Year 1 2003/04 (target)	Year 2 2004/05 (target)	Year 3 2005/06 (target)	Year 4 2006/07 (target)	Year 4 2006/07 (target)
Sub programme Psychiatric (Mental) hospitals								
Objective 1.11. To render quality mental health services at all levels in support of the regional complexes	Mental health services plan implemented according to provincial mental healthcare policy				Strategy developed	40%	70%	85%
	Mental health services plan implemented according to provincial mental healthcare policy.					Plan implemented		
	<ul style="list-style-type: none"> • Daily average PDE of Psychiatric Hospital. • Cost per PDE of Psychiatric Hospital. • Bed occupancy rate per approved beds of Psychiatric Hospital. • Average length of stay for Psychiatric Hospital. • Number of non-referred patients in Psychiatric Hospital. 					Analyse trends	Analyse trends	Analyse trends

PROGRAMME 5 CENTRAL HOSPITAL SERVICES

GOAL 1: COMPASSIONATE & QUALITY HEALTH SERVICES								
Objective	Indicator	Year 1 2001/02 (actual)	Base Year 2002/03 (estimate)	Year 1 2003/04 (target)	Year 2 2004/05 (target)	Year 3 2005/06 (target)	Year 4 2006/07 (target)	Year 4 2006/07 (target)
Sub Programmes Central Hospitals								
Objective 1.12. Render comprehensive level 3 & 4 health services academic platform and research to the communities of Free State, Neighbouring provinces and countries	Outreach programme				10%	50%	75%	90%
	<ul style="list-style-type: none"> • Level 3 & 4 Admission per 1000 population of the drainage area. • Daily average PDE of Central Hospital • Cost per PDE of Central Hospital • Theatre utilization rate of Central Hospital • Bed occupancy rate per approved beds of Central Hospital • Average length of stay for Central Hospital • Number of non-referred patients in tertiary hospital • MDS 				Analyse trends	Analyse trends	Analyse trends	Analyse trends

PROGRAMME 6 HEALTH SCIENCES AND TRAINING

GOAL 4. APPROPRIATE AND SKILLED PERSONNEL								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Programme 6: Sub-programme: Nurse Training								
Objective 4.2 Provide, develop and re-train personnel	Position Provincial Nursing Education and training as part of the Further & Higher Education Landscape.					Academic Planning Unit in place	Community based education	Computer-based education
Programme 6: Sub-programme: EMS College								
Objective 4.2 Provide, develop and re-train personnel	All training needs for EMS are successfully met within the Free State.					Basic Life Support, Intermediate Life Support, Advanced Life Support, Ambulance Emergency assistants and National Diploma in Emergency Medical Care take place in Free State	AAS rendered in Free State	Maintained
Programme 6: Sub-programme: Bursaries								
Objective 4.2 Provide, develop and re-train personnel	Provide full time and part time bursaries in line with the work place skills plan and the Human Resource plan still							

GOAL 4. APPROPRIATE AND SKILLED PERSONNEL								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Programme 6: Sub-programme: Other Training								
Ensure reasonable balance between the Human Resource Plan and the Institutional/ Personal Development Plans	Ensure reasonable balance between the Human Resource Plan and the Institutional/Personal Development Plans					Existence of a Human Resource Plan for the relevant components	Aligned Personal Development Plans	Maintained
GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 8.3 Develop health staff skills to use information to manage health services efficiently and effectively	Implement a Skills Development Plan to train managers in the use of information.					A Plan exists	40% of managers trained	80% of managers trained

ROGRAMME 7 HEALTH CARE SUPPORT SERVICES

GOAL 3: OPTIMAL FACILITIES and EQUIPMENT								
Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 3.1 Develop and implement multi-year building, replacement, upgrading and maintenance plans	For each Sub Programme: Develop and implement a strategy to ensure optimal use of the multi-year budget					90% utilisation of budget	100% utilisation of budget	100% utilisation of budget
Objective 3.2 Develop and implement multi year procurement, replacement and maintenance plans for IT, Vehicles, Linen & Equipment.	For each Sub Programme: Develop & implement a strategy to ensure optimal use of the multi-year budget.					90% utilisation of budget	100% utilisation of budget	100% utilisation of budget

PROGRAMME 8 HEALTH FACILITIES MANAGEMENT

MTEF FACILITY CONSTRUCTION UPGRADES AND REHABILITATION

NEW CONSTRUCTION CLINIC							
	2000/01- (actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
PROGRAM 2							
Botshabelo Block N	1,250,000.00						
Bluegumbush	1,500,000.00						
Tseki		1,500,000.00					
Clarens		1,480,000.00					
Vrede		1,400,000.00					
Warden		1,760,000.00					
Koffiefontein		2,800,000.00					
Thabo Patchoa		500,000.00					
Theunissen		2,300,000.00					
Thaba'Nchu (Planning)		322,361.00					
Kroonstad CHC		2,500,000.00					
KRD Seeisoville		1,000,000.00					
Welkom Mathjabeng		2,500,000.00					
Boshof			3,518,114.00	3,126,956.00	98,831.00		
Smithfield			2,900,283.00	1,579,769.00	1,570,966.00		
Thaba'Nchu			1,976,550.00	1,571,653.29	109,707.00		
Botshabelo Block H3			2,491,243.00	1,042,771.00	1,080,432.00		
Botshabelo Block L			2,668,266.00	1,856,080.00	485,303.00		
Steynsrus			2,285,000.00	2,168,797.00	116,203.00		
Sasolburg Leitrim			3,040,000.00	1,053,325.76	1,986,664.00		
Ladybrand			1,750,000.00	1,825,271.00			
Bethlehem			255,223.98	255276.10			

NEW CONSTRUCTION CLINIC (Continued)							
	2000/01- (actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
Bethulie					4,200,000.00		
Lebohang Phase II					2,900,000.00		
Welkom Hanipark					3,500,000.00		
Odendaalsrus Geneva					3,700,000.00		
Winburg					3,600,000.00		
Brandfort					3,800,000.00		
Reitz						3,400,000.00	
Bethlehem						4,100,000.00	
Reddersburg						2,700,000.00	
Hilton						2,900,000.00	
Freedom Square						3,550,000.00	
Luckhoff							2,500,000.00
Viljoenskroon Relebohile							2,700,000.00
Thaba Bosiu							2,300,000.00
One Stop							5,000,000.00
Tina Moloi							2,100,000.00
Bloemanda							3,100,000.00
Van Stadensrus							2,300,000.00
TOTAL NEW CLINICS	2,750,000.00	18,062,361.00	18,268,260.00		13,700,000.00	12,760,000.00	65,540,621.00

NEW CONSTRUCTION HOSPITAL							
	2000/01 ACTUAL	2001/02 ACTUAL	2002/03 ESTIMATE	2003/04 BUDGET	2004/05 MTEF PROJECTION	2005/06 MTEF PROJECTION	2006/2007
PROGRAMME 2							
Dealesville CHC			3,000,000	1. 847.499	5,200,000	6,167,000	520,905
Ladybrand New Hosp			900,000	1557169			
MUCPP (Funded Health)	9,536,995			700,000			
Trompsburg New Hosp			300,000	1803064			
TOTAL NEW HOSPITALS	9,536,995		4,200,000	3,700,000	1,500,000		
GRAND TOTAL NEW CONSTRUCTION	12,286,995	18,062,361	22,468,260	3,700,000	15,200,000	12,760,000	

FACILITY CONSTRUCTION CUBP							
UPGRADING AND REHABILITATION CLINICS							
1.1	2000/01- actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
PROGRAM 2							
Botshabelo Block J	190,000.00						

UPGRADING AND REHABILITATION CLINICS (Continued)							
1.2	2000/01- actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Botshabelo Block K	190,000.00						
Botshabelo Block C	345,000.00						
Kgalala (Thaba'Nchu)		909,646.00	878,471.00	110,664.00	343,538.00		
Gaungalelwe (Thaba'Nchu)		667,993.00	641,461.00	113,552.00	90,988.00		
Eva-mota		870,000.00					
Tsirella		660,000.00					
Phabbalong		77,000.00					
Monontsha		1,042,000.00					
Thabong		172,000.00					
Phuthaditjhaba		148,000.00					
Makwane		691,000.00					
Bhm. Bakenpark		225,000.00					
Bhm Bohlokong		500,000.00					
Bhm Mphohadi		520,000.00					

UPGRADING AND REHABILITATION CLINICS (Continued)							
1.3	2000/01- actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Arlington		880,000.00					
Lindley		770,000.00					
Botshabelo Block B			225,000.00				
Botshabelo Block D			687,500.00				
Bfn Bayswater			550,000.00				
Bfn Thusong			625,000.00				
Oranjeville							
Metsimaholo			687,500.00	374,190.61	585,018.00		
Wepener ,Quibing				1,619,584.00	1,044,395.00	371,358.00	

UPGRADING AND REHABILITATION CLINICS (Continued)							
1.4	2000/01- actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Hennenman				1,886,250.00	271,249.00		
Welkom Tshepong				886,250.00	303,009.00		
Welkom Bophelong				752,916.00	194,620.00		
Kroonstad Community Health Centres				870,000.00			
Total Upgrading And Rehab Clinics	725,000.00	8,132,639.00	2,775,000.00	5,145,000.00	4,970,000.00	5,700,000.00	

UPGRADING / REHABILITATION HOSPITALS							
PROGRAMME 2 DISTRICT HOSPITAL							
1.5	2000/01- actual)	2001/ 02-actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Boilers 6 Hosp	1,254,607	1,900,000					
Clocolan Roofs Completed							
Elizabeth Ross Phase 3 A	27,719	7,586,011	2,611,736				

UPGRADING / REHABILITATION HOSPITALS (continued)							
PROGRAMME 2							
1.6	2000/01- actual)	2001/ 02-actual	2002/03 - estimate	2003/04- budget	2004/05 MTEF projection	2005/06 MTEF projection	2006/2007
Elizabeth Ross Phase 3B		230,000	5,876,745	7,581,164	603,000		
Ficksburg Boilers							
Harrismith Phase II	232,880	4,151,943	3,648,443	827,398			
Heilbron Phase II	1,032,978		3,774,659	5,706,586	1,380,000		
Itumeleng Upgrade		250,000	345,971	890,000	3,254,000	588,000	
Jagersfontein Upgrade				600,000	4,762,000	6,290,000	10,000,000
Ladybrand Roofs		100,000	1,097,897				
Moroka Upgrade (Phase III Paed)		1,500,000	2,785,445	5,460,127	2,318,000		
Moroka Upgrade Phase II	159,851	1,636,039	1,122,489	286,000			
National 11 Kv Switchgear		61,539	1,017,786	50,385			
National Eye Clinic					1,000,000	127,110	
National Physio and Occup		1,189,267	2,357,052	437,061			
National Ward 3 and 14	138,193	1,447,200	1,056,182				
National White Block	195,574	636,963	793,676	36,857			
Odendaalsrus Roofs	3,044,450						
Phekelong (Completed)							
Regional Laundry E- Ross							
Sasolburg Roofs			1,004,417	479,324			
Senekal Genset			650,000	100,000			

UPGRADING / REHABILITATION HOSPITALS (continued)							
PROGRAMME 2							
1.7	2000/01- actual)	2001/ 02-actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Virginia Roofs (Completed)	3,118,411						
Virginia Sanitary		34,318	1,242,993	9,000	8,857		

UPGRADING / REHABILITATION HOSPITALS (continued)							
PROGRAMME 2							
1.8	2000/01- actual)	2001/ 02-actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Winburg Boilers							
Virginia Replace Prefabs				1,000,000	3,400,000	6,500,000	10,000,000
Odendaalsrus Replace Prefabs				500,000	3,500,000	7,000,000	10,000,000
Harrismith Final Phase				1,500,000	3,000,000	7,000,000	8,000,000
E Ross Final Phase				1,500,000	3,300,000	10,500,000	10,000,000
Heilbron Final Phase				1,500,000	3,000,000	7,000,000	10,000,000
National Hosp Further Upgrade				1,000,000	100,000		
PROGRAMME 4							
1.9	2000/01- actual)	2001/ 02-actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
Boitumelo Paint (Completed)							
Boitumelo Roofs	381,278	494,409	3,779,573	4,559,549			
Boitumelo Phase 1 and 2 Revitalise					43,337,000	44,688,000	46,661,000
Manapo Boilers (Completed)	8,963,530						
Manapo Psych Ward		610,732	5,852,287	1,739,873	142,000		
Manapo Upgrade Lifts				1,800,000	200,000		
Pelonomi N Block	1,014,528	5,618,091	7,111,885	1,225,080			
Pelonomi U Block		184,455	2,628,909	525,137			
Pelonomi B Block Trauma		939,590	500,000	13,372,578	6,293,905	900,000	

PROGRAMME 4							
1.10	2000/01- actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
Pelonomi Theatre Aircon			250,000	2,250,000			
Pelonomi Trauma				961,747	13,120,000	6,293,000	900,000
UPGRADING / REHABILITATION HOSPITALS (continued)							
Pelonomi Further upgrade						4,000,000	20,000,000
Bethlehem Maternity					2,000,000	6,000,000	13,000,000
PROGRAMME 5							
1.11	2000/01- actual)	2001/ 02- actual	2002/03 - estimate	2003/04- budget	2004/05	2005/06	2006/2007
					MTEF projection	MTEF projection	
Programme 5							
Universitas New Roof X Ray		140,473	2,764,441	621,321			
Universitas New Chiller			2,509,063	650,000	300,000		
Universitas Aircon Ph 2					400,000		
Total Upgrading and Rehab Hospitals	10,359,336	7,987,750	25,903,309	58,519,713	86,538,610	85000000	
GRAND TOTAL UPGRADING+ REHAB	11,084,336	16,120,389	28,678,309	63,664,713	91,508,610	90,700,000	

BUDGET INFORMATION SUMMARISED FOR PROGRAMME8**Table: Evolution of expenditure by budget programme and sub-programme in current prices (R million)**

Sub-programme	2001/02 (actual)	2002/03 (actual)	2003/04 (budget)	2004/05 (MTEF projection)	2005/06 (MTEF projection)	2006/07 (MTEF projection)
8.Health Facilities management						
Community Health Services	14,567	25,511	30,145	30,000	32,100	34,026
District Hospitals	20,644	26,733	48,309	32,000	34,210	36,294
Emergency Medical Services						-
Provincial Hospital Services	8	19,288	18,559	55,435	59,315	62,874
Central Hospital Services	140		26,317	3,954	4,231	4,458
Other Services						-
Total programme 8	35,359	71,532	123,330	121,389	129,886	137,652

FREE STATE DEPARTMENT OF HEALTH

STRATEGIC PLAN

2005/2006 to 2007/2008

PART B

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	HIV and AIDS		3	37
	Nutrition	Maternal, Child and Women's Health	4	47
		Disease Prevention and Control	5	59
Programme 3. Emergency Medical Services	<ul style="list-style-type: none"> Emergency transport Planned Patient Transport 		6	66
Programme 4. Provincial Hospital Services	<ul style="list-style-type: none"> General (regional) hospitals Psychiatric hospitals 		7	73
Programme 5 Central hospital services	Provincial tertiary hospitals		8	84
Programme 6. Health Sciences And Training	<ul style="list-style-type: none"> Nurse training colleges EMS training colleges Bursaries PHC training Other training 	Human resource management	10	94
Programme 7. Health care support services	<ul style="list-style-type: none"> Laundries Orthotic and prosthetic services Medicines trading account 		9	104
Programme 8. Health facilities management	<ul style="list-style-type: none"> Community Health facilities EMS District hospitals Provincial hospitals Central hospitals Other facilities 		11	108

PROGRAMME 1

ANNEX 1 ADMINISTRATION

Programme1 has the following sub programmes

- Office of the MEC
- Management

Management

The sub programme manages the offices of the Executive management as described below:

CLINICAL HEALTH SERVICE CLUSTER

Geographically all health services are managed within three regional complexes and an academic complex with a general manager in charge of each complex. The regional complexes are Southern Free State, Northern Free State and Eastern Free State.

The Clinical Health Service Cluster is responsible to ensure the delivery of quality comprehensive services at all levels of care.

The following services within the Clinical Health Service Cluster are also funded and managed within programme 1

Medical support is responsible for:

- Corporate Communications Services
- Legal Services
- Services Marketing and Health Promotion
- Quality Assurance and licensing of private facilities
- Governance Structures
- Emergency Medical Services and Disaster Planning

HEALTH SUPPORT CLUSTER

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

The cluster further renders a support service to the Clinical Health Services Cluster and the Finance Cluster. The components described here are the means by which these support services are rendered.

The following services within the Health Support Cluster are also funded and managed within programme 1

- Health Support services

- Oversight of Health Programmes
- Human Resources Management
- Human Resource and Organisational Development
- Oversight of HIV and AIDS and disease prevention and control

The management components within this sub programme are responsible for policy formulation, monitoring and coordination as well as a support function at provincial level.

FINANCE CLUSTER

It is the responsibility of the Finance Cluster to deliver a financial support service to the other clusters regarding financial management, financial administration, audit functions supply chain and payroll and also strategic management.

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

Financial Management and Internal Audit

Ensures that best practices with regard to financial management and payroll management; are established and maintained in the Department. The following components give effect to this function:

- Internal audit
- Financial Planning and Control
- Financial Systems
- Revenue and Banking services
- Payroll administration

Financial Administration and Logistics

Ensures the establishment of effective and efficient supply chain by formulating policy and providing support to both internal and external clients, regarding these functions.

- Tenders and Contract Administration
- Provisioning Administration
- Medpharm Supply and Service
- Procurement and Performance management

Strategic Planning

Facilitate strategic planning in the department, in line with the Free State Growth and Development Plan and the National Department of Health Strategic Plan 2004/2005 to 2006/2007. This division is also responsible for monitoring and evaluation reports which track progress with strategic implementation.

SITUATION ANALYSIS

Constant liaison with customers has been a priority and communication both formal and informal have been a leading aspect to the functioning of these sections

Appraisal of existing services and performance since 2001/2002

The primary challenge that faces the MEC and Provincial Management is the pursuit of a healthy and self reliant Free State Community with decreased resources; taking health inflation into account. The Department successfully achieved its goals and increased the efficiency level to the extent that it managed to stay within the budget after a projected shortfall of R 100 million and sustain the rendering of quality services.

- A revised internal control checklist has been implemented and all managers signed performance agreements.
- To increase the revenue base the Department revised it's revenue action plan.
- A system of risk analysis and management has been implemented. A manual was also developed and implemented.
- The prescribed supply chain management system to enhance efficient and effective procurement in the Department has been implemented.
- Upgrading of salaries for Pharmacists was finalised and implemented and a professional and scarce skills allowance were introduced to keep competent and qualified personnel in the department and rural areas
- Pharmacist Assistants are continuously being trained.
- iCAM was used to train staff in the department on various Human Resource management issues. Institutions were visited to provide support and guidance
- Induction and orientation session for new appointees have been introduced and sustained,
- The proposed staff structures for Local Authority clinics were finalised and the process of incorporating local authority clinic personnel in the department has started.
- Various ad-hoc investigations were conducted to maintain and adjust the staff structures to assist in the implementation of new strategies
- An Audit Committee was appointed during the 2002/2003 financial year.
- A Fraud Strategy was launched during 2002.
- A banking function was implemented during October 2004
- BAS was implemented in the department from 1 April 2004

The following key challenges face the department over the strategic plan period

- Improved efficiency to counter decreased funding and increased activity levels
- Creating and developing a culture of accountability and responsibility at all levels of management.
- Improving internal control through a focused effort on reliability and competency.
- Continuously searching and implementing best practices to contribute value to a healthy environment.
- Filling of critical posts

- Registration with the Pharmacy Council of Pharmaceutical training facilities, tutors and Pharmacist Assistants
- Compliance with the Pharmacy Act and Medicines Control Act by July 2005
- In support of the COHSASA accreditation programme it is necessary to implement a programme for management of medical equipment in as many institutions as possible.
- Equipment provision and maintenance should be aligned with minimum standards. In particular maintenance, especially preventative maintenance, should be prioritised.
- Review and development of the Induction and Orientation Manual for new appointees
- Functioning of the Human Resource Management Call Centre
- Implementation, monitoring and evaluation of PDMS and PMS for SMS
- Review of the Human Resource Plan
- Employees Assistance Programme (AAP) implemented and functional
- Recruitment and Retention Strategy implementation in line with national guidelines

POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

The following guide this programme:

- National Health Act (Act 63 of 1977)
- Free State Hospitals Act (Act 13 of 1996)
- Free State Health Act (Act 8 of 2000)
- Free State School Health Services Act (Act 11 of 1998)
- Public Service Act, 1994 (Proclamation 103 of 1994)
- Public Finance Management Act (Act 1 of 1999 as amended by Act 29 of 1999)
- Treasury Regulations
- Internal control checklist
- Standards of Professional Practice of Internal Auditors
- The Provincial Strategic Position Statement, with regard to the key strategic priorities for the implementation in the next 10 years is to focus on Primary Health Care.
- Management of for Information Security Standards. (MISS)
- Implementation of the National Drug Policy, the Pharmacy Amendment Act and Medicines Control Act
- Align the clinical equipment management with the National Health Technology Framework Policy
- Human Resource Delegations
- Human Resource Plan
- Recruitment and Retention Strategy
- Electronic Communications and Transactions (Act 25 of 2002)
- Purchasing process via SITA's (State Information technology Agency) ITAC.

- Policies were implemented to ensure efficient management of revenue
- To provide forensic and performance audit training to Internal Audit personnel
- To create a dedicated fraud hotline
- To perform risk based compliance audits
- To establish a sub-directorate to perform specialised audits, like clinical, performance, forensic and computer audits

Analysis of constraints and measures planned to overcome them

Human resources

A new staff establishment was approved. Posts are to be job evaluated which causes delays in appointment of much needed staff.

Finance and Financial management

The implementation of the PFMA with decentralisation of several functions to the department increased the burden of management taking responsibility for effective and efficient implementation of functions.

There is a lack of competent and experienced staff to take responsibility. This places a burden on the efficient management of these functions.

The department recruited qualified management accountants to assist in this need but lack of integrated systems and staff shortages impact negatively on the rate of improvement

Through training programmes and planned consultation services the department takes various initiatives to solve the problem

Table Admin 1 Provincial objectives and performance indicators for administration

SUB PROGRAMME: OFFICE OF THE MEC						
GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION						
Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 8.1 Provide timeous, quality information at all relevant levels.	Develop and Implement a Registry System.			50% developed and implemented.	100% implemented.	
	Develop and implement a Communication Procedures document.			100% developed and implemented.		
SUB PROGRAMME: MANAGEMENT						
GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION						
Objective 2.3 Strengthen partnerships through twinning and sharing of best practices	Existence and maintenance of relevant exchange programmes	Database developed	2	2		
	Best practice initiatives shared and implemented	Database developed	10	15		
GOAL 3 OPTIMAL FACILITIES AND EQUIPMENT						
Objective 3.1 Develop and implement multi-year building, replacement, upgrading and maintenance plans.	Manage and monitor the upgrading of facilities			80% of planned clinic building and upgrading completed	85% of planned clinic building and upgrading completed	90% of planned clinic building and upgrading completed
Objective 3.2 Develop and implement multi year procurement, replacement and maintenance plans for IT, vehicles and equipment	Multi year procurement, replacement and maintenance plans for IT and equipment developed			90% utilisation of budget	100% utilisation of budget	100% utilisation of budget
	Develop transport policy for the department.			60%	80%	100%
	Improve transport management and availability in the department.			80%	80%	100%

GOAL 4 APPROPRIATE AND SKILLED PERSONNEL						
Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 4.1 Develop and maintain a core staff establishment for all levels of service	Develop an affordable model for all levels of service			100%		
Objective 4.2 Provide, develop and re-train personnel	Develop and implement a Human Resource Plan within the departmental framework, per region / head office			Implement a Human Resource Plan	Revise	Revise
GOAL 5 STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Objective 5.1 Expand alternative service delivery initiatives	Implement partnership agreement between the department and private sector and other departments		R45 000.00	60%	70%	75%
	Capacitate SMMEs relating to procurement		R45 000.00	60%	70%	75%
GOAL 6 VALUE FOR MONEY						
Objective 6.1 Compliance with the Public Finance Management Act	Improve stocktaking in line with Public Finance Management Act (Act 1 of 1999 as amended Act 29 of 1999) and Treasury regulations		R3 221 497	50%	60%	70%
	Monitor the implementation of the loss control policy		Implemented		100%	100%
	Implementation of the electronic asset register		Implemented		100%	100%

Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.1 Compliance with the Public Finance Management Act	Implementation of Supply Chain Management regulations within the department to be full operational regarding demand management, acquisition management, risk assessment and supply chain performance			Demand management 100%	100%	100
				Acquisition management 75%	100%	100%
				Risk assessment and supply chain performance 80%	100%	100%
	Bids processed in line with prescripts.			Bids handled within 4-6 months		
	Contracts to be kept safe and secure			Compliance with confidentiality and security regulations		
	Annual Report in line with prescripts	Complied	Comply	Comply	Comply	Comply
	Strategic Plan in line with prescripts	Complied	Comply	Comply	Comply	Comply
Objective 6.2 Compilation and finalisation of the departmental financial statements.	Timely submission of credible financial statements	Complied	Comply	Final annual financial statement submitted to the Auditor General on 31 May 2006	As previous	As previous
Objective 6.3 Monitor the implementation of the Internal Control Checklist within the finance cluster	Timely and accurate reporting	Complied	Comply	Quarterly feedback report	As previous	As previous

Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.4 Management of departmental revenue	Analysis of revenue report (figures) during bi-monthly Revenue Management Team meetings	Complied	Comply	Monitor departmental revenue collection trends and submit monthly report on the 15th of each month and when required.	As previous	As previous
	Collection of revenue due to the department	Management of revenue collection	Management of revenue collection Target R67 878 000	Management of revenue collection Target R71 880 000	Management of revenue collection Target R76 888 000	Management of revenue collection - Target R81 880 000
Objective 6.5 Efficient and effective banking and cash management	Availability of sufficient cash on a daily basis.	The banking function was decentralised from the Provincial Treasury to departments	Monitoring and processing of all banking transactions and managing the daily cash flow.	Monitoring and processing of all banking transactions and managing the daily cash flow.	Monitoring and processing of all banking transactions and managing the daily cash flow.	Monitoring and processing of all banking transactions and managing the daily cash flow.
Objective 6.6 Effectively and efficiently monitor the budget and expenditure of the department.	Accurate and balanced budget according to budget statement no. 2	The prescribed processes were all completed within the budget cycle.	Management of the budget process within the budget cycle.	Management of the budget process within the budget cycle.	Management of the budget process within the budget cycle.	Management of the budget process within the budget cycle.

Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.6 Effectively and efficiently monitor the budget and expenditure of the department.	Timely and accurate reports as required by Provincial Treasury, Legislature and other stakeholders	100% of departmental expenditure was monitored and control-led. All reports were submitted by due dates.	Monitor and control of departmental expenditure on a monthly basis and supply required reports.	Monitor and control of departmental expenditure on a monthly basis and supply required reports.	Monitor and control of departmental expenditure on a monthly basis and supply required reports.	Monitor and control of departmental expenditure on a monthly basis and supply required reports.
Objective 6.7 Effective and efficient management of financial systems	Monitor and evaluate the utilization of BAS at all institutions and offices	Financial Management System in place. BAS road-shows and training conducted.	BAS implemented with effect from 1 April 2004. Training provided to all BAS users.	BAS training to all BAS users at institutions / offices	BAS training to all BAS users at institutions / offices	BAS training to all BAS users at institutions / offices
Objective 6.7 Effective and efficient management of financial systems	Clearing of all zero balance Ledger Accounts and monitoring and clearing of all control Ledger Accounts.	60% of the clearing of Ledger Accounts were achieved.	80% of the clearing of Ledger Accounts will be achieved.	Monthly clearance of all zero balance Ledger Accounts. Control Ledger Accounts cleared within 90 days.	Monthly clearance of all zero balance Ledger Accounts. Control Ledger Accounts cleared within 90 days.	Monthly clearance of all zero balance Ledger Accounts. Control Ledger Accounts cleared within 90 days.

Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.7 Effective and efficient management of financial systems	Control and co-ordinate the annual external audit and PROPAC resolutions	All Audit Management letters and PROPAC resolutions were finalised and submitted to the Auditor-General and Legislature.	All Audit Management letters and PROPAC resolutions were finalised and submitted to the Auditor-General and Legislature.	Answering of all Audit Management letters and handling of PROPAC resolutions.	Answering of all Audit Management letters and handling of PROPAC resolutions.	Answering of all Audit Management letters and handling of PROPAC resolutions.
Objective 6.8 Implement and maintain a systematic disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes	Compliance and performance audits conducted	45% of institutions were audited.	Audits conducted according to annual plan.	Audits conducted according to annual plan	Audits conducted according to annual plan	Audits conducted according to annual plan
	Special investigations / Forensic Audits conducted	100% of special investigations completed.	100% of special investigations completed.			
	Specialized clinical audits conducted					
	IT Audit conducted					
	Risk management system in place	Risk management procedure manual was compiled.	Risk management plan was submitted to the Audit Committee for approval.			

Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 6.9 Develop and implement efficiency measures	Effective and efficient salary administration service delivery to all clients of the Department of Health			Effective PERSAL information unit, as well as effective handling of all PERSAL exception reports.		
				Processing of all salary and deduction transactions on a monthly basis.		
				Service level of the Medical Depot averages 83%		
				All pension documents finalized within 14 working days		
	Effective and efficient salary administration service delivery to all clients of the Department of Health			Payrolls distributed within 3 working days, as well as regular payroll visits to paymasters.		
				Monthly reconciliation between PERSAL and BAS, as well as handling of all PERSAL/ BAS exceptions.		
				30% increase in personnel debt recovery from the previous year.		

GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION						
Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 8.1 Develop and implement a functional integrated health information system	Information management plan developed, implemented and evaluated in collaboration with management		Plan developed and implemented	Plan evaluated and updated	Plan reviewed	
Objective 8.2 Provide timeous, quality information at relevant levels	All health facilities are electronically linked on the department Virtual Private Network			50% of facilities	75% of facilities	100% of facilities
	Develop and implement an integrated systems plan.			A plan exists	50% integration	70% integration
Objective 8.3 Develop health staff skills to use information to manage health services efficiently and effectively	Staff appointed and allocated and trained to enable effective and efficient management of information		Staff trained	Staff trained	Staff trained	Staff trained
	Determine categories of management information at all levels of care			Categories identified		
	Implement a skills development plan to train managers in the use of information			A plan exists	40% of managers trained	80% of managers trained

PROGRAMME 1

Past expenditure trends and reconciliation of MTEF projections with plan

Table ADMIN 2 Trends in provincial public health expenditure for Administration (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	78,732	90,933	142,867	168,097	183,843	197,662	210,264
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	28	32	50	58	64	69	73
Total per uninsured person	32	37	59	71	85	91	95
Total capital	5,652	3,866	9,121	12,259	9,380	10,085	10,728
Constant (2004/05) prices	210,693	191,696	181,334	172,699	967,114		
Total	2,857	2,857	2,857	2,857	2,857		
Total per person	74	67	63	60	339		
Total per uninsured person	84	79	75	71	397		

PROGRAMME 2

ANNEX 2 DISTRICT HEALTH SERVICES

Sub programmes within programme 2 are:

- District management
- Clinics
- Community health centres
- District hospitals
- Community based services
- Other community services
- Coroner services
- HIV and AIDS
- Nutrition with additional health sub programmes Maternal, Child And Women's Health as well as Disease Prevention and Control

These sub programmes deliver all services from Primary Health Care package to level 1 District Hospitals

SITUATION ANALYSIS

Appraisal of existing provincial and local government services and performance since 2001 2002

Primary Health Care Audit % of package in all clinics per sub-district

Xhariep	Motheo	Lejweleputswa	Northern Free State
78%	67,6%	96%	62%

Audits conducted by the National Department of Health assessed whether each clinic rendered a full package of Primary Health Care services. Findings are summarised in the table above. It should be noted that findings with regard to Free State services are influenced by the fact that clinics are graded in terms of the District Plans. (grade I, Grade II and Grade III)

Some clinics are served by nurses only; others have doctors visiting at specified intervals. Other services render a full package of services. District health plans do not provide for each clinic to deliver the full package as identified in the national audit definitions. The referral system ensures that all patients are treated at the appropriate level of care.

- Municipalities have environmental health care plans.
- Services marketing and communication plans are being finalised which enable the community to remain informed on how to access the services

- Primary Health Care services are 90% functionally integrated in terms of Service Level Agreements between municipal and provincial health services.
- There are no cross boundary municipalities in the Free State
- District Health Expenditure Reviews were conducted 2 of the 5 districts.

Appraisal of District Hospitals and performance since 2001 2002

- In order to strengthen management in a resource constrained environment District Hospitals have been complexed under a single management team and hospital board. Names of these institutions now reflect the altered catchment areas.
- A hospital complex includes the Primary Health Care clinics within the catchment area.
- The District Hospital package of care is to be piloted within the Dr JS Moroka, Metsimaholo and Phekolong District Hospitals.

Rural health plan

The district rural health strategy was developed and implemented. Monitoring is being done on a quarterly basis. The district health information system is in place to ensure access to level 1 care. Districts are working on strengthening the programme. 85% of the population in the rural node live within 5 km of a fixed clinic.

Table DHS 1 District health service facilities by health district

Health district	Facility type	No.	Population	Population per PHC facility or per hospital bed	Per capita utilisation
Motheo	Non fixed clinics	1277	736 292	544	2.02
	Fixed Clinics	76			
	Community Health Centres	3		245 431	
	Sub-total clinics and Community Health Centres	1356		543	
	District hospitals	5		147 258	
Xhariep	Non fixed clinics	2 457	132 070	54	2.02
	Fixed Clinics	38			
	Community Health Centres	2		6 604	
	Sub-total clinics and Community Health Centres	2 497		53	
	District hospitals	6		22 012	
Thabo Mofutsanyana	Non fixed clinics	19	738 328	8 585	2.5
	Fixed Clinics	67			
	Community Health Centres	1		738 328	
	Sub-total clinics and Community Health Centres	87		8 487	
	District hospitals	8		92 291	
Lejweleputswa	Non fixed clinics	245	649 955	2 653	3.02
	Fixed Clinics	46			
	Community Health Centres	0		0	
	Sub-total clinics and Community Health Centres	291		2 234	
	District hospitals	5		129 991	
Northern Free State	Non fixed clinics	501	415 751	830	2.6
	Fixed Clinics	32			
	Community Health Centres	5		83 150	
	Sub-total clinics and Community Health Centres	538		773	
	District hospitals	4		103 938	
Province	Non fixed clinics	4499	2 857 519	601	2.4
	Fixed Clinics	259			
	Community Health Centres	11		259 774	
	Sub-total clinics and Community Health Centres	4769		599	
	District hospitals	28		102 054	

In the table above non fixed clinics include: mobile clinics, satellite clinics and visiting points. Differences in the types of services included in this definition affected data quality

Table DHS 2 Personnel in district health services by health district

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Motheo	PHC facilities				
	Medical officers	1	8	87.5%	0.002
	Professional nurses	85	216	60.6%	0.21
	Pharmacists	0	1	100%	0
	Community health workers	68	86	21%	0.1
	District hospitals				
	Medical officers	45	82	45%	0.07
	Professional nurses	292	355	18%	0.47
	Pharmacists	7	24	71%	0.01
Xhariep	PHC facilities				
	Medical officers	0	1	100%	0
	Professional nurses	35	89	61%	0.31
	Pharmacists	1	1	0%	0.009
	Community health workers	10	10	0%	0.089
	District hospitals				
	Medical officers	9	13	31%	0.08
	Professional nurses	32	42	24%	0.28
	Pharmacists	2	2	0%	0.018
Lejweleputswa	PHC facilities				
	Medical officers	6	11	45.5%	0.009
	Professional nurses	262	300	12.7%	0.4
	Pharmacists	2	3	33.3%	0.003
	Community health workers	12	27	55.6%	0.018
	District hospitals				
	Medical officers	22	28	21.4%	0.034
	Professional nurses	100	133	24.81%	0.15
	Pharmacists	3	10	70%	0.005
Northern Free State	PHC facilities				
	Medical officers	3	8	62.5%	0.007
	Professional nurses	171	214	20.1%	0.41
	Pharmacists	1	1	0%	0.002
	Community health workers	5	82	94%	0.012
	District hospitals				
	Medical officers	9	17	47.06%	0.02
	Professional nurses	126	162	22.2%	0.3
	Pharmacists	3	4	25%	0.007

Health district	Personnel category	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
.Thabo Mofutsanyana	PHC facilities				
	Medical officers	1	3	66.7	0.002
	Professional nurses	210	245	14.3	0.33
	Pharmacists	1	1	0	0.002
	Community health workers	33	33	0	0.05
	District hospitals				
	Medical officers	17	33	48.5	0.03
	Professional nurses	174	234	25.6	0.28
	Pharmacists	2	4	50	0.003
Free State province	PHC facilities				
	Medical officers	11	29	62.1	0.005
	Professional nurses	763	1064	28.3	0.31
	Pharmacists	5	7	28.6	0.002
	Community health workers	128	238	46.2	0.05
	District hospitals				
	Medical officers	128	173	26.1	0.05
	Professional nurses	724	926	21.8	0.3
	Pharmacists	17	44	61.4	0.007

Table DHS3: Situation analysis indicators for district health services

Indicator	Type	Province wide value 2003/04	Motheo 2003/04	Xhariep 2003/04	Thabo Mofut-sanyana 2003/04	Lejwele-putswa 2003/2004	Northern Free State 2003/2004	National target 2003/4
Input								
Uninsured population served per fixed public PHC facility	No	2 961 to 14 129	8 254	2 961	9 389	14 129	11 237	<12,200
Provincial PHC expenditure per uninsured person	R	65 to 216.44	141.27	216.44	121.70	65	97	N/A
Local government PHC expenditure per uninsured person	R	22.07 to 97.94	26.60	97.94	22.07	27.47	35	N/A
PHC expenditure (provincial plus local government) per uninsured person	R	27.47 to 316.51	163.09	316.51	143.77	27.47	131	227
Professional nurses in fixed PHC facilities per 100,000 uninsured person	No	0.06 to 31	14	31	No data	0.06	37.3	107
Sub-districts offering full package of PHC services	%	55 to 100	55	100	100	100	75	60
In the Free State there are some clinics which will not render the full Primary Health Care package as defined. Clinics have been classified as those with only nurses, those where a doctor renders services at regular intervals and those which render the full package of care. The referral system ensure that patients are managed at the appropriate level.								
EHS expenditure (provincial plus local govt) per uninsured person	R	1.25 to 6.28	1.25	6.28	1.71	2.00	2.00	9
Process								
Health districts with appointed manager	%	100	100	100	100	100	100	92
Health districts with plan as per DHP guidelines	%	100	100	100	100	100	100	48
Fixed PHC facilities with functioning community participation structure	%	36.8 to 100	77	36.8	100	90	95	69
Facility data timeliness rate for all PHC facilities	%	78 to 100	100	100	100	78	78	80
Output								
PHC total headcount	No	748 106 to 3 66 137	1 524 403	366 137	3 265 986	1 161 913	748 106	N/A
Utilisation rate – PHC	No	2.2 to 3.8	2.2	2.6	3.8	2.87	2.2	2.3

Indicator	Type	Province wide value 2003/04	Motheo 2003/04	Xhariep 2003/04	Thabo Mofut-sanyana 2003/04	Lejwele-putswa 2003/2004	Northern Free State 2003/2004	National target 2003/4
Utilisation rate - PHC under 5 years	No	2.79 to 4.7	4.4	3.6	4.7	2.79	3.6	3.8
Quality								
Supervision rate	%	66.6 to 100	75	66.6	80	80	100	78
Fixed PHC facilities supported by a doctor at least once a week	%	18.4 to 86.9	18.4	52.6	49	86.9	70	31
Efficiency								
Provincial PHC expenditure per headcount at provincial PHC facilities	R	38.12 to 138	57.23	132.13	R38.12	102	138	99
Expenditure (provincial plus LG) per headcount at public PHC facilities	R	14.50 to 154.47	59.47	154.47	61.56	14.50	119	99
Outcome								
*Health districts with a single provider of PHC services	%	0 to 100	0	100	100	0	0	50

*Note: The Primary Health Care service is rendered by an integrated team from both provincial and local authorities. Co-governance agreements enable this co-operation.

Table DHS4: Situation analysis indicators for district hospitals sub-programme

Indicator	Type	Province wide value 2003/04	Motheo district	Xhariep district	Thabo Mofutsanyana	Lejweleputswa	Northern Free State	National target 2003/4
Input								
Expenditure on hospital staff as % of district hospital expenditure	%	63 to 87.55	76.48	87.55	73.63	63	67	
Expenditure on drugs for hospital use as % of district hospital expenditure	%	5.8 to 14.35	6.2	5.8	14.35	9	8.63	11
Expenditure by district hospitals per uninsured person	R	105.44 to 226.14	226.14	165.51	160.30	105.44	192.67	
Process								
District hospitals with operational hospital board	%	100	100	100	100	100	100%	76
District hospitals with appointed (not acting) CEO in post	%	66.7 to 100	100	66.7	100	100	100%	69
Facility data timeliness rate for district hospitals	%	100	100	100	100	100	100%	34
Output								
Caesarean section rate for district hospitals	%	0.92 to 20.35	20.35	0.92	No data	14.95	18.25	12.5
Quality								
District hospitals with patient satisfaction survey using DoH template	%	0%	0%	0%	0%	0%	0%	10
District hospitals with clinical audit (M and M) meetings every month	%	0% to 100%	0%	100%	0%	100%	50%	36
Efficiency								
10.Average length of stay in district hospitals		5.8	8	19		3.37	2.43	
11.Bed utilisation rate (based on usable beds) in district hospitals	%	59.5 to 81.79	70.39	68.6	59.4	72.14	81.76	
12.Expenditure per patient day equivalent in district hospitals	R	566.25 to 3661.79	873.77	3661.79		689	566.25	814 in 2003/04 prices
Outcome								
Case fatality rate in district hospitals for surgery separations	%	0 to 0.99	0.07	0.99	No data	0	0	3.9

Policies, priorities and strategic goals

- Maluti a Phofung is a rural nodal point, which receives special provision for development. Informally Xhariep is also managed as a rural development node due to the high levels of unemployment and poverty. In the rural node, Primary Health Care services are available at 66 fixed clinics, one CHC and 19 mobiles.
- The Road Map for DHS Decentralization started in February 2004. A project Manager was appointed to facilitate the process. Various task teams were established at both provincial and district level. Local government clinics were fully represented.
PHC Personnel in Xhariep have been transferred to the province from 1 November 2004. Transfer of PHC personnel in Motheo is being finalised. Other districts will follow suit.
- Gap analysis has been done and will be prioritised to bridge these.
- The district facility network is being managed in accordance with a 5 year Clinic Upgrading and Building Plan.

Provincial legislation in support of District Health System includes the

- Free State Hospitals Act (Act 13 of 1996)
- Free State Health Act (Act 8 of 2000)
- Free State School Health Services Act (Act 11 of 1998)
- This will have to be reviewed in line with the National Health Act (Act 61 of 2003)
- Governance structures (Provincial Health Authority Board, District Health Councils and clinic committees) are functional in line with legislation.
- 3 year Service Level Agreements have been signed with all 20 municipalities.

Analysis of constraints and measures planned to overcome them

Finance and financial management

District Health Services are not adequately funded. Additional challenges result from the difference between health inflation and CPI on which budget increase are based, the burden of disease including HIV and AIDS, funding the transactional costs of the District Health System decentralization.

Human resources

- Nurses are extremely scarce in rural areas. From 2005 they will also be subject to Community Service.
- Retention beyond Community Service is a challenge
- It is necessary to increase the intake of student nurses
- National guidelines for Human Resource Management and Organizational Development need to be developed as basis for provincial plans

Support systems

Information

- The management of information continues to pose challenges
- Challenges relate to transfer of pensions of local government staff. National Treasury, DPSA and SARS are addressing this matter.

Table DHS 5 Provincial objectives and performance indicators for district health services

SUBPROGRAMME: DISTRICT MANAGEMENT						
GOAL 1. COMPASSIONATE AND QUALITY HEALTH SERVICE						
Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 1.1 Implement and monitor continuous quality improvement programme	Quality improvement programmes implemented according to provincial strategy		(5% of institutions)	30% of Institutions	75% of institutions	90% of institutions
	Annual surveys on impact of quality improvement programmes		5% of institutions	30% of Institutions	75% of institutions	90% of institutions
Objective 1.2 Implement and monitor disease prevention and health promotion	EPI coverage			85%	87%	90%
	Health promotion programmes implemented according to provincial strategy		Strategy finalised	70%	80%	90%
	Disease prevention programmes implemented in line with provincial strategy		Strategy finalised	70%	80%	90%
Objective 1.3 To implement district health services according to the District Health Plan	District health plan implemented and monitored	100%				
GOAL 7. APPROPRIATE AND EFFECTIVE GOVERNANCE						
Objective 7.1 Develop and implement a comprehensive provincial policy on governance structures	Provincial policy on governance structures			Policy developed		
	Training of governance structures			Governance structures trained		
Objective 7.2 Expand government-civil society co-operation towards community development	Community development			Plan in place		
	Train a new cadre of Community Development Officers	Health promotion plan developed	Health promotion plan implemented	Health promotion plan evaluated		
	Implement a comprehensive health promotion programme					

GOAL 7: APPROPRIATE AND EFFECTIVE GOVERNANCE						
Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 7.1 Develop and implement a comprehensive provincial policy on governance structures	Provincial policy on governance structures			Policy developed		
	Training of governance structures			Governance structures trained		
Objective 7.2 Expand government-civil society co-operation towards community development	Community development			Plan in place		
	Service marketing and liaison plan implemented and evaluated	Marketing plan developed	Marketing plan implemented	Marketing plan evaluated		
GOAL 1. COMPASSIONATE AND QUALITY HEALTH SERVICE						
SUB PROGRAMME: CLINICS						
Objective 1.4 Implementation of Primary Health Care packages and norms and standards	Daily average head counts for:	Fixed clinics	Analyse trends	Analyse trends	Analyse trends	
		Mobile clinics				
	Cost per head count, fixed clinics	Fixed clinics				
		Mobile clinics				
	Average consultation per nurse in fixed clinics	Fixed clinics				
		Mobile clinics				

Objective	Indicator	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
SUB PROGRAMME COMMUNITY HEALTH CENTRES					
Objective 1.4 Implementation of Primary Health Care packages and norms and standards	HISP indicators				
	Daily average headcount - CHC				
	Cost per headcount of CHC				
	Average consultation per nurse in the CHC				
SUB PROGRAMME DISTRICT HOSPITALS					
Objective 1.4 Implementation of district hospital package (level 1 services) in support of the Primary Health Care clinics and CHCs	Level 1 admissions per 1000 population of the drainage area.	Analyse trends	Analyse trends	Analyse trends	
	Daily average PDE of district hospitals.				
	Cost per PDE of district hospitals.				
	Bed occupancy rate per approved beds at district hospitals				
	Average length of stay for district hospitals				
	Percentage of back referrals to the clinics				
	Implementation of the District Health Plan				
	Back referrals	Policy developed	100%		
	Implementation of the District Health Plan.	100%	Maintained		
Objective 1.5 Implement community based services in support of Primary Health Care	Implementation according to the district health plan		75%	80%	80%

Objective	Indicator	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 1.6 To implement other community services in support of PHC	Successful implementation according to the developed guidelines and funding		75%	80%	85%
SUB PROGRAMME: CORONER SERVICES					
Objective 1.7 To render forensic pathology services	Implementation according to the provincial policy	Policy developed	1 mortuary functional 1 crisis centre per district	2 mortuaries functional 2 crisis centres per district	3 mortuaries functional 3 crisis centres per district

Table DHS 6 Performance indicators for district health services

Indicator	Type	2003/04	National target 2007/08
Input			
<i>Uninsured population served per fixed public PHC facility</i>			
Motheo	No	8 254	<10,000
Xhariep	No	2 961	
Thabo Mofutsanyana	No	9 389	
Lejweleputswa	No	14 129	
Northern Free State	No	11 237	
<i>Provincial PHC expenditure per uninsured person</i>			
Motheo	R	141.27	
Xhariep	R	216.44	
Thabo Mofutsanyana	R	121.70	
Lejweleputswa	R	65.00	
Northern Free State	R	97.00	
<i>Local government PHC expenditure per uninsured person</i>			N/A
Motheo	R	26.60	
Xhariep	R	97.94	
Thabo Mofutsanyana	R	22.07	
Lejweleputswa	R	27.47	
Northern Free State	R	35.00	
<i>PHC expenditure (provincial plus local government) per uninsured person</i>			
Motheo	R	163.09	274
Xhariep	R	316.51	
Thabo Mofutsanyana	R	143.77	
Lejweleputswa	R	27.47	
Northern Free State	R	131.00	
<i>Professional nurses in fixed PHC facilities per 100,000 uninsured person</i>			
Motheo	No	14	130
Xhariep	No	31	
Thabo Mofutsanyana	No	No data	
Lejweleputswa	No	0.06	
Northern Free State	No	37.3	
<i>Sub districts offering full package of PHC services</i>			
Motheo	%	55	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	100	
Northern Free State	%	75	
<i>EHS expenditure (provincial plus local govt) per uninsured person</i>			
Motheo	R	1.25	13
Xhariep	R	6.28	
Thabo Mofutsanyana	R	1.71	
Lejweleputswa	R	2.00	
Northern Free State	R	2.00	

Indicator	Type	2003/04	National target 2007/08
Process			
<i>Health districts with appointed manager</i>			
Motheo	%	100	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	100	
Northern Free State	%	100	
<i>Health districts with plan as per DHP guidelines</i>			
Motheo	%	100	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	100	
Northern Free State	%	100	
<i>Fixed PHC facilities with functioning community participation structure %</i>			
Motheo	%	77	100
Xhariep	%	36.8	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	90	
Northern Free State	%	95	
<i>Facility data timeliness rate for all PHC facilities</i>			
Motheo	%	100	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	78	
Northern Free State	%	78	
Output			
<i>PHC total headcount</i>			
Motheo	No	1 524 403	N/A
Xhariep	No	366 137	
Thabo Mofutsanyana	No	3 265 986	
Lejweleputswa	No	1 161 913	
Northern Free State	No	748 106	
<i>Utilisation rate - PHC</i>			
Motheo	No	2.2	3.5
Xhariep	No	2.6	
Thabo Mofutsanyana	No	3.8	
Lejweleputswa	No	2.87	
Northern Free State	No	2.2	
<i>Utilisation rate - PHC under 5 years</i>			
Motheo	No	4.4	5.0
Xhariep	No	3.6	
Thabo Mofutsanyana	No	4.7	
Lejweleputswa	No	2.79	
Northern Free State	No	3.6	

Indicator	Type	2003/04	National target 2007/08
Quality			
<i>Supervision rate</i>			
Motheo	%	75	100
Xhariep	%	66.6	
Thabo Mofutsanyana	%	80	
Lejweleputswa	%	80	
Northern Free State		100	
<i>Fixed PHC facilities supported by a doctor at least once a week</i>			
Motheo	%	18.4	100
Xhariep	%	52.6	
Thabo Mofutsanyana	%	49	
Lejweleputswa	%	86.9	
Northern Free State	%	70	
Efficiency			
<i>Provincial PHC expenditure per headcount at provincial PHC facilities</i>			
Motheo	R	57.23	78
Xhariep	R	132.13	
Thabo Mofutsanyana	R	38.12	
Lejweleputswa	R	102	
Northern Free State	R	138	
<i>Expenditure (provincial plus LG) per headcount at public PHC facilities</i>			
Motheo	R	59.46	78
Xhariep	R	154.47	
Thabo Mofutsanyana	R	61.56	
Lejweleputswa	R	14.50	
Northern Free State	R	119	
Outcome			
<i>Health districts with a single provider of PHC services</i>			
Motheo	%	0	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	0	
Northern Free State	%	0	

Table DHS7: Performance indicators for district hospitals sub-programme

Indicator	Type	2003/04	National target 2007/08
Input			
<i>Expenditure on hospital staff as % of district hospital expenditure</i>	%		
Motheo		76.48%	62
Xhariep		87.55%	
Thabo Mofutsanyana		73.63%	
Lejweleputswa		63%	
Northern Free State		67%	

Indicator	Type	2003/04	National target 2007/08
<i>Expenditure on drugs for hospital use as % of district hospital expenditure</i>			
Motheo	%	6.2%	11
Xhariep	%	5.8%	
Thabo Mofutsanyana	%	14.35%	
Lejweleputswa	%	9%	
Northern Free State	%	8.63%	
<i>Expenditure by district hospitals per uninsured person</i>			
Motheo	R	226.14	
Xhariep	R	165.51	
Thabo Mofutsanyana	R	160.30	
Lejweleputswa	R	105.44	
Northern Free State	R	192.67	
Process			
<i>District hospitals with operational hospital board</i>			
Motheo	%	100	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	100	
Northern Free State	%	100	
<i>District hospitals with appointed (not acting) CEO in post</i>			
Motheo	%	100	100
Xhariep	%	66.7	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	100	
Northern Free State	%	100	
<i>Facility data timeliness rate for district hospitals</i>			
Motheo	%	100	100
Xhariep	%	100	
Thabo Mofutsanyana	%	100	
Lejweleputswa	%	100	
Northern Free State	%	100	
Output			
<i>Caesarean section rate for district hospitals</i>			
Motheo	%	20.35	11
Xhariep	%	0.92	
Thabo Mofutsanyana	%	No data	
Lejweleputswa	%	14.95	
Northern Free State	%	18.25	
Quality			
<i>District hospitals with patient satisfaction survey using DoH template</i>			
Motheo	%	0	100
Xhariep	%	0	
Thabo Mofutsanyana	%	0	
Lejweleputswa	%	0	
Northern Free State	%	0	

Indicator	Type	2003/04	National target 2007/08
<i>District hospitals with clinical audit (M and M) meetings every month</i>			
Motheo	%	0	100
Xhariep	%	100	
Thabo Mofutsanyana	%	0	
Lejweleputswa	%	100	
Northern Free State	%	50	
Efficiency			
Average length of stay in district hospitals			
Motheo	Days	5.08	3.2
Xhariep	Days	4.19	
Thabo Mofutsanyana	Days	3.1	
Lejweleputswa	Days		
Northern Free State	Days		
Bed utilisation rate (based on usable beds) in district hospitals			
Motheo	%	70.39	72
Xhariep	%	68.6	
Thabo Mofutsanyana	%	59.4	
Lejweleputswa	%		
Northern Free State	%		
<i>Expenditure per patient day equivalent in district hospitals</i>			
Motheo	R	873.77	814 in 2007/08 prices
Xhariep	R	3 661.79	
Thabo Mofutsanyana	R	No data	
Lejweleputswa	R	689	
Northern Free State	R	566.25	
Outcome			
Case fatality rate in district hospitals for surgery separations			
Motheo	%	0.07	3.5
Xhariep	%	0.99	
Thabo Mofutsanyana	%	No data	
Lejweleputswa	%	0	
Northern Free State	%	0	

PROGRAMME 2

Service level agreements and transfers to municipalities and non-government organisations

Table District Health System 8. Transfers to municipalities and non-government organisations (R '000)

Municipalities	Purpose of transfer	Base year 2004/05 (estimate)	Year 1 2005/06 MTEF projection)	Year 2 2006/07 (MTEF projection)
Xhariep	To render comprehensive Primary Health Care Services, Tuberculosis, Environmental and Occupational Health Services	11,714	21,570	22,175
Motheo		17,107	18,630	21,181
Lejweleputswa		28,784	31,149	34,542
Thabo Mofutsanyana		20,018	20,435	21,859
Northern Free State		17,147	20,383	19,140
Total municipalities		94,770	112,167	118,897

Past expenditure trends and reconciliation of MTEF projections with plan Table DHS 9 Trends in provincial public health expenditure for district health services (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	655,357	778,099	929,996	1,005,357	1,179,002	1,273,989	1,368,526
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	229	272	326	351	412	445	479
Total per uninsured person	269	320	382	429	459	501	525
Total capital	21,884	4,714	8,099	17,665	10,441	11,226	11,941
Constant (2004/05) prices	1,272,791	1,158,031	1,095,435	1,043,271	5,842,318		
Total	2,857	2,857	2,857	2,857	2,857		
Total per person	445	405	383	365	2,045		
Total per uninsured person	523	476	450	429	2,400		
Total capital							

ANNEX 3 HIV and AIDS, STI and TB CONTROL

SITUATION ANALYSIS

Comprehensive HIV and AIDS Treatment, Management, Care and Support

According to the 2001 HIV antenatal survey report the prevalence rate is 30.13%. This indicates an increase of 2.2% as compared to the prevalence rate of 2000, which was 27.9%.

Prevention of Mother to Child Transmission (PMTCT) of HIV

- The PMTCT Programme was launched in November 2001 at two research sites in the Free State namely, Katleho and Tokollo Hospitals together with their referring clinics.
- Existing research sites were expanded during 2002 within the Katleho/Winburg District Hospital Complex as well as the Tokollo/Mafube District Hospital Complex and to establish one PMTCT site per remaining district.
- Nevirapine is now available at all institutions providing maternity services
- A training plan that will address the integration of VCCT, PMTCT, Maternal Health and ARVs is being developed.

Post Exposure prophylaxis (PEP)

- MINMEC decision 2002. Provincial policy for sexual assault implemented
- Antiretrovirals for Post Exposure Prophylaxis for rape survivors and personnel are available at all hospitals in the Free State. At 72 facilities this is available within 72 hours after exposure. ARV prophylaxis will be an added option.

Voluntary Confidential Counselling and Testing (VCCT)

- VCCT services have been implemented at 242 operational sites, 235 medical sites in health facilities including mobiles and 7 non medical sites at the University of the Free State and Coca Cola Company.
- The programme is available in all five districts and covers 95% of the towns. A total of 359 volunteers are involved in the provision of VCCT services

Home Based Care and Step Down Facilities

- Launched during 2000, this service provides an effective, integrated, community/ home base care programme for all patients with AIDS and other debilitating diseases
- 76 towns (95%) are providing community home based care services in the Free State. A total of 964 volunteers are involved in the provision of Home Based Care services
- There are 8 Step Down Facilities in the Province which are fully functional

Antiretroviral Treatment Programme

- This programme responds to the holistic needs of people at all stages of HIV infection, attempts to slow progression and maintain the patient's functioning at the highest possible level.
- The goal is to establish at least 1 accredited service point in each health district in the Free State by the end of the first year of implementation, depending on the availability of funding and to extend the ARV sites within a period of 5 years.
- The implementation of the ARV portion of the Comprehensive Care and Treatment of HIV and AIDS program has commenced on 15 June 2004 in Welkom.

An ARV site is defined as a hospital that has 3 referring clinics. These are located at:

- Bongani Hospital ARV Treatment Site 03 May 2004.
- National Hospital ARV Treatment Site.
- Mofumahadi Manapo Mopeli ARV Treatment Site
- Itumeleng Community Health Centre ARV Treatment Site
- Metsimaholo ARV Treatment Site.
- A Centre of Excellence for ARVs is being established at Pelonomi Hospital. Specialists in Internal Medicine and Paediatrics will manage the centre. Infrastructure is being established. It is expected that the site will be fully operational as from January 2005.
- The Staff Establishment for ARVs was approved and job evaluations have been completed. Most of the ARV Staff has been appointed. All posts should be filled by January 2005.
- A guideline (including nutrition) for the management of adult patients with ARVs has been developed for doctors and nurses and is being implemented. A Paediatric guideline has also been developed for doctors and nurses and is being implemented.
- ARV start up training and maintenance of training has been implemented in the province as well.
- To date, a total of 3 330 patients have been enrolled in the ARV Program in the Free State of which 412 (393 adults and 19 children), are on ARV Treatment. An amount of R30 759 740 was allocated for the ARV portion of the Comprehensive Care and Treatment of HIV and AIDS Program in the Free State. The department could afford to place 2662 patients on treatment.

Sexually Transmitted Infections

- The department is implementing the National Policy on Syndromic Management of Sexually Transmitted Infections. To date, a total of 637 (67,8%) of professional nurses have been trained to implement this policy.
- During the 2003/2004 financial year a total of 10 195 805 condoms were distributed in the Free State.
- The incidence of syphilis has declined. STI Treatment protocols are available

Tuberculosis

- The TB Medium Term Development Plan is being implemented.
- The Directly Observed Treatment Short Course (DOTS) was implemented in all services with a 96% patient coverage. To date, DOTS is being provided to 80 towns in the Free State with a total of 1 436 volunteers and 6 679 DOTS beneficiaries.
- 20 Local Area Municipalities are Demonstration- and Training Areas for the Tuberculosis programme. 80% of staff have been trained in DOTS.
- The paper based Tuberculosis Register was implemented at all Primary Health Care facilities at district level and plans are underway to implement it in all hospitals. All 5 district offices have the electronic version
- A Lung Disease Initiative called PALSA, is being undertaken to improve the diagnosis of Tuberculosis.
- A Multi Drug Resistant (MDR) TB unit was built and opened at Moroka Hospital.
- Conversion rates from positive to negative sputum improved from 48% to 74,1%.
- The total Cure Rate for 2001 is 68,4%.
- The treatment interruption rate was reduced to 7,2%.
- TB Treatment protocols are available at all health facilities, including hospitals.
- 54% of the 520 professional nurses have been trained. The low percentage is mainly due to staff rotation after training.

Table HIV1: Situation analysis indicators for HIV and AIDS, STIs and TB control

Indicator				Type	Province wide value 2003/04			National target 2003/4
Input								
*ARV treatment service points compared to plan				%	5 Treatment sites and 15 assessment sites			100
Fixed PHC facilities offering PMTCT				%	27.4%			50
Motheo	10%	Xhariep	15%		Thabo Mofutsanyana	43%	Lejwepulswa 12%	Northern Free State 13%
Fixed PHC facilities offering VCT				%	82%			90
Hospitals offering PEP for occupational HIV exposure				%	100%			100
Hospitals offering PEP for sexual abuse				%	100%			100
					District Hospital and 2 Victim Support Centres			
HTA Intervention sites compared to plan				%	2 sites			N/A
Process								
TB cases with a DOT supporter				%	96%			100
Male condom distribution rate from public sector health facilities				No	8			7
Male condom distribution rate from primary distribution sites				No	15.7			21
Fixed PHC facilities drawing blood for CD4 testing				%	15			N/A
Fixed facilities referring patients to ARV treatment points assessment				%	15			N/A
Output								
STI partner treatment rate				%	18.4			27
Nevirapine dose to baby coverage rate				%	No data			20
Clients HIV pre test counselled rate in fixed PHC facilities				%	20 243 persons			80
Patients registered for ART compared to target				%	596 patients			N/A
TB treatment interruption rate				%	6%			10
Quality								
CD4 test at ARV treatment service points with turnaround time >6 days				%	No data yet			N/A
TB sputa specimens with turnaround time > 48 hours				%	64%			
Efficiency								
Dedicated HIV AND AIDS budget spent				%	21%			
Outcome								
New smear positive PTB cases cured at first attempt				%	60%			65

*ART targets:

- ART target is for people who are on treatment = 596
- Provincial target is to treat 2662 patients for the first year of the implementation.
- National target is 53 000 patient for the first year of the implementation.
- Sexually Transmitted Infections - Male condom distributed to the public: The problem is inaccurate DHIS recording.

Policies, priorities and strategic goals

HIV and AIDS

An HIV and AIDS Workplace Policy has been implemented during 2003, in line with the legal framework of the public service. The policy clarifies the position of the department with regard to employees who may contract HIV and AIDS and addresses the following issues:

- Provides consistent guidelines for the management of employees living with HIV AND AIDS;
- Ensures the fair and consistent treatment of all employees living with HIV and AIDS;
- Informs employees of their rights and benefits, and
- Provides an educational framework with regard to HIV and AIDS.

Post Exposure Prophylaxis

The National Guidelines for Management of Transmission of HIV and Sexually Transmitted infections in Sexual Assault were used in the development of the Provincial Policy for PEP for sexual assault. The policy will be reviewed and incorporated in the Victim Empowerment Policy developed during this financial year 2004/2005.

Antiretroviral Treatment Programme

- An ARV Strengthening Plan as well as an ARV Drug Management Policy has been developed. A provincial guideline for the management of adult patients with ARVs, including nutrition, has been developed for doctors and nurses and is being implemented in the Free State.
- Paediatric guidelines have also been developed for doctors and nurses and are in the process of being implemented. All of these are based upon the National Guidelines, but have been adapted for the province accordingly.

Home based care

- The policy for Cadres of community workers who will assist the department with services such as home based care, step down facilities, VCCT and DOTS, is in the process of being implemented.
- National Guidelines were used for the development of provincial guidelines for home based care in all districts.

Step-down care

National guidelines were used for the development of provincial guidelines for step down facilities in all districts.

VCCT services

VCCT will be rolled out to 100% of health care facilities in the Free State

Prevention of Mother to Child Transmission of HIV

- PMTCT is being extended to all facilities that offer maternity services.
- With the roll out of ARVs there is an increase in the treatment of both HIV positive mothers and babies born HIV positive.
- The service is integrated into comprehensive management of HIV and AIDS, TB and STIs.
- The integration of PMTCT to other programmes has started
- Review of the Nutrition Policy, to include HIV positive mothers, is in progress.

Diagnostic, Management and Protocol Development

Based on the National Guidelines, the following provincial Treatment protocols have been developed:

- STI Treatment Protocols are available for all prescribers
- TB Treatment Protocols are available at all facilities, including hospitals
- ARV Treatment Protocols are available at all ARV Sites
- Chronic diseases such as Asthma, Hypertension and Diabetes are available at all health facilities.

Education- and Awareness Campaigns

- All HIV and AIDS calendar days are handled as Information, Education and Communication (IEC) awareness campaigns
- Regular training is being offered to stakeholders

Tuberculosis treatment services including application of revised DOTS strategy, DOTS coverage, and patient recording and reporting systems

The TB Medium Term Development Plan 2000-2005 is in the process of being implemented in the Free State with the following objectives:

- To achieve a cure rate of 80 – 85% among sputum smear positive cases
- To keep the treatment interruption rate below 10%
- To detect 70% of the estimated new smear positive cases
- To achieve 100% DOTS coverage to all districts.

NGO/CBO involvements and service level agreements

A total of 150 NGOs have been capacitated on Human Resource Management, Financial Management, Project Management and General Management Skills. NGOs are being funded as groups of NGO Consortiums in all 5 health districts. A total of 10 Consortiums funded for IEC and support services.

Analysis of constraints and measures planned to overcome them

Finance and financial management

In 2004, some financial system problems (BAS) were experienced. It is planned to decentralise the conditional grants to districts.

Human resources

The filling of ARV posts is a challenge, due to the rural nature of some districts. Districts also experienced problems since only one District co-ordinator is available to attend to all the programs. The HIV and AIDS directorate also experience problems with insufficient administrative support.

Prevention from Mother to Child Transmission of HIV services

The use of Nevirapine in the PMTCT program has to be aligned with the comprehensive HIV Treatment Plan.

Post Exposure Prophylaxis

It is a serious challenge to ensure that appropriately trained staff is always available to service these clients. Bursaries for training in forensic nursing have been made available from 2005.

Table HIV2: Provincial objectives and performance indicators for HIV and AIDS, STI and TB control

Goal 2: Reduce the burden of disease						
Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 2.1 Implement and monitor comprehensive plan on management, care and treatment of HIV and AIDS	Implement an additional ARV site per district			10 ARV sites	15 ARV sites	20 ARV sites
	Render the comprehensive treatment and care program for HIV and AIDS patients in all towns.			40% of towns	70% of towns	100% of towns
Objective 2.2 Implement and monitor disease prevention and health promotion programs.	Implement the Primary Health Care Core Package in all the towns.			60% of towns	80% of towns	100% of towns
Objective 2.3 Strengthen programs for survivors of sexual assault and victim empowerment in collaboration with other departments.	Number of trauma centres for victims			1 new Victim Support Centres		

Table HIV3: Performance indicators for HIV and AIDS, STI and TB control

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2008
Input							
ARV treatment service points compared to plan	%	N/A	5 sites	10 sites	15 sites	25 sites	100
Fixed PHC facilities offering PMTCT	%	10%	20%	30%	40%	50%	100
Fixed PHC facilities offering VCT	%	82%	95%	100%	100%	100%	100
Hospitals offering PEP for occupational HIV exposure	%	100%	100%				100
Hospitals offering PEP for sexual abuse	%	N/A	N/A	40%	60%	80%	100
HTA Intervention sites compared to plan	Sites per district	2	3	5	5	Maintain HTA project	100
Process							
TB cases with a DOT supporter	%	96%	100%	100%	100%	100%	100
Male condom distribution rate from public sector health facilities	No	7.6	8	9	10	11	11
Male condom distribution rate from primary distribution sites	No	15	18	22	24	28	32
Fixed facilities with any ARV drug stock out	%	N/A	zero	zero	zero	zero	0
Hospitals drawing blood for CD4 testing	%	N/A	5	10 sites	15 sites	20 sites	100
Fixed PHC facilities drawing blood for CD4 testing	%	N/A	5 sites	10 sites	15 sites	20 sites	20
Fixed facilities referring patients to ARV treatment points assessment	%		15	20 sites	25 sites	30 sites	10
Output							
STI partner treatment rate	%	18.4	20	25	30	35	40
Nevirapine dose to baby coverage rate	%						70
Clients HIV pre-test counselled rate in fixed PHC facilities	%	20243	Jan to Jul 2004 25 352	100	100	100	100
Patients registered for ART compared to target	No	N/A	2561	2561			100
TB treatment interruption rate	%	7.2%	6%	5.5%	5%	4.5%	4
Quality							
TB sputa specimens with turnaround time > 48 hours	%	No data	> 2 Days	No data	No data	No data	0

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2008
Efficiency							
Dedicated HIV AND AIDS budget spent	%	2,697189	N/A	N/A	N/A	N/A	100
Outcome							
New smear positive PTB cases cured at first attempt	%	60%	65%	65.5%	70%	75%	85

Past expenditure trends and reconciliation of MTEF projections with plan

Table HIV4 Trends in provincial public health expenditure for HIV and AIDS conditional grant (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	3,767	18,657	30,144	69,969	100,874	142,265	149,378
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person		7	11	24	35	50	52
Total per uninsured person	0	8	12	29	41	58	61
Constant (2004/05) prices		85,362	77,666	73,467	69,969	391,826	
Total		2,857	2,857	2,857	2,857	2,857	
Total per person		30	27	26	24	137	
Total per uninsured person		35	32	30	29	161	

ANNEX 4 MOTHER CHILD AND WOMEN'S HEALTH AND NUTRITION

Sub programme Nutrition including maternal and women's health

SITUATION ANALYSIS

Maternal and Child Health Services

Cervical Cancer Screening Programme

- The department in partnership with the Cancer Association of South Africa implemented a Cervical Cancer Screening Programme and a breast examination programme in the Free State.
- Cervical cancer screening is presently <1% of targeted women of age 30 and over. Coverage will increase to 3% of targeted population in 2004/5 and will increase by another 1% per year per total targeted female population of the province. During the 2001/2002 financial year a total of 3 155 new cervical cancer patients were seen at the Oncotherapy Department at Universitas Hospital.
- Cervical Cancer treatment is being offered at Bethlehem Regional Hospital, Boitumelo Regional Hospital, Pelonomi Hospital as well as Universitas Hospital. The referral route between the Primary Health Care facilities and these treatment centres is intact and ensures that clients receive proper treatment on time.

Genetic Services

The Genetic Services Programme is responsible for the training of district genetic nurses as facilitators for genetic disorders support groups and to support the haemophilia treatment center.

Maternal Health

- The recommendations of the National Committee on Confidential Enquiry into Maternal Deaths (NCCEMD) were implemented to reduce maternal deaths. The department is presently focussing on special training for doctors in spinal anaesthesia, ensuring functional equipment and the availability of emergency drugs and blood. This will improve the safety of Caesarean sections.
- The Decentralised Education Program for Advanced Midwives (DEPAM) has been instituted to strengthen the skills of midwives in the province.
- The Perinatal Problem Identification Program (PPIP) as well as the Hands on Child Birth Education Programme are being implemented.
- The Choice on Termination of Pregnancy Act was implemented to reduce maternal morbidity and mortality, related to unsafe methods of terminating pregnancy. From April 2001 to 30 September 2004, a total of

14 896 pregnancies were safely terminated. The five designated health facilities are Dr JS Moroka-, National-, Kopano-, Elizabeth Ross- and Metsimaholo hospitals.

Integrated Management of Childhood Illness (IMCI)

- The Integrated Management of Childhood Illnesses (IMCI) strategy is a comprehensive child health management approach for the appropriate care of common childhood diseases. The IMCI strategy has been expanded to all health districts to help reduce the under-five mortality rate from 53/1000 to 50/1000.
- The Baby Friendly Hospital Initiative Programme, Expanded Programme on Immunisation, PSNP and Malnutrition Programmes were strengthened to improve child survival. Breastfeeding is being promoted and supported through the expansion of the Baby Friendly Hospital Initiative to an additional four hospitals.
- The department is on course to eradicate Polio in the Free State. AFP surveillance is currently being implemented in all Regional Hospitals in the province. The AFP stool adequacy rate has improved from 45% to 100%.
- The Department is one of the stakeholders in the Child Support Grant Programme (target group birth – 18 years). This programme involves, amongst others, the discussion and agreement of Early Childhood Development (ECD) issues and support and care to vulnerable children.

Table MCWH1 Situation analysis indicators for MCWH and Nutrition

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Southern Free State Health Complex	Northern Free State Health Complex	Eastern Free State Health Complex	National target 2003/4
Incidence								
Incidence of severe malnutrition under 5 years	%	0.79	0.58	0.47	80.5	80.5	86	
Incidence of pneumonia under 5 years	%	6.03	84.75	97.71	No data	No data	No data	
Incidence of diarrhoea with dehydration under 5 years	%	7.42	6.78	2.18	15	13	9	
Input								
Hospitals offering TOP services	%	18	4	4	2	1	1	100
CHCs offering TOP services	%	No data	30%		50%	60%	45	50
Process								
Fixed PHC facilities with DTP-Hib vaccine stock out	%	None reported						
AFP detection rate	%	9	11	12	4	4	3	1
AFP stool adequacy rate	%	60	63.6	100%	100%	100%	100%	80
Output								
(Full) Immunisation coverage under 1 year	%	90.15	85.64	82.32	78	82.5	86	90
Antenatal coverage	%							80%
Vitamin A coverage under 1 year	%	Not implemented	40	74	No data	No data	No data	80%
Measles coverage under 1 year	%	85.51	86.22	84.02	78	82.5	87	90
Cervical cancer screening coverage	%	< 1%	3	4	5	6		15
Quality								
Facilities certified as baby friendly	No of facilities	Not implemented	1	5	5	1	0	20

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Southern Free State Health Complex	Northern Free State Health Complex	Eastern Free State Health Complex	National target 2003/4
Fixed PHC facilities certified as youth friendly	%							20
Fixed PHC facilities implementing IMCI	%		68	49 IMCI trained personnel left the service	No data	No data	No data	
Outcome								
Not gaining weight under 5 years	%	4.37	5.30	4.43	3.22	4.77	6.37	

Policies, priorities and strategic goals

Mother Child and Women's Health

- Hepatitis B Immunization for children
- Measles Surveillance
- Management of Adverse Events following Immunisation
- Change over to Intradermal BCG (IBCG)
- Introduction of HIB Vaccine into EPI
- Expanded program on immunisation circular
- Hepatitis B Immunization for Health Care Workers.
- Management of Acute Flaccid Paralysis
- Management of Neonatal Tetanus
- Vitamin A policies
- Revised opened multi-dose vial policy
- Needle stick injury
- Anaphylactic shock (policy currently being developed)
- Measles immunisation for children admitted to hospital (final draft)
- Nutritional supplementation policies this is an update to the protein energy malnutrition policy currently in place.

Chronic diseases

- Train health workers on food based dietary guidelines.
- Draft protocol on Chronic Diseases.
- Contribute to the reduction of morbidity and mortality associated with communicable diseases, specifically HIV and AIDS and Tuberculosis
- Persons on ARV treatment given access to the supplementary nutrition program.
- Provide support to ARV patients and persons caring for them both professional and home based care through education and access to nutrition supplementation
- Improve the coverage of Vitamin A supplementation to 80%.

Targets for growth monitoring and promotion

- Reduce the prevalence of low birth weight to 10%.
- Reduce malnutrition through the supplementary nutrition program and health education as follows
- Underweight from 11.5% to 10.5%
- Severe underweight from 1.6% to 1 %.
- Stunting from 39.8% to 27.2%
- Wasting 3.2% to 1.2%
- Contribute to the retention of the under five mortality rate 59/1000.

Strategies to decrease maternal morbidity and mortality

- Develop and display treatment guidelines and referral routes recommended by the National Committee on Confidential Enquiries on Maternal Deaths
- Promotion of regional anaesthesia at all sites performing caesarean section. Skills in anaesthesia to be improved at all levels of care
- Correct use of the partogram in all institutions conducting deliveries.
- Improve inter institutional transport

Strategies to improve access to reproductive health services

- Expand Perinatal Problem Identification (PPIP) sites in the province by rolling it out to Pelonomi Regional and Universitas Academic hospitals in the Motheo District.
- Promote cervical and breast cancer screening as an integral part of the PHC package in 30% of clinics per district.
- Provide contraceptives in 90% of clinics and extend contraceptive services to approved private services.
- Improve women's health and reduce maternal mortality due to illegal abortions by offering TOP services in all districts in an equitable proportion and to train and place midwives trained in Manual Vacuum Aspiration, at identified facilities.
- Prevent mother to child transmission of HIV and AIDS through implementation of the co-package according to guidelines
- Train 5 district co-ordinators and 200 health professionals on an integrated strategy for PMTCT, Maternal Health and ARVs.

Strategies to reduce under 5 morbidity and mortality

- IMCI training courses for health care professionals.
- Ensure that 75% of PHC health care facilities are implementing IMCI.
- Ensure 90% immunization coverage for all malnourished children under one year of age.

Analysis of constraints and measures planned to overcome them

Sub Programme Child Health and Nutrition

Finance and financial management

The conditional grant ensured that sufficient funds were available at provincial level for the implementation of the Integrated Nutrition Program. Funds allocated to the districts were not sufficient to implement the programs to its fullest e.g. to purchase vaccines, provide oxygen to all clinics and have the products for the malnutrition program available in the clinics at all times.

Human resources

20% of the posts in the Child Health and Nutrition program are vacant. Critical posts are being filled

Support systems

Problems are experienced with access to information making monitoring and planning difficult.

MCWH 2 Provincial objectives and performance indicators for Mother Child and Women's Health and Nutrition

Objective	Indicator	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
SUB PROGRAMME NUTRITION						
Objective 2.3 Contribute to the reduction of malnutrition for children under five years	Reduce the total % of children weighed during the year who suffer from severe malnutrition	1.6%	1.4%	1.3%	1.2%	1%
	Reduce the total % of children weighed during the year who are underweight	2.2%	2%	11.5%	11%	10.5%

Table MCWH 2 Provincial objectives and performance indicators for MCWH and Nutrition

Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Reduce micronutrient deficiency disorders	% of children under one year who received a Vit A dose according to schedule.	Not implemented	40%	70%	75%	78%	80%	82%
		Not implemented 0%	1 New BFHI status 3%	5 New BFHI status	8 New BFHI status	4 New	4 New	4 New
				5 hospitals retain BFHI status	5 hospitals retain BFHI status.	13 retain BFHI status	17 retain BFHI status	21 retain BFHI status
Ensure that health facilities with maternity beds which are baby-friendly (%) of 30 hospitals in the province.	Number of health facilities with maternity beds which are baby-friendly (%) of 30 hospitals in the province.			4 new BFHI status	8 new BFHI status			
				1 retain BFHI status	5 retain BFHI status			
				5/30 = 16.6%	13/30 = 43.3%			

Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Improve immunisation coverage under one year of age.	% of children under one year fully immunised.	90.15%	85.64%	82.32%	83%	85%	87%	89%
	% of children who received a first measles dose.	90.15%	85.64%	82.32%	83%	85%	87%	89%
Ensure that new born babies are provided with a Road to Health Chart	Proportion of new born babies provided with a Road to Health Chart	No data	No data	95%	No data	96%	97%	98%
Ensuring an effective immunisation service.	% of days that fixed PHC facilities reporting DTP-hib stock out 254 days per year x nr of PHC facilities delivering an immunisation service) 70,848 days x 12 (%)	Not implemented	Not implemented	Not implemented	1.1%	<1%	0,90%	0,85%
Increase exclusive breastfeeding rates for infants	Exclusive breastfeeding rate for infants up to 6 months	No data	No data	No data	No data	2.5%	2.8%	3%
Reduce the prevalence of malnutrition in children	Proportion of underweight children under 5years of age (%)	2.91	2.89	11.5%	10.5%	10.3%	10.0%	9.8%

Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Reduce the prevalence of malnutrition in children	Proportion of severely underweight children under 5 years of age (%)	0.79	0.58	1.6%	1%	.90%	0.85%	0.80%
Contribute to the decrease in infant and child mortality and morbidity.	Incidence of pneumonia under 5 years	No data	No info available	6.03	Info not available	6	5.80	5.60
	Incidence of diarrhoea with dehydration under 5 years	7.42	6.78	2.18	No info available	2	1.90	1.80
	AFP detection rate (9 cases) (1/100 000) of children under 15 years	9	11	11 cases	8 cases	9 cases	9 cases	9 cases
	100% stool adequacy rate for all AFP cases identified.	60%	63.6	100%	78%	100	100	100
	Lower respiratory infection rate.	13.79	12.78	2.32	No info available	2	1.90	1.80
	PHC facilities to implement the IMCI strategy	No info available	68.7%	49.1%	72.7%	74%	76%	78%

Table MCWH 3 Performance indicators for Mother Child and Women's Health and Nutrition

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Incidence							
Incidence of severe malnutrition under 5 years	%	1.6	1	0.90	0.85	0.80	
Incidence of pneumonia under 5 years	%	6.03	No data	6	5.80	5.60	
Incidence of diarrhoea with dehydration under 5 years	%	2.18	No data	2	1.90	1.80	
Input							
Hospitals offering TOP services	%	18	No data	No data	No data	No data	100
CHCs offering TOP services	%	No data	30	45	50	60	80
Process							
AFP detection rate	%	11	8	9	9	9	1
AFP stool adequacy rate	%	100	75	80	80	80	80
Output							
(Full) Immunisation coverage under 1 year	%	82.32	82.32	85	87	89	90
Vitamin A coverage under 1 year	%	74	70	78	80	82	80%
Measles coverage under 1 year	%	84.02	82.32	84	86	88	90
Cervical cancer screening coverage	%	< 1	3	4	5	6	15
Quality							
Facilities certified as baby friendly	%	5	13	18	22	26	30
Fixed PHC facilities implementing IMCI	%	49%	72%	74%	76%	78%	
Outcome							
Not gaining weight under 5 years	%	4.43	No data	4.20	4.00	3.80	

Past expenditure trends and reconciliation of MTEF projections with plan

During 2003/04 10% of the conditional grant was spent. It is projected that 100% of the funds for 2004/05 for the INP conditional grant will be spent.

Table MCWH 4 Trends in provincial public health expenditure for INP conditional grant (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	30,345	32,918	47,831	6,636	7,296		
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	11	12	17	2	3	0	0
Total per uninsured person	12	14	20	3	3	0	0
Constant (2004/05) prices²	8,096	7,366	6,968	6,636			
Total	2,857	2,857	2,857	2,857			
Total per person	3	3	2	2			
Total per uninsured person	3	3	3	3			

SUB PROGRAMME: OTHER COMMUNITY SERVICES

ANNEX 5 DISEASE PREVENTION and CONTROL

SITUATION ANALYSIS

Eye Care Services

Eye care services focus on prevention of blindness. 80% of blindness is avoidable by simple and inexpensive means. In the Free State 59 965 people (32.38 % of disabled population) have some form of sight disability. Cataracts are the main cause of blindness.

Cataract Surgery

- The Department of Health, in collaboration with the Department of Ophthalmology at the University of the Free State, as well as the Bureau for Prevention of Blindness, formed a partnership to address the cataract surgery backlog in the province.
- The number of Cataract surgeries performed increased from 465 in 1999/2000, 1709 in 2001, 1535 in 2002 to 2264 in 2003. The National Award for the Best Improvement in Cataract Surgery was presented to this department during 2001 and again in 2003.

Establishment of an Eye Care Centre

A new eye care centre was opened at Mofumahadi Manapo Mopeli Regional Hospital in November 2003. Another centre will be opened at Boitumelo hospital.

Establishment of the School of Optometry

The School of Optometry was established at Universitas hospital at the Faculty of Health Sciences at the beginning of 2002. 30 Students were enrolled. The Optometry Clinic at National Hospital serves as teaching centre.

Oral Health Services

- Oral health services focus on prevention, promotion and treatment of oral diseases.
- Currently there are 101 dental clinics and six mobile clinics in the province. The introduction of community service dentists improved accessibility to oral health service and more clinics are serviced frequently.
- School Brushing Programs were implemented in 25% of rural primary schools to promote good oral health and provide dental services through mobile clinics. The National Children Survey in 1999/2000 indicated that 60% of children were found to be in need of dental treatment.
- The Department has entered into agreements with the University of Pretoria and MEDUNSA respectively to train dentists in maxillo-facial and oral

surgery and orthodontics. Training in oral health services will consequently be expanded in the Academic Health Services Complex.

Mental Health and Substance Abuse

- Mental health is provided as part of the PHC package. A new Psychiatric unit was opened at Mofumahadi Manapo Mopeli hospital during 2003. The Free State Psychiatric Complex provides care, rehabilitation and outreach to identified clinics. Boitumelo and Manapo Hospitals established psychiatric wards and appointed psychiatrists. The primary mental health services are provided in the clinics. Provincial policy guidelines and protocols for treating prioritized psychiatric conditions were made available.
- The Victim Empowerment Programme (VEP) focuses on multisectoral efforts to eliminate abuse. There are four Victim Support Centres namely at National, Moroka and Botshabelo hospitals as well as at Kopanong in Welkom.
- The Alcohol and Drug Abuse Prevention, Rehabilitation and Research Centre (ADAPREC) provide a much needed service. 155 Health professionals have been trained in the prevention and management of substance abuse.

Environmental Health

- The devolution of Environmental Health services from the local municipalities to district municipalities hampers the effective rendering of Environmental Health Service in the province. No consolidated National Environmental Health Indicators exist that can serve as a guide for provinces.
- The Healthy Cities Initiative is related to Agenda 21. The project aims to keep towns and villages healthy through the implementation of different strategies. This was implemented in the Mangaung local municipality in 2002. and will be rolled out to other municipalities during 2004/005.
- Integrated Environmental Health Business Plans have been implemented at all local municipalities.
- The “Chimneys for Chests” project aimed at improving indoor air quality for informal settlements was rolled out to the Matjhabeng Local Municipality. 60 Prefabricated chimneys were donated to the community.
- The Environmental health policy was launched in 2001.
- A Waste Management Strategy was developed for all health care institutions in the province. Waste management was outsourced for the first time in 2004. The department is part of the provincial sanitation task team.

Occupational health

- An Occupational Health unit was established within the department of Community Health.
- Health and safety officers and committees were appointed at all health institutions in terms of the Occupational Health and Safety Act (No. 85, 1993).
- An employee assistance programme will be established in 2004.
- Co-ordination between Occupational Health nursing and medicine, EAP and compensation for occupational disease will be synergised.

Disabilities and Rehabilitation

- 9 Assistive devices workshops were established in all districts in collaboration with the Association of Persons with Disabilities. A total of R6.3 million was spent on assistive devices for the past three years.
- Currently, most of the health facilities are being upgraded to meet the minimum requirements as set out in the accessibility assessment criteria. The building of all new clinics will meet the required standard and norms of accessibility for the disabled.
- A Vocational Evaluation and Rehabilitation Centre was established for people with disabilities to be evaluated for specific abilities that can enable them to find opportunities in the job market and become fully-fledged members of society. Between 20 and 25 clients are assessed per month. People are also assessed for disability and care dependency grants.
- Health promotion is more accessible to persons with disabilities. 316 frontline personnel were trained in sign language. The training will be extended to HIV and AIDS Counsellors in the Voluntary Counselling and Testing Programme (VCCT). Videotapes were made with HIV and AIDS messages for the deaf people and will in time be produced in Braille. 94 managers of day care centres for children with disabilities were trained in the use of therapeutic toys. R50 000 worth of therapeutic toys were distributed for this purpose.

Physiotherapy, Occupational therapy as well as Speech and Audiology Services

Vacant posts, lack of availability and maintenance of equipment in districts and district hospitals hamper service delivery. Appropriate floor space for therapy is not available.

Communicable Diseases

- Haemorrhagic disease is endemic in the province. Disease Outbreak Response Strategy was developed in the three major districts that are linked to the Lesotho Border and Bloemfontein International Airport.
- A provincial and 5 district, disease outbreak response (DORT) task teams were established and retrained. The DORT policy has been finalised.

Chronic Diseases

Chronic conditions such as hypertension, diabetes mellitus, asthma and heart diseases are very prevalent in the Free State. These are diseases that can be controlled by a healthy life style. The World Health Organisation supports implementation of health promotion strategies. An integrated approach to home based care (including care palliative care) has been implemented in partnership with the co-ordinating NGOs for home based care.

Table PREV1 Situation analysis indicators for disease prevention and control

Indicator	Type	Province wide value 2003/04	National target 2003/4
Input			
Trauma centres for victims of violence	No	2	N/A
Process			
CHCs with fast queues for elder persons	%		10
Output			
Health districts with health care waste management plan implemented	No	100% of provincial hospitals	N/A
Hospitals providing occupational health programmes	%	90%	80
Integrated epidemic preparedness and response plans implemented	Y/N	yes	Yes
Integrated communicable disease control plans implemented	Y/N	yes	Yes
Quality			
Outcome			
Dental extraction to restoration rate	No		0.5
***Malaria fatality rate	No	zero	0.40
***Cholera fatality rate	No	zero	1
*Cataract surgery rate	No	1075 per million	950

* The **cataract surgery rate** is calculated annually not according to the financial year The rate is the number of cataract operations per million population.

** Health care services for older persons have been implemented into the Primary Health Care Package.

***The Free State is not an endemic area for Malaria and Cholera. Most cases are imported cases and are being treated as reported.

Policies, priorities and strategic goals

Eye Care Services

The National and Provincial priority is to increase the cataract surgery rate to 1000 per million population by 2005 and 2000 per million population by 2010. The provincial policy on eye care will be finalised this financial year (2004/2005). The policy will be implemented during 2005. The strategic goals are to strengthen initiatives to prevent and reduce blindness and to develop partnerships with NGOs involved in eye care.

Oral Health Services

The national goal is to reduce the extraction to restoration rate to 1:6. The provincial policy on oral health will be finalised this financial year (2004/2005). The policy will be implemented from 2005. The strategic goals are to reduce the extraction to restoration rate to 1:6 and to develop specialised dental services in partnership with academic institutions training dental practitioners and oral health auxiliary personnel.

Mental Health and Substance Abuse

The national priority is to implement the New Mental Health Care Act and reduce substance abuse. The provincial policy on the implementation of the Act has been developed and implementation plans will be finalised during this financial year (2004/2005). The strategic goal is to ensure implementation of the provincial Mental Health Policy and Mental Health Care Act.

Disabilities and Rehabilitation

- Provincial Rehabilitation Policy
- Assistive Devices Policy
- Physiotherapy Policy
- Occupational Therapy Policy
- Orthotic and Prosthetic Services Policy
- Vocational Evaluation and Rehabilitation Services

Rural development nodes and urban renewal nodes

The Rehabilitation Core Package is in place and rehabilitation managers are using it as a strategy to render services in rural settings. Services in the urban areas have been fairly accessible. Deployment of community service therapists has made it possible to strengthen the outreach programme. The Scarce Skills Programme also has some positive impact as a staff retention strategy.

Rehabilitation, rationalisation and (as appropriate) expansion of the district facility network with reference to the data presented in the situation analysis

Floor space for therapy is often not appropriate or is not considered at all in the revitalisation programme. Facility planning has to be consulted.

Provincial decentralisation strategy for district health system development

Rehabilitation managers are in place in all five districts. The availability and distribution of the full spectrum of therapists is not yet adequate.

Rural development nodes and urban renewal nodes:

The provincial Environmental Health Practitioners (EHPs) have been largely rendering Environmental Health Services in rural and urban areas. Environmental Health service has been fairly accessible. Community EHPs were deployed in rural areas to strengthen outreach programmes.

Provincial decentralisation strategy for district health system development

All provincial Environmental Health practitioners are deployed in the districts and are rendering both municipal and non-municipal health services.

Chronic conditions

The department is implementing strategies to combat chronic diseases with support from the WHO

Other policies

- Occupational Health Policy
- Needle stick policy
- Guidelines for Health and Safety Representatives

Analysis of constraints and measures planned to overcome them

Finance and financial management

- Inadequate operational budget for Environmental Health Services in the Districts.
- Funding for filling posts of optometrists and other scarce skills and under served areas
- Funds for equipment and materials for oral health, eye care and rehabilitation services.

Human resources

- Recruitment and retention of people for eye care, oral health, Environmental Health and rehabilitation services.

Support- and Information Systems

- An information system for eye care must be developed.
- Develop and finalise provincial Environmental Health Service indicators.
- Facilitate the implementation of Municipal Health Service in all the District Municipalities. Service Level Agreement with all District municipalities to effect and support the implementation of Municipal Health Service.
- Finalise Occupational Health Policy and strengthen co-ordination of Occupational Health.

Table PREV 2 Provincial objectives and performance indicators for disease prevention and control

Objective	Indicator	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Strengthen initiatives to increase cataract surgery rate to 2000 per million population by 2010	Cataract surgery rate increased					1200	1400	1600
Establish 1 Victim Support Centre per district in collaboration with other departments by 2008	Number of Victim Support Centres established					1 new Victim Support Centre		

Table PREV 3 Performance indicators for disease prevention and control

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Input							
Trauma centres for victims of violence	No	N/A	2	1 additional	1 additional	1 additional	1 per district
Quality							
Outbreak response time	Days		1	1	1	1	1
Cataract surgery rate	Rate per million population		1200	1400	1600	1800	1,000
* Trauma centres for victims of violence	No	N/A	N/A	1	1	1	1 per district

*Victim Support centre

PROGRAMME 3

ANNEX 6 EMERGENCY MEDICAL and PATIENT TRANSPORT SERVICES

SITUATION ANALYSIS

- Emergency Medical Services are fully operational in all municipalities. There are 67 stations and satellite points.
- Average response times currently ranges from 45 to 60 minutes in urban areas and 60 to 90 minutes in rural areas.
- Planned Patient Transport for non-emergency cases is implemented in all districts with dedicated staff separate from pre-hospital.
- There are eight hundred personnel employed in various categories. Thirteen Advance Life Support professionals are being trained to improve the quality of care of pre-hospital emergency service. The entire province has four Advance Life Support professions.
- In partnership with Department of Local Government an emergency services control room has been built in Bloemfontein for emergency medical services and disaster management.

Table EMS1: Situation analysis indicators for EMS and patient transport

Indicator	Type	Province wide value 2003/04	Motheo	Xhariep	Thabo Mofutsanyana	Lejweleputswa	Northern Free State	National target 2003/4
Input								
Ambulances per 1000 people	No	0.053-13	0.12	0.12	13	0.034	0.053	0.2
Hospitals with patient transporters	%	66%-100% of patient transporters at EMS stations	66% at EMS stations	77% at EMS stations	Shuttle vehicles are currently allocated to EMS	EMS provides service to 100% of clinic patients. Inter- hospital ambulances are not in place yet.	EMS provides service to 100% of clinic patients. Inter-hospital ambulances are not in place yet.	70

Process								
Kilometres travelled per ambulance (per annum)	Kms	54 000-122 000	80 000	100 000	122 000	60 000	54 000	
Locally based staff with training in BLS	%	26%-74%	74%	74%	180 officials	40.9%	26%	59
Locally based staff with training in ILS	%	2.4%-10%	10%	10%	29 officials	13.4%	2.4%	29
Locally based staff with training in ALS	%	0%-0.2%	0%	0%	1 official	0.2%	0%	15
Quality								
Response times within national urban target (15 mins)	%	0%-41.6%	0% 45-60 min	0% 90-120 min	no data	41.6% (10-15min)	41.6% (10-15min)	50
Response times within national rural target (40 mins)	%	0%-50%	0% 45-60 min	0% 90-120 min	82 minutes	50% (30-35min)	50% (30-35min)	50
Call outs serviced by a single person crew	%	All calls are serviced by two crew members						1.8
Efficiency								
Ambulance journeys used for hospital transfers	%	20%-45%	30%	20%	363	45%	38%	30
Green code patients transported by ambulance	%	43%-85%	57%	43%	143	85%	72%	
Cost per patient transported by ambulance	R	R128-R984.40	R128	R128	No data	R984.40	R984.40	
Ambulances with less than 500,000 kms on the clock	%	98%-100%	98%	98%	43 vehicles	100%	100%	50

Output								
Patients transported (by PTS) per 1,000 separations	No	no data	Unknown* 43 000 patients transported	Unknown* 23 000 patients transported	5 931	no data	no data	10

**Answers are not available because of the fact that no statistics on total separations are available due to the lack of a control centre.*

Policies, priorities and strategic goals

The following priorities will be addressed

- Attain 20 to 45 min average response time in urban areas
- Operate a provincial control room in three health complexes.
- Implement an appropriately skilled staff establishment for EMS personnel in the entire province.
- Implement inter-hospital services at all hospitals in the province.
- Improve the dedication and efficiency of the planned patient transport service.
- Increase ambulance stations to seventy four in the province.

Analysis of constraints and measures planned to overcome them

The available budget is insufficient to implement the Emergency Medical Services plan in terms of appointments, purchasing of ambulances and training. Therefore the plan will be implemented in phases.

Table EMS 2 Provincial objectives and performance indicators for EMS and patient transport

GOAL 1 COMPASSIONATE AND QUALITY HEALTH SERVICES					
SUB PROGRAMME: EMERGENCY TRANSPORT					
Objective	Indicator	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
Objective 1.8 To provide medical rescue, pre- and inter-hospital emergency services	Average response time (rural and urban)	45 to 60 minutes (urban) 60 to 90 min (rural)	20 to 45 (urban) 45 to 60 (rural)		
	Number of emergency calls attended		90% of emergency calls attended		
	Number of inter-hospital transfers		90% of bookings		
	Number of ambulance stations	67 including satellite points	2 per year		
	Number of ambulances		10 purchased yearly		
SUB-PROGRAMME: PLANNED PATIENT TRANSPORT					
Objective 1.9 To provide pre and inter-hospital non-emergency services	Implementation of district health plan	90% implemented			
	Implementation of referral system	100% implemented			
Objective 1.9 To provide pre and inter-hospital non-emergency services	Number of patients transported between various levels	95% of bookings			

Table EMS 3 Performance indicators for the EMS and patient transport

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Ambulances per 1000 people							
Motheo	No	0.12	0.12	0.2	0.25	0.3	0.2
Xhariep	No	0.12	0.12	0.2	0.25	0.3	
Thabo Mofutsanyana	No	13	No targets as yet				
Lejweleputswa	No	0.034	0.05	0.08	0.15	0.3	
Northern Free State	No	0.053	0.07	0.09	0.15	0.3	
Hospitals with patient transporters							
Motheo	%	66	74	84	94	100	70
Xhariep	%	77	77	84	94	100	
Thabo Mofutsanyana	%	Shuttle vehicles are currently allocated to EMS					
		100	100	100	100		
Lejweleputswa	%	03/04: EMS provides service to 100% clinic patients. Inter-hospital ambulances were not in place yet.					
Northern Free State	%	03/04: EMS provides service to 100% clinic patients. Inter-hospital ambulances were not in place yet.					
Process							
Kilometres travelled per ambulance (per annum)							
Motheo	Kms	80 000	No targets as yet Implement systems to measure indicator				
Xhariep	Kms	100 000					
Thabo Mofutsanyana	Kms	122 000					
Lejweleputswa	Kms	60 000					
Northern Free State	Kms	54 000					
Locally based staff with training in BLS							
Motheo	%	74	84	74	64	50	59
Xhariep	%	74	84	74	64	50	
Thabo Mofutsanyana	%	180	No targets as yet				
Lejweleputswa	%	40.9					
Northern Free State	%	26					
Locally based staff with training in ILS							
Motheo	%	10	15	20	30	40	29
Xhariep	%	10	15	20	30	40	
Thabo Mofutsanyana	%	180	No targets as yet				
Lejweleputswa	%	40.9%					
Northern Free State	%	26%					
Locally based staff with training in ALS							
Motheo	%	0	2	4	7	10	15
Xhariep	%	0	2	4	7	10	
Quality							
Response times within national urban target (15 mins)							
Motheo	%	45-60 min	45-60 min	50	75	100	50
Xhariep	%	0 90-120 min	0 90-120 min	50	75	100	
Lejweleputswa	%	41.6 10-15 min)	41.6 (10-15min)	41.6 (10-15 min)	41.6 10-15 min)	41.6 (10-15 min)	
Northern Free State	%	41.6 (10-15 min)	41.6 (10-15min)	41.6 (10-15 min)	41.6 (10-15 min)	41.6 (10-15 min)	
Response times within national rural target (40 mins)							
Motheo	%	Unknown*	Unknown*	50	75	100	50
Xhariep	%	Unknown*	Unknown*	50	75	100	
Thabo Mofutsanyana	%	82 minutes					

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Lejweleputswa	%	50% (30-35 min)	50 (30-35 min)	50 (30-35 min)	50 (30-35 min)	50 (30-35 min)	
Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	
Northern Free State		50% (30-35 min)	50% (30-35min)	50% (30-35 min)	50% (30-35 min)	50% (30-35 min)	
Call outs serviced by a single person crew	%	All calls responded by 2 man crew					1.8
Efficiency							
Ambulance journeys used for hospital transfers							
Motho		30%	25%	17%	10%	0%	30
Xhariep		25%	25%	17%	10%	0%	
Thabo Mofutsanyana		363	No targets as yet Implement systems to measure indicator				
Lejweleputswa		45%					
Northern Free State		38%					
Green code patients transported by ambulance							
Motho	%	57%	50%	40%	30	20%	
Xhariep	%	43%	43%	40%	30	20%	
Thabo Mofutsanyana	%	143	No targets as yet Implement systems to measure indicator				
Lejweleputswa	%	85%					
Northern Free State	%	72%					
Cost per patient transported by ambulance							
Motho	R	R128	R128	R140	R150	R160	
Xhariep	R	R128	R128	R140	R150	R160	
Thabo Mofutsanyana	R	No data					
Lejweleputswa	R	R984.40	R1000	No targets as yet Implement systems to measure indicator			
Northern Free State	R	R984.40	R1000				
Ambulances with less than 500,000 kms on the clock							
Motho	%	98%	98%	99%	100%	100%	50
Xhariep	%	98%	98%	99%	100%	100%	
Thabo Mofutsanyana	%	43					
Lejweleputswa	%	100%	100%	100%	100%	100%	
Northern Free State	%	100%	100%	100%	100%	100%	
Output							
* Patients transported (by PTS) per 1,000 separations							
Motho	No	43 000	80%	70%	60%	50%	10
Xhariep	No	23 000	80%	70%	60%	50%	
Thabo Mofutsanyana	No	5 931	No targets as yet Implement systems to measure indicator				

**No statistics are available due to the lack of a control centre*

Past expenditure trends and reconciliation of MTEF projections with plan

Table EMS4: Trends in provincial public health expenditure for EMS and patient transport (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	89,143	90,941	118,966	123,536	135,079	145,233	154,492
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	31	32	42	43	47	50	54
Total per uninsured person	37	37	49	50	55	58	61
Total capital	7,468	7,060	5,367	10,500	13,401	14,408	15,327
Constant (2004/05) prices	149,616	136,126	128,768	122,636	674,498		
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	52	48	45	43	236		
Total per uninsured person	61	56	53	50	277		
Total capital							

PROGRAMME 4

ANNEX 7 PROVINCIAL HOSPITALS

Programme 4 has the following sub programmes:

- General (regional) hospitals
- Psychiatric hospital

SITUATION ANALYSIS

General (regional) hospitals

- All regional hospitals were registered with COHSASA and underwent an external survey for accreditation purposes.
- The burns unit at Pelonomi hospital is now functional

Free State Psychiatric Complex

Free State Psychiatric complex was enrolled with COHSASA and underwent an external survey during this year

Epidemiological information

General (regional) hospitals

Most common conditions treated in secondary care facilities include HIV and AIDS related conditions, hypertension, respiratory infections and Diabetes Mellitus and malnutrition among children.

Free State Psychiatric Complex

3% of the total Free State population suffer severe mental disorders, 5% moderate and 12% mild to moderate. Other conditions treated are Schizophrenia and substance abuse.

Appraisal of existing services and performance since 2001/02

General (regional) hospitals

- In order to strengthen management in a resource constrained environment Regional hospitals have been complexed under single management teams. Chief Executive Officers have been appointed.
- The Meditech system was implemented at Bongani, Boitumelo, Mofumahadi Manapo Mopeli, Dihlabeng and Pelonomi hospitals to improve access to patient's records and improve care

- Revitalization projects are in progress at Pelonomi, Dihlabeng, Boitumelo and Mofumahadi Manapo Mopeli hospitals.

Free State Psychiatric Complex

The Alcohol and Drug Abuse Prevention, Rehabilitation, Research and Education Centre (ADAPRAC) was closed during 2001/2002 and was reopened in 2004

Table PHS 1 Public hospitals by hospital type

Hospital type	Number of hospitals	Number of beds	Beds per 1000 uninsured people		
			Provincial average	Highest district	Lowest district
General (regional)	Bongani	1	460	0.1	
	Boitumelo	1	340	0.1	0.7 (Bongani Lejweleputswa)
	Pelonomi	1	740	0.3	
	Manapo	1	266	0.1	
	Dihlabeng	1	135	0.05	
Sub total acute hospitals		5			
Psychiatric	1	880	0.361		
Total public	6				

Table PHS 2 Public hospitals by level of care

Hospital type	Number of hospitals providing level of care	Number of beds	Beds per 1000 uninsured people		
			Provincial average	Highest district	Lowest district
Level 1	Bongani	190		Bongani Lejweleputswa 0.29	Boitumelo NFS 0.22
	Boitumelo	96			
	Manapo/Dihlabeng	unknown		No data	No data
	FSPC	550	0.226		
Level 2	Bongani	224		Boitumelo NFS 0.5	Bongani Lejweleputswa 0.5
	Boitumelo	210			
	Pelonomi	566	0.77		
	Dihlabeng/Manapo	401		No data	No data
	FSPC	166	0.068		
Level 3	Bongani	46		Boitumelo NFS 0.08	Bongani Lejweleputswa 0.08
	Boitumelo	34			
	Pelonomi	144	0.06		
	FSPC	164	0.067		
Some services for FSPC are rendered on request of the Department of Health Northern Cape, mainly mental health inpatients for observation and state patients (total average 10 beds on level 3)					
All acute levels		2791			

* FSPC = Free State Psychiatric Complex

Free State Psychiatric Complex

Table CHS2: Situation analysis indicators for each central/ tertiary hospital

Indicator	Type	Province wide value 2003/2004	FSPC 2003/2004	FSPC 2004/2005	FSPC 2005/2006	FSPC 2006/2007	FSPC 2007/2008
Input							
1. Expenditure on hospital staff as % of hospital expenditure	%		80	80	80	80	80
2. Expenditure on drugs for hospital use as % of hospital expenditure	%		1.5	1.3	1.5	1.8	2
Process							
3. Operational hospital board	Y/N	yes	yes	yes	yes	yes	yes
4. Appointed (not acting) CEO in place	Y/N	yes	yes	yes	yes	yes	yes
5. Individual hospital data timeliness rate	%		80	90	100	100	100
Quality							
6. Clinical audit (M and M) meetings at least once a month	Y/N		yes	yes	yes	yes	yes
Efficiency							
7. Average length of stay	Days		341	Targets not feasible in a psychiatric institution with long term stay patients			
8. Bed utilisation rate (based on usable beds)	%		82				
9. Expenditure per patient day equivalent	R		R341.09				

Table PHS 3 Situation analysis indicators for general (regional) hospitals

Indicator	Type	Lejweleputswa Bongani Hospital 2003/2004	Motheo and Xhariep Pelonomi Hospital 2003/2004	Northern Free State Boitumelo Hospital 2003/2004	Thabo Mofutsanyana Manapo and Dihlabeng Hospital2003/2004	National target 2003/4
Input						
Expenditure on hospital staff as % of regional hospital expenditure	%	62.86%	67.66%	65.86%	63.2%	
Expenditure on drugs for hospital use as % of regional hospital expend	%	6.14%	6.10%	12.69%	6.4%	12
Expenditure by regional hospitals per uninsured person	R	R181.53	No targets as yet	R213.56	No targets as yet	
Process						
Regional hospitals with operational hospital board	%	100%	100%	100%	100%	80
Regional hospitals with appointed (not acting) CEO in post	%	100%	100%	100%	100%	75
Facility data timeliness rate for regional hospitals	%		21.5%		100%	43
Output						
Caesarean section rate for regional hospitals	%	26.41%	44%	19.14%	44.1%	22
Quality						
Regional hospitals with patient satisfaction survey using DoH template	%		10%	No targets as yet		20
Regional hospitals with clinical audit (M and M) meetings every month	%		100%			90
Efficiency						
Average length of stay in regional hospitals	Days	5.57	7.74%	5.29	5.08%	4.8
Bed utilisation rate (based on usable beds) in regional hospitals	%	74.10%	85%	72.55%	56 %	72
Expenditure per patient day equivalent in regional hospitals	R	R836.67	R969.82	R784.58	R2693.00	1,128
Outcome						
Case fatality rate in regional hospitals for surgery separations	%	5.59%	7.1%	4.49%	0.13%	2.5

Policies, Priorities and Strategic Goals

- Pharmacy Act No 53 of 1974 as well as the Medicines and Related Substance Control Act No 59 of 2000, both acts will be phased in within the next two years due to financial constraints.
- The department complies with the Essential Drug List and the National Drug policy that have already been implemented.

Free State Psychiatric Complex

- Drafted an implementation plan for the Mental Health Care Act no 17 of 2002, which is yet to be promulgated.
- Provincial policy for substance abuse developed in line with existing legislation.

Rehabilitation of the hospital facility

PROGRAMME 4							
	2000/01- actual)	2001/ 02-actual	2002/03 -estimate	2003/04- budget	2004/05	2005/06	2006/2007
Boitumelo Paint (Completed)							
Boitumelo Roofs	381,278	494,409	3,779,573	4,559,549			
Boitumelo Phase 1 and 2 Revitalise					43,337,000	44,688,000	46,661,000
Manapo Boilers (Completed)	8,963,530						
Manapo Psych Ward		610,732	5,852,287	1,739,873	142,000		
Manapo Upgrade Lifts				1,800,000	200,000		
Pelonomi N Block	1,014,528	5,618,091	7,111,885	1,225,080			
Pelonomi U Block		184,455	2,628,909	525,137			
Pelonomi B Block Trauma		939,590	500,000	13,372,578	6,293,905	900,000	
Pelonomi Theatre Air conditioner			250,000	2,250,000			
Pelonomi Trauma				961,747	13,120,000	6,293,000	900,000
Pelonomi Further upgrade						4,000,000	20,000,000
Bethlehem Maternity					2,000,000	6,000,000	13,000,000

Quality improvement measures including action plans

All regional hospitals have appointed quality assurance coordinators to manage accreditation process by COHSASA. Quality improvement committees are in place. All regional hospitals are accredited

Client satisfaction surveys

Customer care officers appointed in some regional hospitals to manage customer complaints and to implement the Patient's Rights Charter

Monitoring systems and adverse reporting systems

A provincial policy on management of adverse events has been developed. This policy has been extended to include financial risks.

Implementation of standardised services packages, including gap identification and reduction and reconfiguration of tertiary services

National guidelines for regional hospitals is awaited.

Governance including appointment of CEOs or equivalent institutional managers, appointment of financial officers, performance agreements, and introduction and roles of hospital boards

Chief Executive Officers appointed for all regional hospitals, managerial accountants appointed and hospital boards are in place at all hospitals.

Use of conditional grants.

The "Manapo Phaphama o Khanye" project was implemented to improve the organizational performance of the Mofumahadi Manapo Mopeli regional hospital.

Analysis of constraints and measures planned to overcome them Finance and financial management

Pelonomi Regional Hospital

- Pelonomi hospital is designated and funded as level 2 but also renders level 3 care (i.e. isolation, burns, spinal, ICU and trauma), this has the effect of increased length of stay (Normally 5 days Burns are 31 days) surgical mortality rates are also increased as the trauma centre for province is located in Pelonomi.
- Cross border patients from Lesotho and Eastern Cape also make use of Pelonomi facilities. The estimated number of cases is unknown, but the bordering district has an estimated population of 270, 000

Free State Psychiatric Complex

Until 2004/2005 the large proportion of the total budget allocation and expenditure for Mental Health Care Services in the Free State remained tied to the Free State Psychiatric Complex, which specialises in institutional care.

Human resources

Pelonomi Regional hospital

- Insufficient medical practitioners/ junior community service personnel in the district hospitals providing service at district hospitals leads to referrals of cases that should be managed at that level. The result is an inflated caesarean section rate for some regional hospitals.
- A draft Human Resource Plan was developed for some institutions and must be reviewed

Table PHS4: Provincial objectives and performance indicators for general (regional) hospitals

Objective	Indicator	Year 1 2003/04 (target)	Year 2 2004/05 (target)	Year 3 2005/06 (target)	Year 4 2006/07 (target)	Year 4 2006/07 (target)
SUB PROGRAMME GENERAL (REGIONAL) HOSPITALS						
Objective 1.10 Render level 2 services in support of the District Health Services	Outreach programme per regional complex developed and implemented.	Strategy developed	40%	60%	80%	
	<ul style="list-style-type: none"> Level 2 Admission per 1000 population of the drainage area. Daily average PDE of Regional hospitals. Cost per PDE of Regional hospitals. Theatre utilization rate of regional hospitals. Bed occupancy rate per approved beds of regional hospitals. Average length of stay for regional hospitals. Number of non-referred patients in secondary hospitals. 	Analyse trends	Analyse trends	Analyse trends	Analyse trends	
SUB PROGRAMME PSYCHIATRIC (MENTAL) HOSPITALS (Free State Psychiatric Complex)						
Objective 1.11 To render quality mental health services at all levels in support of the regional complexes.	Mental health services plan implemented according to provincial mental health care policy.		Strategy developed	40%	70%	85%
	Mental health services plan implemented according to provincial mental health care policy.			Plan implemented		
	<ul style="list-style-type: none"> Daily average PDE of Psychiatric Hospital. Cost per PDE of Psychiatric Hospital. Bed occupancy rate per approved beds of Psychiatric Hospital. Average length of stay for Psychiatric Hospital. Number of non-referred patients in Psychiatric Hospital. 			Analyse trends	Analyse trends	Analyse trends

Table PHS 5 Performance indicators for general (regional) hospitals

Indicator	District	Hospitals	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Input									
Expenditure on hospital staff as % of regioanal expenditure	Lejweleputswa	Bongani	%	62.36	62.36	63	65	66	66
	NFS	Boitumelo	%	65.86		65.9	65.9	66	
	EFS	Dihlabeng	%	60.7	69	68	67	66	
		MMM	%	66	70	68	68	66	
Expenditure on drugs for hospital use as % of regional hospital expend	Lejweleputswa	Bongani	%	6.14	8	10	12	12	6
	NFS	Boitumelo	%	12.69	12	12	12	12	
	EFS	Dihlabeng	%	5.7	6.1	7.1	7.5	8	
		MMM	%	7	7	7.1	7.5	8.5	
	SFS	Pelonomi	%	6.1					
Expenditure by regional hospital per uninsured person	Lejweleputswa	Bongani	R	181.53	181.53	181.53	181.53	181.53	
	NFS	Boitumelo	R	231.56	231.56	231.56	231.56	231.56	
	EFS	Dihlabeng	R	79	98	98	99	110	
		MMM	R	112	115	115	116	125	
	SFS	Pelonomi	R	Level 1: 215.09	No targets				
			R	Level 2 39.84					
Process									
Regional hospitals with operational hospital board	Lejweleputswa	Bongani	%	100	100	100	100	100	100
	NFS	Boitumelo	%	100	100	100	100	100	
	EFS	Dihlabeng	%	100	100	100	100	100	
		MMM	%	100	100	100	100	100	
	SFS	Pelonomi	%	100	100	100	100	100	
Regional hospitals with appointed (not acting) CEO in post	Lejweleputswa	Bongani	%	100	100	100	100	100	100
	NFS	Boitumelo	%	100	100	100	100	100	
	EFS	Dihlabeng	%	100	100	100	100	100	
		MMM	%	100	100	100	100	100	
	SFS	Pelonomi	%	100	100	100	100	100	

MMM = Mofumahadi Manapo Mopeli regional hospital

Indicator			Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Output									
Caesarean section rate for regional hospitals	Lejweleputswa	Bongani	%	no data					22
	NFS	Boitumelo	%	19.14	18	18	18	8	
	EFS	Dihlabeng	%	54	57	60	58	55	
		MMM	%	64	67	70	68	65	
	SFS	Pelonomi	%	44	No targets				
Quality									
Regional hospitals with patient satisfaction surveys using template	Lejweleputswa	Bongani	%	Template not yet implemented in the Free State					100
	NFS	Boitumelo	%						
	EFS	Dihlabeng	%						
		MMM	%						
	SFS	Pelonomi	%						
Regional hospitals with clinical audit (M and M) meetings every month	Lejweleputswa	Bongani	%	100	100	100	100	100	90
	NFS	Boitumelo	%	100	100	100	100	100	
	EFS	Dihlabeng	%	100	100	100	100	100	
		MMM	%	100	100	100	100	100	
	SFS	Pelonomi	%	100	100	100	100	100	
Efficiency									
Average length of stay in regional hospitals	Lejweleputswa	Bongani	days	5.57	5	5	5	5	4.1
	NFS	Boitumelo	days	5.29	5	5	5	5	
	EFS	Dihlabeng	days	5.6	5.6	5.6	5.6	5.6	
		MMM	days	4.6	4.6	4.6	4.6	4.6	
	SFS	Pelonomi	days	7.2	6.5				
Bed utilisation rate (based on usable beds) in regional hospitals	Lejweleputswa	Bongani	%	74.10	75	75	75	75	72
	NFS	Boitumelo	%	72.55	75	75	75	75	
	EFS	Dihlabeng	%	5.6	5.6	70	70	70	
		MMM	%	4.6	4.6	65	70	70	
	SFS	Pelonomi	%	85.4					

Indicator			Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Expenditure per patient equivalent in regional hospitals	Lejweleputswa	Bongani	R	836.67	836.67	836.67	836.67	836.67	1,128
	NFS	Boitumelo	R	748.5	748.5	748.5	748.5	748.5	
	EFS	Dihlabeng	R	1551	1540	1500	1300	1200	
		MMM	R	3074	2050	1500	1300	1200	
	SFS	Pelonomi	R	969.82					
Outcome									
Case fatality rate in regional hospitals for surgery separations	Lejweleputswa	Bongani	%	5.59	0	0	0	0	2.0
	NFS	Boitumelo	%	4.49	2	2	2	2	
	EFS	Dihlabeng	%	0.2	0.3	0.13	0.13	0.13	
		MMM	%	0	0	0	0	0	
	SFS	Pelonomi	%	7.1					

Past expenditure trends and reconciliation of MTEF projections with plan

Table PHS6: Trends in provincial public health expenditure for general (regional) hospitals (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	567,621	623,165	697,868	714,263	745,026	805,050	864,789
Total	2,857	2,857	2,857	2,857	---2,857	---2,857	---2,857
Total per person	199	218	244	250	---260	---281	---302
Total per uninsured person	233	256	287	289	---327	---327	---343
Total capital	14,773	12,766	6,950	12,693	---15,660	---16,838	---17,911
Constant (2004/05) prices³	856,828	772,550	737,434	702,318			
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	300	270	258	246			
Total per uninsured person	352	317	303	289			
Total capital							

PROGRAMME 5

ANNEX 8 CENTRAL and TERTIARY HOSPITALS

Sub programmes within programme 5

- Central hospitals

SITUATION ANALYSIS

- The department of health and Community Hospital Management have signed a co-location agreement. This Public Private Partnership initiative commenced in 2003.
- The following measures have been taken to usher in the process smoothly:
 - Appointment of Project Manager to deal with all issues related to Public-Private Partnership
 - Executive level meeting between Community Hospital Management, Netcare and the Free State Department of Health
 - Joint multi lateral forums (Management of Universitas Academic Hospital and Heads of Clinical Departments) to attend to all operational issues that are relevant to Public Private Partnership and are of mutual interest to both parties.
- Universitas Academic Hospital renders an outreach programme to the regional hospitals in the Free State and Northern Cape Province on an ongoing basis.

Table CHS 1 Numbers of beds in hospitals by level of care

Central /tertiary hospital (or complex)	Level 3 and 4 beds	Level 1 and 2 beds	Total beds
Universitas Academic Hospital	472	10	640
	143	15	

Table CHS 2 Situation analysis indicators for each central/ tertiary hospital

Indicator	Type	2003/04 (Universitas Hospital)	2004/05 (Year To Date)	National target 2003/4
Input				
1. Expenditure on hospital staff as % of hospital expenditure	%	60.37	64.5	
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	7.78	5.25	13
Process				
3. Operational hospital board	Y/N	Yes	Yes	Yes
4. Appointed (not acting) CEO in place	Y/N	Yes	Yes	Yes
5. Individual hospital data timeliness rate	Months	Yes	Yes	Yes
Output				
6. Caesarean section rate	%	63	64	32
Quality				
7. Patient satisfaction survey using DoH template	Y/N	Yes	Yes	Yes
8. Clinical audit (M and M) meetings at least once a month	Y/N	Yes	Yes	Yes
Efficiency				
9. Average length of stay	Days	6.4	5.4	6.8
10. Bed utilisation rate (based on usable beds)	%	61	62	75
10. Expenditure per patient day equivalent (month)	R	R 2, 735	R 2, 666	1,877
Outcome				
11. Case fatality rate for surgery separations	%	23.21	11.25	3.6

Policies, priorities and strategic goals

Modernisation of Tertiary Services

The main effects of the Modernisation of the Tertiary Services model on Universitas Academic Hospital are as follows:

- Decrease in useable beds for Universitas Academic hospital due to increasing tertiary services rendering at Kimberly and Bongani hospitals.
- The Modernisation of Tertiary Services Projects underlined the huge backlogs currently existing in maintenance and equipment provision for tertiary hospitals countrywide.
- Implementation of the Modernisation of Tertiary Services model will probably only commence during the 2006/07 financial year and will only affect service delivery a year later.

Planning and implementation of organisational development

- The staff establishment which was created in 1999 is in process of being reviewed such as modernisation of Tertiary Services, the outreach program, the affordable model and posts never filled will be taken into consideration.

Quality Improvement measures including actions plans

- a Quality Improvement Unit was established this Unit to assist all supervisors and managers to work towards accreditation by the Council for Health Service Accreditation of South Africa (COHSASA).
- During May 2004, COHSASA conducted an external review.

Increased efficiency (e.g. higher bed occupancy, reduced length of stay)

- Bed occupancy rates are steadily rising year on year, but are still below the national norms for tertiary hospitals. The tendency is still to have higher occupancy rates during the week, which drop off substantially over weekends.
- The academic programme is also affecting occupancy rates, such as exams, research projects, conferences and university vacations.
- Length of stay is within the national norms and coming down. This is affected by inefficiencies, when patients need to be transported to level 1 or 2 or discharged; there is not always transport available.

With regard to down referrals and patient transport systems:

Universitas Academic Hospital instituted a Case Management and Discharge office, which is working towards the following:

- Electronic scheduling of all Specialist clinic and specialised services appointments and admissions.
- Optimisation of Emergency and Planned Patient Transport Services. This will include a new control room, a vehicle dispatch system, upgrading of the fleet, training of EMS personnel, electronic logging of calls and scheduling of trips and improved communication systems between vehicles, control room and health care facilities.

Governance including appointment of CEOs or equivalent institutional managers

- A CEO and a Managerial Accountant have been appointed on the establishment of the Academic Health Complex.
- A well functioning Hospital Board is in place.
- A Joint Advisory Committee consisting of provincial and University of Free State members oversee management of joint staff provision and development.

Management system development including cost centre accounting and information system

- A well-defined Information Plan is being implemented.
- A well-managed Hospital Information System, Meditech is utilised this system is maintained at the cost of R760 499, 28 per year.
- The Community Scheduling module is needed for implementation at a cost of R330 000. Interfaces with BAS, LOGIS and departmental databases also need to be developed to fully integrate the Hospital Information System.
- An Electronic Data Interface was developed by Medicredit, which will enable the hospital to transfer billing data to medical funds electronically at a cost of R209 000 per year.
- All Windows 95 computers are being replaced. The cost incurred for 2003/2004 was R615 000

Analysis of constraints and measures planned to overcome them

Finance and financial management

- Increase in demand for health services at Level III and IV balanced against the decline in budget allocation for tertiary service, creates financial challenges
- The Universitas Academic Hospital renders tertiary services to the whole of Free State community, Northern Cape, Eastern Cape and Lesotho. Although this catchment population will decrease as other tertiary hospitals become functional, this is not foreseen within the current planning horizon of 3 years.
- Although the tertiary hospital is not supposed to fund Anti Retroviral Drugs, these costly drugs will be necessary to optimise sophisticated and expensive care of AIDS patients with CD4 counts below 400.
- The need for intensive and high risk maternal, neonatal care and care for children under 5; are also increasing due to the HIV and AIDS pandemic, with additional demands on the budget.
- Due to the appointment of Heads of Departments in Cardio thoracic Surgery, Plastic Surgery and other key personnel gains (I.e. Paediatric Surgery and Gastro enteric Surgery, Diagnostic Radiology), clinical activities in high-tech and high cost service rendering areas increased substantially. This placed substantial demands on bed utilisation, theatre- and intensive care nurse utilisation and medical disposable consumption.
- The cost of medicines in general and the increased utilisation of expensive drugs contributed further to increased cost of service delivery.

Human Resources

There are chronic shortages of specialised personnel in clinical departments and in technical services, ICUs and operation rooms. Staff establishment review is planned to correct key shortages in posts and bring about optimal staff provision.

Support and Information systems

The challenge is development of management systems and management of information technology in such a way that it improves patient care, service delivery of the institutions in order for management to make quality and efficient decisions based on the information provided.

Table CHS 3 Provincial objectives and performance indicators

Objective	Indicator	Year 2 2004/05 (target)	Year 3 2005/06 (target)	Year 4 2006/07 (target)	Year 4 2006/07 (target)
GOAL 1 COMPASSIONATE AND QUALITY HEALTH SERVICES					
SUB PROGRAMME CENTRAL HOSPITALS					
Objective 1.12 Render comprehensive level 3 and 4 health services academic platform and research to the communities of Free State, neighbouring provinces and countries	Outreach programme	10%	50%	75%	90%
	<ul style="list-style-type: none"> Level 3 and 4 Admission per 1000 population of the drainage area. Daily average PDE of Central Hospital Cost per PDE of Central Hospital Theatre utilization rate of Central Hospital Bed occupancy rate per approved beds of Central Hospital Average length of stay for Central Hospital Number of non-referred patients in tertiary hospital Minimum Data Set 	Analyse trends	Analyse trends	Analyse trends	Analyse trends

GOAL 1 COMPASSIONATE AND QUALITY HEALTH SERVICES						
Objectives	Indicator	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)
Objective 1.1 Implement Risk Management Plan.	Risk Management Plan implemented	20%	50%	80%	100%	100%
Objective 1.2 Develop and implement Service Delivery Plan (clinical).	Existence of Institutional delivery Plan (clinical)	0%	100%	100%	100%	100%
	Service delivery plan for every service unit (clinical and clinical support cost centres)	20%	40% R100 000	80% R400 000	100% R400 000	100% R400 000
	Fully operational service delivery plans in all units	10%	30%	70%	100%	100%
Objective 1.3 Provide accessible level III and IV services to the Free State Community	Fully functional Outreach Programme.	30% R10, 120 000	60% R16, 027, 200			
	Accessible referral clinics at Universitas hospital	70%	80%	90%	95%	100%
	Fully functional Marketing Unit/Section	10%	60% R150 000	80% R 160 000	90% R170 000	100% R180 000
Objective 1.4 Provide compassionate, quality, acceptable and equitable medical and allied health services at Universitas Academic hospital	Develop a core staff establishment for medical and allied health services personnel at Universitas Academic hospital.	60%	70%	80%	100%	100%
	Ensure provision, development and retention of appropriate medical and allied health services personnel at Universitas hospital by monitoring vacancies and ensuring optimal filling of posts.	R 287 933 463	R 314 003 779	R 355 102 320	R 376 408 45	R398 992 967

GOAL 2 REDUCED BURDEN OF DISEASE						
Objective	Indicator	2003/04 (Actual)	2004/05 (Actual)	2005/06 (Estimate)	2006/07 (Target)	2007/08 (Target)
Objective 2.1 Ensure the implementation of disease prevention projects for all clinical service elements	Fully operational disease prevention and health promotion projects	50%	60%	80%	90%	100%
Objective 3.1 Develop and implement procurement, maintenance and replacement plan	An equipment procurement maintenance and replacement plan developed and well managed (medical and Information Technology)	0%	100%			
	Facility maintenance plan developed and well managed	0%	100%			
	Cost effective procurement and management of medical equipment in place	70% R 19 452 221	100% R 34 522 100	100% R 36 581 766	100% R 38 581 500	100% R 40 600 000
GOAL 4 APPROPRIATE AND SKILLED PERSONNEL						
Objective 4.1 Develop and maintain a core staff establishment for Universitas Academic Hospital	Revised staff establishment	60%	60%	100%		
Objective 4.2 Ensure provision and retention of appropriate personnel at Universitas Academic hospital	Fully implemented Human Resource plan	80%	100%			

Objective	Indicator	2003/04 (Actual)	2004/05 (Actual)	2005/06 (Estimate)	2006/07 (Target)	2007/08 (Target)
Objective 4.3: Develop all occupational classes in accordance with skills Development Plan of Universitas Academic hospital	Integration of performance plans in skills development plan.	90%	100%			
GOAL 5 STRATEGIC AND INNOVATIVE PARTNERSHIPS						
Objective 5.1 Ensure sustainability of public-private partnership at Universitas Academic hospital	Sustained public private partnership with Community Health Management (CHM)	60% R 3 500 00	70% R 5 400 000	80% R 6 480 000	90% R 7 776 000	100% R 9 331 200
GOAL 6 VALUE FOR MONEY						
Objective 6.1 Compliance with the Public Finance Management Act	Optimal revenue collection in accordance with set target.	100% R 3 562 000	100% R 3 562 000	100% R 3 652 000	100% R 4 157 320	100% R 4 406 759 100
	Optimal utilisation of internal control checklist as management tool.	80%	90%	100%	100%	100%
	Maintenance of appropriate stock levels in hospital	85%	89%	90%		
	Established clinical and clinical support cost centres at Universitas Academic hospital.	0%	70%	100%		
Objective 6.2 Implement asset management System	Existence of fully functional asset Management register (LOGIS)	65%	82%	100%		
	Existence of fully functional Medical equipment maintenance system	0%	0%	100%		

Objective	Indicator	2003/04 (Actual)	2004/05 (Actual)	2005/06 (Estimate)	2006/07 (Target)	2007/08 (Target)
Objective 6.3 Implement Efficiency measurements	Efficiency measures monitored and reported on monthly basis	100%				
	Implementing of PPPF Act	100%				
	Vendor Database					
GOAL 7 APPROPRIATE AND EFFECTIVE GOVERNANCE						
Objective 7.1 Ensure a representative hospital board to be well functioning	Hospital board in place.	100%				
	Accountability to Free State communities demonstrated	30%				
Objective 7.2 Ensure well functioning Faculty Health Sciences governance forums	Faculty of Health Sciences actively involved in strategic and operational management of Universitas Academic hospital	100%				
GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION						
Objective 8.1 Develop personnel on information collection, analysis and interpretation	Officials competent in collection, analysis and interpretation of hospital data.	80% R 163 000	100% R220 000	100% R280 000	R164 000	R 145 000
Objective 8.2 Improve data utilisation at all levels of management	Efficient data utilisation at all levels of management	50% R 644 000	65% R680 000	80% R680 000	90% R640 000	100% R480 000
Objective 8.3 Implement an electronic information system	Optimum availability of information from electronic system	60% R 330 000	65% R 680 000	75% R 756 000	90% R810 000	100% R 330 000

Table CHS4 Performance indicators for central hospital

Indicator	Type	2003/04	2004/05 (Year To Date)	National target 2007/08
Expenditure on hospital staff as % of hospital expenditure	%	60.37	64.5	70
Expenditure on drugs for hospital use as % of hospital expenditure	%	7.78	5.25	13
Process				
Operational hospital board	Y/N	Yes	Yes	Yes
Appointed (not acting) CEO in place	Y/N	Yes	Yes	Yes
Individual hospital data timeliness rate	Months	No data	No data	Yes
Output				
Caesarean section rate	%	63	64	25
Quality				
Patient satisfaction survey using DoH template	Y/N	Yes	yes	Yes
Clinical audit (M and M) meetings at least once a month	Y/N	Yes	Yes	Yes
Efficiency				
Average length of stay	Days	6.4	5.4	5.3
Bed utilisation rate (based on usable beds)	%	61	62	75
Expenditure per patient day equivalent	R	17252	1 801	1,877
Outcome				
Case fatality rate for surgery separations	%	23.21	11.25	3.0

Past expenditure trends and reconciliation of MTEF projections with plan

Table CHS 5 Trends in provincial public health expenditure for central hospitals (R million)

Expenditure	2001/02(actual)	2002/03(actual)	2003/04(actual)	2004/05	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	383,376	421,339	444,588	484,466	506,619	547,435	588,058
Total	2,857	2,857	2,857	2,857	---2,857	---2,857	---2,857
Total per person	134	147	156	169	---177	---191	---205
Total per uninsured person	158	173	183	186	---200	---214	---224
Total capital ²	5,601	5,954	1,464	3,100	--2,100	---2,258	---2,402
Constant (2004/05) prices	551,492	501,768	474,645	452,043	2,531,441		
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	193	176	166	158	886		
Total per uninsured person	227	206	195	186	1,040		

PROGRAMME 6 HEALTH SCIENCES AND TRAINING

ANNEX 10 HUMAN RESOURCES

Programme 6 has the following sub programmes:

- Nurse training colleges
- Bursaries
- PHC training
- Other training
- Human resource management

SITUATION ANALYSIS

Human resource management

- Currently there are 22138 posts on the staff establishment. On 31/3/2004 a total of 14626 were filled. This is a vacancy rate of 33,9%.
- The recruitment and retention of scarce skills, such as Doctors, Pharmacists, Therapists, and others is of great concern.
- During the 2001/2002 financial years all excess staff were placed and absorbed, currently there are no excess officials.
- The payment of scarce skills and rural allowances was implemented during the 2003/2004 financial years.
- Community service was also extended in 2002 to other categories of health professionals.

Human resource development

Training needs assessment and gap analysis, both in-service and pre-service

- Training needs assessment and gap analysis is done to determine which training is required in each institution and grouped according to the criteria.
- The training needs for different regions /districts are coordinated by the Skills Development Unit and collated into the master workplace skill plan. These training needs include the Strategic priorities, National Skills Development Plan, individual training needs and competencies required for a job.
- A programme for continuous development of health professionals is implemented.

Relevance, quality and capacity of training programmes, including numbers trained and attrition rates

- Personnel are nominated for courses in line with criteria, which includes the relevance of the course to the job of that individual.
- Evaluation tools are developed and distributed to participants to check on the quality of training provided by the service provider.

- After attending courses personnel are evaluated whether they can do the work the training was meant to equip them for.

Table HR 1 Public health personnel in 2003/ 04/ 01

Categories	Number employed	% of total employed	Number per 1000 people	Number per 1000 uninsured people	Vacancy rate
Medical officers	693	4.62	0.24	0.28	21.1%
Medical specialists	182	1.21	0.06	0.07	17.65%
Dentists	47	0.31	0.016	0.2	32.86%
Dental specialists	8	0.05	0.003	0.003	33.33%
Professional nurses	3173	21.16	1.11	1.3	34.07%
Staff nurses	414	2.76	0.14	0.17	20.69%
Nursing assistants	2 417	16.12	0.85	0.99	39.21%
Student nurses	383	2.5	0.13	0.15	
Pharmacists	93	0.62	0.03	0.04	76%
Nutritionists and dieticians	44	0.29	0.02	0.02	27.87%
Other allied health professionals and technical staff	1356	9.04	0.47	0.56	15.88%
Managers, administrators and all other support staff	6571	43.82	2.3	2.7	22.93%
Total	14998	100	5.25	6.16	28.84%

Source Free State Department of Health personnel data base

Community service: Actual posts 2005

Occupational class	Xhariep		Motheo		Lejweleputswa		Northern Free State		Thabo Mofutsanyana		Additional posts	Posts	Total filled
	Available posts	Filled	Available posts	Filled	Available posts	Filled	Available posts	Filled	Available posts	Filled			
Medical Officers	10	7	11	11	19	14	18	18	24	14	Additional 6 posts for July intake.	82	70
Dentists	4	0	7	4	5	1	5	1	6	3	Additional 11 posts for July intake.	27	20
Pharmacists	5	2	14	9	8	9	9	5	10	11	Additional 4 posts for July intake.	46	40
Radiographers	3	3	9	9	5	4	4	2	5	5	26	26	26
Occupational Therapists	5	4	6	6	4	4	5	4	6	5	26	26	26
Speech and Audio Therapists	2	1	2	0	4	3	3	3	4	2	Additional 1 post for late intake10	15	10
Nutritionists	3	3	8	5	9	3	5	3	4	3	17	29	17
Environmental Health Officers	4	3	5	3	4	0	6	1	5	1	11 posts still to be filled = 20 posts	24	20
Clinical Psychologists	0	0	3	1	1	1	1	0	2	2	Additional posts for quarterly intake 7	1	7
Physiotherapists	4	3	9	8	5	5	5	4	4	4	Additional 3 more posts 24	27	27
Total	37	26	70	56	61	44	58	41	67	50		309	263

Costs are estimated at R47 207 664

Policies, priorities and strategic goals

Human Resource Management

- The Free State Provincial Government (including this Department) is currently involved in a pilot project to address the issue of absenteeism and ill-health retirement. National role players include the Department of Public Service and Administration as well as the Government Employees Pension Fund.

From this pilot study, problem areas are identified which will be tabled in Parliament. The possibility exists that the pilot will be rolled out to other government departments countrywide.

- This department was also involved in a comprehensive audit of the management of sick leave. The Auditor General conducted the audit. An implementation plan has been drafted which will address the problem areas in the province. This plan will be submitted to the auditor general's office once approved.
- In line with Public Service Regulations, an Employee Assistance Programme Unit has been established to take care of the well being of employees. This is being made functional.
- A draft Employee Assistance Programme policy was developed. This is currently being considered at the Provincial Health and Welfare Bargaining Council.
- A draft policy on the Retention of scarce skills was developed. Scarce skills and rural allowances were also implemented. To date 1859 scarce skills, 1069 rural allowances, 458 in-hospital allowances are being paid to persons who qualify.

Accuracy of the staff establishment at all levels of the system compared to service requirements

Since the Resolution 7 restructuring exercise, minimum staffing level models were designed for Primary Health Care clinics, District and Regional Hospitals as well as for the Free State Psychiatric Complex.

Strategies to improve absenteeism and staff turnover rates

- Monitor, control and capacitate institutions on leave and absenteeism
- Draft a guideline on absenteeism to empower supervisors on the handling of problem cases
- Use PERSAL reports to address trends within occupational classes, age groups etc.
- PERSAL training to all institutions to capture leave on the system
- The PERSAL Helpdesk monitor and control to ensure that transactions are correctly captured
- Support institutional management to ensure that they are aware of prescribed actions regarding the abuse of sick leave.
- Regular iCAM training to empower supervisors regarding their responsibility regarding the refusal of unacceptable sick leave certificates

- All occupational classes that qualify are to be issued with new revised uniform/protective clothing and a market related shoe allowance. This could improve morale.
- Occupational classes with high staff turnover rates are to be identified and reasons for this phenomenon to be investigated and improved, if possible.
- The REMEDY software programme to be implemented
- Develop plans to reduce the number of staff deemed surplus to the establishment

Human resource development

Plans to improve the accuracy of the staff establishment at all levels of the system compared to service requirements

- The staffing models to be applied to Primary Health Care clinics, District-, Regional- and Psychiatric Hospitals to refine and adjust where needed
- Design a staffing model for the Central (Academic) Hospital.
- Marketing campaigns targeting all professionals.

Plans to address the training skills and competencies gap, both in-service and pre-service

- Implementation of foundation courses to address learning limitations (reading, writing, language proficiency) targeting all professionals.
- Recognition of Prior Learning (nursing 2005, all categories 2006); and
- Increasing bursaries (nursing 2005).

Plans to address any shortfall in the relevance, quality and capacity of training programmes

- Community Based Approach adopted for the development of new learning programmes.
- Student centred learning as well as computer based education and training initiatives are being developed.

Training programmes for primary health care nurses; duration of re-orientation programmes for Primary Health Care

- Training programme for Primary Health Care nurses implemented during 2003 extends to 2004 and 2005.
- Distance education was implemented through satellite broadcasting to enhance access.
- Duration for programme is one year. Students are funded.

Training programmes for mid-level workers (e.g. in nursing, pharmacy, dentistry, radiography, physiotherapy, occupational therapy)

- Enrolled nurses are trained at seven nursing schools in the province and 110 additional learnerships have been allocated by the Health and Welfare Seta to augment numbers.

- Basic and post basic pharmacy assistants are trained through learnerships.
- Training to accommodate physiotherapists, occupational therapists and radiographers in the mid level category is being developed in collaboration with local higher education institutions. This initiative will also address career paths for these categories.

Skills development and other training programmes (e.g. in management, integrated management of childhood illnesses, counselling, home based care, ABET, learnerships)

- Integrated Management of Childhood Diseases has been integrated into curricula for the basic and post basic nursing and medical courses (computer based).
- ABET is well on track with 364 learners during 2004.
- 65 Learnerships were implemented during 2004 and 280 have been approved for 2005.
- Training for Ancillary Health Care Workers commenced during September and will be extended into 2005 and 2006 with an increase in numbers.
- Management and related courses are offered through satellite broadcasts as well as formal contact sessions.
- Other transversal (including Emergency Medical Care) as well as non-transversal training are also offered through the abovementioned media. The Skills Development Unit is well establishment, and is expanding fast.

Structured in-service education/continuing professional development programmes

- Structured in-service education is done through the professional training officers in the Institutions.
- Continuing Professional Development Programmes are offered through satellite broadcasting and formal contact sessions for all categories of health care workers. 25 Sessions were held this year.

Curriculum innovation and development (e.g. competency based and health system based curricula, problem based learning, community based education)

- Community based and student centred approaches to education and training have been adopted, This has either been implemented or is being developed in the offering of learning programmes.
- Computer based education initiatives are also being developed. Competency based assessment has commenced, but numerous challenges still exist.
- The SA Nursing Council has accredited the process for Recognition of Prior Learning. The process has been implemented but still warrants more recruitment of candidates.

Personnel on which the development component of the Health Professional Training and Development grant will be expended

- All students at the Free State School of Nursing
- Training of Registrars and Specialists:

Total Salaries R 27 600 797

Inventory and consumables R 26003203

Total grant to program 5 R 5 53 604 000

Nurses Training Colleges

Three Campuses are being funded: Bloemfontein, Welkom and Qwa Qwa

Course	Number of students
4 Year Diploma in nursing	384
Bridging Course for nurses	145
Diploma in Critical Care	17
Diploma in Operating Room	5
Diploma in Paediatrics	5
Diploma in Midwifery	82
Total	638

Analysis of constraints and measures planned to overcome them

Finance and financial management / Programme Management Activity

- All vacant posts are to be abolished on the establishment to correct the skewed picture of available funded posts.

The Department has prioritised education. Challenges that make this difficult to achieve include:

- Statutory accreditation processes and outcomes, which could be influenced by limited learning and training opportunities.
- Shortage of professionals with appropriate credentials.
- Poorly developed transport systems.
- Security and safety.
- Lack of a National Human Resources Plan.
- Lack of direction for the positioning of nursing education.
- A need for regional co-operation in Further and Higher Education.

Support systems

Organisational Development: Co-operation of stakeholders and management and financial-, human- and equipment resources are available.

Partnership with further and higher education through membership of the Free State Higher Education Consortium provides a strong support system on regional level. A bursary system is also in place.

Table HR 2 Provincial objectives and performance indicators for human resources

Objective	Indicator	2005/06 (target)	2006/07 (target)	2007/08 (target)
SUB PROGRAMME: NURSE TRAINING COLLEGES				
Objective 4.2 Provide, develop and re-train personnel.	Position provincial nursing education and training as part of the further and higher education landscape.	Academic planning unit in place	<ul style="list-style-type: none"> Community based education Computer based education 	<ul style="list-style-type: none"> Community based education Computer based education
SUB PROGRAMME: EMS TRAINING				
Objective 4.2 Provide, develop and re-train personnel.	All training needs for EMS are successfully provided within the Free State.	Training in the province covers: Basic Life Support, Intermediate Life Support, Advanced Life Support, Ambulance Emergency assistants and National Diploma and degree in Emergency Medical Care	Advanced Life Support training in the Free State	
	Marketing of bursaries at learning institutions in the Free State.	Marketing at 10% of provincial learning institutions	Marketing at 20% of provincial learning institutions	Marketing at 30% of provincial learning institutions
SUB-PROGRAMME: OTHER TRAINING				
Objective 4.2 Provide, develop and retrain personnel.	Ensure a reasonable balance between the Human Resource Plan and the Institutional/Personal Development Plans	Existence of a Human Resource Plan for the relevant components	Aligned to personal development plans	
	Ensure that the training budget is utilised effectively.	100% availability of monthly training reports that reflect expenditure, to all districts	100% availability of monthly training reports that reflect expenditure, to all districts	
	Review and discuss priority training needs annually	100% Training needs of districts reviewed and discussed annually	100% Training needs of districts reviewed and discussed annually	100% Training needs of districts reviewed and discussed annually
	Monitoring and evaluation of the quality of training provided by the service providers	Continuous monitoring and evaluation		
GOAL 8 EFFECTIVE AND EFFICIENT MANAGEMENT OF INFORMATION				
Objective 8.3 Develop health staff skills to use information to manage health services efficiently and effectively.	Implement a Skills Development Plan to train managers in the use of information.	Plan exists	40% of managers trained in the use of information.	80% of managers trained in the use of information.

Table HR4: Situational analysis and projected performance for health sciences and training

Indicator	Type	2001/02	2002/03	2003/04	2004/05	National target for 2007/08
Input						
1. Intake of medical students	No		140	150	134	
2. Intake of nurse students*	No	642	758	1086	1120	
3. Students with bursaries from the province	No	139	63	356	189	
Process						
4. Attrition rates in first year of medical school	%		96.22	98.03		10
5. Attrition rates in first year of nursing school	%	1%	1.2	1	0.7	10
Output						
6. Basic medical students graduating	No		109	88	**172	
7. Basic nurse students graduating	No	179	165	148		
8. Medical registrars graduating	No		36	41		
9. Advanced nurse students graduating	No	201	340	450		
Efficiency						
10. Average training cost per basic nursing graduate	R	R32 649	R33 874	R41 204		

**Basic as well as post basic students*

*** students expected to graduate*

Table HR5: Trends in provincial public health expenditure for HPT and R conditional grant (R million) PROGRAMME 6

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices¹	60,318	45,770	79,254	86,922	99,785	107,286	114,126
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	21	16	28	30	34	37	39
Total per uninsured person	25	19	33	39	42	45	48
Constant (2004/05) prices²	115,179	104,794	99,129	94,409	528,690		
Total	2,857	2,857	2,857	2,857	2,857		
Total per person	40,47	37	35	33	185		
Total per uninsured person		43	41	39	217		

PROGRAMME 7

ANNEX 9 HEALTH CARE SUPPORT SERVICES

Sub programmes within programme 7 are:

- Laundries
- Orthotic and prosthetic services
- Medicines trading account

SITUATION ANALYSIS

Laundry Services

- Linen is processed at the 4 Laundries situated at Bloemfontein (x2), Kroonstad and Qwa-Qwa.
- The users determine service levels and regular feedback is obtained from these users via regional and user specific forums. Over the past 3 years the service has met the requirements of the customers; however a general shortage of linen is experienced. This situation has become worse during the past 6 months. Users are required to purchase linen. Laundry service provides the necessary guidance regarding quality and quantity.
- Notwithstanding the critical shortage of linen items, services have been satisfactory. All institutions have been provided with adequate supplies of essential items and substantial amount of new linen has been purchased by the Laundries, on behalf of the hospitals and has been distributed during 2003/2004. Regional laundries have continuously provided support regarding the management of linen and guidance regarding purchase and maintenance of items.
- The service has been extended beyond the management of linen rooms to the supply and maintenance of on-site laundry equipment at hospitals. The implementation of the Trading account has been suspended.

Orthotic and Prosthetic service

- The service is now provided at 3 centres in the Province. The third centre in Bethlehem was established since 2001/2002.
- 3 Additional service points were established in the rural areas (Xhariep, Thabo Mofutsanyana and Lejweleputswa).

Policies, priorities and strategic goals

Orthotic and Prosthetic Service

A draft policy is available, when approved the policy will ensure adequate service provision to the people of the Province, improvement of quality service, availability of appropriate resources and better collaborative engagement with all stakeholders.

Analysis of constraints and measures planned to overcome them

Finance and financial management

Orthotic and Prosthetic Service

- The service has been under spending for a period of three years.
- Lack of management capacity
- The unavailability of appropriate professional staff has been a constant challenge.
- Lack of incentives has aggravated the situation because of increasing number of professional leaving the service.

Support systems

Orthotic and Prosthetic Service

The services are controlled at Provincial level and therefore rely on support systems of the regions where services are rendered

Key challenges over the strategic plan period

Laundry Services

- Management of the very serious shortage of linen has placed undue strain on the delivery system as well as the requirements of the institutions.
- The vehicle fleet is being replaced. Several new vehicles were purchased during 2003.
- The unreliable power supply (electricity and steam) in Qwa Qwa, has been successfully managed. An emergency power generator and a coal boiler has been installed
- Extend and further improve control over linen and thereby limit losses. A pilot study for the introduction of electronic tracking of linen items was successfully completed during 2004.
- Implementation of quality assurance programme, which will enhance the service provided by the 4 laundries (COHSASA to be implemented during November 2004)
- Create a sense of responsibility among employees involved in handling of linen in order to reach a level of service comparable to that of the paying private sector. Substantial training via Industrial Theatre was undertaken during 2004.
- Full implementation of the outstanding issues on the 5 point plan as related in the AUS-Aid proposal document approved including:
 - Development of Employee Owned Enterprises
 - Management of on-site linen rooms on behalf of hospitals
 - Entering into Service Level Agreement with all users
 - Collaboration with the Clinical Health Cluster in a linen task team to draft a policy which will detail and define the functioning and responsibilities of all stakeholders in the linen processing and utilisation procedures-completed during 2004.

Table SUP1: Provincial objectives and performance indicators for support services

Objective	Indicator	2004/05 (estimate)	2005/06 (target)	2006/07 (target)	2007/08 (target)
SUB PROGRAMME LAUNDRY SERVICES					
Objective 3.1 Develop and implement multi year building, replacement, upgrading and maintenance plans	Develop and implement a strategy to ensure optimal use of the multi-year budget		90% utilisation of budget	100% utilisation of budget	100% utilisation of budget
Objective 3.2 Develop and implement multi year procurement, replacement and maintenance plans for IT, Vehicles, Linen and Equipment.	Supply 100% of linen requirements to all customers.		Customer queries to below 10% per year	Customer queries down to below 5 per year.	Customer queries down to below 1 per year.
SUB PROGRAMME MEDICINES TRADING ACCOUNT					
GOAL 3 OPTIMAL FACILITIES and EQUIPMENT					
Objective 3.2 Develop and implement multi year procurement, replacement and maintenance plans for Vehicles (Fleet at corporate level)	Develop a policy for the Department				
	Improve transport management and availability in the Department		Availability 80%	Availability 80%	Availability 80%
GOAL 5 STRATEGIC AND INNOVATIVE PARTNERSHIPS					
Objective 5.1 Expand alternative service delivery initiatives	Capacitate SMMEs relating to procurement	R45 000	60%	70%	75%
GOAL 6 VALUE FOR MONEY					
Objective 6.9. Develop and implement efficiency measurements	Ensure continuous availability of pharmaceutical and medical consumable items to all levels of care		Service level of Medical Depot average 83% availability		

Past expenditure trends and reconciliation of MTEF projections with plan

Table SUP2: Trends in provincial public health expenditure for support services (R million)

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices¹	18,414	8,110	6,326	51,463	59,000	63,435	67,479
Total	2,857	2,857	2,857	2,857	---2,857	---2,857	---2,857
Total per person	6	3	2	18	---20	---22	---23
Total per uninsured person	8	3	3	19	---25	---27	---28
Constant (2004/05) prices²	56,142	51,080	48,319	46,018	257,701		
Total	2,857	2,857	2,857	2,857	2,857		
Total per person	20	18	17	16	90		
Total per uninsured person	23	21	20	19	106		

PROGRAMME 8

ANNEXURE 11 HEALTH FACILITIES MANAGEMENT

Programme 8 has the following sub programmes:

- Community Health facilities
- District hospitals
- Provincial hospitals
- Central hospitals
- Other facilities

SITUATION ANALYSIS

Public Private Partnership

- A successful collocation Public Private Partnership between Universitas and Pelonomi hospitals and Community Health Management has already improved the facilities in both hospitals and will continue to lead to alternative sources of resources, which will enable improvement in the standards of health care for all patients.
- The value of this contract is R 182 000 000 over 16 years. The contract provides for the revitalisation at Pelonomi hospital including upgrading of the patient assessment area, building of a trauma unit as well as a new entrance gate.
- Unused beds allocated to the project are 127 beds at Universitas Hospital and 143 beds at Pelonomi hospital

Health facilities

- During the 2002/2003 financial year 25 projects were completed at a cost of R89 million
- A major cause for delay in projects is the much-extended tender process which has to be followed by Department of Public Works Roads and Transport for the tender process as well as for variation orders on projects.
- The implementation of the Extended Public Works Program will be incorporated into future. Labour intensive methods for selected projects will influence costs.

Networks

- Previously, the Department of Health networks and the separate network at Universitas, Pelonomi and National were merged during 2000
- All institutions, municipalities and sub-directorates in the Free State Province, are linked to e-mail. <http://fspg ofs.gov.za/> hosted by the Office of the Premier, is the official website for the Province.
- Linking of all clinics to the network within 5 years. R24 million
- Rollout of Netware 6.5 and GroupWise 6.5 within 6 months. R2.6 million
- Total switch based network in 2 years. R1.2 million

- Establishment of data replication/failure system as part of disaster prevention scheme – R2.3 million

Web Development Division

- The Web Development Division was established during 1997 in order to develop in-house solutions for electronic network issues. This division has grown to develop huge systems, such as the Patient Admission and Debiting System, the Financial Commitment Register as well as the Asset Register.
- Oracle 9i is the Database engine, and is running on an Acer Altos G900 server with Redhat 7.2 Linux Advanced Server 2.1, as the Operating System.
- The Oracle Application server runs on a Windows 2000 server, which is also an Acer Intel Box.
- The development is done on a Windows 2000 Server.
- Currently, 24 provincial clinics are linked to an on-line system via NT access servers to the network. To date, the department has 1 600 online users and 75 remote users.

Patient Admission and Debiting System (PADS)

- As an interim measure, the Patient Admission and Debiting System (PADS) was developed in-house on the departmental Oracle database. This is a WEB-enabled system that does not have any major impact on the hardware needs of the institutions.
- Patients are admitted on the central database. Their information is available throughout the province to persons treating them
- The necessary security is built in.
- Initially, it included only the admissions system from which certain hospital statistics could also be derived.
- More than 80% of the hospitals in the province are currently using this computerised system.

The following Databases were created by the Department:

- Health Financial Management System
- Patient Admission and Debiting System (PADS2)
- Computer Training Database
- Helpdesk
- Personnel Redeployment Database - this system have been replaced by the Human Resources Database v1 which includes:
- Personnel Enquiries
- Job Descriptions
- Skills Development
- PDMS
- Job Evaluation
- Disciplinary
- Acting Allowance
- Paid Work Outside Public Service

- Trips Abroad
- Termination of Services

Current value of IT infrastructure

PADS 2	Estimated ® monetary value
PADS (153 PC'S) and (66 PRINTERS)	2 800 000
Software development	500 000
MEDITECH	
MEDITECH roll-out Universitas, Pelonomi and National Hospitals	11 700 000
MEDITECH roll-out Boitumelo	1 400 000
MEDITECH roll-out (ARV implementation, 100 providers)	2 770 000
MEDITECH roll-out Bongani	2 500 000
MEDITECH roll-out (servers)	998 430
Total value to date for stated projects	2 268 430
Value of networks infrastructure	62 264 000

Source IT section

Table HFM 1 Historic and planned capital expenditure by type

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Major capital	35 359	71 532	100282	111389	101283	141 686	Unknown
Minor capital							Unknown
Maintenance				10 000	10 000	10 000	Unknown
# Estimated maintenance on total Dept. buildings				227 688	255 010	285 611	Unknown
Equipment				18 000	20 000	8 000	Unknown
Equip maintenance							Unknown
Total capital	35 359	71 532	100282	139389	131283	159 686	Unknown

Source Facilities planning section

#NOTE:

Estimated maintenance is an estimated needs assessment and is not included in MTEF inputs submitted. Calculations are based on:

- **Hospitals** : 5 % of the estate value is reflected as annual maintenance. This includes: Infrastructure maintenance, Equipment maintenance, cleaning and garden services. (Salaries of staff inclusive)
- **Community Health Centres**: 4 % of the estate value for the same services
- **Clinics**: A global amount for clinics has been calculated

Table HFM 2 Summary of sources of funding for capital expenditure

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/07 (MTEF projection)	2007/08 (MTEF projection)
Infrastructure grant	3,511	20,876	28,390	39,019	46,817	49,626	52,107
Equitable share	1,526,216	1,679,372	1,941,252	1,937,290	2,168,237	2,326,921	2,468,028
Revitalisation grant ¹	28,083	29,000	50,356	52,370	113,082	128,853	104,360
Donor funding		3,685	2,500				
Other							
Total capital	1,557,810	1,732,933	2,022,498	2,028,679	2,328,136	2,505,400	2,624,495

*Source Financial information system***Table HFM 3 Historic and planned major project completions by type**

	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/07 (MTEF projection)	2007/08 (MTEF projection)
New hospitals	0	4 200	3 360	77	0		
New clinics / CHC's	18 062	16 683	11 325	16 000	10 000	10 000	
Upgraded hospitals	9 164	46 356	75 288	81 389	101283	112686	
Upgraded clinics / CHC's	8 132	4 293	10 309	4 000	10 000	10 000	

Source Facilities planning section

Table HFM4: Total projected long term capital demand for health facilities management (R '000)

Table 11.11.11: Total projected long-term capital demand for health facilities management (R 000)									
Programme	Province wide total	Planning horizon in years	Province total annualised		District Thabo Mofutsanyana	District Lejweleputswa	District Motheo	District Xhariep	District NFS
Programme 2: District Health Services									
Clinics and CHC's	28	3 yr	2004/5	R 32 348	3	10	7	5	3
			2005/6	R 22 817					
			2006/7	R 20 520					
District hospitals	8	3 yr	2004/5	R 27 307	2	3	1	2	4
			2005/6	R 38 133					
			2006/7	R 58 000					
Programme 4:									
Regional Hospitals	4	3 yr	2004/5	R 65 092	2	1	1		
			2005/6	R 65 881					
			2006/7	R 80 561					
Programme 5									
Provincial tertiary and national tertiary hospitals	1 hospital	3 yr	2004/5	R 700			1		
Other programmes									
Such as nursing, EMS etc colleges	R22 668 460.00								
Total all programmes			R 411 211 (for the next 3 years)						

Table HFM 5 Situation analysis indicators for health facilities management

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	National target 2003/4
Input					
1. Equitable share capital programme as % of total health expenditure	%	97.97	96.96	95.83	1.5
2. Hospitals funded on revitalisation programme	%	4	4	4	17
Process					
3. Hospitals with up to date asset register	%	65%	65%	65%	100
4. Health districts with up to date PHC asset register (excl hospitals)	No	0	0	20%	All
Quality					
5. Fixed PHC facilities with access to piped water	%	100	100	100	100
6. Fixed PHC facilities with access to mains electricity	%	100	100	100	100
7. Fixed PHC facilities with access to fixed line telephone	%	98	98	98	100
Efficiency					
8. Level 1 beds per 1000 uninsured population	No			0.8	100
9. Level 2 beds per 1000 uninsured population	No			0.7	65
10. Specialised Psychiatric beds per 1000 uninsured population				0.3	
11. Level 3 beds per 1000 uninsured population				0.2	

Challenges

Information Technology

Implementation of the Information Technology MTEF plan as follows

To maintain the efficacy and efficiency of the system:

- Replace 30% of servers every year at an estimated cost of R 2.1 Million per year.
- Institutions need to replace PC hardware on a 3 year cycle.

Analysis of constraints and measures planned to overcome them

Facilities

- A major cause for delay in projects is the much-extended tender process, which has to be followed by Department of Public Works Roads and Transport for the tender process as well as for variation orders on projects.
- A Toolkit initiative developed by the National Treasury is being piloted in the Free State. Technical Assistance has been appointed to facilitate the process

Maintenance backlog

- An amount of R10 000 000 was allocated for maintenance. Three consultants will be appointed to do quick assessments of needs and will localize resources.
- Appoint a consultant to develop a Maintenance Manual according to the Expanded Public Works programme

Implementation of a Building Maintenance Management System.

- Universitas Hospital has already implemented. Two Regional Hospitals to be identified for implementation of the BMMS.

PROGRAMME 8 HEALTH FACILITIES MANAGEMENT

Cost Centre	Corporate Goal	Corporate Objective	Operational Objective	Indicator 2005/6	Indicator 2006/7	Indicator 2007/8
Central Hospital Revitalisation Program	GOAL 3 OPTIMAL FACILITIES AND EQUIPMENT	Objective 3.1. Develop and implement multiyear building, replacement, upgrading and maintenance plans	Plan and build central hospitals.	100% of funded projects completed.	100% of funded projects completed.	100% of funded projects completed.
District Hospital Revitalisation Program			Plan and build district hospitals.	100% of funded projects completed.	100% of funded projects completed.	100% of funded projects completed.
Provincial Hospital Revitalisation Program			Plan and build provincial hospitals.	100% of funded projects completed.	100% of funded projects completed.	100% of funded projects completed.
Community based programme			Plan, upgrade and build clinics.	100% of funded clinics completed.	100% of funded clinics completed.	100% of funded clinics completed.
			Execute maintenance at clinics and hospitals	100% of funded work executed	100% of funded work executed	100% of funded work executed

Table HFM 7 Performance indicators for health facilities management

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	National target 2003/4
Input					
Equitable share capital programme as % of total health expenditure	%	97.97	96.96	95.83	1.5
Hospitals funded on revitalisation programme	%	4	4	4	17
Process					
Hospitals with up to date asset register	%	65%	65%	65%	100
Health districts with up to date PHC asset register (excl hospitals)	No			20%	All
Quality					
Fixed PHC facilities with access to piped water	%			100	100
Fixed PHC facilities with access to mains electricity	%			100	100
Fixed PHC facilities with access to fixed line telephone	%			98	100
Efficiency	12.	13.	14.	15.	16.
Projects completed on time	%			0	
Project budget over run	%			100	
Outcome					
Level 1 beds per 1000 uninsured population	No			0.8	100
Level 2 beds per 1000 uninsured population	No			0.7	65

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	National target 2003/4
Specialised Psychiatric beds per 1000 uninsured population				0.3	
Level 3 beds per 1000 uninsured population				0.2	

Table HR 5 Trends in provincial public health expenditure for HPT and R conditional grant (R million) PROGRAMME 8

Expenditure	2001/02 (actual)	2002/03 (actual)	2003/04 (actual)	2004/05 (estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)
Current prices	35,359	71,533	104,709	147,350	191,846	201,038	182,124
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	12	25	37	51	67	70	63
Total per uninsured person	15	29	43	50	57	56	60
Constant (2004/05) prices	148,095	134,741	133,528	121,389	679,778		
Total	2,857	2,857	2,857	2,857	2,857	2,857	2,857
Total per person	52	47	47	42	237		
Total per uninsured person	61	55	55	50	279		