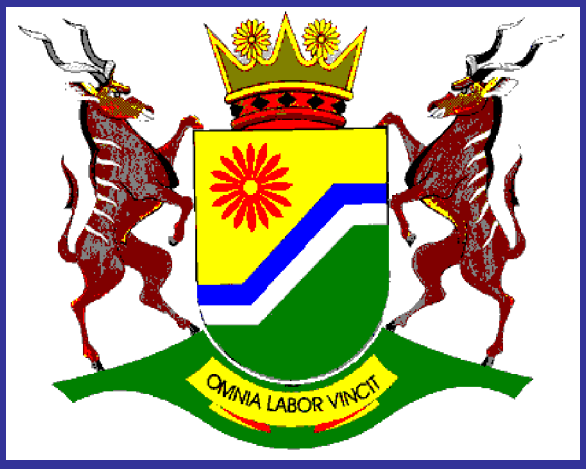
STRATEGIC PLAN MPUMALANGA DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)

FOR FINANCIAL YEARS 2005/06 TO 2009/10



CONTENTS INDEX

HEALTH COMPONENT

SOCIAL SERVICES COMPONENT

List of Acronyms

AED-	Automated External Defebrillattor
AFP –	Acute Flacid Paralysis
AIDS –	Acquired Immuno Deficiency Syndrome
ALS –	Advanced Life Support
ART –	Anti-retroviral treatment
ARV –	Anti-retroviral
BENEN –	Beneficiary Enquiry System
BLS –	Basic Life Support
CDC –	Communicable Disease Control
CEO –	Chief Executive Officer
CFR –	Case Fatality Rate
CHBC –	Community Home Based Care
COHSASA –	Council for Hospital Accreditation of Southern Africa
COID Act –	Compensation for Occupational Diseases Act
CSG –	Child Support Grant
DSPN –	Designated Service Provider Network
DORA –	Division of Revenue Act
DOT –	Directly Observed Treatment
DTP-Hib –	Diptheria
ECD –	Early Childhood Development
ECG –	Electro Cardiogram
EIA –	Environmental Impact Assessment
EHO –	Environmental Health Officer
EMS -	Emergency Medical Services
EPI –	Expanded Programme on Immunization
EPWP –	Expanded Public Works Programme
GIS –	Geographic Information System
HAST –	HIV, AIDS, STI and TB
HBC –	Home based care
HIV-	Human Immunodeficiency Virus
HPSP –	Health Promoting Schools Programme
HPSP –	Health Promoting Schools Programme
HRP –	Hospital Revitalization Programme
ICT –	Immumo Chromato Graphic Test
ICU –	Intensive Care Unit
IHPF –	Integrated Health Planning Framework
IDC –	Inter-departmental Committee
ILS –	Intermediate Life Support
IMCI –	Integrated Management of Childhood Illnesses
INC –	Infection Control Nurse
IOD –	Injury on Duty

ISRDS –	Integrated Sustainable Rural Development Strategy
MCWH & N –	Maternal, Child and Women's Health and Nutrition
MDR –	Multi- Drug Resistant
MEC –	Member of the Executive Council
MJOC –	Medical Joint Operations Committee
MoA –	Memorandum of Agreement
MoU –	Memorandum of Understanding
MPDOH&SS –	Mpumalanga Department of Health and Social Services
MRI –	Magnetic Resonant Imaging
MVA –	Manual Vacuum Aspiration
NHLS –	National Health Laboratory Services
NPO –	Non-profit Organization
O&G –	Obstetrics and Gynaecology
OH –	Oral Health
OHSA –	Occupational Health of South Africa
PAC –	Provincial Aids Committee
PEP –	Post exposure prophylaxis
PEP –	Perinatal Expanded Programme
PHC –	Primary Health Care
PIS –	Patient Information System
PMTCT –	Prevention of Mother to child Transmission
PPP –	Public Private Partnerships
PPTS –	Planned Patient Transport Services
PTB –	Pulmonary Tuberculosis
PTC –	Pharmaceutics and Therapeutics Committee
RtHC –	Road to Health Card
SANTA –	South African National Tuberculosis Association
SAPS –	South African Police Services
SLA –	Service Level Agreement
SOCPEN –	Social Pension System
SOP –	Standard Operating Procedures
SPS –	Strategic Position Statement
STI -	Sexually Transmitted Infections
T&E –	Trauma and Emergency
TOP –	Termination of Pregnancy
URS –	Urban Renewal Strategy
VCT –	Voluntary Counselling and Treatment
WHO –	World Health Organization
YFS –	Youth Friendly Services

PART A - STRATEGIC OVERVIEW

Foreword by the MEC for Health and Social Services

The strategic plan for the 2005/06 – 2007/08 MTEF period is a culmination of an intensive participatory process within the Department of Health and Social Services. It was developed within the framework of a variety of government policies and the attendant political pronouncements, among others, the ten point plans from the national departments of Health and Social Development and the state of the nation and province addresses.

The significance of these policy imperatives is located within the Government's objective of providing equitable access to health and social services to all the people by linking our plans to Government policies and ensuring that these plans are adequately resourced and implemented.

During the 2005/06 – 2007/08 MTEF period, we will, among others, place an emphasis on strengthening our primary health services and position these at the centre of quality health delivery to enable communities to receive the full basket of services at these facilities at their doorstep. This will be done concurrently with the improvement of existing facilities and providing appropriate resources to provide high quality health care.

The plan aims to intensify our efforts to combat the spread of HIV and AIDS through the Government's Comprehensive HIV and AIDS Care, Management and Treatment programme while, a10

t the same time intensifying the provision of other health services, which decrease morbidity and mortality rates in the province. These include Malaria control, the Expanded Programme on Immunisation (EPI), vaccinations for polio, whooping cough and measles and strengthen the Integrated Management of Childhood Illnesses (IMCI).

Our strategy towards poverty eradication and social support, will go beyond the provision of handouts to a passive citizenry, but it will be premised within the context of developing partnerships with and providing support and promoting the development of sustainable livelihoods within our society.

The strategic plan also recognises the increasing role played by the elderly within our society, such as parenting children who have lost their parents. It is for this reason that the Department aims to provide the elderly the support they deserve as well as ensure that they receive their social grants under dignified and humane conditions.

The strategic plan will, undoubtedly, go a long way in addressing some of the most critical transformational challenges facing our society within the health and social services. It will serve as the Department's road map for the next 3 years and will guide us in establishing our annual goals during the MTEF period. It will also help us to measure how far we are moving towards achieving our goals and to recognise where we need to adjust our approaches to achieve better results.

_____

SW LUBISI

MEC FOR HEALTH AND SOCIAL SERVICES

Sign off by Head of Department

It is with great pleasure that I present the strategic plan for the new Department of Health and Social Services. This document outlines plans developed by a dynamic team, which we have coined "Team HSS". This is a team that is driven by passion, commitment, loyalty and dedication. It is a team that is the living embodiment of our vision, mission and core values.

We have a cadre of leaders, visionaries and practical dreamers, who have a great task ahead of them. A task that requires many sacrifices so as to meet the urgent needs of the vulnerable and the poor, as well as the needs of the affluent, for as a department we must serve all needs across the spectrum.

We have made tremendous strides in the last number of months within the health sector in this province, it is now incumbent and necessary to continue with our very dynamic and interactive processes in all our endeavours to ensure full implementation of all our plans to deliver good quality health care in all respects, given the limited resources at our disposal.
It is therefore my sincere commitment to ensure full implementation of this department's strategic plan for the medium term period 2005/06 –2007/08, which is presented in this document.

H. E Verachia
Head of Department: Health and Social Services

Vision

A developed society in which all people have equitable access to quality, humane and integrated health and social services

Mission

To provide and promote integrated quality health and social services in partnership with all stakeholders to ensure healthy lifestyles and reduce poverty in all communities of Mpumalanga.

Core Values

- Equity
- Human Rights
- Honesty
- Dignity
- Integrity
- Accessibility
- Transparency

- Collective Accountability
- Information
- Value for money
- Efficiency and Effectiveness

1. SITUATION ANALYSIS

1.1. BACKGROUND

Mpumalanga Province is situated on the eastern-most part of South Africa and is bordered by 4 of the 9 provinces; namely Gauteng, Free State, KwaZulu-Natal and Limpopo Province. It also shares international borders with two countries viz., Mozambique and Swaziland. Due to its location, the province faces an influx of patients from both the neighbouring provinces as well as the two neighbouring countries.

Mpumalanga province consists of 3 Health Districts, called: Ehlanzeni, Nkangala and Gert Sibande.

1.2. POPULATION DISTRIBUTION

According to the Population Census 2001 and the South African Health Review 2002, Mpumalanga has a population of 3 122 990. From this total provincial population, an estimated 90% is wholly dependent on the state for the provision of all their health services.

Table A1: Provincial Population and Population Density

Province	Population 2001	Population Density (people per km²)
Eastern Cape	6 436 763	38.4
Free State	2 706 775	21.0
Gauteng	8 837 178	448.4
KwaZulu-Natal	9 426 017	95.1
Limpopo	5 273 642	41.7
Mpumalanga	3 122 990	36.7
Northern Cape	822 727	2.3
North West	3 669 349	29.9
Western Cape	4 524 335	31.5
South Africa	44 819 778	34.4

Source: SA Health Review 2002:427

Table A2: Urban / Rural distribution per selected Province

1996	Mpumalanga	Gauteng	South Africa
Non-Urban Percentage	60.9	3.0	46.3
Urban Percentage	39.1	97.0	53.7

Source: South African Health Review 2002:427

Mpumalanga Province is ranked the 3rd most rural province in the country with 60.9% of its total population living in rural areas, whereas 39.1% live in urban areas within the province. For South Africa, the ratio is 53.9% urban and 46.1% non urban. The table above shows the rural-urban differences between Gauteng, the most urban province, and Mpumalanga.

1.3 EPIDEMIOLOGICAL PROFILE

1.3.1 Health Status Indicators

Mortality

The provinces with the highest infant mortality rates are Eastern Cape (61 per 1 000 live births), Free State (53 per 1 000 live births), KwaZulu-Natal (52 per 1 000 live births) and Mpumalanga (47 per 1 000 live births).

The *Maternal Deaths 2000 Report* indicated that the "big five" causes of maternal deaths were non-pregnancy related sepsis (29.7% - mainly due to AIDS), complications of hypertension in pregnancy (22.7%), obstetric haemorrhage (13.5%), pregnancy related sepsis (12.4%) and pre-existing maternal disease (8.9%).

Table A3: Mortality Statistics

	Mpumalanga	Gauteng	South Africa
Infant Mortality Rate 2002	59.0	46.0	59.0
Life Expectancy at birth 2002	49.5	54.8	52.5
Number of Maternal deaths 2000	126	164	940
Under 5 mortality Rate 2002	106.0	82.0	100.0

Source: SA Health Review 2002:438

Table A4: Leading Causes of Death

Group	Leading Causes of death
African & Coloured males	• Unspecified unnatural causes and TB
Indian & White males	• Cerebra-vascular diseases • Unspecified unnatural causes
African females	• HIV
Coloured females	• Cerebra-vascular diseases
Indian & White Females	• Ischaemic Heart Disease

The results of a Statistics South Africa study have shown that mortality patterns are changing and these changes have tended to affect South Africans differently, depending on population group, sex and age.

A high prevalence of HIV deaths for African females (13.5%) is shown.

Most pronounced is the pattern of deaths relating to HIV and its related diseases amongst children and the reproductive and economically active population group (i.e. aged between 15-49) according to *Statistics South Africa; Causes of Death*.

The emergence of HIV, TB, and influenza and pneumonia as main causes of death is gaining on the deaths due to unspecified unnatural causes such as suicide, drowning and motor accidents.

Table A5: Trends in key provincial mortality indicators

Indicator	SADHS 1998	SADHS 2003*	Target[2]
Infant mortality (under 1)	47.3		45 per 1,000 live births by 2005
Child mortality (under 5)	63.7		59 per 1,000 live births by 2005
Maternal mortality	*Not available		100 per 100,000 live births by 2005

The SADHS does not indicate Maternal Mortality rates per province. However, the national rate is reported at 150 per 100,000 live births for the approximate period between 1992 and 1998. The SADHS 2003 report is not yet available.

Table A6: Trends in key provincial service volumes

Indicator	2000/01 (Actual)	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)
PHC headcount in PHC facilities	3 407 478	2 699 683	5 892 320	5 896 378	5 898 400
PHC headcount in hospitals	370 658	440 337	440 530	479 160	480 250
Hospital separations	812.5	822.5	973.4	1350.4	1300.0

1.4 SOCIAL SERVICES COMPONENT

1.4.1 Service delivery environment and challenges

Demand for social welfare services is increasing and this trend is not consistent with resources available to address the needs of our communities. As a result the key service delivery components have shown tendencies of over-spending which in actual fact indicate that, there need to be a radical change in budgetary allocation over the next MTEF period.

It is imminent for the department to comply with new policies and priorities of national and provincial importance. In terms of the Child Justice Bill, the department is required to have two additional Secure Care Centres and One stop Child Justice Centre, which will advance child protection services. The implementation of this legislation will obviously require additional resources, which can be factored over the MTEF period.

A Policy on the financial awards to service providers has been developed to ensure appropriate allocation of resources and transformation of services. This development will also have financial implications, as it will require different approaches in funding, as well as a fully functional unit to manage and monitor the transformation of the NPO sector.

One of the departmental priorities is to "Facilitate" the provision of capacity building and institutional development of non-governmental and community based services. This priority is in line with the national focus on Expanded Public Works Programme. This intervention will surely improve the quality of care that is given to children during the critical development stage (0-4 years) in their lives. Volunteers supporting the home based care centres will also benefit from the programme.

Another critical area that will be strengthened over the MTEF period is youth development. The time is now to address youth issues in term of skills development and economic advancement, as they constitute the majority in this province. It is envisaged that these interventions will enable youth to take their rightful place in society. As a new area of focus, the mandate requires additional funding.

Poverty eradication initiatives to sustain community livelihood remains one of the priorities of this department. This is in view of the fact that the conditional grant for poverty eradication will come to an end with effect from this financial year. To continue to address the challenges of poverty and underdevelopment in the province the department has to review the budget for this mandate.

One of the strategic objectives of the National Department of Social Services is "Improving service delivery in Social Security through the National Agency for Social Security". This objective will be realised in the next financial year as plans are in place to relinquish this function to the S. A. Social Security Agency as from April 2005. This move will provide opportunity for the social welfare programmes mentioned above to get the necessary focus and resources that would result in accelerated service delivery.

2. BROAD POLICIES, PRIORITIES AND STRATEGIC GOALS

The honourable MEC for Health and Social and Services' Budget and Policy Speech and other defining documents together with our implementation plan are going to be our significant instruments for delivery for the remainder of this financial year. This strategic planning session has laid a clear basis for our operations from now into the next financial year and broadly identified the areas of thrust over the MTEF period.

During the recent Departmental Strategic Planning Session the following provincial priorities, which are in line with the 10-point plans of our respective sectors, were identified.

1. Addressing Communicable Disease including HIV and AIDS, TB and childhood illness such as pneumonia and other diarrhoea related diseases. Also to reaffirm the commitment to rollout the comprehensive HIV and AIDS plan.
2. Addressing Non-communicable Disease including malnutrition, disease of lifestyle, trauma and violence with special emphasis and strengthening of emergency services.
3. Developing human resources: the department is committing itself to putting into place mechanisms to attract and retain scarce skills overall.
4. Infrastructure Improvement: this is in support of the hospital revitalization programme.
5. Strengthen the Primary Health Care services as well the development of the District Health System by ensuring funding shifts to PHC services.
6. Creating Partnerships and strengthening collaboration with all our stakeholders and increase funding through Public Private Partnership.
7. Strengthen the administration and management of poverty alleviation initiatives.
8. Facilitate the provision of capacity building and institutional development of non-governmental and community based services.
9. Provision of developmental social welfare services to children, older persons, people with disabilities, and children.
10. Train, educate, re-deploy and employ a new category of workers in social development.

Past expenditure trends and reconciliation of MTEF projections with plan

Table A7: 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	2008/09 (MTEF Projection	2009/10 (MTEF Projection
Current prices Total	1,456,562	1,688,146	1,893,592	2,305,920	---	---	---	---	---
Total per person	456	528	579	692	---	---	---	---	---
Total per uninsured person	529	613	672	801	---	---	---	---	---
Constant (2004/05) prices Total	1, 774,092	1, 837,132	1, 992,059	2, 305,920	2, 519,605	2, 835,597	2, 977,377	3,156,020	3,345,381
Total per person	555	575	609	692	740	817	842	893	946
Total per uninsured person	644	667	707	801	856	943	971	1,029	1,091
% Of Total spent on: -									
DHS	60,67%	67,93%	64,42%	63,73%	63,42%	61,26%	61,26%	64.94%	68.83%
PHS	9,03%	9,96%	14,02%	13,47%	14,60%	14,61%	14,61%	15.49%	16.42%
CHS	45,55%	54,04%	49,58%	-	-	-	-	-	-
All personnel	45,74%	53,31%	52,35%	49,87%	49,75%	47,81%	47,81%	50.68%	53.72%
Capital	2,71%	5,08%	5,78%	9,02%	9,37%	12,08%	12,08%	12.80%	13.57%
Health as % of total public expenditure	17,23%	16,99%	16,62%	17,63%	17,32%	17,82%	17,82%	18.89%	20.02%

PROGRAMME 1: ADMINISTRATION

1.1. SITUATION ANALYSIS

1.1.1. Overview of the Programme

- Professional support advice.
- Protocol and international relations
- Media Liaison and public relations.
- The adherence of administrative principles, norms and standards.
- Financial and fiscal accountability.
- Auditing and Risk management.
- Transformation.
- Enhanced communication.
- Monitoring and evaluation of the implementation of the various programmes and the 10 – point plans for the Health and Social Development Sectors.

1.2. POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

1.2.1. Policies

- Treasury regulations 2002.
- Public Service Act Proclamation 103 of 1994.
- Public Service Regulations, 2001.

- Labour Relation Act, Act 12 of 2002.
- Skills Levy Act, Act 9 of 1999.
- Employment Equity Act, Act 55 of 1998.
- Skills Development Act, Act 97 of 1998
- Basic Conditions of Employment Act, Act 75 of 1997
- White paper on Transformation of the Public Service
- PSCBC Resolutions.

1.2.2. Priorities and Strategic Objectives

PRIORITY	STRATEGIC OBJECTIVES
1. Excellent Customer Services	1.1 To provide professional and efficient administrative and management support services 1.2 To develop a dedicated structure to implement a District Health System 1.3 To develop and implement a Communication Strategy
2. Provision Of Good Financial Management	2.1 To ensure effective and efficient financial management.
3. Good Internal Business Processes and Procedures	3.1 To manage legislation, policy development, planning and implementation 3.2 To Implement the fraud prevention and risk management plan 3.3 To develop and implement Information Management Practices and Systems
4. People management	4.1 To implement good people management practices 4.2 To develop a capacity building and development programme for improving skills, competency and performance 4.3 To implement the transformation process
5. Partnerships and collaboration	5.1 To develop and maintain a cordial relationship between the department and its various stakeholders. 5.2 To provide professional protocol and international relations services

1.3. ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM.

CONSTRAINTS	MEASURES TO OVERCOME THEM
1. Inadequate financial management and control system	• Training on financial management. • Finalisation of control manuals. • Skills development for finance personnel
2. Inadequate Human Resources Management and Development strategies and policies	• The policy on recruitment and retention strategy be reviewed and fully implemented. • The Employee Assistance Programme needs to be strengthened and capacitated. • Capacity building and training.
3. Inadequate Administration and Support Services	• Develop appropriate Information Management. • Strengthen policy coordination, monitoring and evaluation. • Integrated information, communication, technology systems platforms. • Promote Information Technology governance • Proper Fleet Management.
4. Limited support for mainstreaming transversal issues	• Mainstreaming transversal issues. • Train all departmental staff on mainstreaming

1.1. STRATEGIC OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Priority 1: Excellent Customer Service										
1.1 To provide professional and efficient administrative and management support services	The number of SLA's completed with all programmes				100% Development of 12 SLA's	100% Implementation of 12 SLA's	100% Development and Implementation of SLA's	100% Development and Implementation of SLA's	100% Development Implementation of SLA's	100% Development Implementation of SLA's
1.2 To develop a dedicated structure to implement a District Health System	The % reduction of referrals to District Hospitals	N/A	N/A	1.5%	1.3%	1.2%	1%	1%	1%	0.5%
1.3 To develop and implement a Communication Strategy	% Completion				100% Development and implementation	100% Implementation	100% Implementation	Review Communication Strategy and align it to comply	100% Implementation of aligned strategy	100% Implementation
Priority 2: Provision of Good Financial Management										
2.1 To ensure effective and efficient financial management	% Over and under expenditure in terms of the approved budget plan	4% under expenditure	3% under expenditure	3% under expenditure	1% under expenditure	1% under expenditure	1% under expenditure	1% under expenditure	1% under expenditure	1% under expenditure
	% Completion of the implementation of the Cost Centre Accounting System in units			14%	33%	25%	25%	50%	60%	70%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Priority 3: Good Internal Business Processes and Procedures										
3.1 To manage legislation, policy development, planning and implementation	The number of legislation and policies effectively developed and implemented				Realign the administrative processes for the newly established department	Filing systems developed and piloted	Implement filing system Administration and good governance processes in place	Implement filing system Administration and good governance processes in place	Review and improvement of filing system Administration and good governance processes in place	Implementation of new filing system Administration and good governance processes in place
3.2 To implement the fraud prevention and risk management plan	Implementation of the Fraud Prevention Plan components				Establishment of the alternative reporting	Roll-out Strategic risk management plan	N/A	N/A	N/A	N/A
	% Completion of the Service Delivery Improvement Plan (SDIP)				100% Completion: SDIP plan developed and implemented	Monitoring of Service Delivery Improvement Plan (SDIP)	Monitoring and review of Service Delivery Improvement Plan (SDIP)	Monitoring and review of Service Delivery Improvement Plan (SDIP)	Monitoring and review of Service Delivery Improvement Plan (SDIP)	Monitoring and review of Service Delivery Improvement Plan (SDIP)

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
3.3 To develop and implement Information Management Practices and Systems	% Completion of the Information Management Strategy				Information Audit report	Develop and Implement the Information Management Strategy	Implement the Information Management System and strategy	Implement the Information Management System and strategy	Review Information Management Strategy	Implement changes in Information Management Strategy
	% Completion of the Information Management Policy				Develop Information Management Draft Policy	Implement Information Management Policy	Implement Information Management Policy	Implement Information Management Policy	Review Information Management Policy	Implement changes in Information Management Policy
	% Completion of the Information Technology Strategy				Situational Analysis Report	Develop Strategic Information Technology Strategy	Implement prioritised Strategic Information Technology Strategy recommendations	Monitor the implementation of prioritised strategies	Evaluation of implementation and review of prioritised strategies	Realign and update Strategic Information Technology Strategy
	% Completion of the Information System Strategy				Situational Analysis Report	Develop and Implement the Information System Strategy	Implement prioritised Strategic Information Technology Strategy recommendations	Monitor the implementation of prioritised strategies	Evaluation of implementation and review of prioritised strategies	Realign and update Strategic Information Technology Strategy

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	% Completion of the Record management system				Situational Analysis					
Priority 4: People Management										
4.1 To implement good people management practices	% Completion of a recruitment and retention strategy.				100% completion: recruitment and retention strategy implemented	100% completion: recruitment and retention strategy implemented	100% completion: recruitment and retention strategy implemented	100% completion: recruitment and retention strategy implemented	100% completion: recruitment and retention strategy implemented	100% completion: recruitment and retention strategy implemented
	% Completion of a Performance Management System				100% completion: Performance Management System implemented	Monitor the reviews and the personnel development	Monitor the reviews and the personnel development	Monitor the reviews and the personnel development	Monitor the reviews and the personnel development	Monitor the reviews and the personnel development
	% Completion of EE Plan and Policy				Situational Analysis Report	EE Plan and Policy Implemented	Monitor implementation of EE Policy and reporting thereof	Monitor implementation of EE Policy and reporting thereof	Monitor implementation of EE Policy and reporting thereof	Monitor implementation of EE Policy and reporting thereof
	% Completion of a EAP Strategy				EAP Strategy 100% completed	Liase with EAP service providers for referrals	Liase with EAP service providers for referrals	Liase with EAP service providers for referrals	Liase with EAP service providers for referrals	Liase with EAP service providers for referrals

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	% Completion of the Labour Relations Strategy				100% completion: Labour Relations Strategy developed and implemented	100% completion, communication and implement	Implement, monitor and evaluate	Implement, review and continue implementation	Align, change, restructure or reengineer	Implementation process continue
4.2 To develop a capacity building and development programme for improving skills, competency and performance	% Completion of the Skills Development Plan Training Programme				Skills Audit Report Training conducted	Skills Audit Report Training conducted	Skills Audit Report Training conducted	Skills Audit Report Training conducted	Skills Audit Report Training conducted	Skills Audit Report Training conducted
4.3 To implement the transformation processes	Mainstream gender, youth and disability in all policies, procedures and practices				Situational Analysis Report Policy and Programme Audit	Service Standard developed	Monitor the implementation of service standards Gender policy guideline developed	Monitor the implementation of service standards Gender policy guideline developed	Monitor the implementation of service standards Implementation of policy	Review service standards Review Gender policy

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
Priority 5: Partnerships and collaboration										
5.1 To develop and maintain a cordial relationship between the department and its various stake-holders.	MoU's SLA's PPP's MoA's MuniMEC's Outreach Service Charters				Develop Policy on PPP's	Implementation of agreements				

1.5. PAST EXPENDITURE TRENDS AND RECONCILIATION OF MTEF PROJECTIONS WITH PLAN

Table B2 Trends in provincial expenditure in constant prices (R million)

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)	2008/09 (MTEF projection)	2009/10 (MTEF projection
Total	142,707	161,050	170,756	255,140	275,140	298,910	318,072	337,156	357,386
Total per person	44,67	50,41	52,24	76,57	76,54	86,11	89,97	95,37	101,09
Total per uninsured person	51,79	58,45	60,58	88,65	93,45	99,37	103,68	109,90	116,49
Total Capital	1,595	9,150	12,471	12,873	1,318	3,427	3,703	3,925	4,161

The big increase between 2003/04 and 2004/05 in total budget for the programme is due to the merging of the two former Departments of Health and Social Development. and Social Development.

HEALTH COMPONENT

PROGRAMME 2: DISTRICT HEALTH SYSTEM

2.1 SITUATION ANALYSIS

2.1.1 Introduction

Mpumalanga has been demarcated into three health districts – Nkangala, Ehlanzeni and Gert Sibande. There are a total of 17 local municipal areas within these health districts. Within these districts there are 4 cross boundary municipalities, namely Kungwini, Greater Marble Hall, Greater Groblersdal and Greater Thubatse. Within these cross border municipalities there are PHC facilities with their own catchment population. The movement of people from nearby provinces such as Limpopo and KwaZulu-Natal and neighboring countries such as Swaziland and Mozambique has a major impact on our limited resources.

The department has adopted the district health system as a vehicle for the delivery of Primary Health Care. The department is moving towards a comprehensive health service delivery system at the district level. A recent audit on the PHC core package has shown that 60% of facilities in the province are already providing the core package.

The community members from the cross boundary make use of the districts' resources. As indicated on the map, the greater Tubatse is more populous than the other three cross boundaries. The cross borders communities require health care services from the other district

2.1.2. Mpumalanga Map

Mpumalanga

Section 12 Local Municipality

Common Name	Section 12 Name
Marble Hall	Greater Marble Hall Municipality
Groblersdal	Greater Groblersdal Municipality
Burgersfort/Ohrigstad/Eastern Tubatse	Greater Tubatse Municipality
Elukwatini/Carolina	Albert Luthuli
Ermelo	Msukaligwa
Piet Retief	Mkhondo
Volksrust	Seme
Standerton	Lekwa
Balfour	Dipaleseng
Highveld Ridge	Highveld East
Delmas	Delmas
Witbank	Emalahleni
Middelburg	Middelburg
Belfast	Highlands
KwaMhlanga	Thembisile
Mdutjana	Dr JS Moroka
Lydenburg\Sabie	Thaba Chweu
Nelspruit	Mbombela
Barberton	Umjindi
Nkomazi	Nkomazi
Southern	Sekhukhune Cross Boundary District Municipality

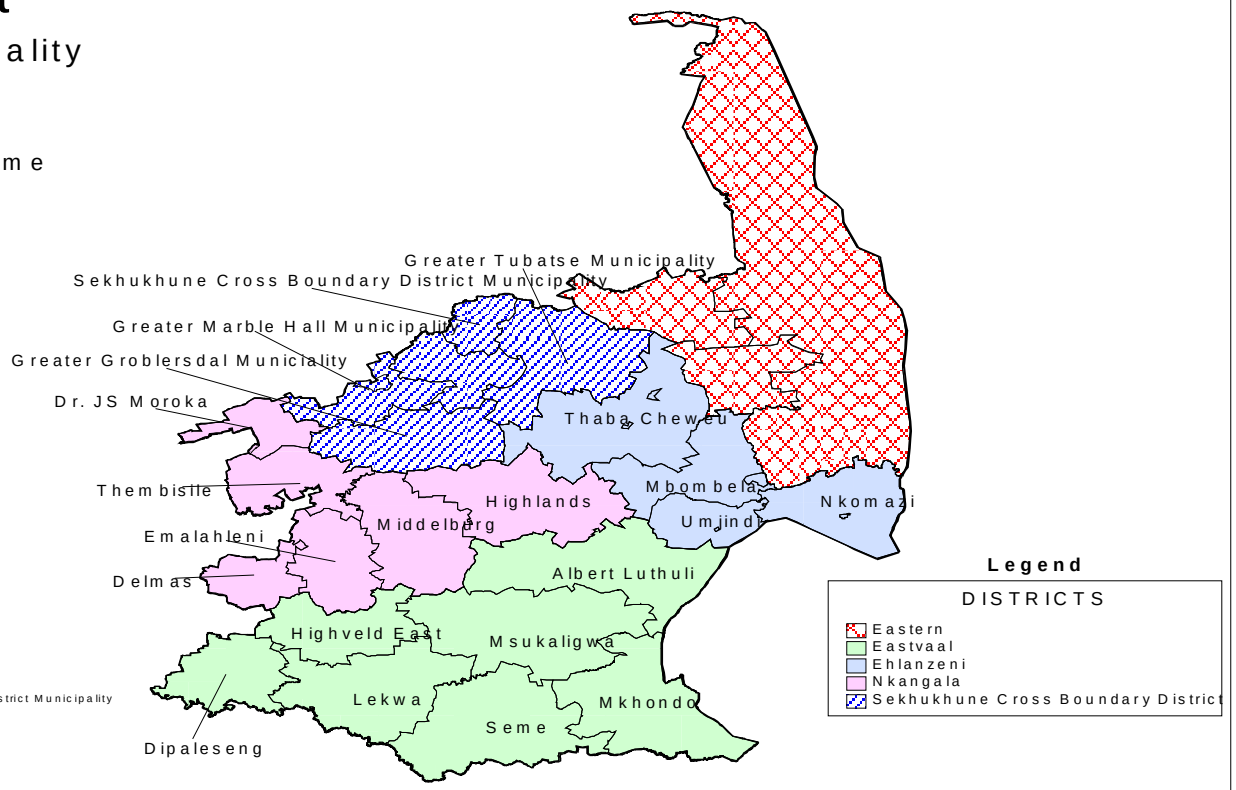


Table DHS1: District Health Service Facilities by Health District

	Facility type	No.	Population[2,5]	Population per PHC facility[5] Or per hospital bed	Per capita utilisation[6]
Ehlanzeni	Non fixed clinics[3]	26	1,039,509		
	Fixed Clinics[4]	68			
	CHCs	11	Uninsured – 935,559		
	Sub-total Clinics + CHCs	79		13,158	2
	District hospitals	7			
Gert Sibande	Non fixed clinics[3]	33	961,831		
	Fixed Clinics[4]	64			
	CHCs	9	Uninsured – 865,648		
	Sub-total Clinics + CHCs	73		11,858	1.9
	District hospitals	9			
Nkangala	Non fixed clinics[3]	26	1,243,596		1.7
	Fixed Clinics[4]	73			
	CHCs	18	Uninsured 1,119,236		
	Sub-total Clinics + CHCs	91		12,299	1.9
	District hospitals	9			
Province	Non fixed clinics[3]	85	3, 244,936		
	Fixed Clinics[4]	205			
	CHCs	38	Uninsured 2, 920,442		
	Sub-total Clinics + CHCs	243		12,018	1.8
	District hospitals	25			

Table DHS2: Personnel in District Health Services by Health District

Health district	Personnel category[1]	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
Ehlanzeni	PHC facilities				
	Medical officers	5	7	29%	0.005
	Professional nurses	416	374	-11%	0.5
	Pharmacists	0	0	0	0
	Community health workers	0	0	0	0
	District hospitals				
	Medical officers	97	198	49%	0.1
	Professional nurses	664	957	31%	0.7/1000
	Pharmacists	19	52	64%	0.02
Gert Sibande	PHC facilities				
	Medical officers	0	0	0	0
	Professional nurses	201	278	27,7%	0.23/100
	Pharmacists	0	0	0	0
	Community health workers	0	0	0	0
	District hospitals				
	Medical officers	81	123	34.1%	0.09
	Professional nurses	421	706	40.3%	0.48
	Pharmacists	18	22	18.2%	0.02
Nkangala	PHC facilities				
	Medical officers	3	34	91%	0,003/1000
	Professional nurses	298	569	47%	0,3/1000

Table DHS2: Personnel in District Health Services by Health District

Health district	Personnel category[1]	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
	Pharmacists				
	Community health workers	40	91	56%	0,04/1000
	District hospitals				
	Medical officers	96	132	27%	0,09/1000
	Professional nurses	358	488	26%	0.3
	Pharmacists	14	28	50%	0,01/1000
Province	PHC facilities				
	Medical officers	8	41	81%	
	Professional nurses	915	1221	25%	
	Pharmacists	0	0	0	
	Community health workers	40	91	56%	0,04/1000
	District hospitals				
	Medical officers	314	548	43%	
	Professional. nurses	2220	2433	18%	
	Pharmacists	78	138	44%	

1. Excluding: Delmas, Impungwe, HA Grove and Waterval Boven Hospitals.

Table DHS3: Situation Analysis Indicators for District Health Services

Indicator[1]	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Ehlanzeni 2003/04	Gert Sibande 2003/04	Nkangala 2003/04	National Target 2003/4
Input								
1. Uninsured population served per fixed public PHC facility	No			12,000	11,843	11,858	<12,299	<12,200
2. Provincial PHC expenditure per uninsured person	R			98	121	77	96	N/A
3. Local government PHC expenditure per uninsured person	R			16	15	16	17	N/A
4. PHC expenditure (provincial plus local government) per uninsured person	R			114	136	93	113	227
5. Professional nurses in fixed PHC facilities per 100,000 uninsured person	No			48	45	69	30	107
6. Sub-districts offering full package of PHC services	%			67	60	60	80	60
7. EHS expenditure (provincial plus local govt) per uninsured person	R			0	0	0	0	9
Process								
8. Health districts with appointed manager	%			33	0	100	0	92
9. Health districts with plan as per DHP guidelines	%			100	100	100	100	48
10. Fixed PHC facilities with functioning community participation structure	%			42	40	45	40	69[1]

Table DHS3: Situation Analysis Indicators for District Health Services

Indicator[1]	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Ehlanzeni 2003/04	Gert Sibande 2003/04	Nkangala 2003/04	National Target 2003/4
11. Facility data timeliness rate for all PHC facilities	%			87	90	90	80	80[2]
Output								
12. PHC total headcount	No			5,953,138	2,166,893	1,676,328	2,109,917	N/A
13. Utilisation rate – PHC	No			1.9	2	1.9	1.9	2.3
14. Utilisation rate - PHC under 5 years	No			3	2	3.4	3.7	3.8
Quality								
15. Supervision rate	%			0	0	0	0	783
16. Fixed PHC facilities supported by a doctor at least once a week	%			77	90	70	70	31
Efficiency								
17. Provincial PHC expenditure per headcount at provincial PHC facilities	R			48	52	40	51	99
18. Expenditure (provincial plus LG) per headcount at public PHC facilities	R			55	59	45	60	99
Outcome								
19. Health districts with a single provider of PHC services	%			0	0	0	0	504

Community participation structures do exist in some health facilities. In some facilities they do not exist pending the passing of the National Health Bill into an Act.

Since there are no provision for supervisors' posts in the new Organogram programme co-ordinators are temporarily used to do supervision, which results in low supervision rate. Shortage of transport contributes to the low supervision rate.

Other health providers in Mpumalanga other than the Department of Health are Local Authority, Non Governmental Organisations and Private health providers.

Table DHS4: Situation Analysis Indicators for District Hospitals Sub-Programme

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Ehlanzeni 2003/04	Gert Sibande 2003/04	Nkangala 2003/04	National Target 2003/4
Input								
1. Expenditure on hospital staff as % of district hospital expenditure	%			67	70	68	62	
2. Expenditure on drugs for hospital use as % of district hospital expenditure	%			9	7	10	10	11
3. Expenditure by district hospitals per uninsured person	R			319	333	351	273	
Process								
4. District hospitals with operational hospital board	%			0	0	0	0	76
5. District hospitals with appointed (not acting) CEO in post	%			87	100	66	100	69

Table DHS4: Situation Analysis Indicators for District Hospitals Sub-Programme

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Ehlanzeni 2003/04	Gert Sibande 2003/04	Nkangala 2003/04	National Target 2003/4
6. Facility data timeliness rate for district hospitals	%			68	65	80	60	34
Output								
7. Caesarean section rate for district hospitals	%			14	14	13.4	14	12.5
Quality								
8. District hospitals with patient satisfaction survey using DoH template5	%			0	0	0	0	10
9. District hospitals with clinical audit (Morbidity and Mortality meetings every month6	%			80	80	80	80	36
Efficiency								
10. Average length of stay in district hospitals	11. Days	12.	13.	14. 3.3 days	15. 3 days	16. 3.5 days	17. 3.4days	18. 4.2 days
19. Bed utilisation rate (based on usable beds) in district hospitals	20. %	21.	22.	23. 58%	24. 51% 25.	26. 69%	27. 55%	28. 68%
29. Expenditure per patient day equivalent in district hospitals	30. R	31.	32.	33. R1768	34. R 1,285 35. 36.	37. R 2,305	38. R1715	39. R814 in 2003/04 prices

Table DHS4: Situation Analysis Indicators for District Hospitals Sub-Programme

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Ehlanzeni 2003/04	Gert Sibande 2003/04	Nkangala 2003/04	National Target 2003/4
Outcome								
40. Case fatality rate in district hospitals for surgery separations	41. %	42.	43.	44. 3%	45. 2%	46. 3%	47. 3.3%	48. 3.9%

The tool for patient satisfaction survey is not available therefore the percentage cannot be reflected.

2.2. POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

2.2.1. Policies

- District hospital norms and standards package
- The patients' rights charter
- Nursing Act 50 of 1978
- Mental Health Act
- Choice on termination of Pregnancy Act of 1996.
- Health Professions Act of 1974
- Sterilization Act 1998
- Foodstuff, Cosmetic & Disinfectant Act 1972 (Act No 54 of 1972)
- Hazardous Substance Act, 1973 (Act 15 of 1973
- International Health Regulations Act 1974 (Act no. 28 of 1974)
- Vector Control Act

2.2.2 Priorities

- STI, TB, HIV and AIDS
- Diseases of Lifestyles
- Quality of health care in all facilities.
- PHC services accessibility.

- PHC health information system.
- Malaria control in Ehlanzeni.
- Functional integration of all health services providers in the context of DHS
- Full implementation of the PHC package

2.3 ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
1. Working environment not conducive	• Recruitment and retention strategy. • Rollout of the HR plan. • Implement effective appraisal technique.
2. Ineffective referral system	• To procure appropriate patient transport. • Develop adequate level 2&3 services. • Allocation of doctors to PHC facilities
3. Lack of revitalization programme	• Project steering and commissioning committees at all levels. • Facilitate organizational development. • Development of a 5-year infrastructure plan
4. Inadequate access to health management information (personnel, municipal finance data)	• Full implementation of Italian Cooperation project plan
5. Lack of District Health systems unit within the Department	• Establish a District Health systems unit

2.4. SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
1. District management										
1.1. To monitor and evaluate the implementation of the PHC package and Hospital's norms and standards.	The % of facilities implementing packages		40%	50%	60%	70%	85%	95%	98%	100%
	Hospital's implementing district hospitals norms/standards		0%	0%	25%	50%	70%	85%	86%	88%
1.2. To fully implement clinic supervision and leadership	Number of visits and written supervisors report		20	20	30	45	60	75	100%	100%
1.3. To monitor and evaluate the implementation of revitalization programme	% Of facilities revitalized		15%	40%	60%	70%	80%	90%	90%	95%
1.4. To strengthen implementation of PFMA and financial regulations in all district hospitals	% Of expenditure reviews conducted per annum.		10%	20%	100%	100%	100%	100%	100%	100%
	% Of stock taking done per annum		50%	60%	100%	100%	100%	100%	100%	100%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
2. Primary Health Care: Clinics										
2.1. To increase the compliance rate with the PHC package from 50% to 85 % by 2006	Proportion of clinics that comply with set norms and standards			40%	50%	60%	70%	85%	85%	90%
2.2. To implement the National Guidelines to improve diseases of lifestyle	% Of health facilities implementing the National Guidelines			0%	0%	20%	40%	40%	45%	50%
2.3. To strengthen management of STI in all health facilities	% Of partners coming to facility for treatment			90%	95%	100%	100%	100%	100%	100%
2.4. To improve TB cure rate by 2007	% Of cure rate			24%	28%	30%	40%	50%	65%	70%
2.5. To strengthen management of HIV and AIDS	% Of facilities offering PMTCT and VCT			55%	65%	70%	75%	80%	80%	85%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
2.6. To strengthen Batho Pele Principles and Patient Right Charter in all health facilities by end of 2004	% Implementation of Batho Pele Principles and Patient Right Charter				50%	80%	100%	100%	100%	100%
3. Primary Health Care: Community Health Centres										
3.1 To increase the compliance rate with the PHC package	Proportion of clinics that comply with set norms and standards		40%	50%	60%	70%	85%	95%	96%	100%
3.2 To implement the National Guidelines to improve diseases of lifestyle	% Of health facilities implementing the National Guidelines		0%	0%	40%	60%	80%	100%	100%	100%
3.3 To strengthen management of STI in all health facilities	% Of partners coming to facility for treatment		90%	95%	100%	100%	100%	100%	100%	100%
3.4 To improve TB cure rate	% Of cure rate		24%	28%	30%	40%	50%	65%	65%	70%
3.5 To strengthen management of HIV and AIDS	% Of facilities offering PMTCT and VCT		55%	65%	70%	75%	80%	85%	85%	90%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
3.6 To strengthen Batho Pele Principles and Patient Right Charter in all health facilities by end of 2004	% Implementation of Batho Pele Principles and Patient Right Charter.		40%	40%	60%	80%	90%	100%	100%	100%
4. District hospitals										
4.1 Implementation of performance agreement for all personnel in the hospitals in line with the appropriate appraisal technique	% Staff with performance agreements		0%	0%	100%	100%	100%	100%	100%	100%
4.2 To improve the quality of `care in District Hospitals.	% Of hospitals with quality assurance team in place.		40%	50%	60%	70%	80%	90%	95%	97%
	% Of hospitals that conducted patients satisfaction surveys		40%	50%	60%	70%	80%	90%	95%	100%
4.3 *To establish and sustain step down beds in facilities in all districts	% Of step down beds in facilities established		0%	1.28%	2.56%	6.4%	8.9%	9.0%	9.0%	9.5%

*Total district hospital beds for Mpumalanga is 3510.The 1.28% is equal to 45 beds and it will increase to 315 beds by the end of the MTEF period

2.5. HIV & AIDS, STI & TB control

2.5.1. Situational analysis

The HIV, AIDS, STI and TB programme is a programme under the District Health Systems, which is a vehicle through which the Primary Health Care is taking place. This aims to facilitate and integrate the delivery of HAST services at a lowest possible level of government. In the past year 2003-2004, TB has been a sub programme under health programmes. In this financial year, TB has been moved to the HIV, AIDS and STI Directorate. The HIV, AIDS, STI and TB services are vertical and parallel to their sister services in the facilities.

2.5.1.1. Demographic information

According to the antenatal survey conducted in October 2002, 26.5% of pregnant women in the country were HIV positive. Mpumalanga Province is rated at number 4 with 28.6%. The syphilis prevalence rate in the province is 2.5%; of which the mostly infected are women aged 24 to 29 years.

The TB incidence rate in the province is 287 per 100 000 population. In 2003, the case detection was 7656; 17% case finding which increased from 2002. The treatment outcome, cure rate is 37.9%, not evaluated cases are 28.3%. TB is the leading cause of death among HIV infected persons. With the above figures, it is clear that effective treatment and control of TB must be given attention. Due to high co-infection rates, clients who meet the criteria are receiving ART.

2.5.1.2 Sub- Programmes

The following are key sub-programmes within the Directorate

2.5.1.2.1 Prevention Services

- VCT
- PMTCT
- Community mobilisation and advocacy
- STI management
- Condom logistics
- TB management
- Nutrition Support (Perlagon, food supplements)
- Partnerships
- Post exposure prophylaxis (needle prick, survivors of rape)

2.5.1.2.2. Treatment, Care And Support

- Home based care
- Step down services
- Treatment of OIs (Diflucan)

2.5.2. Utilisation of services in the province April2003 - March2004

2.5.2.1. Voluntary Counselling and Testing

Clients provided with pre-test counselling	Clients tested for HIV	HIV positive clients
15,133	13,727	6,327

2.5.2.2. Prevention of Mother to Child Transmission

Clients test for HIV	HIV positive clients	Clients given nevirapine (NVP) dose	Babies tested for HIV	HIV positive babies
8,280	2,494	1,225	515	225

2.5.2.3. Home community based care

Existing HBC organisations	HBC organisations funded	HBC kits given to organisations	Caregivers trained	Number of beneficiaries
206	104	2,506	938	1,539

2.5.2.4. Condom Distribution

Primary Sites	Secondary Sites
21	365

2.5.2.5. Post-exposure prophylaxis

Anti-retrovirals to rape survivors
755

2.5.2.6. Sexually Transmitted Infections

New clients treated	Partners treated
92,219	31,184

2.5.2.7. Tuberculosis

Incidences	Case detection	Case finding	Treatment outcome	
			Cure rate	Not evaluated
287 per 100'000 population	7,656	17% increase from 2002	37.9%	28.3%

2.5.3. Situational Analysis Indicators

Table HIV1: Situation Analysis Indicators for HIV & AIDS, STI's and TB control

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	District A 2003/04 (Ehlanzeni)	District B 2003/04 (Gert Sibande)	District C 2003/04 (Nkangala)	National Target 2003/4
Input								
1. ARV treatment centres compared to plan	%			0	0	0	0	
2. Fixed PHC facilities offering PMTCT	%			67 (No.)	24 (No.)	12 (No.)	31 (No.)	
3. Fixed PHC facilities offering VCT	%			134 (No.)	60 (No.)	44 (No.)	30 (No.)	
4. Hospitals offering PEP for occupational HIV exposure	%	78	85	88				
5. Hospitals offering PEP for sexual abuse	%							
6. Hospitals drawing blood for CD4 testing	%	N/A	N/A	80	87	72	80	
Process								
7. TB cases with a DOT supporter	%			50			100	100
8. Male condom distribution rate from public sector health facilities	9. %	10.	11. 6.2	12. 7	13.	14.	15.	16.
17. Male condom distribution rate from primary distribution sites	%			2.93				
18. Nevirapine stock out	%	0	0	0	0	0	0	0
19. Hospitals drawing blood for CD4 testing	%	0	0	0	0	0	0	

Table HIV1: Situation Analysis Indicators for HIV & AIDS, STI's and TB control

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	District A 2003/04 (Ehlanzeni)	District B 2003/04 (Gert Sibande)	District C 2003/04 (Nkangala)	National Target 2003/4
20. Fixed facilities referring patients to ART treatment centre for ART readiness assessment	%	0	0	0	0	0	0	0
Output								
21. STI partner treatment rate	%	30	30	35	30.24	29.26	43.42	27
22. Nevirapine dose to new born coverage rate	%							
23. Client pre-test counselling rate in fixed PHC facilities	%							
24. Patients registered for ART compared to target	%	0	0	0	0	0	0	
25. TB treatment interruption rate	15%	N/A	105	75	8.5	6	6.4	10
Quality								
26. CD4 turn around time for hospitals	Hours		96	96	96	96	96	
27. TB sputa specimens with turnaround time less than 48 hours	%	30	40	50	56	54	40	100
Efficiency								
28. Dedicated HIV/AIDS budget spent	%	10	30	70	N/a	N/A	N/A	100
Outcome								
29. New smear positive PTB cases cured at first attempt	%	26	24	46				>85

Table HIV1: Situation Analysis Indicators for HIV & AIDS, STI's and TB control

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	District A 2003/04 (Ehlanzeni)	District B 2003/04 (Gert Sibande)	District C 2003/04 (Nkangala)	National Target 2003/4
30. New MDR-TB cases	%		0.49	0.90	0.93	0.86	0.91	<1
31. ART monitoring visits measured at WHO performance scale 1 or 2	%	0	0	0	0	0	0	

2.5.4. Policies, Priorities And Strategic Goals

2.5.4.1. Policies

The following policies guided us in the development of this strategic plan:

- National strategic plan for 2000-2005
- Comprehensive plan for HIV and AIDS Care management and treatment for South Africa
- Medium term development plan for national tuberculosis control programme for 2002-2005
- Provincial vision and mission

2.5.4.2 Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVES
1. Effective management of sexually transmitted infections (STI's)	1.1 To increase partner notification rate to 100% 1.2 To increase partner tracing rate to 45% 1.3 To increase the management and treatment of new episodes by 6% 1.4 To organise awareness campaigns annually
2. Uninterrupted condom supply.	2.1 To roll-out condom distribution to secondary sites 2.2 To increase condom distribution to primary sites 2.3 To ensure capacity building to condom distribution 2.4 To organise awareness campaigns annually to all municipalities

PRIORITIES	STRATEGIC OBJECTIVES
3. Prevention of transmission from mother to child	3.1 To establish and support PMTCT services at all public health facilities 3.2 To increase PMTCT uptake rate among pregnant women at all public health facilities. 3.3 To increase the testing rate among pregnant women at all public health facilities 3.4 To reduce HIV transmission rate to infants born from positive mothers in the programme 3.5 To establish 2 PMTCT peer education projects per district per year
4. Promote access to voluntary counselling and testing	4.1 To establish and support VCT services in all public health facilities 4.2 To establish and support VCT services in the identified non-medical sites 4.3 To increase VCT uptake in all facilities providing VCT services
5. Provide care and support to people infected and affected by HIV and AIDS	5.1 To strengthen and support the identified home-based care organisations in the province 5.2 To provide nutritional support to people living with HIV and AIDS and TB 5.3 To improve referral to home based care 5.4 To establish and strengthen step-down care facilities 5.5 To organise awareness campaigns on home-based care 5.6 To establish and strengthen support groups for people living with HIV and AIDS
6. Provide antiretroviral treatment to people infected and living with HIV and AIDS	6.1 To establish and support ARV services. 6.2 To reduce CD4 count turn around time for hospitals 6.3 To improve PIS in all accredited sites 6.4 To roll-out PEP services to all hospitals
7. Manage and control tuberculosis.	7.1 To increase TB cure rate in the province 7.2 To improve sputum results turn-around time 7.3 To organise TB awareness campaigns annually 7.4 To improve prevention and treatment of TB and other opportunistic infections
8. Improve stakeholder involvement through partnerships	8.1 To strengthen partnerships and collaborations 8.2

PRIORITIES	STRATEGIC OBJECTIVES
9. Monitor and evaluate the extent of the epidemic and the quality of services provided.	9.1 To commission annual research on the accessibility and the quality of HIV and AIDS, STI and TB services, NPO intervention 9.2 To develop and implement a monitoring manual /tools 9.3 To annually map CHBC services in the province
10. Provide Life skills programmes.	10.1 To establish focus-groups activities to promote prevention through behaviour change 10.2 To establish peer education programmes. 10.3 To establish and strengthen life-skill centres to promote prevention
11. Advocacy and social mobilisation	11.1 To develop and implement an advocacy, social mobilisation and communication strategy for the programme
12. Capacity Building	12.1 To establish a training centre for HAST

2.5.4.2. Constraints and measures to overcome them

CONSTRAINTS	MEASURES PLANNED TO OVERCOME THEM
1. Non functional service delivery structures e.g. IDC and PAC	• Review and strengthen where necessary structures
2. Infrastructure at facilities not suitable for VCT, step down care etc	• Participate in the planning of structures • Equip facilities for the provision of the service
3. Lack of data collection and flow of information to the province	• Appoint dedicated health information officer for HAST • Strengthen health information in the districts
4. Promotion of the HAST services at local level	• Role of health promotion practitioners to be clarified
5. Lack of joint planning, collaboration and integration strategies	• Promote integrated planning with other stakeholders e.g. district plans to include local municipality plans, other departments

CONSTRAINTS	MEASURES PLANNED TO OVERCOME THEM
6. Lack of trainers for HAST	• Appoint trainers for HAST • Strengthen ATTIC • Establish a training centre
7. Treatment adherence	• Strengthen home based care services • Develop a roll out strategy of the comprehensive plans
8. Cross border influx of clients	• Lobby for MOU with Swaziland and strengthen initiatives with Maputo
9. Compliance to conditional grant reporting and other treasury requirements	• Lobby for appointment for a financial manager focusing on the directorate
10. Shortage of personnel	• Lobby for approval of organogram, appointment and retention of provincial personnel. • Critical to this is the district and community-based personnel
11. Lack of monitoring and evaluation systems	• Establish a monitoring and evaluation unit and develop relevant tool
12. Lack of integrated planning with other programmes	• Improve planning
13. Lack of advocacy, social mobilisation and communication	• Lobby for a dedicated person in the communication section or appoint a person within the directorate

2.5.4.3. Specification of measurable objectives and performance indicators

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Promote effective management of sexually transmitted infected infections (STI)										
1.1 To increase partner notification rate to 100%	Partner notification rate		90%	95%	100%	100%	100%	100%	100%	100%
1.2. To increase partner tracing rate to 45%	Partner tracing rate		30%	35%	40%	40%	45%	45%	50%	50%
1.3. To increase the management and treatment of new episodes by 6%	New episodes treated		4%	4.5%	5%	5.9%	6%	6%	7%	7%
1.4. To organise awareness campaigns annually	An Awareness campaign held annually		1	1	1	1	1	1	1	1
2. Uninterrupted condom supply in the province										
2.1. To roll-out condom distribution to secondary sites	Number of secondary sites	115	204	365	500	600	750	800	850	900

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
2.2. To increase condom distribution to primary sites	Number of primary sites	18	20	21	31	41	55	60	65	70
2.3. To ensure capacity building to condom distributors	Number of training conducted	10	15	33	38	43	48	55	60	60
2.4. To organise awareness campaigns annually in all municipalities	Number of awareness campaigns				22	22	22	22	22	22
3. Prevention of transmission from mother to child										
3.1. To establish and support PMTCT services at all public health facilities	Number of facilities providing PMTCT services	2	5	150	225	300	344	370	370	370
3.2 . To increase PMTCT uptake rate among pregnant women at all public health facilities	Percentage of women participating in the programme	50%	54%	40%	50%	75%	95%	95%	95%	95%

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
3.3. To increase the testing rate among pregnant women at all public health facilities	Percentage of women tested			40%	50%	75%	95%	95%	95%	95%
3.4. To reduce HIV transmission rate to infants born from positive mothers in the programme	Percentage of HIV infected infants	33%	30%	27%	25%	20%	15%	10%	5%	5%
3.5. To establish 2 PMTCT peer education projects per district per year	Number of peer education projects established	0	0	0	6	9	12	15	18	21
4. Promote access to voluntary counselling and testing										
4.1. To establish and support VCT services in all public health facilities	Number of health facilities providing VCT services	26	96	151	230	304	344	344	344	344
4.2. To establish and support VCT services in the identified non-medical sites	Number of non-medical VCT services delivery points	0	3	7	40	50	56	80	80	80

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
4.3. To increase VCT uptake in all facilities providing VCT services	Number of beneficiaries	1151	14879	15133	36234	39858	43843	60000	63000	66000
5. Provide care and support to people infected and affected by HIV and AIDS										
5.1. To strengthen and support the identified home-based care organisations in the province	Number of organisations funded	0	0	104	85	100	115	120	125	130
	Number of community projects funded			33	21	45 new projects 63 existing projects strengthened	45	45	45	45
5.2. To provide nutritional support to people living with HIV and AIDS and TB	Number of beneficiaries	0	0	0	2800	3360	4200	4500	5000	5000
5.3. To improve referral to home based care	Percentage of patients referred to home based care organisations					50%	65%	70%	80%	90%
5.4. To establish and strengthen step-down care facilities	Number of facilities established and strengthened	0	0	0	6	9	12	17	20	20

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
5.5. To organise awareness campaigns on home-based care	Number of awareness campaigns	0	0	1	6	9	12	17	20	20
5.6. To establish and strengthen support groups for people living with HIV and AIDS	Number of support groups established and strengthened	0	0	12	22	44	88	150	200	200
6. Provide antiretroviral treatment to people infected and living with HIV and AIDS										
6.1. To establish and support ARV services	Number of accredited public hospitals	0	0	0	12	18	22	27	30	30
6.2. To reduce CD4 count turn around time for hospitals	Proportion of CD4 turn around time less than 6 days	0	0	0	6	5	4	3	3	3
6.3. To improve PIS in all accredited sites	Proportion of accredited service points with functional PIS.	0	0	0	12	18	22	27	30	30
6.4. To roll-out PEP services to all hospitals	Proportion of clients attended at the VEP centres					27	27	27	30	30

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
7. Manage and control tuberculosis in the province										
7.1. To increase TB cure rate in the province	Cure rate	0	40%	50%	70%	80%	85%	85%	90%	90%
7.2. To improve sputum results turn-around time	Turn-around time (hours)	0	96	72	72	48	48	48	24	24
7.3. To organise TB awareness campaigns annually	Awareness campaigns organised	1	1	3	4	4	4	4	4	4
7.4. To improve prevention and treatment of TB and other opportunistic infections	Proportion of HIV and AIDS Population with access to TB treatment and Diflucan	0	0	20%	50%	60%	70%	80%	85%	90%
7.5. To cure 85% new smear positive TB cases at first attempt	Percentage of new smear positive TB cases cured at first attempt	0	38%	40%	45%	50%	70%	85%	85%	85%
7.6. To reduce the interruption rate to<5%	Proportion of new smear positive cases that interrupted treatment	0	10%	5%	5%	4%	4%	3%	3%	3%

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
8. Improve stakeholder involvement through partnerships in the province										
8.1. To strengthen partnerships and collaborations	Number of: MoU's, MoA's, SLA's,	0			21	21	21	21	21	21
9. Monitor and evaluate the extent of the epidemic and the quality of services provided										
9.1. To commission annual research on the accessibility and the quality of HIV and AIDS, STI and TB services, NPO intervention	Research documents available	0	0	0	1	1	1	1	1	1
9.2. To develop and implement a monitoring manual /tools	Monitoring and evaluation tool developed and implemented					1	1	1	1	1
9.3. To annually map CHBC services in the province	Number of Maps	0	0	0	1	1	1	1	1	1
10. Provide life skills programmes										
10.1. To establish focus-groups activities to promote prevention through behaviour change	Number of focus groups activities	0	0	0	9	30	45	60	60	60

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
10.2. To establish peer education programmes	Number of peer education programmes	0	0	0	3	6	9	12	15	20
10.3. To establish and strengthen life-skill centres to promote prevention	Number of life-skill centres strengthened	0	0	0	6	9	12	15	20	20
	Number of youth/groundbreakers Trained	389	108	108	108	108	108	108	108	108
	Number of life skills camps for children heading house holds	525 Children trained	6 Camps	6 Camps	6 Camps	6 Camps	6 Camps	6 Camps	6 Camps	6 Camps
11. Advocacy and social mobilisation										
11.1 To develop and implement an advocacy, social mobilisation and communication strategy for the programme	% Completion of a communication strategy in place and implemented					100%	100%	100%	100%	100%
12. Capacity Building										
12.1. To establish a training centre for HAST.	Number of people trained									
	Number of Staff members trained			50	50	100	100	100	100	100
	Number of training provided to volunteers		417	450	630	630	630	630	630	630

Strategic Objective	Indicator	2001/02 (actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Number of trained older persons			150	150	200	250	250	300	300
	Number of professionals trained				320	356	400	450	500	550

2.5.4.4. Performance Indicators

Table HIV2: Performance Indicators for HIV & AIDS, STI and TB control

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2008
Input							
1. ARV treatment centres compared to plan	%	0	30	60	80	100	100
2. Fixed PHC facilities offering PMTCT	%			90	100	100	100
3. Fixed PHC facilities offering VCT	%	50	70	90	100	100	100
4. Hospitals offering PEP for occupational HIV exposure	%	88	97	100	100	100	100
5. Hospitals offering PEP for sexual abuse	%						100
6. Hospitals drawing blood for CD4 testing	%	50	80	90	90	100	
Process							
7. TB cases with a DOT supporter	%	50	60	80	100	100	100
8. Male condom distribution rate from public sector health facilities	9. %	10. 25	11. 33	12. 38	13. 50	14. 60	15. 100
16. Male condom distribution rate from primary distribution sites	%	7	7.5	7.5	7.5	7.5	7.5
17. Nevirapine stock out	%	0	0	0	0	0	0
18. Hospitals drawing blood for CD4 testing	%	50	80	90	90	100	

Table HIV2: Performance Indicators for HIV & AIDS, STI and TB control

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2008
19. Fixed facilities referring patients to ART treatment centre for ART readiness assessment	%	0	34	45	60	80	
Output							
20. STI partner treatment rate	%	35	48	48	50	55	
21. Nevirapine dose to new born coverage rate	%						
22. Client pre-test counselling rate	%	55	80	90	100	100	
23. Patients registered for ART compared to target	%		70	90	100	100	
24. TB interruption rate	%	15	10	5	5	5	10
Quality							
25. CD4 turn around time for hospitals	Hrs	96	72	48	24	12	5days
26. TB sputa specimens with turnaround time greater than 48 hours	%	50	40	30	20	10	0
Efficiency							
27. Dedicated HIV/AIDS budget spent	%	13	60	80	90	100	
Outcome							
28. New smear positive PTB cases cured at first attempt	%	31	45	55	65	75	85
29. Change in number of new MDR patients	%	0	0	5	4	4	1
30. ART monitoring visits measured at WHO performance scale 1 or 2	%						

2.5.4.5. Past expenditure trends and reconciliation of MTEF projections with plan

An account should be given of how the spending trends of previous years have transpired and how MTEF projections correspond to strategic plan objectives.

Table HIV3: Trends in provincial public health expenditure for HIV & 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)	2008/09 (MTEF projection	2009/10 (MTEF projection
Current prices									
Total[7]	1,327	2,917	9,820	53,840	81,392	107,479	112,852	119,623	126,800
Total per person	R0, 42	R0, 91	R3, 00	R16, 16	R23, 92	R30, 96	R31, 92	R33,92	R35,85
Total per uninsured person	R0, 48	R1, 06	R3, 48	R18, 71	R27, 71	R35, 73	R31, 92	R33,92	R35,85
Constant (2004/05) prices[2]Total	1,698	3,235	10,399	53,840	81,392	10,7479	112,852	119,623	126,800
Total per person		R1, 01	R3, 18	R16, 16	R23, 92	R30, 96	R31, 92	R33,92	R35,85
Total per uninsured person		R1, 17	R3, 69	R18, 71	R27, 71	R35, 73	R31, 92	R33,92	R35,85

[7] Conditional grants only

2.6 Environmental Health

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. To implement PMDS by April 2004	% Of PHO's + EHO's ¼ assessed		20%	80%	100%	100%	100%	100%	100%	100%
2. To identify relevant training courses, workshops and conferences to attend	Number of personnel trained		Port health –1x Hazardous substances – 0	Port health –1x Hazardous substances – 3x	Port health –7x Hazardous substances – 10x	Port health –7x Hazardous substances – 10x	Port health –7x Hazardous substances – 10x	Port health –7x Hazardous substances – 10x	Port health –7x Hazardous substances – 10x	Port health –7x Hazardous substances – 10x
3. To conduct audit of EHS at DC	Number of audits conducted		260	290	375	470	575	680	760	820
4. District Strategic and operational plans costed and linked to Provincial Strategic plan	Number of districts strategic plan completed and costed in line with the Provincial plan		50%	100%	100%	100%	100%	100%	100%	100%
5. To reduce the spread of diseases into and out of South Africa	The number of Inspections [clearances] of imported products		213	350	410	430	470	520	570	630
	The number of clearances of international flights		261	400	450	500	550	600	650	700

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	The number of international passengers monitored		443	1000	1200	1700	1900	3000	4000	5000
	% Of food outlets assessed		6%	25%	100%	100%	100%	100%	100%	100%
	The number of inspections carried out to monitor water and sanitation within the ports of entry		8	29	35	40	45	50	50	50
6. To reduce the Environmental pollution through hazardous substances	Number of premises audited		178	200	210	230	250	300	350	400
	The number of hazardous substance licenses issued		75	100	100	120	140	160	180	200
7. To provide public health education and community mobilisation	The number of EHO's trained in the management of hazardous substance		5	17	25	25	25	25	27	27
8. To manage and sustain community safety and improve health	The number of Environmental Impact Assessment conducted		68	53	85	95	105	125	150	175
	The number of EHO's trained in the Management of EIA		0	5	27	27	27	27	27	27

2.7 Eye Care Programme

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
1. To train 37 Ophthalmic Nurses in Refraction	Number of trained Nurses		0	10	15	6	6	5	5	5
2. To train 29 Ophthalmic nurses	Number of Ophthalmic nurses trained		4	7	6	6	6	6	6	6
3. Cataract Operation	Number of operations performed		1900	2000	2400	2880	3456	3802	4182	4600
4. Screening of Patients for Eye Disorders	Number of Patients Screened		15000	20000	25000	30000	35000	40000	45000	50000
5. Organize Workshops for health workers and Traditional Healers	Number of workshops conducted		3	4	6	6	8	6	6	6

2.8 Health Promotion

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Equitable distribution of Health Promotion practitioners in the province	Percentage of Health Facilities with Health Promotion Practitioners		26%	30%	45%	50%	60%	70%	80%	90%
2. To roll out the HHCC of IMCI	Number of HHCC established in the province		1	4	8	10	18	26	34	42
3. To establish Health promoting Schools Province wide	Number of established Health Promoting Schools		16	20	50	80	100	120	140	160
4. To acquire and distribute posters on basic components of health promotion strategies	Percentage of posters distributed to facilities		60%	80%	90%	95%	100%			
5. To educate the community on HIV and AIDS related comprehensive programme (VCT, PMTCT, ARV)	Percentage of people utilizing the comprehensive programmes on HIV and AIDS		0%	10%	29%	30%	50%			

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
6. To promote healthy lifestyles	HP capacity building activities		0	6	10	14	18	22	26	30
	Community committees		0	3	10	14	18	22	26	30
	Support Groups		0	6	16	26	36	40	44	48
	Improved health literacy		0%	10%	29%	30%	50%	60%	65%	70%

2.9 Occupational Health Programme

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. PHC Practitioners to identify patients with ex miners occupational related problems and refer to the sub district / facility OH unit	The number of patients referred by PHC level		400	400	500	600	700	700	700	700

2.9.1 Occupational health programme Hospital level

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. To train nurses on OH	The number of trained nurses		11	7	7	7	7	8	6	6
62. Creation of OH unit	The number of operating OH units		19	21	23	25	27	28	29	29
3. Training and appointment of health and safety reps	The number of Health safety reps trained/ appointed		80	100	100	100	100	120	120	150
4. To conduct monthly OH meetings	Percentage of meeting held		60%	70%	80%	90%	100%	100%	100%	100%
5. To strengthen periodical examination (initial periodic examination)	Percentage of occupational diseases diagnosed [TB, back strain, dermatitis, etc]		50%	80%	100%	100%	100%	100%	100%	100%
6. To generate income through inoculations of tourist for communicable diseases	Income generated- in R		R 25 000	R35 000	R50 000	R65 000	R75 000	-	-	-

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
7. To generate revenue through re-imbursement	Compensation generated		R 4, 5mil	R2, 5mil	R 3,0mil	R 4mil	R 4,5mil	R 1,0mil	R 1,2mil	R 1,5mil
8. To reduce the number of IOD's (including needle stick injuries)	The number of Incidents			300	270	250	230	210	200	180
9. To reduce the number of IOD's (including needle stick injuries)	The number of Incidents		500	450	400	350	230	210	200	180

2.10 Mental Health Programme

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
1. To develop provincial mental health policy by 2005	Hard copy of the policy		0	Discussion document	Draft document	Final document	Implémentation	Monitoring	Monitoring	Monitoring
2. To establish Mental Health Review Boards by 2005	One mental Health Review Board per district		0	0	Put recruitment processes in place for board members	Appoint members to serve on the board	Monitor the activities of board members	Monitor the activities of board members	Monitor the activities of board members	Monitor the activities of board members
3. To increase the integration of mental health into Primary Health Care by 25% and District hospitals by 30% by 2006	Percentage of clinics, HCC and hospitals delivering quality mental health services		65% Clinics 70% Hospitals	65% Clinics 70% Hospitals	70% Clinics 80% Hospitals	80% Clinics 90% Hospitals	90% Clinics 100% Hospitals	95% Clinics 100% Hospitals	97% Clinics 100% Hospitals	98% Clinics 100% Hospitals
4. To develop programmes aimed at preventing suicide among the youth	Number of programmes developed and implemented		0	1	1	1	1	1	1	1

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
5. To develop programmes aimed at reducing the level of substance abuse among the youth	Number of programmes developed and implemented		0	0	1	1	1	1	1	1
6. To establish an intersectoral mental health forum	One provincial and 1 per district mental health forum		0	1	4	4	4	4	4	4
7. To establish and monitor the victim and trauma support rooms in the hospitals	Number of hospitals with victim and trauma support rooms		18	18	19	20	21	24	26	30

2.11 Malaria

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
1. To strengthen disease management in health facilities	% Of health facilities in high risk areas with effective disease management systems in place		95%	95%	95%	95%	95%	95%	95%	95%
2. To reduce malaria transmission through vector control intervention	% Spray coverage of targeted structures in highest malaria risk areas		88%	89%	90%	90%	90%	90%	90%	90%
3. To provide effective information, education and communication.	Number of health providers trained and community members on malaria management		500	500	500	500	500	500	500	500
4. To manage disease surveillance in all health facilities	% Of health facilities in risk areas notifying malaria cases in terms with legislation		95%	98%	98%	98%	98%	98%	98%	98%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2008/10 (Target)
5. To strengthen malaria control in the Southern African region	% Of collaborative meetings attended		90%	100%	100%	100%	100%	100%	100%	100%
	% Of technical support requests attended to		70%	80%	80%	80%	80%	80%	80%	80%

2.12. Disease Prevention and Control

2.12.1 Appraisal of existing services and performance since 2001/02

- Training of 150 health care professionals in outbreak response in Feb 2004
- Monthly training of 18 Communicable Disease Control (CDC) and 33 Infection Control Nurse (INC) since 2001
- CDC coordinator appointed.
- Chief Medical Officer appointed – Surveillance and outbreak control
- The CDC department took charge of the operational planning in containing the cholera outbreak in 2004.
- 12 Acute Flacid Paralysis (AFP) cases reported for 2001/02, 16 for 2002/3 and18 cases of AFP reported in MPU 2003/2004 (National standard is 11 expected reported AFP cases for MPU per year.)
- An increase of 4% from 78% immunization coverage for Hep B3 in previous year to 82% in 2003/2004.
- Cholera outbreak maintained at 1658 cases 2004
- Measles outbreak contained at 42 cases in 2003

- Monthly infection control meetings and training seminars
- Weekly visits to the travel clinic in Nelspruit where CDC doctors saw high-risk patients.
- Rebuilding of the communicable disease control programme commenced in February 2004 after 2 years of slow dismantling.
- Cluster meetings held monthly between Malaria, Environmental Health Officer, and CDC departments

2.12.2 Policies, Priorities and strategic goals

2.12.2.1 Policies

- Policy guidelines on:
- Management of Asthma in adults at Primary Level
- Promotion of active ageing in older adults at Primary Level
- Clinical Management of Psychogeriatrics
- Prevention, early detection, identification and intervention of physical abuse of older persons at Primary Level
- National guideline on prevention of falls of Older Persons
- Testing for Prostate Cancer at Primary Level and Hospital
- National Programme for Control and Management of Diabetes Type II at Primary Level
- Primary Prevention of Chronic diseases of lifestyle
- Early detection and Management of Arthritis
- National Health Bill No. 32 of 2003
- Municipal Systems Act 32 of 2000

- South African Constitution act 36 of 1996
- MEC for health and Social Services Policy and Budget Speech 2004/2005

2.12.2. Priorities

- Integrated communicable disease surveillance system
- Increase the number of health promoting schools.
- Strengthen interventions on prevention and control of communicable and non-communicable diseases.
- Partnerships and collaborations.
- Strengthen Medical Joint Operational Committee (MJOC)
- Capacity Building
- Mental health
- Availability and accessibility of services
- People with disabilities.

2.12.2.3 Strategic Objectives

- To establish a fully functional integrated communicable disease surveillance system.
- To strengthen the health promoting schools programme.
- To roll out the establishment of trauma centres for those affected by violence.
- To provide immediate and effective response to infectious disease outbreaks of epidemic potential.

- To ensure that primary school children are exposed to organized school prevention programmes
- To monitor the implementation of guidelines on chronic diseases and geriatric care.
- To strengthen partnerships and collaborations with all relevant stakeholders.
- To mainstream disabilities in all health policies and services.

2.12.3 Analysis of constraints and measures planned to overcome them

CONSTRAINTS	MEASURES TO OVERCOME
1. Lack of adequate appointed experienced personnel	• Appoint Adequate and suitable staff
2. Lack of transport	• Motivate for the provision of permanent transport for outbreak response teams
3. Lack of office accommodation	• Motivate for suitable office accommodation and equipment
4. Lack of capacity in management of communicable Diseases	• Provide Appropriate training on management of communicable diseases to all Health Professionals
5. No provision for staff on CDC and non-CDC	• Motivate for the inclusion of CDC's at district and sub-district level

2.12.4 Specific of Measurable Objectives and Performance Indicators

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. To establish a fully functional integrated communicable disease surveillance system.	The number of municipalities with comprehensive Communicable Disease profile			17 municipalities	17 municipalities	17 municipalities	17 municipalities	17 municipalities	17 municipalities [CDC]	17 municipalities [CDC]
2. To strengthen the health promoting schools programme	The incidence rate of common diseases					Develop baselines	Targets to be established after baselines	Targets to be established after baselines	Targets to be established after baselines	Targets to be established after baselines
	The % of schools complying with the package for school health services	0.7	0.16	0.23	3	10	20	30	35	40
3. To roll out the establishment of trauma centres for those affected by violence	The incidence of mental illness					Develop baselines	Targets to be established after baselines	Targets to be established after baselines	Targets to be established after baselines	Targets to be established after baselines
	Number of trauma centres established	1	1	1	1	1	2	2	3	4

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
4. To provide immediate and effective response to infectious disease outbreaks of epidemic potential	The Case Fatality Rate (CFR) of cholera.	0%	1.60% for cholera	1.74% for cholera.	Cholera CFR <1%	Cholera CFR <1%	Cholera CFR <1%	Cholera CFR <1%	Cholera CFR <1%	Cholera CFR <1%
	The Case Fatality Rate (CFR) for malaria.	0.27% for Malaria	0.31% for Malaria	0.72% for malaria	<0.5% for malaria	<0.5% for malaria	<0.5% for malaria	<0.5% for malaria	<0.5% for malaria	<0.5% for malaria
	Response time to reported disease outbreak	0	0	2 – 4 days	3 days	2 days	2 days	2 days	2 days	2 days
5. To monitor the implementation of guidelines on chronic diseases and geriatric care	The % of PHC facilities complying with National Guidelines					10%	20%	50%	60%	70%
6. To strengthen partnerships and collaborations with all relevant stakeholders	The number of MoU's, SLA's, and MoA's.					MoA -LSDI MoU – MJOC SLA – DPSA, MCB	MoA -LSDI MoU – MJOC SLA – DPSA, MCB	MoA -LSDI MoU – MJOC SLA – DPSA, MCB	MoA -LSDI MoU – MJOC SLA – DPSA, MCB	MoA -LSDI MoU – MJOC SLA – DPSA, MCB
7. To mainstream disabilities in all health policies and services	The number of facilities accessible to the disabled.					All hospitals in the Revitalization Programme	All hospitals in the Revitalization Programme	All hospitals in the Revitalization Programme	All hospitals in the Revitalization Programme	All hospitals in the Revitalization Programme
	The number of professionals trained in functional sign language					3 per facility	5 per facility	7 per facility	3 per facility	3 per facility

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	The waiting time for assistive devices.			Wheelchair = 12 weeks	Wheelchair = 6 weeks	Wheelchair & hearing aids= 6 weeks	Wheelchair & hearing aids= 4 weeks	Wheelchair & hearing aids = 4 weeks	Wheelchair & hearing aids = 4 weeks	Wheelchair & hearing aids = 4 weeks

Table PREV1: Situation Analysis Indicators for Disease Prevention and Control

Indicator[1]	Type	Province Wide Value 2001/02	Province Wide Value 2002/03	Province Wide Value 2003/04	Ehlanzeni District 2003/04	Gert Sibande District 2003/04	Nkangala District 2003/04	National Target 2003/04
Input								
1. Trauma centres for victims of violence	No	1	1	1	1	0	0	N/A
Process								
2. CHCs with fast queues for elder persons	%	0	0	0	0	0	0	10%
Output								
3. Health districts with health care waste management plan implemented	No	0	0	0	0	0	0	N/A
4. Hospitals providing occupational health programmes	%	49	60	70	74	70	70	80

Table PREV1: Situation Analysis Indicators for Disease Prevention and Control

Indicator[1]	Type	Province Wide Value 2001/02	Province Wide Value 2002/03	Province Wide Value 2003/04	Ehlanzeni District 2003/04	Gert Sibande District 2003/04	Nkangala District 2003/04	National Target 2003/04
5. Schools implementing Health Promoting Schools Programme (HPSP)	%	7	16	23				
6. Integrated epidemic preparedness and response plans implemented	Y/N	Y	Y	N	N	N	N	Yes
7. Integrated communicable disease control plans implemented	Y/N	N	N	N	N	N	N	Yes
Quality								
8. Outbreak response time	Days	-	-	2-4	2-4	2-4	2-4	2
Outcome								
9. Dental extraction to restoration rate	No	No data	No data	Estimated ratio is 20	Estimated ratio is 20	Estimated ratio is 20	Estimated ratio is 20	0.5
10. Malaria fatality rate	No	.27	.31	.072	.072	0	0	0.5
11. Cholera fatality rate	No	0	1.6	1.74	1.74	0	0	1
12. Cataract surgery rate	13. No	14. 1800	15. 1900	16. 2000	17. 750	18. 750	19. 500	20. 950

Table PREV2: Performance Indicators for Disease Prevention and Control

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Input							
1. Trauma centres for victims of violence	No	1	1	1	2	2	1 per district
Process							
2. CHCs with fast queues for elder persons	%	0	0	40	60	80	20
Output							
3. Health districts with health care waste management plan implemented	No	0	0	0	0	0	All districts
4. Hospitals providing occupational health programmes	%	70	80	100	100	100	100
5. Schools implementing Health Promoting Schools Programme (HPSP)	%	12	16	20	29		
6. Integrated epidemic preparedness and response plans implemented	Y/N	N	N	Y	Y	Y	Yes
7. Integrated communicable disease control plans implemented	Y/N	N	N	Y	Y	Y	Yes

Table PREV2: Performance Indicators for Disease Prevention and Control

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National target 2007/08
Quality							
8. Schools complying with quality index requirements for HPSP	%	0					
9. Outbreak response time	Days	2-4	2	2	2	2	1
Outcome							
10. Dental extraction to restoration rate	No	No data	Ratio of 20 at some clinics	Ratio of between 15-20 at 50% of all OH facilities	Ratio of between 15-20 at 60 % of all OH facilities	Ratio of between 15-20 at 80 % of all OH facilities	0.4
11. Malaria fatality rate	No	0.72	<0.5	<0.5	<0.5	<0.5	<0.5
12. Cholera fatality rate	No	1.74	<1	<1	<1	<1	<1
13. Cataract surgery rate	14. No	15. 2000	16. 2200	17. 2400	18. 2600	19. 2800	20. 1,000
14. Outbreak response time	Days	2-4	2	2	2	2	1
Outcome							
14. Dental extraction to restoration rate	No	No data	Ratio of 20 at some clinics	Ratio of between 15-20 at 50% of all OH facilities	Ratio of between 15-20 at 60 % of all OH facilities	Ratio of between 15-20 at 80 % of all OH facilities	0.4
15. Malaria fatality rate	No	0.72	<0.5	<0.5	<0.5	<0.5	0.25
16. Cholera fatality rate	No	1.74	<1	<1	<1	<1	0.5

2.13 Mother Child Woman Health(MCWH) & Nutrition (N)

2.13.1 Situational Analysis

12.13.1.1 Mother Child Woman and Health

Components of Mother Child Woman and Health (MCWH) programme

Women's health and Genetics

- Maternal health
- Women's Health
- Human Genetics
- Prevention of Mother to Child Transmission (PMTCT)

Child and Youth Health

- Child health
- Youth and adolescent Health
- School Health
- Expanded Programme on Immunisation (EPI)

(a) Maternal and Child Health, is a priority of the National Department of Health.

Pregnancy and childbirth are natural and should be safe events in a woman's life. WHO estimates that world wide 582,000 women die each year due to pregnancy related conditions, most of which could have been or are preventable.

Obstetric complications and maternal deaths are highest among women that have not attended antenatal care.

Home deliveries are still prevalent in some parts of the province. Providing safe delivery sites in the health service and persuading the population to use them is a great challenge.

(b) Integrated Management of Childhood Illness (IMCI)

IMCI has gained full political and administrative support from the highest level of government.

IMCI implementation strategy is a policy. Most of our health facilities are implementing IMCI strategy. The directive from National Department of Health is that all facilities should have 60% -80% health workers at facilities trained on IMCI. The problem of not reaching the set target is the high turn -over of health workers at facility level and the allocation of IMCI trained practitioners.

In spite of the potential gains of IMCI, a number of constraints exist at the provincial, district and community levels, which require attention so that IMCI implementation can be accelerated:

There is currently no dedicated person to IMCI matters at provincial office

Different managers have different priorities at district levels and IMCI is not taken as priority at some districts.

Capacity building on IMCI since from 1998

- 113 IMCI facilitators
- 84 IMCI supervisors / supporters of practitioners
- 799 Health workers trained on Case Management
- 30 Doctors trained on Case Management and some are used as clinical instructors during skills development training
- 11 Course directors

Youth and Adolescent Health

- Youth and adolescent are natural developmental stages and must be safeguarded. Good health of young people is crucial for the optimal development. Youth and adolescence are critical periods for intervention, in promoting lifestyles.
- The problem of unsafe sex is high. Youths of the age of 15-25 are most affected group of HIV and AIDS. High teenage pregnancy rates according to statistics, is an indication of unsafe sex.
- 22 Health facilities provide Youth Friendly Services (YFS)
- 3 2 Health workers trained to be trainers of their colleagues on YFS

Maternal and Women's Health

- 85 Midwives are trained on the implementation of Maternal Care Guidelines
- 15 Professional nurses trained on Termination of Pregnancy (TOP)
- 6 Public health facilities provide TOP service

- 21 Professional nurses are trained on Human Genetics

Key challenges

- Gross shortage of staff in the programme at provincial office
- Lack of IMCI committed person at provincial level
- IMCI facilitators are not released for training
- IMCI trained health workers are allocated in areas where skills learnt will not be used
- Few hospitals provide TOP services
- Lack of availability of reliable information
- Insufficient number of health workers allocated to do school health services

12.13.1.2 Nutrition

The Integrated Nutrition Programme will mainly focus on the most poverty-stricken communities where the following groups will be the project beneficiaries:

- Malnourished children under the age of 5 years,
- Unemployed women and youth,
- Persons with diseases of lifestyle and chronic diseases such as AIDS and Tuberculosis
- People with debilitating diseases
- Nutritionally at risk people

The support systems for the INP are the following:

- Nutrition Information System.
- Human Resource Plan.
- Financial and Administrative System.

Epidemiological Information:

(a) Baseline Nutrition Indicators

Indicator	Provincial status	National status/targets	Data source
Child stunting (u.5y)	26,8	21,6%	National Food Consumption Survey 1999
Child wasting	2,5	3,7%	National Food Consumption Survey 1999
Child underweight	5,3	10,3%	National Food Consumption Survey 1999
Child severe underweight	2.7	1,4%	National Food Consumption Survey 1999
Child vitamin A deficiency	33%	33,3%	South African Vitamin A Consultative Group Survey 1995
Child iron deficiency	7%	5%	South African Vitamin A Consultative Group Survey 1995
Iodine deficiency disorders	41,7%	10,6	National Iodine Deficiency Disorder Survey 1998
Exclusive breast feeding	No provincial data	7%	South African Demographic and Health Survey 1998
RtHC coverage	79,5%	75%	South African Demographic and Health Survey 1998
People living in poverty	63,9%	57%	Poverty 1996
Household food insecurity	57-75%		National Food Consumption Survey 1999

(b) Socio Economic And Social Development Situation:

The community is rural, and very poor. A large proportion of the adult population is unemployed, and the few that are employed usually work in urban areas.

Table MCWH1: Situation analysis indicators for MCWH & N

Indicator[1]	Type	Province Wide Value 2001/02	Province Wide Value 2002/03	Province Wide Value 2003/04	Enkangala District 2003/04	Gert Sindane District 2003/04	Nkangala District 2003/04	National Target 2003/04
Incidence								
1. Incidence of severe malnutrition under 5 years	Per 1000	0.11	0.51	0.86	0.74	1.15	0.78	
2. Incidence of pneumonia under 5 years	Per 1000	-	2.56	8	10	5.4	4.14	
3. Incidence of diarrhoea with dehydration under 5 years	Per 1000	0.01	3.63	9	12.45	8.47	6.11	
Input								
4. Hospitals offering TOP services	%	21.4	57.1	21.5	33.3	22.2	10	100
5. CHCs offering TOP services	%	0	0	0	0	0	0	50
Process								
6. Fixed PHC facilities with DTP-Hib vaccine stock out	%*	0	0	0	0	0	0	
7. AFP detection rate	%	0.7	1.1	1.5	1.8	0.7	1.8	1
8. AFP stool adequacy rate	%	75	91	87	100	100	71	80
Output								
9. Schools at which phase 1 health services are being rendered	%**	0	0	0	0	0	0	
10. (Full) Immunisation coverage under 1 year	%	85	76	82.5	68.3	78.2	100	90
11. Antenatal coverage	%	55	100	95	91	90	100	80
12. Vitamin A coverage under 1 year	%	-	-	58	53	70	56	80
13. Measles coverage under 1 year	%	27.5	79.3	77.8	68.5	76.6	88.2	90

Table MCWH1: Situation analysis indicators for MCWH & N

Indicator[1]	Type	Province Wide Value 2001/02	Province Wide Value 2002/03	Province Wide Value 2003/04	Enkangala District 2003/04	Gert Sindane District 2003/04	Nkangala District 2003/04	National Target 2003/04
14. Cervical cancer screening coverage	4. %*	5. -	6. -	7. -	8. -	9. -	10. -	11. 15
Quality								
15. Facilities certified as baby friendly	%	7.1	10.7	10.7	0	0	30	20
16. Fixed PHC facilities certified as youth friendly	%	1.2	1.6	6.6	0	10.8	8.4	20
17. Fixed PHC facilities implementing IMCI	%	23.4	42.2	5.1	3	9.2	3.9	
Outcome								
18. Institutional delivery rate for women under 18 years	%	20.85	21.01	13.01	11.62	9.05	24.2	13
19. Not gaining weight under 5 years	%	1.18	2.0	2.7	1.99	2.18	2.14	

* This has not been part of routine data collection ** School health policy was launched 3rd March 2004 we have not yet formally implemented it.

2.13.2 Policies, Priorities and Strategic goals

2.13.2.1 Mother Child Woman Health (MCWH)

(a) Policies

The programme is in line with the National and Provincial strategic plans.

Other referral documents are:

- Provincial policies on management of Hypertension and Eclampsia during pregnancy and labour
- National Contraception Policy Guidelines
- Cervical Cancer Screening Programme
- Policy & Management Guideline for Common Causes of Maternal Deaths
- Policy Guidelines for Management and prevention of Genetic Disorders, Birth Defects and Disabilities
- Guidelines for Maternal Care in South Africa
- Policy Guidelines for Youth & Adolescent Health
- School Health Policy
- Integrated Management of Childhood Illness (IMCI)
- Saving Mother's Report 1999-2001
- Saving Babies: Third Peri natal Care Survey of South Africa 2002
- Choice on Termination of Pregnancy Act (ACT 92 of 1996)

- Sterilization Act (ACT No. 44 of 1998)

(b) Priorities

- To strengthen supervision and facilitation of IMCI Case Management.
- To strengthen cervical cancer screening.
- To improve Termination of Pregnancy (TOP) and Youth Friendly Services
- Strengthen Expanded Programme on Immunization.
- Partnerships and collaboration.
- Train, educate, re-deploy and employ a new category of workers in health and social development.

(c) Strategic objectives:

- To Increase the number of hospitals providing Termination of Pregnancy (TOP) services in all districts
- To facilitate training of health workers on cancer screening.
- To facilitate training of health workers on Manual Vacuum Aspiration (MVA) and on cancer screening programme
- To facilitate implementation of IMCI strategy in all health facilities
- To facilitate expansion of Youth Friendly Services sites.
- To strengthen Expanded Programme on Immunization.

12.13.2.2 Nutrition (N)

(a) Policies

- Policy on basic nutrition and HIV for the protection of "People with AIDS" in terms of good nutrition
- Policy on Nutrition and chronic and debilitating diseases to ensure basic nutrition to children and people with malnutrition and diseases
- Policy on implementation of the Code for Breast milk substitutes
- Policy on the fortification of maize meal and bread
- Vitamin A policy: The blanket coverage of supplementation to all children, between the age of 6 months and 2 years children between 0 and 6 months that are not breast fed, of Vitamin A capsules to protect children against diseases due to Vitamin A deficiency.
- Regulations relating to food stuffs for infants and young children

Key implementation strategies for the INP in the province are as follows:

- Intensify efforts to implement the INP.
- Strengthen nutrition interventions at both health facility and community levels in terms of the prevention and management of malnutrition.
- Work with other sectors to participate in and support the development and implementation of an Integrated Food Security and Nutrition Programme.
- Promote, educate and advocate good nutrition.

(b) Priorities

The INP identified the following “Priority Areas” for the implementation of the programme:

- Prevention and management of malnutrition
- Nutrition communication and advocacy
- Budgeting, Planning, Monitoring and Evaluation
- Food service management
- Dietetic services
- Partnerships and collaborations

(c) Strategic objectives

1. To improve and access to nutritional supplements to vulnerable groups.
2. To support all identified sites of rural development, with food security and nutrition projects.
3. To facilitate control of malnutrition through direct supplementation for vulnerable groups, diet diversification and fortification of commonly consumed foods.
4. To reduce the prevalence of: low birth weight, severe- and malnutrition, stunting, wasting, severe under weight
5. To integrate nutrition with all health and social development programmes

2.13.3 Analysis of Constraints and Measures Planned to overcome them

CONSTRAINTS	MEASURES TO OVERCOME
1. Mother Child Woman Health (MCWH)	
1.1 Inadequate staff for the programme of its size	• Fill critical vacant posts.
1.2 Information / statistics not available when needed.	• Hospital data collection sheet to be comprehensive to add monthly statistics e.g. # of TOPs, maternal, peri natal, neonatal and infant deaths and birth defects.
1.3 Extreme shortage of transport to perform duties at district level, is a concern	• Motivate for dedicated government vehicles to MCWH and NUTRITION
2. Nutrition (N)	
2.1 Shortage of staff	• Review organogram and appoint staff based on recommendations
2.2 Ineffective financial management at project sites	• Appointment of adequate admin support staff to monitor projects
2.3 Extreme shortage of reliable vehicles	• Motivate for the purchase and replacement vehicles
2.4 Fragmentation of nutrition programme in the province	• Integrate nutrition in MCH and HIV/AIDS programmes

2.13.4 Specification of measurable objectives and performance indicators

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Mother Child Woman Health (MCWH)										
1.1 To increase the number of hospitals providing Termination of Pregnancy (TOP) services in all districts	Proportion of hospitals providing TOP per district	17	14	6	6	11	14	17	20	20
	Ehlanzeni from 3-7	5	5	3	3	5	6	7	7	7
	Nkangala from 1-5	5	5	1	1	3	4	5	5	5
	Gert Sibande from 2-5	7	4	2	2	3	4	5	5	5
1.2 To facilitate training of health workers on cancer screening	% Of professional nurses trained on of cervical cancer screening				None	5	10	20	25	25
1.3 To facilitate expansion of Youth Friendly Services sites	Number of facilities with youth friendly services.	1	3	14	22	18	24	30	35	35
1.4 To facilitate implementation of IMCI strategy in all health facilities	The % of facilities implementing the strategy	29	59	79	79	85 %	90 %	95 %	95%	95%
1.5 Strengthen Expanded Programme on Immunization	% Coverage of full immunization for children under one year					80 %	85 %	90 %	90%	90%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
2. Nutrition										
2.1 To reduce the prevalence of: low birth weight, severe malnutrition, stunting, wasting and severe under weight.	Percentage of stunted children under five years				Baseline from routine data	25 %	20 %	19%	18%	18%
	Percentage of underweight children under five years					5 %	3.5 %	0.8%	0.8%	0.8%
	Percentage of wasted children under five years					2 %	2 %	2%	2%	2%
	Percentage of severely underweight children under five years					2 %	2 %	0.15%	0.15%	0.15%
2.2 To improve access to nutritional supplements for vulnerable groups	Percentage of vitamin A deficient children under five years			33 %	No Survey	10 %	10 %	Target based on 2005/6 survey outcome	Target based on 2005/6 survey outcome	19%
	Percentage of iron deficient children under five years			7 %	7 %	5 %	3 %		Target based on 2005/6 survey outcome	7.5%
	Percentage of iodine deficient children under five years				Need baseline	41 %	30 %	25 %	Target based on 2005/6 survey outcome	40%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Percentage of infants exclusively breast fed at six months			No survey	No survey	Survey to be conducted for baseline	Target will be based on 2005/06	Target will be based on 2005/06	10%	10%
2.3 To promote growth monitoring	% Newborn babies given road to health chart.	80	85	85	85	90	90	90	95	100
2.4 To increase the number of baby – friendly facilities	% Baby-friendly facilities	25	37	45	50	60	70	80	85	90
2.5 To reduce sub-clinical vitamin A deficiency in children under 5 from 33% to 8% in 2006/7	% Of vitamin A deficient children under five	No data	33	No survey	10	10	9	8	8%	8%
2.6 To reduce iron deficiency from 7% to 3% by 2006/7	% Of iron deficient children under five	7	7	5	3	3	3	2.5	2%	1.5%

Table MCWH2: Performance indicators for MCWH & N

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Incidence							
1. Incidence of diarrhoea with dehydration under 5 years	%	9	7	5	3	<3	<3
2. Incidence of severe malnutrition under 5 years	%	0.86	0.8	0.7	0.7	0.7	1
Input							
3. Hospitals offering TOP services	%	21.5	25	30	40	55	100
4. CHCs offering TOP services	%	0	0	0	0	0	80
Process							
5. Fixed PHC facilities with DTP-Hib vaccine stock out	%						
6. AFP detection rate	%	1.5					1
7. AFP stool adequacy rate	%	87					80
Output							
8. Schools at which phase 1 health services are being rendered	%		10	20	35	50	
9. (Full) Immunisation coverage under 1 year	%	82.5	85	90	90	90	90
10. Antenatal coverage	%	99	70	75	80	80	80
11. Vitamin A coverage under 1 year	%	58	65	70	80	80	80
12. Measles coverage under 1 year	%	77.8	80	85	90	90	90
13. Cervical cancer screening coverage	%	-	2	8	13	15	15
Quality							
14. Facilities certified as baby friendly	%	107	15	20	25	30	30
15. Fixed PHC facilities certified as youth friendly	%	6.6	9	14	20	30	30

Table MCWH2: Performance indicators for MCWH & N

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
16. Fixed PHC facilities implementing IMCI	%	5.1	70	80	90	95	-
Outcome							
17. Institutional delivery rate for women under 18 years	%	18.33	17	16	15	14	13
18. Not gaining weight under 5 years	%	2.7	2.5	2.0	1.5	1.5	No target set

Table MCWH3: 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)	2006/07 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Current prices[1]									
Total: Nutrition ('000)	36,727	40,983	62,789	8,713	9,587	10,066	10,569	11,097	11,650
Total MCWH ('000)	8,09	5,30	1,16	1,16	6,000	6,300	6,600	7,000	7,350

2.13.5 Performance Indicators

Table DHS6: Performance Indicators for District Health Services

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Input							
1. Uninsured population served per fixed public PHC facility	No	36,000	38,000	38,000	35,000	35,000	<10,000
2. Provincial PHC expenditure per uninsured person	R	98	100	110	150	160	
3. Local government PHC expenditure per uninsured person	R	170	170	175	180	185	N/A
4. PHC expenditure (provincial plus local government) per uninsured person	R	268	270	285	330	345	274
5. Professional nurses in fixed PHC facilities per 100,000 uninsured person	No	20	25	50	100	130	130
6. Sub-districts offering full package of PHC services	%	67	80	90	100	100	100
7. EHS expenditure (provincial plus local govt) per uninsured person.	R	13	13	13	13	13	13
Process							
8. Health districts with appointed manager	%	33	100	100	100	100	100
9. Health districts with plan as per DHP guidelines	%	100	100	100	100	100	100

Table DHS6: Performance Indicators for District Health Services

Indicator[1]	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
10. Fixed PHC facilities with functioning community participation structure	%	42	50	60	80	100	100
11. Facility data timeliness rate for all PHC facilities	%	87	90	92	95	98	100
Output							
12. PHC total headcount	No	6,375,538	6,378,650	6,400,000	6,450,000	6,500,000	N/A
13. Utilisation rate - PHC	No	1.9	2	2.5	2.8	3	3.5
14. Utilisation rate - PHC under 5 years	No	3	3.5	3.9	4.5	5	5.0
Quality							
15. Supervision rate	%	0	0	10	10	25	100
16. Fixed PHC facilities supported by a doctor at least once a week	%	77	78	80	88	95	100
Efficiency							
17. Provincial PHC expenditure per headcount at provincial PHC facilities	R	R48	52	58	62	75	78
18. Expenditure (provincial plus LG) per headcount at public PHC facilities	R	48	50	60	70	78	78
Outcome							
19. Health districts with a single provider of PHC services	%	0	0	0	0	0	100

Community participation structures do exist in some health facilities. In some facilities they do not exist pending the passing of the National Health Bill in to an Act.

Since there is no provision for supervisors' posts in the new organogram, programme co-ordinators are temporarily used to do supervision, which results in low supervision rate. Shortage of transport contributes to the low supervision rate.

Other health providers in Mpumalanga other than the Department of Health are Local Authority, Non Governmental Organisations and Private health providers.

Table DHS7: Performance Indicators for District Hospitals Sub-Programme

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Input							
1. Expenditure on hospital staff as % of district hospital expenditure	%	67	66	65	64	63	62
2. Expenditure on drugs for hospital use as % of district hospital expenditure	%	9	9.5	10	10.5	11	11
3. Expenditure by district hospitals per uninsured person	R	319	332	354	355	376	
Process							
4. District hospitals with operational hospital board	%	0	0	50	60	70	100
5. District hospitals with appointed (not acting) CEO in post	%	87	100	100	100	100	100
6. Facility data timeliness rate for district hospitals	%	68	80	88	95	100	100

Table DHS7: Performance Indicators for District Hospitals Sub-Programme

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Output							
7. Caesarean section rate for district hospitals	%	14	13.5	13	12.5	12	11
Quality							
8. District hospitals with patient satisfaction survey using DoH template	%	0	0	25	50	75	100
9. District hospitals with clinical audit (Morbidity and Mortality) meetings every month	%	100	80	100	100	100	100
Efficiency							
10. Average length of stay in district hospitals	Days	3.3 days	3.3	3.3	3.3	3.3	3.2
11. Bed utilisation rate (based on usable beds) in district hospitals	%	58	60	65	68	70	72
Outcome							
12. Case fatality rate in district hospitals for surgery separations	%	3	3	3	3	2.5	3.5

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

Table DHS8: Transfers[1] 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)	Year 3 2007/08 (MTEF projection)	Year 4 2008/09 (MTEF projection)	Year 5 2009/10 (MTEF projection)
Ehlanzeni	Subsidy	4, 200[8]	20, 000	21, 600	23, 328	24,728	24,812
Gert Sibande	Subsidy	5, 732	33, 830	36, 537	39, 460	41,828	41,970
Nkangala	Subsidy	12, 897	48, 397	52, 269	56, 450	59,837	60,040
Etc.							
Total municipalities		22,829	102,228	110,406	119,248	126,403	126,832

Funding of NGO managed by Provincial office
Although projections have been made it is envisaged that the devolution of services will take place from 1 July 2004

Table DHS9: 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)	2006/07 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection
Current prices[1]Total	1,076,260	1,247,955	1,283,279	1,469,502	1,729,723	1,803,600	1,814,817	1,923,706	2,039,128.38
Total per person	R337	R391	R393	R441	R481	R520	R513	R 544	R 576
Total per uninsured person	R391	R453	R455	R511	R587	R600	R592	R 628	R 665

PROGRAMME 3: EMERGENCY MEDICAL SERVICES AND PLANNED PATIENT TRANSPORT SERVICES

3.1.SITUATION ANALYSIS:

3.1.1. Planned Patient Transport Services (PPTS)

- No established bases.
- PPTS separated from EMS.
- No vehicle to perform PPTS function.
- Vehicles are not designed to accommodate the patients they transport.
- Lack of qualified staff, drivers does not hold a BAA certificate.
- Most of the staff has no medical training.
- Inadequate control measures of equipment and vehicles.

3.1.2. Emergency Medical Services (E.M.S)

- Shortage of qualified staff. Most of the staff has the basic training. Limited intermediate trained staff.
- Only 5 advanced life support in the province.
- Shortage of staff and operational management.
- Limited training ability as there is a lack of training staff.
- Vehicles that are utilised are not conducive for the rural conditions.

- Inadequate control measures for equipment and vehicles (lack of operational management).
- Excessive amounts of overtime used.
- No adequate uniform for the staff.
- Drop in staff morale and thus productivity, due to an increased P.P.T.S. load. (Cold cases)·
- Shortage of properly trained control room staff. (EMD) emergency medical dispatcher
- No developed communication system
- No appropriate bases
- Rural roads are not conducive the fleet
- Inadequate equipment
- Non-compliance of staff to professional board rules and ethics.
- Increase of cases due to high unemployment and diseases
- Lack of public awareness about EMS.
- Non-compliance to National Standards due to limited resources.

3.1.3 Situational Analysis Indicators

Indicator	Type	Province wide value 2002/03	Province wide value 2003/04	District A 2003/04 Gert Sibande	District B 2003/04 Nkangala	District C 2003/04 Ehlanzeni
Input						
1. Ambulances per 1000 people	No	0.017	0.014	0.006	0.005	0.004
2. Hospitals with patient transporters	%	100	100	100	100	100
Process						
3. Kilometres travelled per ambulance (per annum)	Kms	110600	108000	84000	96000	144000
4. Locally based staff with training in BLS	%		78	*41 #78	*37 #75	*22 #86
5. Locally based staff with training in ILS	%		21	*41 #21	*46 #25	*13 #14
6. Locally based staff with training in ALS	%		1	1	0	0
Quality						
7. Response times within national urban target (15 mines)	%		10	10	10	10
8. Response times within national rural target (40 mines)	%		10	10	10	10
9. Call outs serviced by a single person crew	%	0	0	0	0	0

Indicator	Type	Province wide value 2002/03	Province wide value 2003/04	District A 2003/04 Gert Sibande	District B 2003/04 Nkangala	District C 2003/04 Ehlanzeni
Efficiency						
10. Ambulance journeys used for hospital transfers	%	5.2	5.5	1.8	2	1.7
11. Green code patients transported as % of total	%	59.38	59.38	3.51	36,12	20.35
12. Cost per patient transported	R	537.00	537.00	537.00	537.00	537.00
13. Ambulances with less than 500,000 kms on the clock	%	98	98	98	98	98
Output						
14. Patients transported per 1000 separations	No	0.04	0.04	0.02	0.01	0.01

*Total percentage within the province
#Total percentage within the district

3.2. POLICIES, PRIORITIES AND BROAD STRATEGIC OBJECTIVES

3.2.1. Policies

3.2.2. Priorities and Strategic Objectives

PRIORITY	STRATEGIC OBJECTIVES
1. Improve quality of emergency care.	1.1. To provide quality emergency care and planned patient transport services to all.
2. Accessibility and affordability of services	2.1. To provide accessible, equitable and affordable emergency care and planned patient transport services.
3. Information Management Systems	3.1. To develop, implement and manage an E.M.S. and PPTS information systems
4. Provision and maintenance of equipment and vehicles	4.1. To improve and maintain fleet.
5. Standard Operating Procedures	5.1. To implement standard operating procedures

3.3 ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
1. Shortage of lecturers at EMS College (Scarce skills).	• Apply for accreditation to present ALS and medical rescue courses
3. Lack of appropriate vehicles.	• 23 response vehicles with ALS and rescue equipment were purchased. • 45 ambulances will be purchased in the 2004/2005 financial years.
4. Lack of operational management and shortage of staff.	• Operational managers and staff will be appointed
6. Lack of funds for PPTS.	• Link budget to Strategic-plans
7. Lack of public awareness about EMS	• Develop an awareness program for users (community).
8. No proper communication system.	• Develop a communication system

3.4 SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Improve quality of Emergency Care										
1.1. To provide quality emergency care and planned patient transport services to all	National standard of response time Rural= 40 min Urban =10min			2 Hours Rural 1 Hour Urban	2 Hours Rural 1 Hour Urban	1Hour 30 min Rural 50 min Urban	1Hr 10 min Rural 40 min Urban	1 Hour min Rural 30 min Urban	80% 40 min 80% 15 min	80% 40 min 80% 15 min
2. Information Management Systems										
2.1. To develop, implement and manage an E.M.S. and PPTS Information Systems	Fully operational integrated information system	0%	0%	0%	0%	10%	20%	40%	100%	100%
2.2. To establish a fully operational ILS, ALS and Medical Rescue EMS.	The number trainees enrolled on the programs	BLS training	ILS training	45 student trained to ILS level	45 students trained to ILS level 1	45 students trained to ILS level 1 10 student trained to ALS trained externally	60 students trained to ILS level 10 students trained to ALS level	60 students trained to ILS level 10 students trained to ALS level	80 students trained to ILS level 1 15 student trained to ALS trained externally	80students trained to ILS level 1 15 student trained to ALS trained externally

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
						Application for ALS training accreditation and for medical rescue training	Commencement of additional accredited courses	Continuation of training		
3. Provision and maintenance of equipment and vehicles										
3.1. To improve and maintain fleet	The number of vehicles per 1000 people		0.017	0.014	0.020	0.030	0.035	0.050	0.050	0.050
4. Standard Operating Procedures										
4.1. To implement Standard operating procedures	% Document completion	No approved document	No approved document	10% Draft document	20% Consultation leading towards finalizing the document	30% Signing and implementation of final document	40%	50% Review and adjustment of the Standard Operational Procedure (SOP)	100%	100%

3.5. TRENDS IN EXPENDITURE AND BUDGET PROJECTIONS

Expenditure	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (MTEF projection)	2006/7 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Current prices Total (R million)	59,483	84, 549,	130,549	143,428	152,073	167280.3	184008.33
Total per person	R18	R25	R36	R41	R43	R47	R52
Total per uninsured person	R21	R29	R44	R48	R49	R54	R60
Total capital[2] (R million)	7,349	27,056	63,536	67,348	71,389	78527.9	86380.69
Constant (2004/05) prices Total (R million)	62,992	84,549	130,549	143,428	152,073	167280.3	184008.33
Total per person	R19	R25	R36	R41	R43	R47	R52
Total per uninsured person	R22	R29	R44	R48	R49	R54	R60

The total capital reflected is based on the expenditure for vehicles, capital equipment like ECG monitors, medical rescue equipment AED's etc

3.6 PERFORMANCE INDICATORS

Table EMS3: Performance indicators for the EMS and patient transport

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Input							
1. Ambulances per 1000 people	No		0.028	0.030	0.030	0.036	0.1
2. Hospitals with patient transporters	%		100	100	80	50	100
Process							
4. Kilometres travelled per ambulance (per annum)	Kms			Depends			
5. Locally based staff with training in BLS	%			70	60	50	100
6. Locally based staff with training in ILS	%			31	41	51	
7. Locally based staff with training in ALS	%			5	8	10	
Quality							
8. Response times within national urban target (15 mines)	%			15	25	35	80
9. Response times within national rural target (40 mines)	%			15	25	35	80
10. Call outs serviced by a single person crew	%		0	0	0	0	0

Table EMS3: Performance indicators for the EMS and patient transport

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Efficiency							
11. Ambulance journeys used for hospital transfers	%			5.5	4	3	
12. Green code patients transported as % of total	%			Depends			
13. Cost per patient transported	R			590.00	649.00	714.00	
14. Ambulances with less than 500,000 kms on the clock	%			100	100	100	100
Output							
15. Patients transported per 1000 separations	No			0.04	0.04	0.04	0.04

Table EMS4: Trends in Provincial Public Health Expenditure for (R million)

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)	2008/09 (MTEF projection)	2009/10 (MTEF projection
Planned Patient Transport			46,729	90,625	92,549	120,393	130,024	137,825	146,095
Total payments and estimates			46,729	90,625	92549	120393	130,024	137,825	146,095

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

4.1. General Hospital

4.1.1 Situation Analysis

4.1.1.1 Epidemiology

The major level 2 and 3 health needs in the province relate to a disease profile typical of developing countries and in particular to rural populations. This is compounded by a high incidence of trauma related to motor vehicle accidents and interpersonal trauma. The N4 highway runs through the centre of the province and links the country to the tourist areas in the east and to Mozambique further east.

The level 2 and 3 health needs are poorly matched with resources due to a significant deficit of South African registered specialists and allied health practitioners. This is partially compensated for by sessional specialists who work in state facilities and by Cuban doctors who operate in dedicated disciplines as full time employees of the state.

4.1.1.2. Hospitals

Of the 27 public hospitals, two (2) have been identified as provincial secondary/ tertiary hospitals viz. Witbank and Rob Ferreira Hospital (Nelspruit). Selected level 2 services are however also provided at other hospitals such as Philadelphia (Dennilton), Themba (Kabokweni) and Ermelo. It is envisaged that these hospitals will be further developed to provide a comprehensive package of regional referral services in the future. Each of the districts should in future have a

regional referral hospital with Rob Ferreira and Witbank providing selected tertiary services in addition to the level-2 package of services. There are currently no step-down facilities in the province although this is seen as a priority to ensure cost effective utilization of acute beds.

An annual review of the Strategic Position Statement needs to be done to ensure that the implementation plans and the revitalization project are aligned.

PPP projects have not been piloted as yet. This however poses an opportunity for further development and should be further explored.

4.1.1.3. Hospital Revitalization

Hospital Revitalization is one of key points of the Ten Point Plan Strategic Framework 1999-2004 document of the National Department of Health. Within the 10-point plan, the Revitalization of Hospital services includes:

- Updating the National Planning Framework.
- Improving the conditions of hospitals.
- Improving the conditions of equipment.
- Decentralization of hospital management.
- Rationalization of highly specialized services.

The decentralization of hospital management component explicitly targets the improvement of quality of care. Although the improvement of quality of care is a programme in its own right, it is central to the purpose of the delivery of services that the Hospital Revitalization Programme (HRP) includes the improvement of quality of care as a component.

The major capital programme involved in hospital revitalization is a long-term goal, (20 year) and cannot be completed within the medium term of the Health Strategic Framework. The Hospital Reconstruction and Rehabilitation Grant programme was focused on resolving capital backlog (rehabilitation of buildings). This problem led to the shift to a more comprehensive approach of a hospital revitalization programme, which is nationally funded through a conditional grant.

The revitalization programme is deliberately holistic in approach, recognizing that dealing with parts of the system will not achieve the objective of the revitalization of public hospitals. As a result, revitalization of hospitals includes: -

- Rationalizing the provision of hospital building.
- Improving the condition of equipment.
- Decentralization of hospital management capacity.
- Improvement of quality of care.
- Improving Emergency Medical Services.

Hospital Revitalization Programme (HRP) is thus driven through the following components:

- Health Facilities Planning.
- Hospital Organizational Development and Management.
- Quality of Care.
- Health Technology.
- Information system and technology.
- Information Management.
- Managed through project management, mentoring, monitoring, evaluation and maintenance.

4.1.1.4. New Millennium Hospitals

The ultimate objective of the HRP is to produce public hospitals that are in line with new millennium/first world norms and standards. Ideally, step-down facilities, as proposed in the provincial SPS, would be part of this development.

Hospitals that needs to be prioritized:
Of the 27 Hospitals in Mpumalanga, the current projects are as follows:

4.1.1.5. In Progress

1. 2002/07 1x District Hospital (Piet Retief) R54million near completion
2. 2002/07 Themba Hospital – a regional hospital – estimated value R60 million
3. Rob Ferreira's revised business case is estimated at R180 million.

4.1.1.6. Planned

An addition of 8 hospitals will be selected shortly for revitalization for commencement in 2005/06. Business cases and plans will be submitted to the National Departments of Health and Treasury for approval.

The remaining 16 hospitals will eventually be revitalized, within the planned 20 years period.
Presently, district hospitals refer patients to the nearest identified hospital, which may be able to treat a specific condition. These hospitals in turn refer to Witbank hopsital. Witbank hopsital in turn refers mainly to Pretoria Academic and Kalafong hospitals in Gauteng or any other Gauteng hospital if the need arises.

The referral route is however subject to being by-passed if the patient is in need of sub-specialist management for example neurosurgery and cardio thoracic surgery etc. The table below represents the level 2/3 services currently available at Witbank and Rob Ferreira hospitals with a rough allocation indicating levels of beds within the hospitals.

Table GHS1: Level 2 Services of Mpumalanga Provincial Hospitals

LEVEL 2	INTERNAL MEDICINE		PAEDIATRICS		SURGERY		O&G		ANAESTHESIA		PSYCHIATRY		ORTHOPAEDICS SURGERY		FAMILY MEDICINE		OPHTHALMOLOGY		ENT	
	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional	Full Time	Sessional
Witbank	2	1	2	2	1		1	1	1				1		1					1
Rob Ferreira		1				2	2	1	1			1		1	1			1		1
Total	2	2	2	2	1	2	3	2	2			1	1	1	2			1		2

Table GHS2: Level 3 Services of Mpumalanga Provincial Hospital

LEVEL 3	Renal Dialysis	ICU	NEONATAL ICU	CT SCAN	COMPLEX ORTHOPAEDICS	COMPLEX OPHTHALMOLOGY	UROLOGY
Witbank	Out sourced	*	*	*	*		
Rob Ferreira	Out sourced	*	*	*	*	*	Sessions

* Indicates Availability

There are 5 hospitals in the province, which treat TB patients exclusively. Three of these are SANTA facilities, one is a municipal facility (Sesifuba) and the other is a Provincial Hospital (Bongani). The SANTA hospitals and Sesifuba are fully subsidized by the province and provide a total of 632 beds whilst Bongani provides an additional 56 beds. Most of the patients in these hospitals have dual infection with HIV. A 36 bed Multi Drug Resistant (MDR) Unit is attached to the Witbank SANTA facility. This unit is overcrowded and has to discharge patients prematurely to provide beds for newly diagnosed MDR patients.

There are currently 282 people with chronic psychiatric conditions in Life Care Institution in Gauteng Province. The province has developed an integrated plan to accommodate these patients within the province.

The province has very limited acute psychiatric facilities. Witbank hospital has a 24-bed unit of which only 10 to 13 beds are being utilized. This is mainly due to lack of qualified and appropriate personnel. The development of a 36-bed unit at Rob Ferreira Hospital has commenced and will be completed by July 2004.

Mpumalanga Province presently does not have any specialized, functional or vocational rehabilitation facility for people with severe disabilities within either the public or private sectors.
Budgetary constraints presently prevent admission of people from Mpumalanga in Gauteng hospitals for long periods of rehabilitation. People who become disabled as a result of trauma or illness are therefore discharged from hospital - and rehabilitation - as soon as they have been medically stabilized, irrespective of the severity of their disability.

Table CHS1: 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
Hospital 1.Rob Ferreira	281		281
Hospital 2.Witbank	347		347

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

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	National target 2003/4
Input					
1. Expenditure on hospital staff as % of hospital expenditure	%	75	60	52	
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	20	18	22	13
Process					
3. Operational hospital board	Y/N	N	N	N	Yes
4. Appointed (not acting) CEO in place	Y/N	Y	Y	Y	Yes
5. Individual hospital data timeliness rate	Months	Y	Y	Y	Yes
6. Output					
7. Caesarean section rate	%	14	16	18	32

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

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	National target 2003/4
Quality					
8. Patient satisfaction survey using DoH template	Y/N	Y	Y	Y	Yes
9. Clinical audit (M&M) meetings at least once a month	Y/N	Y	Y	Y	Yes
Efficiency					
10. Average length of stay	Days	6.3	5.9	5.6	6.8
11. Bed utilisation rate (based on usable beds)	%	85	89	99	75
12. Expenditure per patient day equivalent	R	.883	1.837	1.477	1,877
Outcome					
13. Case fatality rate for surgery separations	%	3.5	3.7	3.6	3.6

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

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	National target 2003/4
Input					
1. Expenditure on hospital staff as % of hospital expenditure	%	57.2	60	90	
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	18	17	19	13
Process					
3. Operational hospital board	Y/N	N	N	N	Yes
4. Appointed (not acting) CEO in place	Y/N	N	N	Y	Yes
5. Individual hospital data timeliness rate	Months	Y	Y	Y	Yes
Output					
6. Caesarean section rate	%	25	31	29.4	32
Quality					
7. Patient satisfaction survey using DoH template	Y/N	Y	Y	Y	Yes
8. Clinical audit (M&M) meetings at least once a month	Y/N	Y	Y	Y	Yes
Efficiency					
9. Average length of stay	Days	4.6	4.9	3.7	6.8
10. Bed utilisation rate (based on usable beds)	%	81.5	76.1	67	75
11. Expenditure per patient day equivalent	R				1,877
Outcome					
12. Case fatality rate for surgery separations	%	2.05	1.8	1.6	3.6

4.1.2. Policies, Priorities and Strategic Objectives

4.1.2.1. Policies

- District hospital norms and standards package
- The patients' rights charter
- Nursing Act 50 of 1978
- Mental Health Act
- Choice on termination of Pregnancy Act of 1996.
- Health Professions Act of 1974
- Sterilization Act 1998
- Foodstuff, Cosmetic & Disinfectant Act 1972 (Act No 54 of 1972)
- Hazardous Substance Act, 1973 (Act 15 of 1973
- International Health Regulations Act 1974 (Act no. 28 of 1974)
- Vector Control Act

4.1.2.2. Priorities and Strategic Objectives

PRIORITY	STRATEGIC OBJECTIVES
1. Upgrade package of level 2 /3 services at Witbank and Rob Ferreira hospitals	1.1 To develop a complete package for level 2/3 services at Rob Ferreira and Witbank Hospitals. 1.2 To develop and maintain Trauma and Emergency unit for Rob Ferreira Hospital and maintain T&E Unit at Witbank. 1.3 To develop 1 acute renal unit at each Hospital (Rob Ferreira and Witbank Hospitals. 1.4 To develop and improve imaging services. 1.5 To improve neonatal and adult ICU facilities. 1.6 To establish a spinal unit. 1.7 To establish a burns unit. 1.8 To establish Neuro/stroke – unit. 1.9 To establish an Acute Psychiatric Unit at both Hospitals. 1.10 To develop an adult and paediatric High care units at Witbank Hospital. 1.11 Develop an isolation unit
2. Step down beds /facilities	2.1. To develop a step down unit
3. Revitalization	3.1 To develop a Provincial Tertiary Hospital. 3.2 To strengthen partnerships and collaborations with all relevant stakeholders. 3.3 To implement PPP projects on non-core services.

4.1.3. Constraints and Measures to Address them

CONSTRAINTS	MEASURES
1.Finance and Financial Management	
1.1 Lack of financial delegation 1.2 Decrease in equitable share in real terms	• Accelerate the Decentralization of financial delegation • Link budget to Strategic plan
2. Human Resources	
2.1 Limited pool of specialists, medical officers, allied health professionals and nurses 2.2 Attrition of existing professional staff 2.3 Lack of HRM & HRD delegations	• Accelerate the development and the roll-out of the cost center accounting system • Develop a recruitment and retention strategy • Strengthen the MoU between the province and the University of Pretoria • Acceleration of the decentralization of the HRM & HRD delegations
3. Support Services	
3.1 Inefficient management of support services	• Outsourcing of non-core services viz. cleaning, laundry, catering, gardening and waste management
4. Information Systems	
3.2 Insufficient, inaccurate and invalid data 3.3 Lack of competent dedicated information officers 3.4 Inefficient Transversal systems times 4.4 Insufficient IT hardware and software provision and maintenance	• Advertise and appoint appropriate IT and IM staff at facility level • Procure and maintain IT equipment • BAS/LOGIS/PERSAL interface and a reduction in downtime

4.1.4. Specification of measurable objectives and performance indicators

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Upgrade package of level 2 /3 services at Witbank and Rob Ferreira hospitals										
1. To develop a complete package for level 2/3 services at Rob Ferreira and Witbank Hospital	% Reduction of referrals of levels 2/3 to Gauteng province	10%	15%	20%	25%	30%	35%	40%	45%	50%
2. To develop and maintain Trauma and Emergency unit for Rob Ferreira Hospital and maintain T&E Unit at Witbank.	% Reduction of referrals from Rob Ferreira to Witbank Hospital	10%	15%	20%	25%	30%	35%	40%	45%	50%
	% Reduction of referrals from Witbank to Gauteng province	10%	15%	20%	25%	30%	35%	40%	45%	50%
3. To develop 1 acute renal unit at each Hospital (Rob Ferreira and Witbank Hospitals	% Reduction in number of patients managed at Gauteng Hospitals	22%	25%	27%	30%	25%	20%	15%	10%	5%
4. To develop and improve imaging services	The percentage reduction in number of scans interpreted at Gauteng hospitals	20%	25%	30%	35%	40%	45%	50%	55%	60%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
5. To Improve neonatal and adult ICU facilities	The number of Neonatal and Adult ICU Beds available	1 Neonatal ICU at Rob Ferreira 10 Neonatal ICU Witbank 4 ICU adult Rob Ferreira 3 ICU adult Witbank	1 Neonatal ICU at Rob Ferreira 10 Neonatal ICU Witbank 4 ICU adult Rob Ferreira 3 ICU adult Witbank	1 Neonatal ICU at Rob Ferreira 10 Neonatal ICU Witbank 4 ICU adult Rob Ferreira 4 ICU adult Witbank	1 Neonatal ICU at Rob Ferreira 11 Neonatal ICU Witbank 4 ICU adult Rob 4 ICU adult Witbank	2 Neonatal ICU at Rob Ferreira 11 Neonatal ICU Witbank 4 ICU adult Rob 6 ICU Adult Beds in Witbank Hospital	3 Neonatal ICU at Rob Ferreira 11 Neonatal ICU Witbank 6 ICU adult Rob 8 ICU Adult Beds in Witbank Hospital	4 Neonatal ICU at Rob Ferreira 11 Neonatal ICU Witbank 6 ICU adult Rob 10ICU Adult Beds in Witbank Hospital	5 Neonatal ICU at Rob Ferreira 11 Neonatal ICU Witbank 6 ICU adult Rob 12ICU Adult Beds in Witbank Hospital	6 Neonatal ICU at Rob Ferreira 11 Neonatal ICU Witbank 6 ICU adult Rob 12ICU Adult Beds in Witbank Hospital
6. To Establish a spinal unit	The % reduction in number of patients managed at Gauteng Hospitals	0	0	0	0	5%	10%	15%	20%	25%
7. To establish a burns unit	The number of dedicated beds for burns patients	0	0	0	0	6	8	10	12	14
8. To establish Neuro/stroke - unit	The number of dedicated beds for stroke patients	0	0	0	0	0	2	2	4	6
9. To establish an Acute Psychiatric Unit at both Hospitals	The number of dedicated beds	10 Beds	10 Beds	10 Beds	35 Beds	60 Beds	60 Beds	60 Beds	60 Beds	60 Beds

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
10. To develop an adult and paediatric High care units at Witbank Hospital	The number of Adult and Paediatric High care beds.	0	0	0	10 High Care Unit	10 High Care Unit	10 High Care Unit	10 High Care Unit	10 High Care Unit	10 High Care Unit
11. Develop an isolation unit at Witbank hospital.	The number of Isolation beds.	0	0	0	4 Beds Isolation Unit	4 Beds Isolation Unit	4 Beds Isolation Unit	4 Beds Isolation Unit	4 Beds Isolation Unit	4 Beds Isolation Unit
2. Step Down Beds /Facilities (SPS Objective)										
12. To develop a step down unit.	The number of step down beds	0	0	0	0	60	60	60	60	60
3. Revitalization										
13. 3.1. To develop a Provincial Tertiary Hospital	The % reduction in tertiary referrals to Gauteng Province	5%	10%	15%	20%	25%	30%	40%	50%	60%
	The availability of the functional tertiary hospital	0	0	0	0	0	0	1	1	1
14. 3.2. To strengthen partnerships and collaborations with all relevant stakeholders	MoUs MoAs Contracts SLAs	0	0	0	0	1	1	3	5	7
15. 3.3. To implement PPP projects on non-core services	The number of non-core services outsourced	0	0	0	0	2	5	5	6	7

4.1.5 Performance Indicators

Table CHS3: Performance indicators for each central hospital-Rob Ferreira

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Input							
1. Expenditure on hospital staff as % of hospital expenditure	%	64	65	65	65	65	70
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	22	20	18	16	15	13
Process							
3. Operational hospital board	Y/N	N	Y	Y	Y	Y	Yes
4. Appointed (not acting) CEO in place	Y/N	Y	Y	Y	Y	Y	Yes
5. Individual hospital data timeliness rate	Months	Y	Y	Y	Y	Y	Yes
Output							
6. Caesarean section rate	%	18	18	18	18	18	25
Quality							
7. Patient satisfaction survey using DoH template	Y/N	Y	Y	Y	Y	Y	Yes
8. Clinical audit (M&M) meetings at least once a month	Y/N	Y	Y	Y	Y	Y	Yes
Efficiency							
9. Average length of stay	Days	5.6	5,6	5,5	5,4	5,3	5.3
10. Bed utilisation rate (based on usable beds)	%	99	99	95	90	90	75
11. Expenditure per patient day equivalent	R	1.241	1,300	1,400	1,500	1,600	1,877

Table CHS3: Performance indicators for each central hospital-Rob Ferreira

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Outcome							
12. Case fatality rate for surgery separations	%	3.6	3,5	3,3	3,1	3,0	3.0

Table CHS3: Performance indicators for each central hospital - Witbank Hospital

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Input							
1. Expenditure on hospital staff as % of hospital expenditure	%	90	89	81	81	81	70
2. Expenditure on drugs for hospital use as % of hospital expenditure	%	19	18	17.4	18	19	13
Process							
3. Operational hospital board	Y/N	N	Y	Y	Y	Y	Yes
4. Appointed (not acting) CEO in place	Y/N	Y	Y	Y	Y	Y	Yes
5. Individual hospital data timeliness rate	Months	Y	Y	Y	Y	Y	Yes
Output							
6. Caesarean section rate	%	29.4	28	26	26	25	25
Quality							
7. Patient satisfaction survey using DoH template	Y/N	Y	Y	Y	Y	Y	Yes

Table CHS3: Performance indicators for each central hospital - Witbank Hospital

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
8. Clinical audit (M&M) meetings at least once a month	Y/N	Y	Y	Y	Y	Y	Yes
Efficiency							
9. Average length of stay	Days	3,7	4,2	4,2	4,2	4,2	5.3
10. Bed utilisation rate (based on usable beds)	%	67	80	85	90	90	75
11. Expenditure per patient day equivalent	R	1,241	1,241	1,400	1,500	1,600	1,877
Outcome							
12. Case fatality rate for surgery separations	%	1,6	1,6	1,6	1,6	1,6	3.0

4.2 Specialised Services

4.2.1 Sectoral Situation Analysis

4.2.1.1 Mpumalanga Provincial Hospitals

Mpumalanga has 29 hospitals with average beds per hospital of 143. There are 2040 district beds with 1164 regional beds, 326 tertiary beds and 620 specialised beds giving a total of 4150 beds and a ratio of 1.6 beds per 1000 public users. This is low compared to Western Cape, which has 3.4 beds per 1000 and Gauteng which each has 3.5 beds per 1000 public users. Hospital admissions per 1000 uninsured population in 2001/02 were 46.9 for the district hospitals, 21.8 for the regional and 6.2 for tertiary. On the other hand there we only 0.4 specialised hospital admission per 1000 uninsured population, which is far below that of WC (10.8) and EC (16.3).

The above figures suggest an acute shortage of beds in both general hospitals and in the specialised services. One would expect this to be reflected in high bed occupancy within hospitals. However this is not the case with district hospitals in Mpumalanga showing average bed occupancy of 56% and 63% for regional hospitals. This is in line with the national average of 57% for District and 67.0% for the regional. The 80% bed occupancy as reflected at central hospitals may be a reflection of an effective information system, which unfortunately is poorly developed at hospital levels in Mpumalanga.

4.2.1.2 Referral System

Presently district hospitals refer patients to the nearest identified hospital which may be able to treat a specific condition. It is envisaged that each of the districts should in future have a regional referral hospital with Rob Ferreira and Witbank providing selected tertiary There are currently no step-down facilities in the province although this is seen as a priority to ensure cost effective utilization of acute beds.

4.2.1.3 New Initiatives in the Mpumalanga Department of Health and Social Services (MPDOH&SS)

There are a number of initiatives, which are in place or are envisaged at improving the quality if health care. These include:

- The hospital revitalisation programme
- Improvement of the management system through decentralisation
- Staff retention initiatives
- Accreditation system through he COHSASA programme
- Innovative delivery systems through PPP and outsourcing non-core business.
- Reorganisation of certain services including the creation of the Specialised unit.

4.2.2 Policies, Priorities and Strategic Objective

4.2.2.1 Policies

- The OHSA and the COID Act
- The White Paper on the Transformation of Health Care System in SA -1997
- DORA and The Appropriation Act of the Year
- The Various Health Professions Act including act 56 of 1974
- Pharmacy Act no 53 of 1974
- The Nursing Act 50 of 1978

- The Mental Health Act of 2002
- The Medicines and Related Substance Control Act and its recent amendments
- The Academic Health Centres Act 86 of 1993

The Services Rendered Include:

- Imaging health care services including CT Scan/MRI
- Forensic services – both Pathology and Clinical
- Health Technology Management
- Specialised Hospitals (TB and Psychiatry)
- Trauma Services
- Occupational Health Care Services (OHS)
- Eye Care Services
- Service Level Agreements within the PPP (Clinical- NHLS/DSPN).
- ICT for Health or e-health (Telemedicine/ tele-health care services)
- Oral Health Care (Maxillo-Facial services)
- Orthotic and Prosthetic services

4.2.2.2 Priorities And Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVES
1. A fully functioning specialized services (SS) Unit	1.1 To develop a functional structure in order to improve governance and management of specialised services
2. Develop and support SS	2.1 To provide a quality forensic services 2.2 To improve the management of TB 2.3 To establish a facility for chronic mental health patients. 2.4 To expand and improve e-health services 2.5 To ensure the availability and appropriateness of health technology. 2.6 To develop and improve Imaging health services. 2.7 To implement OHS Act at all facilities. 2.8 To provide quality trauma services at all facilities. 2.9 To eradicate avoidable blindness in line with Vision 2020. 2.10 To provide specialized oral and maxillo-facial services at all facilities. 2.11 To make orthotics and prosthetics care accessible
3. Partnerships and collaborations	3.1 To strengthen partnerships and collaborations with relevant stakeholders

4.3 Analysis of Constraints and Measures to Overcome Them

STRENGTH	WEAKNESS	OPPORTUNITIES	THREATS	STRATEGIES
• The support from the committed top management • The Staff are committed • The legal framework • The communication infrastructure	• Staff shortage • Skills inadequacies • Infrastructure inadequacies including equipment • Finite resources for infinite demands. • An IT system that is understaffed • Lack of AHC in the Province • The shortage of Office space	• Proximity to Gauteng • The Province's opportunities for economic growth- • The tranquillity prevailing in the province. • The sense of urgency in the Dept. • It is a new unit	• Globalisation with its consequences • A rapidly changing technology • The HIV and AIDS pandemic. The negative publicity accorded to both Mpumalanga and the Dept. of Health. • Unrealistic expectations from Clients and other stakeholders	• Create short term, medium term and long term strategies for each sub programme aimed at challenging the weaknesses, maximising the strength, exploiting the opportunities while being wary of the contextual threats

4.4 Strategic Objectives and Performance Indicators

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. A fully functioning Specialised Services (SS) unit.										
1.1 To develop a functional structure in order to improve governance and management of the specialised services	The % of effective specialised services available in the facilities		Develop baseline	80%	90%	100%	90	90	95	95
	The % key personnel appointed		Develop baseline	60%	70%	80%	80	80	85	85
	The % services supported by MIS			80%	90%	100%	100%	!00%	100%	100%
2. Develop and support SS										
2.1 To provide quality forensic services	The % increase in post mortems performed		20%	10%	10%	10%	10%	10%	10%	10%
	The % of customer satisfaction		N/A	50%	70%	80%	85%	85%	85%	85%
	The % reduction in Litigation		Develop baseline	10% reduction	20% reduction	20% reduction0	10%	10%	10%	10%
	The % increase in access of FCS to victims.		Develop a baseline	10% Increase	20% Increase	20% Increase	10%	10%	10%	10%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
2.2 To improve the management of TB	The % increase in MDR beds in facilities.		0	100%	10%	5%	5%	5%	5%	5%
	% Smear conversion rate (new cases)		20%	50%	85%	85%	85%	85%	85%	85%
2.3 To establish a facility for chronic mental health patients	The % reduction in referrals to Gauteng Province.		20%	50%	80%	85%	85%	85%	85%	85%
2.4 To expand and improve e-health services	The % increase in facilities with e-health.		1%	5%	10%	15%	15%	20%	20%	20%
	The % increase in utilisation of e-health services.		15%	20%	25%	30%	40%	40%	40%	45%
2.5 To ensure the availability and appropriateness of health technology	The % of facilities with appropriate technology		Develop baseline	Increase by 10%	20%		25%	30%	40%	45%
	The % of skilled staff.		Develop baseline	10%	20%	30%	30%	35%	35%	40%
2.6 To develop and improve Imaging health services	The % of facilities with appropriate imaging health services		Develop baseline	5%	10%	20%	25%	30%	35%	40%
	The % reduction of referrals to Gauteng Province		Develop baseline	10%	15%	30%	30%	30%	35%	40%
	The % vacancies for skilled staff		Develop baseline	-10%	-20%	-30%	-30%	-35%	-35%	40%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
2.7 To implement OHS Act at all facilities	The % of facilities with OHS units		Develop baseline	+10%	+30%	50%	80%	90%	90%	90%
	The % reduction in OHS incidents		Develop baseline	-20%	-30%	-50%	-10%	-10%	-10%	-10%
	The % reduction in OHS accidents		Develop baseline	-10%	-30%	-50%	-10%	-10%	-10%	-10%
2.8 To provide quality trauma services at all facilities	The % of facilities with dedicated trauma units		Develop baseline	+10%	+20%	+30%	30%	35%	35%	40%
	The % increase of patients accessing the services		Survey baseline	+5%	+15%	+30%	35%	35%	40%	40%
2.9 To eradicate avoidable blindness in line with Vision 2020	The % increase in the cataract surgery performed		2000 operations	+20%	+20%	+20%	+20%	+20%	+20%	+20%
	The % of people awaiting cataract surgery		Develop baseline	-20%	-20%	-20%	_20%	-20%	-20%	-20%
2.11 To provide specialized oral and maxillo-facial services at all facilities	The % facilities providing oral and Maxillo-facial services		Develop baseline	+10%	+15%	+30%	40%	40%	45%	45%
	The % increase of patients accessing oral and Maxillo-facial services		Develop baseline	+10%	+15%	+20%	30%	35%	50%	50%
2.12 To make orthotics and prosthetics care accessible	The % facilities providing orthotic and prosthetic services		Establish baseline	+5%	+10%	+20%	Rehabilitation services	Rehabilitation services	Rehabilitation services	Rehabilitation services
	The % increase of patients accessing the services		Establish baseline	+10%	+15%	+30%	Rehabilitation services	Rehabilitation services	Rehabilitation services	Rehabilitation services

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
3. Partnerships and collaborations										
3.1 To strengthen partnerships and collaborations with relevant stakeholders	The number of: SLAs MoUs MoAs			2 SLA with SANTA SLA with NHLS MoU Academic Health Institutions	The number of: SLAs MoUs MoAs	2	5	10	20	27

TABLE : Reconciliation of Budget with Plan: Specialised Provincial Hospitals

Sub Programme	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	Average Annual Change %	2004/05 (Estimate)	2005/06 (MTEF projection)	2006/07 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2008/09 (MTEF projection)	Average Annual Change %
Bongani	4 141	6,762	10 409	38,3%	8,409	11 806	12 514	13,265	14,061	14,904	5.7%
SANTA	19 000	22 000	23 100	4.8%	24 717	26 200	27 772	29,438	31,205	33,077	5.7%
Life Care	6 700	8 000	8 900	10%	9 523	10 094	10 700	11,342	12,023	12,744	5.7%
Total programme	29841	36762	42409	15%	42649	48100	50986	54,045	57,288	60,725	6%
Bongani	4 141	6,762	10 409	38,3%	8,409	11 806	12 514	13,265	14,061	14,904	5.7%

4.1.6. Past expenditure trends and reconciliation of MTEF projections with plan

Table CHS4: Trends in Provincial Public Health expenditure for Provincial Hospitals

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)	2008/09 (MTEF projection)	2009/10 (MTEF projection)
Current prices[1]									
Total[2] (R million)	160,221	183,037	279,324	310,553	378,553	422,639	443,771	470,397	498,621
Total per person	R 50	R57	R85	R93	R105	R122	R125	133	140
Total per uninsured person	R58	R66	R99	R108	R129	R141	R145	154	163
Total capital[2] (R million)	2,110	26,885	1,264	1,584	5,187	7,447	7,819	8,288	8,785
Constant (2004/05) prices[3] Total[2] (R million)	205,083	202,988	295,804	310,553	378,553	422,639	443,771	470,397	498,621
Total per person		R63	R90	R93	R111	R122	R125	133	140
Total per uninsured person		R74	R105	R108	R128	R140	R145	154	163
Total capital[2] (R million)	2,700	29,815	1,338	1,584	5,187	7,447	7,819	8,288	8,785

PROGRAMME 6: HEALTH SCIENCE AND RESEARCH

6.1. SITUATIONAL ANALYSIS

Our Department strives to deliver effectively on its mandate of providing and improving access to quality health and social development for all. This can be achieved through skills programmes targeted to all occupational classes key to the realization of objectives set in the strategic plan.

The core business of the Directorate is the provision and management of capacity building programmes through a pre-service and in-service in an equitable and integrated manner, with special focus to the designated group.

The rural nature of the province poses a serous challenge in attracting and retaining skilled personnel for the purposes of staffing our facilities for quality service delivery. The health professionals are being lured into areas that offer them better remuneration packages and better working environment. It therefore weighs heavily on the Department to implement aggressive training and development programmes.

A range of generic management training is receiving the necessary attention.

The production of nurses from the Nursing college is limited, thus the identification of Elijah Mango college to address this challenge.
We will continue to have partnership with institutions of higher learning from other provinces in order to have a steady supply of the other health professionals, in particular PHC trained nurses. The Department is in the process of establishing its own PHC training within the province.

We welcome the introduction of community service for these professionals as it provides a steady supply of scarce skills to the department, however the programme poses a challenge in its management because of limited human resources, within the directorate not forgetting the extra mandate of 7 more categories of community service and further more with the biggest that is to start next year, which is community service for nurses.

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

- Training needs are identified by various components and sent to HRD Section to design a Master Training Plan.
- This helps in informing the strategy in terms of the implementation of training programmes as well as the awarding of bursaries.
- There is still a challenge in attracting specialist health care providers.

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

- All our training programmes are accredited with various institutions of Higher Learning as well as Professional Health Bodies
- This is in line with National Qualifications Framework
- An average of 5 800 employees have received training annually in both professional and generic training programmes since 2001.
- The attrition rate in these programmes is in the average of 7.5%.

6.2 POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

6.2.1 Policies

The White Paper on Public Service Training and Education, 1998

- Public Service Regulations, 2001
- Employment Equity Act, 1998
- Skills Development Act, 1998
- Skills Development Levies Act, 1998
- S.A. Nursing Council rules and regulations
- Higher Education Act
- Health Bill
- Health Sector Strategic Framework, 1999 to 2004
- White Paper on Transforming Service Delivery in S.A.

6.2.1 Priorities and Strategic Objectives

PRIORITY	STRATEGIC OBJECTIVES
1. Quality of Care	1.1. To develop capacity on customer care and service delivery.
2. Integration.	2.1. To ensure proper integration of DHSS.
3. Learnerships and internships	3.1. To implement learnerships and internships.
4. ABET	4.1. To ensure continuity of ABET
5. Partnerships and collaborations	5.1. To develop partnerships and strengthen collaborations with all relevant stakeholders

6.2.1.1 Plans to address shortfall in the number of professionals being trained in order to meet future service requirement

The department is constantly engaged in strategies that will seek to close the gap in the provision of qualified health professionals through capacity building.

- Plans are underway for the implementation of the Learnership Programmes for Pharmacy, Dental Chair Assistants and Auxiliary Nursing amongst others.
- The production of nurses is very limited from our current Nursing College, thus the identification of Mango to address this challenge

6.2.1.2 Plans to address any shortfall in the relevant, quality and capacity of training programmes.

- We have engaged institutions of higher learning in the designing of various programmes that improve the skills of our health care providers.
- Other institutions have agreed to allow their staff to assist in our hospitals as joint appointees.
- The Department is in the process of establishing a Psychiatric Centre in the Province.

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

- Training programmes for primary health care nurses; duration of reorientation programmes for primary Health Care.
- Presently our nurses have been admitted to pursue Primary Health Care course at Universities.
- We have designed a curriculum for Primary Health Care, but awaiting the South African Nursing Council approval.
- Training programmes for mid-level workers (e.g. in nursing, pharmacy.
- Dentistry, radiography, physiotherapy, occupational therapy).
- We have made great strides in the training of nurses.
- We are shortly to commence with learnerships for auxiliary nurses and pharmacy assistants.

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

- A variety of skills development programmes which derive from the Workplace skills Plan are implemented and reported upon on a monthly basis against the training budget.
- An average of 580 learners are put on the ABET programme since 2001.
- For the purposes of alignment with PFMA aggressive training on Financial Management is being implemented
- Our HIV and AIDS component is active in the training of home–based care groups.
- Ten officials from our department have been put into the Public Administration Learnerships programme.

6.2.1.5 Structured in-service education /continuing professional development programmes

- Since the inception of the CPD programmes, we have ensured that our professionals have access to ongoing programmes delivered by academics.

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

- The curriculum of the nursing programmes is outcome based in line with the national standards.
- Trends in the diagnosis and the treatment of diseases have compelled the constant re-design and review of the curriculum for nurse education.
- This is done every year at least.
- This does not exclude contingencies; it helps to ensure that we offer relevant training and education programmes for the community we service.

6.2.1.7 Personnel on whom the development component of the HPT& D grant will be expanded

- At present this grant is utilised in the development of the specialised skills of medical personnel and payment of the salaries of joint appointees.
- The intention is to make it available to the development of specialised medical personnel and the rest of the other health professionals

6.3 ANALYSIS OF CONSTRAINTS THAT RELATES TO THE IMPLEMENTATION OF THE POLICIES AND OBJECTIVES

CONSTRAINTS	MEASURES
1. Lack of financial management skills	• In order for most of our programmes to function well we need financial skills • The finance allocation is adequate the challenge is allocating them equitable to areas where they are needed the most. • Finance available must be able to benefit the public finally as these are public funds not individual use, and they have to be utilized according to the relevant prescripts
2. Lack of Programme Management Capacity	• For all our programmes to achieve the strategic objective of the Department, they need to be driven by personnel with the required expertise. • The HRD Section does assist in the compilation of training plans according to needs identified by components to enhance service delivery • However, capacity needs to be built on an ongoing basis if we are to contend with the ever changing demands of the environment
3. Lack of staff capacity	• The moratorium on the appointment of support staff had led to department operating with the minimal staff component which compromises a lot of support functions, e.g.: registry, updating of data on the system but to mention a few • Recently appointments have been made in an effort to address this problem including the appointment of no less than 10 senior managers • This has gone a long way in alleviating the problem, particularly in the areas of Procurement, Logistics, and the provisioning of government transport. • It is hoped that the appointment of senior managers will be improved decision making as well as secure a conducive environment for the implementation of policy • There is a great need to devolve delegations to lower levels of management in order to minimize bureaucracy and improve service delivery

6.4 SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Quality of Care										
1.1 To develop capacity on customer care and service delivery	Number of training and workshops co-ordinated		20	25	30	35	40	40	40	40
	The number of customer care audits					1		1		
2. Integration										
2.1 To ensure proper integration of DHSS	The number of organizational climate audits					1				
3. Learnerships and internships										
3.1. To implement learnerships	The number of learnerships implemented				4 Public Admin Pharmacy Assistance Nursing Auxiliary Diagnostic Radiography	5 Public Admin Pharmacy Assistance Nursing Auxiliary Diagnostic Radiography	5 Social Auxiliary services Public Admin Pharmacy Assistance Nursing Auxiliary	6 Social Auxiliary services Public Admin Pharmacy Assistance Nursing Auxiliary	7 Social Auxiliary services Public Admin Pharmacy Assistance Nursing Auxiliary	7 Social Auxiliary services Public Admin Pharmacy Assistance Nursing Auxiliary

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
							Radiography Assistant	Radiography Assistant Dental chair Assistant	Radiography Assistant Dental chair Assistant Community Dev worker	Radiography Assistant Dental chair Assistant Community Dev worker
	The number of learners on learnerships				4 Public Admi (60) Pharmacy Assistance (200) Nursing Auxiliary (100) Diagnostic Radiography (10)	5 Public Admin (30) Pharmacy Assistance (30) Nursing Auxiliary (100) Diagnostic Radiography (10) Social Auxiliary services (30)	5 Social Auxiliary services (30) Public Admin (30) Pharmacy Assistance (30) Nursing Auxiliary (100) Radiography Assistant (10)	6 Social Auxiliary services (30) Public Admin (30) Pharmacy Assistance (30) Nursing Auxiliary (100) Radiography Assistant (10)	7 Social Auxiliary services (30) Public Admin (30) Pharmacy Assistance (30) Nursing Auxiliary (100) Radiography Assistant (10)	7 Social Auxiliary services (30) Public Admin (30) Pharmacy Assistance (30) Nursing Auxiliary (100) Radiography Assistant (10)

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
								Dental chair Assistant (10)	Dental chair Assistant (10)	Dental chair Assistant (10)
									Community Dev worker (50)	Community Dev worker (50)
4. ABET										
4.1. To ensure continuity of ABET	The number of ABET learners registered per level	588	620	640	660	680	700	500	500	500
5. Partnerships and Collaborations										
5.1. To develop partnerships and strengthen collaborations with all relevant stakeholders	The number of: MoUs MoAs SLAs Contracts			Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW	Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW	Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW	Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW	Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW	Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW	Unin Univen Wits Freestate Unitra Tukkies Medunsa RAU Univ. NW

Table HR2: Provincial Objectives and Performance Indicators for Human Resources

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. To provide nursing education	No of nurses trained	367	425	403	403	450	500	550	640	660
2. To implement ABET	No of learners registered	539	560	588	600	620	640	650	600	580
3. To provide Bursaries	No of students provided	253	283	282	333	340	355	360	370	380
3. To provide Primary Health Care training	No's trained	5 770	5 900	6 000	6 500	6 800	7 000	7 200	7200	7300
4. To provide Generic Training	No's trained	2 305	1389	2 327	1 500	2000	2000	2000	2200	2200
5. To provide EMS training	No of students enrolled	0	45	45	45	45	45	45	45	45

Table HR4: Situational Analysis and Projected Performance for Health Sciences and Training

Indicator	Type	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10
Input										
1. Intake of medical students	No	137	143	182	171	180	185	190	210	220
2. Intake of nurse students	No	97	99	86	71	100	150	250	275	300
3. Students with bursaries from the province	No	253	283	281	333	400	400	400	440	480
Process										
4. Attrition rates in first year of medical school	%	9	1	2	3	3	3	3	3	3
5. Attrition rates in first year of nursing school	%	2,1	1.4	9.0	2.1	5	4	5	3	3
Output										
6. Basic medical students graduating	No	20	25	21	24	25	20	26	28	28
7. Basic nurse students graduating	No	48	71	108	-	80	85	90	90	97
8. Medical registrars graduating	No	-	2	-	4	6	6	5	4	4
9. Advanced nurse students graduating	No	0	0	0	0	0	0	0	0	0
Efficiency										
10. Average training cost per nursing graduate	R	64 239	71 377	79 308	87 238	95 961	105 557	116 112	117 273	129 000
11. Development component of HPT & D grant spent	%	2.6	1,1	0,6	65	80	90	100	120	130

6.5 PAST EXPENDITURE TRENDS AND RECONCILIATION OF MTEF PROJECTIONS WITH PLAN

Table CHS4: Trends in Provincial Public Health Expenditure for Health Sciences and Training

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)	2008/09 (MTEF projection)	2009/10 (MTEF projection
Current prices Total (R million)	32,638	39,328	44,902	55,619	58,937	62,473	65,597	72,156	79,371
Total per person	R 10	R12	R14	R17	R16	R18	R19	R20	R22
Total per uninsured person	R12	R14	R16	R19	R20	R21	R21	R23	R25
Total capital[2] (R million)	314	53	347	859	1,335	1,402	1,472	R1, 619	R1, 780
Constant (2004/05) prices[3]	41,777	43,615	47,551	55,619	58,937	62,473	65,597	R72, 156	R79, 371

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PHARMACEUTICAL SERVICES

7.1. SITUATION ANALYSIS

- The pharmaceutical section has been running as a separate sub-directorate until 2003 when a director was appointed.
- Standard Operating Procedures (SOP's) were developed for both clinics and hospitals.
- A pilot study on direct delivery system was initiated in fifty clinics.
- A pilot study on electronics stock control system was initiated in one clinic.
- Then Personnel including one pharmacist were employed at the pre-packing depot
- The New Pharmacy Act is currently being implemented. This poses a challenge of non-compliance for our depots.

7.1.1 Pharmaceutical Depot

- Operations are conducted as two separate depots. This is a serious challenge to efficient management and monitoring and monitoring of the depots. A monthly rental of R45, 000.00 is paid for them.
- The depots serve 25 hospitals and their satellite clinics, including all local municipality clinics. They also serve the following health programmes: malaria, dental clinics, nutrition, HIV and Aids, SANTA hospitals, secondary and tertiary hospitals on specialised accounts.
- The structures are poorly maintained by the landlord. They do not comply with the SAPC (South African Pharmacy Council) standards.
- The department has outsourced the procurement and distribution functions of both the pharmaceutical and medical class 2. The outsourcing has not reduced cost because the department is still paying R1m per month to monitor the outsourced functions.

- It is difficult to manage stock movement due to lack of personnel at depots.

7.1.2 Institutions

- Most institutions especially CHC's and clinics do not comply with Act 90 of pharmacy Act of 1974 as amended, due to the following:
    - The dispensing personnel are not registered with SAPC
    - The hospital do not have obligatory reference books and laboratory equipment
    - MIMS and MDR reference material are not available at institutions.
- The stock management system in hospitals is computerised. The hardware is obsolete and not compatible with "windows". This renders stock management impossible.

7.1.3 Security

- The security system in the whole chain is unsatisfactory due to the following
    - Lack of a reliable computer system
    - Lack of personnel at the depot and the institutions to man the pharmaceuticals.
    - The drugs in transit are not secured in lockable containers,
    - Lack of transport drugs from hospitals to clinics.

7. 2. POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

7.2.1. Policies

- Medicine and Related Substance Act 101 of 1965 as amended.
- Pharmacy Act 53 of 1974 as amended.
- National Drug Policy document.
- Foodstuffs, Cosmetics and Disinfectant Act of 1972 (No. 54 of 1972).
- Hazardous Substances Act of 1973 (No. 15 of 1973).
- Good Pharmacy Practice Policy document.

7.2.2 Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVE
1. Quality of care	1.1 To improve the quality of care in the provision of pharmaceutical services. 1.2 To monitor the quality, efficacy and safety of pharmaceuticals procured and distributed
2. Partnership and collation	2.1 Strengthen partnerships and collaboration with stakeholders 2.2 Ensure that PTC's are officially operating in all levels. 2.3 To ensure proper selection and procurement of drugs. 2.4 To monitor the trends in expenditure of pharmaceuticals in all distribution points.

7. 3. ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES TO OVERCOME THEM
1. Unavailability of a pharmaceutical depot that complies with SAPC standards	• Build a pharmaceutical depot. • Provide adequate funds for furnishing the depot • Recruit and train appropriate personnel to manage the depot
2. Shortage of pharmacy personnel (pharmacists and pharmacist assistants)	• Negotiate improved salary for all pharmacy personnel so that they are market related • Provide accommodation for pharmacist and CSP • Recruit pharmacists to tutor inters and pharmacist assistants
3. Lack of proper communication skills	• In service training on communication • Improve inter sectional relationship • Subscription to various primary, secondary and tertiary references
4. Lack of provincial support of the PTC	• Operating guidelines of the PTC to be approved and supported by EXCO • Other health programmes must participate fully in this committee (PTC).
5. Inequitable budget allocation to institutions	• Pharmacists must be involved in budget committees at all levels • Financial training for the pharmacists
6. Shortage of transport.	• Institutions to dedicate a vehicle for the pharmacy section • Encourage key personnel to apply for subsidized vehicles. • Coordinate trips with other programmes.
7. Poor Stock Management System	• Procure new hardware for the institutions • Obtain and implement tracking system

7.4. PROVINCIAL OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. To improve the quality of care in the provision of pharmaceutical services	Lead time for delivery to institutions reduced	5%	12%	50%	50%	56%	63%	70%	78%	90%
2. To monitor the quality, efficacy and safety of pharmaceuticals procured and distributed	% Reduction in number of complaints	20%	35%	50%	65%	73%	81%	90%	92%	95%
3. Strengthen partnerships and collaboration with stakeholders	# Of MoU SLA Contracts	1 1 2	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
4. Ensure that DTC are officially operating in all levels	% Of functional PTC's at the institutions	1.5 60%	100%	100%	100%	100%	100%	100%	100%	100%
5. To ensure proper selection and procurement of drugs	% Reduction of line items on the provincial Code List	1%	3%	3%	3%	3%	3%	3%	3%	3%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
6. To monitor the trends in expenditure of pharmaceuticals in all distribution points	% Variance on budget.	10%	8%	5%	5%	5%	5%	5%	5%	5%

7. 5. PROVINCIAL PUBLIC HEALTH EXPENDITURE

Table SUP2: Trends in Provincial Public Health expenditure for Health Care Support Services[9]

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)	2008/09 (MTEF projection)	2009/10 (MTEF projection
Current prices Total (R million)	12,664	24,696	12,914	31,501	34,629	36,707	38,542	40,855	43,306
Total per person	R4	R8	R4	R9	R10	R11	R11	R 12	R 12
Total per uninsured person	R5	R9	R5	R11	R12	R12	R13	R 14	R 15
Constant (2004/05) prices[2] Total (R million)	16,209	27,387	13,675	31,501	34,629	36,707	38,542	40,855	43,306
Total per person		R9	R4	R9	R10	R11	R11	R 12	R 12
Total per uninsured person		R10	R5	R11	R12	R12	R13	R 14	R 15

[9] The table shows expenditure trends on the entire programme although the situation analysis and plan presented is on pharmaceuticals.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

8.1. SITUATION ANALYSIS

Due to lack of infrastructure, especially for previously disadvantaged people in rural areas, an effort has been made to readdress this area of concern. It is in this view that a decision was taken to build new health Centres and Clinics. The construction of Bhuga, Amsterdam and Moutse West were completed in 2003/4 financial year.

Further intervention is the construction of Buffelspruit, Iswepe, Moutse East and Silindile Clinics. They are all to be completed in 2004/5 financial year.

Tenders for seven additional clinics are to be advertised, namely: Kangema, Warberton, Badplaas, Langverwagt, Entombe, Mananga and Dark city. Construction will be completed in 2005/6.

The new Piet Retief Hospital is currently under construction and will be completed in 2004. Further upgrades, i.e.: Themba and KwaMhlanga Hospitals have been successfully completed.

Embhuleni Hospital upgrade is currently under construction and is expected to be completed in December 2004.

Tenders have been advertised for the upgrades of Ermelo, Groblersdal, Delmas, Evander, Witbank, Mmametlhake, Rob Ferreira, Themba, and KwaMhlanga.

8.2. POLICIES PRIORITIES AND STRATEGIC OBJECTIVES

8.2.1. Hospital Revitalization Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVE
1. Accessibility of services	1.1 To ensure adequate accessibility of health and social services facilities
2. EPWP	1.2 To contribute to the EPWP
3. Compliance with legislation.	1.3 To implement and comply with all relevant legislation and policies
4. Partnerships and collaborations	1.4 To strengthen partnerships and collaborations with all key stakeholders

8.3. CONSTRAINTS & MEASURES TO OVERCOME CONSTRAINTS

CONSTRAINTS	MEASURES TO OVERCOME THEM
1. Lack of capacity in the Sub Directorate Project Co-ordination	• Urgent appointment of experienced personnel, project managers and health planners
2. No Provincial Project Steering Committee	• Form Provincial & Local Steering Committees at all levels
3. Not all project stakeholders are involved	• Compulsory involvement of all stakeholders.
4. No service level agreement signed with Department of Public Works	• Ensure that a service level agreement is signed and adhered to.

8.4. SPECIFICATION OF MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Accessibility of services										
1.1 To ensure adequate accessibility of health and social services facilities	Population within 5kms of fixed PHC facilities				85% (National Target)	85% (National Target)	85% (National Target)	85% (National Target)	85% (National Target)	85% (National Target)
	The number of facilities built	5 CHCs and clinics	6 CHCs Clinics 1 Hospital	6 CHCs Clinics 1 Hospital 5 New facilities	7 Clinics 9 New facilities 9 Accommodation	6 Clinics 8 New facilities 15 Accommodation 14 New facilities 10 Office space	7 Clinics 7 New facilities 15 Accommodation 14 New facilities 10 Office	6 Clinics 10 New facilities 15 Accommodation 14 New facilities 10 Office	7 Clinics 9 New facilities 15 Accommodation 14 New facilities 10 Office	6 Clinics 9 New facilities 15 Accommodation 14 New facilities 10 Office
	The number of facilities upgraded	7	8	9	9	10	15	15	15	15

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
2. Extended Public Works Programme (EPWP)										
2.1. To contribute to the EPWP	The % of projects contributing towards EPWP	0	0	0	20%	50%	75%	90%	95%	100%
3. Compliance with legislation										
3.1. To implement and comply with all relevant legislation and policies	% Compliance with all relevant legislation and policies				50% Compliance with Pharmacy Act and Mental Health Act.	100% Compliance with Pharmacy Act and Mental Health Act.	100% Compliance with Pharmacy Act and Mental Health Act.	100% Compliance with Pharmacy Act and Mental Health Act.	100% Compliance with Pharmacy Act and Mental Health Act.	100% Compliance with Pharmacy Act and Mental Health Act.
4. Partnerships and collaborations										
4.1. To strengthen partnerships and collaborations with all key stakeholders	The number of: SLA's Contracts MoUs MoAs				SLA with Public Works	SLA with Public Works	SLA with Public Works	SLA with Public Works	SLA with Public Works	SLA with Public Works

8. 5. SITUATIONAL ANALYSIS AND PERFORMANCE INDICATORS

Table HFM5: Situation analysis indicators for health facilities management

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Gert Sibande 2003/04	Ehlanzeni 2003/04	Nkangala 2003/04	National Target 2003/4
Input								
1. Equitable share capital programme as % of total health expenditure	%	0	0	0.52	-	-	-	1.5
2. Hospitals funded on revitalisation programme	%	4.38	4.29	4.04	3.5	0.9		17
3. Expenditure on facility maintenance as % of total health expenditure	%	139.22	3.10	0.23	-	-	-	2.5
4. Expenditure on equipment maintenance as % of total health expenditure	%	3	5	4	-	-	-	2
Process								
5. Hospitals with up to date asset register	%	66	68	80	88	66	75	100
6. Health districts with up to date PHC asset register (excl hospitals)	No	66	68	80	88	75	81	All
Quality								
7. Fixed PHC facilities with access to piped water	%	8. Data not available	Data not available	70	71	72	68	100

Table HFM5: Situation analysis indicators for health facilities management

Indicator	Type	Province wide value 2001/02	Province wide value 2002/03	Province wide value 2003/04	Gert Sibande 2003/04	Ehlanzeni 2003/04	Nkangala 2003/04	National Target 2003/4
9. Fixed PHC facilities with access to mains electricity	%	Data not available	Data not available	80	87	87	79	100
10. Fixed PHC facilities with access to fixed line telephone	%	Data not available	Data not available	73	69	81	68	100
Efficiency								
11. Projects completed on time	%	0	0	0	0	0	0	
12. Project budget over run	%	20	20	20	20	20	20	
Outcome								
13. Level 1 beds per 1000 uninsured population	No	1.6	1.6	1.7	1.8	2.2	1.3	100
14. Level 2 beds per 1000 uninsured population	No	0.211	0.225	0.316	N/A	0.225	0.36	65

Table HFM7: Performance indicators for health facilities management

Indicator	Type	2003/04	2004/05	2005/06	2006/07	2007/08	National Target 2007/08
Input							
1. Equitable share capital programme as % of total health expenditure	%	0.52	1.71	2.80	2.60	2.60	2.5
2. Hospitals funded on revitalisation programme	%						25
3. Expenditure on facility maintenance as % of total health expenditure	%	4.04	6.20	7.15	9.88	9.88	4
4. Expenditure on equipment maintenance as % of total health expenditure	%	0.23	5.37	6.99	11.77	11.77	4
Process							
5. Hospitals with up to date asset register	%	47	100	100	100	100	100
6. Health districts with up to date PHC asset register (excl hospitals)	No	47	100	100	100	100	All
Quality							
7. Fixed PHC facilities with access to piped water	%	97	98	100	100	100	100
8. Fixed PHC facilities with access to mains electricity	%	99	99	100	100	100	100
9. Fixed PHC facilities with access to fixed line telephone	%	97	97	100	100	100	100
Efficiency							
10. Projects completed on time	%	0	0	0	0	0	0
11. Project budget over run	%	+-20	+-20	+-20	+-20	+-20	+-20
Outcome							
12. Level 1 beds per 1000 uninsured population	No	1.7	1.7	1.7	1.6	1.6	90
13. Level 2 beds per 1000 uninsured population	No	0.36	0.37	0.37	0.36	0.39	60

Table HFM8: Trends in provincial public health expenditure for health facilities management

Expenditure[1]	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (MTEF projection)	2006/07 (MTEF projection)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection
Current prices2 Total (R million)	63,763	72,401	83,024	143,515	186,621	287,212	301,956	320,073	339,278
Total per person	R20	R23	R25	R43	R52	R 83	R85	R 90	R 96
Total per uninsured person	R23	R26	R29	R50	R63	R95	R98	R 104	R 110
Constant Total (2004/05) prices3	81,617	80,293	87922	143,515	186,621	287,212	301,956	320,073	339,278
Total per person		R25	R27	R43	R55	R83	R85	R 90	R 96
Total per uninsured person		R29	R31	R50	R63	R95	R98	R 104	R 110

8.6. EXPENDITURE TRENDS AND BUDGET PROJECTIONS

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Major Capital	26,921	45,665	74,549	114,466	156,931	154,110	162,000	184,000	206,000
Minor Capital	2,773	3,769	2,258	6,049	-	5,000	18,500	25,800	25,000
Maintenance	2,036	4,565	1,000	-	1,335	26,237	40,500	33,000	23,000
Equipment	41,065	15,082	13,418	23,000	22,000	45,400	47,000	74,000	80,000
Equip Maintenance	-	-	-	2,587	2,335	2,500	2,800	5,000	5,000
TOTAL CAPITAL	72,795	69,081	91,225	146,102	182,601	190,947	206,800	321,800	339,000
Major Capital	26,921	45,665	74,549	114,466	156,931	154,110	162,000	184,000	206,000
Piet Retief	11,602	22,036	35,090	21,725	337	-	-	5,000	5,000
Themba Hospital	2,874	1,345	3,113	3,236	13,113	9,440	3,000	5,000	5,000
Rob Ferreira Hospital	-	1,997	11,381	15,281	29,500	27,022	5,000	15,000	15,000
Delmas Hospital	-	783	471	4,310	5,900	-	3,000	5,000	10,000
Embhuleni Hospital	-	55	2,688	3,540	-	-	-	-	10,000
Ermelo Hospital	-	537	-	4,050	12,075	3,540	5,000	15,000	8,000
Groblersdal Hospital	-	888	79	6,720	4,980	-	4,000	6,000	5,000
KwaMhlanga Hospital	-	4,124	4,962	2,578	590	-	-	-	5,000
Mmametlhake Hospital	-	981	1,662	3,569	1,220	-	-	-	5,000
Sabie Hospital	-	284	71	2,400	4,720	4,366	5,000	-	5,000
Depot	-	1,204	-	-	7,000	7,000	14,000	14,000	5,000
Evander Hospital	-	-	2,155	5,900	9,121	11,800	3,000	5,000	5,000

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Witbank Hospital	-	1,459	1,135	5,120	6,109	11,520	-	5,000	5,000
Kangema CHC	-	-	-	4,000	-	-	-	-	-
Warberton CHC	-	-	-	5,000	-	-	-	-	-
Badplaas CHC	-	-	-	5,000	-	-	-	-	-
Langverwagt CHC	-	-	-	5,000	-	-	-	-	-
Entombe Clinic	-	-	-	4,000	-	-	-	-	-
Mananga Clinic	-	-	-	4,000	-	-	-	-	-
Dark City Clinic	-	-	-	4,000	-	-	-	-	-
Themba Hospital Accom.	-	-	-	1,400	-	-	-	-	-
Mmametlhake Hospital Accom	-	-	-	1,050	-	-	-	-	-
Silindile Hospital	-	488	1,061	-	-	-	-	-	-
Bhuga Clinic	-	175	3,359	-	-	-	-	-	-
Moutse West Clinic	-	1,123	3,484	-	-	-	-	-	-
Moloto Clinic	2,271	1,072	43	-	-	-	-	-	-
Nokaneng Clinic	2,009	734	33	-	-	-	-	-	-
Perdekop Clinic	4,155	2,424	103	-	-	-	-	-	-
Seabe Clinic	1,920	768	150	-	-	-	-	-	-
Ermelo Hospital	443	1,223	69	-	-	-	-	-	-
Amsterdam Hospital	-	1,262	3,127	-	-	-	-	-	-
Shongwe Hospital	1,647	-	313	-	-	-	-	-	-
Head Office Costs	-	-	-	2,587	-	-	-	5,000	-
Mmametlhake Clinic	-	703	-	-	-	-	-	-	-
Clinics (TBA)	-	-	-	-	62,266	66,422	75,000	49,000	55,000

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Barberton Hospital	-	-	-	-	-	-	5,000	5,00	-
Middleburg Hospital	-	-	-	-	-	-	5,000	5,000	-
Standerton Hospital	-	-	-	-	-	-	5,000	6,000	7,000
Carolina Hospital	-	-	-	-	-	-	5,000	5,000	-
Lydenburg Hospital	-	-	-	-	-	-	5,000	5,000	-
Impungwe Hospital	-	-	-	-	-	-	2,000	2,000	-
New Nelspruit	-	-	-	-	-	-	-	1,500	20,000
Allowance for escalation	-	-	-	-	-	-	-	6,000	6,000
Philadelphia Hospital	-	-	-	-	-	-	-	-	10,000
Bethal Hospital	-	-	-	-	-	-	-	3,000	5,000
Social Services Buildings	-	-	-	-	-	-	15,000	10,000	8,000
Balfour Hospital	-	-	-	-	-	-	-	3,500	7,000
Matibidi Hospital	-	-	-	-	-	-	3,000	3,000	-
Minor Capital	2,773	3,769	2,258	6,049	-	5,000	18,500	25,800	25,000
Barberton Hospital	229	250	-	-	-	-	-	-	-
Bethal Hospital	142	-	-	-	-	-	1,000	-	-
Moutse East Clinic	-	-	133	-	-	-	-	-	-
Embhuleni Hospital	-	502	-	-	-	-	-	-	-
Kangema Clinic	-	-	242	-	-	-	-	-	-
Buffelspruit Clinic	-	-	353	-	-	-	-	-	-
Elsie Ballot Hospital	38	3	-	-	-	-	-	-	-
Impungwe Clinic	20	-	-	-	-	-	-	-	-

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Philadelphia Hospital	117	363	90	-	-	-	1,000	-	-
Witbank Hospital	-	368	-	-	-	-	1,000	-	-
Sabie Hospital	259	-	-	-	-	-	-	-	-
Standerton Hospital	30	-	96	-	-	-	-	-	-
Jerusalem Clinic	-	46	-	-	-	-	-	-	-
Shongwe Hospital Accom	-	-	-	400	-	-	1,000	-	-
KwaMhlanga Accom	-	-	-	949	-	-	-	-	-
Amajuba Hospital Accom	-	-	-	800	-	-	-	-	-
Sabie Hospital Accom	-	-	-	800	-	-	-	-	-
Verena Clinic Accom	-	-	-	350	-	-	-	-	-
Lefiso Clinic Accom	-	-	-	350	-	-	-	-	-
Nokaneng Clinic Accom	-	-	-	350	-	-	-	-	-
Amsterdam Clinic Accom	-	-	-	350	-	-	-	-	-
Moloto Clinic Accom	-	-	-	350	-	-	-	-	-
Perdekop Clinic Accom	-	-	-	350	-	-	-	-	-
Louieville Clinic	-	117	-	-	-	-	-	-	-
Lydenburg Hospital	-	420	-	-	-	-	-	-	-
Manzini Clinic	-	33	-	-	-	-	-	-	-
Ma-Africa Clinic	-	59	244	-	-	-	-	-	-
Masibikela Clinic	-	23	-	-	-	-	-	-	-
Professional fees	1,893	1,471	1,075	1,000	-	-	-	-	-
Accommodation All	-	-	-	-	-	-	-	-	-
EMS Facilities	-	-	-	-	-	-	-	2,000	-

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Social Services Offices	-	-	-	-	-	5,000	7,500	13,800	15,000
Accommodation	-	-	-	-	-	-	7,000	10,000	10,000
Stationery	45	114	25	-	-	-	-	-	-
Maintenance	2,036	4,565	1,000	-	1,335	26,237	40,500	33,000	23,000
Embhuleni	898	594	-	-	-	-	-	-	-
Depot	15	416	941	-	-	-	-	-	-
Ermelo	-	214	-	-	-	-	-	-	-
Rob Ferreira	-	1,262	-	-	-	-	-	-	-
Sabie	-	102	-	-	-	-	-	-	-
Philadelphia	-	1,346	-	-	-	-	1,000	-	-
Bethal	25	-	-	-	-	-	1,000	-	-
Amajuba	41	-	-	-	-	-	-	-	-
Daggakraal	20	-	-	-	-	-	-	-	-
Hope Street	133	-	-	-	-	-	-	-	-
Evander	448	20	-	-	-	-	-	-	-
Elsie Ballot	60	7	-	-	-	-	1,000	-	-
KwaMhlanga	293	-	-	-	-	-	-	-	-
Mmametlhake	23	-	-	-	-	-	1,000	-	-
Middleburg	80	-	-	-	-	-	-	-	-
Naas	-	74	-	-	-	-	-	-	-
Ndindindi	-	123	-	-	-	-	-	-	-
Nokaneng	-	266	-	-	-	-	-	-	-
Steenbok	-	49	-	-	-	-	-	-	-

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Louieville	-	-	47	-	-	-	-	-	-
Bongani	-	92	-	-	-	-	-	-	-
Head office	-	-	12	-	1,335	1,937	2,000	-	-
Renovations to All	-	-	-	-	-	2,000	12,000	13,500	13,500
Boilers All	-	-	-	-	-	7,500	7,500	7,500	7,500
Social Services Offices	-	-	-	-	-	4,800	5,000	2,000	2,000
Secure Centres All	-	-	-	-	-	10,000	10,000	10,000	-
Equipment	41,065	15,082	13,418	23,000	22,000	45,400	47,000	74,000	80,000
Amajuba	800	-	733	-	-	-	-	2,000	-
Barberton	649	407	-	-	-	-	2,000	-	3,000
Delmas	422	-	-	-	-	-	5,000	5,000	-
Belfast	336	96	-	-	-	-	-	-	5,000
Bethal	4,578	1,462	23	-	-	-	-	3,000	1,000
Carolina	583	116	-	-	-	-	2,000	2,000	1,000 -
Delmas	1	-	570	-	-	2,000	5,000	5,000	1,000
Bongani	-	-	926	-	-	-	-	-	2,000
Embhuleni Hospital	1,834	153	-	-	2,000	-	-	-	2,000
Elsie Ballot	312	47	-	-	-	-	2,000	2,000	1,000
Ermelo Hospital	-	164	969	-	2,000	3,900	2,000	5,000	1,000
Evander	670	10	-	-	-	8,000	5,000	5,000	1,000
Groblersdal	18	-	-	-	-	1,200	4,000	5,000	1,000
Impungwe	703	119	-	-	-	-	2,000	-	3,000
KwaMhlanga Hospital	234	79	1,843	-	2,000	-	-	2,000	1,000

Table HFM1: Historic and planned capital expenditure by type

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Lydenburg	965	-	-	-	-	-	2,000	2,000	1,000
Volksrus	-	2	-	-	-	-	-	2,000	1,000
Moloto	-	1,726	-	-	-	-	-	-	2,000
Mmametlhake Hospital	41	-	129	-	1,000	-	-	2,000	1,000
Middleburg	6,352	2,808	264	-	-	-	2,000	3,000	1,000
Philadelphia	971	984	117	-	-	-	1,000	3,000	5,000
Piet Retief Hospital	667	-	37	16,000	12,000	-	-	2,000	1,000
Rob Ferreira Hospital	8,029	3,597	3,500	5,000	2,000	19,000	4,000	3,000	5,000
Sabie Hospital	745	-	-	-	-	1,000	3,000	2,000	1,000
Shongwe	5,772	1,302	1,373	-	-	-	-	3,000	1,000
Standerton	583	374	-	-	-	-	2,000	2,000	2,000
Themba Hospital	2,850	811	1,070	2,000	-	7,800	-	3,000	3,000
Tonga	-	73	-	-	-	-	-	2,000	1,000
Perdekop	-	171	-	-	-	-	-	-	1,000
Matibidi Hospital	-	-	-	-	-	-	2,000	2,000	1,000
Seabe	-	266	65	-	-	-	-	-	1,000
Matsulu	-	-	245	-	-	-	-	-	1,000
Kanyamazane	-	-	261	-	-	-	-	-	1,000
Waterval Boven	312	157	23	-	-	-	-	-	1,000
New Clincis	-	-	-	-	-	-	-	-	7,000
Nurses Homes	-	-	-	-	-	-	-	-	7,000
Nursing College	-	-	-	-	-	-	-	5,000	5,000
Witbank	2,638	158	1,270	-	1,000	2,500	2,000	2,000	5,000

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 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
Infrastructure Grant	8,513	16,655	25,309	35,724	39,975	44,323	54,000	60,000	66,000
Equitable Share Grant	9,410	9,923	22,621	39,499	69,266	73,422	75,000	83,500	91,500
Revitalisation Grant	43,000	45,000	65,666	68,292	71,025	92,662	75,000	83,500	91,500
Donor Funding	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
TOTAL CAPITAL	60,923	71,578	113,596	143,515	180,266	210,407	204,000	227,000	249,000

Table HFM 3: Historic and planned major project completions by type (year of completion)

	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Projection)	2006/07 (Projection)	2007/08 (Projection)	2008/09 (Projection)	2009/10 (Projection)
New Hospitals	0	0	0	1	0	0	0	1	0
New Clinics / CHC's	4	4	3	4	7	7	7	7	7
Upgrade Hospitals	0	0	4	3	9	5	5	5	5
Upgrade Clinics / CHC	2	15	7	0	12	14	10	13	15

Table HFM4: Total projected long term capital demand for health facilities management (R '000)[2]

Programme	Province wide Total	Planning horizon (years)	Province Total Annualised[4]	Annualised		
				Nkangala District	Ehlanzeni District B	Gert Sibande District
Programme 1						
MECs office and Administration[1]	-	-	-	-	-	-
Programme 2						
Clinics and CHC's	8,409,293	10	840,923			
Mortuaries						
District hospitals	197,679,572	10	19,767,957			
Programme 3						
EMS infrastructure1	87,116,727	10	8,711,672	-	-	-
Programme 4						
Regional Hospitals	146,344,576	10	14,634,457			
Psychiatric hospitals1				-	-	-
TB hospitals1				-	-	-
Other specialised hospitals1	11,025,416	10	1,102,5416	-	-	-
Other programmes[1,3]						
Such as nursing, EMS etc colleges	-	-	-	-	-	-
Total all programmes						

The figures in this table are extracted from the preliminary Integrated Health Planning framework. These will be revised with the finalization of the IHPF for the Province

PROGRAMME 9: SOCIAL ASSISTANCE GRANTS

9.1. PROGRAMME DESCRIPTION AND STRUCTURE

9.1.1 Core function

To Manage and administer an equitable and effective social security system.

9.1.1.1. Social Grants Administration Division

The core function of this division is to administer and manage payment of social grants. The following grants are provided:

1. Older Persons
2. War Veterans
3. Disability
4. Care Dependency
5. Foster Child
6. Child Support
7. Grant in Aid
8. Social Relief of Distress

9.1.1.2. Customer Services Division

The core function of the division is to render customer care services to social grants beneficiaries. The activities performed involve investigation of complaints received from the public as well as development and implementation of internal procedures to resolve identified problems.

9.1.1.3. Social Pensions System Division

The core function is to administer and maintain the social pensions systems (SOCPEN). All Socpen related functions are performed and managed within this component.

9.2 SITUATION ANALYSIS

This is a poverty alleviation programme targeting mainly vulnerable individuals namely the aged, disabled and children.

Performance during 2003/2004 financial year

- Payment of social grants to 493,893 beneficiaries. The target of 428,533 has been exceeded by 65,360
- Payment of CSG to 77,283 beneficiaries. The target of 66,202 has been exceeded by 11,081
- Assessment of 10,621 applicants by the Disability Assessment Panels
- Conducted 6 Operation Buyisa (Fraud prevention strategy)
- Trained 154 personnel on customer care
- Pay point development

- Purchased 40 tents, 66 water tanks and 37 toilets
- Hired 57 tents, 1220 chairs and 14 toilets
- Trained 34 officials on the beneficiary off line enquiry system (BENEN).

9.2.1 Challenges

- Limited budget allocation for payment of social grants resulting to over expenditure
- Implementation of Child Support Grant (CSG) Extension (resources both financial and human)
- Temporary disability cases (compliance to existing legislation)
- Implementation of the disability assessment panels (tool not finalized)
- Prevention of fraud and corruption
- Non existence of compliance and investigative unit
- Increase of accessibility (shortage of resources both financial and human resources)
- Pay point development (lack of co operation from other stake holders)
- Implementation of the norms and standards (limited resources)
- Litigations
- HIV/AIDS (Foster Care Grant)
- Shortage of personnel
- Office accommodation

9. 3. POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

9.3.1 Policies

- Social Assistance Act, Act 59 of 1992 and the regulations.
- Norms and Standards
- Promotion of Administrative Justice Act

9.3.2 Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVES
1. Accessibility and availability of social grants, and the extension of Child Support Grant	1.1 To increase accessibility of all social grants
2. Fraud and corruption	2.1 To prevent fraud and corruption
3. Partnerships and collaborations	3.1 To strengthen partnerships and collaborations with all relevant stakeholders.
4. Capacity Building.	4.1 To build the capacity of the unit.

9.4. ANALYSIS OF CONSTRAINTS AND MEASURES PLANNED TO OVERCOME THEM

CONSTRAINTS	MEASURES
1. Inadequate resources	• Allocation of additional resources both human and financial.
2. Non-compliance with the assessment tool	• Comply with the assessment tool for disability
3. Lack of capacity to address fraudulent cases	• Establishment of a referral system to an investigative unit.
4. Non-compliance with norms and standards, including ethics of care	• Allocation of additional resources

9.5. MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Accessibility and availability of social grants, and the extension of Child Support Grant										
1.1 To increase accessibility of all social grants	The % accessibility of service points in compliance with the norms and standards					50%	70%	90%	100%	100%
	(a) Older Persons			145,590	151,655	157,457	163,268	169,079	174,890	180,752
	(b) War Veterans			127	109	97	85	73	61	49
	(c) Disability			63,744	74,973	89,308	103,642	117,976	132,310	146,644
	(d) Foster Care			6,305	11,255	16,259	21,263	26,267	31,271	36,275
	(e) Care Dependency			4,069	6,203	8,128	10,053	11,978	13,903	15,828
	(f) Grant in aid			483	501	580	700	820	940	1,060
	(g) Child Support			273,575	323,631	383,631	471,631	531,631	591,631	591,631
	(h) Social Relief of Distress			0	300	300	300	300	300	300
	(i) Extension of CSG			77,283	62,781	88,000	-	-	-	-
	(j) Extension of services to farms through service points			12 Service points	24 Service points	13 Service points	12 Service points	12 Service points	12 Service points	5
2. Fraud and corruption										
2.1. To prevent fraud and corruption	The % reduction in illegal and ghost beneficiaries					10%	15%	20%	25%	35%

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
3. Partnerships and Collaborations										
3.1. To strengthen partnerships and collaborations with all relevant stakeholders	The number of: MoUs MoAs SLAs Contracts					Local Govt Home Affairs DoE SAPS Public Works	-	-	-	-
4. Capacity Building										
4.1. To build the capacity of the Unit.	The number of trained personnel on relevant legislation and customer care			154	130	135	140	145	150	163
	The number of trained personnel on BENEN			34	30	10	10	10	10	22
	The number of trained pensioner committee members			260	471	497	497	497	497	540
	The number of personnel trained on SOCPEN				130	30	30	30	30	30

9.6 RECONCILIATION OF BUDGET WITH PLAN

Programme 9: Programme budget by sub-programme (R million)

Sub-programme Structure	Year-32000/01 Actual)	Year-22001/02 (Actual)	Year-1 2002/03 (Actual)	Base year 2003/04 (Actual)	Annual change (%)	Year 1 2004/05 (Budget)	Year 2 2005/06 (MTEF projection)	Year 3 2006/07 (MTEF projection)	Year 4 2008/09 (MTEF projection)	Year 5 2009/10 (MTEF projection)
	R'000	R'000	R'000	R'000		R'000	R'000	R'000	R'000	R'000
Administration	61,038	53,632	89,455	100,517	12,4	101,589	109,716	116,299	123,277	130,674
Care Dependency Grant	8,686	15,899	23,043	31,603	37,1	32,259	39,212	42,408	44,952	47,650
Child Support Grant	94,835	156,776	318,441	530,250	66,5	524,527	572,898	619,927	657,123	696,550
Disability Grant	233,177	265,993	352,524	510,807	44,9	563,616	621,360	689,922	731,317	775,196
Foster Care Grant	11,577	13,221	18,704	36,069	92,8	38,140	48,895	52,594	55,750	59,095
Grants-in-Aid	0	0	0	0	0	1,018	1,321	1,435	1,521	1,612
Old Age Grant	833,496	912,799	1,073,615	1,217,065	13,4	1,409,938	1,518,045	1,606,367	1,702,749	1,804,914
Relief of Distress	86	0	815	0	0	2,000	2,000	2,000	2,120	2,247
War Veterans Grant	1,100	1,192	1,169	1,153	-1,4	1,124	1,226	1,387	1,470	1,558
Extension of Child Support Grant	0	0	0	94,416	100	260,013	491,531	661,359	661,359	743,103
Total: Social Assistance	1,243,995	1,419,512	1,877,766	2,521,880	34,3	2,934,224	3,406,204	3,793,698	4,021,320	4,262,599

PROGRAMME 10: SOCIAL WELFARE SERVICES DIVISION

10.1 DESCRIPTION OF THE PROGRAMME

Programme Social Welfare Services comprises of the following sub-programmes:-

- Treatment and Prevention of Substance Abuse;
- Services to Older Persons;
- Crime Prevention and Support;
- Services to People with Disabilities;
- Services To Children, Women And Families;

10.2 SITUATION ANALYSIS

<u>Existing services and performance during the past year</u>

- Services were provided to Children, Older Persons. Youth, People with Disabilities, Victims of Domestic Violence:
    - Provision of Statutory and non-statutory services provided to 46 680 people.
    - Capacity building and training to service providers 2 047 from 593 facilities.
    - Awareness campaigns reached 21 225 people through 7 provincial events and 36 regional and district events.
    - Total of 519 Not for Profit Organisations (NPO's) paid subsidies, 412 monitored and 629 evaluated.

- Total of 538 people given treatment for alcohol and substance abuse at Swartfontein Treatment Centre, 431 children awaiting trial detained at the Hendrina Secure Care centre, 142 women with their 71 children provided with safe accommodation at Louisville Support Centre and 520 people given advice, counselling and support at Leseding outreach Centre.

10.2.1. Challenges

- Children affected and infected by HIV/AIDS
- Capacity building, monitoring and evaluation of Not for Profit Organisation
- Social Worker to population ratio currently at 1:25 000
- Generic versus specialization in the provision of services to clients and appropriate ratios to be developed
- Outsourcing of Hendrina Secure Care Centre, establishment of one Secure Care Centre in Nkangala and Ehlanzeni and One Stop Child Justice Bill in Ehlanzeni
- Establishment of a One Stop Child Justice Centres in the Province
- Appointment of Probation / Assistant Probation Officers to be in line with the Child Justice Bill
- Filling of all vacant funded posts
- Lack office accommodation in the Districts

10.3. POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

10.3.1. Policies

- Child Justice Bill – Children in conflict with the law
- Children's Bill – Child Protection
- Child Protection register – Child Protection
- Aged Person's Bill – Protection of Older Persons
- Social Development Ten Point Plan
- Financial Awards to Not for Profit Organisations
- White Paper on Developmental Social Welfare

10.3.2. Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVES
1. Treatment and Prevention and Substance Abuse	1.1 To reduce the prevalence of substance abuse
2. Services to Older Persons	2.1 To promote the rights of older person
3. Crime Prevention and Support	3.1 To prevent social crime affecting children, youth and families
4. Service to persons with disabilities	4.1 To protect and promote the rights of persons with disabilities
5. Services to children, women and families	5.1 To protect and promote the well-being of children and youth 5.2 To protect and promote the well-being of families 5.3 To protect and promote the well-being and rights of women

10.4. ANALYSIS OF CONSTRAINTS AND MEASURES TO OVERCOME THEM

CONSTRAINTS	MEASURES
1. Lack of reliable welfare services in formation.	• Develop of a services information system
2. Lack of Capacity Building	• Capacity building for NPO's • Appointment and training of social auxiliary workers.
3. Lack of Specialization	• Introduce specialization in probation and child protection services. • Specialisation in Project Development, support and monitoring.
4. Weakness in the organisational structure	• Cluster two sub-district offices under one manager. • Assign one manager in each sub-district offices. • Upgrade Programme 3 to a Chief Directorate with three Directorates viz. o Directorate Children and Families. o Directorate on special needs. o Directorate on Social work Administration

10.5 MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Treatment and prevention of substance abuse										
1.1 To reduce the pre-valence of substance abuse	The % reduction in the prevalence of substance abuse					Developme nt of the baselines	3%	5%	10%	
	The number of persons reached through Statutory and non-statutory services		3047	1200	321	371	399	440	480	509
	The number of awareness campaigns conducted		6741 Persons reached	1500 People reached	23 District 1 Provincial	25 District 1 Provincial	27 District 1 Provincial	37 District 1 Provincial	38 District 1 Provincial	38 District 1 Provincial
	The number of people trained		56	53	54	152	189	222	237	252
	Treatment and outreach services to persons affected by substance abuse (Swartfontein centre)		212 Persons treated	13 Outreach programmes undertaken 538 Patients admitted	25 Outreach programmes	30 Outreach programmes	30 Outreach programmes	30 Outreach programmes	25 Outreach programmes	25 Outreach programmes

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	NPO's programmes paid, monitored and evaluated		4 Organisations	Payment made to 4 NPO's	4 Existing organisations 2 Additional organisations	6 Existing organisations 3 Additional organisations	9 Existing organisations 2 Additional organisations	11Existing organisations 2Additional organisations	13 Existing organisations 2 Additional organisations	15 existing 0ganisations 2 Additional organisations
2. Services to older persons										
2.1. To promote the rights of older person.	The number of older persons reached through Statutory and non-statutory services		893	2079	2000	2602	2 758	2929	3099	3190 Persons
	The number of awareness campaigns held		1 216 Persons reached	2 Provincial events 8 Regional events 2950 People reached	1 Provincial events 9 Regional events	1 Provincial events 12 Regional events	1 Provincial events 16 Regional events	2 Provincial events 19 Regional events	1 Provincial events 21 Regional events	1 Provincial event 21 Regional events
	The number of training sessions provided to service providers		N/A	Could not be under-taken due to changes in the planned outputs by the department	432	462	489	790	766	812 Persons

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	Subsidies paid, monitored and evaluated to NPO's		91 Organisations	Payment made to 82 NPO's	18 Additional community based service 89 Existing organisations	22 Additional community based service 107 Existing organisations	22 Additional community based service 129 Existing organisations	11 Additional community based service 151 Existing organisations	19 Additional community based service 173 Existing organisations	21 Additional community based service 194 Existing organisations
3. Crime Prevention and Support										
3.1. To prevent social crime affecting children, youth and families	The % of children reintegrated					To conduct a baseline study	3%	5%	10%	10%
	The number of children diverted from criminal justice system		290	568	3 328	3 926	4161	4330	4644	4923
	The number of Crime prevention awareness campaigns		10972 people reached through aware-ness	11262 people reached through 18 aware-ness campaigns	35 Regional events	20 Regional events	17 Regional events	25 Regional events	29 Regional events	29 Regional events
	The number of secure Care Centres established		N/A	N/A	1 Secure Care Centre established	1 Secure Care Centre established	N/A	N/A	N/A	N/A

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	The number of Reception Assessment and Referral Centres		N/A	N/A	1 Additional per region	4 Additional centres	4 Additional centres	5 Additional centres	4 Additional centres	4 Additional centres
	The number of One Stop Child Justice Centres established		N/A	N/A	N/A	1Centre established	N/A	N/A	1 Centre established	1 Centre established
	Capacity building		392 Persons trained	Training provided to 36 service providers from 12 organisations	456 Persons to be trained	508 Persons to be trained	567 Persons to be trained	611 Persons to be trained	650 Persons to be trained	689 Persons to be trained
	Subsidies paid to NPO's		3 Organisations	Payment made to 3 NPO's	1 Additional community based service 2 Existing organisations	3 Additional community based service 3 Existing organisations	3 Additional community based service 6 Existing organisations	3 Additional community based service 9Existing organisations	3 Additional community based service 12 Existing organisations	3 Additional community based service 15 Existing organisations
4. Services to people with disabilities										
4.1. To protect and promote the rights of persons with disabilities	The number of persons provided with Statutory and Non-statutory services		1770	3628	1919	2014	2134	2227	2337	2478

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	The number of awareness campaigns held		24468 Persons reached	2200 people reached during the Service Delivery Innovative Project and the International Day for Persons with Disabilities	1 Provincial event 9 Regional events	1 Provincial event 12 Regional events	1 Provincial event 16 Regional events	1 Provincial event 20 Regional events	1 Provincial event 22 Regional events	1 Provincial event 22 Regional events
	The number of persons trained		169 Persons	Could not be undertaken due to changes in the planned outputs by the department	165 Persons	180 Persons	194 Persons	313 Persons	262 Persons	283 Persons
	Subsidies paid to NPO's		125 Organisations	Payment made to 79 NPO's	17 Additional community based service	24 Additional community based service	28 Additional community based service	24 Additional community based service	25 Additional community based service	25 Additional community based service

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
					95 Existing organisations	112 Existing organisations	136 Existing organisations	164 Existing organisations	188 Existing organisations	213 Existing organisations
5. Services to children, women and families										
5.1. To protect and promote the well-being and the rights of children and youth	Number of children and youth reached through Statutory and non-statutory services		63185 Children and their families	36204 Children and their families	58414 Children and youth	63087 Children and youth	62687 Children and youth	65888 Children and youth	67619 Children and youth	71677 Children and youth
	The number of Drop-in-Centres for Street Children established		N/A	1 Centre per region	2 Additional centres	2 Existing centres 6 Additional centres	8 Existing centres 3 Additional centres	11 Existing centres 3 Additional centres	14 Existing centres 1 Additional centres	15 Existing centres 3 Additional centres
	Number of children reached in terms of the child protection register program				600 Children	636 Children	674 Children	714 Children	760 Children	806 Children
	Capacity building, monitoring and evaluation provided		524 Service providers	957 people trained 581 Facilities monitored	600 Service providers	874 Service providers	1018 Service providers	1093 Service providers	1076 Service providers	1882 Service providers
	Awareness campaigns held		46678 people	3 Prov. events	3 Prov. events	3 Prov. events	3 Prov. events	3 Prov. events	3 Prov. events	3 Prov. events

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
				8 Regional/ district events	55 Regional events	59 Regional events	75 Regional events	77 Regional events	83 Regional events	83 Regional events
	Subsidies paid to NPO's		314 Organisations	Payment made to 211 NPO's 75 new applications recommended	280 Existing organisations 117 Additional organisations	397 Existing organisations 87 Additional organisations	484 Existing organisations 90 Additional organisations	574 Existing organisations 71 Additional organisations	645 Existing organisations 68 Additional organisations	713 Existing organisations 70 Additional organisations
5.2. To protect and promote the well-being of families	The number of Statutory and non – statutory services provided		N/A	N/A	700 New cases	700 New cases	700 New cases	784 New cases	839 New cases	890 New cases
	The number of persons trained		N/A	1 000	205	350	420	380	370	740
	The number of awareness campaigns / events held		N/A	1 Provincial events 6 District events	1 Provincial events 9 District events	1 Provincial events 9 District events	1 Provincial events 9 District events	1 Provincial events 28 District events	1 Provincial events 17 District events	1 Provincial events 28 District events

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	The number of NPO's programmes monitored and evaluated		4 Organisations	3 Organisations	46 Existing organisations 4 Additional organisations	50 Existing organisations 3 Additional organisations	53 Existing organisations 3 Additional organisations	56 Existing organisations 3 Additional organisations	59 Existing organisations 3 Additional organisations	62 Existing organisations 6 Additional organisations
5.3. To protect and promote the well being and the rights of women.	The number of Statutory and non – statutory services provided		21 women accommodated	520 people were given support at Leseding and 142 women with 71 children provided with safe accommodation and support at Louisville	63 Women	66 Women	70 Women	75 Women	80 Women	85 Women
	The number of Safe houses established		N/A	N/A	3 Per region	4 Per region	7 Per region	6 Additional Safe houses	6 Additional Safe houses	12Additional safe houses
	The number of Perpetrators programme implemented			3 Programmes per region	3 Programmes per region	3 Programmes per region	3 Programmes per region	3 Programmes per region	3 Programmes per region	6 Programmes per region
	The number of persons trained.				30 Persons trained	32 Persons trained	34 Persons trained	72 Persons trained	79 Persons trained	90 Persons trained

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
	The number of awareness campaigns		2352 people reached	3300 people reached Campaign of the 16 Days of No Violence Against Women and Children	2 Provincial events 21 District events	2 Provincial events 24 District events	2 Provincial events 27 District events	1 Provincial events 27 District events	1 Provincial events 28 District events	1 Provincial events 28 District events
	The number of Subsidies paid to NPO's		N/A	N/A	2 Existing organisations	2 Existing organisations 3 Additional organisations	5 Existing organisations 3 Additional organisations	8 Existing organisations 3 Additional organisations	11 Existing organisations 3 Additional organisations	14 Existing organisations 3 Additional organisations

10.6 RECONCILIATION OF BUDGET WITH PLAN

Programme 10: Programme budget by sub-programme (R million)

Sub-programme Structure	Year-32000/01 Actual)	Year-22001/02 (Actual)	Year-1 2002/03 (Actual)	Base year 2003/04 (Actual)	Annual change (%)	Year 1 2004/05 (Budget)	Year 2 2005/06 (MTEF projection)	Year 3 2006/07 (MTEF projection)	Year 4 2008/09 (MTEF projection)	Year 5 2009/10 (MTEF projection)
	R'000	R'000	R'000	R'000		R'000	R'000	R'000	R'000	R'000
Administration	21,274	25,430	34,638	34,237	-1,0	38,999	42,119	44,646	47,325	50,164
Treatment & prevention of Substance Abuse	3,543	4,250	5,379	3,761	-30,1	2,135	2,306	31,444	33,331	35,330
Services to Older Persons	7,512	15,547	15,913	12,410	-22,0	18,962	20,478	50,707	53,749	56,974
Crime Prevention & Support		346	200	5,877	2938,5	1,596	1,723	30,826	32,676	34,636
Services to Persons with Disabilities	4,500	6,984	12,521	8,791	-29,8	8,575	9,261	38,817	41,146	43,615
Child and Family Care and Protection	18,199	17,165	31,203	21,923	-29,7	31,690	34,225	65,279	69,196	73,196
HIV/Aids Conditional Grant	0	2,272	6,251	0	0	0	0	0	0	0
Total: Social Welfare Services	55,028	71,994	106,105	86,999	-18,0	101,957	110,112	261,719	277,422	294,067

PROGRAMME 11: DEVELOPMENT AND SUPPORT SERVICES

11.1. DESCRIPTION OF THE PROGRAMME

The programme comprises of 3 sub-directorates namely:

- Poverty Eradication
- Youth development
- NPO and welfare organisation development

HIV & AIDS is being handled under programme 2

11.2. SITUATION ANALYSIS

11.2.1 Existing services and performance during the past year

11.2.1.1 HIV and AIDS

- 50 staff members were trained on HIV and AIDS and the law
- 417 volunteers were trained on project management, counselling and child care
- 389 youth peer counsellors trained by Love life ground breakers
- 525 children heading households were trained on life skills
- 33 home community based care projects were funded
- Child care forums were established

11.2.1.2 Poverty Eradication

- 20 community profile documents were compiled
- 46 Awareness campaigns conducted
- 30 community development facilitators trained
- 27 projects funded
- 59 projects trained
- 1 provincial function on International Day against poverty
- 27 092 households reached through food security programme
- 3 drop-in-centres supported
- 6 544 people targeted to receive food supplements, distribution in progress

11.2.2 Challenges

- Reliance on contract workers to implement HIV/AIDS and food security programmes.
- Possible unfunded mandate after the discontinuation of the conditional grant.
- Insufficient funding.

11.3. POLICIES, PRIORITIES AND STRATEGIC OBJECTIVES

11.3.1 Policies

- White paper on development Social Welfare
- Non Profit Organisations Act.
- Integrated Sustainable Rural Development Strategy (ISRDS)
- Urban Renewal Strategy (URS)
- National Skills Development Act
- National Strategy on Expanded Public Works Programme

11.3.2. Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVES
1. Youth development	1.1 To co-ordinate the capacity building and economic empowerment programmes in support to youth advancement.
2. Poverty Eradication	2.1 To support programmes directed at poverty eradication. 2.2 To provide emergency food relief to vulnerable households.
3. NPO and welfare organisation development	3.1 To strengthen the institutional capacity of NPO's and CBO's 3.2 To implement the Expanded Public Works Programme (EPWP)

11.4. ANALYSIS OF CONSTRAINTS AND MEASURES TO OVERCOME

CONSTRAINTS	MEASURES TO OVERCOME
1. Reliance on contract workers	• Appointment of permanent staff.
2. Unfunded mandate	• Establish clarity on the sustainability of provisional grants
3. Insufficient funding	• Align budget to plan.

10.5. MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Youth Development										
1.1 To co-ordinate the capacity building and economic empowerment programmes in support to youth advancement	Number of youth projects funded						15 Funded projects	30 Funded projects	45 Funded projects	50 Funded projects
	Number of Youth trained					90 Trained youth	120 Trained youth	150 Trained youth	180 Trained youth	210 Trained youth
	Number of awareness campaigns conducted					21 Campaigns	21 Campaigns	21 Campaigns	21 Campaigns	30 Campaigns
2. Poverty Eradication										
2.1. To support programmes directed at poverty alleviation	Awareness campaigns conducted			46 Campaigns	54 Campaigns	54 Campaigns	90 Campaigns	124 Campaigns	124 Campaigns	124 Campaigns
	Number of funded projects			27 Funded projects	45 Funded projects		2 Funded programmes 21 Funded projects	2 Funded programmes 30 Funded projects	4 Funded programmes 45 Funded projects	4 Funded programmes 60 Funded projects
	Number of trained beneficiaries			59 Funded projects	65 Funded projects	210 Trained beneficiaries	300 Trained beneficiaries	450 Trained beneficiaries	450 Trained beneficiaries	650 Trained beneficiaries
2.2 Provision of emergency food relief to vulnerable households	Number of households reached			27 092 Households	23 043 Households	23 043 Households	23 043 Households	23 043 Households	23 043 Households	23 043 Households

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
households	Number of drop-in-centres supported			3 Drop-in centres	6 Drop-in centres	9 Drop -in centres	9 Drop -in centres strengthened	3 new 9 strengthened Drop -in centres	3 new 12 strengthened Drop -in-centres	3 new 15 strengthened Drop -in-centres
	Number of recipients of food supplements			3 000 Recipients	3 000 Recipients	3 000 Recipients	3 000 Recipients	3 000 Recipients	3 000 Recipients	3 000 Recipients
3. NPO and welfare organisation development NPO and welfare organisation development										
3.1 To strengthen institutional capacity of NPO's and CBO's	Number of NPOs trained					66 NPOs trained	81 NPOs trained	96 NPOs trained	111 NPOs trained	126 NPOs trained
	Number of network workshops					9 Workshops	9 Workshops	20 Workshops	20 Workshops	40 Workshops
	Number of observational visits undertaken					6 Observational visits	6 Observational visits	6 Observational visits	12 Observational visits	12 Observational visits

11.6. RECONCILIATION OF BUDGET WITH PLAN

Programme 11: Programme budget by sub-programme (R million)

Sub-programme Structure	Year-32000/01 Actual)	Year-22001/02 (Actual)	Year-1 2002/03 (Actual)	Base year 2003/04 (Actual)	Annual change (%)	Year 1 2004/05 (Budget)	Year 2 2005/06 (MTEF projection)	Year 3 2006/07 (MTEF projection)	Year 4 2008/09 (MTEF projection)	Year 5 2009/10 (MTEF projection)
	R'000	R'000	R'000	R'000		R'000	R'000	R'000	R'000	R'000
Administration	0	786	4,876	5,385	10,4	7,153	7,725	8,188	8,679	9,200
Youth Development	0	0	0	0	0	0	0	0	0	0
HIV/AIDS	0	0	0	9,039	100	10,456	11,084	11,749	12,454	13,201
Poverty Alleviation	1,936	956	9,031	4,799	-46,9	5,151	5,563	5,897	6,251	6,626
NPO and Welfare Organisation Development	0	0	0	0	0	0	0	0	0	0
Food Security Conditional Grant	0	0	0	23,389	100	27,651	27,651	29,310	31,069	32,933
Total: Development and Support Services	1,936	1,742	13,907	42,612	306,41	50,411	52,023	55,144	58,453	61,960

PROGRAMME 12: DEMOGRAPHIC TRENDS AND ANALYSIS

12. 1 National Priorities

- Strengthen support services
- Partnership collaboration

12.1.1 Social Services

All our work must be based on a commitment to co-operative governance that includes working with different tiers of government and civil society. The department will work in partnership with government departments, communities, organizations and institutions in civil society. A particular challenge here is to work with organizations that are located and have competencies to reach beneficiaries. Capacity will have to be built where needed and will result in re-allocation of resources

12.2. Policies, Priorities and Strategic Objectives

12.2.1. Policies

- White Paper on Population Policy, 1998
- Policy objectives –
    - The systematic integration of population factors into all policies, plans, programmes and strategies at all levels and within all sectors and institutions of government

- Developing and implementing a coordinated, multi-sectoral, interdisciplinary and integrated approach in designing and executing programmes and interventions that impact on major national population concerns.
- Making available reliable and up-to-date information on the population and human development situation in the province in order to inform policymaking and programme design, implementation, monitoring and evaluation at all levels and in all sectors.

12.2.2. Priorities and Strategic Objectives

PRIORITIES	STRATEGIC OBJECTIVES
1. Sustainable Human Development - • Investigate planning procedures of provincial and local government in relation to the IDPS • Conduct longitudinal study on the functioning of hospitals in the revitalization programme (x2) • Impact of school feeding scheme on the well being of children • Evaluation of access to HIV and AIDS treatment centres within health facilities • Gender based violence • Early childhood Development • Impact of Home based Service delivery • Population, environment and development interactions • Mortality and morbidity profile of the province	1.1 To strengthen the provincial and departmental programmes by providing population and human development information
2. Strengthen support services	2.1 To promote the integration of population information into development plans
3. Partnership collaboration	3.1 To strengthen partnerships and collaboration

12.3 Constraints and measures to overcome them.

CONSTRAINTS	MEASURE TO OVERCOME THEM
1. Lack of the implementation of research results and recommendations	• Improved interaction with stakeholders from government departments and local municipalities
2. To meet the increasing demand for information and support taking into account a constantly declining number of staff	• Appoint staff

12.4. MEASURABLE OBJECTIVES AND PERFORMANCE INDICATORS

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1. Sustainable Human Development										
1.1 To strengthen the provincial and departmental programmes by providing population and human development information	The number of reports and research studies commissioned or undertaken		4 Reports	3 Reports	2 Reports	3 Reports	6 Reports	6 Reports	6 Reports	6Reports
			Situation analysis of service providers and existing services to people infected and affected by HIV/AIDS Children with Disabilities Driefontein Flagship Zaaiplaas Flagship	Orphan Research Demographic of Poverty (Census 2001 info) Appraisal of Home Based Care projects	Research on Older Persons Appraisal of Home Based Care projects	Child headed households Investigate planning procedures of provincial and local government related to IDPS Evaluation of access to HIV/AIDS treatment centre within health facilities				

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
1.2. To establish and manage a Research Ethics Committee	Committee members appointed				Members appointed	Members appointed	Members appointed	Members appointed	Members appointed	Members appointed
	Number of research proposals evaluated				All proposals evaluated	All proposals evaluated	All proposals evaluated	All proposals evaluated	All proposals evaluated	All proposals evaluated
	Number of research studies funded				7 studies funded	7 studies funded	7 studies funded	7 studies funded	7 studies funded	7 studies funded
2. Strengthen support services										
2.1. To enhance government's capacity for the systematic integration of population factors into development planning	Number of government structures supported with capacity development			1 Session District municipality	3 District municipalities	3 District municipalities	3 District municipalities	3 District municipalities	3 District municipalities	3 District municipalities
	Number of participants in capacity development course			8 sessions with Provincial government	1 Provincial government departments	6 Local Municipalities One Provincial government departments	21 Local Municipalities Two Provincial government departments	21 Local Municipalities Three Provincial government departments 100 participants	21 Local Municipalities Four Provincial government departments 150 participants	21 Local Municipalities Four Provincial government departments 150 participants

Strategic Objective	Indicator	2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Estimate)	2005/06 (Target)	2006/07 (Target)	2007/08 (Target)	2008/09 (Target)	2009/10 (Target)
2.2. To promote advocacy for population and related development issues targeted at government leadership and civil society at all levels	No. of events to distribute information.		22 opportunities for advocacy utilized	4 Events	2 Events	2 Events	1 Event	1 Event	1 Event	1 Event
	Number of items printed and distributed			One Research report Two Promotional items	Two Research reports Two Promotional items	Two Research reports Two Promotional items	One Research report Two Promotional items	One Research report Two Promotional items	One Research report Two Promotional items	One Research report Two Promotional items
3. Partnership collaboration										
3.1. To strengthen partnerships and collaboration	The number of MOU's MOA's SLA's				Research Agencies	Research Agencies	Tswane University of Technology Research Agencies	Tswane University of Technology Research Agencies	Tswane University of Technology Research Agencies	Tswane University of Technology Research Agencies

12.5 RECONCILIATION OF BUDGET WITH PLAN

Programme 12: Programme budget by sub-programme (R million)

Sub-programme Structure	Year-3 2000/01 Actual)	Year-2 2001/02 (Actual)	Year-1 2002/03 (Actual)	Base year 2003/04 (Actual)	Annual change (%)	Year 1 2004/05 (Budget)	Year 2 2005/06 (MTEF projection)	Year 3 2006/07 (MTEF projection)	Year 4 2008/09 (MTEF projection)	Year 5 2009/10 (MTEF projection)
	R'000	R'000	R'000	R'000		R'000	R'000	R'000	R'000	R'000
Personnel	1,514	1,511	1,980	1,292	-34,7	2,598	2,806	2,974	3,152	3,341
Administration Research & Demography	301	358		476	100	853	921	976	1,035	1,097
Capacity Development and Advocacy	39	47				57	62	66	70	74
Total: Population and Development Trends	1,854	1,916	1,980	1,768	-10,7	3,508	3,789	4,016	4,257	4,512