



North West Province

NORTH WEST DEPARTMENT OF HEALTH

Healthy Living for All

STRATEGIC PLAN

FOR THE
**NORTH-WEST
DEPARTMENT OF HEALTH**

2005 -2010



Republic of South Africa



1. INTRODUCTION

This document represents the strategic plan for the North West Provincial Department of Health (NWDoH) for the period 2005/06 to 2008/09 financial year. The document amplifies the strategic framework in which the department has to function. It is accompanied by the Annual Performance Plan aligned to the three year MTEF period, which elaborate on the strategic and operational plans of various clusters and programs of the department.

2. FOREWORD BY THE EXECUTING AUTHORITY

It gives me pleasure to formally announce the key health priorities for the 2005 to 2009 term of office of this government specifically the Department of Health. We enter the second decade of our democracy and freedom infused with a new sense of purpose and determination to succeed. We make this bold assertion based on our past successes and lessons learned from experiences. Inspired by our desire to speed up service delivery and changing the face of health care in the province, we are presenting this 5 year strategic document and priorities as a tool through which we would account for the public funds allocated to us, and further serve as a guide to our actions.

These priorities are based on what we have achieved in the past 10 years of our democracy. To further meet the changing health needs of our communities, we need in the next five years to work very hard with both our communities as partners, to strengthen the health system in order to achieve our nine strategic goals.

These 5 year strategic plan provides for strategic priorities as pronounced by both the honourable President of this country, President Thabo Mbeki, in his "State of the Nation Address" as well as the Premier of North West Province, Premier E Molewa, State of the Province speech. The priorities are also

aligned to the North West Province Growth and Development Strategy (PGDS).

This document will provide a brief sectoral analysis which includes challenges and plans according to programmes and finally sets the basis of our Medium Term Expenditure Framework (MTEF) perspectives. The latter supports our department's actions as we accelerate our forward march towards the second decade of our Freedom. It is our humble contribution to the general task of creating a people-centred and caring society, driven by our developmental agenda.

As we gear ourselves to do things different, better and faster, this document should serve as our fountain from which we all derive guidance and direction. Our achievements are detailed while at the same time acknowledging the enormous challenges that still lie ahead. These challenges include new policy directives, reprioritising and re-allocation of resources and the ever-changing demographic and social-economic environment within which we operate.

The Strategic Plan document together with the three year Annual Performance Plan inclusive of MTEF document, form the basis of our strategic framework in the five year term period of current government.

There's an overwhelming mandate received by the democratic government from the people of this province and country in the 2004 elections thus the contract we enter into with all our people, necessitate that we deliver on the specified targets and indicators.

A handwritten signature in black ink, appearing to read 'E.M. Mayisela', is shown on a light blue background.

Hon. E.M Mayisela

MEMBER OF THE EXECUTIVE COUNCIL FOR HEALTH

3. OVERVIEW BY THE ACCOUNTING OFFICER

The 2005/6 to 2008/9 MTEF period falls within the five year term of the new government elected in April 2004. From the President's inaugural State of the Nation Speech, which outlined a shift towards a businesslike approach to service delivery with specific performance goals and targets, national DOH saw it fit to have a corresponding strategic framework for the next five years. Our strategic goals and priorities have thus been aligned to the national strategic framework.

The North West DOH has entered the new five year term with new leadership both politically and administratively. The department thus had to strategically review and revise the 2004/5 strategic plan and at the same time map five year strategic priorities for the period 2005 to 2009.

The NWDOH identified key strategic priorities that are to become a focal point for the new leadership within the strategic framework of the past five year term. The DOH took cognisance of the State of the Nation /State of the Province policy pronouncements; the national budget speech and the National DOH's strategic priorities.

The MEC's 2004 budget speech captured the essence of the challenges that faces us over the next five years and indicated the key priorities within the framework of the provincial health department's nine strategic goals.

The province recognise that starting in the current financial year, the enactment of the new Health Act 2003 change the service delivery environment for both public and private health sector. The implementation of the Act ushers in complex public health policy challenges that require a paradigm shift in both organisational and managerial capacity and strategic competencies of the department thus the need for a reviewed managerial and staff establishment.

We retain the vision and mission of the department into the next five years. We have ensured that our strategic goals are broadly interlinked and intertwined with the ten national DOH key priorities.

This document consists of two parts, A and B. Part A provides an overall perspective of the department – our vision, mission, values as well as a summary of our service delivery and organizational environments.

Part B provides for the 5-year priorities and activities with indicators and targets.

The NWDoH is committed to realizing the priorities and objectives set in this 5 year strategic plan through working in an integrated, co-operative manner with other departments, stakeholders and NGO's. We therefore hope that this 2005/6 to 2009 Strategic Plan adequately set the North West DOH on the road to delivering efficient, effective and quality healthcare to all communities of the province for the next five years.

O. E. MONGALE
HEAD OF DEPARTMENT

4. VISION AND MISSION

VISION

Optimum health for all individuals and communities in the North West Province.

MISSION

To ensure access to affordable, equitable, quality, caring health services for all in the North West through community involvement, and partnerships, Batho Pele principles, and patient rights charter, innovation driven performance, and by valuing our people and their diversity.

VALUES

The Department is customer driven (Batho Pele Standards). We work towards understanding our customer's needs, to continuously deliver beyond their expectation, and provide comprehensive quality health care services.

We are performance driven. The Department strives to improve and excel. We have set aggressive service delivery targets through our integrated Implementation Programme.

We value people and their diversity. The Department values fairness in all its dealings with people.

5. BROAD PROVINCIAL AND DEPARTMENTAL POLICY FRAMEWORK

5.1 INTRODUCTION

The department has, after a consultative planning process, identified key provincial priorities through critical assessments of key policy pronouncements of the State of the Nation address, State of the province policy statement and the Budget Speech. The outcome of this process was translated into a policy framework to arrive at the Department of Health Strategic Goals:

NWDOH Strategic Goals and Objectives

STRATEGIC GOAL	STRATEGIC OBJECTIVES
1. Providing Quality Health Care	<ol style="list-style-type: none">1. To roll out and sustain quality management system.2. To promote a caring service culture3. To set up and maintain strategies that will safeguard against clinical risk
2. Providing Accessible, Equitable and Affordable Comprehensive Primary Health Care Services	<ol style="list-style-type: none">1. To ensure equity of access to primary health care services2. To develop and implement a comprehensive package of services3. To develop a focused plan to facilitate easy access for people with disabilities4. To erect health posts structures5. Implement a community health worker programme6. To ensure integrated service delivery7. Strengthening partnerships with alternative community based health providers and Department of Public Works.8. Develop a framework for an equitable allocation of resources.

<p>3. Well-Functioning and Competitive Hospitals.</p>	<ol style="list-style-type: none"> 1. To continue an appropriate configuration of Hospital Services 2. To develop efficient business management of hospitals 3. To accelerate delivery on the hospital revitalization programme. 4. To implement the designated service provider network 5. To improve the efficiency of health services through public/private partnerships 6. To roll out and market high quality conventional and specialist services comparable to private health services
<p>4. Improving the Health Status of Communities through Implementation of Integrated Health Programmes and promotion of healthy lifestyle.</p>	<ol style="list-style-type: none"> 1. To implement the comprehensive plan for HIV/AIDS, including the provision of ARVs. 2. To develop and implement a comprehensive disabled people's health support system 3. To strengthen immunisation programmes 4. Implement and monitor all new health related legislation. 5. To improve the TB cure rate 6. To develop and implement a plan to reduce maternal and under-five mortality 7. To improve Emergency Medical Services 8. To improve the management of malnutrition 9. To develop a comprehensive youth health strategy 10. To develop a framework for the management of non- communicable diseases
<p>5. Well-Managed and Effective District Health System (DHS)</p>	<ol style="list-style-type: none"> 1. To strengthen functional integration 2. To implement a phased in decentralisation of PHC functions 3. To promote community participation in health services
<p>6. Competent, Empowered and Performance Focused Staff</p>	<ol style="list-style-type: none"> 1. To attain a working environment with appropriate roles and delegations at all levels 2. To develop and implement a recruitment and retention strategy for key personnel, including those with scarce skills 3. To implement the Skills Development Plan and provide relevant and targeted training 4. To develop a comprehensive human resources strategy and plan 5. To implement and maintain an effective performance management system

<p>7. Integrated and effective Organisational System</p>	<ol style="list-style-type: none"> 1. To develop and maintain an integrated and effective management information system 2. To develop an effective Health Information System 3. To develop and manage Minimum Information Security Systems (MISS) 4. To incorporate government's gender, disability and youth policies into departmental implementation framework. 5. To evolve and implement a client relations and service strategy based on Batho Pele principles 6. To strengthen and manage labour relations
<p>8. Effective Management of Department's Finance and Assets</p>	<ol style="list-style-type: none"> 1. Ensure budgetary control and monitoring 2. Develop computerised systems for asset management 3. To review and align departmental procurement and acquisition systems in terms of Supply Chain Management regulations 4. To develop and implement an integrated financial management system 5. To enhance revenue collection mechanisms. 6. To strengthen financial management capacity. 7. To co-ordinate a risk management strategy 8. To develop a maintenance plan and strategy for facilities, health technology and office equipment.
<p>9. Effective communication, marketing and stakeholder relations management</p>	<ol style="list-style-type: none"> 1. Implementation and monitor the communication policy and strategy. 2. Development of an effective branding, marketing and promotion strategy and a uniform corporate image. 3. Development of a media relations strategy 4. Design and implementation of a public interaction and mobilisation plan incorporating Imbizos ,Makgotla /Izinkundla. 5. Design and implementation of a public awareness, information and education campaign on healthy living, (including a special focus on young people)

5.2 SECTORAL SITUATION ANALYSIS

The following is a brief description of the external environment in which the department functions.

GEOGRAPHICAL SETTING

The North West Province is situated centrally and to the North of South Africa. Its neighbouring province to the north is the Northern Province, Gauteng to the east, the Free State to the southeast, and Northern Cape to the southwest and Botswana to the west and north. Altitude ranges from one to two thousand meters above sea level.

The North West Province is set out as follows:

- i. District Councils
- ii. Cross Border District Councils
- iii. Local Municipalities, and
- iv. Cross border Local Municipalities

POPULATION CHARACTERISTICS.

According to the 1996 population census, the North West Province had 3 354 825 people. However, according to the latest 2001 census results, the figures reveal that the total population of the North West has grown to 3 669 349.

This marks an increase in total headcount of 314 524 from the 1996 census.

The population is distributed as follows according to districts:

Bojanala (1 185 332), Central (762 994), Southern (599 665), Bophirima (439 680), Cross Border Areas (681 678).

The phasing out of cross boundary municipalities will result in changes in population characteristics.

MAIN PUBLIC HEALTH CONCERNS

According to the South African Demographic Health Survey, which was conducted in 1998, the infant mortality rate for the North West Province was found to be 42.0 as against 45.0 for South Africa. The life expectancy at birth according to Statistics South Africa HID of 1996 was 53.3 for North West Province and 57.0 for South Africa. Finally the under 5-mortality rate (SADHS of 1998) for the North West was found to be at 56.0, as against 61.0 in the whole South Africa. These rates reflect the relatively poor socio economic conditions prevalent in the province.

Communicable Diseases

As shown in table below, these are the most reported communicable diseases during 2001.

Infectious disease Indicators (2001)	North west
Reported cases of cholera (per 100 000)	0.03
Reported cases of malaria (per 100 000)	9.4
Reported cases of measles (per 100 000)	2.5 (after investigation found not to be measles)
Reported cases of TB (per 100 000)	306.5
New smear positive cases cured (%)	52.4 (2000)
Reported cases of typhoid (per 100 000)	0.09
Reported cases of viral hepatitis (total per 100 000)	0.4
Syphilis prévalence rate (% ante natal)	3.2 %
HIV and AIDS prevalence rate (% antenatal)	26.2%

TB Indicators in calendar years

	2000	2001	2002
Cure rate	52	47	52
Rx interruption rate	11	12	11
MDR rate	0,46	0,5	0,63

The Department of Health North West implemented Directly Observed Treatment Strategy [DOTS] that is advocated by the World Health Organization to improve TB management. Through this programme volunteers who are overseeing the treatment of patients were recruited through out the province. An area that needs attention is transport to do patient follow ups.

HIV Prevalence Among Antenatal Clinic Attendants

The prevalence of HIV infection among antenatal clinic attendants in the North West province for 2003 is estimated at 29.9% (95% confidence interval (CI) 26.8%-33.1%). It increased from 1.1% in 1990 to 29.9% in 2003. It should be noted that the sample sizes between 1990 and 1996 were small and excluded the former Bophuthatswana. The prevalence of 25.1% in 1996 was probably a result of biased sampling in certain districts. It can be seen that there is a concurrent increase in the

prevalence between 1990 and 2003. The South African national prevalence stands at 27.9% (95% CI 26.8%-28.9 %%).

Maternal Care Indicators

Maternal Care Indicators	2001	2002	2003
Antenatal visits per client	4.1	4.1	3.9
Caesarean Section rate	13.9%	14.3%	18.4%
Teenage Pregnancy rate	11%	9%	10%
Termination of Pregnancy (TOP's)	2050	3363	5120
Maternal mortality ratio (DHIS 1998)	135/100 000	150/100 000	208/100 000

The number of antenatal care visits per client has remained stable at 4.1 over the last two years. This is more than the required national norm of 3 visits per pregnancy.

Caesarean section rate is steadily increasing from 13.9% in 2001 to 14.3% in 2002 and 18.4% in 2003. Teenage pregnancy rate has increased by a percentage from 9% in 2002 to 10% in 2003. Termination of Pregnancy has increased from 3363 in 2001 to 5120 in 2002 despite the number of functional sites dropping from 14 to 13.

CTOP Status in the Province

There has been a steady improvement in the accessibility of CTOP services in the Province. Major problems experienced at facility level are related to personal values of employees regarding the CTOP service. Management issues were more related to personal issues, which impacted on the overall implementation of the programme. These constraints were addressed through Values-Clarification workshops, which had a positive impact at most health facilities

Nutrition Indicators

Nutrition Indicators	North West	South Africa
Iodine Deficiency:		
Obesity (%)		
1998 Men	5.4	9.1
1998 Women	18.8	29.4
Stunting (%)		
1994 Age 6-71 months	11.6	22.9
1999 Age 1-9 years	24.9	21.6
Wasting (%)		
1994 Age 6-71 months	4.5	2.6
1999 Age 1-9 years	5.7	3.7

Child Health Indicators

Child Health Indicators	2002	2003
Diarrhoea incidence < 5 per 1000 (2002)	14/1000	14/1000
Immunisation coverage of children < 1 year (2002)	72%	75%

Incidence of diarrhoea remained unchanged at 14 per 1000 population in 2003 for under 5 years.

Immunisation coverage has increased from 72% in 2002 to 75% in 2003

5.3 MOST COMMON DIAGNOSIS FOR PERSONS HOSPITALIZED IN THE NORTH WEST PROVINCE.

- (i) TB and AIDS related conditions
- (ii) Pneumonia
- (iii) Diabetes
- (iv) Trauma
- (v) Hypertension
- (vi) Cardiac Failure
- (vii) Pre-eclamptic Toxaemia
- (viii) Gastro-enteritis
- (ix) Burns
- (x) Abortions and Ectopic pregnancy

5.4 SUMMARY OF SERVICE DELIVERY ENVIRONMENT AND CHALLENGES

The service delivery environment is organised along the principles of the National District Health System. The North West Department of Health focuses strongly on accessibility and improved quality service to rural and farm communities. To this end the Department has to operate a number of mobile clinics to render health service to communities that live far from fixed health facilities, owing to the province's predominant rural character and low population density.

The Department has to contend with the fact that funding for health service is/can never be sufficient to match desired services due to government's competing priorities. For the department this is serious in view of the increases in the population of North West as reported in census 2001.

The HIV and AIDS epidemic places a tremendous strain on the department's resources, but the department remains committed to combat the epidemic within its means.

The Department has the following health facilities:

- 2 provincial (level2) hospital complexes that also provide specialist psychiatric services.
- 1 provincial hospital
- 20 district hospitals
- 7 community hospitals
- 328 fixed clinics and health centres including local government clinics
- 77 mobile clinics

Public Primary Health Care Facilities (clinics community, health centres plus mobiles)

	No. of PHC facilities (Clinics +CHC+ Mobiles)	Average population Per facility
BOJANALA	163	7272
BOPHIRIMA	104	4228
CENTRAL	109	7000
SOUTHERN	70	8567
PROVINCE WIDE	446	8227

Public Hospitals

Hospital type	Number	Number of beds (Authorised)	Beds per 1000 people	Beds per 1000 uninsured people (86% of population)
District and community	27	3 613	0.98	1.14
General (regional)	3	2 244	0.61	0.71
Central	0	0	0	0
Sub-total acute hospitals	31	5 857	1.60	1.86
Tuberculoses	0	0	0	0
Psychiatric	2	1 520	0.41	0.48
Chronic medical and other specialised			0	0
Total	33	7 377	2.01	2.34

5.5 SUMMARY OF ORGANIZATIONAL ENVIRONMENT AND CHALLENGES

NEW ORGANISATIONAL STRUCTURE

As a result of changed leadership and new key priorities, the department is undertaking a broad organisational structural review. The current structure has inherent weaknesses and limitations with regard to managing a large, dynamic and challenging organization such as NWDoH. The proposed structure is meant to address challenges such as the current lean staff structure with concomitant high workload, increased budget responsibilities and more legal accountability.

SKILLS DEVELOPMENT

Another issue that the department needs to address in this area is uncoordinated skills development. This skills development that is not driven by needs and by long-term planning. The absence of an HR Plan aggravated this situation. The HR unit intends to deal with both these challenges during the 2005-08 MTEF cycle.

HEALTH INFORMATION MANAGEMENT

The poor state of health information, low skills base among health information practitioners, is being addressed by an effort to develop a management information system (MIS) and continued capacity building, through training of health information managers.

The department has an approved **Performance Management and Development System** in place and is currently in the process of implementing this system.

There is an urgent need for the department to develop a **risk management plan** out of the risk review conducted, that will address all facets of organizational risk.

The **Employee Assistance Programme** (EAP) is in place. Despite challenges in relation to the lack of EAP professionals at institutional level, work has continued in this area. The role of occupational nurses has been critical in this regard. Through the establishment of Regional EAP services during the 2003/4 financial year, and the proposed integration of the program within the wellness unit, this process will be further strengthened.

Two years ago the Department took a step of establishing a **gender unit**, within the Transformation programme, at Provincial level. At the level of policy and advocacy, good progress has been registered in this area.

This has taken the form of:

- Policy on Sexual harassment been developed
- Focusing both men and women through female managers forum and gender forum
- Working in partnership with structures such as S.A male forum and men as partners to target men as a motive force within the gender struggle,

The **referral system** in the province needs attention. Patients still prefer hospitals over clinics and community health centres, mainly due to the desire to consult medical officers.

The **revitalisation programme** presents a challenge in terms of ability to expend allocated funds. There are inherent capacity weaknesses within the department, Public Works and Tender Board processes that lead to protracted procurement procedures. A further challenge is for the NWDoH to strengthen its capacity to deliver speedily on targeted projects.

As the Department achieves great strides in making health care accessible to the broader communities, providing quality services becomes a constant challenge. The DOH has for the last two years instituted various **quality assurance initiatives** i.e. Cohsasa, QAP, CIC etc. The challenge is to ensure

that these quality improvement measures become routine managerial responsibilities of institutional managers.

The Department seeks to develop a functional conceptualisation of the **PPP approach** as adopted by National Treasury. This will enable the department to implement PPP programs detailed in our strategic plan. The pilot project in this regard remains the Victoria Hospital in Mafikeng, which is still at the initiation stage.

Resource trends: funding and sustainability of health services based on the IHPF, including the resource implications of current trends in service volumes needs to be further enhanced through planning. The department still has to develop IHPF and integrate it, into our planning framework.

The **Presidential Co-Ordinating Committee** (PCC) has made a policy decision to change the cross-boundary areas into single provinces. This decision will over the next five years have an impact on the affected areas i.e. NW/NC; GP/NW Areas.

The signing of the **Health Bill into law** by the President provides a daunting challenge to provinces as most of the provisions of the act will have to be implemented at service delivery coalface. There is a need to projective implementation of the act through an integrated multi-disciplinary task team.

The narrow **definition of Municipal Health Services (MHS)** meant that only environmental health services falls under functions defined for district municipalities. The deadline for transfer of the services was July 2004, but was extended by a year through agreement by stakeholders.

Emanating from the blue sky option appraisal and service plan, an **integrated 10-year Human Resource plan** should be developed by May 2005. This plan is to link with the Medium Term Expenditure Framework. Through the effective implementation of **Employment Equity plan** the department plans to effect measures to increase the number of disabled employees, and women in middle and senior management.

5.4 LEGISLATIVE MANDATES

Legislation key to the department's core services are listed here:

- ♦ **Public Service Act 103 of 1994 & Regulations**
Health Act 61 of 2003
- ♦ **Occupational Health and Safety Act 85 of 1993**
- ♦ **Pharmacy Amendment Act (88 of 1997)**
- ♦ **Medicines and related substances control amendment Act (90 of 1997)**
- ♦ **Mental Health Act 17 of 2002**
- ♦ **North West Health, Developmental Social Welfare & Hospital Governance Act 2 of 1997**
- ♦ **Public Finance Management Act & Regulations 1 of 1999 (as amended)**

PART B

1. FIVE YEAR DEPARTMENTAL PRIORITIES

The priorities of the Department of Health are based on national and provincial priorities. Provincial priorities are as articulated in the Presidents state of the nation address, premier's state of the province address (2004/05), MEC's budget policy statement (2004) and the provincial growth and development strategy. This will necessarily require an annual exercise of indicating how our 5-year priorities have been affected by the most recent President's State of the Nation policy speech, Premier's state of province address and MEC's annual budget policy statement. The National priorities are largely captured in the following health sector priorities. These priorities will also find effect through implementation of the departmental strategic goals and key objectives as contained in part A of the strategic plan. The Annual Performance Plan as included further elaborate on their implementation.

1.2 NATIONAL HEALTH PRIORITIES

PRIORITY	KEY ACTIVITIES
1. Improve governance and management of the NHS	<ol style="list-style-type: none">1. Review and strengthen communication within and between health departments2. Strengthen corporate identity, public relations and marketing of health policies and programmes3. Strengthen governance and management structures and systems4. Strengthen oversight over public entities and other bodies5. Adopt Health Industry charter
2. Promote healthy lifestyles	<ol style="list-style-type: none">1. Initiate and maintain healthy lifestyle campaign2. Strengthen health promoting schools initiative3. Initiate and maintain diabetes movement4. Develop and implement strategies to reduce chronic diseases of lifestyle5. Implement activities and interventions to improve key family practices that impact on child health
3. Contribute towards	<ol style="list-style-type: none">1. Strengthen community participation at all levels

human dignity by improving quality of care	<ol style="list-style-type: none"> 2. Improve clinical management of care at all levels of the health care delivery system 3. Strengthen hospital accreditation system in each province in line with national norms and standards
4. Improve management of communicable diseases and non-communicable illnesses	<ol style="list-style-type: none"> 1. Scale up epidemic preparedness and response 2. Improve immunisation coverage 3. Improve the management of all children under the age of 5 years presenting with illnesses such as pneumonia, diarrhoea, malaria, and HIV 4. Update malaria guidelines, integrate malaria control into comprehensive communicable disease control programme and ensure reduction of cases 5. Implement TB programme review recommendations 6. Accelerate implementation of the Comprehensive plan for HIV and AIDS 7. Strengthen free health care for people with disabilities 8. Strengthen programmes on women and maternal health 9. Strengthen programme for survivors of sexual abuse and victim empowerment 10. Improve risk assessment of non communicable illnesses 11. Improve mental health services
5. Strengthen primary health care, EMS and hospital service delivery systems	<ol style="list-style-type: none"> 1. Strengthen primary health care 2. Implement provincial EMS plans 3. Strengthen hospital services
6. Strengthen support services	<ol style="list-style-type: none"> 1. Strengthen NHLS 2. Ensure availability of blood through the South African National Blood Service 3. Transfer forensic labs including mortuaries to provinces 4. Implement health technology management system 5. Radiation control strengthened 6. Quality and affordability of medicines 7. Establish an integrated disease surveillance into overall mortality surveillance system 8. Integrate non-natural mortality surveillance into overall mortality surveillance system. 9. Establish an integrated food control system
7. Human resource planning, development and management	<ol style="list-style-type: none"> 1. Implement plan to fast track filling of posts 2. Strengthen human resource management 3. Implement national human resource plan 4. Strengthen implementation of the CHW programme and expand the mid level worker programme 5. Strengthen programme of action to mainstream

	gender
8. Planning, budgeting and monitoring and evaluation	<ol style="list-style-type: none"> 1. Implement SHI proposals as adopted by Cabinet 2. Strengthen health system planning and budgeting 3. Strengthen use of health information system
9. Prepare and implement legislation	<ol style="list-style-type: none"> 1. Implement Mental Health Care Act 2. Implement National Health Bill 3. Provincial Health Acts implemented 4. Traditional Healers, Nursing and Risk Equalisation Funds Bills implemented
10. Strengthen international relations	<ol style="list-style-type: none"> 1. Strengthen implementation of bi and multi lateral agreements 2. Strengthen donor co-ordination 3. Strengthen implementation of NEPAD strategy and SADC

In the context of the above priorities, the following are the priorities of the NWDOH for the five years of the current term of government:

1.3 PROVINCIAL KEY PRIORITIES

PRIORITIES	KEY ACTIVITIES	TARGETS
<ul style="list-style-type: none"> ○ Promote healthy lifestyles 	Implement the 5 priority health promotion campaigns <i>at the centre of the fight against non – communicable diseases.</i>	Implemented by March 2006
	Implement and strengthen Health Promoting school initiative	10% by 2006 25% by 2007 35% by 2008 50% by 2009
	Strengthen key practices to improve child health.	All districts implementing all components of IMCI by 2009

<ul style="list-style-type: none"> ○ Contribute towards human dignity by improving quality of care 	<p>Improving quality of service at facility level. i.e.</p> <ol style="list-style-type: none"> 1. Continue with COHSASA roll-out at hospitals; 2. Strengthen CIC structure; 3. Improvement of Clinical audit mechanisms 	All by April 2006
	Strengthen clinic supervision.	100% by March 2009
<ul style="list-style-type: none"> ○ Strengthening primary health care, EMS and hospital delivery systems 	Implementation (in phases) of the process of delegation of PHC services.	By APRIL 2009
	Devolution/transfer of Municipal Health Services to district municipalities, and continuous collaboration with municipalities.	By April 2007
	Comprehensive Patient safety strategy , including infections control, within the population	By 2009
	Implement emergency medical and rescue services plans	100% By May 2008
	Procure EMS vehicles	At least 15 EMS vehicles procured per year.
	Providing free services to the disabled	100% districts using national guidelines & tools by March 2006
	The construction and operationalisation of health posts in identified sparsely populated villages.	By March 2006

	Intensify and Speeding up hospital revitalization projects.	By December 2006
	Strengthening the comprehensive management of HIV and AIDS at all health service delivery levels.	By April 2009
	Implement Integrated Youth Development programme in partnership with youth formations through the provincial youth commission. Strengthen implementation of T.B programme and have dedicated budget	By 2008 Cure rate 85% by July 2007
○ Strengthen support services	Improve Health Technology Management and have ICT strategy in place.	By April 2009
	Further improve our facility planning and maintenance capacity	By March 2009
	Render health services in every MPCC in the province.	By October 2006

○	Strengthen corporate support by focusing on financial management training, including supply chain management.	By march 2006
	Incrementally acquire and implement an integrated health care management information system, within the limits of our funding.	By March 2009
	Strengthen partnership with NHLS through tight monitoring of SLA.	March 2006
	Complete Transfer of forensic labs & mortuaries to PDOH.	March 2007
○ Human resources planning, development and management	Implement retention allowances, including working with relevant departments i.e. Public Works, Roads and Transport, and Arts, Culture and Sports by in pursuit of attraction and retention of scarce health professionals etc.	Ongoing
	Establish an interdepartmental employee retention committee	March 2006
	The development and utilization of new categories of community health workers	By March 2006=1000 workers. By March 07=2000. By march 2008=3000 By march 2009=4000

	Staff and patient satisfaction information feedback i.e. with the theme "health through staff and patient satisfaction.	By 2006
	Strengthen performance management and development, with the understanding that it is core to continuous improvement in staff performance, and thus improved health service delivery.	By march 2006
	Implement Rural Incentive/Allowances and Scarce skills allowances. Lay a firm foundation for a comprehensive HR plan, consistent with the unfolding national HR plan.	Ongoing Draft Provincial HR Plan by March 2006
	Intensify training in critical clinical areas.	By March 2007
○ Planning, budgeting and monitoring and evaluation	Addressing all facets of risk and fraud management strategy. Strengthen DHER and DHP. Strengthen health information system for management and planning.	By December 2005 By March 2006 All districts by March 2006.

○ Align, prepare and implement legislation	Implementing the relevant prescripts of the Pharmacy legislation, Health Act, Mental Health care Act and other relevant legislation.	By March 2006
	Identify and implement various ways of supporting implementation of the provincial growth and development summit.	Ongoing
	Promulgation of the provincial health bill.	March 2007
○ Strengthen relations with stakeholders	Continue to seek initiatives in regard to Public Private Partnerships	Continuous

Finally, the department will seek to strengthen relations with stakeholders and continue to seek initiatives in regard to PPP. The following are a range of stakeholders and partners with which we will actively work;

- Legislature's standing committee
- All relevant government departments.
- Municipalities
- Universities and other institutions of learning
- NGO's
- Traditional healers and leaders
- Provincial Council on Aids

- Donor grouping (and potential donor groupings)
- Private health providers
- The provincial youth commission.
- And All potential partners which we will identify as we strive to provide quality services to the people of the North West province.

2. DEPARTMENTAL BUDGET PER PROGRAMME

The departmental budget per programme is adequately outlined in the annual performance plan. What is provided below is only a summary of overall figures per programme.

Table of Departmental summary of payments and estimates according to programme

Programme (R'000)	Departmental Summary of Payments and Estimates							
	2001/ 2002	2002/ 2003	2003/ 2004	2004/2005		2005/ 2006	2006/ 2007	2007/ 2008
	Audited	Audited	Audited	Main Approp	Adj Estimate	MTEF	MTEF	MTEF
1: Administration	69,152	75,031	101,956	119,645	123,750	126,361	134,037	142,952
2: District Health Services	959,873	1,111,943	1,254,499	1,380,596	1,393,165	1,525,408	1,661,246	1,788,220
3: Emergency Medical Services	33,898	42,407	85,204	91,651	95,051	97,099	103,354	110,131
4: Provincial Hospital Services	479,798	532,072	606,468	680,236	665,786	746,244	796,132	848,591
6: Health Sciences and Training	35,619	46,765	59,137	90,816	93,950	85,356	92,402	97,028
7: Health Care Support Services	49,831	57,564	71,812	68,520	67,578	95,225	113,084	136,457
8: Health Facilities Management	70,821	146,614	84,055	167,180	225,090	218,211	297,433	309,536
Total programmes	1,698,992	2,012,396	2,263,131	2,598,644	2,664,370	2,893,904	3,197,688	3,432,915