LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Limpopo Department of Health and Social Development

Annual Performance Plan

Vote 7: Health

2008/09-2011

March 2008

TABLE OF CONTENTS

PART A: STRATEGIC OVERVIEW

1. Foreword by the Executive Authority (MEC): Mr S.C Sekoati

As we are nearing the end of the third term of democratic governance, we have to note with pride the milestones we achieved and acknowledge with confidence the challenges lying ahead in achieving the objectives of the Department.

Progress made in the first decade of the democratic rule is characterised by landmarks that include transformation and rationalisation of health services that were fragmented institution. Based to universal and comprehensive services accessed by the entire population in the province.

We are now beginning to see and feel the impact of our progressive interventions as in reduction in malnutrition, morbidity and mortality rates. The Department successfully managed to implement policies and programmes that were focused on increasing access to Primary Health Care, Devolution of District Health Services to Municipalities, Hospital Revitalisation, Organisational Development and Resource Management and consequently succeeding in offering our communities greater access and better quality of services. Key areas of success include integrated nutrition programme, 24 hour clinic services, quality improvement programmes, Voluntary Counselling and Testing, Prevention of Mother to Child Transmission of HIV and ADS and Community Home Based care. District and Hospital Management have improved significantly while the HIV and AIDS Prevalence is stabilising gradually.

The implementation of the job evaluation and performance management system intended to improve performance efficiency, is in motion. The introduction of a Risk Management Unit and the implementation of a Fraud Prevention and Risk Management plan saw us making significant improvement in financial management to achieve overall value for money. All the aforementioned successes resulted in a positive impact on the lives of all citizens of Limpopo. Without the active participation of our communities, the successful implementation of these programmes would not have been realised.

Much as we are registering significant success in contributing to the improvement of the quality of life for our citizens, we still face challenges related to limited resources, inadequate human resource capacity and inefficient management of available resources. We will continue to strive towards reducing morbidity and mortality arising from communicable diseases, vaccine preventable childhood diseases (EPI), diseases of life style, HIV and AIDS and TB, trauma and violence against women and children so that we are able to successfully push back the frontiers of ill-health and poverty. Organisational and Leadership Development, Revitalisation of Health Facilities and District Health Development will serve as key strategies for Quality service Improvement Plans and good governance. The 2008/2009 financial year will see the Department putting more focus into, over and above our strategic objectives, the implementation of the National Health System's Priorities for 2008/ financial year namely:

- Programme priorities focusing on the healthy lifestyles, non communicable diseases, HIV and AIDS, sexual transmitted diseases, tuberculosis and malaria;
- Health facility improvement plan;
- Integrated National Health Information System;
- Health financing;
- Pharmaceuticals;
- Human resources;
- International health relations; and
- Strengthening National Department of Health management and communication.

The intended outcome of this plan is to ensure a comprehensive, efficient, effective and quality health service delivery system that contributes to a self – reliant society in line with the Provincial Growth and Development Strategy Objectives.

It is therefore my pleasure to present this Annual Performance Plan which serves as the departmental commitment towards the people of this province.
Taking the above into account, I hereby declare that my Office will give oversight to this Annual Performance Plan (Health - Vote 7) of the Department of Health and Social Development as presented hereunder.

2. Introduction by the Accounting Officer: Dr J.V. Dlamini

In pursuit of our constitutional and legislative obligations, the Department has consolidated the priorities and strategies to deliver on the mandate for the last year of the third term of Government. In the past years, the Department has delivered programmes intended to achieve other National and Provincial priorities including the millennium development goals.

The Department has made great strides in achieving the objectives as outlined in our five year strategic plan. The implementation of comprehensive HIV and AIDS care, treatment and management programme has shown an increase in the number of accredited ART sites and reduction in HIV infection rate. The malaria control programme has had a positive impact as shown by the decrease in the case fatality rate.

The Department will continue to provide access of health services to the people of Limpopo through the provision of highly specialised tertiary services including Renal Dialysis services. The primary health care services are provided through the network of community health centres, clinics and mobile clinics across the Province. The increase in the number of primary health care facilities providing 24 hour services is an attempt to demonstrate our commitment to the Primary Health Care approach aimed at increasing access to primary health care.

The organisational development and transformation of health services have improved over the years. The implementation of performance management and development system, delegation of authority to Chief Executive Officers of hospitals, implementation of risk management strategy will continue to improve efficiency and accountability across the Department.

Much as we have made significant progress in improving access to quality health care services, there are still great challenges facing the Department such as:

- Improving quality of care;
- Devolution of municipal health services to district municipalities;
- Burden of diseases resulting from TB, malaria, HIV and AIDS, mental health and chronic diseases;
- Improving TB cure rates and outcomes of child, maternal and women's health;
- Improving emergency medical services with focus on reducing response times especially in rural areas;
- Appropriate and responsive referral system;
- Training of adequate nurses and other health professionals to meet the provincial needs of service delivery; and
- Shortage and difficulty in recruiting and retaining of health professionals.

The Department's 2008/09-2011 Annual Performance Plan is based on the five year strategic plan aligned to the Departmental Service Transformation plan that provides long term vision for the provision of health services in the Province. The Department will implement the outlined key priorities aligned with Provincial and National priorities.

- Implement comprehensive HIV and AIDS care, treatment and management,TB,STI and other communicable diseases programmes;
- Strengthen Districts Health Services and hospital delivery systems;
- Tertiary service development;
- Improve Emergency Medical Services;
- Improve quality of care;

- Provide logistical and clinical support services;
- Strengthen communication, collaboration and participation;
- Infrastructure development and maintenance;
- Human Resources development and management; and
- Promote good governance and revenue generation.

The Department is confident that the priorities and challenges as outlined in the Annual Performance Plan can only be implemented and achieved with the participation of our key stakeholders and strategic partners assisting in the implementation of the Limpopo Department of Health and Social Development Annual Performance Plan.

3. Strategic Direction for the Department

Formatted: Bullets and Numbering

Our Vision

A health promoting and developmental service to the people of Limpopo

Formatted: Bullets and Numbering

Our Mission

The Department is committed to providing sustainable health and developmental services of high quality through a comprehensive and integrated system

Formatted: Bullets and Numbering

Our Values and Ethics

- We commit ourselves to serve the community with honesty and integrity;
- Fairness and equity will be adhered to at all times;
- Every person will be treated with respect and dignity;
- We commit ourselves to render services effectively, efficiently and economically;
- We will adhere to professional ethics;
- Teamwork and partnerships will be promoted at all times;
- All our services will be transparent;
- We will encourage innovation and quality in service delivery;
- We will uphold the Constitution of the Republic of South Africa.

3.1 Sectoral Situation Analysis

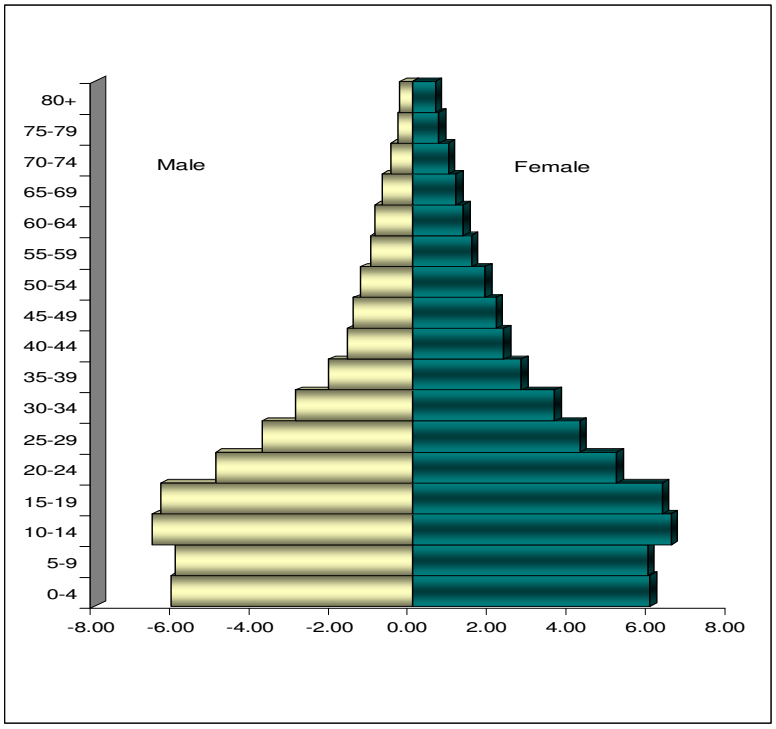
Formatted: Bullets and Numbering

Demographic Profile

Limpopo province is situated in the north of the Republic of South Africa. It shares borders with Gauteng province in the south, the Republic of Mozambique in the east, Zimbabwe in the north and Botswana in the west. The province covers 123 910 km^2 with an estimated population of 5.4 million which translates into a population density of 44 people per square kilometre.

According to Stats SA (2007) the population of Limpopo province accounts for 11.3% of South Africa's population of 47.9 million. This makes it the fourth most populated province in the country. It is a youthful population with 37% of the population being children aged fourteen years or younger while the economically active population (15-64) makes up 57.6% as shown in the age-sex structure in the figure below. Females outnumber the males with the former constituting 53%.

Figure 1: Age – sex structure for Limpopo province



From a district perspective, Limpopo province comprises of five districts as indicated in Table 1 below. The population distribution is uneven with close to half of the population (47.3%) being concentrated in Vhembe and Capricorn districts.

Table 1: Estimated population for Limpopo province by district and sex, 2007

District	Males		Females		Total	
	Number	% of male population	Number	% of female population	Number	% of total population
Capricorn	590 765	23.2	656 995	23.0	1 247 760	**23.1**
Vhembe	600 950	23.6	694 129	24.3	1 295 079	**23.9**
Waterberg	333 579	13.1	337 067	11.8	670 646	**12.4**
Mopani	542 383	21.3	605 578	21.2	1 147 961	**21.2**
Sekhukhune	478 723	18.8	562 731	19.7	1 041 454	**19.3**
Total	**2 546 000**	**100**	**2 865 500**	**100**	**5 402 900**	**100**

Socio-economic profile of Limpopo

Limpopo province is predominantly rural with close to 80% of the population falling into this category. This kind of environment greatly dictates the population's capacity to acquire education which in turn influences the potential for employment in the formal economy. Available information shows that one in three people (33.4%) aged 20 years and older has had no formal education. The highest percentage of people in this category (39%) is found in Vhembe District while Capricorn District has the lowest percentage (9%). At least two thirds (67.6%) of the population aged 20 years and older with no formal education are women (State of the Limpopo province report – 2005). Statistics South Africa (2007) shows a significant decrease in the percentage of the population aged 20 years and older with no schooling, nationally. It is reported that the percentage of people aged 20 years and older with no schooling dropped from 17.9% in 2001 to 10.3% in 2007. In 2007, 9.1% of persons aged 20 years and older had completed higher education, against 8.4% in 2001. While these are national figures and, variations are inevitably expected at provincial level, the expectation is that the changes reflected at national level are mirrored at provincial level, Limpopo included.

Official National unemployment figures indicate unemployment to have declined from 35.6% in March 2006 to 32.4% in March 2007. This is according to the Labour force survey conducted by Statistics South Africa. The March 2007 figures show the unemployment rate in Limpopo province to have declined.
In spite of the decline, Limpopo's unemployment rate turned out to be the highest in comparison with the other provinces; the national unemployment rate stood at 25.5%. A combination of a decline in unemployment and improvements in the education profile, are a recipe for the realisation of the primary economic objectives set out in the Provincial Growth and Development Strategy (PGDS) of Limpopo province.

Epidemiological Profile of Limpopo

Formatted: Bullets and Numbering

Major causes of illness and death

HEALTH STATUS AND DETERMINANTS

The health status of the South African population is poor due to the multiple burden of diseases from a combination of poverty related diseases, emerging and re-emerging diseases and injuries. The HIV and AIDS epidemic has exacerbated this in recent years resulting in increased mortality rates and reduced life expectancy (SAHR 2000)

NOTIFIABLE MEDICAL CONDITIONS

Tuberculosis is most prevalent medical condition in all Provinces in South Africa. In Limpopo, Tuberculosis accounts for 67% of all notifiable medical conditions reported in 2007 with case fatality rate of 4.4%. Approximately 55% of TB patients are HIV positive (S*ource: MRC MDR TB Study 2002*). The second most prevalent condition is Malaria accounting for 26.1% of notifiable medical conditions with a case fatality rate of 1.5%. The most killer disease in Limpopo is Human Rabies with case fatality of 100%. Most dog bites and confirmed human Rabies cases are reported in Vhembe District

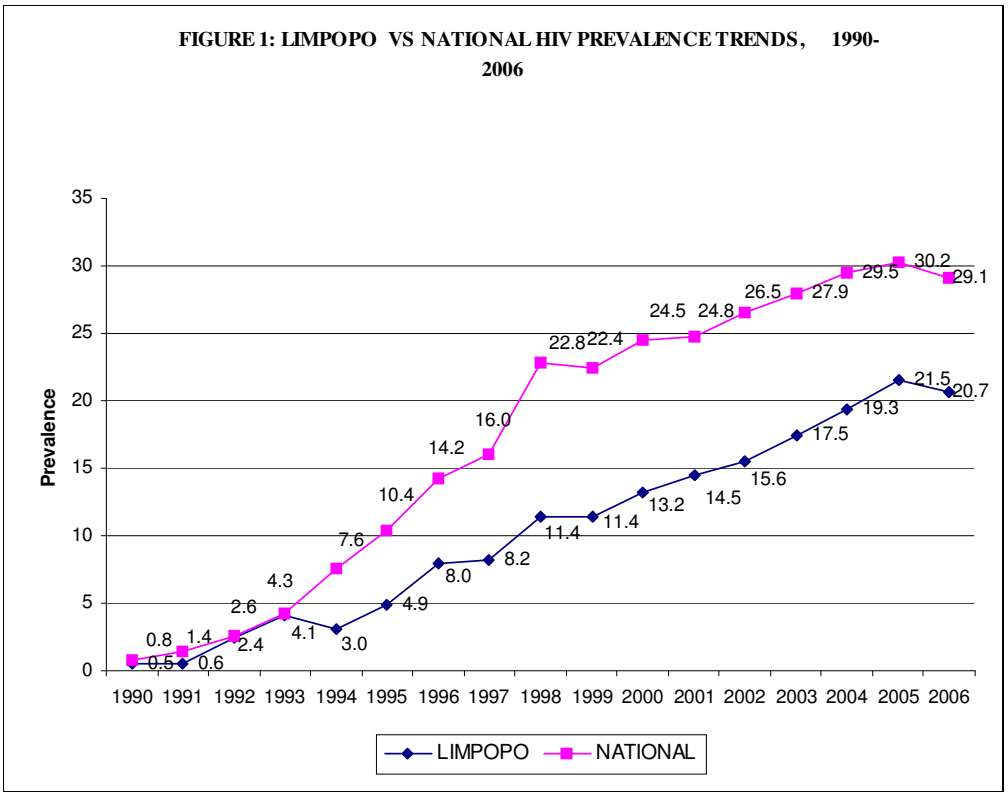
The Saving Mothers Report 2002-2004, indicated a significant increase in maternal mortality ratio, from 77.3 in 2002 to 110.6 per 100 000 live births for 2004 in Limpopo. Fifty percent of recommendations from the Saving Mothers Report are being implemented in 36 of health facilities. However the Department is still faced with a challenge of improving reporting systems and quality of reports for maternal deaths in the province.

The Department continue to implement the recommendations from the Saving Babies Report towards achieving the Millennium Development Goals by 2015. The South African Demographic Health Survey (SADHS, 2003) shows the infant and under five mortality rates of 34.1 and 43.9 per 1000 live births respectively.

HIV and AIDS

The 2006 annual Antenatal HIV and syphilis Sero-prevalence survey for women attending ante-natal clinics in public health institutions shows an insignificant decline from 21.5% in 2005 to 20.7% in 2006, lower than the national prevalence rate of 29.1% as indicated in figure 1. Limpopo remains the third lowest province affected by HIV epidemic. Furthermore the syphilis rate declined from 1.1% in 2005 to 0.6% in 2006.

FIGURE 1: LIMPOPO VS NATIONAL HIV PREVALENCE TRENDS, 1990-2006



Resource trends: funding and sustainability of health services based on the IHPF, including the resource implications of current trends in service volumes

The resource trends are outlined in the draft Departmental Service Transformation Plan being consulted with key stakeholders.

Table 2: Trends in key provincial service volumes

Indicator	2003/04 (actual)	2004/05 (actual))	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)
PHC headcount in PHC facilities	12 654 712	12 955 217	13 656 788	13 872 241	14 000000
PHC headcount in hospitals	685 951	180 064	136 807	49 363	30 000
Hospital separations	278 952	341 715	363 272	343 868	300 000

 # Information not available, will be submitted with final annual performance plan

4. Our Key Achievements Highlights

Deleted: h

The Department has made great strides in the implementation of the objectives stated in the annual performance plan for 2007/08 financial year.

- The percentage of PHC facilities providing 24 hour service has decreased from 76.5% in 2006/07 to 74% in the second quarter. The 101 mobile clinic vehicle purchased in 2006/07 are operational with 30 mobile vehicles being converted. All sub-districts provide full package of primary health care services.
- The provincialisation of primary health care in the Province has resulted in 20 municipal clinics (95%) transferred to the Province despite the challenge of disparities in conditions of services.
- The Department has exceeded the national immunisation coverage target of 80% for children less than five years by reaching 85% immunisation coverage in the province.
- The pharmaceutical Depot managed to reach 96% drug availability with hospitals at 95% and PHC facilities at 90%.
- Malaria prevention programme is being implemented with more than 900 000 structures sprayed in the 2007/08 financial year with a special focus on the reduction of case fatality rate.
- The Department has increased the number of sites for the Comprehensive HIV and AIDS Care, Treatment and Management programme 37 sites in 2006/07 financial year to 41 sites. 99% of fixed primary health care facilities are offering PMTCT
- Tuberculosis cure rate of 56.9% remains a challenge in the province with 82% of TB patients on DOT support programme.
- 1 758 Community Health Workers have completed ancillary health care NQF Level 1.

- The Department continues to implement the Emergency Medical Services (EMS) Expansion and Optimisation Plan as part of the 2010 FIFA world cup readiness.The response times of 70% for emergency patients are still challenge in the province.
- The department is currently developing tertiary/academic hospital for the Province. The business case for the development of Limpopo academic hospital in 2007/08 has been approved by National Health Department and a number of medical specialists have been appointed, thus increasing it from 16 to 94. In addition 8 clinical departments have been accredited by HPCSA for registrar training as part of strengthening medical school.
- The Department has completed upgrading of Dilokong Hospital (phase 4 and 5) and Nkhensani Hospital (phase 3). The construction of forensic mortuaries is at 95% completion. The upgrading of hospital laundry at Pietersburg is 99%.
- The Human Resource Plan aligned with National Human Resource Plan has been approved and being implemented by the Department.
- The vacancy rate has decreased from 28% in 2006/07 to 21%. However the Department is still faced with challenge of recruitment and retention of health professionals and people with disabilities and filling of posts due to budgetary constraints.
- The agreement on the Occupational Specific Dispensation for Nursing Personnel has been signed in August 2007 to be implemented retrospectively from 1st July 2007
- The Department has created 256 additional posts for health professionals in 2007/08 financial years.
- The Provincial Health Information System is functional at 40 hospitals to improve patient management and billing to enhance revenue generation.

5. Major health service challenges

The Department still experience a number of challenges that can impact on improved quality service delivery over the next MTEF period.

- Improving quality of care particularly reducing patient waiting times
- Devolution of municipal health services to district municipalities in the next MTEF period.
- Burden of diseases resulting from TB, malaria, HIV and AIDS, mental health and chronic diseases
- Improving TB cure rates and outcomes of child, maternal and women's health
- Provision of 24 hour service in primary health care facilities to increase access of health services to the local communities
- Integration of traditional medicine into health care services
- Improving emergency medical services with focus on reducing response times especially in rural areas
- Capacity building for Non Profit Organisations (NPOs) in provision of community based health services
- Strengthening of Governance structures
- Under funding for hospital revitalisation to address backlog of infrastructure development, maintenance and provision of appropriate health technology
- Appropriate and responsive referral system

- Training of adequate nurses and other health professionals to meet the provincial needs of service delivery
- Shortage and difficulty in recruiting and retaining of health professionals
- Integrated planning, monitoring and evaluation and budgeting processes
- Financial control and accountability

6. Broad Policies, Strategic Goals and Objectives

6.1 Legislative Mandate

The following national legislation and policy documents form the legal and policy framework being implemented within Department of Health and Social Development.

- Section 27 of the Constitution of Republic of South Africa , Act 108 of 1996
- National Health Act (61 of 2003)
- Pharmacy Act, 1953 (as amended in 1997)
- Inquest Act, 1959
- Medicines and Related Substance Control Act, 1965 (as amended in 1997);
- Mental Health Care Act, 17 of 2002
- Medical, Dental and Supplementary Health Services Professions Act, 1974 (as amended)
- Medical Schemes Act, 131 of 1998
- Nursing Act, 33 of 2005
- Human Tissue Act, 1983
- Child Care Act, 74 of 1983
- Sterilisation Act, 44 of 1998
- Choice on Termination of Pregnancy Act, 92 of 1996
- Tobacco Products Control amendment Act, 12 of 1999
- National Health Laboratory Service Act, 37 of 2000
- Chiroparactors, Homeopaths and Allied Health Professions Second amendment, Act 50 of 2000
- Council for Medical Schemes levies Act, 58 of 2000
- Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
- Hazardous Substances Act, 15 of 1973
- Medicines and Related Substances Control Act, 90 of 1997 amended
- Compensation for Occupational Injuries and Diseases Act, 130 of 1993
- Allied Health Professions Act, 63 of 1982
- Dental Technicians Act, 43 of 1997
- Health Professionals Act, 25 of 2002
- White Paper on the Transformation of the Health Sector, 1997
- Labour Relations Act, 1983
- Public Service Act, 1994
- Skills Development Act, 1998
- Domestic Violence Act, 1998
- Public Finance Management Act, 1999
- Preferential Procurement Policy Framework Act, 2000
- Occupational Health and Safety Act 85 of 1993

- Promotion of Access to Information Act, 2 of 2000
- Employment Equity Act, 55 of 1998
- Broad Based Black Empowerment Act, 53 of 2003

Specific Provincial Health Legislation
National legislation and policy is further supported by the following provincial legislation, policy and planning documents:
- Provincial growth and development strategy 2004-09
- Northern province Health Act of 1998
- Department of Health and Social Development (Vote) Health 2005/06-2010
- Northern Province Health Services Act, 6 of 1998 and Limpopo College of Nursing Act, of 2003

The Department strived to align Departmental goals and priorities with provincial and national priorities in the delivery of its mandate. The key priorities for the National Department of Health and Departmental priorities have been outlined according to strategic goals of the Department for implementation in the next MTEF period**.**

6.2 Alignment of Department goals with National Health Priorities

Departmental goals 2005-10	**National Priorities 2004-09**	**2008/09 National focus areas**
1. Implement comprehensive HIV and AIDS care, treatment and management, TB,STI and other communicable diseases programmes	• Promote healthy lifestyles • Improve management of communicable diseases and non-communicable illnesses	• Health programme priorities - Healthy Lifestyles - Non communicable diseases - HIV and AIDS and STIs - Tuberculosis and malaria - MCWH
2. Strengthen Districts Health Services and hospital delivery systems	• Strengthen primary health care, EMS and hospital service delivery systems • Tertiary service development (medical school) • Contribute towards human dignity by improving quality of care	Health facility improvement plan
3. Tertiary service development		
4. Improve Emergency Medical Services		
5. Improve quality of acre		
6. Provide logistical and clinical support services	• Strengthen support services	Pharmaceuticals
7. Strengthen communication, collaboration and participation	• Improve governance and management of the NHS	International health relations Strengthen Department of

	• Prepare & implement legislation • Strengthen international relations	national Health management and communication
8. Infrastructure development and maintenance		•
9. Human Resources development and management	• Human resource planning, development and management	• Strengthening Human Resources
10. Promote good governance and revenue generation	• Planning, budgeting and monitoring and evaluation	• Integrated National Health Information System • Health Financing

6.3 Departmental Strategic Priorities and Corresponding Strategic Objectives

Departmental goals 2005-10	**Key Priorities for the next MTEF (2008/09-11)**
1. Implement comprehensive HIV and AIDS care, treatment and management, TB,STI and other communicable diseases programmes	• Special attention will be paid to improving the TB cure rate through improving directly observed TB treatment (DOTS), implementation of the TB crisis plan, strengthening management of MDR TB and HIV /TB collaboration • Implement health promotion with special focus on improving healthy lifestyles of non-communicable diseases in order to minimise the high level of disease burden in the health services and promote healthy lifestyles. • Implement national HIV and AIDS strategic plan through - Intensify campaign against HIV and AIDS and accelerate HIV prevention, treatment and home based care; - Implementation of comprehensive HIV and AIDS care, treatment and management including ART in all hospitals by 2009, VCT, PMTCT, condoms, Home based care and impact of HIV and AIDS in health facilities; and - Expansion of Post Exposure Prophylaxis (PEP) for victims of sexual violence and Improve treatment completion rate. • Strengthen regional integration for control of malaria and spraying of dwelling structures • Improving healthy lifestyles to reduce burden of disease of lifestyles (non communicable diseases) through revitalisation of health promotion programme and awareness campaigns; empowering individuals to take responsibility of own health and focus on healthy people to maintain healthy status of individuals • Taking over of port health services from National Health Department including preparation for 2010 FIFA world cup readiness

2. Strengthen Districts Health Services and hospital delivery systems	• Attainment of the Millennium Development Goals targets focusing on improving maternal, child and women's health and reduction of mortality and morbidity rates by 2009 including implementation of recommendations for saving mother's and baby's reports, Integrated Management of Childhood illnesses (IMCI), and strengthening Expanded Programme on Immunisation (EPI) • Implementation of integrated Nutrition, food supplementation and fortification • Intensifying youth health services • Strengthening primary health care services. The Department will continue with provincialisation of primary health care services, strengthening and expansion of outreach programmes by doctors in primary health care and increasing 24 hours access in primary health care facilities and provision of free primary health care services • Devolution of municipal health services • Integration of traditional medicine • Governance structures • Implementation of school health services • Taking over medico legal services from SAPS to Department. Establishment and institutionalisation of forensic pathology services • Management of health care risk waste • Preparation for 2010 FIFA world cup readiness focusing on trauma centres/casualty Departments • Improving efficiency indicators • Improving functioning of community participation structures • Expansion of Community health workers (CHW) programme as part of the EPWP • Community based care for people with chronic mental disorders
3. Tertiary service development	• Building an academic hospital within the Province to support medical school • Accreditation of post graduate for obstetric and gynaecology, cardio thoracic and plastic surgery including full accreditation for all major specialized units. • Modernisation of Tertiary Services will reduce referral patients to Gauteng, with special focus on high tech equipment, telemedicine and increasing the number of specialists appointed • Recruitment and retention of specialists according to the norms

Deleted: tertiary

Deleted: services

4. Improve Emergency Medical Services	• Improving response times for life threatening patients and implementation of planned patient transport • Implementation of the Emergency Medical Services Expansion and optimisation plan as part of the 2010 FIFA world cup readiness. Communication (control centres) aeromedical services and ambulance stations will be established. The Department will purchase additional ambulances, rescue vehicles and disaster buses. In addition training will be provide
5. Improve quality of acre	• Implementation of quality assurance programme focusing on centres of excellence, improving frontline services and clinical care, accreditation of health facilities, reducing waiting times in hospitals and clinics and adherence to Batho Pele principles. • Develop and implement hospital improvement plans for clinical audit, complaints mechanisms and infection control
6. Provide logistical and clinical support services	• Ensure compliance with Pharmacy Act through training of staff and training • Improve availability of drugs in health facilities
7. Strengthen communication, collaboration and participation	• establishment of collaboration and partnerships with SADEC and other African countries to promote regional integration and development of comprehensive service delivery plan for cross boarder flow including improving internal communication to empower civil servants
8. Infrastructure development and maintenance	• The Department will continue to expand, and improve the health infrastructure, through the through clinic building programme, refurbishment of existing clinics, revitalisation of hospitals and construction of EMS stations, laundries, staff accommodation, nursing colleges and mortuaries • Explore the possibility of Public Private Partnerships (PPPs) • Improve maintenance of infrastructure
9. Human Resources development and management	• The Department will implement the provincial Human Resource (HR) plan aligned with National HR plan for Health with emphasis on: • Implementation of retention and recruitment strategy focusing on health professionals, review of remuneration for health professionals (doctors, dentists and pharmacists in 2008/09 and alllieds health professionals in 2009/10), full implementation of nursing dispensation and provision of uniform allowance for nurses and port health professionals ❖ Mainstreaming of gender and achieving equity targets for staff with disabilities and increasing women in senior management positions ❖ Expanding training and employment of nurses and institute a

	bursary system • Review and implement delegations of authority to CEOs • Expansion of Employee Wellness Programme • Implementation of human resource development strategy as part of programme on capacity of the state to deliver focusing on health professional training and development, training for scarce skills • Establishment of nursing colleges to increase the increase training institutions and intake of nurses • Implement capacity building programme for CEOs • Implementation of learnerships and internships and bursary programmes
10. Promote good governance and revenue generation	• Improving financial management and control, increasing revenue generation • Strengthening inter-sectoral and integrated planning. In addition the Department will approve and implement service transformation plan and monitoring and evaluation framework/system aligned with Treasury Information reporting framework. We will commence the development of Departmental five year strategic plan/programme of action for the next term of Government • Implementation of BBBEE strategy • Re-enforcement of risk management and reduce crime and corruption • Strengthen information management through implementation of Provincial Health Information System (PHIS) including implementation of e-government • Implementation and compliance with legislation with focus on National Health, Pharmacy, Mental Health, Medical scheme and occupational health and safety Act

6.4 Limpopo Department of Health and Social Development Service Transformation Plan

The Service Transformation Plan forms a basis for the development of major components of the annual performance plan. The draft document of the Department Service Transformation Plan is being consulted with key stakeholders.

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

Table 3: Trends in provincial public health expenditure (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]								
Total[2]	3,627	4,169	4,788	5,832	6,096	7,594	8,536	9,594
Total per person	0.70	0.80	0.92	1.08	1.15	1.46	1.68	1.89
Total per uninsured person	0.65	0.74	0.85	1.04	1.09	1.35	1.52	1.71
Constant (2004/05) prices[3]								
Total[2]	3,917	4,336	4,788	5,599	5,608	6,607	7,426	8,347
Total per person	0.8	0.8	0.9	1.0	1.0	1.2	1.4	1.5
Total per uninsured person	3,619	4,006	4,424	5,173	5,182	6,105	6,862	7,712
% Of Total spent personon:								
DHS	51.4%	49.9%	202.4%	49.7%	61.7%	55.4%	49.3%	46.3%
PHS	12.1%	13.7%	12.9%	12.4%	12.7%	12.0%	12.0%	11.2%
CHS	9.6%	9.7%	9.0%	8.5%	8.4%	9.0%	8.2%	7.7%
All personnel	65.5%	62.7%	59.6%	56.8%	59.8%	56.6%	55.9%	52.8%
Capital	8.8%	9.5%	8.2%	12.3%	11.3%	14.4%	11.6%	13.4%
Health as a % of total public expenditure	21.4%	21.8%	22.5%	20.2%	19.4%	21.0%	21.2%	22.3%

PART B: 2008-2011 BUDGET PROGRAMMES AND SUB-PROGRAMMES STRATEGIC PLANS

PROGRAMME 1: ADMINISTRATION

The purpose of this programme is to provide the overall management of the Department, and provide strategic planning, legislative and communication services and centralised administrative support through the MEC's office and administration.

The Head Office coordinates the work of the department by providing the political and legislative interface between government, civil society and other relevant stakeholders; provide strategic direction and overall management and administration of the Department.

- Providing overall strategic direction;
- Allocating resources;
- Developing policies, norms and standards, and management systems such as financial and health information;
- Managing the inter-sectoral AIDS programme;
- Providing monitoring and evaluation;
- Liaising and coordinating internationally, nationally with other provinces and between provincial health departments, other government departments, and with organisations within the province;
- Overseeing cross-cutting issues such as gender and disability; and
- Resolving disputes that could not be dealt with at institutional or district level.

Limpopo's network of health institutions is managed through the Head Office in Polokwane and five health districts

- Co-ordinate health districts, lead and ensure strategic support closer to delivery units;
- Act as agents for decentralisation by assessing and building capacity of healthcare institutions;
- Ensure compliance with overall strategic direction, policies, norms and standards;
- Ensure delivery of provincial/ district services and priorities;
- Liaise and coordinate with relevant organisations in their health districts; and
- Manage and oversee the development of district health services.

1.1 Sub-Programmes: Office of the MEC, Management and Planning

1.1.1 Situational Analysis (Appraisal of existing services and performance)

The Department has made great strides in the achievement of its objectives.
The Department continue to strengthen financial management and control through the establishment of Supply Chain Management sub-branch including Asset Management and Transport Management, Debt Management and Salary Administration sub- divisions

The Provincial Health Information System is functional at 40 hospitals for improving patient management and billing to enhance revenue generation.

1.1.2 Policies, Priorities and Strategic Goals

Policies

The administration programme is supported by the following policies

- Departmental Records Management Policy
- Departmental Security Policy
- Departmental Communication Policy
- Departmental Main ICT Policy
- Departmental ICT Procurement Policy
- Limpopo Information Security Policy
- Minimum information Security Standards
- National Minimum Information Requirements (DPSA Circular 4 0f 2001)
- National Vetting Strategy
- The Minimum Information Security Standard of 2003
- The National Anti-Corruption Strategy, 2002
- The Minimum Anti-Corruption Capacity requirements, 2004.
- Debt Management policy
- Transport Management policy
- Cell Phone policy
- Stores Management policy

Key priorities for the 2008/2009 financial year

- Improve financial management and control through improving financial management processes and systems, capacity building on financial management including supply chain management processes
- Increase and maximise revenue generation
- Vehicle Acquisition and Replacement
- Implementation of BBBEE strategy through implementation of supply chain management guidelines
- Re-enforcement of risk management and reduce crime and corruption through implementation of the risk management strategy, strengthen information security governance structures and provision of 24 hours security services at health care facilities
- Strengthen information management through implementation of Provincial Health Information System (PHIS) including Upgrade information technology network infrastructure and implementation of e-government
- Centralisation of information management in the department to improve quality and integrity of data
- Strengthen the management of clinical records
- Implementation and compliance with legislation with focus on National Health, Access to information Acts and other related Acts
- Strengthening inter-sectoral and integrated planning
- Approval and implementation of service transformation plan and monitoring and evaluation framework/system aligned with Treasury Information reporting framework. We will commence the development of Departmental five year strategic plan/programme of action for the next term of Government
- Strengthening internal and external communication
- Maintaining and strengthening of media relations

1.1.4 Analysis of constraints and measures planned to overcome them

Constraints	Measures planned to overcome constraints
Insufficient Human Resource	Appointment of all vacant posts in the branch
Insufficient paper records space	Purchasing of mobile containers Digitalisation of patient records
Insufficient funds	- Motivate for insufficient funding - Implement projects in phase
Lack of capacity by NIA in finalising clearance and pre-employment checks	Enquire electronic profiling screening system
Insufficient electricity supply in some clinics	Facilitate electricity supply through the Department of Public Works
Unavailability of telecommunication lines in some areas	- Develop an alternative telecommunication network in conjunction with SITA - Facilitate telecoms supply through the fixed line telecoms operators
Unreliable computer network infrastructure	- Redesign Department's ICT network in line with the strategic IT plan - Replace old network equipment with reliable equipment - Install high capacity network cabling
Financial Systems	Motivate for the enhancement of the System
Inadequate Staff Compliment and Capacity	Recruitment and Capacity Building
Office Accommodation	Motivate for Additional Office Accommodation
Inadequate Budget	Motivate for Additional Funding in terms of the Equitable Share Formula

1.1.5 Measurable objectives and Performance Indicators for Sub-programmes MEC's Office, Management and Planning

Table 4: Provincial objectives and performance indicators for Sub-programme: MEC's Office, Management and Planning

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Provision of efficient and effective Supply Chain Management (SCM)	Implement SCM	% of bids awarded to HDI owned companies	#	#	78 %	82 %	83%*	85 %	90%
		% of bids awarded to companies owned by	#	#					
		women,			47 %	50%	50%	50%	50%
		disabled,			3 %	2 %	2 %	2 %	2%
		youths			35 %	30 %	30 %	32 %	35%
		locality			30 %	33 %	40 %	42 %	45%
		SMME			95 %	90 %	90%	90%	90 %
	Monitor compliance with SCM prescripts	% of institutions complying with SCM prescripts	#		30%	60%	85%	90%	90%
	Implement Store s Management Policy in all institutions	% Of Institutions Implementing Store Management Policy			50%	60%	80%	90%	95%
	Develop and maintain asset register	% of institutions in compliance with all asset requirement standards	10%	15%	45%	65%	80%*	85%	90%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
	Availability and utilisation of transport	% of Vehicle Available and Utilised	85%	96%	79% (1597)	85%	85%	85%	85%
Providing Effective, Efficient Financial Management Services	Provide book keeping and bank reconciliation functions	Monthly closure of books	92 %	92 %	100 %	100 %	100 %	100 %	100%
		Complete and submit annual financial statement	31 May 05	31 May 06	31 May 07 and qualified audit opinion	31 May 08	31 May 09	31 May 10	31 May 10
		% of invoices paid within 30 days from date of receipt	95%	95%	95%	85%	95%	95%	95%
	Debt Management	% Staff Debt Collected	15%	15%	15%	45%	60%	70%	75%
	Ensure Auditor General Queries responded to within the given time and recommendations implemented	% audit queries responded to within the given time	#	#	80%	95%	100%	100%	100%
	Ensure functional financial systems in all the institutions	% of personnel trained in financial systems	#	#	#	#	20%	50%	100%
Provide financial planning and budgeting	Increase revenue collection	UPFS Implemented	100%	100%	100%	100%	100%	100%	100%
		% Patients Debt Collected	5%	5%	10%	15%	25%	35%	45%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
		Percentage in increase in revenue collected from previous year	#	#	#	#	10%*	10%	10%
Provide Human Resources (HR) Management and Development	Develop HR plan	Integrated HR Plan developed and implemented	#	First draft HR plan developed	2nd draft HR plan developed	Approved Human Resource plan in place	Integrated HR Plan implement and monitored	Integrated HR Plan implement and monitored	Integrated HR Plan implement and monitored
	Promote equity in the workplace	Compliance with employment equity	Level Target 13-16 65:30:5 11-12 40:40:20 9-10 40:45:15 4-8 30:60:10 1-3 40:45:15 2% of disabled persons across levels.	Level Target 13-16 64:34:2 11-12 54:31:15 9-10 42:49:9 4-8 23:76:1 1-3 41:59:0	Level Target 13-16 65:31:4 11-12 56:34:10 9-10 48:50:2 4-8 29:70:1 1-3 33:67:0 0.2% of disabled persons across levels.	Level Target 13-16 (Management) 65:31:4 13-16 (Specialists) 41:22:37 11-12 56:34:10 9-10 48:50:2 4-8 29:70:1 1-3 33:67:0 0.5% of disabled persons	Level Target 13-16 (Management) 50:46:4 13-16 (Specialists) 38:34:28 11-12 48:42:10 9-10 49:49:2 4-8 35:62:3 1-3 40:58:2 1.5 % of people with disability	Level Target 13-16 (Management) 50:46:4 13-16 (Specialists) 38:34:28 11-12 48:42:10 9-10 49:49:2 4-8 35:62:3 1-3 40:58:2 1.5 % of people with disability	Level Target 13-16 (Management) 49:49:2 13-16 (Specialists) 38:34:28 11-12 45:45:10 9-10 4 9:49:2 4-8 40:55:5 1-3 43:55:2 1.5 % of people with disability
	Training and development of staff	% of work force trained and skilled	20%	22%	88%	35%	40%	40%	40%
	Provide Learnership programmes	% of participants on learnership of the total staff establishment	1.2%	2%	3%	5%	5%	5%	5%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
	Provision of Bursary awards	Number of bursaries for various fields awarded per year	209	425	398	420	1145	1145	1145
Provide Legal Services	Draft relevant Legislation for the Department	Limpopo Health Services Bill finalised and submitted to the Provincial Legislature	Legislative drafting team established.	First draft of Limpopo Health Services Bill available	Final draft of the Limpopo Health Services Bill approved by the Premier	Limpopo Health Services Bill tabled in the Legislature	Limpopo Health Services Act assented to by the Premier	Implementation of Limpopo Health Services Act	Implementation of Limpopo Health Services Act
		Limpopo Health Services Act Regulations proclaimed	#	#	#	Limpopo Health Services Act Regulations finalised	Limpopo Health Services Act Regulations proclaimed	Limpopo Health Services Act Regulations implemented	Limpopo Health Services Act Regulations implemented
Manage and coordinate strategic planning processes	Develop long term strategic plans for the Department	Availability of approved long-term strategic Plan	Provincial Strategic Position Statement	Provincial Strategic Position Statement	1st Draft Departmental Service Transformation Plan	Draft Departmental Service Transformation Plan	Approved Departmental Service Transformation Plan	-	-
Build and strengthen monitoring and evaluation capacity in the Department	Establish monitoring and evaluation unit	Availability of monitoring and evaluation unit	#	#	#	#	Availability of monitoring and evaluation unit	-	-
Manage and coordinate transformation of programmes	Facilitate quality assurance /Batho Pele programmes	% facilities with domain specific service standards reviewed and developed	#	#	100%	100%	100%	100%	100%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
		Number of service excellence Awards ceremonies conducted	#	#	#	9	9	9	9
Promote intergovernmental relations	Coordinate establishment of governance structures	Number of hospital boards re-established	#	#	#	#	37	37	-
Provide risk management and security services	Conduct strategic and operational risk assessment	% of institutions conducted risk assessment	80%	100%	100%	100%	100%	100%	100%
	Conduct investigations on all reported fraud & corruption cases	% of reported cases finalised within 40 days	#	79%	76%	100%	100%	100%	100%
	Conduct security threat assessment in all institutions	% of institutions conducted security threat assessment	#0ne security threat assessment have been conducted by National Intelligent Agency	#	21%	50%	100%	100%	100%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Manage Information resources	Provide information management services	Percentage completion of central data base	#	40 % baseline	60%	70%	90%	100%	100%
Manage records and archives.	Manage records and archives	% of facilities managing paper and electronic records in line with Archives and records legislation	#	50 %	60 %	70%	90%	100%	100%
Provide effective communication services	Strengthen internal and external communication	Availability of updated Departmental intranet and website information monthly	#	#	#	#	Monthly update of Departmental intranet and website	Monthly update of Departmental intranet and website	Monthly update of Departmental intranet and website
	Improve Public Participation	Number of Imbizo`s reports compiled per district	#	#	2	2	2	2	2
	Improve positive image of the Department	Increase positive media coverage	75%	85%	98%	95%	95%	100%	100%
Ensure Availability of IT resources and IT delivery mechanisms	Provincial Health Information System (PHIS) core modules implemented	Number of hospitals using core PHIS functionality	45 (old UNICARE)	45 (old UNICARE)	45 (old UNICARE)	40 (MEDICOM)	40 (MEDICOM)	40 (MEDICOM)	40 (MEDICOM)

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
	Provincial Health Information System (PHIS) clinical modules implemented	Number of hospitals implementing the new MEDICOM clinical functionality	#	#	#	#	40	40	40

#new indicator, baseline data not available

1.2 Sub-Programme Human Resource management

1.2.1 Situational Analysis (Appraisal of existing services and performance)

The Human Resource Plan aligned with National Human Resource Plan has been approved and being implemented by the Department. The vacancy rate has decreased from 28% in 2006/07 to 21%. However the Department is still faced with challenge of recruitment and retention of health professionals and people with disabilities and filling of posts due to budgetary constraints. The agreement on the Occupational Specific Dispensation for Nursing Personnel has been signed in August 2007 to be implemented retrospectively from 1st July 2007. In addition the Department has created 256 additional posts for health professionals in 2007/08 financial year.

The Department still experience a challenge of recruitment and retention of staff in terms of inadequate supply of skilled Health professionals, low remuneration of Health professionals compared to private sector and international labour market and inability to recruit and retain Health professionals due to the rural nature of the Province

Table 5: Public health personnel in 2006/07

Categories	Number employed	% of total employed	Number per 1000 people[2]	Number per 1000 uninsured people[2]	Number per 100 000 people	Vacancy rate[5]	% of total personnel budget	Annual cost per staff member	National average	
									% of total employed	Number per 1000 uninsured people[2]
Medical officers[3]	703	57%	1232	867	12	43%	6%	R200 235		
Medical specialists	75	25%	304	175	4	75%	2.3%	R394 554		
Dentists[3]	67	85%	79	87	8	15%	0,5	R200 235		
Dental specialists	0	0	17	0	0.1	0%	0	0		
Professional nurses	3265	55%	5895	4003	56	45%	16%	R122 841		
Staff Nurses	1907	78%	2440	2760	23	22%	6%	R64 143		
Nursing Assistants	3132	61%	5111	3879	32	49%	6%	R46 200		
Student nurses	0	0	0	0	2	0	0	0		
Pharmacists[3]	105	40%	265	117	3	60%	0.4%	R122 841		
Physiotherapists	328	94%	348	739	2	6%	2%	R79 407		
Occupational therapists										
Radiographers	53	15%	348	125	2	85%	1%	R286 203		
Emergency medical staff	106	30%	348	160	2	70%	0.5%	R98 916		
Nutritionists	68	20%	348	108	2	80%%	0.3%	R98 916		
Dieticians					2					
Community Care-Givers (even though not part of the PDoH staff establishment)										
Total		100					100		100	

1.2.2 Policies, Priorities and Strategic Goals

Policies

- Recruitment and selection policy
- HIV & AIDS in the workplace
- Sports and Recreation policy
- Recruitment and retention strategy
- Occupational Health and Safety policy

Key Priorities for the 2008/2009 financial year

- The Department will implement the provincial Human Resource (HR) plan aligned with National HR plan for Health with emphasis on Implementation of retention and recruitment strategy focusing on health professionals, review of remuneration for health professionals (doctors, dentists and pharmacists in 2008/09 and alllieds health professionals in 2009/10), full implementation of nursing dispensation and provision of uniform allowance for nurses and port health professionals
- Mainstreaming of gender and achieving equity targets for staff with disabilities and increasing women in senior management positions
- Review and implement delegations of authority to CEOs
- Expansion of Employee Wellness Programme
- Development of Occupational Health and Safety policy
- Development of Recruitment and Retention strategy

1.2.4 Analysis of constraints and measures planned to overcome them

Constraints	Measures planned to overcome constraints
Recruitment and retention of Health professional personnel	Implementation of OSD
Inadequate funding for the employment of personnel	Request for more funds
Improvement of working conditions for Health professionals	Development of recruitment and retention strategy to address housing, recreation facilities, equipment and support practices

1.2.5 Measurable objectives and Performance Indicators for Sub-Programme: Human Resource Management

Table 6: Provincial objectives and performance indicators for Sub-programme: Human Resource Management

Strategic Objective	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Provide Human Resources Management and Development	Implement Performance and Development System	% of level 1-12 with signed performance instruments annually	87%	100%	98%	100%	100%	100%	100%
		% of senior managers with signed performance agreements	95%	100%	100%	100%	100%	100%	100%
	Recruitment and retention of staff	Reduction of vacancy rate to 5%	31%	31%	27.8%	25%	20%	15%	5%
Manage Labour Relations	Labour Relation Services Provided	% of Misconduct cases finalised	54.7%%	55%	40.2%%	90%	90%	90%	90%
		% of Grievance cases finalised	47.4%	47.4%	28.8%	90%	90%	90%	90%

#new indicator, baseline data not available

Table 7: National situational analysis and projected performance for human resources (excluding health sciences and training)

Indicator	Type	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	National target 2007/08
Input									
1. Medical officers per 100,000 people	No	10	10	12	12	12	12	12	18.7
2. Medical officers per 100,000 people in rural districts	No								12.2
3. Professional nurses per 100,000 people	No	59	59	60	60	60	60	60	105
4. Professional nurses per 100,000 people in rural districts	No								92.5
5. Pharmacists per 100,000 people	No	4	4	3	3	3	3	3	34
6. Pharmacists per 100,000 people in rural districts	No								24
Process									
7. Vacancy rate for professional nurses	%	13	15	21	16	10	7	5	15
8. Attrition rate for doctors	%	18	15	16	15	14	13	10	25
9. Attrition rate for professional nurses	%	8	8	10	7	6	5	4	25
10. Absenteeism for professional nurses	%	1	1	2	3	2	1	1	5
Quality									
11. Hospitals with employee satisfaction survey	%	#	#	#	50%	100%	100^%	100%	50
Efficiency									
12. Nurse clinical workload (PHC)	No	17.3	17.6	18.5	19	19.5	20	20.5	
13. Doctor clinical workload (PHC)	No	-	9.5	12.6	13	13.5	14	14.5	-
Outcome									
14. Supernumerary staff as a percentage of establishment	%	0	0	0	0	0	0	0	
15. Complaints resolved rate	%	#	#	41.2%	63%	68%	75%	83%	
16. Clinical audit rate		#	#	#	#	100%	100%	100%	

#new indicator, baseline data not available

1.3 Past expenditure trends and reconciliation of MTEF projections with plan

Table 8: Trends in provincial public health expenditure for Administration (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	20010/11 (MTEF projection)
Current prices[1]								
Total[2]	257	310	305	346	184	227	309	337
Total per person	49	60	60	66	35	42	57	62
Total per uninsured person	53	62	61	71	32	39	53	58
Total capital[2]	51	51	13	178	575	8	9	9
Constant (2004/05) prices[3]								
Total[2]	1102	1036	1168	988	1315	1390	951	1170
Total per person	211	199	224	190	253	267	183	225
Total per uninsured person	220	207	234	198	263	278	190	234
Total capital[2]	128	204	52	164	195	195	108	151

PROGRAMME 2: DISTRICT HEALTH SERVICES

The purpose is to render integrated the Primary Health Care Services and District Hospital Services through the following sub-programmes:

- District Management, mobile services, clinics and community health centres, district hospitals, community based services, other community based services;
- Public Health Programmes
- Devolution of municipal health services
- HIV and AIDS, Sexually Transmitted Infections (STI) and Tuberculosis (TB) Control Programmes;
- Mother and Child and Women's Health (MCWH) and nutrition
- Non-Communicable Disease control
- Traditional medicine
- Coroner Services
- Mental Health Services
- Chronic and aged health care services
- Clinic Integration Programme (Implementation of PHC Package)

2.1 Sub-Programmes- District Management and Integrated Primary Health Care and district hospitals

2.1.1 Situational Analysis (Appraisal of existing services and performance)

The development and delivery of Primary Health Care services to a population of about 5.4 million people in a predominantly rural Province is quite a challenge. Primary Health Care services are rendered in line with the PHC package. The district health system approach ensures a comprehensive health service based on the principles of equity and participation of all stakeholders. The District Health Plans are included in the Integrated Development plans of each district, thus promoting collaboration with Local Government.

The Department has made significant progress in the delivery of primary health care services.

- 100% of sub-districts are implementing PHC package however 85% of PHC facilities implement full package.
- Utilisation rate in the 3rd quarter of 2007/2008 remain at 2.7. The lowest being in Sekhukhune District being 1.8. This district has a vacancy post of 178, for professional nurses, 125 for enrolled nurses 37 for E/N/A and 75 cleaners. As such the shortage of staff contributes to the low utilisation rate.
- 24 hours service has declined from 74% to the second quarter of 2007/2008 to 71% in the 3rd quarter of 2007/2008.
- Mobile services are doing very well although we still need transport. All the mobile points are visited monthly and 182 points in Sekhukhune District are visited on weekly basis.
- 61.4% of our clinics at least being visited by a doctor on weekly basis whilst only 52% being visited by allied. At the time of this APP 64% of our clinics were visited by supervisors.
- 73% of our clinics are having support groups.
- 73% of clinic committees are functional i.e. having meeting with clinic managers on monthly basis.
- All sub-districts provide full package of primary health care services.
- The provincialisation of primary health care in the Province has resulted in 20 (95%) of municipal clinics transferred to the Province despite the challenge of disparities in conditions of services.
- The Department continue with the provincialisation of primary health care services. Ninety five percent (20) primary health care clinics were transferred from the municipalities with only one clinic from the Polokwane Municipality still outstanding. Twenty environmental health practitioners have been transferred to Waterberg District Municipality and 20 seconded to Sekhukhuni District Municipality. Mopani and Vhembe District Municipalities have signed a transfer agreement with the Department on Municipal Health Services whilst Capricon District Municipality is still outstanding.
- The Department has commenced implementation of Traditional Health Practitioners' Bill whist awaiting promulgation of Traditional Health Practitioners' Act. We have established Provincial Traditional Medicine Committee with representation from all the five districts and a dedicated unit to co-ordinate the programme. The Department is faced with the challenge of disintegrations traditional health practitioners' organisations.

The Department has established Programme Management Unit at provincial level and in five districts to strengthen implementation of the primary health care services through Non Profit Organisations. The major focus is to improve community involvement and participation .Districts need analysis, mapping and profile have been completed in the three districts. In addition guidelines for partnership establishment and management guidelines, manuals and monitoring and evaluation tools have been established.

A total of 196 Non Profit Organisations were contracted to provide health services in the Districts and five non profit organisations contracted to provide mentoring and training to non profit organisations (NPOs) staff members. However poor coordination of NPO system in the Province and lack of capacity within NPO's to deliver health services still a challenge.

We continue to implement the Community Health Worker Programme as part of the Expanded Public Works Programme. 1 758 Community Health Workers has completed training on Ancillary Health Care level 1 in September 2007. These community health workers are being assessed for recognition of prior learning (RPL) for training at level 2 and 3.

Table 9: District health service facilities by health district

Health district[1]	Facility type	No.	Population[2,5]	Population per PHC facility[5] or per hospital bed	Per capita utilization[6]
Waterberg District	Mobile clinics (Non fixed clinics)[3]	1177	679727	1.7	2.7
	Fixed Clinics[4]	48			
	CHCs	1			
	Sub-total clinics + CHCs	1224			
	District hospitals	6			
Capricorn District	Mobile clinics (Non fixed clinics)	641	1263722	0.7	2.9
	Fixed Clinics[4]	80			
	CHCs	4			
	Sub-total clinics + CHCs	731			
	District hospitals	6			
Vhembe District	Mobile clinics (non fixed clinics)[3]	1255	1312952	0.6	4.2
	Fixed Clinics[4]	107			
	CHCs	8			
	Sub-total clinics + CHCs	1137			
	District hospitals	6	1166348	2.8	3.5
Mopani District	Mobile clinics (Non-fixed clinics)	909			
	Fixed	85			
	CHC	7			
	Sub-Total clinics and CHC	92			
	District Hospitals	7			
Sekhukhune District (Nodal)	Mobile Clinics (Non-fixed)	326	1056842	1.7	2.1
	Fixed	76			
	CHC	2			
	Sub-Total CHC and Clinics	78			

Health district[1]	Facility type	No.	Population[2,5]	Population per PHC facility[5] or per hospital bed	Per capita utilization[6]
	District Hospitals	5			
Province	Mobile clinics (Non fixed clinics)[3]	3977	5 479 591	2.3	3.08
	Fixed Clinics[4]	396			
	CHCs	22			
	Sub-total clinics + CHCs	418			
	District hospitals	34			

Table 10: Personnel in district health services by health district

Health district	Personnel category1	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
District Vhembe	**PHC facilities**				
	Medical officers	0	0	0	4.8
	Professional nurses	486	486	0	2.6
	Pharmacists	1	1	0	
	Community health workers				
	District hospitals				
	Medical officers	101	263	61.5	0.7
	Professional nurses	936	1817	4%	25.1
	Pharmacists	48	51	3	
District Capricorn	**PHC facilities**				
	Medical officers	0	0	0	
	Professional nurses	522	608	15%	1.89
	Pharmacists	1	1	0	
	Community health workers	0	0	0	
	District hospitals				
	Medical officers	68	191	64.3	6
	Professional nurses	440	569	23%	2
	Pharmacists	13	25	5%2	46
District Waterberg	**PHC facilities**				
	Medical officers	0	0	0	
	Professional nurses	247	394	37.3%	1.7
	Pharmacists	1	1	0	
	Community health workers	0	0	0	
	District hospitals				
	Medical officers	92	301	69%	2.2
	Professional nurses	344	483	29%	1.3
	Pharmacists	19	27	29.6%	24.9

Health district	Personnel category1	Posts filled	Posts approved	Vacancy rate (%)	Number in post per 1000 uninsured people
District Mopani	**PHC facilities**				
	Medical officers	0	0	0	
	Professional nurses	500	589	15%	1.6
	Pharmacists	1	1	0	
	Community health workers				
	District hospitals				
	Medical officers	51	158	67.7%	6.3
	Professional nurses	517	736		1.3
	Pharmacists	22	40	18	24.9
	Professional nurses	619	698	11%	1.0
	Pharmacists	1	1	0	
	Community health workers				
	District hospitals				
	Medical officers	52	163	68%	4.6
	Professional nurses	384	471	13%	1.6
	Pharmacists	18	26	30.7%	29.4
Sekhukhune District	**PHC facilities**				
	Medical officers	0	0	0	0
	Professional nurses	354	537	34%	2.6
	Pharmacists	0	0	0	
	Community health workers				
	District hospitals				
	Medical officers	91	302	70.%	10.01
	Professional nurses	590	723	18%	1.5
	Pharmacists	26	54	52%	35.06

Table 11: Situation analysis indicators for District Health Services

Indicator[1]	Type	Province wide value 2003/04	Capricon District 2003/04	Mopani District 2003/04	Sekhukhuni District 2003/04	Vhembe District 2003/04	Waterburg District 2003/04	National target 2003/4
Input								
1. Sub-districts offering full package of PHC services	%	72.6%	75%	70%	68%	80%	70%	60
Output								
2. PHC total headcount	No	13108579	2038590	3449296	1506895	4752086	1361712	N/A
3. Utilisation rate - PHC	No	2.9	4.23	3.2	1.5	3.30	2.1	2.3
4. Utilisation rate - PHC under 5 years	No	4.48	5.5	4	3.0	7.3	2.6	3.8
Quality								
5. Supervision rate	%	62%	50%	70%	50%	100%	40%	78
6. Fixed PHC facilities supported by a doctor at least once a week	%	30.2%	66%	45%	14%	0%	26%	31
Efficiency								
7. Provincial PHC expenditure per headcount at provincial PHC facilities	R	39.15	51.87	38.94	32.09	36.35	38.26	99

1 'Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities.

2.1.2 Policies, priorities and strategic goals

Policies

- National Health Act 61 of 2003
- Constitution of the Republic of South Africa Act, 108 of 1996.
- Mental Health Care Act, 17 of 2002
- District Hospital Service package
- HIV & AIDS and STI Strategic Plan for South Africa 2007 - 2011
- Free health for Pregnant Women, children under 6, disabled and the aged
- Choice of Termination of Pregnancy policy;
- Partnerships (UNDP; Belgium Government EU/SA Agreement of July 2002
- PHC Package of Services
- PHC Norms and standards
- National TB Guidelines 2004
- Traditional Health Practitioners Act, 22 of 2007
- Community Health Worker Policy Framework 2003
- EU/SA Agreement of July 2002;
- Non profit organisation Act
- Expanded Public Works Programme (EPWP) Social Sector Framework
- National Qualification Framework

Priorities

- Development of the Service Transformation Plan
- Strengthening primary health care services.
- Integration of District Health System
- Provincialisation of primary health care services,
- Integration of African Traditional within the District Health System
- Transfer of environmental Health Services to Municipalities
- Expansion of outreach programmes by doctors in primary health care

- Increasing 24 hours access in primary health care facilities
- Provision of free primary health care services
- Community based care for people with chronic diseases and mental disorders
- Strengthening of supervision (CCLOs,Districts and Provincial Office)
- Strengthening of partnerships with NGO's and monitoring and evaluation
- Proper management of the community based organisations
- Capacity building
- Community Based health services delivery improvements
- Monitoring and evaluation of the community based health services
- Expansion of Community health workers (CHW) programme as part of the EPWP

2.1.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures to overcome constraints
Access to health services	Implement PHC and district hospitals packages. Revitalization of PHC facilities.
	Improve security at health facilities
	Recruitment and retention of appropriately trained staff.
	Improvement of staff attitude
	Strengthen provision of 24 hrs service
	Improve mobile services
	Strengthen referral system
Capacity in the implementation of district health information systems	Capacity building of staff.
De-motivated staff and poor staff attitudes	Strengthen workshops for health workers for change. Strengthen PHC training Implement Performance Management system Align with the National Human Resource Strategy.
Shortage of Health professionals.	Accelerate recruitment drive: Devolve recruitment delegations

Constraints	Measures to overcome constraints
Old infrastructure.	Accelerate upgrading and maintenance programme:
Cumbersome procurement process and insufficient delegations.	- Capacity building: - numbers and skills: systems review and redesign - Increase delegations to R250 000 to District Managers.
Capacity in head office office/district to monitor and mentor PHC facility managers. (Inappropriate staff establishment) Lack of posts for District Programme Coordinators	- Review staff establishment and fill vacancies with appropriately skilled staff. - Implementation of proposed staff establishment. - Create posts and appoint District coordinators
Staff accommodation.	Provide accommodation for locally identified needs.
Splinter groups within Traditional Health Practitioners	Amalgamate all Traditional Health Practitioners groups
Strengthening of District Health System	- Implement quarterly reporting system - Strengthening District management structures at all levels - Strengthen participation in District Health Planning process - Alignment of District Health Plans to Integrated Development Plans through active participation of all stakeholders.
Access to community based health services	- Establish partnerships with NPOs - Define Community based health packages for NPO's - Improve NPO's coverage and referral system - Increase care workers within NPO's
Monitoring of community based services by NPO's	- Develop a reporting tools for NPO's and integrate with DHIS - Implement a monthly, and quarterly reporting system
Capacity of NPO's and Community Health workers in rendering Community Based Health services	- Implement training programme for NPO staff and Community Health Worker training programme

2.1.4 Specification of measurable objectives and performance indicators

Table 12: Provincial objectives and performance indicators for Sub-programme: District Health services

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Strengthen primary health care (PHC) services and System	Provide comprehensive PHC package at all PHC facilities	% Of facilities delivering full PHC package	83%	85%	90%	100%	100%
	Access to PHC services Improved	% Of facilities providing 24 hrs services	76.5%	90%	95%	100%	95%
	Register traditional health practitioners in all districts on a provincial data base	% of traditional health practitioners registered on a provincial data base (6 000)	#	#	3% (200)	10% (600)	50% (3 000)
Devolution of Municipal Health Services	Transfer Municipal Health Services from province to district municipalities	Number of districts with Municipal Health Services transferred to municipalities	1	4	4	-	-
Strengthening District Health Services	Improve quality of District Health Services	Number of districts with District health plans aligned with IDPs	5	5	5	5	5
Strengthen health promotion services	Implement five health promotion priorities	Number of districts implementing the 5 priority health promotion campaigns per annum	0	0	5	5	5
Strengthen delivery of	PHC services strengthened	% of NPO's supporting	40%	60%	80%	100%	100%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
PHC through partnerships with NPO's.		provision of PHC Package					
	Provide capacity to all NPO staff members for improving quality community based health services	% of NPO' staff trained in standardised training programme	40%	50%	80%	100%	100%
	Implement Community Health Worker Programme as part of the Expanded Public Works Programme	Number of carers trained towards Community Health workers qualification (NQF Level 1,2,3)	1800	3 000	5 000	6 000	6 900

new indicator, baseline information not available

Table 13: National Performance indicators for district health services

Indicator[1]	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2007/08
Input									
1. Provincial expenditure per uninsured person		460	460	470	490	517	545	572	
2. Sub-districts offering full package of PHC services	%	88%	100	100	100	100	100	100	100
Output									
3. PHC total headcount	No	12.9m	13.6m	13.8m	14 m	14.5m	15m	15m	N/A
4. Utilisation rate - PHC	No	2.4	2.7	3	2.6	2.8	3.2	3.5	3.5
5. Utilisation rate - PHC under 5 years	No	5.1	5.7	5.9	6	6.2	6.3	6.5	5.0
Quality									
6. Supervision rate	%	65%	70%	95%	100%	100%	100%	100%	100%
7. Fixed PHC facilities supported by a doctor at least once a week	%	51%	52%	58%	60%	63%	66%	70%	72%

'Fixed PHC facilities' means fixed clinics plus community health centres. 'Public' means provincial plus local government facilities

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

Table 14: Transfers[1] to municipalities and non-government organisations (R '000)

Municipalities	Purpose of transfer	Base year 2007/08 (estimate)	Year 1 2008/09 MTEF projection)	Year 2 2009/10 (MTEF projection)	Year 3 2010/11 (MTEF projection)
Mopani	Municipal Health Services		10000	10650	11183
Vhembe			12600	13000	13413
Waterberg			6959	7451	7881
Etc					
Total municipalities			29559	31101	32477
Non-governmental organisations					
NGO 1	N/A				
NGO 1					
NGO 1					
Etc					
Total NGOs		**90 415**	**95 584**	**109 068**	**119 974**

1. Any transfers not included in the GFS book should be specified as such.

2.1.6 Past expenditure trends and reconciliation of MTEF projections with plan

Table 15: Trends in provincial public health expenditure for district health services (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]								
Total[2]	1899	2081	2,366	2900	3178	3898	4325	4812
Total per person	365	400	455	558	588	722	801	891
Total per uninsured person	0.38	0.42	0.47	0.59	0.63	0.67	0.74	0.82
Total capital[2]	30	24	57	178	123	191	213	228
Constant (2004/05) prices[3]								
Total[2]	7956	8375	8,816	9257	9720	10206	10716	11252
Total per person	1.530	1.610	1,695	1.780	1.869	1.962	2.060	2.163
Total per uninsured person	1.618	1703	1,793	1.883	1.977	2.076	2.179	2.288
Total capital[2]	467	445	468	491	516	542	569	597

SUB PROGRAMME 2.2- DISTRICT HOSPITALS

The purpose of district hospitals is to render hospital services at district level, in order to provide level one care.

2.2.1 Situational Analysis (Appraisal of existing services and performance)

Limpopo province currently provides level one hospital services at 30 hospitals as an integral part of the district health system. All districts have access to district hospital services. Twenty-two of these have designated service provider network beds to improve quality of care and increase revenue generation.

Hospital efficiency in district hospitals is still a challenge with bed occupancy of 69% in 2005/06 reduced to 66% in 2006/07 financial year below the national target of 72%. The average length of stay (ALOS) is currently at 4.5. However, district hospitals need to address challenges of shortage of health professionals and appointment of appropriately skilled health professionals. The Department will strengthen the implementation of recruitment and retention strategy focusing on health professionals.

2.2.2 Policies, priorities and strategic goals

Priorities

- Strengthen support to primary health care services
- Promote Healthy Lifestyles
- Improve Governance and Strengthen financial management
- Strengthen monitoring and evaluation
- Improve Quality of Care
- Improve Referral System and increase access to health care services
- Improve Hospital efficiencies
- Strengthen Hospital Emergency Preparedness Program including preparation for 2010 FIFA World Cup readiness focusing on trauma centres/casualty Departments
- Strengthen implementation of National TB Crisis Plan and New Mental Health Act
- Strengthen implementation of the National HIV and AIDS Strategy.

2.2.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures to overcome constraints
1. Lack of appropriately skilled managers	Provide optimum skill mix
2. Insufficiently skilled professionals	Facilitate training of health professionals
3. Shortage of health professionals	To recruit and retain staff
4. Poor and inadequate health infrastructure	Facilitate health infrastructure provision Strengthen maintenance management
5. Poor and unreliable health information	Ongoing capacity building for all information managers/stakeholders Strengthen management of information systems

2.2.4 Specification of measurable objectives and performance indicators

Table 16: Provincial performance indicators for sub-programme: District Hospitals

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/8 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Provision of District Hospital Services Package	Ensure compliance to District Hospital Package	% of hospitals with 70% Compliance to District Hospital Package	#	#	83.3%	93.3%	93.3%
	Provide support to primary health care services	Number of hospitals visiting clinics weekly	#	#	25	25	25
Improvement of quality of care	Improve hospital efficiency	Patient waiting time	3hrs 14min	3hrs 15min	3hr 15min	3hrs 15 min	3hrs 15min
	Improve Patient Satisfaction	Patient satisfaction rate	77%	80%	80%	85%	85%
	Expand private beds	Number of hosp with Designated Service Provider Network (DSPN) beds	19	25	25	30	30

Table 17: National performance indicators for sub-programme: District Hospitals

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2007/08
Output	%								
1. Caesarean section rate for district hospitals	%	12.9	13	16	13	16%*	16%	16%	11
2. Separations -Total	No	251691	257480	236 666	242109	247678	253375	259203	N/A
3. Patient Day Equivalents	No	1 507 933	1834777	1497545	1531989	1567225	1603271	1640146	N/A
4. OPD Total Headcounts	No	1 089 310	1114364	1250918	1279689	1309122	1339232	1370034	N/A
Quality									
1. District hospitals with patient satisfaction survey using DoH template	%	100	100	100	100	100	100	100	100
2. District hospitals with Mortality and Morbidity meetings every month	%	#	80	82.8	100	100	100	100	100
3. District hospitals with Infection Control meetings every month.	%	#	#	#	#	100	100	100	
4. District hospitals with clinical audit meetings every month	%	#	70	82.8	100	100	100	100	100
Efficiency									
9. Average length of stay in district hospitals	Days	5.2	4.8	4.5	4	4	4	**4**	3.2
10 Bed utilisation rate (based on usable beds) in district hospitals	%	69.9	69.2	66.2	80	75	75	75	72
11. Expenditure per patient day equivalent in district hospitals	R	#	R 916	R 1107.40	R 900	R 1200	R1200	R1200	814
Outcome									
12. Case fatality rate in district hospitals for surgery separations	%	#	2.4	<3.5	<3.5	<3.5	<3.5	<3.5	<3.5

SUB-PROGRAMME 2.3: HIV & AIDS, STIS AND TB CONTROL PROGRAMMES (HAST)

2.4.1 Situational Analysis for HAST

The National Department of Health adopted a comprehensive approach to the management of HIV and AIDS, STI s and TB. The intention was to ensure, that those who are HIV negative, stay negative. The approach also emphasise the prevention of infection, treatment for those already infected and care and support for those infected and affected by HIV. At the same time aims to alleviate poverty and to enhance the nutritional status of the individual.

The 2006 annual Antenatal HIV and syphilis sero – prevalence survey for women attending ante- natal clinics I public health institutions shows an insignificant decline from 21,5% in 2005 to 20,7% in 2006, lower than the national prevalence of 29,1%. Limpopo remains the third lowest province affected by the HIV epidemic. Furthermore the syphilis rate declined from 1.1% in 2005 to 0.6% in 2006.

Prevention remains the cornerstone of the Comprehensive Plan HIV and AIDS Care, Management and treatment. By the end of December 2006, 95% of health facilities were providing Prevention of Mother to Child Transmission of HIV and AIDS (PMTCT) with 73% acceptance rate. On going prevention efforts such as an increasing condom distribution (10condoms/male < 15 years/annum) and supply, STI partner treatment increased from 23,6 in 2004 to 28 % in 2006 and access to Voluntary Counselling and Testing facilities increase from 94% facilities in 2004 to 100% in 2006.

2.3.2 Policies, priorities and strategic goals

Tuberculosis control programme

On 25 August 2005, TB was declared an emergency in Africa by the 46 Ministers of Health at their meeting in Maputo, Republic of Mozambique. Recognizing the deep concern about the gravity of the epidemic, the resolution warned that unless "urgent extraordinary actions" are in place, the situation will worsen and the 2015 Millennium Development Goal TB targets will not be met.
This declaration called for specific actions to be undertaken by the African countries, namely:

- Develop and implement, with immediate effect, emergency strategies and plans to control the worsening tuberculosis epidemic.
- Improve quantity and quality of staff involved in TB Control

- Rapidly improve TB case detection and treatment success rates with expanded DOT coverage at national and district levels
- Reduce TB default and transfer out rates to 10% or less.
- Scale up interventions to manage TB and HIV co- infection.
- Expand national TB partnerships, public-private collaboration and community participation in TB control activities.
- Mobilize additional resources for TB Control.

Voluntary Counselling and Testing
- Develop provincial guideline on counselling and testing
- Increase access by training health workers on counselling and testing
- Increase access to counselling and testing by strengthening of outreach services via mobile and community initiatives
- Strengthen provider initiated counselling and testing services at public health facilities

Comprehensive Plan for HIV and AIDS Care, Management and Treatment
- Implementation of comprehensive plan
- Increase the availability of ART services
- Monitoring and evaluation of ART

Prevention of mother to child transmission (PMTCT)
- Implementation and sustaining prevention of mother to child transmission of HIV programme
- Development of integrated monitoring and evaluation the PMTCT programme
- Provide ARV regimen to mother and baby
- Home and community based care services to assist with follow up of babies.

Home-Community based Care (HCBC) & Step down care
- Contribute towards human dignity by providing treatment, care and support services through Community based services.
- Implement a comprehensive, integrated Home and community based care programme
- Improve and increase the availability and utilisation of step down care

High Transmission area interventions
- Strengthening of programme for prevention and treatment of STIs

- Expansion of services in High transmission areas in cooperation with community initiatives

Post Exposure Prophylaxis (PEP)
- Strengthening of the Post Exposure Prophylaxis programme
- Improve intersectoral collaboration

Programme management strengthening
- Provision of adequate staffing for programme management
- Ensure effective programme management capacity and skill
- Strengthen partnerships with relevant stakeholders
- Ensure effective monitoring, evaluation and research of programmes

2.3.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures to overcome them
Co-ordination of community based HIV and AIDS initiative is a challenge	Strengthen community coordinating forums at district and local level
Continued mushrooming of community volunteers due to poverty and unemployment	Strengthen implementation of EPWP
Rational and effective management of budgets from conditional grant and donor grants are a challenge	Strengthen relevant human resource availability and skills
Monitoring and evaluation is a major challenge particularly monitoring of outcomes and impact	Strengthen human resource availability and capacity at local levels

2.3.4. Specification of measurable objectives and performance indicators

Table 18: Provincial objectives and performance indicators for HIV & AIDS, STI and TB control

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Increase access to Comprehensive HIV & AIDS, STI's Care, Treatment, Management and Support	Improve interventions dealing with the HIV and AIDS epidemic	% ANC clients tested for HIV	78%	80%	85%	90%	95%
		% Of HIV positive pregnant women on treatment	#	35%	50%	100%	100%
		% of babies on treatment	#	40%	60%	100%	100%
Increase access to Comprehensive HIV & AIDS, STI's Care, Treatment, Management and Support	Improve interventions dealing with the HIV and AIDS epidemic	% of ARV prophylaxis amongst victims of sexual assault	71%	71%	80%	90%	100%
Reduce mortality and morbidity due to TB	Increase Cure rate of new smear positive PTB cases at first attempt	% of new smear positive PTB cases cured at first attempt	65%	58%	65%	70%	75%
	Increase conversion rate of new smear positive TB cases at 2 months	% of new smear positive converted at 2 months	51,5%	51.7%	57%	65%	70%

#new indicator, baseline data not available; * Targets changed as per budget statement in the annual performance plan due to re- prioritisation based on budget allocation

Table 19: National Performance indicators for HIV & AIDS, STI and TB control

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2008
Input									
1. Fixed PHC facilities offering PMTCT	%	80	88	95	98	95	100	100	100
2. Fixed PHC facilities offering VCT	%	96	92	98	100	100	100	100	100
3. Hospitals offering PEP services	%	#	88	89	100	100	100	100	100
5. ART Service points registered		8	28	37	49	63*	72	92	120
ART patients – Total registered`		2 199	6 663	15 271	27 475	30 000	32 500	35 000	
Process									
7. TB cases with a DOT supporter	%	60	70	72	75	78	80	85	100
5. Male condom distribution rate from public sector health facilities	No	9	12	13	14	15	16	17	11
10.fixed facilities with any drug stock outs		0	0	0	0	0	0	0	
11. Fixed facilities referring patients to ARV sites for assessments		100	100	100	100	100	100	100	
Output									
6. STI partner treatment rate	%	23	22.	24	24	40	45	50	40
7. Nevirapine dose to baby coverage rate	%	10	17	28	33	40	45	50	70
8. Nevirapine uptake – antenatal clients		45	54	57	63	65	70	80	
9. Clients HIV pre-test counselled rate in fixed PHC facilities	%	1	2	2	3	3	4	5	100
10. HIV testing rate (excluding antennal)		65	68	71	74	90	100	100	
11. TB treatment interruption rate	%	3.9%	7.6%	7%	6%	5%	4.5%	<5%	4
Quality									
17. CD4 test at ARV treatment service points with turnaround time >6 days	%	0	0	0	10%	20	25	30	0
18. TB sputa specimens with turnaround time > 48 hours	%	#	34%	40%	60%	70%	80%	80%	0
Efficiency									
19. Dedicated HIV/AIDS budget spent	%	90%	60%	94%	72	100	100	100	100

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2008
Outcome									
20. New smear positive PTB cases cured at first attempt	%	60	67.8	60.8	68	70	72	75	85
21. New MDR TB cases reported - annual % change	%	#	41	25	33	25	20	17	-30

#new indicator, baseline data not available

2.3.5 Past expenditure trends and reconciliation of MTEF projections with plan

Table 20: Trends in provincial public health expenditure for HIV & AIDS conditional grant (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection
Current prices[1]								
Total	29	77	103	201	201	234	275	377
Total per person	6	15	20	39	37	43	51	70
Total per uninsured person	0.01	0.02	0.02	0.04	0.04	0.04	0.05	0.06
Constant (2004/05) prices[2]								
Total	292	308	412	433	454	477	501	526
Total per person	56	59	79	83	87	91	96	101
Total per uninsured person	59	62	82	86	90	95	100	105

SUB-PROGRAMME 2.4: MATERNAL, CHILD, WOMEN AND YOUTH HEALTH & NUTRITION (MCWH) & NUTRITION

2.4.1 Situation analysis for (MCWH & Nutrition)

The programme is implemented in all public health facilities. Perinatal Problem Identification Program (PPIP) and birth defects policy are implemented in all hospitals. Thirty-two health facilities are implementing Baby friendly initiative, 90% of facilities offer Integrated Management of childhood Illness (IMCI) programme.

The Department has made great strides in the reduction of morbidity and mortality with incidence of pneumonia in children less than 5 years at 6.9 per 1000 population, incidence of diarrhoea in children less than 5 years at 22.3 per 1000 population, under 5 mortality rates is 43 per 1 000 population, delivery rate of women less than 18 years is 10.5%, perinatal mortality rate at 5. 5 and neonatal mortality rate at 9 per 1000 live births.

37 hospitals and 24 Community Health Centres are designated to perform CTOP. Seventy percent of the designated hospitals and 6 community health centres are providing first trimester terminations. There is lack of second trimester terminations in designated hospitals. All methods of contraception are available in all our facilities. There is low utilization of contraception services by the community. We continue to implement cervical cancer screening programme. The uptake on the cervical cancer-screening programme is low, only 2.7% of women have been screened for cervical cancer since the implementation of the programme in 2004.

Micronutrients are available in all facilities and Vitamin A is given to all under 5 year olds children and post-partum women. Baby friendly hospital initiative is being implemented at 29 hospitals and 3 Community Health Centres. Food service managers have been employed at 22 hospitals; however there is a need for community dieticians and nutritionists at district level.

Youth friendly services are provided in 40% of primary health care facilities. 100% of districts are providing school health services although only 150 schools (4%) are receiving school health services. Maternal mortality is increasing, presently at 253/100 000 due to poor management of pregnant women at all levels of care.

2.4.2 Policies, priorities and strategic goals

Policies

National Health Act, 61 of 2003
Choice on Termination of Pregnancy Act, 92 of 1996.
Sterilization Act, 44 of 1998

Priorities

- Nutritional intervention in HIV& AIDS.
- Improving the nutritional status of people living with HIV & AIDS and TB.
- Micronutrients malnutrition
- Vitamin A supplementation ,Iodine and food fortification
- Baby and friendly hospitals.
- Reduce teenage pregnancy
- Implement school health services
- Reduce maternal mortality from avoidable
- Reduce Perinatal mortality
- Reduce maternal mortality from invasive cancer of the cervix and breast cancer
- Reduce mortality due to illegal abortion
- Implement Integrated Management of Childhood Illnesses strategy.

2.4.3 Analysis of constraints and measures planned to overcome them

CONSTRAINTS	MEASURES TO OVERCOME THEM
Increased maternal deaths	Capacity building
Low uptake of cervical cancer screening	Increase demand by conducting campaigns
Increased teenage pregnancies	Strengthen intersectoral collaboration
Vitamin A coverage in children 11-60 months low	Increase awareness to communities.

2.4.5 Specification of measurable objectives and performance indicators

Table 21: Provincial objectives and performance indicators for MCWH & Nutrition

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
To improve the management of children under the age of 5 years. Presenting with diarrhoea, malaria, Pneumonia, HIV and other communicable diseases.	Reduce infant and child morbidity and mortality rate.	% of districts with 60% IMCI saturation	60%	60%	80%*	100%	100%
		Number of hospitals accredited for new born care	#	8	13	10	15
Improve immunization coverage of under 1yr	Improve immunization coverage of children under 1 yr at district level	Number of health district with more than 90% full immunization coverage	2	5	5	5	5
Improve adolescence and youth health services	Improve access to youth health services	% of Schools receiving phase 1 of school health services.	20%	30%	50%	100%	100%
		% of PHC facilities implementing youth friendly health services.	30%	50%	80%	100%	100%
Strengthen programmes on women and maternal health	Improve women's health and reduce maternal and neonatal mortality	% of facilities implementing 80% of recommendations saving mothers report	#	74%	90%	95%	98%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
	and morbidity	% of facilities implementing 80% of recommendations saving babies report	#	#	100%	100%	100%
	Provide supplementation to children under 5 and postpartum mothers	% of Vitamin A coverage to children 11 -60 months	23%	24%	50%*	60%	70%
Provide community based food security	Establishment 20 community-based food gardens by December 2008	Number of community-based food gardens established	206	406	426(20 new)	446	466

#new indicator, baseline data not available; * Targets changed as per budget statement in the annual performance plan due to re- prioritisation based on budget allocation

Table 22: Performance indicators for MCWH & Nutrition

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2008
Input									
1. Hospitals offering TOP services	%	80	75	80	90	95	100	100%	100
2. CHCs offering TOP services	No	1	4	5	5	10	15	20	80
Process									
Fixed PHC facilities with DPT-Hib vaccine out of stock		0	0	0	0	0	0	0	0
Output									
1. (Full) Immunisation coverage under 1 year	%	82	93.5	84	90	95*	95	95	90
2. Vitamin A coverage under 1 year	%	80.6	96.4	104	94.4	100	100	100	80
3. Measles coverage under 1 year	%	84	93.1	81.5	90	90	90	90	90
1. Cervical cancer screening coverage	%	0.45	1.7	3.08	5	10	15	20	15
4. Total deliveries in facilities	No	108607	116875	119427	131552	125000	130000	135000	
Quality									
2. Facilities certified as baby friendly	%	62	76	76	84	94	94	94	30
3. Fixed PHC facilities certified as youth friendly	%	7.3	24.6	30	40	50	60		30
4. Fixed PHC facilities implementing IMCI	%	71	95	90	100	100	100	100	70
Outcome									
5. Facility delivery rate		80.27	77.33	84.95	86	88	90	92	
6. Institutional delivery rate for women under 18 years	%	10.1	9.8	8.4	8.53	7	6	5	13

#new indicator, baseline data not available

2.4.6 Past expenditure trends and reconciliation of MTEF projections with plan

Table 23: Trends in provincial public health expenditure for INP conditional grant (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]								
Total	158	20	21	**INP conditional grant discontinued**				
Total per person	30	4	4					
Total per uninsured person	0.03	0.00	0.00					
Constant (2004/05) prices[2]								
Total	198	25	26					
Total per person	38	5	6					
Total per uninsured person	0.04	0.00	0.00					

SUB-PROGRAMME 2.5 – DISEASE PREVENTION AND CONTROL

The purpose of the programme is improving management of communicable diseases and provision of Port Health services, reduction of environmental and Occupational health related risks.

2.5.1 Situation analysis for Disease Prevention and control

- Outbreak response teams established in the five districts
-
- Port health services established in the three International designated boarder posts (Beitbridge, Groblers Bridge and Gate Way International Airport
- Health Care Risk Waste services are implemented in all facilities with poor segregation of infectious waste.
- Occupational Health Services are established in health care facilities with minimal compliance to the Occupational Health and Safety Act, Act No. 85 of 1993

2.5.2 Policies, priorities and strategic goals

Policies

- National Health Act , Act No. 61 of 2003
- Occupational Health and Safety Act, Act No. 85 of 1993
- Compensation for Occupational Injuries and Diseases Act, Act No. 130 of 1993
- Human tissue Act, 1983
- Foodstuffs, Cosmetics and Disinfectants Act, Act No. 54 of 1972
- Hazardous substance Act , Act No. 15 of 1973
- Medicines and Related Substances Control Act, Act No. 90 of 1997 as amended

Strategic Goals and objectives

Strategic goals	Strategic objectives
Management of Public Health Programmes	To improve management of communicable diseases through rapid Epidemic Preparedness and rapid response to outbreaks of diseases
	To strengthen Disease Surveillance activities
	To improve provision of Port Health Services
	To improve the management of health care risk waste
	To improve provision of Occupational Health Services
	Strengthen health promotion programmes focusing at improving healthy lifestyles

Priorities

- Management of health care risk waste to comply with legislation
- Improving and promotion of healthy lifestyles to reduce burden of disease of lifestyles
- Take over port health services from National Department including improving Port Health Services as part of the 2010 FIFA world cup readiness
- Expansion of Post Exposure Prophylaxis (PEP) for victims of sexual violence and Improve treatment completion rate.
- Strengthen regional integration for control of malaria and spraying of dwelling structures
- compliance with legislation with focus on National Health and occupational health and safety Acts

2.5 .3 Analysis of constraints and measures planned to overcome them

Constraints	Measures Planned
Lack of appropriate units at district level	Creation of appropriate units at district level to manage Communicable diseases, Epidemiology, Expanded Programme on Immunisation, Environmental Health Services, Port Health Services and Occupational Health Services
Late reporting	Provision of Communication and Information Technology Infrastructure for Districts
Poor segregation of health care Risk Waste services by Health facilities	Provide support to health facilities

Deleted: ¶

Deleted: ¶

2.5.4 Specification of measurable objectives and performance indicators

Table 24: Provincial performance indicators for Disease Prevention and Control

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Improve provision of Port Health services in designated ports of entry	Provide Port health services	Number of designated port of entry providing port health services	#	3	3	3	3	8	8
Prevent malaria fatality rate	Reduce case fatality rate for malaria	10% annual reduction of malaria case fatality	0.6	0.8%	0.7%	0.8%	08%	0.75%	0.7%
Reduce malaria incidence	Reduce malaria cases through indoor residual spraying	Number of dwellings sprayed	#	#		940 000	980 000	1 020 000	1 060 000
Implement on Health Promoting Schools program	Implement 550 schools by December 2008	Number of schools implementing Health Promoting School programme	#	#	50	70	400	450	500

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
	Increase the number of schools implementing anti-smoking policies to at least 10%	% increase of schools implementing anti-smoking policies	#	#	50	70	400	450	500

#new indicator, baseline data not available

Table 25: National performance indicators for Disease Prevention and Control

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2008
Output									
1. Health districts with health care waste management plan implemented	No	0	0	0	0	5	5	5	All districts
2. Hospitals providing occupational health programmes	%	0	100	100	100	100	100	100	100
3. Schools implementing Health Promoting Schools Programme (HPSP)	%	#	#	1.2	1.7	10	11	12	
4. Integrated epidemic preparedness and response plans implemented	Y/N	Y	Y	Y	Y	Y	Y	Y	Yes
Quality									
5. Outbreak response time	Days	2hrs	2hrs	2hrs	2hrs	2hrs	2hrs	2hrs	1
Outcome									
7. Malaria fatality rate	No	1.7	1.09	0.89	0.7%	0.8%	0.6%	0.5%	0.25
8. Cholera fatality rate	No	0	0	0	0	0	0	0	0.5

SUB-PROGRAMME 2.6: CORONER SERVICES

The purpose of this programme is to render Forensic pathology and medico-legal services in order to establish the circumstances and causes surrounding unnatural causes of deaths.

2.7.1 Situational Analysis for Coroner Services

The Department ensure that all unnatural causes of death are fully evaluated and investigated through post mortem examination. We have conducted about 5 000 Medico-legal investigation of death in 2005 and about 4500 in 2006 with the highest number in Polokwane.

The Medico-legal mortuaries were transferred from SAPS on 1/4/2006. Only one Forensic mortuary was transferred to health department along with four SAPS personnel in the province. Messina SAPS mortuary was closed down and Phalaborwa SAPS mortuary is still used for time being as new forensic pathology facility is under construction and is likely to be operational from January 2008.

The Department has assigned forensic pathology services administrative and management responsibility to chief specialist (Forensic Path) of Polokwane–Mankweng complex (tertiary institution) with effect from 1/4/2007. Organogram /structure in FPS are being processed. National department of health has recently promulgated regulations pertaining to Forensic Pathology Services.

Health department has started construction of forensic pathology facilities throughout the province as illustrated on the table below.

The construction and upgrading of all facilities took off on a slow pace, where the awarding of tenders by the Provincial Department of Public Works was painfully slow. Some construction projects were not completed during the 2006/07 financial year, therefore constructions continued to the next financial year (2007/08).

Table 26: Progress on forensic pathology facilities

Facility	Scope of work	comments	Start	Finish
Polokwane	New facility recommended	M4: at Polokwane Hospital	01/05/2006	01/12/2007
Lebowakgomo	Maintenance of the facility	M3: NDPW :Facility for upgrading 2008-2009 FY	01/05/2008	30/10/2008
Phalaborwa	New facility	M2:At Maphuta Malatjie Hospital	01/08/2006	01/12/2007
Tshilidzini /Thoho ya ndou	New facility	M3:Tshilidzini Hospital	01/10/2006	1/4/2008
Elim	Upgrade existing facility	M2:Elim Hospital	01/11/2006	1/1/2008
Letaba	Upgrade existing facility	M2:Letaba Hospital	01/04/2006	01/09/2006
St Ritas	Upgrade existing facility	M2:st Ritas Hospital	01/04/2006	01/09/2006
Nkhensani	New facility	M2: New Nkhensani Hospital: Hospital Revit. Project	01/04/2006	01/09/2006
Mapulaneng	New facility	M2:Mapulaneng Hospital	01/05/2006	01/07/2007
Mokopane	New facility	M3:Mokopane Hospital	01/08/2006	1/2/2008
Warmbaths	New facility	M3:Warmbaths Hospital	01/08/2006	1/12/2007
Groblersdal	New facility	M2: Groblersdal	01/04/2008	01/11/2008
Kgapane	New facility	M2: Ga-Kgapane Hospital	01/04/2008	01/11/2008

2.6.2 Policies, priorities and strategic goals

Vision

An objective, impartial service aimed at serving the judiciary, protecting and serving the rights of communities by providing scientifically accurate results for the use in legal proceedings in the court of law.

Mission

To provide a professional, medical and scientific expertise, research, training and the application of that knowledge in the courts of law to benefit the communities of Limpopo province.

Strategic objectives

- Increase public understanding of the causes of unnatural deaths and to provide input to the government at both provincial and national levels on methods to further reduce unnatural deaths.
- Develop the service into professional service to optimize the support to law enforcement agencies.

Key Priorities for the next MTEF period

- Taking over of medico legal services from SAPS to Department
- Establishment and institutionalisation of forensic pathology services
- Improve and upgrade the forensic pathology service
- Develop and implement an integrated electronic record system in all forensic pathology laboratories/facilities.
- Removal of dead bodies from the scene to place of post mortem.

2.6.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures to overcome constraints
Recruitment of appropriately skilled personnel, and shortage of scare skills	Additional training posts will be filled ,in service training of a staff; advertise the posts as many times as possible in a year to attract the staff and liaise with head office HRM to fast track the process of appointment of staff
Delay in completion capital projects	Expedite the completion of projects
Lack of Forensic pathology IT systems	Pilot project due to commence in province with the assistance from IT division of NDOH
Recruitment of appropriately skilled personnel, and shortage of scare skills.	Additional training posts will be filled ,in service training of a staff; advertise the posts as many times as possible in a year to attract the staff and liaise with head office HRM to fast track the process of appointment of staff
delay in completion capital projects	Expedite the completion of projects

2.6.4 Specification of measurable objectives and performance indicators

Table 27: Provincial objectives and performance indicators for Coroner Services

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (actual)	2008/09 (target)	2009/10 (target)	20010/11 (target)
Improve the quality of forensic pathology service in the province	Transfer of forensic pathology mortuaries from the South African Service	Percentage of forensic pathology mortuaries transferred	#	80%	100%	100%	100%
	Forensic pathology services provided	Percentage of districts providing forensic pathology services	#	20%	60%	75%	100%

#new indicator, baseline data not available

PROGRAMME 3: EMERGENCY MEDICAL & PATIENT TRANSPORT SERVICES

The aim of the program is to provide on site evaluation, treatment and care of the ill or injured as well as provide continuous evaluation, treatment and care for the patient while in transit during the transportation to the nearest appropriate health facility or between health facilities.

3.1 Situational Analysis for Emergency Medical (EMS) and Patient Transport Services

Emergency Medical Services are being rendered from 41 EMS bases located throughout the Province, by basic and intermediate trained Emergency Care Practitioners (ECP). Emergency Medical Services respond throughout Limpopo to all emergency requests and has managed to significantly reduce the response times within the province. Training of ECP's up to intermediate level is done within the Province at the College of Emergency Care.

Table 28: Situation analysis indicators for EMS and patient transport

Indicator[1]	Type	Province wide value 2006/07	Capricon District 2006/07	Mopani District 2006/07	Sekhukhuni District 2006/07	Vhembe District 2006/07	Waterburg District 2006/07	National target 2006/7
Input								
1. Rostered Ambulances per 1000 people	No	0.02	0.02	0.02	0.02	0.02	0.02	0.1
2Hospitals with patient transporters	%	100	100	100	100	100	100	70
Process								
3. Kilometres travelled per ambulance (per annum)	Kms	5835400	13355	8790	19218	25864	30650	
4. Total kilometres travelled by all ambulances	Kms	5835400	921520	562560	826304	1655320	1869696	
5. Locally based staff with training in BAA	%	86	83	85	93	90	85	59
6. Locally based staff with training in AEA	%	12	16	14	7	10	3514	29
7. Locally based staff with training in ALS (Paramedics)	%	1	1	1	0.4	1	1	15

Indicator[1]	Type	Province wide value 2006/07	Capricon District 2006/07	Mopani District 2006/07	Sekhukhuni District 2006/07	Vhembe District 2006/07	Waterburg District 2006/07	National target 2006/7
Quality								
8. P1 (red calls) calls with a response of time <15 minutes in an urban area	%	70	70	70	70	70	70	50
Quality								
9. P1 (red calls) calls with a response time of <40 minutes in a rural area	%	70	70	70	70	70	70	50
10. All calls with a response time within 60 minutes		155440	33888	24660	21064	54920	20908	
11. Percentage of operational rostered ambulances with single person crews	%	0	0	0	0	0	0	1.8
Efficiency								
12. Ambulance journeys used for hospital transfers	%	5	2	1	4	8	4	30
13. Green code patients transported by ambulance	%	75	74	80	73	78	80	
14. Ambulances with less than 200 000 kms on the clock	%	100	100	100	100	100	100	50

3.2 Policies, Priorities and Strategic Goals

Policies

- Constitution of the RSA Act 108 1996 (section 27)
- Health Professions Act (Act 56 of 1974)
- Medical Schemes Act (Act 131 of 1998)
- National Health Act no 61 of 2003
- Skills development Act
- Pharmacy Act, Act 53 of 1974 as amended by no 1 of 2000
- The Health Act, 55 of 1997
- Academic Health Centers Act, Act 86 of 1993
- Health Professionals Act, Act 25 of 2002
- Skills Levy Act, Act 9 of 1999
- SAQA' Act no 58 of 4 October 1995
- Road Traffic Act
- Higher Education Act no 101 of 1997
- Higher Education Act no 101 of 1997

Priorities

- Improving response times for life threatening patients and implementation of planned patient transport
- Implementation of the Emergency Medical Services Expansion and optimisation plan as part of the 2010 FIFA world cup readiness.
- Establish communication (control centres) aero medical services and ambulance stations.
- Purchase additional ambulances, rescue vehicles and disaster buses.
- Provide a quality 24 hour Emergency Medical Services and Emergency Care Training to Ambulance Staff
- Provide all required resources according to the national norms

3.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures to overcome constraints
Shortage of EMS resources	To replace communication system
	To recruit and retain personnel
	To implement planned patient transport system
	To provide and build adequate stations in each District
	To provide adequate training resources
	To replace communication system
2. Unavailability of Aero-medical Services	To outsource Aero-medical Services

3.4 Specification of measurable objectives and performance indicators

Table 29: Provincial objectives and performance indicators for EMS and patient transport

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Provide quality Emergency Medical Services (EMS)	Improve ambulance per population	Ratio of ambulance per population	1:35 000	1:30 000	1:25 000*	1:20 000	1:15 000
	Reduce response times to patients within 15 minutes in urban areas and 40 minutes in rural areas	Response time in Urban areas Response time in rural areas	27 minutes 47 minutes	20 minutes 40 minutes	20 minutes 40 minutes	15 minutes 40 minutes	15 minutes 40 minutes
	Ambulance stations established	Number of stations established	30	45	52	47	51

#new indicator, baseline data not available;

Table 30: National performance indicators for the EMS and patient transport

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2007/08
Input									
1. Total rostered ambulances	No	#	#	107	283	300	300	300	
2. Rostered ambulances per 1000 people	No	#	0,015	0,02	0,035	0,05	0,1	0.1	0.3
3. Hospitals with patient transporters	%	#	0	0	50	75	100	100	100
Process									
4. Kilometres travelled per ambulance	Kms	110 000	107625	108000	100000	108000	108000	100 000	
5. Locally based staff with training in BAA	%	72	71	86	85	85	85	85	30
6.Locally based staff with training in AEA	%	20	22	12	12	15	20	35	60
6. Locally based staff with training in ALS (Paramedics)	%	4	2	1	4	6	8	10	10
Quality									
7. P1 (red calls)) calls with a response of time <15 minutes in an urban area	%	40	53	70	70	70	80	85	100
8. P1 (red calls)) calls with a response time of <40 minutes in a rural area	%	40	53	70	70	70	80	85	100
Quality									
9. Percentage of operational rostered ambulances with single person crews		0	0	0	0	0	0	0	0
Efficiency									
10. Ambulance journeys used for hospital transfers	%	3	3	5	10	10	10	10	30
15. Green code patients transported by ambulance	%	75	75	75	75	75	75	75	
16. Cost per patient transported by ambulance	R	1000	1225	1800	1700	1600	1500	1400	1800
17. Ambulances with less than 200 000 kms on the clock	%	#	150	200	309	409	540	540	540

3.5 Past expenditure trends and reconciliation of MTEF projections with plan

Table 31: Trends in provincial public health expenditure for EMS and patient transport (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection	2008/09 (MTEF projection	2009/10 (MTEF projection)	2010/11 (MTEF projection)
`1								
Total[2]	110	106	115	204	226	291	374	400
Total per person	21	20	22	39	42	54	69	74
Total per uninsured person	0.02	0.02	0.02	0.04	0.04	0.05	0.06	0.07
Total capital[2]	17	29	5	64	43	60	68	73
Constant (2004/05) prices[3]								
Total[2]	438	461	485	509	535	561	589	619
Total per person	0.08	0.08	0.09	0.09	0.09	0.09	0.10	0.10
Total per uninsured person	0.09	0.09	0.10	0.11	0.11	0.12	0.12	0.13
Total capital[2]	23	25	26	27	29	30	32	33

PROGRAMME 4: – PROVINCIAL HOSPITALS

The purpose of the programme is delivery of hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialised rehabilitation service, as well as a platform for training health professionals and research through three sub programme

4.1 Situational Analysis for Provincial Hospitals

All regional hospitals do not have a full complement of the basic specialists required to provide secondary level package. Districts hospitals refer patients to both regional and tertiary hospitals in the Province. The Province has five regional hospitals in each district of which 3 are mental health care facilities with 1140 beds for the whole Province. Forensic services are offered in one these hospitals.

Regional hospitals provide level 1 and level 2 care that include clinical disciplines such as Internal medicine, General surgery, Orthopaedics, Paediatrics, Obstetrics and Gynaecology, Anaesthetics, Psychiatry and Family Medicine. In addition,
Some the regional hospitals also provide tertiary level services like ophthalmology, ENT and palliative oncology.

Regional hospitals in the Province have current bed per population ration of 2.3 per 1000 population. Sixty percent of the Regional hospitals do not have gateway clinics resulting in them rendering level one service as well. The average length of stay of 5.8% ALOS for all acute services is in line with Hospital Strategy Project recommendations of between 5 and 8 days and bed occupancy rate of 71%. The admission rate of 62/1 000 population is considerably less than 85/1000 population recommended by the Hospital Strategy Project.

Table 32: Public hospitals by hospital type

Hospital type	Number of hospitals	Number of beds	Provincial average Beds per 1000 uninsured people[1]
District			
General (regional)	5	1 734	0.35
Central			
Sub-total - acute hospitals			
Tuberculosis[2]	1		---
Psychiatric[2]	3		---
Other specialist	0		---
Total public			---
Private sector			

4.2 Policies, priorities and strategic goals

Policies

- Sterilisation Act(Act no 44 of 1998)
- National Health Act(Act no 61 of 2003)
- Health professions Act (Act 56 of 1974)
- Choice of termination of pregnancy Act(Act 92 of 1996)
- Provincial Referral Policy
- Mental Health Act (Act 17 of 2002)

Priorities

- Development of secondary hospital package
- Decentralisation of hospital
- Revitalisation of hospitals
- Provision of mental health care services

4.3 Analysis of constraints and measures planned to overcome them

Constraints	**Measures planned to overcome constraints**
Access to medical specialists clinicians	Recruit and retain specialists
Shortage of health professionals	Recruit and retain health professionals
Inappropriate organizational structure	Review of organizational structure
Lack of standards for health technology	Develop standard for basic health technology
Insufficient transport	Improve transport capacity

4.4 Sub-programme Regional Hospitals

4.4.1 Specification of measurable objectives and performance indicators for Sub programme Regional Hospitals

Table 33: Provincial objectives and performance indicators for regional hospitals

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Develop secondary level services	Reduce referrals to tertiary level	% decrease in referrals to tertiary	#	#	10%	10%	10%*	40%	50%
Improve the quality of care	Improved client satisfaction	% client satisfaction	#	#	#	#	60%	62%	65%
	Patient waiting time	Patient waiting time	5.5	4.5	3.3	4	3.5	3.2	3
Expand private beds in hospitals	Implement designated service provider network	Number of hospitals implementing DSPN	1	4	4	4	5	5	5

Table 34: Performance indicators for general (regional) hospitals

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2007/08
Output									
1. Caesarean section rate for regional hospitals	%	19.3	22.3	22.1	20.3	20	19	18	18
2. Separations - Total	No	69,135	65,094	63,597	53,846	52,608	51,398	50 216	
3. Patient Day Equivalents	No	442,232	434,453	424,461	372,444	363,878	355,509	347,332	
4. OPD Total Headcounts	No	276,464	264,568	1,789,286	117,981	347781	339,782	331,967	
Quality									
5. Regional hospitals with patient satisfaction survey using DoH template	%	#	#	#	#	100	100	100	100
6. Regional hospitals with morbidity and mortality meetings every month	%	#	#	#	#	100	100	100	100
1. Regional hospitals with clinical audit meetings every month	%	#	#	#	#	100	100	100	100
Efficiency									
2. Average length of stay in regional hospitals	Days	6.5	6	5.4	5	5	5	5	4.1
3. Bed utilisation rate (based on usable beds) in regional hospitals	%	68%	70%	69.1%	70%	80%	80%	80%	75
4. Expenditure per patient day equivalent in regional hospitals	R	#	934	1,062.4	1,262.9	1 260	1 128	1 128	1,128
Outcome									
5. Case fatality rate in regional hospitals for surgery separations	%	2.8	4.4	5.6	4.6	4.4	4.0	3.5	2.0

#new indicator, baseline data not available

4.5. Sub Programme Specialised hospitals

4.5.1 Specification of measurable objectives and performance indicators for specialised hospitals

Table 35: Provincial objectives and performance indicators for specialised hospitals

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)
Improve access to mental health care	Improved acute psychiatric services	Rate of admission (150/100 000	#	11.3/100 000	20/100 000	20/100 000	50/100 000
		ALOS (Acute)	#	#	20 days	20 days	20 days
		ALOS (Sub-Acute)	#	50 days	40 days	35 days	30 days
		UBUR	#	80%	80%	80%	80%
	Improved chronic psychiatric services	% availability of basic drugs	#	100%	100%	100%	100%
		% MHCU on leave of absence	#	2%	10%	10%	10%
	Improved forensic psychiatric services	UBUR	#	100%	100%	100%	100%

#new indicator, baseline data not available

4.6 Past expenditure trends and reconciliation of MTEF projections with plan

Table 36: Trends in provincial public health expenditure for general (regional) hospitals (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]								
Total[2]	474	593	620	722	798	863	947	1013
Total per person	91	114	119	138	148	160	175	188
Total per uninsured person	0.09	0.11	0.12	0.14	0.16	0.15	0.16	0.17
Total capital[2]	4	9	6	8	10	10	3	12
Constant (2004/05) prices[3]								
Total[2]	2,340	2,605	2,863	3006	3156	3314	3480	3654
Total per person	2.95	2.62	2.75	2.89	3.03	3.18	3.34	3.51
Total per uninsured person	3.21	2.85	2.99	3.14	3.30	3.46	3.64	3.82
Total capital[2]	153	396	413	434	455	478	502	527

PROGRAMME 5: CENTRAL HOSPITALS SERVICES

The purpose provide tertiary hospital services which combine tertiary care with secondary care including some primary health care patients with some referrals to step down wards are provided through the Polokwane/Mankweng Hospital complex.

5.1 Situational Analysis for District Hospitals

Central hospital services are provided in the Polokwane / Mankweng Hospital Complex (PMHC) which combines tertiary care with secondary cases and even some primary care with internal referrals to step down wards.

Unfortunately many cases are referred to the PMHC, which should have been managed at district or provincial hospitals. This in part reflects a failure of effective capacity building of medical staff in those hospitals, by the relatively short-staffed departments in the PMHC.

As detailed below, there has been a steady increase in tertiary services offered, but not yet contributed in decreasing referrals to Gauteng (1 525 in 2005/6, 1 650 in 2006/7).

If level 3 or tertiary beds are to be provided at the ratio of 0.1 beds per 1000 population, then the required number for a population of 5 million is 500 beds. This is provided (559) in the PMHC, which has a bed level breakdown as follows. It should be noted that this is estimation because patient demand in the various departments determines ultimate bed usage and varies from time to time.

Table 37 : Summary of active beds by level of care in the PMHC central hospitals

Central Hospital	No. of level 3 beds	No. of level 1 and 2 beds	No. of step down beds	Total beds
Polokwane Hospital	317	132	58	507
Mankweng Hospital	242	240	27	509
Total	559	372	85	1 016

The status of tertiary services currently provided at the PMHC, and plans to expand and further develop these and other services in the 2007 / 08 financial year:

- Burns: This tertiary service has been offered in a section of the general surgical wards, but a new operationally distinct unit has been developed at the Mankweng Hospital. A specialised plastic surgeon has joined the staff and heads the Burns Unit;
- Cancer chemotherapy: This is offered to large numbers of outpatients and a few inpatients, under the control of an oncologist. A major limiting factor in the provision of this tertiary service is that there is no Oncology Ward.
- Cardiology: General, and complex and interventional: At present general cardiology services are provided by a part-time specialist. Interventional cardiology may develop in tandem with the new cardio-thoracic service;
- Cardio-thoracic surgery: A well-qualified and experienced cardio-thoracic surgeon has joined the Complex, and is organising 2 theatres in Pietersburg Hospital and one in Mankweng to handle traumatic and elective cases. These theatres will be organised in close contact with a new high-care ward at Pietersburg and the ICU at Mankweng Hospital.
- Colorectal surgery: Offered by an experienced surgeon.
- Cranio-facial surgery: A decision has been made to develop this as a new service under a multi-disciplinary team headed by the Head of ENT services.
- Dermatology: This service was previously provided by a part-time specialist. Full-time specialists have now been appointed at both campuses.
- Ear, Nose and Throat services are offered, but have not yet covered the specified tertiary components.
- Human Genetics: During 2007 the Wits Department of Genetics embarked on regular support visits to the Complex which provide clinical services to identified patients, and in-service and formal training sessions. This includes paediatrics, obstetric, ENT, oncology and orthopaedic patients amongst others. The long-term intention is to recruit candidates to train as clinical geneticists.
- Hepato-biliary surgery: Provided.
- Hepatology: No separate service offered but various endoscopy services provided.
- Infectious diseases: Provided as part of a general services only.
- Intensive Care: Provided at both campuses of the Complex.
- Medical oncology: Provided to a limited extent.
- MRI and CT Scan: MRI functional at Pietersburg Hospital, CT scans at both campuses. A new multi-slice CT scan is due to be installed in 2007 at Pietersburg Hospital, while the original CT will be moved to the Mokopane Hospital.
- Neonatal ICU: Full service provided at Mankweng Hospital.
- Nephrology and renal dialysis: Haemo-dialysis services offered as part of a Public Private Partnership, while specialists in the Complex staff offers peritoneal dialysis and monitor the contracted out service.
- Neurology: Provided by a part-time specialist.

- Neurosurgery: Provided.
- Nuclear Medicine: Provided.
- Obstetrics and Gynaecology: Gynae-oncology and certain other specialised tertiary services are offered.
- Oncological surgery: Provided by general surgeons.
- Ophthalmology, complex: Laser surgery and corneal transplants amongst other tertiary services provided.
- Paediatrics specialised: Specialised clinics provided.
- Plastic and reconstructive surgery: This service will be expanded in the 2007 / 8 financial year with the appointment of a full-time specialist.
- Radiation Oncology: Full service provided.
- Respiratory medicine: Limited services only.
- Stomatology: An outpatient service is provided.
- Trauma: An Emergency Medical Department has been established at the Complex and trauma units are being upgraded at both campuses. There is already close liaison between the Head of Emergency Medicine and the Head of cardio-thoracic surgery in the design of trauma theatres.
- Urology: A service is provided.
- Vascular surgery: Provided.

Listed tertiary services (NTSG) which are not yet provided at the PMHC include:

- Clinical haematology;
- Clinical immunology: Not yet provided, but the development of a molecular pathology research laboratory at the Complex will open an opportunity for a service later;
- Developmental disabilities: No specific service is offered;
- Endocrinology: These services are not offered in a distinct unit;
- Gastro-enterology: No specialised service offered;
- Lipidology; Liver transplantation;
- MDR TB: Not provided at the Complex;
- Maximum Security Psychiatry;
- Orthopaedics, complex: Only secondary procedures provided;
- Pain control: No specialised service provided;
- Pharmacology;
- Psychiatry: No tertiary element at the Complex;
- Rheumatology: No separate service;

- Renal transplantation: No service offered as yet
- Specialised neonatal surgery: Not available. This is a serious threat to the infants concerned;
- Spinal Injury Management.

It should be noted that all professional posts are listed under Polokwane Hospital, but rotate and serve at Mankweng Hospital as well.

Table 38: Comparison of staffing levels and approved staff establishment

Category	Approved posts	Filled posts	% posts filled	Vacant posts
Specialists: All levels	197	47	23.9	150
Medical Officers: All levels	449	185	41.2	264
Professional nurses: All levels: Polokwane	467	295	63.2	172
Professional nurses: All levels: Mankweng	445	257	57.8	188
Enrolled Nurses: Polokwane	209	88	42.1	121
Enrolled Nurses: Mankweng	228	132	57.9	96
Assistant Nurses: Polokwane	316	203	64.2	113
Assistant Nurses: Mankweng	286	190	66.4	96
Pharmacists: All levels	76	31	40.8	45
Radiographers: All levels	24	22	91.7	2
Allied Health Professionals	90	45	50	45
Artisans and Technicians: Polokwane	44	33	75.0	11
Artisans and Technicians: Mankweng	27	19	70.3	8
Administrative Personnel and General: Polokwane	1078	681	63.2	397
Administrative Personnel and General: Mankweng	712	461	64.7	251

Analysis of achievements

- A Public Private Partnership has been successfully introduced to take over management of the Renal Dialysis Unit at Polokwane;
- Telemedicine academic and administrative consultations are now regularly taking place in a number of section;
- New tertiary services / departments which have been introduced during the 2006/7 financial year are: A Burns Unit, Cardio-thoracic Surgery, Dermatology, Medical Resonance Imaging, Plastic and Reconstructive Surgery and Human Genetics.
- Accreditation of the Hospitals in the Complex has commenced under the guidance of COHSASA.
- Following an inspection visit by the Health Professions Council of South Africa, 6 departments now have full recognition for the post-graduate training of registrars. This means that their whole training can take place within the Northern Campus of the University of Limpopo as represented by the PMHC.

- 25 new registrars were appointed in early 2007.
- Large numbers of undergraduate students from the Southern Campus rotate through the PMHC as part of their training (897 students during 2006/7).

Table 39: Performance indicators (2006/07)

Hospital	Admissions and births	Patient days	Average length of stay: ALOS	Bed occupancy rate (%)	OPD visits	Emergency consultations	Theatre cases (major)	Patient Day Equivalents (PDE)	Cost per PDE in Rand
Polokwane	21 891	129 618	6.39	79.1	118 187	25 368	4 177	178 910	1 747
Mankweng	25 056	121 929	6.30	70.8	84 333	16 400	4 417	155 506	1 152
TOTAL	46 947	251 547	6.35	77.5	202 520	41 768	8 594	334 416	1 527

5.2 Policies, priorities and strategic goals

As part of the accreditation programme of the Council for Hospital Services Accreditation in Southern Africa (COHSASA), both hospital in the PMHC are reviewing all policy documents and greatly increasing the number of policies applicable to the various functions in the Complex. This aspect should be completed in the 2007/8 financial year.

Priorities

- Development of Tertiary services
- Improve quality of care
- Human Resource planning, development and management.
- Promote good governance

Developmental objectives

It should be noted that all the developmental objectives as set out below will have to be revised when the planned new tertiary hospital is completed in Polokwane.

Future plans

The Department is planning a new tertiary hospital to be built in Polokwane. The existing Polokwane (Pietersburg) Hospital and Mankweng will thereafter function as secondary referral hospitals for Capricorn District and probably further fields. The timing of these major developments is problematic. Unless the new hospital becomes available fairly soon, the restriction of all capital developments at the PMHC will severely restrict the development of a medical school, including the appointment of additional staff and the introduction of new services.

5.3 Analysis of constraints and measures planned to overcome them

Constraints	Proposed measures to overcome constraints
Conditional Grants provide funding for personnel costs *inter alia*, but these votes are insufficient to meet the demands of the further development of a medical school.	Motivate for additional funds for the active stage of the medical school recruitment drive.
Difficulty in recruiting and retaining professional staff	Continue to look for additional service benefits which would compensate professionals for the major city attractions in other academic centres.
Limited accommodation is available for staff members the PMHC is obliged to house	A system has been started whereby these staff members' housing is subsidized on a formula based on family size. The Complex will rent suitably priced accommodation for short stay obligatory staff such as community service professionals. Long term a building plan is needed.
No budget has been available for some years for capital developments due to plans for a new tertiary hospital. No expansion will be permitted for the foreseeable future.	Plan minor alterations to existing building to accommodate new staff members and services.
Filing systems are over-loaded and tracing old files is a problem	A new archives building has been equipped and older files are

	deposited there. A new filing system is being introduced.
Managers and Heads of Academic Departments require additional management skills	In spite of the restrictive financial situation, local sources are being sought to provide the required training.
The PMHC is inundated with referred patients who could have been managed at a primary or secondary level. The causes include poor staff numbers in district and regional hospitals, as well as a lack of experience and capacity in those hospitals. Outreach training programmes from the PMHC have not been very effective to date, due in part to senior professional staff shortages within the PMHC itself	More use will be made of training through the medium of telemedicine; Doctors will be brought to the PMHC for short periods of additional training in patient management; Available professionals are encouraged to visit peripheral hospitals regularly; Recruitment efforts will be strengthened.

5.4 Specification of measurable objectives and performance indicators

Table 40: Provincial objectives and performance indicators

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
	Recruitment of health specialist to provide tertiary services	Percentage of Specialists posts filled	37 (no)	40 (no)	24.4%	25%	35%	50%	70%
	Increase Outreach programmes	No of outreach Programmes conducted	#	#	20	25	25	25	25
	Accreditation of Clinical Departments	Number of clinical department fully accredited	#	#	8	11	11	14	16
	Implement telemedicine in the province	Number of patients managed through telemedicine	#	#	0	50	75	100	125
Development of tertiary services	Number of tertiary services offered	Number of tertiary services developed out of 50 recognised in the NTSG	#	#	#	17	21	25	28
Comprehensive tertiary care in Limpopo	Reduced referrals to Gauteng	% reduction in patients referred to Gauteng	#	#	#	#	10%	15%	20%

Table 41: National performance indicators for each central/tertiary hospitals

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2007/08
Output									
1. Caesarean section rate	%	28.4	24.3	25.8	25	25	25	25	25
2. Separations - Total	No	43 277	40 035	43 158	50 000	50 000	60 000	60 000	
3. Patient Day Equivalents	No	352 964	348 559	345 206	350 000	350 000	400 000	400 000	
4. OPD Total Headcounts	No	238 501	219 416	197154	240 000	250 000	275 000	290 000	
Quality									
1. Patient satisfaction survey using DoH template	Y/N	N	Y	Y	Y	Y	Y	Y	Yes
6. Mortality and morbidity meetings at least once a month	Y/N	#	#	Y	Y	y	y	y	Yes
7. Clinical audit meetings at least once a month	Y/N	Y	Y	Y	Y	Y	Y	Y	
Efficiency									
1. Average length of stay	Days	5.9	6.5	6.2	5.8	5.7	5.6	5.5	5.3
2. Bed utilisation rate (based on usable beds)	%	76.1	76.6	77.5	67	75	77	79	75
3. Expenditure per patient day equivalent	R	#	#	1,527	1,877	2,100	2,300	2,500	2.750
Outcome									
4. Case fatality rate for surgery separations	%	3.8	4.4	3.7	4.3	4.5	4.0	3.7	3.0

#new indicator, baseline data not available

5.5 Past expenditure trends and reconciliation of MTEF projections with plan

Table 42: Trends in provincial public health expenditure for central hospitals (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]								
Total[2]	398	419	431	497	524	696	777	893
Total per person	76	81	83	92	97	129	144	165
Total per uninsured person	0.08	0.08	0.09	0.10	0.10	0.12	0.13	0.15
Total capital[2]	30	31	32	52	19	53	58	62
Constant (2004/05) prices[3]								
Total[2]	1632	1,718	1,810	1900	1995	2094	2199	2309
Total per person	4.74	4.99	5.23	5.49	5.76	6.05	6.35	6.67
Total per uninsured person	5.16	5.43	5.68	5.96	6.26	6.57	6.90	7.24
Total capital[2]	115	121	134	142	149	156	164	173

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

The purpose of the programme is rendering of training and development opportunities for actual and potential employees of the Department.

SUB-PROGRAMME 6.1: EMS TRAINING COLLEGE

The purpose of the sub-programme is training of rescue and ambulance personnel.

6.2.1 Situational Analysis for EMS Training College

The College of emergency care is accredited by the HPCSA to offer Basic Life Support (BLS), Intermediate Life Support (ILS), and continuous professional development. Currently there is 84% of staff trained in BLS, 15% of staff trained in ILS, 1% of staff trained in advance Life support in the service. The training of all these courses takes place at the provincial college housed in Polokwane provincial hospital. The college also offers auxiliary courses in Basic Medical Rescue (BMR), Intermediate Medical Rescue (IMR), Defensive Driver training and Advance Defensive Driver training.

6.2.2 Policies, priorities and strategic goals EMS Training College

Policies

- National Health Act no 61 of 2003
- The Public Service Act of 1997
- Skills development Act
- Pharmacy Act, Act 53 of 1974 as amended by no 1 of 2000
- The Health Act, 55 of 1997
- Academic Health Centres Act, Act 86 of 1993
- Health Professionals Act, Act 25 of 2002
- S.A. Medical Research Council Act, Act 58 of 1991
- Skills Levy Act, Act 9 of 1999

- SAQA' Act no 58 of 4 October 1995
- Road Traffic Act
- Higher Education Act no 101 of 1997

Priorities

- To train sufficient Emergency Care Practitioners (ECP's) for the Province
- To reduce BLS practitioners percentage and increase ILS practitioners percentage to 60%
- To conduct EMS research
- To improve ECP product

6.2.3 Analysis of constraints and measures planned to overcome them EMS Training College

Constraints	Measures planned to overcome constraints
Shortage of appropriate qualified training staff	Implement the recruitment and retention plan
Insufficient training and student transport	Increase fleet capacity
Insufficient Training resources	Increase training resources
Inadequate training facility	Upgrading of existing facilities Erection of the structure suitable for training and accommodate students (residence)

6.2.4 Specification of measurable objectives and performance indicators

Table 43: Provincial objectives and performance indicators for EMS training colleges

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
To train Emergency Care Practitioners (ECP's)	Increase the ILS staff component to 45%	% ILS Staff increase	#	7 %	9 %	12 %	16 %
	Increase ALS staff component to 12%	% ALS Staff increase	#	1 %	1 %	2 %	3 %
	Increase the Basic Medical Rescue staff to 50%	% BMR staff increase	#	20 %	22 %	25 %	30 %

SUB-PROGRAMME 6.3: NURSE TRAINING COLLEGES

The purpose of the sub-programme is training of nurses at undergraduate and post-basic level.

6.3.1 Situational Analysis for Nurse Training Colleges

Nursing education includes training of nurses in basic nursing certificate, basic diploma, and post basic diploma and certificate programmes. Training includes continuous professional development of nurses of all categories. The formal training programs take place in the Limpopo College of nursing campuses and the nursing schools within hospitals. Basic nursing certificate, Diploma in Nursing and Post basic Nursing Diplomas are offered to candidates who have been granted study leave. Therefore the student enrolment is dependent on study leave as against target set. Diploma in General Nursing Enrolled Auxiliary Nursing is offered as direct entry. The production output is lower than the needs. The sizes of the district hospitals limit teaching platform to basic nursing certificate mainly. Shortage of specialist in regional hospitals also limit teaching platform of Diploma programs.

The Province has twenty five nursing schools located in the accredited hospitals. It also renders nurse training in three college campuses.

The following programmes are offered:

- Diploma in ophthalmic nursing;
- Diploma in Nursing , Health Assessment, Treatment
- Diploma in Decentralised Programme of Advance Midwifery(DEPAM)
- Diploma in Clinical Nursing Science (OT, ICU, Orthopaedic, Trauma);
- Diploma in Midwifery:
- Diploma in Nursing (General, community, psychiatric) and Midwifery
- Diploma in general nursing (bridging)
- Certificate in Enrolled Nursing
- Certificate in Auxiliary Nursing

Nursing Education is phased with the challenge of inadequate teaching and learning resources and delay in the accreditation of new and revised curricula by SANC.

6.3.2 Policies, priorities and strategic goals for Nurse Training Colleges

- Nursing Act No 33 of 2005
- White Paper on the transformation of nursing education and training in South Africa, 1999
- Northern Province College of Nursing Act 3 of 1996
- Skills Development Act 31 of 2003
- SAQA Act of 1995
- Higher Education Act

Priorities

- To train sufficient nurses to meet the needs of the province
- To render effective continuing professional development programs.
- To expand the teaching platform for all categories of nurses through establishment of nursing colleges to increase the increase training institutions and intake of nurses
- To conduct nursing research

6.3.3 Analysis of constraints and measures planned to overcome them for Nurse Training Colleges

Constraints	Measures planned to overcome constraints
• Inadequate training platform for all categories of nurses	• Accreditation of facilities for basic diploma and post basic nurse training
	• Improve nursing practice resources
	• Expanding facilities through additional campuses
	• Upgrading of existing facilities
• Insufficient skill mix of nurse educators	Train nurse educators Implement the recruitment and retention plan
• Lack of scientific selection criteria	Develop and implement appropriate selection criteria

6.2.4 Specification of measurable objectives and performance indicators

Table 44: Provincial objectives and performance indicators for nursing training colleges

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Develop and train nurses to meet provincial needs	Provide post basic diploma programmes	Number of students registered for post basic programmes	#	250	250	250	250
	Provide basic diploma programmes	Number of student enrolled for bridging course	310	310	550	560	600
		Number of students enrolled for 4 year programme	848	842	1 000	1 200	1 300
		Number of students registered for Midwifery	#	243	350	370	400
	Provide basic nursing certificate program	Number of students enrolled for the enrolled nursing	242	300	350	360	370
		Number of students enrolled for auxiliary nursing	426	426	600	700	750

Table 45: National Situational analysis and projected performance for health sciences and training

Indicator	Type	2004/05 (actual)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target)	2009/10 (target)	2010/11 (target)	National target 2007/08
Input									
1. Intake of medical students	No	111	207	208	243	699	699	699	
2. Intake of nurse students	No	579	549	848	860	1000	1200	1300	
3. Students with bursaries from the province	No	751	764	947	1298	2232	3154	4155	
Output									
4. Basic medical students graduating	No	89	125	103	123	211	223	144	
11. Development component of HPT & D grant spent	%	100	100	100	50	100	100	100	

6.5 Past expenditure trends and reconciliation of MTEF projections with plan

Table 46: Trends in provincial public health expenditure for HPT&R conditional grant (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection
Current prices[1]								
Total	42	52	72	72	76	80	89	94
Total per person	8	10	14	14	14	14	16	17
Total per uninsured person	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.02
Constant (2004/05) prices[2]								
Total	53	56	58	61	64	68	71	75
Total per person	10	11	11	12	12	13	13	14
Total per uninsured person	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.02

PROGRAMME 7 – HEALTH CARE SUPPORT SERVICES

The purpose is to render support services as required by the Department to realise its aim.

Nursing services focuses on the support, care and treatment of a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death.

7.1 Situational Analysis for Health Care Support Services

- There is a shortage of Pharmacists and a high turn over rate.
- Provincial Pharmaceutical Therapeutics Committee (PTC) fully functional. Institutional PTC functionality is at 90%.
- Hospital Pharmacies are experiencing problems in obtaining transport to deliver medicines to clinics.
- Stock availability at the Depot is 92%, Hospitals 93% and Clinics 90%.
- Most Pharmacy support personnel and other Health care professionals are not trained in line with Pharmacy Legislation

These services are within the professions of Physiotherapy, Speech and Hearing, Occupational Therapy, Medical Orthotic and Prosthetic, Dietician, Optometry, Radiography and Medical Social work, focuses on rehabilitation.

- 22 (56%) hospitals have full complement of Health Care support services.
- This is a developing service within the Department.
- The service standard for each discipline is in place.
- Rehabilitation services are largely underdeveloped in rural areas.
- NGO sector plays a role in the provision of services e.g. orientation and mobility for the blind.
- Maintenance of professionalism. A nurse manager's forum has been established as a vehicle towards attaining the coordination. Basic nursing care package has been developed to enhance the coordination and improvement of quality nursing care.
- The Province has 13 000 nursing personnel with 3000 vacancies (20% vacancy rate).
- The hospital organizational structures fall short of addressing the recommended staffing norms. In some institutions staffing levels exceed the recommended ICN ratio of 1 nurse: 6-8 patients.

7.2 Policies, priorities and strategic goals

Policies

- Medicines and related substance control Act
- Pharmacy Act as amended (2000)
- SA medicines and medical devices Act (1965)
- National Drug policy
- Health Professions ACT, 25 of 2002.
- National rehabilitation Policy 2000.
- White paper on an integrated National Disability Strategy 2006.
- Policy on free health care for people with disability at hospital level 2003.
- Radiation control policy 2000
- National Health Act No 61 of 2003
- Nursing Act No 33 of 2005, Nursing Directives, Rules and Regulations
- Nursing Personnel Management Policy Draft
- Nursing Practice Charter
- The Charter of the Public and Private Health Sectors of the RSA

Priorities

- Improve accessibility of quality clinical support services
- Monitor rational utilization of drugs
- Strengthen inspectorate Services
- Ensure compliance with Pharmacy Act through training of pharmacist assistants and other health professional on dispensing
- Improve availability and monitoring of drugs in health facilities and depot.
- Strengthen functionality of both Provincial and Institutional PTC's
- Establish and strengthen rehabilitation services
- Promote and ensure quality nursing care
- Restore and maintain professionalism among members of the nursing profession

7.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures planned to overcome constraints
Shortage of personnel	Implement the strategy of recruitment and retention of personnel.
Partial compliance with the Pharmacy Act	Upgrade the facilities to be in line with the provisions of the Pharmacy Act.
Shortage of appropriate resources	Recruitment, development and retention of staff. - Advocate for allocation of resources at facilities level
Inadequate outreach services.	Increase facilities with functional outreach team.
Poor rehabilitation services at community level	Establish and strengthen Community based Rehabilitation Services programmes
Shortage of resources	- Intensify recruitment and retention strategies for nursing personnel - Facilitate the procurement of nursing equipment
Competence and skills gap	- Develop appropriate nursing practice standards - Ensure that nurses are competent
Poor ethical conduct	- Reinforcement of compliance with rules and regulations

7.4 Specification of measurable objectives and performance indicators

Table 47: Provincial objectives and performance indicators for Health Care Support Services

Strategic Objectives	Measurable Objective	Indicator/ Performance Measure	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Increase the drug availability at the Depot and health facilities	Increased availability of medicines	% drug availability at the Depot	92%	95%	95%	97%	97%
		% drug availability at Hospitals	90%	90%	95%	97%	97%
		% drug availability at PHC facilities	90%	85%	90%	95%	95%
Implement the NHLS SLA and ensure the delivery of laboratory services	Compliance with the service level agreement (SLA) monitored	% compliance with the Service Level Agreements at all institutions	#	100%	100%	100%	100%
Improve quality of nursing care	Quality of nursing care improved	% facilities implementing 100% of nursing care package	#	20%	50%	60%	70%

#new indicator, baseline data not available

7.5 Past expenditure trends and reconciliation of MTEF projections with plan

Table 48: Trends in provincial public health expenditure for support services (R million)

Expenditure	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (estimate)	2007/08 (MTEF projection)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[1]								
Total	252	293	366	365	415	526	552	662
Total per person	48	56	70	70	77	97	102	123
Total per uninsured person	0.05	0.05	0.07	0.07	0.08	0.09	0.09	0.11
Constant (2004/05) prices[2]								
Total	1386	1459	1,536	1612	1692	1777	1866	1959
Total per person	0.25	0.27	0.29	0.30	0.31	0.32	0.33	0.34
Total per uninsured person	0.25	0.27	0.29	0.30	0.31	0.32	0.33	0.34

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

The purpose of the programme is to plan, provide and equip new facilities/assets, and upgrade, rehabilitate and maintain hospitals, clinics and other facilities.

8.1 Situational Analysis for Health Facilities Management

The Department conducted a Hospital Facility Condition and Suitability Audits in 1995 and 1997. A similar audit for PHC facilities was conducted in 1997. These audits provided the base line information for the ten-year plan to upgrade and rebuild health facilities in the Province. Recently, a Facility Audit and Condition Assessment of all health and social development institutions were conducted in 2005. This audit provides a basis for a review of the health facilities' performance, the capital needs and upgrade and furthermore, provides a basis to holistically plan the capital works and maintenance program of the entire Department.

The equitable share budget for infra-structure has been shrinking over the years. The capital works and physical facility development is now sustained through conditional grants like hospital revitalization, provincial infrastructure and forensic and pathological services' mortuary grants. The implementing agents for the major part of capital works is the Department of Public Works with a portion through the Independent Development Trust. The CSIR is through a memorandum of agreement with the Department, providing technical support and programme implementation for the maintenance programme starting with the Facility Audits, specifications and maintenance term contracts.

Table 49: Historic and planned capital expenditure by type[2]

	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate	2008/09 (budget)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Major capital[3]	223	370	359	627	741	891
Minor capital[4]	0	0	0	0	0	0
Maintenance/Equip maint	164	266	248	281	299	312
Equipment	25	33	6	6	6	23
Equip maintenance	412	669	613	914	1046	1226
Total capital[1]	223	370	359	627	741	891

1. Total capital should amount to the same as Total capital (summary of grants and equitable share) in table HFM2 and Total capital in table HFM8 below. It should exclude non HFM capital falling under the Treasury. definition of capex (i.e. more than R5, 000 and lasts more than a year).
2. If planned expenditure exceeds budgeted expenditure over the MTEF some explanation of the impact of the shortfall should be described.
3. Major capital should include all projects over R1 million.
4. Minor capital should include all building projects under R1m, and should exclude non HFM capital falling under the Treasury definition of capex (i.e. more than R5, 000 and lasts more than a year).

Table 50: Summary of sources of funding for capital expenditure

	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate	2008/09 (budget)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Infrastructure grant	84	101	107	134	157	176
Equitable share	5	179	111	234	382	420
Revitalisation grant[1]	159	91	128	248	196	306
Forensic mortuaries grant	0	32	19	17	12	12
Other (Maint/Equip maint)	164	266	248	281	299	312
Total capital	412	669	613	914	1046	1226

Hospital rehabilitation and reconstruction grant HR&R) expenditure prior to 2003/4 should be recorded under revitalisation grant

Table 51: Historic and planned major project completions by type

	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate	2008/09 (budget)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
New hospitals						
New clinics / CHC's					2	
Upgraded hospitals	2		2			
Upgraded clinics		20	33	20	15	27

Table 52: 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				
				Waterberg	Mopani	Vhembe	Sekhukhune	Capricorn
Programme 1								
MECs office and Administration[1]	6	10	1	-	-	-	-	1
Programme 2								
Clinics and CHC's	129	10	17					
Mortuaries	12	3	4	1	-	2	-	1
District hospitals	31	10	2	1	-	1	-	-
Programme 3								
EMS infrastructure[1]	37	10	6	2	1	1	1	1
Programme 4								
Regional Hospitals	6	10	1	-	1	-	1	-
Psychiatric hospitals[1]	3	10	1	-	-	-	-	1
TB hospitals[1]	-	-	-	-	-	-	-	-
MDR	1	10	-	-	-	-	-	-
Programme 5								
Provincial tertiary	2	3	2	-	-	-	-	2
Central Teaching Hospital	1	10	1	-	-	-	-	1
Other programmes[1,3]								
Nursing colleges	5	10	2	1	-	-	1	-
Laundries	5	10	1	-	-	-	1	-
Staff Accommodation	607	3	224	58	43	44	42	37
Total all programmes								

8.2 Policies, priorities and strategic goals

Policies

- Regulation 158
- Building Regulation
- Construction Industry Development Board Act
- Occupational Health and Safety Act
- Pharmacy Act
- Mental Health Act
- Fire Brigade Act
- Supply Chain Management Act
- Preferential procurement Act

Priorities

- Upgrade and Building of PHC facilities (Clinics and Health Centres)
- Clinic Electrification
- Clinic Sanitation
- Clinic Water
- Upgrade of District, Provincial and Specialized Hospitals
- Building of New EMS Stations
- Upgrading and building of Nursing Colleges
- Upgrading and building of Forensic Pathological Services' Mortuaries
- Upgrading and building of Central Laundries
- Upgrade and building of Corporate Office Accommodation
- Maintenance of Health Facilities

Strategic goals and strategic objectives

The strategic goal of rendering health facility planning and development is realised through strategic objectives of

- Rendering capital planning and development of Infrastructure ,
- Provision of a reliable source of water at health facilities
- Provision of appropriate sanitation at health facilities
- Provision of reliable electricity supply
- Maintenance of health facilities in a serviceable condition

CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT

Since 1996, the Department developed a policy to maintain its assets. Funds have been set aside in the various Districts, specifically for maintenance. Budget allocations have increased steadily over the last few years.

Each facility has maintenance staff employed by Health and Social Development.

Public Works staff assists on request and where they are unable to provide direct service, external service providers / contractors are called in with Public Works offering technical advice.

CO-ORDINATION, CO-OPERATION AND OUTSOURCING PLANS

Interdepartmental linkages

The department consists of two Votes namely Vote 7 (Health) and Vote 12 (Social Development). The two votes share common ground in the fight against HIV & AIDS and poverty. The burden of Infrastructure development and upgrading of facilities is jointly undertaken in conjunction with the Department of Public Works. Public Works is responsible for the contract management of the contractors that perform the work and ensure that Service Level Agreements are adhered to.

Local Government linkages

The devolution of District Health Services to the Municipalities and transfer of Environmental Health Services to the District Municipalities is being finalised.

Through the Health District plans, the department ensures that its pans are linked to processes of developing and implementing Integrated Development Plans (IDPs) in support of co-operative governance.

Public Private Partnerships (PPP) outsourcing, etc.

The department has employed the services of Transactional Advisors and feasibility studies have been undertaken. Six PPP projects were registered with National Treasury of which four were de-registered based on feasibility study results. The Renal Dialysis unit has been launched in October 2007.

The department has made use of outsourcing non core business that includes, catering for patients, Gardening Services, and Security of Assets. The rationale for outsourcing is informed by insufficient budget, the department does not have the capacity to manage the services and cost implications (costly and not efficient)

Formatted: Bullets and Numbering

8.3 Analysis of constraints and measures planned to overcome them

Constraints	Measures
Staff not proportional to increasing number of projects	Recruit and appoint more staff at both Provincial and District levels to enhance quality control and monitoring
Environmental Impact Assessment (EIA) Process possibility to lengthen the construction period and also escalate construction costs. Impact on staffing requirements internally and number of consultants to be engaged per project site	Sites to be identified and secured earlier (as is planning) so as to allow ample time for EIA processes. Recruit EIA officer solely to deal with sites / land issues, soil investigations and EIA process.
Site Acquisition inconsistency amongst municipalities that is donation from municipality and pressure on DoHSD to purchase land from municipalities	Engage municipalities, Local Government and Housing and Public Works in an effort to resolve land acquisition, re-zoning and transfer
Donor funded clinics and other facilities which do not address the comprehensive DoHSD's building package. Donor funded facilities that do not meet the requirements and no communication with DoHSD until project completion	Develop guidelines for donor funded facilities and communicate information through DoHSD stakeholder forums and Imbizos
The apparent fine line between renovations and maintenance co-ordinated through Logistics and those through Physical Facilities Planning & Co-ordination	Develop a flow of communication and clear communication lines to guide all role players

Constraints	Measures
Implementing Agencies' Performance in relation to targets, time lines, quality control and impact on client's under-expenditure and service delivery targets (Public Works and IDT)	Review and finalize service level agreements (SLA's) that are more demanding (water-tight) on the Implementing Agents Recruit and appoint more staff at both Provincial and District levels to enhance quality control and monitoring

8.4 Specification of measurable objectives and performance indicators

Table 53: Provincial objectives and performance indicators for Health Facilities Management

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Render capital planning and development of infrastructure	Health facilities upgraded	Number Hospitals upgraded	4 Lebowakgomo Jane furse Dilokong Nkhensani	7 Lebowakgomo Jane furse Dilokong Nkhensani Letaba Thabamoopo Maphutha Malatji	7 Lebowakgomo Jane furse Dilokong Nkhensani Letaba Thabamoopo Maphutha Malatji	5 Dilokong Nkhensani Letaba Thabamoopo Maphutha Malatji	5 Letaba Thabamoopo MaphuthaMalatji Musina Thabazimbi	5 Letaba Thabamoopo Maphutha Malatji Musina Thabazimbi
		% progress in upgrading targeted Regional Hospital	Letaba 40%	40%	65%	80%	95%	100%
		% progress in upgrading of targeted specialized hospitals Thabamoopo and Evuxhakeni	Thabamoopo	20%	40%	90%	100%	
			Evuxhakeni	-	-	5%	30%	50%
		% progress in upgrading Nkhensani Hospital	30%	50%	90%	100%	-	-
		% progress in upgrading Dilokong Hospital	30%	50%	90%	100%		
		% progress in upgrading Maphutha Malatji	#	#	10%	55%	75%	100%
Render capital planning and development of infrastructure	Health facilities upgraded	% progress in upgrading Thabazimbi Hospital	#	#	2%	5%	40%	60%
		% progress in upgrading Musina Hospital	#	#	2%	5%	40%	60%

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Render capital planning and development of infrastructure	Health facilities upgraded	Number of clinics upgraded	33	20	15	27		
		Progress (%) in clinics upgrading	15% (33)	80% (33) 10% (20)	100% (33) 95% (20) 100% Planning (15)	100% Planning (27)	50% (27)	100% (27)
		Progress (%) in upgrading WF Knobel & G Masebe boilers	None	100% Planning	80%	100%	None	None
		Progress (%) in upgrading Bela-Bela boilers	None	None	None	100%	None	None
		Progress (%) in upgrading Tshilidzini & Mokopane Aircon's	None	None	100%	None	None	None
		Progress (%) in electrical upgrading Polokwane, Voortrekker & D Fraser	None	None	100% Planning	80%	100%	None
		Number of Laundries upgraded	None	1	3	None	None	None
		Progress (%) in Laundries upgrading		80%	100% (1) 100% (3)			
Render capital planning and development of infrastructure	Health facilities developed	Number of Emergency Medical Services (EMS) stations developed	None	5	6	7	6	7
		Progress (%) in developing EMS stations	None	20%	100% (5) 50% (6)	100% (6) 50% (7)	100% (7) 50% (6)	100% (6) 50% (7)
		Number of Nursing Campuses developed	#	2	-	1	-	2
		Progress (%) in developing Nursing Campuses		60% (2 Temporary structures)	100% (2 Temporary structures)	5%	60% (1)	100% (1) 30% (2)

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
Render capital planning and development of infrastructure	Health facilities developed	Progress (%) in developing Thaba Leshoba Health Centre	#	100% Planning	40%	80%	100%	None
		Progress (%) in developing HC Boshoff Health Centre	#	5%	40%	80%	100%	None
		Progress (%) in developing Whitoc - Cum - Provincial Office	#	10%	80%	100%	None	None
Render capital planning and development of infrastructure	Health facilities developed	Staff Accommodation - Number of 2 bedroom Houses	#	109	-	62	-	-
		Staff Accommodation - Number of Bachelor Flats	#	58	-	102	-	-
		Staff Accommodation - Number of Nursing Rooms	#	250		60	530	
		Progress (%) in developing Staff Accommodation	#	70% (417)	100% (417)	70% (224)	100% (224) 70% (530)	100% (530)
		Number of Central Laundries developed	#	5	-	-	-	2
		Progress (%) in developing Central Laundries	#	100% Planning				30%
Render capital planning and development of infrastructure	Health facilities developed	Number of Forensic Mortuaries developed	11	-	2	-	6	-
		Progress (%) in developing Forensic Mortuaries	10% (11)	60% (11)	100% (11) 5% (2)	100% (2)	60% (6)	90% (6)
		Number of Malaria facilities developed	#	#	#	2	3	None
		Progress (%) in developing Malaria facilities				Planning 100%	100%	

Strategic Objectives	Measurable Objective	Indicator (Performance Measure)	2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)
		Progress (%) in developing New Academic Hospital	#	#	#	30% Planning	60% Planning	100% Planning & 5% Construction
Provide a reliable source of water at health facilities	Health facilities provided with water	% of health facilities provided with reliable source of water	100% (49 clinics)	66	47	25	25	25
Provide appropriate sanitation at health facilities	Health facilities provided with appropriate sanitation	% of health facilities provided with appropriate sanitation	100% (40 clinics)	48	114	0	0	0
Provide reliable electricity supply at health facilities	Health Facilities provided with reliable electricity	% of health facilities provided reliable electricity	100% (26 clinics with no electricity)	28	29	0	0	0
Maintain Health Facilities in a serviceable condition	Health Facilities maintained	% Health facilities maintained	59%	60%	61%	62%	63%	65%
Co-ordinate the development and management of public private partnership (PPP)	Register PPP projects with National Treasury.	Number of registered PPP projects with National Treasury.	5	5	6	2	3	3
	Sign contracts of registered PPP projects.	Number of registered PPP projects with signed contracts.	#	1	1	2	2	3

 # new indicate, baseline data not available

Table 54: National Performance indicators for health facilities management

Indicator (Performance Measure)		2005/06 (actual)	2006/07 (actual)	2007/08 (estimate)	2008/09 (target	2009/10 (target)	2010/11 (target)	National target 2007/08
Input								
1. Equitable share capital programme as % of total health expenditure	%	3.48	4.03	4.46	4.46	4.46	4.46	2.5
2. Hospitals funded on revitalisation programme	%	14	0.1	0.1	0.1	0.1	0.1	25
3. Expenditure on facility maintenance as % of total health expenditure	%	1.83	2.04	1.92	1.92	1.92	1.92	4
4. Expenditure on equipment maintenance as % of total health expenditure	%	18	29	29	27	27	27	4
Process								
5. Hospitals with up to date asset register	%	100	100	100	100	100	100	100
6. Health districts with up to date PHC asset register (excl hospitals)	No	5	5	5	5	5	5	All
Quality								
7. Fixed PHC facilities with access to piped water	%	78	80	100	100	100	100	100
8. Fixed PHC facilities with access to mains electricity	%	70	75	100	100	100	100	100
9. Fixed PHC facilities with access to fixed line telephone	%	80	80	100	100	100	100	100
10. Average backlog of service platform in fixed PHC facilities	Rm	20	21	22	23	25	25	15
11. Average backlog of service platform in regional hospitals	Rm	1	1	1	1	1	1	15
12. Average backlog of service platform in specialised hospitals	Rm	1	1	1	1	1	1	15
13. Average backlog of service platform in tertiary and central hospitals	Rm	0	0	0	0	0		15
14. Average backlog of service platform in provincially aided hospitals	R	0	0	0	0	0	0	15
Outcome								
15. Level 1 beds per 1000 uninsured population	No	1.3	1.3	1.3	1.3	1.3	1.3	90
16. Level 2 beds per 1000 uninsured population	No	0.5	0.5	0.5	0.5	0.5	0.5	60

New indicator, baseline data not available

8.5 Past expenditure trends and reconciliation of MTEF projections with plan

Table 55: Trends in provincial public health expenditure for health facilities management (R million)

Expenditure[1]	2003/04 (actual)	2004/05 (actual)	2005/06 (actual)	2006/7 (actual)	2007/08 (estimate)	2008/09 (MTEF projection)	2009/10 (MTEF projection)	2010/11 (MTEF projection)
Current prices[2]								
Total	252	301	401	554	425	746	907	1109
Total per person	48	58	77	106	79	138	170	205
Total per uninsured person	0.05	0.06	0.08	0.11	0.08	0.13	0.18	0.19
Constant (2004/05) prices[3]								
Total	1519	1599	1,684	1462	1813	2316	2432	2553
Total per person	0.28	0.30	0.32	0.28	0.34	0.44	0.46	0.47
Total per uninsured person	0.31	0.33	0.35	0.30	0.39	0.48	0.50	0.51