

PROGRAMME 3



EMERGENCY MEDICAL SERVICES

Programme 3: Emergency Medical Services

Purpose

The purpose of the Emergency Medical & Patient Transport Services is to render an efficient, effective and professional, emergency medical and rescue services to the citizens of the Eastern Cape Province.

Strategic Objectives

- To build a functional and effective emergency medical service.
- To institutionalize the 90% implementation of disaster management guidelines by all facilities, districts and health agencies by 2015.

Programme Description

The emergency medical services (EMS) programme operates primarily from five main stations namely East London, Mthatha, Queenstown, Mt. Ayliff and Port Elizabeth. A network of 79 satellite stations throughout the Province is linked to the five main stations. The operation of the EMS has previously not been aligned with health district boundaries; five bases had been operating across seven health districts with the Cacadu and Joe Gqabi districts managed from the NMMM and Chris Hani bases respectively. The main components of the EMS programme are:

- Emergency Services (Ambulances and Aero-Medical Aircraft),
- Patient Transport Service, and
- Disaster Management Services.

Programme Objectives


To provide reliable and efficient EMS service to the Eastern Cape communities,
To develop effective EMS systems in support of health care delivery service, and
To strive towards attainment of national norms and standards.

Service delivery achievements:

There has generally been a decrease in reported calls compared to the previous years. A total of 290,007 calls and a total emergency head count of 318,677 was

reported. The majority of calls received were Priority 3 response calls comprising 48.9% of the total number of calls indicating an increase compared to the previous years. Priority 1 response calls remain fewer than the other categories (see figure 3.1). Hoax calls still pose a problem considering limited resources (Table 3.1).

- Several factors in combination militate against the attainment of National set Norms in the delivery of EMS in the Eastern Cape Province. Amongst these are the vastness and the rural nature of the province with poor infrastructure and road networks. This is aggravated by a provincial fleet contract that is very restrictive and therefore constraining in meeting the emergency service delivery needs of the Province.
- To achieve an equitable EMS coverage of the EC uninsured population, the Province requires at least 700 ambulances which will translate to 12 ambulances per 100 000 against the current 6 per 100 000 uninsured population (there are 341 ambulances at present).
- The department has, through innovation of procuring an additional 100 own stock ambulances and robust management of said contract, managed to raise the number of ambulances from a pittance of 84 at the worst of times to 341 currently which translates to just 50% of the norm.
- The average rostered ambulances throughout the financial year under review was 169 or 2.8 per 100 000 uninsured population. Judicious application of the limited resources at the disposal of the Department will ensure further closing of this gap in a progressive fashion.
- Maternity cases comprise 12% of the total emergency case headcount transported during the financial year under review. In order to improve response times and curtail maternal and neonatal deaths from obstetric emergencies, the EMS vehicles are being de-provincialised from the Medical Emergency Transport and Rescue Organization (METRO) bases to be stationed at the health facilities for easy accessibility to the communities in the time of need.
- Furthermore the administration is also being reorganized in line with this strategic thrust



such that the Port Elizabeth and Chris Hani METROs are being de-clustered for Cacadu and Joe Gqabi to administer their own affairs.

- Thirty-six ambulances have been designated to service obstetric and neonatal emergencies at 32 identified health facilities with Maternal Obstetric Units (MOU) as well as four busy hospitals - namely Port Elizabeth Hospital Complex, East London Hospital Complex, Mthatha Hospital Complex and Cecilia Makhiwane Hospital - to enhance inter hospital transfer of emergency cases.
- Decisive interventions to restore a culture of professionalism and a Batho Pele-centered service delivery approach, have seen that all Emergency Care Practitioners (ECPs) in the service are appropriately registered with the Health Professions Council (HPCSA) as required by law as well as having valid Public Drivers Permits (PDP). Previously over 309 ECPs were either not registered, did not have PDP's or both.
- Improvements are being introduced to the extent that all new vehicles are fitted with a tracking device allowing management to track the position of vehicles and even the speed at which a vehicle is being driven.
- In Port Elizabeth for the 2010 World Cup, a state of the art call-taking facility with Customer Relations Monitoring (CRM) and automated call-taking and recording was piloted. This system will be duplicated for the entire province which will be located at the Departmental Integrated Call Centre in East London. The plan is to have this fully operational in the new financial year. This will ensure accuracy of EMS service delivery statistics which are currently in a parlous state.

- The ECDOH had been characterized by single-man ambulance crews – a practice that is discouraged in EMS delivery. To eradicate this practice, 109 additional ECPs were employed in the Cacadu District. In addition, 22 community-identified disabled persons have been trained for deployment to man the call centres.
- The EC has 79 bases throughout the province. In the last three to four years the department has built two EMS bases. The recently opened Mount Ayliff base is an upgrade from the park homes that they were using. This is ample evidence of the ECDOH's continued attempt to improve the services and working conditions for the EMS staff in the Department.

Challenges:

- Some targets were not achieved because of budget limitations; for example only one of the planned satellite bases for construction was completed.
- Inability to fill posts in order to reduce the number of one-man crews and to adequately man the new ambulances – the number of deaths in ambulance is higher than the previous two years (see table 3.1).
- Critical efficiency indicators required to measure EMS programme performance are not reliable. This is a result of the absence of a reliable, functional, effective and automated call taking and tracking system to accurately record the calls. Call taking and recording is currently performed manually.

Table 3.1: Number of EMS calls received distributed by client category

*EMS call category	2008/09	2009/10	2010/11
Deaths (in ambulance)	239	195	*331
Hoax call	4 843	4 210	4617
Rescued cases	5 444	4 707	*3413
Death (on arrival)	6 348	6 078	4780
Priority 1 response	17 003	12 420	8 092
Priority 2 response	192 137	161 601	124 556
Priority 3 response	154 206	134 472	126 765
Patient refuse service	9 363	7 752	6864
Cannot locate patient	23 624	23 492	14 333
Total	413 207	354 927	290 007

*Figures excluded from the total number of calls to avoid duplication

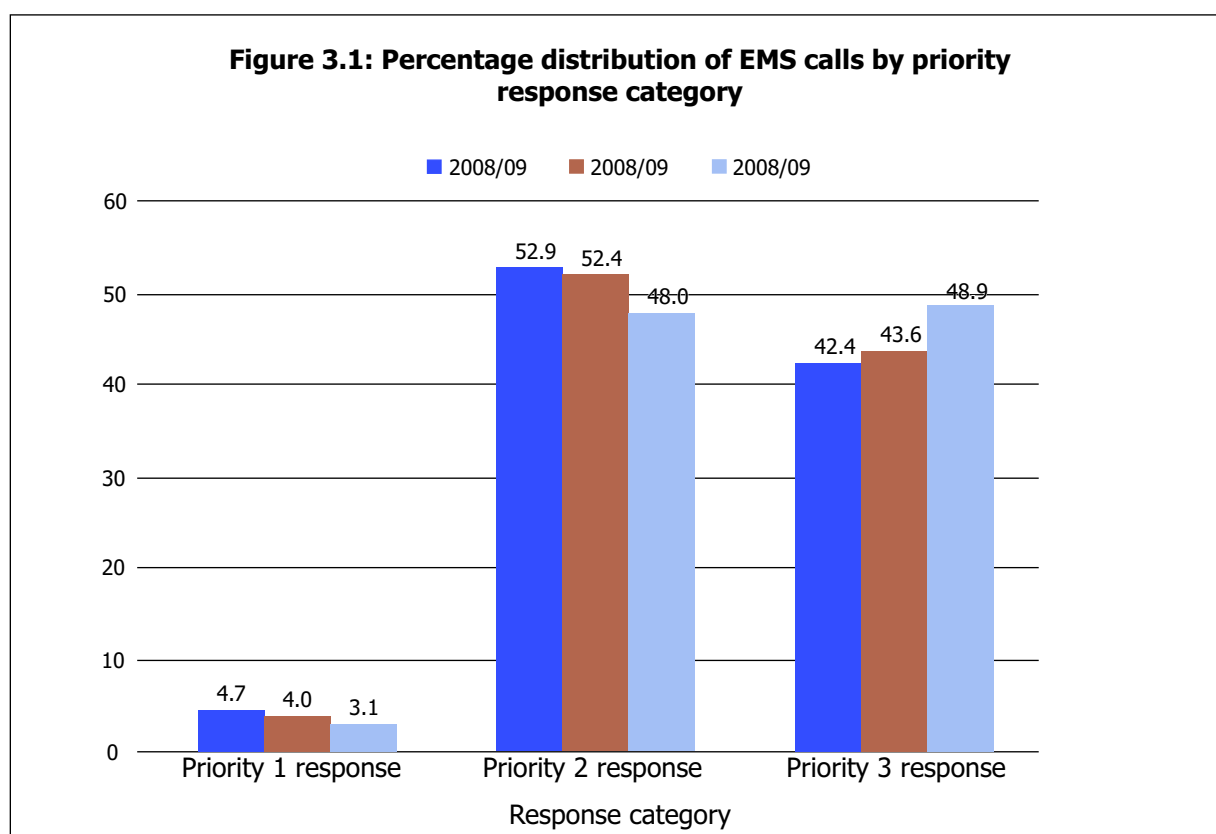


Table 3.2: EMS - Performance Against Provincial Targets from 2010/11 - 2012/13 Annual Performance Plan

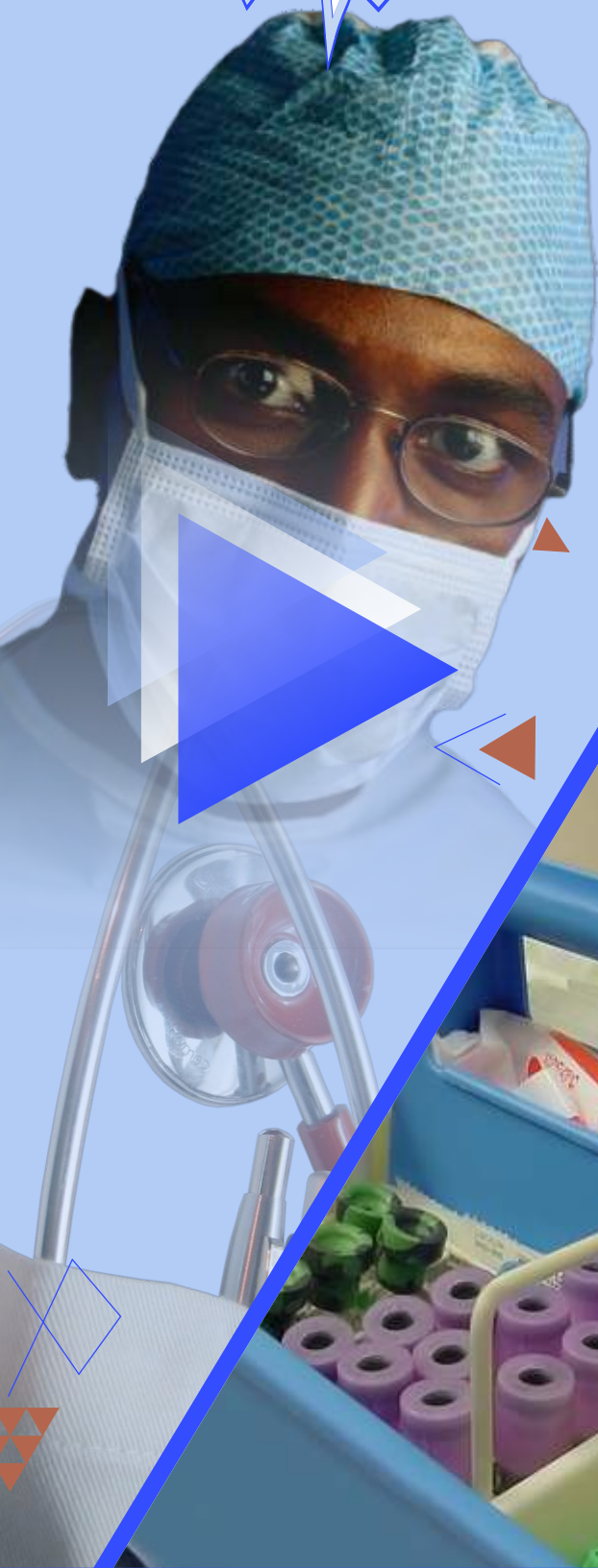
Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
EMS						
To build a strong and accountable EMS organization.	Number of personnel recruited and retained	3	6	172	109 appointments were made	Target not achieved due to budgetary constraints.
	Number of ambulances / emergency vehicles acquired	60	18	80	160 ambulances acquired	In addition to the 100 ambulances procured by the ECDOH during the FY under review. Fleet Africa EC also supplied the Department with the balance 60 of the 160 vehicles as per their contract, which is a minimum of 239 ambulances.
	Number of additional aircrafts for medical emergencies acquired for leasing purposes	0	3 Air Ambulances: 2 helicopters (in PE and EL) 1 Fixed Wing currently on lease contract	3 Air Ambulances: 2 helicopters (in PE and EL) 1 Fixed Wing currently on lease contract	3 Air Ambulances: 2 helicopters (in PE and EL) 1 Fixed Wing currently on lease contract	The aircrafts that were in use during the FY 2010/11 were operating on the previous years' contract, which will be expiring at the end of May 2011. A tender is already underway to procure similar services moving forward.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of additional PPT vehicles procured.	31 PTV's 3 buses	2 Replacements buses. Purchased 2 all-terrain vehicles and 2 golf carts for sporting.	40 PTVs to be procured and 3 buses.	78 PTVs and 10 buses.	All PTVs and busses were received from Fleet Africa EC as per their contract. The Department did not purchase these vehicles outright. In order for the department to meet with ever expanding PPTV service requirements, it was necessary to increase the number of PPTVs and busses.
	Number of EMS vehicles installed with dispatch and tracking devices.	374	402	All EMS vehicles to be fitted.	163 vehicles were fitted with tracking devices.	All EMS vehicles i.e. Emergency vehicles, rescue, PTVs, busses and service vehicles are being equipped with tracking devices in order to manage the fleet operations more effectively and eradicate abuses. As standard protocol, the contractor Fleet Africa EC equips all leased vehicles with these devices. The ECDOH was in turn responsible for fitting tracking devices to its own vehicles that are registered in the Department's name.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
DISASTER MANAGEMENT						
To institutionalize and promote implementation of disaster management programme	Number of hospitals with at least 2 of the six components of the disaster management plan.	Not measured	All 7 districts received training on newly developed hospital disaster management plan guidelines.	10 Provincial hospitals; 24 District hospitals	3 provincial and 34 district hospitals	Target achieved
	Number of hospitals with updated risk profiles	Not measured	Self-accreditation & reporting tool developed by national circulated to all 2010 identified hospitals.	40 hospitals	30 hospitals	Joe Gqabi, Cacadu and Nelson Mandela Bay Municipality follow up meetings to support the hospitals could not take place due to lack of funding for accommodations.
	Number of institutions that conducted disaster drills.	Not measured	Not measured	14 institutions i.e. 2 institutions per district	14 institutions	Target achieved Alfred Nzo: Taylor Bequest and Madzikane kaZulu; Amathole: Cecelia Makiwane, Frere, Grey and St Dominics; Chris Hani: Cofimvaba Hospital, Frontier and Glen Grey; Joe Gqabi: Lady Grey Hospital and Aliwal North; OR Tambo: Tombo Clinic, Mthatha General, Nelson Mandela Academic Hospital and Bedford Orthopaedic.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of disaster management awareness campaigns conducted.	Not measured	All 7 districts conducted International Strategy for Disaster Risk Reduction campaigns.	7 i.e. 1 campaign per district	7 disaster management awareness campaigns.	Target achieved

PROGRAMME 4



PROVINCIAL HOSPITAL SERVICES

Programme 4: Provincial Hospital Services

Purpose

The purpose of Provincial Hospital Services programme is to provide cost effective and good quality specialized services and these include secondary, tertiary and psychiatry hospital services.

Strategic Objectives

- To develop and ensure the implementation of secondary health care services to achieve 85% functionality.
- To strengthen institutional capacity and functionality by ensuring effectiveness and efficiency indicators are fully achieved in the secondary and tertiary institutions.
- To strengthen secondary and tertiary academic support services by implementing outreach & in-reach programmes for an effective referral system.
- To facilitate 80% implementation and achievement of mental health treatment outcomes by developing psychiatric services.
- To strengthen and facilitate the institutional capacity to deliver secondary and tertiary psychiatric services.
- To facilitate an efficient and effective forensic pathology services capacity.
- To develop and strengthen the implementation of clinical forensic medical services.

Programme Description

Provincial Hospital Services consists of two sub-programmes namely:

1. Hospital Complexes and Regional Hospitals: These are rendered by five higher health care level institutions i.e. the three hospital complexes, East London (Frere and Cecilia Makiwane Hospitals), Mthatha (Nelson Mandela Academic, Mthatha General and Bedford Orthopaedic hospitals) and the Port Elizabeth Hospital Complex (Livingstone, PE Provincial and Dora Nginza Hospitals) and two regional hospitals, Frontier and St. Elizabeth Hospitals.
2. Specialized services: These include psychiatric, forensic pathology, clinical forensic pathology services and TB hospitals.

4.1 Sub-Programme: Complexes and Regional hospitals

Programme Priorities:

- To establish new domains and strengthen functionality of existing domains in provincial hospitals (for better patient management and treatment outcomes)
- To strengthen District Health Service institutional capacity through the implementation of inreach & outreach program
- To monitor health service delivery through efficiency indicators

Service delivery achievements:

Frontier Hospital

A new domain was established resulting in the hospital having a total of eight functional domains: Medicine, Surgery, O&G, Anaesthesia, Paediatrics, Ophthalmology, Orthopaedics and the newly established Radiology. The establishment of the Radiology Department has afforded the communities serviced by Frontier Hospital access to ultrasound and mammography services.

Equipment: The hospital procured and installed X-Ray equipment, a CT scanner and Fluoroscopy through the revitalization programme.

Appointments: The hospital employed three additional radiographers, one physiotherapist, one occupational therapist, one additional speech therapist and audiologist, three additional pharmacists and two pharmacy assistants.

St. Elizabeth Hospital

Because of the rural nature of St Elizabeth hospital, there are no functional domains as retaining of specialist in that environment poses a challenge. The hospital benefits from an in-reach service mainly from the Mthatha Health Complex.

Accommodation: St. Elizabeth Hospital is on the hospital revitalization programme. One of the current projects addresses the shortage of staff accommodation which is a major challenge that is critical for staff retention. The construction of accommodation for

health professionals is almost complete and the contractor has indicated their readiness for final inspection and practical completion (progress report under programme 8). UNICEF has donated a structure that is utilized for the 24 hrs/7 days Thuthuzela programme.

Appointments: Eight doctors were employed during the financial year, approximately 62% increase from a total number of 13 to 21 doctors.

East London Health Complex

- In order to strengthen the District Health Services and therefore implement the referral policy effectively, the EL Health Complex intensified its outreach programme to support the maternal and child health programme particularly. By the end of the financial year, the complex had a total of 22 outreach sites. Training was conducted for the doctors from the health facilities feeding into the complex.
- With the appointment of the Family Medicine specialist, the complex has re-established Family Medicine at both Frere and CMH.
- The new Oncology unit is operational and has started seeing patients however, the construction of the oncology wards was suspended and will resume in the new financial year.
- Cecilia Makiwane Hospital is on the revitalization programme (see full report on programme 8). On completion of the revitalization project, this hospital will be able to comprehensively offer sustainable level 1 and 2 services to the adjacent communities.
- Appointment of a radiologist has been a challenge for a number of years and in this financial year the complex has been able to appoint one. Two senior clinicians were appointed as Associate Professors by Walter Sisulu University; the complex now has four associate professors in total.

Mthatha Hospital Complex

The complex has established a dental laboratory for manufacturing of dentures and this will serve the eastern region of the Province. Plans for the construction of a 5- bed Burns Unit at the Nelson Mandela Academic Hospital were completed and are awaiting approval by the provincial Department of Health.

Equipment: Mammography and Fluoroscope machines were procured for the Radiography Department.

Training: Two registrars passed the specialist examinations in surgery in 2010/11.

Appointments: New appointments during the financial year under review included two principal specialists, a dermatologist, a forensic pathologist and a chief specialist, an ENT surgeon. Five doctors were appointed as associate professors at Walter Sisulu University.

Challenges:

- Overcrowding at Pharmaceutical Services by clients from the district is still a problem.

PE Health Complex

- The first successful stem-cell transplant for the EC was done at PEPH. In addition, a surgical innovation in general surgery pertaining to gall bladder surgery utilizing a single port through the navel will result in a shorter stay in hospital for patients with gall bladder disease. Also, a Burns High-Care ward at Dora Nginza Hospital was established with 14 beds.
- The Accident and Emergency (A&E) Unit at Livingstone Hospital was completed just in time for the 2010 FIFA World Cup. A dedicated Acute Surgical Unit established within the Accident and Emergency Unit is the first of its kind in the country. In this unit, trauma patients do not have to be booked with general surgery, but rather are operated on before admission resulting in improved outcomes.
- The Maternity Obstetric Unit established at Dora Nginza Hospital has resulted in improved services in the area and a reduction in perinatal deaths. The extension of the neonatal ward at Dora Nginza Hospital in conjunction with the latest equipment and facilities was made possible with the assistance of donors such as Fuchs Family Foundation, Vodacom, and Nestle.
- The Isolation/Infectious Diseases Unit that was under construction at Livingstone Hospital is complete.
- The complex established a 20-bed step-down ward at Dora Nginza Hospital for all patients that

require the service.

- The refurbishment of M1 and M2 of the Malan Building at PE Provincial Hospital to cutting edge wards on par with the most modern private sector standards and with the latest equipment and facilities in preparation for the implementation of a revenue generation project, is in progress.
- A fully fledged Thuthuzela Centre for sexual assault victims was established with the National Prosecuting Authority at Dora Nginza Hospital; the NPA appointed three staff members for this centre: the site coordinator, case manager and the victim assistance officer.
- The first phase of Tele-Radiology was completed; the next phase is expected to commence in the new financial year. Digital Radiology was consolidated for Livingstone. Dora Nginza and PE Provincial Hospitals are partially established with computerized Radiography. Full implementation will reduce X-ray printing costs by R2,5m per annum and improve the management of patient records. The hospital also procured:
 - o a mammography unit for Livingstone Hospital
 - o a fluoroscopy screening unit for the PE Provincial Hospital
 - o two general X-Ray Units for Dora

Nginza and Livingstone Hospitals

- In an effort to reduce the high TB defaulter rate in the NMM Metro, Dora Nginza Hospital established the first EC TB focal point in a provincial hospital in collaboration with the Nelson Mandela Bay District. Since there is no district hospital in the Metro, Dora Nginza Hospital has a high patient load of TB cases. The TB focal point manages the clinical pathway of TB patients in terms of patient records and referral to and from the PHC facilities and traces TB defaulters.

HR: The Employment Equity Committee was established. The Employment Equity Plan was approved by the Complex Transformation Unit. The complex has appointed three Occupation Health and Safety assistant directors for each of the three hospitals.

Governance: The Complex developed, approved and is now implementing a telephone policy that is aimed at reducing telephone costs.

Training: The Operating Room Nursing course at Dora Nginza Hospital was accredited by the South African Nursing Council. All registrars passed the specialist examinations in anaesthetics, obstetrics and gynaecology. In addition, the departments in Table 4.3 were accredited by the HPCSA for registrar training.

Table 4.1: Domains accredited for training by the HPCSA in 2010/11

Department	Duration of accreditation (Year)	Number of training posts	Actual number in training
Port Elizabeth Health Complex			
Radiology	3	2	0
Plastic and Reconstruction surgery	4	4	4
Orthopaedic	3	4	4
Cardio-thoracic	4	2	1
Critical Care (sub-speciality)	2	1	0
Obstetrics and Gynaecology	4	10	3
Ophthalmology	3	4	4
Paediatrics	4	9	6
Paediatric cardiology	2	2	1
Internal Medicine	4	8	7
Surgery	4	4	1
Psychiatry	4	4	1
Radiation Oncology (sub-speciality)	4	4	2
Dermatology	4	2	0
Anesthesiology	4	10	8
Mthatha Health Complex			
Surgery	4	8	5
Internal Medicine	4	8	2
Obstetrics & Gynaecology	4	6	5
Ophthalmology	4	3	1
Orthopaedics	4	3	2
Paediatrics	4	10	3
Anaesthesia	2	2	1
Psychiatry	4	5	5
Family Medicine	4	18	9
Radiology	4	3	3

Department	Duration of accreditation (Year)	Number of training posts	Actual number in training
East London Health Complex			
Internal Medicine	4	6	5
General Surgery	4	6	3
O&G	4	8	8
Paeditrics	3	12	11
Radiation Oncology	4	2	3
Orthopaedics	4	4	3
Anaesthesiology	4	8	8
ENT	0	4	3
Ophthalmology	3	2	1
Paediatric surgery	4	3	4
Neurosurgery	2	2	1
Psychiatry	4	4	2
Diagnostic Radiology	0	1	0

Challenges for service delivery

- Inadequate budget resulted in major cost drivers not being paid i.e. NHLS, SANBS, HR backlogs and accruals.
- The delay in implementation of de-complexing has a negative impact on the functionality of the complex in terms of structure and staff establishment.
- Gross shortage of Medical Officers and Pharmacists.
- Lack of staff accommodation.

Table 4.2: Compliance Performance Indicators for Provincial Hospitals

Indicator	Type	Actual 2008/09	Actual 2009/10	Actual 2010/11	APP target 10/11
1. Caesarian section rate – for regional hospital	%	35	22	44.6	32
2. Separations- Total	Number	226 888	203 955	219 231	Not specified
3. Patient day equivalent (PDE)	Number	1 609 811	1 620 165	1 633 564	Not specified
4. OPD total head count	Number	859 641	1 051 201	1 293 643	Not specified
Efficiency					
Average length of stay (ALOS) in regional hospitals	%	5.3	4.9	5.3	Not specified
Bed utilization rate (BUR), based on usable beds, in regional hospitals	%	75.1	75	75.8	75
Expenditure per patient day equivalent in regional hospitals	R	1 300		1 456	Not specified
Outcome					
Case fatality rate in regional hospitals for surgery separations	%	3.7	2.5	3.8	Not specified
Case fatality rate – total (%)	%	6.2	4.2	6.1	Not specified

Table 4.3: Distribution of beds in Provincial Hospitals

Hospital	Total number of useable beds		
	Actual 08/09	Actual 09/10	Actual 10/11
Total	4 382	4 611	4 343
East London Hospital Complex			
Frere	875	875	875
Cecilia Makiwane	737	737	737
Port Elizabeth Health Complex			
Dora Nginza	570	570	570
Livingstone	492	493	496
PE Provincial	148	156	181
Mthatha Health Complex			
Nelson Mandela Academic	516	507	565
Bedford Orthopaedic	180	180	182
Mthatha General	329	333	347
Regional Hospitals			
Frontier	254	277	283
St. Elizabeth	281	300	289

Table 4.4: PHS - Performance Against Provincial Targets for 2010/11 – 2012/2013 Annual Performance Plan for Provincial Hospital Services

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
4.1 Complexes and Regional Hospitals						
To increase the functionality of secondary health care services to 60% in regional hospitals by establishing new domains	Number of new domains established	7 domains at the Frontier Hospital namely Medicine, Surgery, O&G, Anaesthesia, Paediatrics, Ophthalmology & Orthopaedics	7 domains at the Frontier Hospital namely Medicine, Surgery, O&G, Anaesthesia, Paediatrics, Ophthalmology & Orthopaedics	1 domain	1 domain, Radiology was established at Frontier Hospital	Target achieved
To strengthen institutional functionality and effectiveness by ensuring that efficiency indicators are fully achieved in regional hospitals	Average length of stay (ALOS) in regional hospitals (days)	4.7	5.1	4.8	4.5	Target achieved
	ALOS in hospital complexes (days)	5.5	5.7	5.5	5.4	Target achieved
	Bed utilization rate (BUR) on usable beds in regional hospitals (%)	68.2	74.5	75	70.1	St. Elizabeth Hospital did not report day patients, this contributes to lower BUR.
	BUR on usable beds in hospital complexes (%)	74.5	73.2	75	75	Target achieved
	Caesarean section rate in regional hospitals (%)	34.1	29.1	25	29.1	Higher caesarean section rate is attributed to disease burden (Eclampsia and HIV & AIDS)

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Caesarean section rate in hospital complexes (%)	34.9	40.1	30	49.4	Higher caesarean section rate is attributed to disease burden (Eclampsia and HIV & AIDS) as well as complex cases referred to these hospitals from district hospitals.
	Case fatality rate in regional hospitals (%)	8.2	8.6	2.5	6.9	High disease burden especially TB in crisis districts: Amathole, OR Tambo and NMMM
	Case fatality rate in hospital complexes (%)	6.4	6.4	2.5	5.9	Disease burden especially TB in crisis districts: Amathole, OR Tambo and NM Metro.
To strengthen the institutional capacity to deliver relevant and quality service at appropriate levels through training of staff	Number of domains conducting academic and service support	10	16	15 Domains to conduct academic and service support	23	There has been an increase in number of domains as a result of successful professional appointments made at the PE and EL complexes during the year under review.
	Number of health facilities supported	12	53	20	37 health facilities	Increased capacity at the complexes translates to more lower level health facilities supported through outreach visits.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of patients seen during service support	Not measured	Not measured	400	3 723 patients seen	Increased capacity at the complexes translates to more lower level health facilities supported through outreach visits.
4.2 Specialized Services						
To strengthen institutional functionality and effectiveness so that 80 % of psychiatric hospitals could achieve national efficiency indicator targets	Average length of stay (ALOS: days - acute)	Not measured	32	30	47	Patients stay for a longer period due to lack of community-based psychiatric services
	Average length of stay (ALOS: days - long term)	Not measured	124	90	137	Patients stay for a longer period due to lack of community-based psychiatric services
	BUR on usable beds (%)	80%	86%	75%	89%	There are limited psychiatric beds in the province with the eastern Region of the province not having a psychiatric hospital.
	Number of additional psychiatric beds established	0	0	20	0	The beds have not been established as yet; these were to be established at Dora Nginza Psychiatric Unit and this is currently being renovated (also see programme 8).

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To improve access to psychiatric services by strengthening out- & in-reach programs to District Health Services	Number of district health facilities reached with out- & in-reach program	-	-	48	47	Target achieved
To improve turn-around-time (TAT) of post-mortems by conducting all post-mortems within 48 hours of receiving the body	% of post-mortems conducted within 48 hours	Not measured	Not measured	Post mortem to be conducted on 100% of bodies within 48 hrs of receiving body by end of 2010/11 financial year	89%	Shortage of full time doctors to conduct post mortems; currently sessional doctors are being utilized.
To build and refurbish mortuaries.	Number of mortuaries refurbished	2 new mortuaries were built; 1 holding facility was refurbished	3 new mortuaries were built	2 mortuaries to be refurbished	2 mortuaries refurbished	Practical completion of St. Elizabeth mortuary achieved; Construction of Frontier mortuary to resume in the new financial year (see programme 8)
To strengthen and increase access to Clinical Forensic Medical Services by establishing sexual assault centres in each district of the EC Province	Number of sexual assault centres established	Not reported	3	4 additional centres	0	This is due to budget constraints
	% of sexual assault victims examined within one hour of presenting at a facility	New indicator	New indicator	50%	9%	Target not achieved due to lack of resources.

PROGRAMME 5



PROVINCIAL TERTIARY SERVICES

PROGRAMME 5: CENTRAL HOSPITAL SERVICES – PROVINCIAL TERTIARY SERVICES

Purpose

The purpose of the Central Hospital Services programme is to strengthen and continuously develop the Modern Tertiary Services and an academic research platform in the province to adequate levels so as to be responsive to the specialist service needs of the community.

Strategic Objectives

- To ensure that recipients of health services have access to tertiary services within the province.
- To strengthen secondary and tertiary academic support services (outreach & in-reach) and the referral system.

Programme Objectives

- To strengthen the implementation of tertiary services.
- To sustain the Academic and Service Support programme

Programme Priorities

- To strengthen oncology services in PE and EL Hospital Complexes.
- To strengthen the institutional capacity to deliver relevant and quality service at appropriate levels through training of staff.
- To improve institutional functionality and effectiveness by ensuring that efficiency indicators are fully achieved (Hospital complexes).

Programme Description

National Tertiary Services are provided by specialists at levels 2 and 3 hospitals and funded through the National Tertiary Service Grant (NTSG). There are thirty six (36) tertiary services spread across the province in four benefiting institutions i.e. the three hospital complexes East London (Frere and Cecilia Makiwane Hospitals), Mthatha (Nelson Mandela Academic, Mthatha General and Bedford Orthopaedic hospitals) and the Port Elizabeth Hospital Complex (Livingstone, PE Provincial and Dora Nginza Hospitals). Included in this category is the Fort England Psychiatric Hospital as well. Access to these services is strictly through referral from lower level services.

Table 5.1: PTS - Performance Against Provincial Targets for 2010/11 – 2012/2013 Annual Performance Plan for the Provincial Tertiary Services

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To strengthen oncology services in PE and EL hospital complexes by constructing oncology buildings and installing equipment	Number of oncology units established	Procurement of equipment and bunkers underway	Bunkers and equipment were purchased	2	2 incomplete units	The Department has awarded the Frere Oncology building construction to a contractor and construction will be starting in the new financial year. By the end of March 2011, the tender was at the bid award committee.
To strengthen the institutional capacity to deliver relevant and quality service at appropriate levels and training of staff	Number of tertiary service domains conducting academic and service support	Outreach programs at all hospitals except for St. Elizabeth Hospital which has a challenge of retention of specialists.	Increase domains/ departments that conduct outreach programs.	24 domains	29	Target achieved

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of facilities supported by tertiary service domains	Not measured	Not measured	80 facilities	105	In previous years hospital complexes had always experienced challenges with regards to consumables, transport to support and conducting outreach to the lower level health facilities due to budget constraints. The increase in facilities supported is also due to the increase in number of domains providing support reflected in the row above against the target.
	Number of patients seen during service support	Not measured	Not measured	400 patients	2 719	This logically flows from the increase in number of both domains giving support and the number of facilities supported.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To strengthen institutional functionality and effectiveness by ensuring that efficiency indicators are fully achieved (Hospital complexes)	Average length of stay in facility (ALOS: no. of days)	4.8	4.8	5.5	5.4	Target achieved
	Bed utilization rate on usable beds (%)	75%	75%	75%	75%	Target achieved
	Caesarean section rate (%)	22%	22%	25%	49.4%	High caesarean section rate in these hospitals is due to disease burden (HIV and AIDS, Eclampsia), late referrals from the districts hospitals, as well some district hospitals not performing caesareans at all.

Table 5.2: Performance of National Tertiary Services Grant

Funded hospitals	Budget allocation (Final) R'000	Inpatient separations	Day patient separation	Outpatient 1st attendance	Outpatient follow-up	In-patient days
East London Hospital Complex	220,638,010	46,425	15,867	48,940	106,653	254,879
Mthatha Hospital Complex	134,908,084	9,616	357	20,100	48,115	74,814
Port Elizabeth Hospital Complex	232,838,362	13,785	107	40,175	106,858	99,659
Fort England Hospital	43,846,544	296	-	-	-	32,776
Total	632,231,000	70,122	16,331	109,215	261,626	462,128

PROGRAMME 6



HEALTH SCIENCES & TRAINING

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Purpose

The purpose of the Health Sciences and Training Programme is to provide training, development and academic support to all health workers so that they can contribute positively to the effective delivery of healthcare in the EC province.

Strategic Objectives

- To facilitate the reduction of the vacancy rate by 80% for critical and scarce skills by producing health workers.
- To facilitate the achievement of 100% implementation of the Workplace Skills Plan and District Health Management & Leadership (DHM&L).
- To facilitate and increase by 60% the academic support to health workers in the rural areas of the province.
- To facilitate the 100% effective implementation of the Performance Management System throughout the organisation.

Programme Description

This programme comprises of the following sub-programmes:

- Lilitha College of Nursing – for training and education of all categories of nurses.
- Bursaries and scholarships – to provide financial support to learners in health-related studies as well as to employees in support of further qualifications.
- Other Training– Provide a comprehensive response to the skills development needs of the Department of Health, ranging from short learning programmes to the strengthening of higher education and the health sciences learning platform.

Programme Priorities

- To implement a programme for the attraction and retention of essential human resource skills through the creation of an ECDOH pool of health personnel. This is achieved through funding of bursaries, internships and learnerships with an obligation to work for the Department after qualifying, the increased exposure of health science students to Eastern

Cape rural health services, and the active recruitment of health professionals.

- To provide ongoing training and skills development for health workers, ensuring appropriate skills development for health workers, such that there is a maximal impact on the practice of frontline health professionals.
 - To ensure the optimal performance of employees through the use of a Performance Management and Development System.

Programme Achievements

- The first 23 Clinical Associate students for ECDOH completed in December 2010 and were absorbed. This was the first group nationally to graduate and be absorbed.
- 328 four year Diploma Nurses completed in December 2010, qualifying them for registration as Professional Nurses.
- 298 enrolled Nurses completed and were absorbed in all districts.
- 396 Enrolled Nursing Assistants completed their basic programme and received further training in elementary PHC in order for them to support Community Health Practitioners.
- 150 entry level health professionals were retained from their community service in the province.
- 213 new bursaries were awarded.
- A revised bursary recruitment and contracting process has been phased in which aligns the Departments efforts closely to the goals of the Social Compact. As of February 2011, bursars are now contracted to return to the sub-districts from which they were recruited.

Programme Challenges

- Given the number of facilities as well as the diverse number of cadres and professions, accuracy for the Workplace Skills Plan is a major challenge. This limits the quality of planning data and the subsequent prioritisation of skills development resources. To address this challenge, a project has been launched that seeks to improve the functioning of Local Skills Development Facilitators as well as the appropriate use of the Personal Development Plan components of the PMDS in developing Local Workplace Skills Plans.

- In terms of the skills development value stream, there is a vital link between human resource planning, organisational development (appropriate staff establishment) and the investment of skills development resources. Challenges remain in tightening the interaction of these vital elements at a facility and sub-district level to improve the local value of provincial initiatives such as the bursary scheme.
- Although nursing education is a major priority for the province, the Department's need varies as its demand changes. This varying demand leaves the Lilitha College vulnerable in terms of maintaining its critical capacity in times of lower demand. Smoothing production demand with capacity is possible by using spare capacity in low demand periods for private learners.
- The recruitment of experienced and well-qualified lecturing staff for both nursing and emergency care colleges is a challenge. Initiatives such as the fast track programme for Young Educators, seek to address this situation.
- Teaching and learning has become increasingly technology driven. Current systems within the Department as well as its two professional colleges have not been optimised to address this trend. A teaching and learning blue print is being developed to maximise previous and future investments in technology.

Table 6.1 Output from Lilitha Nursing College, 2010/11

Category	2010/2011				
	1st years	2nd year	3rd year	4th year	Total 2009
PN	772	577	485	345	2,179
Bridging	120	77	-	-	197
Post Basic	88	-	-	-	88
Midwifery	117	-	-	-	117
EN	312	303	-	-	615
ENA	402 + 74	-	-	-	476
Total	1,113	957	485	345	3,672

Strategic goal being addressed:

Enhancing institutional capacity through effective leadership, governance, accountability and efficient and effective utilization of resources.

Table 6.2: Health Sciences and Training - Performance Against Provincial Targets for 2010/11 – 2012/2013 Annual Performance Plan

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To facilitate the reduction of the vacancy rate by 80% for critical and scarce skills by producing health workers.	Total number of students enrolled	2,042	2,243	2 179 students	4th years: 328/345 passed 3rd years: 386/485 passed 2nd years: 365/577 passed 1st years: 365/772 passed	Out of 2,179 enrolled students 1,671 passed the examination.
	Number of Four Year Diploma nurses graduated	159	393	345	328	328 are competent and will be allocated to community services in February
	Number of enrolled nurses graduated	291	225	303	298	298 ENs are competent to be allocated in the districts
	Number of enrolled nursing assistants graduated	234	404	402	327	396 ENAs are competent and are being oriented on the PHC elementary module as ENACHPs.
	Number of Post-basic nurses graduated	99	81	213 Post-basic nurses	-	213 from different post basic college programmes wrote examinations in March 2011
	Number of bridging course nurses graduated	98	68	77	56	Out of 77, 56 students passed the examination and 21 students failed

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of one year midwifery course nurses graduated	143	39	121	112	9 midwifery students failed the exams.
To facilitate effective Bursary Fund management to achieve Health Workforce strategic objectives	Number of bursaries awarded to clinical students	160	1,097	1,097 Bursars already in the programme	Out of 1182 bursars 211 completed the course.	Bursars were erroneously stated as 1097 and in actual fact they are 1182.
	Number of bursars (Health Professionals) serving department (from outside)	97	124	139		Budget constrains
	Number of bursaries (Non-Health Professionals) serving department (internal employees)	304	No intake	203	Out of 203 Bursars, 8 completed	(8 masters students of completed the studies
	Number of Pharm D students in training	1	Not reported	10 students: 7 in EL and 3 in PE	One graduated	(15) Pharm D P.E. students: 1 doing 4th year (final) 3 are in 2nd year 2 are in 1st year. 2 started 1st year on the 1st of February 2011 E.L. Students: 1 doing 4th year 2 are in 2nd year 3 are in 3rd year 1 started 1st year on the 1st of February 2011

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of Clinical Associate students	0	47	24	23	All 23 clinical associates have been placed in permanent posts in the following hospitals: Empilisweni 3, Victoria 2, Butterworth 2, Madzikane 2, Mthatha GH 2, St. Barnabas 2, Canzibe 2, Taylor Bequest 2, Zithulele 2, Isilimela 2, and Malizo Mpehle 2. All are level 7 posts.
	Number of Registrars in training	112	93	105	139	139 registrars undergoing training: 61 Mthatha, 39 EL, 35 PE & 4 Fort England
	Number of Clinical Technicians in training	0	No posts	46	0	Planning has started for Clinical Technician interns. Will take Electrical Engineering graduates and place them in a clinical technician internship to qualify as clinical technicians.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of Orthotists/ Prosthetists students in training	1	15	10	Out 15 students, 5 students completed the course: 3 in EL O & P centre 2 in PE O & P centre	Number of Orthotist/ Prosthetist students were erroneously stated as 10 and in actual fact they were 15. 7 students are progressing well in Tanzania, 2 at Tshwane University. 1 failed the course and left the programme.
To facilitate Health Technology support and provision to rural facilities and staff.	Number of district hospitals supported with e-Health package	4	6	23 District hospitals with teleradiology and 12 district hospitals with full package - (Teleradiology, nTele ECG, Teledermatology, Teleconsultation, Mindset, Clinical Connectivity)	23 District hospitals have Teleradiology	Target not met with full package because of technical challenges with the 6 existing sites: St. Patrick's Hospital in Bizana, Madzikane Kwazulu in Mt Frère, Settlers in Grahamstown, Frontier Hospital in Queenstown, Cradock Hospital and Uitenhage Hospital. Technical challenge with video conferencing equipment and HR component – (Specialists are very busy in terms of giving support to district hospitals.)

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of Clinics supported with e-Health package	25	25	50 fully functional clinic e-Health packages	53	Connectivity not yet done in these 53 facilities because the tender has just been awarded to Vodacom.
	Number of sites supported with Mindset channel, patient health promotion and staff	43	56	55 sites	55 existing + 41 new sites = 96	Target achieved and exceeded as HPTD wanted the Mindset for Induction Programme and the HPTD office made additional funding available.
To ensure the implementation of the Skills Levy according to the plan.	Number of SMS utilizing Skills Levy training.	75%	90	90	92	Target achieved
Strengthen 100% implementation of PMDS	% of SMS with signed performance agreement for the FY 2010/11	100%	100%	100%	22%	Only a few number of SMS signed performance agreement on time.

PROGRAMME 7



**HEALTH CARE SUPPORT
SERVICES**

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Purpose

The purpose of the Health Care Support Services is to render quality, effective and efficient transversal health and pharmaceutical services to the communities of the Eastern Cape.

Strategic Objectives

- To improve access to Orthotic & Prosthetic (O&P) and Rehabilitation services in the Province.
- To improve access to laboratory pathological services, blood and blood products.
- To modernize radiology services and improve quality of care in all health facilities.
- To facilitate the development and implementation of norms and standards for Social Work in health care.
- To facilitate the achievement of 95% availability of essential drugs at health facilities.
- To facilitate the achievement of 100% compliance with Good Pharmaceutical Practice and Norms & Standards

Programme Description

The Health Care Support Services programme is composed of two sub-programmes namely:

1. Transversal Health Services with five components:
 - Orthotic and Prosthetic services
 - Laboratory services
 - Rehabilitation services
 - Radiology services
 - Social Work services
2. Pharmaceutical Services

Programme Priorities

- To improve access to orthotic, prosthetic and rehabilitation services
- To improve access to laboratory pathological services, blood and blood products
- To modernize radiology services and improve quality of care in all health facilities
- To develop norms and standards for social work in health care in the Province.

- To facilitate the provision of essential drugs at health facilities
- To facilitate the achievement of compliance with Good Pharmaceutical Practice based on Norms & Standards

Service delivery achievements:

Outreach programme

During the year under review, 9 new outreach service points were established in addition to 21 existing service points by the East London O&P Centre at Bhisho, Newlands, Senqu, Zwelitsha, NU8, Phakamisa, Ilitha, Engcobo and Fort Beaufort. In total, the central region has 30 outreach service points whilst the western region has 69. Mthatha Hospital Complex O&P Centre had established only 3 service points. The O&P Centre at Mthatha is not accredited; infrastructure does not comply with the Health Professions Council of South Africa (HPCSA) requirements.

Outreach service points are not fixed; however, at least one service point for rehabilitation was established in each sub-district and in total there are 30 rehabilitation service points in the EC province.

Assistive devices

Against a target of 3,000 prostheses to be fitted, the Department exceeded this number by fitting 68 more; this was a result of five DOH-supported graduates who qualified from Tanzania in 2010. Whilst there had been an under achievement on client-specific devices (e.g. wheelchairs) there had been a great demand of ready-made orthoses and as a result the 5,250 target on this indicator was exceeded with 8,906 orthoses issued to clients.

A new tender for wheelchairs was awarded in September 2010 and will hopefully address the long waiting times with regards to the issuing of the wheelchairs.

Laboratory and blood services

To improve turn-around times on laboratory results, the National Health Laboratory Service (NHLS) has installed and connected the www.Disa system in 62 hospitals to access results from the laboratory. In

addition, through PEPFAR funding, the NHLS has awarded the connected health facilities with 359 laptops and 183 cellphones for the clinics to access results timeously through an SMS system.

Fifty four (54) district hospitals including all district hospitals that perform caesarean sections have emergency blood services available in line with NCCEMD recommendations.

Radiological services

Against a target of 81 hospitals that need radiology equipment, only seven (7) hospitals were supplied with standardized digital equipment.

Pharmaceutical Services Delivery Turnaround Plan

To remedy the malady of the chronic medicines stock-outs characterizing the province, the Head of Department resolved to separate functions within Directorate: Pharmaceutical Services and assigned an additional Senior Manager experienced and well versed in Supply Chain Management to take charge of the two Provincial Pharmaceutical Depots. His responsibilities comprise Acquisitioning and Demand, Contract Management, Warehousing and Distribution as well as being Acting Manager for the Port Elizabeth Depot.

Mthatha Depot, which has for a very long time been without a designated Depot Manager finally has an experienced Senior Pharmacist engaged in the position of Responsible Pharmacist as Deputy Pharmaceutical Manager and Acting Depot Manager.

In collaboration with the UNAIDS, agencies, Management Sciences for Health (MSH) and Strengthening Pharmaceutical Services (SPS), two (2) Pharmacist Anteretroviral (ARV) Associates have been employed at the Pharmaceutical Depots in Port Elizabeth and Mthatha to coordinate ARV drug supplies. This will provide support for the HIV

Counseling and Testing (HCT) Campaign and ensure an uninterrupted supply of ARVs as needed.

Though the organogram for the Pharmaceutical Depots has not been formally approved, some critical posts were identified and approved and have since been filled. These include Deputy and Assistant Pharmaceutical Managers, Financial Management and Supply Chain Management as well as Human Resource Management and Labour Relations Management and one Information Technologist post. A total of 9 Managers of the 16 identified have already been employed. Employment of the remaining 7 has been delayed by Labour Union interference. The total cost of employment is R5,929,666.00 and has been provided for in the budget.

To sustain service, 25 contract workers (of whom 6 are interns) assigned to the Pharmaceutical Depots have had their contracts approved for extension.

A total solution to ensure the uninterrupted availability of medicines at the right time for the right patient stored under correct conditions is being established by the Department. To this end the Department is soliciting Expression of Interest (EOI) and Request for Proposals (RFP) from capable service providers for a Pharmaceutical Benefit Management (PBM) system as well as a Chronic Medication Delivery System for medication to be delivered to the patient's door step for those on chronic medication.

Challenges

- Companies not complying with the submission of tax clearance certificates causes a delay in the placing of orders in terms of hearing aids and wheelchairs;
- Shortage of testing booths for hearing aids as well as audiologists impact negatively on meeting the targets for hearing aids. Shortage of audiologists in the Province has significance for the HRD cluster.

Table: 7.1: Health Care Support Services - Performance Against Provincial Targets for 2010/11 – 2012/13 Annual Performance Plan

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To improve access to O&P and Rehabilitation services by increasing the number of clients supplied with assistive devices	Number of clients supplied with wheelchairs	1 752	1 671	3 150	2 122	Wheelchairs are now ordered with the patients' specific needs being taken into account. (environment, special seating etc). Suppliers take longer to produce as they adhere to individual specifications.
	Number of clients supplied with hearing aids	691	718	1 600	981	Annual target short by 619 due to limited number of testing booths, leading to a limited number being tested per day. Shortage of Audiologists is also a factor.
	Number of clients supplied with prostheses	2 758	4 078	3 000	3 068	Target achieved. The department has five graduates from Tanzania to compliment Human Resources.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of clients supplied with orthoses	6 511	9 680	5 250	8 906	Annual target exceeded by 3 656 due to higher demand for ready-made items (off the shelf) and additional staff employed.
	Number of clients supplied with walking aids	Not measured	Not measured	8 000	14 806	Annual target exceeded by 6 806 due to higher demand of ready-made items (off the shelf).
	Number of O & P outreach service points established	24	93 i.e. EL=21; Mthatha 3; PE=69	102 (9 new)	9 new outreach service points established (total=102)	Target achieved
	Number of O&P centres with full standard accredited infrastructure	1	2	2	2 (PE and EL)	Target achieved.
	Number of clients assessed for prescription of assistive device.	11 707	12 000	13 000	15 218	Achieved due to backlogs and higher demand, new tender implemented for service providers who will have shorter turnaround times.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of sub-districts with at least one rehabilitation outreach clinic service point	24 LSA's	25	24	24 sub-districts with a total of 30 service points	Target achieved
	Number of rehabilitation community service professionals allocated	92	108	112	90	Most community service therapists refused to be placed in district hospitals and could not be allocated.
	Number of DPO's and NGO's actively involved in disability forums	40	8	70	76	Target achieved
To develop and ensure implementation of norms and standards for social work services in hospitals.	Number of hospitals implementing norms and standards for social work services.	Revised draft document of norms and standards was developed and circulated	Norms and standards for social work services were revised but not approved	36 Hospitals	44	More hospitals could be targeted because RTC (Regional Training Centre based in WSU) provided financial assistance.
	Number of facilities implementing policy on placement of students	0	0	29 hospitals	35	Target achieved and exceeded. In addition to the targeted institutions, more students were placed in the hospitals with few social workers.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To modernize radiology services in order to provide efficient and quality service.	Number of hospitals with standardized (digital) radiology equipment.	53	7	81	7	Budget is with infrastructure which makes it difficult to access the funds
	Number of hospitals with tele-radiology services	0	8	23/92	23	Target achieved
	Number of community service radiographers allocated to hospitals	26	24	30	30	Target achieved
To improve laboratory, pathological services, blood and blood products by reducing turn-around times	% of TB microscopy results received within 48hrs	Not measured	44%	60%	54.7%	Poor recording of laboratory results at facilities still remains a significant challenge
	Number of health facilities connected to www.Disa	1 (EL complex piloting)	0	46	62 facilities with laptops, this includes district hospitals, complexes and regional hospitals 183 Clinics with cell phones	NHLS went beyond programme target
	Number of district hospitals with 24 hour emergency blood services	37	38	48	54	Target achieved

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To facilitate the achievement of 95% availability of essential drugs at health facilities.	Tracer drug stock-out rate (%)	6% or less	20%	<5%	<6%	Certain tracer drugs still remain a supplier problem due to raw material shortages and manufacturing problems. A new Deputy Pharmacist employed and staff deployed from PE to assist the Mthatha Depot which has been lagging behind. Fire at the Mthatha Depot has had a negative impact on Mthatha service delivery.
	% of order fulfillment of essential drugs at the depot.	Not measured	Not measured	80%	70%	Essential drugs such as ARV's are currently running at around 90% service delivery while TB drugs are running at 68%. The loss of ARV, TB drugs and a vast quantity of liquid products in the fire had a negative impact.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	% supplies to depots received within contract lead time.	Not measured	Not measured	60%	70%	Contracted suppliers still default on delivery periods. Follow up of outstanding orders is being done by newly appointed staff. The depots were both closed for three weeks for stock-taking , although deliveries were accepted. Most companies also have financial year end and with all the public holidays, deliveries to the depots did not take place as scheduled. The fire at the Mthatha Depot also prevented deliveries as stock had to be removed from the depot and quarantined, space had to be found for new deliveries and companies had to be informed to hold deliveries for approximately one week.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	% consumption of medicine estimates at depot.	Not measured	Not measured	60% of items in 80-120% range	60%	The drug lists and items have remained unchanged and usage thereof has not improved drastically. The management of demands has had a positive effect; less unwanted product is being issued to demanders, resulting in more correct replenishment of actual demand.
	% of facilities receiving their ordered supplies from the depots on time	Not measured	Not measured	80%	71%	The first two quarters were not measured because of staff challenges.
To facilitate the implementation of Good Pharmaceutical Practice and Norms & Standards	% of hospital pharmacies with registered pharmacist (Total number of hospital pharmacies = 65)	Not measured	Not measured	100%	5/47 district hospitals do not have	Only 5/47 (11%) district hospitals do not have a registered Pharmacist as required by law. These are Elliot, Glen Grey, Nompumelelo, St. Lucy's & Fort Beaufort.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	% of hospital pharmacies that comply with requirements relating to storage of medicines	80%	85%	90%	Unknown	Not achieved. The data capturing of information collected during the M&E survey has not yet been completed.
	% of medicine which is damaged, obsolete and / or expired at depot and facility level	Not measured	Not measured	<4% based on average stockholding value	Unknown	Not achieved The data capturing of information collected during the M&E survey has not yet been completed.

PROGRAMME 8



**HEALTH FACILITIES
MANAGEMENT**

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Purpose

The purpose of the Health Facilities Management Programme is to improve access to health care services through provision of new health facilities and upgrades, revitalization and maintenance of existing facilities, including the provision of appropriate health care equipment for such facilities.

Strategic Objectives

- To facilitate building, upgrading and replacing health facilities.
- To provide accommodation facilities for health professionals in hospitals.
- To facilitate the revitalization of 6 health facilities that are in the Hospital Revitalisation Programme.
- To facilitate the maintenance of health facilities and equipment within the Province based on the condition rating of 4 to 5.
- To ensure that facilities have adequate assets.

Programme Description

The Health Facilities Management Programme is composed of three sub-programmes:

- Health Facilities Planning: planning, design, and implementation of new replacement facilities;
- Health Facilities Maintenance: general maintenance of buildings, servicing building equipment and mechanical plants; and
- Hospital Revitalization Programme: revitalization of health facilities through infrastructure development.

Programme Objectives

The objectives of Health Facilities Management are to:

- Facilitate and provide infrastructural support in terms of the construction of new buildings, the upgrading of the existing facilities for health services delivery and other organizational building requirements;

- Facilitate general maintenance in all spheres of the organisation;
- Facilitate the provision of essential equipment in health facilities;
- Ensure the implementation of GPDP requirements by engaging SMME contractors in Health Facilities Management projects;
- Promote skills development in general maintenance; and
- Maintain the fixed assets at health facilities according to industry regulations.

Programme Priorities

- The implementation of the Service Transformation Plan Proposal and further prioritization of building and upgrading of primary health care (PHC) facilities where necessary.
- Elimination of maintenance and capital works backlogs by upgrading and revitalizing existing facilities.
- Enhance the maintenance of all health facilities through provision of appropriate and essential equipment.
- Accelerate the planning of health facilities by using standardized room design guides according to national norms.
- Build a pool of first line, in-house maintenance teams, including clinical engineering technicians.
- Conduct regular inspections of all health facilities to ensure legal compliance in terms of the Occupational Health and Safety Act.
- Ensure all projects are on the GIS and asset database.
- Enter into public-private partnerships (PPPs) to complement infrastructure funding.
- Implement PGDP strategies.
- Provide accommodations for health professionals.

Service delivery achievements:

Health Facilities Planning

PHC facilities

Construction of four new clinics namely Thabalesoba, Ntafufu, Ntsitho and Qiba clinics (see Table 1) has been completed. Two clinics, Mangoameleng and the 5th Avenue Walmer, were successfully upgraded. Planning of four PHC facilities commenced including the Flagstaff and Ugie CHCs where bill quantification and documentation was completed and Letitia Bam and Maluti CHCs that are in the design stage. Further planning of these four CHCs has been deferred due to budget limitations.

Hospital upgrades

Upgrades to three out of nine targeted district hospitals (i.e. Uitenhage, Victoria and Madwaleni hospitals) were underway during this financial year. Construction of floors 1, 3 and 5 at Uitenhage Hospital and the casualty & OPD section of Victoria Hospital have been completed. The completion phase at Madwaleni Hospital was not finalized due to late payment of the contractor. The construction at four other targeted hospitals (Holy Cross, St. Barnabas, Sipetu and Komani) was deferred due to budget limitations.

The Accident and Emergency (A&E) Centre at Livingstone Hospital was completed just in time for the 2010 FIFA World Cup and was handed over at the beginning of June 2010. Construction of the Oncology Unit at Livingstone Hospital and accommodation at Cecilia Makiwane Hospital, is underway and progressing well.

Specialised facilities

Other specialised health facility projects including completion of the concept design for the Dora Nginza Psychiatric Hospital and the construction of the EMS base at Mt Ayliff are progressing well.

Facilities Maintenance

The department appointed a horticulturist in February 2011; consequent to this appointment, landscape and estate plans were developed for 10 health facilities.

Implementation plans for the estate plans are underway. A new three year periodic maintenance contract was awarded in October 2010. Following the award, 28 (58%) of the 49 targeted hospitals were provided with back-up Gensets and scheduled maintenance as well as emergency repairs are now carried out.

A tender to upgrade six water and sanitation treatment plants was awarded. Consequently, construction has begun and is progressing well at two of the four sites, Canzibe and Greenville. All Saints and Isilimela hospitals could not start construction due to austerity measures. Further awarded tenders (3) were to procure equipment for Qolombane, KTC and Nxothwe clinics. Medical equipment (CTG, Vital Signs Monitor, ultrasound, resuscitation equipment, defibrillators, emergency trolleys) was procured for four hospitals (Holy Cross, Butterworth, Victoria and Mt Ayliff hospitals) and 17 PHC facilities.

Sub-programme: Hospital Revitalization

Achievements

The Department has five hospitals under the revitalization programme; Cecilia Makiwane, Dr Malizo Mpehle Memorial, St Elizabeth, Frontier and St Patrick's..

Cecilia Makiwane Hospital Project

Revitalisation of the Cecilia Makiwane Hospital (CMH) entails the construction of Phase 4C, which includes level 1 and 2 services for in-patients, out-patient surgical, paediatrics, obstetrics, gynaecology and support services. The earthwork in preparation for construction of Phase 4C had been completed and the contractor has been appointed successfully. The site handover and construction is envisaged to begin in June 2011 and completed in December 2014. On completion, the hospital will be able to comprehensively offer sustainable level 1 and 2 services to the adjacent communities ensuring ongoing health care is delivered at appropriate levels.

Dr. Malizo Mpehle and Madzikane-KaZulu Memorial Hospital Projects

The current project at Dr Malizo Mpehle Memorial Hospital entailed construction and furnishing of the

emergency medical services (EMS) for this hospital. The EMS building has been completed and by the end of the financial year, the electrical installation was underway.

Planning of a helipad at Madzikane-KaZulu Memorial Hospital has been cancelled due to the Civil Aviation disapproval of the landing site. It was deemed dangerous for helicopters to land due to ESKOM lines crossing over the area. These lines can be diverted if financial implications are catered for by the DOH.

St. Elizabeth Hospital

Two of the five projects underway during the year under review were completed.

Mortuary: The construction of the mortuary was completed.

Labour theatre: Maternity was successfully extended to include the labour theatre.

Casualty & OPD: The civil contractor to build the casualty and the OPD has been appointed and will be starting construction in the new financial year.

Professional staff accommodation: The building work for the staff professionals' accommodations is almost complete and the contractor has indicated readiness for the final inspection and practical completion. The contractor has cleared the site of rubble, containers and leftover material. Landscaping is in progress. The nominated electrical sub-contractor had cash flow problems causing the delays on site and the improvement has been slow. The electrical sub-contractor is now busy digging trenches for electrical cables. Electrical DB boards have been installed. The light fittings and external lights have not been completed yet which has delayed the pre-practical completion inspections. The projected date for pre-practical completion is the 30th April 2011.

Medical and allied equipment: Equipment including ultrasound units, neonatal and adult transport ventilators, adult scales and automated external defibrillators, were procured and were received by the hospital.

Frontier Hospital


During the 2010/11 financial year there were four projects underway at Frontier Hospital. These included two projects carried over from the previous financial year; the construction of two new wards and a mortuary. Whilst the completion date for these two projects was supposed to be September 2010, this was not achieved because the contractor left the site due to late payments by the department. The projects had been re-advertised and will resume in June 2011. Other new projects are at the procurement stage and their tender will be awarded in the 2011/12 financial year; these include the construction of the helipad, the paediatric department and the Casualty/OPD. The hospital also procured and installed X-ray equipment, a CT Scan and Fluoroscopy.

St. Patrick's Hospital

Three blocks of single accommodation and eight family units were completed and handed over in October 2010 and February 2011 respectively. The contractor is busy with snags in 64 units and the administration block. Renovation of the old staff house is almost complete; the roof has been erected and internal and external wall plastering is complete. These are expected to be handed over in April 2011.

Challenges limiting service delivery

- Delays in contractor / service provider payment result in slow progress, vacation of construction sites and added cost incurred due to interest on claims and extension of time.
- Delays in issuing work orders prolong the planned completion dates as well as attracting unnecessary costs, i.e. escalations.
- The Bid Award Committee takes too long to award tenders resulting in the re-advertisement of infrastructure projects.
- Consultants and contractors in the construction industry are currently over committed because of the huge infrastructure development programme throughout the province. This has led to slow progress on site if there is not close monitoring.
- Austerity measures have significantly impacted the upgrading, rehabilitation and refurbishments of various hospitals, CHCs and clinics thus prolonging the eradication of



backlogs and negatively affecting the overall service delivery objectives.

- Maintenance of critical services, namely water and sanitation treatment plants, were adversely affected and increased the backlog on building and civil maintenance.

Program Performance Review

The analytical review of program performance focuses on the three sub-programmes under the Health Facilities Management during the 2010/11 financial year. Major constraints and challenges hampering the programme performance have been highlighted, together with the programme achievements for the 2010/11 financial year. The progress and outputs achieved at the end of the financial year are provided in the sections above.

PHC Facilities Infrastructural Projects

During the financial year under review, the program implemented a total of 23 projects in PHC facilities, 22 of which were clinic projects, while one was a CHC. Fourteen clinics were under construction, and 4 out of 9 dilapidated clinics were replaced (see Table 8.1.). Seven of the 23 projects were completed; this constituted 3 new and 4 replacement clinics. The construction of the remaining 16 clinics is still in progress. The construction of Idutywa CHC in the Amathole District is progressing well, however, it was severely hampered by the hail storm during the third quarter.

Table 8.1: Number of PHC Facilities Under Construction in 2010/11 by Health District

District Municipality	Total Number of Projects, 2010/11			Completed 2010/11			Total carried forward to 2011/12
	New	Replacements/Upgrades	Total	New	Upgrades	Total	
Alfred Nzo	1	3	4	0	0	0	4
Amathole	7	1	8	1	0	1	7
Chris Hani	0	0	0	0	0	0	0
OR Tambo	4	4	8	0	3	3	5
Joe Gqabi	2	0	2	2	0	2	0
Cacadu	0	1	1	0	1	1	0
Total	14	9	23	3	4	7	16

* Projects in Table 8.1 refer to all facilities where construction work was in progress during the 2010/11 financial year.

Table 8.2: Construction Projects of New and Replacement Clinics and CHCs

District	Project Name	Start Date (Financial Year)	Expected Completion Date	Comments on progress at end 2010/11
ALFRED NZO	Sebeni (new)	2008/09	September 2010/11	The project was not completed due to delayed payments and bad weather.
	Rhode (replacement)	2008/09	June 2010/11	This project has not been completed and requires close monitoring as the contractor is working very slowly on site.
	Dundee (replacement)	2009/10	June 2010/11	The project has not been completed, thus the original contractor has been replaced. Suppliers of material required payment upfront which affected performance.
	Mkemanie (replacement)	2009/10	June 2010/11	The project has not been completed. Contract to be terminated due to non-performance by the contractor.

District	Project Name	Start Date (Financial Year)	Expected Completion Date	Comments on progress at end 2010/11
AMATHOLE	Mpukane (new)	2007/08	June 2010/11	Completed and occupied.
	Nqusi (replacement)	2008/09	September 2010/11	Contract to be terminated as a result of non-performance. ECDOH also refused to replace the contractor.
	Mgcwe (new)	2006/07	2010/11	Contract has been terminated due to non-performance. A completion contract has been awarded to start 2011/12.
	Ncera Nurses' home (new)	2008/09	June 2010/11	The contractor is currently attending to snag list.
	Dutywa CHC (new)	2006/07	June 2010/11	The project has not been completed. ESKOM did some power connections but the building was damaged by the storm before hand-over on May 24, 2011.
	Notyatyambo NU2 (new)	2003/04	April 2010/11	Contract has been terminated because the contractor has refused to go back on site. Project is also delayed due to budget limitations.
	Qeto (new)	May 2009/10	May 2010/11	The contractor's progress on site has been slow and the project is expected to be completed during the 2011/12 financial year.
	Ntsitho (new)	May 2009/10	May 2010/11	The project is currently on retention period, the department will be taking over the final delivery during May 2011.
CHRIS HANI	Ngqwaru (new)	2006/07	September 2010/11	Work delayed due to lack of budget. Department of Public Works is appointing a completion contractor.
ORTAMBO	Palmerton (replacement)	2009/10	October 2010/11	Completed. Beneficial occupation has been achieved.
	Malephelephe (new)	2007/08	November 2010/11	Contract to be terminated due to non-performance.
	Nqaqhu (replacement)	2006/07	November 2010/11	Buildings are complete except snags. Contractor is on site.

District	Project Name	Start Date (Financial Year)	Expected Completion Date	Comments on progress at end 2010/11
	Tikitiki (new)	2007/08	November 2010/11	Contract has been terminated with the original contractor. Procuring for the completion contractor has been put in the pipeline.
	Mbotyi (new)	2007/08	November 2010/11	ESKOM connections have been installed and final snag attended to.
	Ntafufu (replacement)	2008/09	October 2010/11	Completed
	Qokolweni (replacement)	2008/09	October 2010/11	Completed
	Gqubeni (new)	2007/08	June 2010/11	The clinic has not yet been completed even though beneficial occupation has been taken.
JOE GQABI	Kungisizwe (new)	2007/08	July 2010/11	Completed
	Thabalesoba (new)	2008/09	June 2010/11	Completed
CACADU	Walmer 14th Avenue	2009/10	June 2010/11	Completed

Table 8.3: HFM - Performance Against Provincial Targets for 2010/11 – 2012/2013 Strategic Plan

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
To facilitate building new, and upgrading existing health facilities in order to support service delivery.	Number of new clinics built.	24	19	17	0	The completion of projects has been delayed due to non-payment of contractors resulting from budget cuts. These projects have been carried over to 2011/12 for completion.
	Number of clinics upgraded.	16	7	4	0	The completion of projects has been delayed due to non-payment of contractors resulting from budget cuts.
	Number of clinics planned for construction.	18	0	7	0	Planning of clinics has been deferred due to budget constraints.
	Number of CHCs built.	1	1 CHC (Sada) completed	1	0	Slow progress due to non-payment of contractors.
	Number of CHC's upgraded.	1	0	Finalize planning of 4 CHC's namely; Letitia Bam, Flagstaff, Ugie and Maluti. All 4 designs should be completed.	The planning of 2 CHCs namely; Letitia Bam and Maluti are at the design stage. The planning of Flagstaff and Ugie CHCs has been put on hold due to budget constraints.	Further planning of Maluti CHC will be resumed in 2013/14. Provisions have not been made for Letitia Bam, Flagstaff and Ugie due to budget constraints.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of district hospitals upgraded	5 district hospitals: St Barnabas Hospital kitchen was completed. Construction work at 4 hospitals ongoing: - Uitenhage - Victoria - Midlands - Aliwal North	1 hospital (Victoria) in progress 4 at a practically completed phase: · Holy Cross · Aliwal-North · Uitenhage · Madwaleni	Continue construction of 8 hospitals namely: - Holy Cross - Uitenhage - Victoria - Zithulele - Komani - All Saints - St. Barnabas - Sipeetu	2 hospitals have been completed namely; Victoria Casualty/OPD and Uitenhage. Madwaleni Hospital is at practically completed phase. Victoria Hospital Civil Works remains in progress. Sipeetu, Zithulele, Komani and St. Barnabas have been deferred to next year due to budget constraints.	Completion of Madwaleni and Victoria Hospital Civil Works could not be achieved due to budget cuts. Construction of Siphetu and Zithulele are in the final phase but finalization deferred . Komani and St. Barnabas hospitals deferred to next financial year due to budget constraint.
	Number of hospitals planned for an upgrade.	Not measured	Not measured	Planning of 6 hospitals underway namely Mthatha MDR/XDR, Khutsong TB, Nompumelelo, Taylor's Bequest, Madwaleni and Nessie Knight.	Planning has not been done.	Planning of hospitals has been deferred due to budget constraints.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of provincial hospitals upgraded.	Continue upgrading of Cecilia Makiwane, Frere, and Livingstone hospitals.	Construction of new Oncology unit at Frere in progress. Contractor for building of bunkers and to procure oncology equipment is on site at Livingstone.	3 (Cecilia Makiwane, Frere and Livingstone hospitals)	A&E Centre at Livingstone Hospital has been completed. Cecilia Makiwane Hospital Service Buildings are still in progress. Construction of Frere Oncology has been suspended.	A&E at Livingstone was handed over in June 2010. Frere Oncology budget provision has been made and the project will be carried out in 2011/12.
	Number of specialized hospitals upgraded	Upgrading of Komani Hospital in progress	No contractor was appointed to complete the project after the appointed contractor refused to extend their tender validity period.	1 - Upgrade Dora Nginza Psychiatric Hospital.	Planning (concept design) has been completed.	Awaiting for DOH decision (Prog 2&4) to go ahead with the actual construction.
	Number of EMS satellite bases upgraded	2 - Port Elizabeth and East London	2 - Mthatha and Queenstown	4 EMS satellite bases to be upgraded namely: Mt Ayliff, Engcobo, Ngcwanguba and Tombo.	1 - Mt Ayliff EMS Base is in progress, however non-payment of contractors by the department has delayed the project.	Construction of Tombo EMS Base will be done in the next financial year due to the death of the contractor. Construction of Ngcwanguba and Engcobo EMS bases has been halted due to delay in payments.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of forensic pathology facilities upgraded.	2 new mortuaries were built and 1 holding facility refurbished.	3 new mortuaries were built	1 - Graaf Reinett hospital to be completed.	Graaf Reinett hospital is progressing well, however non-payment of contractors has affected progress on site.	
To facilitate provision of office and residential accommodation.	Number of facilities provided with temporary accommodation.	Construction of student nurses' college and accommodations at CMH was in progress.	Contractor was on site and civil works were in progress	1 hospital - construction of student nurses' residential accommodations at CMH to be completed by the end of March 2011.	Construction of CMH Nurses residence is progressing well.	Temporary accommodation for students has been rented at Border Tech for 1 year, whilst construction is underway.
To facilitate the maintenance of health facilities by providing Gensets and UPS.	Number of health facilities provided with Gensets and new UPS.	Not measured	Not measured	Provide 49 hospitals with Gensets and 65 hospitals with new UPS.	Contracts awarded. 23 hospitals supplied with back-up gensets.	The generator contract is at the bid-evaluation stage. Uitenhage Hospital gensets are ready for installation. The UPS contractor is battling to get registered by Treasury SCM.
Provide emergency repair services to all health facilities.	Number of health facilities that received emergency repair services.	Emergency repairs were carried out in institutions where needed.	2 Facilities completed i.e. Zone 8 clinic and Cofimvaba Hospital roof repairs. Motherwell in Cacadu was handed over for repairs and planning for Ngonyama CHC was in progress.	Provide emergency repairs to 12 hospitals and 22 clinics.	Project stopped by the Executive Management.	Transversal emergency repairs contract still at bid evaluation stage.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
Implementation of the Centres of Maintenance Excellence (CME) programme for clinics and hospitals - implement landscaping and estate maintenance for health facilities in line with industry norms and standards.	Number of health facilities with landscaping, including continuous estate maintenance.	Landscaping of facilities carried out on newly built institutions.	Estate maintenance funds were transferred to 18 district hospitals and Nelson Mandela Academic Hospital.	Develop and implement landscaping and estate maintenance plans in 12 Hospitals, 22 PHC facilities and 2 colleges.	Plans for ten institutions have been developed and are ready to be procured.	A horticulturist has been appointed in January and implementation plans are in process.
To improve power backup system and monitor UPS functionality in health facilities.	Number of health facilities with power failure simulation conducted.	20	40	Conduct power failure simulation in 92 hospitals, four 24 hr clinics, 40 CHCs and correct anomalies.		
To facilitate maintenance of water, waste water & sanitation treatment plants and equipment to meet requisite standards.	Number of water and sanitation treatment plants upgraded at health facilities.	Not measured	Designs for upgrading of sanitation treatment plant at All Saints were in the completion phase.	Complete upgrade of 6 transversal water and sanitation treatment plants in 6 health facilities.	Four treatment plants awarded. Construction is in progress in two of the treatment plants (Canzibe and Greenville). All Saints and Tafalofefe are still waiting for work orders to be issued.	Greenville and Canzibe construction is in progress. Delays in the development of the work orders for All Saints and Tafalofefe.
	Number of health facilities with medical equipment on maintenance/service contracts.	Not measured	Expression of interest memo was approved.	Service critical equipment in 92 Hospitals; 748 clinics and 32 CHCs.	No servicing of medical equipment has been done due to delays at Supply Chain Management.	Budget has been transferred to institutions for medical equipment maintenance as the tender has been delayed at SCM.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of hospitals with condition assessments and audits conducted.	Not measured	Not measured	Conduct conditions assessment & audit in 92 hospitals.	No bidding	Deferred to next financial year due to austerity measures.
Provide essential medical equipment, plants and machinery to hospitals.	Number of hospitals provided with essential equipment.	5	Medical equipment was procured for Midlands and 4 Joe Gqabi District hospitals. New contract for medical instruments was in progress. New contracts for clinics were in progress. Procurement of med equipment for 10 clinics was in progress. Ad hoc procurement of med equipment was	4 hospitals 6 clinics/CHC	3 clinic tenders awarded and 2 in progress	Transversal Tender at the evaluation stage, the delay in award creates a situation where ad hoc measures such as 5-day tenders have to be employed to procure medical equipment. Xhume and Mpukane are advertised. Qolombane, KTC and Nxothwe were awarded.
Facilitate the construction of health facilities infrastructure and procurement of equipment in 6 hospitals under the revitalization programme.	Number of revitalization projects underway at Cecilia Makiwane Hospital.	Not measured	Not measured	1 - complete construction of phase 4 at CMH by June 2014	The earthwork in preparation for construction of Phase 4C has been completed. The tender was advertised on the 15th January 2011 and Coega Development Corporation, the implementing agency, has now appointed the successful contractor. Site handover is envisaged to be held on the 9th of May 2011.	.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
	Number of revitalization projects underway at Dr Malizo Mpehle Memorial Hospital.	Not measured	Not measured	1 - Complete construction of EMS and procure furniture for the EMS at Dr Malizo Mpehle Memorial Hospital by end of December 2010.	Construction of the building is complete but the contractor is busy with electrical installation.	
	Number of revitalization projects underway at Frontier Hospital.	Not measured	Not measured	4 projects: Complete construction of 2 new wards by end September 2010.	Termination process for the 2 new wards and mortuary project was completed and the project has been re-advertised and awarded. The contractor is due to start on the 30 April 2011. (2 new wards and mortuary are the same project.)	
				Complete construction of mortuary by September 2010	Termination process for the 2 new wards and mortuary project was completed and the project has been re-advertised and awarded. The contractor is due to start on the 30 April 2011 (2 new wards and mortuary are the same project)	

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
				Start construction of Helipad by September 2010	Helipad has been included/ accommodated for in Paediatrics phase.	
				Start construction of Casualty/OPD by September 2010.	This project has been advertised and was closed on the 25th of March 2011. Evaluation and award processes will resume and the start of the project depends on when the Casualty/OPD phase is awarded. The contractor of the CAS/OPD project will do the enabling work for the Paeds phase.	
	Number of revitalization projects underway at Madwaleni Hospital.	Not measured	Not measured	Finalize the business case at Madwaleni Hospital by end of September 2010.	The project is in the planning stage. The business case was approved.	Progress has been slow because the consultants have not received an approved design brief from the DOH. Sketch drawings that have been produced by the consultants have yet to be signed off for approval. The appointment letters for the technical team have now expired and the Department of

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
						Roads and Public Works is arranging new appointment letters. The sketches for the new nurses' accommodations have been finalized and the consultants are awaiting approval from the DOH and Department of Roads and Public Works.
	Number of revitalization projects underway at Madzikane - KaZulu Memorial Hospital.	Additional health professional accommodations.	Not measured	1 - Initiate and finalize construction of a helipad at Madzikane-KaZulu Memorial Hospital by end September 2010.	The project is still in the planning stage. The consultant is busy with preparation for tender documentation.	
	Number of revitalization projects underway at St Elizabeth Hospital.	Not measured	Kitchen and bulk services, professional accommodations.	5 projects : - Complete construction of mortuary by end of June 2010	The project is complete and practical completion was achieved on the 29th of March 2011. Practical completion was earlier projected to be in January 2011 but delayed due to approved extension of time.	
				Extend maternity to include a labour theatre by June 2010.	The bump rails, bed screens, light fittings and sanitary fittings have been installed.	

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
				Complete construction of health professionals' accommodations by the end of September 2010.	The building work is almost complete and the contractor has indicated his/her readiness for final inspection and practical completion. The contractor has cleared the site of rubble, containers and leftover material. Landscaping is in progress.	The delays on-site were caused by the nominated electrical sub-contractor, who had cash flow problems causing the improvement to be slow. The electrical sub-contractor is now busy digging trenches for electrical cables. Electrical DB boards have been installed. The light fittings and external lights have not been completed yet and this has delayed the pre-practical completion inspections. The projected date for pre-practical completion is the 30th April 2011.
				Start construction of the Casualty/OPD.	The civil contractor was appointed on the 31st March 2011 and an order is being generated for the contractor to start with the project.	

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
				Start construction of the Health Resource Centre by October 2010.	The project was advertised in July 2009 but was delayed because it was one of the projects that were put on hold as a directive from the Head of Department. There is no contractor appointed yet as it is still with IBEC. The project is estimated to be awarded by 07 April 2011.	
	Number of revitalization projects underway at St. Patricks Hospital.	Phase I: -dispensary -theatre -male ward (35 beds) -female ward (35 beds) -paediatric ward -laundry -kitchen -mortuary -workshop	Gateway Clinic	2 projects: - Complete construction of phase 2 accommodation, -Upgrade the TB block into administration offices by 29 April 2011.	Three blocks for single accommodations were completed and handed over on 5th October 2010. 8 family units were also completed and were handed over on 24th February 2011.	64 units and admin block: Contractor is busy with snags. Old staff house: Roof has been erected and internal and external wall plastering has been complete. The expected completion and handover date for admin, 64 units and old staff house is 24th of April 2011.

Objective	Performance indicator	Actual Output 2008/09	Actual Output 2009/10	Annual Target 2010/11	Actual Output 2010/11	Explanation of variance between planned annual target and actual output
				Continue with the construction of the Phase 4 buildings at St. Patrick's Hospital.	This phase was advertised on 18 February 2011; a site inspection was conducted on the 3rd March 2011 and closed on the 18th March 2011. IBEC awarded the tender on the 31st March 2011.	