9. Health expenditures

9.1 Comparisons across the Province

Programme 2: DHS & Health Programmes received R1, 144,805,000 i.e. 26% of the total Provincial Health budget and approximately 52% was allocated to the Metropole as indicated in Tables 9.1 and 9.2. Table 9.3 shows that the Metropole region spends under 50% on personnel, which reflects a regional trend

Table 9.1
Provincial DHS – Total actual and projected expenditure over 7 years*

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
DHS	852,185	927,968	993,592	1,144,805	1,284,709	1,800,192	1,963,917
DOH Total	3,342,173	3,557,870	3,850,228	4,370,495	4,738,744	4,958,141	5,236,051
DHS % of Total Health Budget	25.5	26.1	25.8	26.2	27.1	36.3	37.5

* Budget statement (Vote 6) for Provincial Department of Health 2003/4

Table 9.2
Expenditure for 2003/04 for Programme 2 across 4 Regions* (R'000)

	METROPOLE DHS	BOLAND/ OVERBERG	WEST COAST	SOUTHERN CAPE	TOTAL
Personnel	280,518	68,163	89,727	98,815	537,223
Admin	8,714	2,144	2,638	3,520	17,016
Stores	118,566	32,669	37,750	37,326	226,311
Equip	5,620	4,178	3,925	2,709	16,432
Proff & Sepc	32,657	5,087	18,362	10,254	66,360
Transfers	137,223	30,642	37,564	46,343	251,772
TOTAL	**583,298**	**142,883**	**189,966**	**198,967**	**1,115,114**
% of Prov. Exp.	52.3%	12.8%	17.0%	17.8%	100%
% of Prov Pop.	64%	12%	13%	11%	100%

* Red Book for 2003/4

Table 9.3
% Expenditure per Standard Item for 2003/4 across 4 Regions

	METROPOLE DHS	BOLAND/ OVERBERG	WEST COAST	SOUTHERN CAPE
Personnel %	48.1	47.7	47.2	49.7
Stores %	20.3	22.9	19.9	18.8
Transfers %	23.5	21.4	19.8	23.3

Please note: *The figures differ slightly depending which source is used and when the data was reported on. Metropole DHS has undergone various changes over the last years. This has resulted in the shifting of allocations and expenditures of different institutions and programmes over these years. These changes have been corrected for as far as possible or have been indicated as such. Unless stated otherwise, all financial data prepared MDHS: Finance.*

9.2 Metropole PHC – Global Expenditures

Table 9.4
MDHS: Allocation and Expenditure by financial programme (R'000)

Sub-Programme	Expend. 2002/3	Allocation 2003/4	Expend. 2003/4
1.2.2	*	3,678	4,151
2.1	21,636	21,415	32,956
2.2	92,299	112,030	114,527
2.3	316,402	332,806	334,457
2.4	21,810	17,481	16,656
2.5	7,031	7,030	8,244
2.6	8,180	27,214	17,307
2.7	21,764	26,447	23,192
2.9	38,213	60,290	59,833
SUB-TOTAL	527,335	608,391	611,323
4.2 & 4.4	32,689	35,067	34,527
TOTAL	**560,024**	**643,458**	**645,950**

The largest proportion of the expenditure of MDHS is on sub-programme 2.3, which is the CHCs (CHSO). Expenditure on sub-programme 2.6 (HIV/AIDS) has more than doubled in 2003/4. The apparent jump in sub-programme 2.9 (District Hospitals) over the two years is because Eerste River Hospital was only commissioned in September 2002.

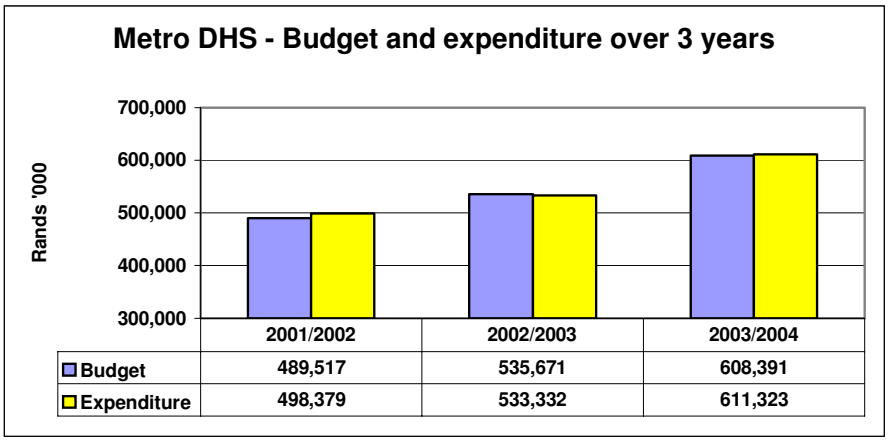

Figure 9.1 MDHS budget and expenditure over 3 years (excluding 4.2. & 4.4)

At the launch of Health Care 2010 policy, Top Management identified the stabilisation of financial expenditure as a key objective and Figure 9.1 and Table 9.5 show that MDHS has achieved this objective. In general the savings under personnel were off set by difficulties in stores and professional/special services.

Table 9.5

Budget and Expenditure per Sub-Programme and per sub-item for MDHS

	TOTAL	TOTAL	Personnel		Admin		Stores		Equipment		Proff & Specs		Transfer	
	Budget	Expend	Budget	Expend	Budget	Expend	Budget	Expend	Budget	Expend	Budget	Expend	Budget	Expend
1.2.2	3,678	4,151	2,895	3,552	327	210	138	95	149	81	169	213	0	0
2.1	21,415	32,956	19,843	19740	625	2,608	222	8,970	498	1,088	227	550	0	0
2.2	112,030	114,527	18266	20,088	425	395	2122	2,146	127	71	1660	2,597	89430	89,430
2.3	332,806	334,457	209991	202,437	6,797	4,255	87,269	94,812	4,113	3,266	22,294	27,345	2,342	2,342
2.4	17,481	16,656	0	66	7,943	6,254	10	0	221	1,037	142	86	1,889	2,071
2.5	7,030	8,244	620	474	142	106	6,120	7,576	6	2	142	86	0	0
2.6	27,214	17,307	5,330	1,554	106	13	5,880	3,775	73	72	1,889	2,071	13,936	9,822
2.7	26,447	23,192	936	760	424	235	1,587	610	351	190	935	2,221	22,214	19,176
2.9	60,290	59,833	45,375	44,289	814	822	7,645	8,230	940	982	5,516	5,510	0	0
Total	**608,391**	**611,323**	**303,256**	**292,960**	**17,603**	**14,898**	**110,993**	**126,214**	**6,478**	**6,789**	**32,974**	**40,679**	**129,811**	**122,841**

(excluding Programme 4.2 & 4.4) for 2003/4 in Rands '000

9.3 Directorate - Management (Sub-programmes 1.2.2 & 2.1)

This allocation against sub-programme 1.2.2 is for the Metropole Health Programme section based at the Parow/KBH premises and not for decentralised Regional management budgets, as is the case for the other 3 Regions. Since June 2003 this component resides under MDHS.

1.2.2 DECENTRALISED MANAGEMENT	Budget 2002/2003	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Metropole Comprehensive HC (Ms Adonis)	1,928,000	1,961,000	2,435,000	-474,000
Metropole Oral Health	300,000	325,000	312,000	13,000
Metropole Nutrition	383,000	295,000	438,000	-143,000
Metropole Promotion & Marketing	522,000	611,000	517,000	94,000
Metropole Public Health Services	0	403,000	407,000	-4,000
TOTAL	**3,133,000**	**3,595,000**	**4,109,000**	**-514,000**

The budget under sub-programme 2.1 covers management (see organogram) as well as operational costs incurred at the Woodstock office for the whole Metropole PHC activities e.g. stores, workshops, logistical as well as clinical.

2.1 DISTRICT MANAGEMENT	Budget 2002/2003	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Management (Dr. Bitalo)	0	1,688,000	861,000	827,000
District Health Support (Ms. Hair)	86,000	596,000	361,000	235,000
Resource Management (Mr Brooks)	0	163,000	165,6000	-26,000
Financial Admin (Ms Booysen)	21,471,000	4,540,000	2,697,000	1,843,000
Procurement Admin (Mr Gabriels)	790,000	7,870,000	11,590,000	-3,720,000
Info Management (Ms. Solomon)	0	95,000	44,000	51,000
EAP (Ms Van Zyl)	0	436,000	259,000	177,000
Clinical Support(Dr Frantz)	0	3,347,000	6,971,000	-3,624,000
Surgical Req Stores (Mr Paulsen)	0	882,000	4,503,000	-3,621,000
Pharmaceutical Stores (Mr Titus)	0	12,000	2,510,000	-2,498,000
Stationary Stores (Mr Paulsen)	0	21,000	466,000	-445,000
Household Stores (Mr Paulsen)	0	10,000	316,000	-306,000
Workshop (Mr Gabriels)	0	386,000	787,000	-501,000
TOTAL	**22,347,000**	**20,046,000**	**33,023,000**	

The budget allocated to District Management is approximately R 2m (Offices of Dr Bitalo, Ms Hair, Dr le Grange) i.e. only 0.32% of total MDHS budget. Most of the reported overspending is a reflection of poor journalisation to sub-programme 2.3

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9.4. Clinics and MOUs managed by MMH (Sub-programme 2.2)

The 5 MOUs are managed by Mowbray Maternity Hospital under the CD: Metropole Institutions and the transfer payments to the COCT are overseen by the DD: DHS Development based at Woodstock. Table 9.6 shows the total contributions to PHC expenditure by both the City and the Province.

2.2: COMMUNITY HEALTH CLINICS: SUMMARY	Budget 2002/2003	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Retreat MOU	3,139,000	3,680,000	3,343,000	337,000
Mitchell's Plain MOU	4,001,000	4,659,000	4,537,000	122,000
Khayelitsha MOU	4,640,000	5,040,000	4,507,000	533,000
Gugulethu MOU	4,492,000	4,815,000	4,909,000	-94,000
Hanoverpark MOU	3,600,000	4,071,000	4,193,000	-122,000
Heideveld MOU	262,000	335,000	270,000	65,000
Mowbray MOU	0	0	3,571,000	-3,571,000
Sub-Total Mou's	**20,134,000**	**22,600,000**	**25,330,000**	**-2,730,000**
District Municipalities: Blaauwberg	2,513,000	3,487,000	3,488,000	-1,000
District Municipalities: City Of Cape Town	25,485,000	34,685,000	34,483,000	202,000
District Municipalities: Oostenberg	5,232,000	7,174,000	4,869,000	2,305,000
District Municipalities: Helderberg	4,586,000	4,870,000	7,174,000	-2,304,000
District Municipalities: South Peninsula	7,613,000	10,098,000	10,098,000	0
District Municipalities: Tygerberg	26,736,000	29,116,000	29,115,000	1,000
Sub-Total Municipalities	72,165,000	89,430,000	89,227,000	203,000
TOTAL	**92,299,000**	**112,030,000**	**114,557,000**	**-2,527,000**

Table 9.6
Total PHC expenditure (MDHS & COCT) over 2 years

	Expenditure 2002/03		Budget 2003/04*	
Item	Environmental Health	Personal PHC	Environmental Health	Personal PHC
City Health (LG) Personnel Costs	R 39,338,438	R 124,396,293	R 43,220,000	R 128,226,698
City Health (LG) Drug costs (inc FP)		R 24,523,597		R 22,934,015
City Health (LG) Laboratory Tests		R 7,645,440		R 8,510,010
City Health Other Costs	R 4,000,000	R 34,258,366	R 4,280,000	R 44,531,277
CITY HEALTH TOTAL	R 43,338,438	R 190,823,696	R 47,500,000	R 204,202,000
Provincial Direct funding (exc EH)		R 395,135,000		R 447,826,000
Prov Transfers for Personal PHC to LG		R 92,523,000		R 94,014,000
City Rates funding for Personal PHC		R 98,300,696		R 110,188,000
DISTRICT TOTAL PERSONAL PHC		**R 585,958,696**		**R 652,028,000**
Provincial EH Direct Funding	R 2,309,000		R 2,583,000	
City Rates funding for EH	R 43,338,438		R 47,500,000	
DISTRICT TOTAL ENVIRONMENTAL HEALTH	**R 45,647,438**		**R 50,083,000**	

*** Prepared December 2003 by COCT & MDHS**

9.5 CHCs (Sub-programme 2.3)

2.3 COMMUNITY HEALTH CENTERS	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Procurement (Working Capital)	8,525,000	7,084,000	1,441,000
Clinical Support	6,709,000	9,058,000	-2,349,000
CHSO Clinical services	722,000	74,000	648,000
Sub-districts	314,508,000	315,900,000	-1,393,000
Metropole Universities	2,342,000	2,340,000	2,000
TOTAL	**332,806,001**	**334,456,001**	**-1,650,999**

The Sub-programme 2.3 budget covers the services at the CHCs, including a centralised budget for all professionals doing their community service at CHCs. The additional expenditure under sub-programme 2.1 still needs to be journalised for a true reflection of expenditure under this sub-programme.

Table 9.7
CHC expenditure across 11sub-districts per visit and per capita

	Expenditure	Head counts	Cost/visit (R)	Population	Expenditure/ Capita
Central	25,652,000	339,738	76	239,597	107
Athlone	30,535,000	413,219	74	206,196	148
Mitchells Plain	22,726,000	221,564	103	290,509	78
Nyanga	30,787,000	329,025	94	298,950	103
S. Peninsula	36,596,000	385,714	95	358,862	102
Tygerberg West	58,953,000	671,911	88	354,659	166
Tygerberg East	32,169,000	581,107	55	273,157	118
Khayelitsha	39,327,000	428,816	92	341,626	115
Helderberg	12,245,000	202,660	60	160,060	77
Oostenberg	22,006,000	339,060	65	314,693	70
Blaauwberg	5,592,000	67,021	83	150,431	37
Metropole (CHSO)	**316,588,000**	**3,979,835**	**80**	**2,988,740**	**106**

The financial inequities per sub-district are evident in the wide range (from R 5.5m to R58.8m) of sub-district expenditure. The current sub-district expenditures vary because of geography, historical decisions about placement of facilities (key factor), population density and burden of disease. The number of facilities in the sub-district will increase the staff and thus the expenditure. The variations in the cost per visit across the Metropole mainly reflect different staffing with real or perceived differences in disease profile and clinical management. Figure 9.2 below and Table 9.7 reflect similar differences within the sub-districts, as well as varying management capacity and competencies.

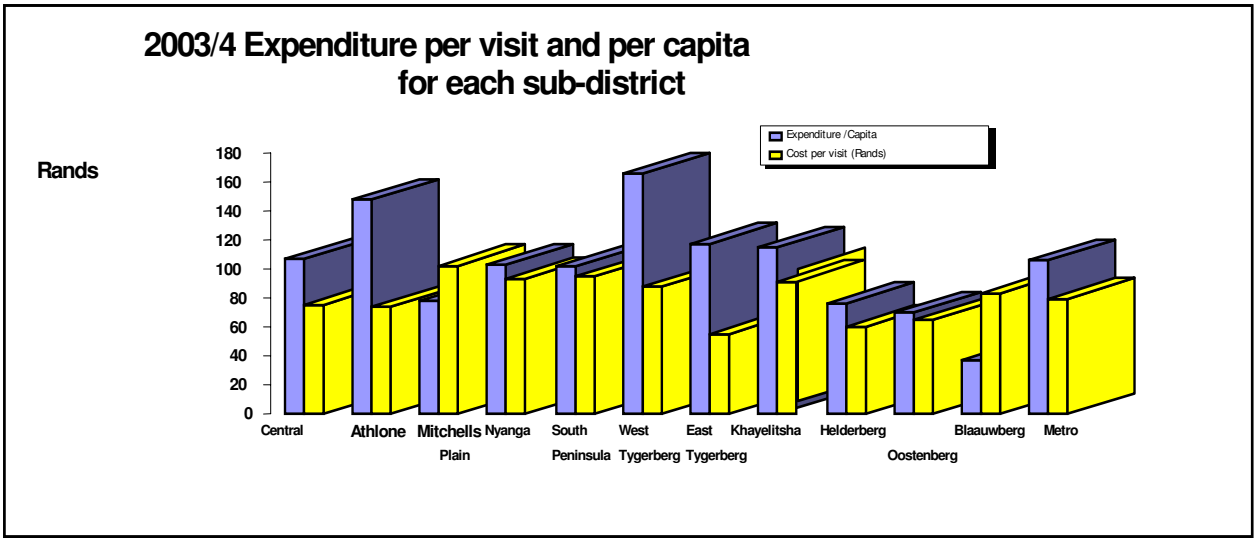

Figure 9.2: Expenditure per visit and per capita for each sub-district

Table 9.8
Expenditure for specific items at CHCs across sub-districts for 2003/04 (R'000)

	Visits/pa	Total Expenditure	HR	Med	Lab	Telephone	GG
Athlone	413,219	30,535,000	18,722	8,459	480	207	54
Blaauwberg	67,021	5,592,000	3,074	1,907	102	68	19
Central	339,738	25,652,000	14,577	6,308	506	131	86
Helderberg	202,660	12,245,000	7,624	2,576	231	124	27
Khayelitsha	428,816	39,327,000	26,065	6,582	2,002	355	35
M Plain	221,564	22,726,000	13,610	5,787	433	80	30
Nyanga	329,025	30,787,000	31,679	4,563	493	407	29
Oostenberg	339,060	22,006,000	12,779	5,290	792	187	25
S. Peninsula	385,714	36,596,000	20,396	11,135	656	228	39
Tygerberg East	581,107	32,169,000	18,144	8,866	1,323	257	57
Tygerberg West	671,911	58,953,000	35,353	15,208	2,250	373	43

Table 9.9
Expenditure for specific items at CHC X-Ray departments across 11 Sub-districts in 2003/04

Sub-District	CHCs	No. of depts.	COST (Films, Chemical, Repairs, Services)
Central	Woodstock	1	80,134
Athlone	H Park, Heideveld, Dr Abdurahman	3	172,749
Mitchells Plain	Mitchell's Plain	1	107,001
Nyanga	Guguletu	1	73,709
S. Peninsula	Retreat, Lotus River	2	100,042
Tygerberg West	B. Lavis, E River, Vanguard	3	212,799
Tygerberg East	Delft	1	119,141
Khayelitsha	Site B, Michael M	2	160,248
Helderberg	(Macassar Proposed)	0	0
Oostenberg	Kraaifontein	1	54,763
Blaauwberg	-	0	0
Metropole (CHSO)	Stationery	-	123,000
Total	**Patients seen – 109,551**	**15**	**1,203,586**

9.6 Community based (Sub-programme 2.4)

2.4 COMMUNITY BASED	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
OAH	1,447	1,704	-257
Rape Survivors	1,250	649	601
FAS	30	42	-12
Family Planning	4,853	4,537	316
Chronic care	600	432	168
TB NGO	991	1,490	-499
Licensed Homes	1,494	1,747	-253
Group Homes	2,582	1,948	634
HCW	435	341	94
PSR	286	218	68
Day care	2,121	1,880	241
HBC	1,392	1,669	-277
Total	**17,481**	**16,657**	**824**

9.7 Other Community based (Sub-programme 2.5)

2.5 OTHER COMMUNITY BASED	Budget	Expenditure	Variance
	2003/2004	2003/2004	2003/2004
Environ & OH	913	672	241
Vaccines	6,117	7,572	-1,455
Total	**7,030**	**8,244**	**-1,214**

9.8 HIV/AIDS/STI (Sub-programme 2.6)

2.6 HIV/AIDS/STI	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
PMTCT	3,495	687	2,808
Aids clinics	3,245	1,682	1,563
MTCT	655	230	425
Aids T/F to NGO's	100	67	33
Aids PMTCT T/F	1,859	191	1,668
Hospice/Stepdown	2,800	786	2,014
STD	500	230	270
VCT	2,650	2,179	471
Aids MTCT T/F	587	607	-20
Aids T/F to COCT	1,000	1,000	0
Sex Workers	480	0	480
Aids Guidance	2,605	2,093	512
Aids Training	65	0	65
Total	**20,041**	**9,752**	**10,289**

9.9 Nutrition (Sub-programme 2.7)

2.7 NUTRITION	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Admin	1,057	860	197
CBNP	6,270	3,305	2,965
HFBNP	2,674	2,676	-2
PSNP	2,846	2,978	-132
INP	330	180	150
INP/PSNP (C.G.)	13,270	13,224	46
Total	**26,447**	**23,223**	**3,224**

9.10 District Hospital Expenditure (Sub-programme 2.9)

2.8 DISTRICT HOSPITALS	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Eerste River	26,566	25,301	1,265
FBH	18,362	17,315	1,047
Wesfleur	15,362	15,955	-593
Total	**60,290**	**58,571**	**1,719**

9.11 Specialised Hospitals and Stepdown facilities (Sub-programme 4.2 & 4.4)

4.2 & 4.4 TB and Specialised Hospitals	Budget 2002/2003	Budget 2003/2004	Expenditure 2003/2004	Variance 2003/2004
Brooklyn Chest Hospital (4.2)	19,292,000	21,086,000	20,547,000	539,000
DP Marais (4.2)	7,159,000	7,513,000	7,512,000	1,000
Booth Memorial Hospital (4.4)	6,163,000	6,468,000	6,468,000	0
Conradie Care Centre(Life Care) (4.4)	14,061,000	15,426,000	17,354,000	-1,928,000
TOTAL	**32,614,000**	**35,067,000**	**34,527,000**	**-1,388,000**

9.12 Revenue 2003/04: METRO DHS

Table 9.10
Revenue budget for Metro DHS 2003/2004

INSTITUTION	BUDGET	REVENUE	OVER/UNDER
CHSO	1,800,000	2,270,643	470,643
FALSE BAY HOSP	2,390,000	1,615,834	-774166
EERSTE RIVER HOSP	540,000	548,275	8,275
WES FLEUR HOSP	81,000	134,896	53,896
BROOKLYN CHES	161,000	195,020	34,020
TOTAL	**4,972,000**	**4,764,668**	**-207,332**

CHSO generated almost R500, 000 more than their budget, mainly from the Road Accident Fund, Clothing Workers Union and other strategies. False Bay Hospital was unable to reach their target and strategies need to be developed in this regard.

9.13 Challenges

The development of management structures within MDHS and particularly a strong Financial Management component commensurate with the size of the budget must be addressed as a priority. The introduction of financial and procurement systems such as BAS and LOGIS becomes problematic if the other management systems are not in place.

The budgetary allocations across the levels of care and the Regions have to be monitored carefully in order to appropriately fund the changes envisaged in Health care 2010. There is a need to accurately assess the cost effectiveness of funding specific services or health programme interventions in the climate of continued financial constraints.

10. Evaluation of Performance against Key Objectives

10.1 Performance measured against 2003/4 Operational Plan

Key performance Area	Objectives	Achievements	Obstacles/Challenges
A) DHS development	To develop and implement a HR plan	A comprehensive HR plan was not developed as the Provincial workstudy process had NOT reached MDHS, but the following were achieved: **- DHS development**, workshops done, recommendations for structures & processes submitted to Head Office, but not implemented for reasons noted above. - **Sectional workforce plans completed** for CNPs, HI, Financial management, Pharmacists, HRD, and Procurement & Logistics. Sub-district & Facility management structures. Identified gaps – Midwives, Mental Health, School, CNPs, Health Promotion, PAM's, and ARV rollout sites. - **Skills development plan** in place with increased training over last year. - **Job descriptions & SPMS** completed for last 6 months, NB still in infancy and needing improvement. **- Merits & Notches awarded** in increased numbers **- EAP** active in spite of limited staff, 2 new staff (Community service psychologists) added in Jan 2004. New initiatives – Development Dynamics & Inkathalo very successful (report in annexure) - **IMLC functioning** much better over recent months, general labour environment calm, in spite of MDHS not having a Labour Relations Officer.	Delays in Organisational Work-study and associated lack of formal structures and capacity.
	To build & maintain capacity for revenue generation	The revenue collected is above the budgeted figure. Systems have been put in place, internal auditing training done, regular inspections done with reports and follow-ups. The medico-legal department (MVA claims) as well fees collected from the Clothing Workers fund contributes significantly.	Lack of technology at CHCs, plus security problems. Added responsibility of fee collection for hospitals without adequate capacity for his task.
	To improve Health & Management Information systems	Health Information section not fully set up in terms of HR & infra-structure, but following were achieved: - Training at CHC level – 90% of relevant staff reached. - Named person at each CHC for collecting of data, - IT infra-structure audit done, - RITCOM functioning directly with DITCOM, procurement process still too lengthy. 40 computers purchased - RMR data submission greatly improved but quality needs to be improved - Feed-back in place but information not being used by all managers	Delay in organisational work-study barrier to setting up HI sections at district, sub-district & 24 hr CHC levels. IT infrastructure: Adequate funding for IT against a comprehensive Plan with more efficient procurement processes. Interventions to improve quality of data to USE DATA for planning & daily activities

Key performance Area	Objectives	Achievements	Obstacles/Challenges
A) DHS development	To improve supply management of essential drugs	There continues to be periodic incidents of stock-out of essential drugs but the following improvements have taken place: - Drug Supply Management Improvement Project started - Systems and training in place at CHCs - Role & functions of pharmacists redefined - Remote Demander System in place to shorten ordering processes & time - Protocols for 5 items per script - Computerisation of orders at some CHCs - Bottlenecks at CMD identified and acknowledged by Provincial Office. - Security and general infra structure improved – reduced thefts	HR needs – posts need to be filled. Computerisation of functions in pharmacies. Stock control within CHCs CMD & local stores to be streamlined Rational Prescribing practices/ habits to improve Large numbers of referrals from hospitals continue, lack of adherence to protocols at all levels of clinical care and erratic ordering still need to be addressed. New Pharmacy Act to be implemented.
B) Quality of care	To improve quality of clinical care	No clear process around clinical audits in place as yet, but the following activities are taking place: - Rational prescribing Training, clinical guidelines meetings - Drugs & Therapeutic committee established - Rational PHC Laboratory investigations – PHC lab request form developed - Disca Tool being used - M & M meetings at specified sites - Mentoring of Caps in place CPD for MO's/CNP arranged by MDHS & US	Appointment of QA manager & admin support delayed Clinical practice of agency staff will remain problematic until they form a smaller proportion of clinical staff.
	To improve quality of service delivery by monitoring patient complaints	There were some negative reports noted in internal complaints registers as well as in the media relating mainly to staff attitudes and waiting times. Some improvements were made and all CHCs have complaints/compliments procedures & boxes, registers are being completed & monitoring system in place	The need to develop feed-back and addressing the core causes of the problems
	To ensure fully functional and motivated staff	Staff problems are being addressed via EAP, Skills Development Plans and specific interventions such as Development Dynamics & Inkathalo. Absenteeism recorded and managed.	The pressure of frequent changes within the organisation needs to be addressed at a macro/structural level with a comprehensive HR plan and a change management strategy
C1) HIV/AIDS/ TB/STI	To maximise the uptake of VCT	VCT is offered at all sites	
	To improve the case detection and management of TB	Full TB report available showing improved management of TB within the Metropole.	The recording of case detection is uneven across the Metropole
	To implement the syndromic approach of STI	The DISCA tool is being used unevenly across the sub-districts	
C2) EMS	To consolidate 24hr Trauma & Emergency units to provide equitable access across Metropole	The number of Trauma & Emergency units is the same; no consolidation can take place without the concomitant development of increased services at L1/L2 hospitals. .	The current L1/2 hospitals are historically placed rather than equitably and where they are needed. Integrated planning with L2 institutions to develop L1 hospitals and beds in the Metropole.

Key performance Area	Objectives	Achievements	Obstacles/Challenges
C3) Maternal, child & women's Health	Top provide adequate Antenatal care across Metropole	Additional ANC access at Delft, MDHS ultrasound services at B Lavis, incubators and equipment purchased.	Consolidation of MDHS & MMH MOUs under single management structure.
	To ensure effective management of clients requiring TOP	956 or 12% of Metropole total TOP procedures done at Mitchell's Plain, Michael M, and FBH & WESFLEUR. Almost 90% done within 10 days of requesting it.	HR capacity
	To have fewer fully functional centers for survivors of Sexual Abuse	The centers have been consolidated from 13 to 7 (the structural problems at some L2 hospitals) have not been addressed as yet.	The challenges surrounding child abuse and domestic violence need to be addressed
	To provide full oral rehydration services at the 9 24hr units.	The training has taken place, but some CHCs have not fully implemented the programme yet.	To ensure 100% coverage
C4) Chronic care	To develop and implement appropriate referrals for HBC	Tool was developed and referral pathways defined. Technical Assistants x 8 appointed. Approximately 58,000 visits done this year. Rehab support sites for NGO identified.	To develop a more appropriate indicator to monitor efficacy.
	To implement the new Mental health Act	Act was passed but Regulations not promulgated as yet.	Shortage of Mental Health nurses.
C5) Health Promotion	To increase the number of schools receiving the full package of health interventions	171 new schools were introduced to the HPS concept, with 291 out of 647 schools having full fledged HPS programmes.	Reduced personnel
	To increase the competencies of health promoters	Training done	

10.2 Provincial Programme 2 Monitoring and Evaluation Report

METROPOLE REGION													
PROGRAMME 2 - Quarterly Review of KMO's/KPI's: Strategic Plan 2003/2004		**Output April - June 2003**			**Output July - September 2003**			**Output Oct - Dec 2003**			**Output Jan-March 2004**		
Sub-programme 2.2 & 2.3 Community health clinics & CHCs													
Measurable Objective	**Performance Measures**	**MDHS**	**CITY**	**METRO TOTAL**	**MDHS**	**CITY**	**METRO TOTAL**	**MDHS**	**CITY**	**METRO TOTAL**	**MDHS**	**CITY**	**METRO TOTAL**
Rendering of comprehensive Primary health care (PHC) services.	Utilisation rate (annualised): Total population 3 contacts per citizen per annum			2.65			2.70			2.59			2,43
	Utilisation rate (annualised): Uninsured population 3 contacts per citizen per annum			3.84			3.91			3.30			3,08
	Total PHC Headcount	978720	998879	1977599	1014629	1035421	2050050	946,364	982,066	1,928,430	833,357	970,429	1,803,786
Provide a nurse-driven service.	**Total headcount seen by professional nurses.**	56786	231907	288693	68320	207833	276153	65,347	193,232	258,579	73,051	200,151	273,202
	80% of PHC contacts managed by PHC nurse practitioners only	6.00%	23,2%	14,6%	7.00%	20,1%	13,5%	7.00%	19,8%	13,4%	9.00%	20,6%	15,1%
To fully immunise 90% of all children < 1 yr of age.	Percentage of children <1yr fully immunised (annualised)		72%	72%		73%	73%		73%	73%		71%	71%
	Total no. of children <1yr fully immunised		12944	12944		13201	13201		13103	13103		12,816	12,816
Rendering efficient health services	**Cost per visit (compared to National norm)**	R 74.00	Not available		R92.00	Not available		R 71.00	Not available		R110,00	Not available	

Sub-programme 2.4: Community based services													
Measurable Objective	**Performance Measures**	**METRO TOTAL**			**METRO TOTAL**			**METRO TOTAL**			**METRO TOTAL**		
Expansion of a Community home based care programme in every health sub-district.	**Total no. of clients served**										37,255		
Expansion of stepdown facilities	Name of the facilities	**Booth**	**St Lukes**	**METRO TOTAL**	**Booth**	**St Lukes**	**METRO TOTAL**	**Booth**	**St Lukes**	**METRO TOTAL**	**Booth**	**St Lukes**	**METRO TOTAL**
	Total Admissions	169	72	241	167	66	233	187	90	277	177	117	294
	Average Length of Stay	40,35	10,48	25	50,29	16.7	34	38.5	10.3	24.4	36.06	8.8	25.36

Sub-programme 2.5: Other community services													
Measurable Objective	**Performance Measures**	**PAWC**	**CITY**	**METRO TOTAL**	**PAWC**	**CITY**	**METRO TOTAL**	**PAWC**	**CITY**	**METRO TOTAL**	**PAWC**	**CITY**	**METRO TOTAL**
Implement cervical cancer screening programme at all CHCs and clinics	Percentage of women in target group who had cervical smears done			0.9% ('96 census) 1.0% (2001)			1%			1%			1%
	Total no. of cervical smears done	1682	4365	6047	1887	3997	5884	1575	3713	5288	1610	4190	5800

Sub-programme 2.6: HIV/AIDS/STI/TB													
Measurable Objective	**Performance Measures**	**PAWC**	**CITY**	**METRO TOTAL**	**PAWC**	**CITY**	**METRO TOTAL**	**PAWC**	**CITY**	**METRO TOTAL**	**PAWC**	**CITY**	**METRO TOTAL**
PMTCT: 80% of newly booked pregnant mothers accept HIV testing.	% newly booked pregnant women accepting HIV testing			**85%**			**92%**			**94%**			**84%**
	Total no. new Ante Natal			12116			13862			11561			11525
	Total no. of clients counselled			11834			11563			11502			10936
	Total no. of clients accepted tests			10313			12845			10872			9792

	Total no. HIV +ve			1447			2185			5471			1470
VCT: Achieve 5% VCT coverage in the total population	VCT coverage (annualised)			3,43			2,82%			3,73			3,71%
	Total tests done			25,603			28,530			27,874			27,748
	Total tests done for medical reasons			18,834			20,717			19,522			19,980
TB: Increase new smear +ve cure rate by 4%	**Total TB Cases**			5,507			5,905			5,698			5,564
	Total new smear +ve cases			2,040			2,330			2,117			2,228
	Cure rate new smear +ve cases			77.10%			64.00%			66.10%			72.00%
Improve condom availability to 100%.	**Total no. of condoms dispensed**	316456	3284279	3600735	281351	3507687	3789038	357,079		4,175,723	362,611	3,634,756	3,997,367
Improve Sexually transmitted infections (STI) syndromic management	**Total no. of STI Cases**	4864	18521	23385	4796	17500	22296	3,997	15,035	19,032	4,145	16,638	20,783
	Total no. of new penile urethral discharges (PUD) cases	927	5466	6393	1109	4675	5784	1,016	4,055	5,071	1,216	4,502	5,718

Sub-programme 2.7: Nutrition

Measurable Objective	**Performance Measures**	**METRO TOTAL**			**METRO TOTAL**			**METRO TOTAL**			**METRO TOTAL**		
Improve growth monitoring in children < 5yrs of age	**Number of children < 5yrs whose growth is monitored, that shows growth faltering or failure**	1009			1313			1132			1,132		
Achieve number of targeted days for feeding within the Primary school nutrition programme.	**The total number of children that has received school feeding for the full complement of feeding days**	70283 Annual 02/03									71041 Annual 03/04		

Sub-programme 2.9: District hospitals													
Measurable Objective	Performance Measures	Eerste River	False Bay	Wesfleur	Eerste River	False Bay	Wesfleur	Eerste River	False Bay	Wesfleur	Eerste River	False Bay	Wesfleur
	Total Admissions	1799	1004	604	1801	996	620	1621	1158	694	1613	1255	819
	Total OPD Visits	2358	9239	16440	2742	9624	16698	2340	9602	14367	2104	9105	16933
	Total PDE	2400	8705	9006,67	5825	7927	8772,17	7150	7980.17	8561	7434	7966	9726
	Total cost per PDE	2399	488,24	626,35	1098,67	491,56	460,27	873,15	543.24	435.54	907,73	564,72	451,50
	Drug Cost per PDE							21.37	34.42	34.54	35,34	39,81	67,12
	Average Length of Stay	0.72	4.3	1,44	2,3	3,13	0,98	2,76	2.43	1.26	3.5	2.48	1.51
	Bed Occupancy Rate	13,24%	70,11%	56,03%	45,56%	58,17%	53,15%	62,40%	49,95%	66,43%	65,38%	52,75%	67,80%

Population figures	96 Census projected to 2003	96 Census projected to 2003	2001 projected to 2003	96 Census projected to 2003	2001 projected to 2003	96 Census projected to 2003	2001 projected to 2003
Total Population	3393572	3393572	2983898	3393572	2983898	3393572	2983898
Total under one population	71668	71668		71668		71668	
Total Population uninsured (Total population - population on medical aid)	2340886	2340886		2340886		2340886	
Total women aged 30 to 59	644109	644109		644109		644109	

11. Conclusion and Service Delivery Challenges

11.1 Summary of activities for 2003/4

MDHS Service Platform	OPD HC Or Visits	Admissions	Cost per PDE or visit	Budget (R'000)
District Hospitals	109,552	13,984	R 442 to R 1,100	R 59,833
BCH TB	--	1,274	R 205	R 20,547
Stepdown facilities (2)	--	1,045	R 400	R 23,822
CHC	3,894,615	--	R 123	R371, 563
MOU (8)births ANC visits	-- 130,551	11,973 --	Integrated into facility budgets	0
TOP's (4 sites)	--	956		0
T & E (9 sites)	364,534	--		0
HBC	60,278	--	--	R 3,395
Budget MDHS Total				R 611,323m

11.2 Challenges

The **increase in the burden of disease** (infectious, chronic and violence/ trauma) and the **sub-district inequities** in health status must be addressed in a substantial and sustainable manner. This can only be done with the **development of the DHS** and **integration of all interventions.**

All role-players agreeing on the norms of **population to facility ratio/capacity of facilities** and developing an integrated plan to address the shortfalls must drive the improvement in the physical infrastructure.

The **fragmented and duplicated services** between the MDHS and COCT will change with the decision to provincilise all PHC services. There is a need to re-designate some facilities as either clinics or CHCs and to re-configure the **package of services** at all facilities including the new district hospitals in each sub-district.

The need for work-study (**Organisational design and structure**) to be performed and the recommendations implemented as soon as possible cannot be overstated. There must be special emphasis on management capacity and competency for sustainable **DHS development** with a comprehensive HR plan (e.g. **Clinical Nurse Practioners).** The many organisational changes that have taken place and continue to occur in an environment of increased demands and limited resources have left many employees stressed and fatigued (Change Fatigue). Therefore MDHS needs to develop a sustainable EAP, as well as **develop a comprehensive change management strategy for transforming the workforce,** directed by the findings of the two external interventions. The impact of the HIV/AIDS epidemic on the staff (both as caregivers and sufferers) and the threatened safety/security of staff due to high levels of violent crime need to be addressed as well.

The lack of accurate information remains a challenge across all the levels of care. This needs to be addressed urgently by setting up an integrated and comprehensive health information section within MDHS .The **usage of health and management information by managers at all levels** will improve the quality of the data and consequently both planning, monitoring and evaluation.

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There is a need to **integrate operational and priority health programme activities**, in order to strengthen the PHC platform with the immediate challenge of integrating and managing all the different community and home based care activities.

The **availability of essential medicines** at all CHCs at all times by implementing a sustainable drug supply management system remains a challenge. The implementation of rational prescribing habits across all levels of care with a system of appropriate referrals to PHC levels will enable more efficient usage of the medicine budget. The same applies to the rational usage of laboratory investigations. The **finalisation of the referral system**, seamless up and down the levels of care with effective emergency transport services must be addressed urgently. The review of the agreements with the universities and training institutions for under- and post-graduate training, to develop a mutually beneficial relationship for the organisations and the students needs to be undertaken.

The development of management structures within MDHS and particularly a **strong Financial Management component** commensurate with the size of the budget must be addressed as a priority. The introduction of financial and procurement systems such as BAS and LOGIS becomes problematic if the other management systems are not in place.

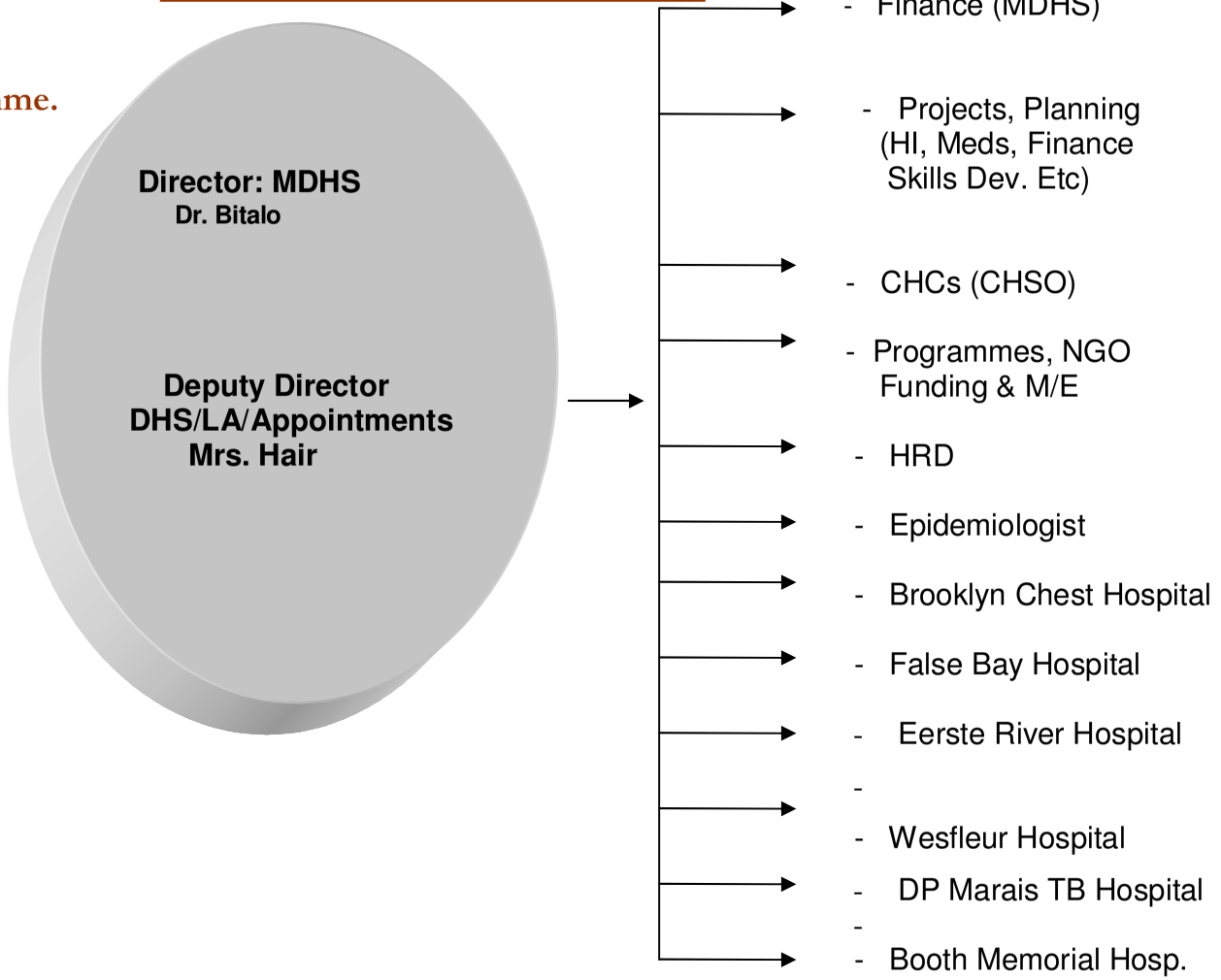
Therefore the following challenges have been identified:

1) Implement the District Health System in the Metropole by 2007
2) Improve equitable access to health services across the Metropole by 2010
3) Improve PHC physical facilities infrastructure in the Metropole by 2010
4) Provide full package of services at all facilities in the Metropole by 2010
5) Implement nurse-based PHC services in the Metropole by 2010
6) Stabilize the HIV/AIDS/STI/TB epidemics in the Metropole by 2010
7) Reduce burden of disease through prioritised health promotion and prevention programmes by 2010
8) Achieve full coverage of Community Home Based Care in the Metropole by 2010
9) De-institutionalise chronic stable mental health clients successfully by 2010
10) Increase district hospital bed capacity to 0.8 beds per 1000 population in the Metropole by 2010
11) Improve quality of care at all facilities in the MDHS by 2010
12) Increase revenue generation by 10% per annum in the MDHS by 2010
13) Provide essential medicines at all times, at all facilities in the Metropole by 2010
14) Provide effective monitoring and evaluation of all services in the Metropole by 2010

12. Annexures

13.1 A: Organogramme
13.2 B: CHC management report
13.3 C: Comparison with staff and budget - Graph

Annexure A: Organogramme.



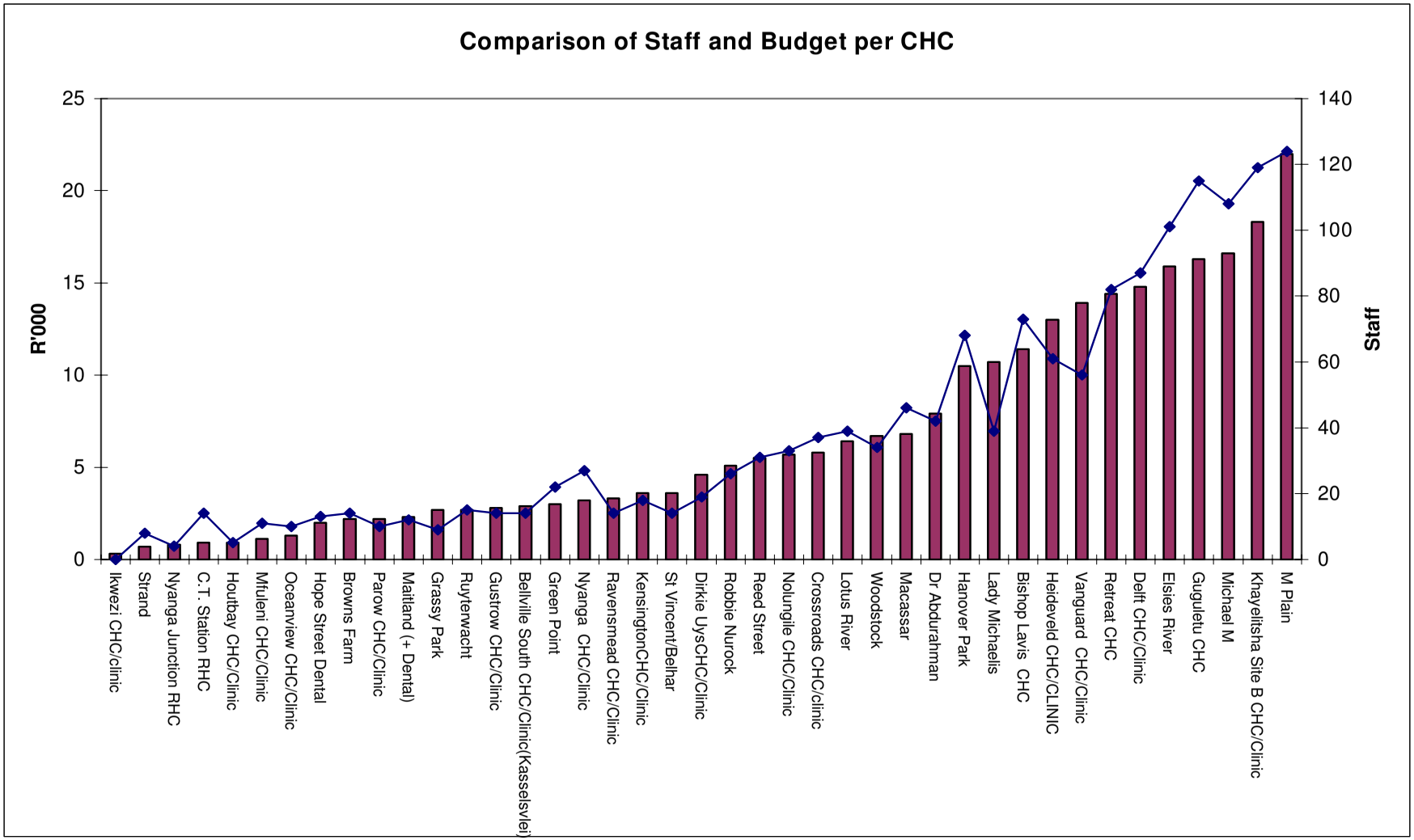
Annexure B MDHS - Community Health Centres Management Report

New H SD	Facilities	BUDGET 2003/04 MILLION	BUDGET 2004/05 MILLION	PATIENT LOAD MONTHLY AVERAGE	CLIENTS ANNUAL 2003/04	STAFF ESTABLISHMENT
Central	Woodstock	7,279	8,021	5,582	66,988	45
	Maitland	2,175	2,325	1,777	21,327	8
	Green Point	3,888	4,706	4,259	51,112	24
	Robbie Nurock	5,406	5,489	5,412	64,941	30
	Vanguard CHC	14,671	17,614	9,307	111,682	77
	Vanguard MOU (St Monica's)			1,979	23,750	18
	Vanguard Trauma			3,125	37,501	32
	Kensington	3,797	3,991	3,739	44,870	20
	Cape Town Station RHC	1481	1727	5,786	69,431	15
	Queen Victoria RHC			750	8,995	
	Hope Street Dental	2192	2176	1,055	12,665	20
Klipfontein	Hanover Park CHC	11,566	13,172	11,126	133,514	78
	Hanover Park (ah)			2,418	29,013	
	Dr Abdurahman	8,021	8,693	8,570	102,841	49
	Guguletu CHC	18677	19820	12,642	151,700	128
	Guguletu (ah)			3,580	42,960	
	Heideveld	11554	12121	9,850	118,197	69
	Nyanga CHC / Clinic	3824	4850	3,475	41,698	30
	Uluntu RHC			870	10,436	
	Nyanga Junction RHC	779	810	2,348	28,180	7
Khayelitsha	Michael Mapongwana CHC	15696	18353	8,381	100,568	129
	Michael Mapongwana MOU			2,811	33736	
	Khayelitsha Site B CHC	18678	20752	18,471	221,655	157
	Khayelitsha Site B (ah)			4,499	53,988	
	Nolungile	5563	6119	4,471	53,654	45
Mitchell's Plain	Mitchell's Plain CHC	22394	24564	13,022	156,267	144
	Mitchell's Plain CHC (ah)			4,163	49,961	
	Browns Farm	2483	2766	2,975	35,703	15
	Crossroads CHC	5521	5767	4,087	49,044	46

New H SD	Facilities	BUDGET 2003/04 MILLION	BUDGET 2004/05 MILLION	PATIENT LOAD MONTHLY AVE	CLIENTS ANNUAL 2003/04	STAFF ESTABLISHMENT
Northern Panorama	Kraaifontein CHC	14517	16474	16,162	193,945	100
	Kraaifontein CHC (ah)			3,278	39,332	
	Kraaifontein MOU			1,514	18,169	
	Good Hope	4010	4475	3,765	45,182	18
	Mamre	1678	1814	1,336	16,033	11
	Scottsdene CHC	1519	1537	1,842	22,105	16
	Durbanville (Morningstar)	2181	2442	5,219	62,628	16
Southern	Retreat CHC	14210	15735	10,276	123,311	85
	Retreat CHC (ah)			2,410	28,918	
	Grassy Park	2389	2826	2,789	33,468	13
	Lotus River	7769	9051	6,774	81,287	46
	Ocean View	1951	2436	1,791	21,488	16
	Lady Michaelis	8,197	9,131	7,010	84,118	45
	Hout Bay Harbour	1175	1710	2,208	26,501	9

New H SD	Facilities	BUDGET 2003/04 MILLION	BUDGET 2004/05 MILLION	PATIENT LOAD MONTHLY AVE	CLIENTS ANNUAL 2003/04	STAFF ESTABLISHMENT
Tygerberg G	Reed Street	6000	6566	5,248	62,973	32
	Elsies River CHC	16690	18611	8,496	101,949	114
	Elsies River (ah)			2,656	31,869	
	Elsies River MOU			1,914	22,973	
	Bishop Lavis CHC	13436	14716	6,829	81,952	84
	Bishop Lavis MOU			1,877	22,522	
	Ruyterwacht	3004	3179	2,844	34,122	16
	Ravensmead	3561	3800	4,296	51,556	18
	Parow	2603	3115	3,555	42,664	11
	Kasselsvlei/Bellville	3241	3832	7,324	87,888	16
	St Vincent/Belhar	3531	3735	8,213	98,554	14
	Dirkie Uys	5115	5337	4,730	56,758	20
	Volks Centre RHC			2,174	26,083	
Eastern	Macassar CHC	7973	8866	4,083	48,995	64
	Macassar MOU			783	9,399	
	Boland Bank/Strand	935	1054	2,119	25,432	9
	Gustrouw	2894	2864	5,250	63,004	15
	Ikwezi	464	701	4,899	58,787	3
	Delft CHC	14696	17067	16,260	195,125	104
	Delft (ah)			4,249	50,992	
	Mfuleni	1610	1732	2,158	25,900	13
	Kleinvlei	5308	6248	6,425	77,095	31
Totals		**316,302**	**352,890**	**333,288**	**3,999,454**	**2,125**

Annexure C


Comparison of Staff and Budget per CHC
R'000
Staff
25
20
15
10
5
0
140
120
100
80
60
40
20
0
Ikwezi CHC/clinic
Strand
Nyanga Junction RHC
C.T. Station RHC
Houtbay CHC/Clinic
Mfuleni CHC/Clinic
Oceanview CHC/Clinic
Hope Street Dental
Browns Farm
Parow CHC/Clinic
Maitland (+ Dental)
Grassy Park
Ruyterwacht
Gustrow CHC/Clinic
Bellville South CHC/Clinic(Kasselsvlei)
Green Point
Nyanga CHC/Clinic
Ravensmead CHC/Clinic
KensingtonCHC/Clinic
St Vincent/Belhar
Dirkie UysCHC/Clinic
Robbie Nurock
Reed Street
Nolungile CHC/Clinic
Crossroads CHC/clinic
Lotus River
Woodstock
Macassar
Dr Abdurahman
Hanover Park
Lady Michaelis
Bishop Lavis CHC
Heideveld CHC/CLINIC
Vanguard CHC/Clinic
Retreat CHC
Delft CHC/Clinic
Elsies River
Guguletu CHC
Michael M
Khayelitsha Site B CHC/Clinic
M Plain

Annexure D: Distribution of facilities per sub-district – Level 1 & 2 Hospitals, CHCs and Clinics

Central	Eastern	Khayelitsha	Klipfontein	M Plain	N Panorama	Southern	Tygerberg
New Somerset Booth Memorial St Lukes Pinelands	HHH Eerste River DH	Khaye D/H Proposed	GF Jooste Hospital	GF Jooste Hospital MP DH Proposed	Karl Bremer Hospital New Somerset Wesfleur DH Brooklyn Chest	Victoria Hospital Falsebay DH D P Marais TB Hosp	Karl Bremer Hospital
Woodstock	Macassar	Michael M	Hanover Park	M Plain	Kraaifontein	Retreat	Elsies River
Maitland	Strand	Khayelitsha Site B CHC/Clinic	Athlone Youth Centre	Browns Farm	Goodhope	Grassy Park	Bishop Lavis CHC
C.T. Station RHC	St Vincent/Belhar CHC/Clinic	Nolungile CHC/Clinic	Dr Abdurahman	M Plain Youth Health Centre	Mamre	Lotus River	Reed Street
Queen Victoria Street	Gustrow CHC/Clinic		Guguletu CHC		Scottsdene CHC/CLINIC	Oceanview CHC/Clinic	Ruyterwacht
Green Point	Ikwezi CHC/clinic		Nyanga Junction RHC		Kleinvlei CHC/CLINIC	Houtbay CHC/Clinic	Volkscenter RHC
Robbie Nurock	Delft CHC/Clinic		Uluntu RHC				Ravensmead CHC/Clinic
Hope Street Dental	Mfuleni CHC/Clinic		Heideveld CHC/CLINIC				Parow CHC/Clinic
Lady Michaelis			Nyanga CHC/Clinic				Bellville South CHC/Clinic
KensingtonCHC/Clinic			Crossroads CHC/clinic				Dirkie UysCHC/Clinic
Vanguard CHC/Clinic							Durbanville CHC/Clinic
Vanguard T & E	Delft T & E	Site B T & E	Guguletu T & E Hanoverpark T & E	M Plain T & E	Kraaifontein T & E	Retreat T & E	Elsies River T & E
Vanguard MOU	Maccassar MOU	Michael M MOU Site B MOU	H Park MOU , Guguletu MOU Heideveld ANC	M Plain MOU	Kraaifontein MOU	Retreat MOU	Elsies River MOU Bishop Lavis MOU
COCT (Clinics, Mobiles & Satellites) x 10	COCT (Clinics, Mobiles & Satellites) x 6	COCT (Clinics, Mobiles & Satellites) x 7	COCT (Clinics, Mobiles & Satellites) x 17	COCT (Clinics, Mobiles & Satellites) x 7	COCT (Clinics, Mobiles & Satellites) x 22	COCT (Clinics, Mobiles & Satellites) x 15	COCT (Clinics, Mobiles & Satellites) x 12

- Combined/Shared facilities
- MOU's managed by MMH